CHRONIC HEALTH CONDITIONS

To improve the way services are organized and provided to people with chronic health conditions.
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Annual Report
for 1993 of
The Robert Wood Johnson Foundation

Chronic Health Conditions

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Robert Wood Johnson devoted his life to public service and to building the small but innovative family firm of Johnson & Johnson into the world’s largest health and medical care products conglomerate.

The title by which most knew him — General — grew out of his service during World War II as a brigadier general in charge of the New York Ordnance District. He resigned his commission to accept President Roosevelt’s appointment as vice chairman of the War Production Board and chairman of the Smaller War Plants Corporation.

General Johnson was an ardent egalitarian, an industrialist fiercely committed to free enterprise who championed — and paid — a minimum wage even the unions of his day considered beyond expectation, and a disciplined perfectionist who sometimes had to restrain himself from acts of reckless generosity. Over the course of his 74 years, General Johnson would also be a politician, writer, sailor, pilot, activist and philanthropist.

His interest in hospitals led him to conclude that hospital administrators needed specialized training. So he joined with Dr. Malcolm Thomas MacEachern, then president of the American College of Surgeons, in a movement that led to the founding of the world’s first school of hospital administration at Northwestern University.

General Johnson also had an intense concern for the hospital patient whom he saw as being lost in the often bewildering world of medical care. He strongly advocated improved education for both doctors and nurses, and he admired a keen medical mind that also was linked to a caring heart.

His philosophy of corporate responsibility received its most enduring expression in his one-page management credo for Johnson & Johnson. It declares a company’s first responsibility to be to its customers, followed by its workers, management, community and stockholders — in that order.

Despite the intensity and determination he displayed in his role as a business leader, General Johnson had a warmth and compassion for those less privileged than he. He was always keenly aware of the need to help others, and during his lifetime, he helped many quietly and without fanfare.

General Robert Wood Johnson’s sense of personal responsibility toward society was expressed imperishably in the disposition of his own immense fortune. He left virtually all of it to the foundation that bears his name, creating one of the world’s largest private philanthropies.
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THE CHAIRMAN’S STATEMENT
Sidney F. Wentz, Chairman, Board of Trustees

Whatever else may be accomplished in Washington’s first round of health care reform, I have serious doubts that it will greatly ease conditions for those with chronic health problems. In fact, there’s a precedent that leads me to believe that it could make things worse.

Starting in the mid-1960s, well-intentioned advocates of individual freedom won a series of state and federal court rulings that people with mental illness could not be institutionalized indefinitely against their will, if they posed no threat to themselves or others. That began to empty the mental institutions of tens of thousands of patients who, if they maintained their medication, were able to function in society. Unfortunately, without the close supervision they had received in the hospital, many stopped taking their medication and became nonfunctional again.

That side effect of the rulings was anticipated by mental health professionals, who quickly proposed the creation of outpatient clinics and halfway houses to address the need. But the people who saw the need weren’t the people who controlled the allocation of funds for public projects, and the warnings of the mental health community were drowned out by the much louder voices of competing public demands. The upshot was that very few halfway houses and clinics were created and, as a result, thousands of people with mental illness were dumped onto the street.

I see a disturbing potential for something similar happening to those with chronic health conditions under health care reform.

The reform debate has been cast in terms of universal access to care, a costly undertaking. Predictably, most of the attention is on the acute care, high-tech end of medicine, where the big-ticket costs lie. That focus deeply troubles those with chronic health problems and their families and advocates, as they pointed out again and again in the Foundation’s “Conversations on Health” — our nationwide series of public hearings held early in the year on health care reform. The essence of their concern was that federal, state and local government and the general public would become so caught up in issues of access to very expensive, high-tech medicine that we would overlook the grave need of those with chronic illnesses for low-tech services like medical transportation, home health assistance and respite for caregivers.
Witness after witness recounted situations in which they or other people with chronic illnesses were obliged to seek the most costly type of care — hospitalization — because inexpensive services which would have let them remain at home were unavailable or not paid for by private insurance or by the government. I may be the Foundation's leading non-expert on the arcana of health care financing and delivery. But I know business. And this is bad business.

It is incumbent on all of us — philanthropies with a health care orientation, political leadership, the medical industry and the public at large — to make sure that we don't leave these problems unaddressed in our rush to reform. But we may.
For the second time in as many years, I find myself beginning this report with essentially the same question: How did we get this far into the national debate about health care reform without significantly addressing a particular critical subject? Last year it was substance abuse; this time it's care for people with chronic health conditions.

Chronic illness is all around us. One quarter of all Americans provide some degree of personal care for the 35 million among us who live with a chronic health condition — diabetes, cancer, emphysema, heart disease, muscular dystrophy, spina bifida, AIDS, chronic mental illness, dementia, injuries that cause disability, alcoholism, blindness or disabling arthritis.

The people we help care for are our parents, spouses, children, neighbors and friends. A comparative few are patients in nursing homes and other long-term care institutions. Others are effectively homebound by the limitations of their conditions. A fortunate fraction are able to have independent lives in spite of their disability.

A Gallup poll funded by the Foundation revealed that one American in seven faces major activity limitations because of chronic illness, and more than one-third of these people do not seek routine or preventive care from their health care provider — they only see their provider for acute problems. This lack was more often mentioned by younger adults with chronic illnesses, who are also twice as likely to report difficulty in obtaining services.

Though their diseases and levels of function vary greatly, virtually everyone with a chronic illness has the same desire — to live as independently and with as much dignity as possible, with minimum pain, disability and social stigma.

One of the great frustrations for people with chronic health conditions and those who care for them derives from their contacts with a medical care system more geared to cure acute disease. For example, those caring for a parent with Alzheimer's disease living at home find it relatively easy to arrange for removal of a cataract or replacement of an arthritic hip. An abundance of highly skilled surgeons, working in sophisticated medical centers, are eager to perform these procedures and be reimbursed for their services by Medicare. But arranging for help with meals in the home, arranging even a day's respite for the exhausted caregiver, or obtaining a wheelchair can require the negotiating skills of a seasoned diplomat, the patience of Job, and the technical knowledge of an accountant.

Chronic disorders account for a large portion of the nation's expenditures on health care, perhaps as high as 25 percent. Too much of this money is spent on services that are inappropriate,
duplicative or, in some instances, unnecessary. Meanwhile, many service needs go unattended. There are, indeed, tremendous opportunities for cost savings in caring for this population.

This state of affairs is not new. That’s why people with chronic illnesses were specifically included in the Foundation’s commitment to underserved patient populations in 1988, and why, in 1991, improving the way services are organized and provided to those with chronic health conditions was declared one of our principal programming goals.

And, certainly, we weren’t the only institution to recognize this flaw in our health care system, which raises the obvious question:

**Why is chronic care absent from the health policy debate?**

As of early 1994, even after a year of intense debate about health care reform, the disparity between the needs of people with chronic health conditions and the way the medical care system is currently organized is not being addressed in the debate about health care reform.

Two of the goals of The Robert Wood Johnson Foundation — universal access to basic health care services and helping the nation come to grips with rising health care costs — obviously are central to that debate: Thirty-eight million Americans are not covered by health insurance, and many millions more are in danger of losing all or part of their coverage. The United States spent over $900 billion for health care in 1993, amounting to more than 14 percent of our gross domestic product, far in excess of any other country.

Why the Foundation’s other goals — reducing the harm from substance abuse and serving those with chronic illnesses — are not being effectively addressed within health care reform can be stated with some assurance. In the case of substance abuse, there are three contributing factors — public denial and ignorance, political considerations and a mistaken sense of futility.

At least five factors account for the invisibility of chronic illness as a policy issue. First, the organization and financing of care for people with chronic health conditions is extremely complex, and the lack of a unifying reform concept obscures the problem’s visibility — one can’t simply refer to a concept like covering 38 million uninsured, spending 14 percent of the gross domestic product for health care, or attributing over 500,000 deaths per year to substance abuse.

Second, many politicians and members of the public mistakenly assume health care financing reform will solve the problems of the delivery system. As I learned this year during the Foundation’s four regional “Conversations on Health,” the health care reform debate has unleashed a torrent of expectations. The public imagines that reform will
bring about fundamental changes in the access to and coordination of health care, including many new services for those with chronic illnesses. It also believes that by restructuring health care to eliminate waste, fraud and abuse, these improvements can be accomplished without additional public expense. When reform — in whatever shape it takes — falls short of these expectations, as it inevitably must, public disappointment will be profound.

Third, the issue suffers from the fragmentation of its natural constituencies. This fragmentation can be illustrated by the disease-specific organizations that solicit contributions and lobby Congress for research and services funding. In some instances, such as for AIDS and breast cancer, this approach has been remarkably effective at increasing research support. Yet, by emphasizing the singularity of each disease, whether cystic fibrosis, Huntington's disease, Alzheimer's disease or arthritis, these groups miss the opportunity to collaborate on systemic reform of the delivery system, and they forfeit the potential power for influencing public policy inherent in their combined strength.

Fourth, and not unrelated to the fragmentation of the chronic disease constituency, is the difficulty that Americans have in accepting a chronic illness. This phenomenon, which is best appreciated by visiting medical care systems in other developed countries, is a reflection of U.S. values and world-view. Americans tend to believe in technical solutions to problems, tend to have great faith in biomedical science and technology and tend to be unwilling to accept limits imposed by their disease.

The fifth and final reason for the issue's invisibility reflects the values of the medical care system itself. We have organized and paid our physicians and hospitals based on the construct of acute illness, yet over the last several decades the disease burden has shifted from acute to chronic. The emphasis on acute care is most striking in our modern hospitals, with their emphasis on invasive technology and intensive care, but it is also seen in such fundamental processes as how much we pay for certain kinds of services, what types of health professionals we train and the how, what and where of their training.

Given these realities, the bulk of efforts for people with chronic conditions focus, not surprisingly, on high-technology diagnostic and therapeutic interventions that are expensive and produce incomplete results. Even with mounting private and public pressures, driven largely by cost considerations to change the health care industry, we can expect the medical system to cling to its basic values.
Why the care of patients with chronic illnesses is central to health reform

People with chronic health conditions, and the relatives and friends who help care for them, have a great deal to gain and to lose from health care reform. On the positive side, improved financial access would enable many who now avoid or defer needed care to obtain it in a timely fashion. Early detection and continuing management of such conditions as diabetes, asthma or AIDS can prevent serious complications, avoid hospitalization, reduce disability and postpone death.

In addition, if we had universal health insurance and community rating of that insurance, having a family member with a chronic illness would no longer be the barrier that it is now for some people trying to obtain or change jobs. Furthermore, the potential of managed care — with incentives to prevent expensive hospitalization and institutionalization — could greatly improve the relatively inexpensive services needed to help people live independently at home. Even small shifts in type and site of care, such as from high-tech hospital care to lower-tech home care, could save costs and improve comfort.

But the move to managed care, which is so central to both the health care reform already occurring and to most of the pending legislative options for health care reform, also contains dangers for those with chronic illnesses. The greatest danger is that a medical care system based on price competition creates built-in incentives to avoid caring for people with chronic illnesses and the high costs associated with their care. In plain terms, the easiest way to profit from patients with chronic conditions is not to enroll them in managed care programs in the first place.

It could be argued, of course, that health plans, in their own best interests, might invest in preventive measures to improve quality and decrease costs. For example, vigilant early treatment of foot calluses in a diabetic patient would prevent, or at least postpone, the development of foot ulcers and subsequent amputation. Unfortunately, the record to date of the managed care industry does not provide evidence that this will happen. HMOs have not had large numbers of enrollees with chronic illnesses. For example, only 7 percent of the elderly — the population group with the highest prevalence of chronic illness — are members of HMOs. Insurance plans typically focus more on avoiding risk and limiting benefits than on prevention and improving care. The rhetoric of managed competition enthusiasts notwithstanding, I find it hard to envision health plans’ competing to enroll people of any age with AIDS, drug addiction, chronic mental illness or alcoholism.

The role of the Medicare population in health reform is sobering in two regards. If the
low enrollment of the elderly in HMOs reflects their reluctance to join managed care plans—a perception that seems most likely to be correct—then it also seems likely that younger patients with chronic health conditions might have similar preferences. In addition, the putative cost savings from managed competition should come disproportionately from those who are costing the most. If those patients are less interested in managed care, and managed care is less interested in them, where will the savings come from to finance the currently uninsured as well as expanded benefits for people currently covered by Medicare and Medicaid?

Chronic care programs of The Robert Wood Johnson Foundation

Foundation activities related to improving the care of people with chronic health conditions generally take a systems approach to improving health care delivery. The underlying strategic assumption is that, by demonstrating better ways to use existing resources, elevating the debate about how to care for those with chronic illnesses, and identifying and rewarding leaders in this currently under-rewarded area, we will begin to catalyze the process of long-term change. Some of our national multisite programs under this goal include:

- **Building Health Systems for People with Chronic Illnesses.** This program provides up to $15 million to fund demonstration, evaluation and research projects intended to improve systems of care for people with chronic conditions. We hope that the Building Health Systems program, which announced its first round of grants in late 1993, will stimulate development of better ways to organize, finance and integrate services. We not only expect that the program will identify and support those already working in this area, but also hope it will encourage others to enter it.

- **Chronic Care Initiatives in HMOs.** As mentioned previously, the trend toward managed care has significant implications for people with chronic illnesses. Over 45 million people are currently enrolled in HMOs, and millions more may join in the next few years because of growing financial incentives from the private and public sectors. While some HMOs have programs for specific chronic conditions, such as HIV/AIDS, this $5.6 million program is designed to stimulate more comprehensive systems for the full range of patients with chronic illnesses— including those needing multiple medical and supportive services, as well as patients who are currently asymptomatic but who need careful monitoring and preventive care.
• **Old Disease, New Challenge: Tuberculosis in the 1990s.** The resurgence of what was once called the "white plague," with its disturbing new feature of multiple drug resistance, is challenging clinicians and public health experts. The rise in tuberculosis cases stems from an increase in susceptible populations, including people living with HIV/AIDS, people in prison, the homeless, migrant farm workers, some immigrants and refugees. It also reflects the erosion of the American public health infrastructure in the face of relentless pressures for delivering clinical services. This $6.65 million program will support efforts to improve the public health measures for combating the new challenge of this old disease: prevention, screening, treatment, monitoring and the development of innovative, community-based strategies.

• **Coming Home.** When elderly people living in rural areas develop chronic health conditions, many have to leave home and are institutionalized because their communities lack an infrastructure to provide essential services. Under this $6.5 million program, the National Cooperative Bank Development Corporation will provide technical assistance and access to capital in order to help five rural communities develop community-based systems of chronic care.

![Prevalence of Disability by Income](chart)

This program also will test the feasibility of a revolving loan fund to attract additional public and private capital for future efforts.

Earlier Robert Wood Johnson Foundation programs in the field of chronic illness provided funds for specific conditions or for certain sites of care. We are currently supporting the replication of a number of these programs, relying on technical assistance from experts and first-generation grantees. One example is Partners in Caregiving: The Dementia Services Program, which will help up to 50 adult day centers develop and strengthen innovative center-based, in-home and other respite programs for people with chronic cognitive disorders, especially dementia.

Other programs support coalitions dedicated to helping people with disabilities; assisting state and local housing finance agencies to finance and deliver supportive services for older people in subsidized housing developments; encouraging state and local mental health agencies to develop integrated systems of care for adults with serious mental illnesses; and assisting states and communities to improve and coordinate services for children and youth with serious mental illnesses.

We also are supporting a new collaboration in New Hampshire that is designed to help local communities meet the needs of children with severe chronic illnesses, such as cystic fibrosis or cerebral palsy, and to assist their families by enabling them to build formal and informal support networks. The
program involves Dartmouth Medical School, the New Hampshire Department of Health and Human Services, local health providers and the families themselves in an attempt to keep children in their own schools and communities and out of hospitals and institutions, while providing some respite for their families.

Another project we support has helped concerned citizens in Seattle to create the Bailey-Boushay House, a 35-bed skilled nursing facility and day health center for people living with HIV/AIDS. Offering a new and humane integration of services, Bailey-Boushay just completed its first 18 months of operation, in which it provided subacute and hospice services to 275 residents and hundreds of day patients. We also funded a project providing technical assistance to other communities across the country trying to develop similar AIDS housing efforts.

The Foundation also has funded research on chronic health conditions. One such program is a major study to understand and improve clinical decisions near the end of life. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT), being conducted at five university medical centers, is testing whether providing clinicians with more accurate knowledge of a patient's prognosis and care preferences affects the treatments chosen. We live in a time when dissatisfaction with aggressive care near the end of life is highly visible. This dissatisfaction is evidenced in the extreme by the demand for Dr. Jack Kevorkian's services and by more than 45 percent of California and Washington voters supporting measures to let physicians perform euthanasia. We hope that the results of SUPPORT will guide patients and clinicians to more humane and acceptable treatment patterns near the end of life. Results of the study are expected in late 1994 or early 1995.

Another research project, being conducted by a team at Brown University, is studying the incidence, prevalence and patterns of care of people with chronic illness in a single metropolitan community.

The findings should improve our understanding of the impact of medical and social interventions on the function and outcomes of patients.

Additionally, partial support for the Disability Supplement of the National Health Interview Survey will enable researchers at the National Center for Health Statistics to interview people with severe physical disabilities or complex chronic health conditions. Analyses and dissemination of the survey results should help the Foundation and the broader policy community assess the adequacy and appropriateness of services for those with the most serious chronic illnesses.

Other programs in the field of chronic health conditions focus on education (for example, helping medical personnel to achieve better pain control for patients with cancer), understanding the impact of proposed health reform measures on the delivery of services to people with chronic illnesses, and, through the Community Health Leadership Program, celebrating local heroes and heroinies whose efforts have improved the lives of people who might not otherwise be served.

| Percent of People with Selected Chronic Conditions Who Are Hospitalized Annually |
|---------------------------------------------|--------|
| Ischemic heart disease                      | 73%    |
| Multiple sclerosis                          | 50%    |
| Prostate cancer                             | 59%    |
| Lung cancer                                 | 47%    |
| Stroke                                     | 85%    |
| Stomach, intestinal, colon and rectal cancer| 62%    |
| Complete paralysis of extremities           | 56%    |


These conditions limit the activities of at least 30 percent of people who have them. Figures are for 1986-88.
The future of chronic care

Given the realities of a burgeoning older population in the United States, with its attendant burden of chronic conditions, the challenge of improving the care for people with such illnesses inevitably will become more pressing. As our chairman points out in his letter, health care reform doesn’t guarantee improvement in health care and could even make things worse. Clearly, until now, the incentives of the marketplace have been perverse. On the one hand, they reward insurance carriers and health plans that avoid people with chronic illnesses. On the other hand, for those already in the medical care system — such as Medicare patients receiving fee-for-service care — providers are rewarded for providing expensive, high-technology care and penalized for spending resources on integrating care in the community. This, clearly, must change.

But even if health care reform is wisely crafted and wildly successful, it can affect only our formal system of care, and it will still fall short of meeting the needs and expectations of those with chronic conditions. Enlisting the resources of the volunteer community to build a stronger, more vital, informal system of care is also essential.

The Foundation took a step in that direction this year with Faith in Action: Replication of the Interfaith Volunteer Caregivers Program. This $23 million initiative will provide start-up grants of $25,000 each and technical assistance to more than 900 community organizations established by interfaith coalitions of churches, synagogues, mosques and other institutions with religious missions. Each coalition will develop caregiving programs serving people of all ages with chronic health conditions. This expands an earlier national effort launched by the Foundation which has led to the establishment of more than 300 Interfaith Volunteer Caregivers projects since 1984. These projects build on the strong tradition of volunteerism in America and provide home-based volunteer services, care and companionship to people with chronic health conditions living in their communities. Such coalitions have grown and become financially self-sustaining over time with support from a variety of sources, including local funders. We hope that eventually such coalitions will exist in every community in the country, helping to address the unmet needs for informal care among the millions of Americans with chronic health conditions.

Only by simultaneously strengthening both our formal and informal systems can our nation have the comprehensive health care system that Americans want and deserve. What we are striving for is a system that will, in the words of the old French saying, “cure sometimes, relieve often, and comfort always.”
To assure that Americans of all ages have access to basic health care

Concern over lack of access to basic health care underpins the public's interest in health care reform. Regardless of age, race, employment or economic status, many Americans cannot obtain the health services they need in a timely, affordable manner. Those who have not yet faced these barriers are aware of their own vulnerability and worry about future security. While 38 million Americans are without health insurance, many more are underinsured or may lose coverage if they change jobs or get sick.

Although lack of insurance is a formidable barrier to access, it is by no means the sole impediment. Since 1991, the Foundation has tried to address four kinds of barriers people face in gaining access to basic health services:

* financial barriers
* barriers related to the supply and distribution of health services and providers
* sociocultural barriers, and
* organizational barriers.

Much of the national health care reform debate is geared to resolving financial barriers to access. Where these efforts will lead is still uncertain. What is clear is that some states and providers are already moving ahead. During 1993, the Foundation expanded support for a program of technical assistance to states to provide useful data and information as they proceed.

Supply and distribution barriers persist, as our health care and medical education systems continue to be skewed toward costly medical specialists. The unequal geographical distribution of primary care providers and the greater numbers of medical specialists contribute to the fact that certain underserved populations — in rural areas or inner-city communities — cannot find primary care providers.

In 1993, the Foundation launched the Generalist Provider Research Initiative to stimulate research and evaluation projects that should build further the capacity of the health care system to provide primary care through generalist physicians and alter the current imbalance of specialist to generalist services. This initiative joins a series of Foundation programs designed to reduce the prevalence of specialty medicine over the provision of basic health care in the United States: The Generalist Physician Initiative, the Generalist Physician Faculty Scholars Program, and Practice Sights: State Primary Care Development Strategies.

The Foundation also launched a new effort designed to mobilize physician-initiated partnerships to improve care for underserved Americans in 50 communities nationwide. Under Reach Out: Physicians' Initiative to Expand Care to Underserved Americans, private physician groups will work together with other providers, such as primary care practitioners, community health centers, hospitals, health departments and state agencies.

Evidence suggests that mid-level practitioners, including nurse practitioners and physician assistants, can play an important role in improving access to cost-effective services in underserved areas. In 1993, nine sites were funded under the Ladders in Nursing Careers Program, an initiative that replicates a successful project developed with Foundation funding by the Greater New York Hospital Association. The program establishes career ladders for entry and mid-level health workers — particularly minority and low income individuals.
In the early 1990s, a new epidemic of measles drew attention to the alarmingly low immunization rates for preschool children in this country. Rates had dipped in spite of evidence that immunizations are one of the most effective public health interventions available, and they are a key indicator of the adequacy of child health services in a community. All Kids Count: Establishing Immunization Monitoring and Follow-up Systems was initiated to improve and sustain access to immunizations for preschool children. By developing monitoring and follow-up systems, the program seeks to reduce the rates of illness, disability and death from vaccine-preventable diseases. In 1992, 23 sites were awarded planning grants under the program, and in 1993, 14 of these sites received implementation funding.

A substantial barrier to improving access and to providing more effective medical care is mutual lack of cultural understanding and communication skills between health care professionals and patients. Providers must be attuned to the unique needs of diverse population groups. Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care, a collaborative effort with The Henry J. Kaiser Family Foundation, support projects that improve access to maternal, child and reproductive health services by overcoming or increasing knowledge about sociocultural barriers. For example, of 11 grants awarded under Opening Doors in 1993, one project will develop a pool of interpreters for use by health care providers to reach the Hispanic and Asian residents and immigrants of Oakland, California, and another project will use case studies of African American and Hispanic population groups to teach medical students about sociocultural issues.

Another way to improve access for vulnerable populations is to increase the number of minority medical professionals who will practice in sites where they will serve patients who share their culture. The Minority Medical Education Program, now in its sixth year, continues to assist promising, highly motivated minority students in gaining admission to medical schools. The Minority Medical Faculty Development Program also continued in 1993, with 12 new fellowships awarded to minority physicians who are committed to careers in academic medicine.

In March 1993, the Foundation organized and held a series of national forums to educate the public on the problems facing our health care system. Titled "Conversations on Health," the four meetings — held in Tampa, Florida, Des Moines, Iowa, Dearborn, Michigan, and Washington, D.C. — were structured as conversations with citizens and health care providers about how problems of access, chronic health conditions, substance abuse and health care costs affect their lives. These meetings offered individual Americans a chance to depict and analyze critical health care issues from their own perspectives.

In 1994, the national health care reform effort will continue to wrestle with the issue of access to basic health care for all Americans. The year holds promise. However, many of the proposed solutions focus almost exclusively on financial access to health care. Regardless of the degree of change within the financing system at the state or federal level, substantial barriers will remain for many Americans. Market adjustments may even create some new ones.

The Foundation will continue to use its resources to assure access to basic health care for all Americans and will increase its focus on non-financial barriers to access. New efforts may include identifying opportunities to revitalize the public health system, monitoring changes caused by health care reform on access to care, developing rural health networks, and exploring a possible new role for the Foundation in improving urban health.
To promote health and prevent disease by reducing harm caused by substance abuse

Substance abuse is the primary cause of preventable illness, injury and death in the United States. Efforts to reduce the harm caused by tobacco, alcohol and drugs are, therefore, an integral part of trying to improve health and health care. A continuing backdrop for the Foundation’s efforts in the substance abuse area during 1993 was health care reform. It is, of course, the overriding issue that will affect every facet of health care, directly or indirectly, over the next year — and it offers both potential benefits and pitfalls for the handling of substance abuse issues.

Our efforts in 1993 were concentrated in five priority areas:

- communicating substance abuse as the nation’s number one health problem
- reducing the harm caused by tobacco
- understanding the causes (etiology) of substance abuse
- prevention and early intervention, and
- reducing demand through community initiatives.

Given the complexity of raising the problem of substance abuse on the public agenda, 1993 was largely dedicated to planning the best methods for communicating substance abuse as the nation’s number one health problem. In addition, the Foundation sponsored a successful press and congressional staff briefing — in collaboration with the Center for Addiction and Substance Abuse (CASA) at Columbia University — to announce the availability of Substance Abuse: The Nation’s Number One Health Problem — Key Indicators for Policy, a trends monitoring chartbook written by an expert group from Brandeis University for the Foundation. A major focus of the chartbook is the enormous toll of substance abuse.

Particularly notable is the large number of deaths each year attributable to it: more than 400,000 due to tobacco, 100,000 as a result of alcohol, and 20,000 due to illicit drug abuse and related AIDS deaths.

Highlights of 1993 activity in the tobacco area include authorization of two new national programs. Smoke Less States: Statewide Tobacco Prevention and Control Initiatives is designed to help statewide coalitions develop comprehensive tobacco reduction strategies, especially to stop use by children and youth. Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy is designed to achieve widespread diffusion of state-of-the-art smoking cessation techniques and to develop new approaches for eliminating smoking in women during their childbearing years. Eleven projects were awarded grants under the Tobacco Policy Research and Evaluation Program, which will identify, analyze and evaluate public- and private-sector policies aimed at reducing tobacco use. Also of note was a grant to the Burley Tobacco Growers Cooperative Association to develop an economic transition plan that should help communities in the South reduce their reliance on producing tobacco products.

Efforts in the etiology area were exploratory. For example, one grant tests whether additional analysis of existing data sets could fill some of the gaps in knowledge regarding the etiology of substance abuse; another supported an exploratory analysis for a study of the development of nicotine dependence.

In the prevention and early intervention area, major activities include a program to instruct youth sports coaches about substance abuse issues, a national survey of college students’ drinking, and a program to provide training and technical assistance to six juvenile justice systems committed to developing community-based prevention and early intervention services for juvenile offenders.
The focus of our community initiatives work was on the continued implementation of major programs, such as Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol, which supports efforts to create community-wide systems of prevention, early identification, treatment and after-care; Healthy Nations: Reducing Substance Abuse Among Native Americans, another community-focused program aimed at combatting substance abuse among Native Americans; and Join Together, a national technical assistance resource for communities fighting substance abuse. New endeavors in 1993 were aimed at reducing local, state and national policy barriers. One new project provides technical assistance to communities concerning environmental approaches to alcohol and tobacco prevention and another is convening regional meetings with state policymakers to discuss substance abuse coverage issues under state health reform.

Representatives of all current Foundation substance abuse grantees met in December 1993. It was the first time all Foundation grantees in a major goal area were convened. This forum for exchanging ideas resulted in valuable advice and forecasting for the Foundation.

The coming year will be a time for further program development in most of our substance abuse priority areas. A few of the possible activities for 1994 are: development of national communications projects designed to denormalize tobacco use and alcohol abuse; support for a coalition of diverse organizations to provide leadership on these issues both nationally and locally; a program to reduce binge drinking on college campuses; and an alcohol and drug policy research initiative. In addition, the feasibility of developing a large-scale, anti-substance abuse community initiative in a single city may be explored.

To help address the problem of escalating health care expenditures

Ironically, rising health care costs are both the driving force behind health care reform and the major impediment to its adoption. Many people believe that cost control must precede universal coverage or improvements in health services. Others reason that costs cannot be controlled unless we have universal coverage and until the financial incentives within the health care system are rationalized.

In the quest for health care cost containment, Foundation staff developed a four-part strategy to guide our 1993 activities:
• to develop and test new cost control strategies
• to educate the public about trade-offs inherent in different strategies
• to establish a forum to explore the long-term effects of restructuring the health care system, and
• to monitor the impact of cost controls on health care costs, access and quality.

Because controlling costs is central to the health care reform debate, much of the Foundation's work in this area focuses on developing and testing new cost containment strategies. State Initiatives in Health Care Reform, for example, supports 12 states as they test different strategies, demonstrates how reform might be implemented, and helps gauge what the public will support. In response to the increase in state health care reform efforts, the program was expanded in 1993 to include up to 10 additional states and technical assistance was also expanded to make it available to more states. Support also continues for Changes in Health Care Financing and Organization, a national initiative intended to design and analyze major health care financing strategies, conduct demonstrations to test new strategies, and evaluate major strategies already in place.

The way cost controls are applied raises fundamental questions of fairness and equity. Critical to the adoption of effective cost control strategies will be better public understanding of the trade-offs among the many choices to be
made and the consequences of inaction. The Foundation's ongoing public education activities in 1993 included an economic conference on the various health care proposals currently under consideration and a grant to enable students in thousands of high schools across the country to debate the issue of health care reform.

To explore the long-term implications of restructuring the health care system, the Foundation is supporting a project that will conduct analyses and make recommendations to facilitate the health care reform process. The project will study the economic consequences of reform on: firms that pay for the health care of their workers, employment in the health sector, the nation’s economic growth (particularly with regard to small business employment and technological innovation), and government spending and the national debt.

The Foundation continues to monitor the impact of health care reform, including reforms that already are under way. For example, research was done on the implications of health care reform for the overall economy and for individual households. The Foundation also is monitoring the impact of state reforms and collecting baseline data for evaluating any national reforms.

Several significant issues will receive attention in 1994:
- developing, testing and monitoring cost controls
- exploring ways to reduce and reallocate excess capacity — too many facilities, too much equipment, and too many physician specialists, and
- improving the way providers and patients use health care resources.

The Foundation will continue current work that develops, tests and monitors cost controls — demonstrations of state health care reform, targeted research and policy analysis on financing and costs, and convening activities. Examples include case studies and cross-state analyses of specific reform approaches and research on key implementation issues.

Excess capacity is a major contributor to rising health care costs. It is the most distinctive difference between the U.S. health care system and those of other industrialized countries, where costs are lower. Historically, market forces have not reduced or reallocated excess capacity and, in many cases, appear to have exacerbated the problem. Yet, regulatory mechanisms to control capacity have been largely absent from the current health care reform debate, with the assumption seeming to be that new market pressures will lead to more efficient use of resources. Projects designed to explore the feasibility, effectiveness and implications of alternative approaches to reducing excess capacity in the system and controlling capacity growth will be pursued: for example, highlighting the need for controlling capacity through convening and research; and determining whether managed care actually leads to greater efficiency, productivity or cost savings.

Improving the way providers and patients use health care resources also will be a priority. In addition to the influence of the larger policy and financing environments, the success of cost control efforts ultimately depends on the way that professionals and consumers use health care resources. Previous research has shown that physicians influence 70 to 80 percent of medical care utilization and that markedly different physician practice patterns do not produce significantly different patient outcomes. Ongoing work in this area includes research on effective mechanisms for influencing physician practice.

By focusing on these issues, Foundation staff hope to facilitate the health care reform debate and move closer to our goal of health care cost containment.
During 1993, the Foundation made 530 grants totalling $137.48 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation’s principal objectives, were distributed as follows:

- $50.32 million for programs that assure that Americans of all ages have access to basic health care
- $23.76 million for programs that promote health and prevent disease by reducing harm caused by substance abuse
- $24.90 million for programs that improve the way services are organized and provided to people with chronic health conditions
- $12.59 million for programs that help the nation address the problem of escalating medical care expenditures, and
- $25.91 million for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

The distribution of funds for 1993 by areas of interest is charted below. The geographic distribution of 1993 funds is diagrammed on the opposite page. Since becoming a national philanthropy in 1972, our appropriations have totaled $1.57 billion.
1993 appropriations by geographical region
($137.48 million)

<table>
<thead>
<tr>
<th>Region</th>
<th>U.S. population</th>
<th>RWJF funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific</td>
<td>16%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Mountain</td>
<td>5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>West-South-Central</td>
<td>11%</td>
<td>4.1%</td>
</tr>
<tr>
<td>West-North-Central</td>
<td>7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>East-North-Central</td>
<td>17%</td>
<td>6.7%</td>
</tr>
<tr>
<td>East-South-Central</td>
<td>6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>New England</td>
<td>5%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Middle Atlantic</td>
<td>15%</td>
<td>21.3%</td>
</tr>
<tr>
<td>South Atlantic</td>
<td>18%</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

This section is a listing of the 530 grants made in 1993. In addition, the Foundation continued to make payments on and monitor 858 grants awarded in prior years. Together these two groups comprise the Foundation's active grants.

Brief, descriptive program summaries are available for selected grants. Using information from this section, requests for program summaries should include the title of the grant, the institutional recipient, and the grant ID number. Address requests to:

Communications Office
The Robert Wood Johnson Foundation
Post Office Box 2316
Princeton, New Jersey 08543-2316.

A complete list of all active grants also is available on a computer diskette (3½-inch, high-density IBM- or Macintosh-compatible). Direct requests to the above address.
Access

Demonstrations

All Kids Count: Establishing Immunization Monitoring and Follow-up Systems
Support for projects to develop and implement systems that improve and sustain access to immunizations for preschool children (for the periods indicated). ID#19234

Chatham County Health Department
Savannah, GA
$229,866 (2 years)

City of Cleveland, Department of Public Health
Cleveland, OH
$413,967 (2 years)

Medical and Health Research Association of New York City, Inc.
New York, NY
$405,268 (2 years)

Metropolitan Government of Nashville and Davidson County
Nashville, TN
$349,423 (2 years)

City of Milwaukee Health Department
Milwaukee, WI
$300,891 (2 years)

Mississippi State Department of Health
Jackson, MS
$317,751 (2 years)

State of Nevada Department of Human Resources, Health Division
Carson City, NV
$398,501 (2 years)

North Carolina Department of Environment, Health, and Natural Resources
Raleigh, NC
$106,221 (1 year)

County of Orange Health Care Agency
Santa Ana, CA
$52,758 (1 year)

City of Philadelphia Department of Public Health
Philadelphia, PA
$383,100 (2 years)

State of Rhode Island Department of Health
Providence, RI
$306,678 (2 years)

City of Richmond Department of Public Health
Richmond, VA
$353,428 (2 years)

County of San Bernardino Department of Public Health
San Bernardino, CA
$474,061 (2 years)

County of Snohomish Health District
Everett, WA
$417,126 (2 years)

Alpha Center for Health Planning, Inc.
Washington, DC
$199,922
Technical assistance center on alternative rural hospital models (for 1 year). ID#20765

American College of Physicians
Philadelphia, PA
$499,511
Technical assistance and direction for Reach Out: Physicians’ Initiative to Expand Care to Underserved Americans (for 1 year). ID#21235

The Austin Project
Austin, TX
$49,930
Countywide effort to improve the health of infants and children (for 1 year). ID#22125

City of Baltimore, Department of Health
Baltimore, MD
$199,171
Design of a health care delivery system for a Baltimore neighborhood (for 1 year). ID#21697

University of Colorado Health Sciences Center
Denver, CO
$491,079
Implementation of a standardized management information system for school-based health centers (for 3 years). ID#21457

The Elementary School-Based Health Initiative
Washington, DC
$34,940
Planning a program to establish health centers in elementary schools (for 4 months). ID#22908

University of Florida, College of Medicine
Gainesville, FL
$312,000
Support for a statewide midwifery resource center (for 2 years). ID#21303
Local Initiative Funding
Partners Program — Phase II
Matching grants program to enable local philanthropies to sponsor innovative health services projects, focusing on the Foundation’s goal areas (for the periods indicated). ID#18466

Case Western Reserve University, Frances Payne Bolton School of Nursing
Cleveland, OH
$400,000
(4 years)

New York Downtown Hospital
New York, NY
$120,000
(3 years)

Pinellas County Board of Juvenile Welfare
St. Petersburg, FL
$395,716
(4 years)

Planned Parenthood of Greater Miami, Inc.
Coconut Grove, FL
$300,000
(3 years)

St. Christopher’s Hospital for Children
Philadelphia, PA
$389,527
(4 years)

Medical College of Virginia Foundation, Inc.
Richmond, VA
$424,948
(3 years)

West Alabama Health Services, Inc.
Eutaw, AL
$220,857
(3 years)

Wishard Memorial Foundation
Indianapolis, IN
$200,000
(3 years)

Local Initiatives
Support Corporation
New York, NY
$1,000,000
Health and social services in community development corporations (for 3 years). ID#21364

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers
Promotes the increased availability of school-based health services for children and youth with unmet health care needs (for the periods indicated). ID#20612

State of Colorado,
Department of Health
Denver, CO
$100,000
(15 months)

State of Connecticut,
Department of Public Health and Addiction Services
Hartford, CT
$100,000
(15 months)

State of Delaware,
Department of Health and Social Services
Dover, DE
$100,000
(15 months)

State of Hawaii,
Department of Health
Honolulu, HI
$96,733
(15 months)

Health Research, Inc.
Albany, NY
$100,000
(15 months)

State of Louisiana,
Department of Health and Hospitals
New Orleans, LA
$99,635
(15 months)
<table>
<thead>
<tr>
<th>State of Maryland, Office for Children, Youth, and Families</th>
<th>The National Association of Community Health Centers, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore, MD</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>$100,000</td>
<td>$286,676</td>
</tr>
<tr>
<td>(15 months)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of North Carolina, Department of Environment, Health, and Natural Resources</th>
<th>National Black Women’s Health Project, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raleigh, NC</td>
<td>Dorchester, MA</td>
</tr>
<tr>
<td>$100,000</td>
<td>$175,000</td>
</tr>
<tr>
<td>(15 months)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>State of Oregon, Department of Human Resources</th>
<th>New Jersey Health Services Development Program — Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salem, OR</td>
<td>Innovative projects to address the state’s health care needs, focusing on the Foundation’s goal areas (for the periods indicated).</td>
</tr>
<tr>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>(15 months)</td>
<td>ID#18399</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Rhode Island, Department of Health</th>
<th>Crossroads Programs, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence, RI</td>
<td>Mount Holly, NJ</td>
</tr>
<tr>
<td>$99,862</td>
<td>$248,453</td>
</tr>
<tr>
<td>(15 months)</td>
<td>(1.5 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Tennessee, Department of Health</th>
<th>New Community Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nashville, TN</td>
<td>Newark, NJ</td>
</tr>
<tr>
<td>$100,000</td>
<td>$246,676</td>
</tr>
<tr>
<td>(15 months)</td>
<td>(2 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Vermont, Agency on Human Services</th>
<th>United Way of Passaic Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterbury, VT</td>
<td>Paterson, NJ</td>
</tr>
<tr>
<td>$100,000</td>
<td>$245,972</td>
</tr>
<tr>
<td>(15 months)</td>
<td>(2 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternity Center Association</th>
<th>North Carolina Foundation for Alternative Health Programs, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York, NY</td>
<td>Raleigh, NC</td>
</tr>
<tr>
<td>$50,000</td>
<td>$448,072</td>
</tr>
<tr>
<td>Interim support for the Childbearing Center of East New York (for 9 months).</td>
<td>(technical assistance and direction for Practice Sights: State Primary Care Development Strategies (for 1 year). ID#20062</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Care Development</th>
<th>University of Oklahoma, College of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta, ME</td>
<td>Oklahoma City, OK</td>
</tr>
<tr>
<td>$45,000</td>
<td>$184,447</td>
</tr>
<tr>
<td>Development of a health professions regulatory system (for 2 years).</td>
<td>Technical assistance and direction for Improving the Health of Native Americans (for 1 year).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care</th>
<th>Asian Health Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the periods indicated).</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td>ID#20796</td>
<td>$237,250</td>
</tr>
<tr>
<td></td>
<td>(3 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Champaign County Health Care Consumers</th>
<th>House Next Door</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champaign, IL</td>
<td>DeLand, FL</td>
</tr>
<tr>
<td>$255,318</td>
<td>$147,364</td>
</tr>
<tr>
<td>(3 years)</td>
<td>(22 months)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Northern Arizona Area Health Education Center</th>
<th>Planned Parenthood of Central and Northern Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flagstaff, AZ</td>
<td>Phoenix, AZ</td>
</tr>
<tr>
<td>$149,548</td>
<td>$181,669</td>
</tr>
<tr>
<td>(3 years)</td>
<td>(2 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rochester General Hospital</th>
<th>Shasta Primary Care Clinic, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rochester, NY</td>
<td>Redding, CA</td>
</tr>
<tr>
<td>$230,983</td>
<td>$64,196</td>
</tr>
<tr>
<td>(2 years)</td>
<td>(2 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Washington, School of Medicine</th>
<th>University of Washington, School of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seattle, WA</td>
<td>$241,075</td>
</tr>
<tr>
<td>(2 years)</td>
<td></td>
</tr>
</tbody>
</table>

| Access Grants | 33 |
The Ounce of Prevention Fund  
Chicago, IL  
$1,000,000  
**Health component of a support services program for inner-city families (for 5 years).**  
ID#13473

Practice Sights: State Primary Care Development Strategies  
**Challenges states to improve the distribution of primary care providers in medically underserved areas (for the periods indicated).**  
ID#19241

**Arizona Department of Health Services**  
Phoenix, AZ  
$99,638  
(15 months)

**Arkansas Department of Health**  
Little Rock, AR  
$100,000  
(15 months)

**Health Research, Inc.**  
Albany, NY  
$99,688  
(15 months)

**University of Kentucky Research Foundation**  
Lexington, KY  
$100,000  
(15 months)

**Maine Department of Human Services**  
Augusta, ME  
$99,595  
(15 months)

**Minnesota Department of Health**  
Minneapolis, MN  
$100,000  
(15 months)

**Mountain States Group, Inc.**  
Boise, ID  
$100,000  
(15 months)

**Nebraska Department of Health**  
Lincoln, NE  
$99,580  
(15 months)

**New Hampshire Department of Health and Human Services**  
Concord, NH  
$100,000  
(15 months)

**New Mexico Department of Health**  
Santa Fe, NM  
$100,000  
(15 months)

**Commonwealth of Pennsylvania Department of Health**  
Harrisburg, PA  
$100,000  
(15 months)

**South Dakota Department of Health**  
Pierre, SD  
$98,135  
(15 months)

**Texas Department of Health**  
Austin, TX  
$100,000  
(15 months)

**Commonwealth of Virginia, Joint Commission on Health Care**  
Richmond, VA  
$99,994  
(15 months)

**Wisconsin Department of Health and Social Services**  
Madison, WI  
$100,000  
(15 months)

**Primary Care Development Corporation**  
New York, NY  
$1,500,000  
**New York City-State partnership for primary care facility development (for 35 months).**  
ID#21312

**Rebuild LA**  
Los Angeles, CA  
$450,000  
**Establishment of community health councils (for 2 years).**  
ID#21956

**St. Anthony’s Health Care Foundation, Inc.**  
St. Petersburg, FL  
$50,000  
**Establishment of a hospital-based parish nurse program (for 1 year).**  
ID#19781  
AND  
$256,415  
**Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year).**  
ID#20023

**City of San Antonio, San Antonio Metropolitan Health District**  
San Antonio, TX  
$19,500  
**Countywide immunization monitoring and follow-up system (for 5 months).**  
ID#22310

**School-Based Adolescent Health Care Program**  
**Establishment of comprehensive health services clinics in public secondary schools (for the period indicated).**  
ID#10523

**City of Los Angeles Board of Education**  
(Jordan High School)  
Los Angeles, CA  
$3,061  
(4 months)

**The Task Force for Child Survival and Development**  
Atlanta, GA  
$338,122  
**Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 1 year).**  
ID#20929
University of Medicine &
Dentistry of New Jersey —
Robert Wood Johnson
Medical School
Piscataway, NJ
$3,000,000
Statewide immunization registry,
tracking, and follow-up program
(for 3 years). ID#20035

The Volunteers in
Medicine Clinic
Hilton Head Island, SC
$300,000
Program to provide indigent care
using retired physicians
(for 3 years). ID#21804

State of West Virginia,
Department of Health and
Human Resources
Charleston, WV
$144,500
Development of rural health care
networks in West Virginia
(for 1 year). ID#22455

William F. Ryan Community
Health Center, Inc.
New York, NY
$49,998
Development of a community
health center network (for 1 year).
ID#23606

Generalist Physician Faculty
Scholars Program
Offers four-year career
development awards to strengthen
the research capacity of faculty
committed to family practice,
general internal medicine, and
general pediatrics (for the periods
indicated). ID#18635

Boston University,
School of Medicine
Boston, MA
$240,000
(4 years)

University of California,
Davis, School of Medicine
Davis, CA
$237,302
(4 years)

University of California,
San Francisco, School of
Medicine
San Francisco, CA
$240,000
(4 years)

Dartmouth Medical School
Hanover, NH
$239,935
(4 years)

George Washington
University Medical Center
Washington, DC
$239,807
(4 years)

Medical College of
Georgia, School of
Medicine
Augusta, GA
$239,770
(4 years)

Indiana University,
School of Medicine
Indianapolis, IN
$239,625
(4 years)

New England Medical
Center Hospitals, Inc.
Boston, MA
$239,997
(4 years)

University of North
Carolina at Chapel Hill,
School of Medicine
Chapel Hill, NC
$240,000
(4 years)

New York University,
School of Medicine
New York, NY
$239,832
(4 years)

Oregon Health Sciences
University Foundation
Portland, OR
$239,993
(4 years)

The University of
Pennsylvania, School of
Medicine
Philadelphia, PA
$239,879
(4 years)

University of Pittsburgh,
School of Medicine
Pittsburgh, PA
$239,998
(4 years)

University of Texas Health
Science Center at San
Antonio
San Antonio, TX
$239,999
(4 years)

Virginia Commonwealth
University, Medical
College of Virginia
Richmond, VA
$240,000
(4 years)

George Washington
University
Washington, DC
$5,000
Conference on national health
reform and the health care safety
net (for 2 months). ID#21782
Georgetown University, School of Medicine
Washington, DC
$43,282
Conference on the demand for generalist physicians
(for 4 months). ID#21503
AND
$343,757
Technical assistance and direction for the Generalist Physician Faculty Scholars Program
(for 1 year). ID#21323

Ladders in Nursing Careers Program
Expands a career advancement program for health care employees to pursue careers in nursing
(for the periods indicated). ID#21419

Georgia Hospital Association Research and Education Foundation, Inc.
Marietta, GA
$544,924
(47 months)

Greater Cleveland Hospital Association
Cleveland, OH
$534,745
(47 months)

Hospital Association of Rhode Island
Providence, RI
$554,900
(47 months)

Iowa Hospital Education and Research Foundation
Des Moines, IA
$544,919
(47 months)

Maryland Hospital Education and Research Foundation, Inc.
Lutherville, MD
$542,482
(47 months)

Metropolitan Healthcare Council
St. Paul, MN
$544,510
(47 months)

North Dakota Hospital Association
Bismarck, ND
$44,282
(1 year)

North Dakota Hospital Research & Education Foundation, Inc.
Bismarck, ND
$499,400
(3 years)

South Carolina Hospital Research & Education Foundation, Inc.
West Columbia, SC
$544,644
(47 months)

Texas Hospital Education and Research Foundation
Austin, TX
$543,000
(47 months)

Middlesex County College Foundation
Edison, NJ
$493,315
Program to strengthen health careers education for minorities
(for 3 years). ID#21862

Minority Medical Education Program
Summer enrichment program to help minority students successfully compete for medical school acceptance
(for the periods indicated). ID#11878

Baylor College of Medicine
Houston, TX
$224,814
(1 year)

Case Western Reserve University, School of Medicine
Cleveland, OH
$225,000
(1 year)

Illinois Institute of Technology
Chicago, IL
$224,965
(1 year)

United Negro College Fund, Inc.
New York, NY
$225,000
(1 year)

University of Virginia, School of Medicine
Charlottesville, VA
$225,000
(1 year)

University of Washington, School of Medicine
Seattle, WA
$225,000
(1 year)

Minority Medical Faculty Development Program
Four-year program to provide two-year, biomedical, postdoctoral research fellowships
(for the periods indicated). ID#7854

University of Alabama, School of Medicine
Birmingham, AL
$152,500
(2 years)

Baylor College of Medicine
Houston, TX
$152,498
(2 years)

Cedars-Sinai Medical Center
Los Angeles, CA
$152,500
(2 years)

Children’s Hospital Corporation
Boston, MA
$163,006
(2 years)

University of Colorado Health Sciences Center, School of Medicine
Denver, CO
$163,006
(2 years)
The Johns Hopkins University, School of Medicine
Baltimore, MD
$163,006
(2 years)

University of Michigan Medical Center
Ann Arbor, MI
$163,006
(2 years)

New York University Medical Center
New York, NY
$152,500
(2 years)

Yale University, School of Medicine
New Haven, CT
$162,852
(2 years)

University of Missouri — Columbia, School of Medicine
Columbia, MO
$493,991
Technical assistance and direction for The Generalist Physician Initiative (for 1 year). ID#21171

Morehouse College
Atlanta, GA
$20,000
Conference on medical school recruitment for minorities (for 8 months). ID#23089

National Medical Association, Inc.
Washington, DC
$117,352
African-American leadership conference on health care reform (for 15 months). ID#22200

University of Oklahoma, College of Public Health
Oklahoma City, OK
$437,596
Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year). ID#21828

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the period indicated). ID#20796

Indiana University, School of Medicine
Indianapolis, IN
$54,750
(1 year)

Planned Parenthood Association of the Mercer Area, Inc.
Trenton, NJ
$38,056
Recruitment and training of a nurse practitioner (for 1 year). ID#21628

Society of Teachers of Family Medicine Foundation
Kansas City, MO
$9,520
Conference on educating generalist physicians (for 1 month). ID#23409

Research & Policy Analysis

Alpha Center for Health Planning, Inc.
Washington, DC
$2,796,877
Expanded technical assistance for State Initiatives in Health Care Reform (for 3 years). ID#22234

University of California, San Francisco, Institute for Health Policy Studies
San Francisco, CA
$31,000
Study of barriers to primary care in California (for 5 months). ID#22907

University of California, San Francisco, School of Medicine
San Francisco, CA
$74,120
Study of financial barriers to prenatal care in diverse ethnic groups (for 2 years). ID#21899

Fairleigh Dickinson University
Rutherford, NJ
$152,939
Monitoring impact of the 1992 New Jersey Health Care Reform Act on access (for 1 year). ID#22380

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$78,733
Study to address the fairness of universal health insurance proposals (for 1 year). ID#20578

Generalist Provider Research Initiative
Support for research and evaluation projects to encourage an appropriate generalist/specialist provider mix (for the period indicated). ID#22238

Oregon Health Sciences University Foundation
Portland, OR
$128,112
(1.5 years)

George Washington University, Center for Health Policy Research
Washington, DC
$113,887
Study of the ways states organize, finance, and monitor immunization delivery (for 1 year). ID#22059

Harvard University, School of Public Health
Boston, MA
$103,034
Research agenda on risk factors for prematurity and low birthweight (for 1 year). ID#20960
Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the periods indicated). ID#19473

Harvard University
Cambridge, MA
$184,022
(3 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$249,989
(3 years)

University of Minnesota
Minneapolis, MN
$250,000
(2 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$367,314
Barriers to childhood immunization in Maryland: policies and practices (for 2 years). ID#22347

University of Massachusetts Medical Center
Worcester, MA
$98,010
Integrating workers’ compensation and national and state health reform (for 1 year). ID#21801

National Association of Counties Research Foundation
Washington, DC
$243,298
Analysis of the health care responsibilities of county governments (for 15 months). ID#19861

University of Oklahoma, College of Public Health
Oklahoma City, OK
$95,598
Identification of barriers to the delivery of preventive health services (for 8 months). ID#23434

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the periods indicated). ID#20796

Alan Guttmacher Institute
New York, NY
$292,000
(2 years)

Research Triangle Institute
Research Triangle Park, NC
$210,860
(2 years)

State of Oregon, Department of Insurance and Finance
Salem, OR
$336,658
Pilot projects combining workers’ compensation and health insurance (for 1.5 years). ID#20229

The University of Pennsylvania, The Annenberg School for Communication
Philadelphia, PA
$158,671
Media monitoring to improve public understanding of health care reform (for 6 months). ID#22974

Public Health Foundation
Washington, DC
$182,587
Public health's role in preparing for health care reform (for 1.5 years). ID#23110

Rand Corporation
Santa Monica, CA
$1,366,610
Analysis of options and implications of state health care reform (for 2 years). ID#19322 AND $147,042
Estimates of the cost of insuring the uninsured (for 13 months). ID#20855

Society for Adolescent Medicine, Inc.
Bronx, NY
$38,680
Development of guidelines for conducting adolescent health research (for 15 months). ID#20898

Trust for Public Land
Washington, DC
$65,000
Study of capital financing needs of nonprofit facilities — Phase II (for 10 months). ID#22414

Uniformed Services University of the Health Sciences
Bethesda, MD
$69,340
Feasibility of retraining specialist physicians for generalist care (for 9 months). ID#21731

The Urban Institute
Washington, DC
$492,708
Analysis of insurance coverage trends and simulation of reform options (for 2 years). ID#19324

Washington State University
Pullman, WA
$48,605
Research on cancer screening among Hispanic women (for 1 year). ID#20904

University of Wisconsin Medical School
Madison, WI
$64,963
Technical assistance to the Generalist Provider Research Initiative (for 1 year). ID#22345

Evaluations
National Public Health and Hospital Institute
Washington, DC
$2,389,966
Case studies describing urban hospitals' cross-cultural issues (for 1.5 years). ID#22201
University of North Carolina at Chapel Hill
Chapel Hill, NC
$520,337
Evaluation of All Kids Count:
Establishing Immunization
Monitoring and Follow-up Systems
(for 5 years). ID#20063

Communications
- American Association for
World Health, Inc.
Washington, DC
$50,000
National public education
campaign to improve oral health
in the United States (for 1 year).
ID#23288

Educational Broadcasting
Corporation
New York, NY
$150,000
Completion of a TV documentary
on national health reform
(for 6 months). ID#21754

Foundation for New Jersey
Public Broadcasting
Trenton, NJ
$50,000
New Jersey television call-in series
on health care issues (for 1 year).
ID#23099

Institute for Puerto Rican
Policy, Inc.
New York, NY
$9,680
Regional conference for the
National Latino Health Agenda
project (for 2 months). ID#22176

League of Women Voters of
New Jersey Education Fund
Trenton, NJ
$50,000
Continuation of health policy
forums (for 1 year). ID#23198

University of Michigan,
School of Public Health
Ann Arbor, MI
$49,998
Dissemination of findings from the
Small Business Benefits Survey
(for 4 months). ID#23323

National Academy of
Social Insurance
Washington, DC
$17,000
Dissemination of two reports
on Medicare (for 6 months).
ID#22459

National Medical
Association, Inc.
Washington, DC
$240,000
Minority consumer education on
health care reform (for 1 year).
ID#23103

National Rural Health
Association
Kansas City, MO
$50,000
National conference on rural
minority health issues
(for 3 months). ID#21963

The People-to-People
Health Foundation, Inc.
Chevy Chase, MD
$49,704
Special issue of Health Affairs on
health care reform (for 6 months).
ID#21341

The Public Agenda
Foundation, Inc.
New York, NY
$200,000
Public opinion research on health
care reform (for 6 months).
ID#21311

Society of General
Internal Medicine
Washington, DC
$50,000
Dissemination of information on
developing generalist training
programs (for 9 months).
ID#22808

State Legislative Leaders
Foundation, Inc.
Centerville, MA
$40,000
Conference of state legislative
leaders on health care reform
(for 5 months). ID#21698

The Task Force for Child
Survival and Development
Atlanta, GA
$41,782
Conference on the role of public
health in a reformed health system
(for 4 months). ID#23661

Western Organization of
Resource Councils
Education Project
Billings, MT
$60,000
Public radio coverage of rural
health care news and issues
(for 2 years). ID#20928

Other Interventions
- American Academy of
Pediatrics
Elk Grove Village, IL
$701,991
Incorporating the Healthy
Children Program within the
American Academy of Pediatrics
(for 2 years). ID#18253

Meharry Medical College
Nashville, TN
$50,000
Preparing for expanded clinical
services (for 8 months). ID#21603
<table>
<thead>
<tr>
<th>Demonstrations</th>
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</thead>
<tbody>
<tr>
<td><strong>The Alzheimer's Center of Upper East Tennessee (Madison House)</strong></td>
<td></td>
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<tr>
<td>Kingsport, TN</td>
<td>$47,411</td>
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<tr>
<td>Start-up of an adult day health center (for 1 year). ID#22419</td>
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<tr>
<td><strong>Building Health Systems for People with Chronic Illnesses</strong></td>
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<tr>
<td>Supports models of caring for people with chronic illnesses aimed</td>
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<td>at improving the organization, delivery, and financing of services</td>
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<tr>
<td>(for the periods indicated). ID#19795</td>
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<tr>
<td><strong>Beth Abraham Hospital</strong></td>
<td>Bronx, NY</td>
<td>$267,100</td>
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<td>(2 years)</td>
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<tr>
<td><strong>Dartmouth Medical School</strong></td>
<td>Hanover, NH</td>
<td>$467,855</td>
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<td>(2 years)</td>
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<tr>
<td><strong>East Boston Neighborhood Health Center Corporation</strong></td>
<td>East Boston, MA</td>
<td>$326,856</td>
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<td>(3 years)</td>
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<tr>
<td><strong>Monadnock Developmental Services</strong></td>
<td>Keene, NH</td>
<td>$417,465</td>
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<td>(3 years)</td>
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<tr>
<td><strong>Monroe County</strong></td>
<td>Rochester, NY</td>
<td>$742,369</td>
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<td>(3 years)</td>
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<tr>
<td><strong>Richland Memorial Hospital</strong></td>
<td>Columbia, SC</td>
<td>$100,641</td>
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<td>(1 year)</td>
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<tr>
<td><strong>Wake Forest University, The Bowman Gray School of Medicine</strong></td>
<td>Winston-Salem, NC</td>
<td>$726,090</td>
<td>(3 years)</td>
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<td><strong>State of Wisconsin, Department of Health and Social Services</strong></td>
<td>Madison, WI</td>
<td>$50,000</td>
<td>(7 months)</td>
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<tr>
<td><strong>Center for Health Policy Development — National Academy of State Health</strong></td>
<td>Portland, ME</td>
<td>$114,550</td>
<td>Developing a strategy for chronic care system reforms (for 1 year). ID#22058</td>
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<tr>
<td><strong>The Center School</strong></td>
<td>Highland Park, NJ</td>
<td>$8,000</td>
<td>Summer program for high-risk learning disabled students (for 3 months). ID#21656</td>
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<tr>
<td><strong>Connecticut Community Care, Inc.</strong></td>
<td>Bristol, CT</td>
<td>$177,772</td>
<td>Encouraging best practices in case management for chronically ill people (for 15 months). ID#20449</td>
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<tr>
<td><strong>Corporation for Supportive Housing</strong></td>
<td>Oakland, CA</td>
<td>$150,000</td>
<td>Integrating financing and services for disabled persons in California (for 1.5 years). ID#21883</td>
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<tr>
<td><strong>Dartmouth-Hitchcock Medical Center</strong></td>
<td>Lebanon, NH</td>
<td>$1,487,768</td>
<td>Development of a community-based chronic care system for children (for 3 years). ID#20693</td>
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<tr>
<td><strong>East Boston Neighborhood Health Center Corporation</strong></td>
<td>Boston, MA</td>
<td>$300,000</td>
<td>Technical assistance and direction for Statewide System of Care for Chronically Ill Elderly in Massachusetts (for 3 years). ID#22938</td>
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<tr>
<td><strong>Verde Valley Caregivers Coalition, Inc.</strong></td>
<td>Sedona, AZ</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td><strong>The General Hospital Corporation — Massachusetts General Hospital</strong></td>
<td>Boston, MA</td>
<td>$541,428</td>
<td>Technical assistance and direction for the Homeless Families Program (for 1 year). ID#21177</td>
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<tr>
<td><strong>The Genesee Hospital</strong></td>
<td>Rochester, NY</td>
<td>$331,747</td>
<td>Technical assistance and direction for Building Health Systems for People with Chronic Illnesses (for 1 year). ID#21201</td>
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<tr>
<td><strong>Group Health Foundation</strong></td>
<td>Washington, DC</td>
<td>$336,832</td>
<td>Technical assistance and direction for the Chronic Care Initiatives in HMOs (for 2 years). ID#21308</td>
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<tr>
<td><strong>Harvard University, School of Public Health</strong></td>
<td>Boston, MA</td>
<td>$274,031</td>
<td>HIV/AIDS service provider information network (for 2 years). ID#20042</td>
<td></td>
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</tbody>
</table>
Homeless Families Program
Initiative to help homeless families obtain needed health and supportive services, including permanent housing (for the period indicated). ID#13135

The Colorado Coalition for the Homeless
Denver, CO
$1,687,703
(2 years)

Improving Child Health Services: Removing Categorical Barriers to Care
Support for communities to restructure child health and social service systems (for the periods indicated). ID#13101

Arkansas Department of Health
Little Rock, AR
$949,157
(3 years)

Marion County Health Department
Salem, OR
$500,000
(3 years)

Monroe County Department of Health
Rochester, NY
$468,601
(3 years)

United Way of Greater Portland
Portland, ME
$146,568
(1 year)

Improving Service Systems for People with Disabilities
Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for the period indicated). ID#14332

Center for Independence of the Disabled in New York, Inc.
New York, NY
$457,408
(19 months)

The Institute for Rehabilitation and Research
Houston, TX
$460,234
Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#20766

Jewish Family Service of Los Angeles
Los Angeles, CA
$50,000
Emergency funding for Family Friends project (for 1 year). ID#21851

Kingston Hospital
Kingston, NY
$956,712
Technical assistance and direction for Faith in Action: Replication of the Interfaith Volunteer Caregivers Program (for 1 year). ID#21461

Local Initiative Funding Partners Program — Phase II
Matching grants program to enable local philanthropies to sponsor innovative health services projects, focusing on the Foundation's goal areas (for the periods indicated). ID#18966

Open Options, Inc.
Kansas City, MO
$349,992
(4 years)

Providence Health Care Foundation
Anchorage, AK
$469,736
(4 years)

S.E.T. Ministry, Inc.
Milwaukee, WI
$249,876
(3 years)

Santa Fe Community Foundation (Carino Coalition)
Santa Fe, NM
$260,000
(3 years)

Southwestern Vermont Council on Aging
Rutland, VT
$54,000
(3 years)

United Jewish Appeal — Federation of Jewish Philanthropies of New York, Inc.
New York, NY
$400,000
(3 years)

United Way of New York City
New York, NY
$324,723
(3 years)

University of Miami, School of Medicine
Miami, FL
$199,994
Managed care project for chronically ill people in Dade County (for 1.5 years). ID#21547

Middlesex County Educational Services Commission
Piscataway, NJ
$418,559
Aftercare program for mentally ill chemically dependent youth (for 3 years). ID#21926

University of Minnesota, School of Public Health
Minneapolis, MN
$409,237
Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (for 1 year). ID#21203

The National Council on the Aging, Inc.
Washington, DC
$263,722
Continued dissemination of the Family Friends model (for 2 years). ID#21776
New Jersey Health Services Development Program — Phase II
Innovative projects to address the state’s health care needs, focusing on the Foundation’s goal areas (for the periods indicated). ID#18599

Association for Retarded Citizens, Monmouth Unit
Tinton Falls, NJ
$58,986 (1 year)

Cadbury Corporation
Cherry Hill, NJ
$165,930 (2 years)

New Jersey Association on Correction
Trenton, NJ
$229,050 (3 years)

New Jersey Women and AIDS Network
New Brunswick, NJ
$86,224 (2 years)

Our Lady of Lourdes Associates Foundation
Camden, NJ
$244,391 (3 years)

No Place Like Home: Providing Supportive Services in Senior Housing
Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for the periods indicated). ID#12422

State of Alaska Housing Finance Corporation
Anchorage, AK
$30,000 (1 year)

Clackamas County Department of Human Services
Oak Grove, OR
$67,500 (1 year)

City of Fremont
Fremont, CA
$75,000 (1 year)

State of Kansas Department of Commerce and Housing, Division of Housing
Topeka, KS
$67,600 (1 year)

Commonwealth of Kentucky, Kentucky Housing Corporation
Frankfort, KY
$74,612 (1 year)

New York State Office for the Aging
Albany, NY
$67,500 (1 year)

State of Ohio, Ohio Housing Finance Agency
Columbus, OH
$75,000 (1 year)

State of Wisconsin, Wisconsin Housing and Economic Development Authority
Madison, WI
$67,500 (1 year)

Partners in Caregiving: The Dementia Services Program
Promotes the development and growth of adult day centers to address the needs of people with chronic cognitive disorders (for the periods indicated). ID#18819

Adult Care Center of Roanoke Valley, Inc.
Salem, VA
$76,920 (2 years)

Adult Care of Chester County, Inc.
West Chester, PA
$100,000 (2 years)

Adult Care and Share Center, Inc.
Charlotte, NC
$100,000 (2 years)

Alzheimer's Services of the East Bay, Inc.
Berkeley, CA
$100,000 (2 years)

Board of Social Ministry
St. Paul, MN
$69,498 (2 years)

Central Adult Daycare Services, Inc.
Warwick, RI
$100,000 (2 years)

Cochise County Public Fiduciary
Bisbee, AZ
$97,649 (2 years)

Easter Seal Society, Goodwill Industries of Montana, Inc.
Great Falls, MT
$82,578 (2 years)

Elderly Services, Inc.
Middlebury, VT
$57,953 (2 years)

The Extended Family, Inc.
Daytona Beach, FL
$76,846 (2 years)

Fresno Pacific College
Fresno, CA
$140,933 (3 years)

Henry C. Nevins Home for the Aged and Incurable, Inc.
Methuen, MA
$93,918 (2 years)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Amount</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Mayo Newhall Foundation, Inc.</td>
<td>Valencia, CA</td>
<td>$150,000</td>
<td>(3 years)</td>
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<tr>
<td>Kennebec Health System</td>
<td>Gardiner, ME</td>
<td>$35,000</td>
<td>(2 years)</td>
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<tr>
<td>Prescott Senior Day Care Center, Inc.</td>
<td>Prescott, AZ</td>
<td>$138,665</td>
<td>(3 years)</td>
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<tr>
<td>Research Foundation of the State University of New York</td>
<td>Albany, NY</td>
<td>$100,000</td>
<td>(2 years)</td>
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<tr>
<td>Respite and Research for Alzheimer's Disease</td>
<td>Los Altos, CA</td>
<td>$50,000</td>
<td>(1 year)</td>
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<tr>
<td>The Rochelle Center</td>
<td>Nashville, TN</td>
<td>$93,227</td>
<td>(2 years)</td>
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<tr>
<td>Saint Joseph’s Mercy Care Services</td>
<td>Atlanta, GA</td>
<td>$100,000</td>
<td>(2 years)</td>
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<tr>
<td>Seattle Day Center for Adults</td>
<td>Seattle, WA</td>
<td>$150,000</td>
<td>(2 years)</td>
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<td>Seniors Resource Center, Inc.</td>
<td>Golden, CO</td>
<td>$53,150</td>
<td>(2 years)</td>
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<tr>
<td>Tualatin Valley Mental Health Center</td>
<td>Portland, OR</td>
<td>$99,323</td>
<td>(2 years)</td>
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<td>Vigorous Interventions in Ongoing Natural Settings, Inc.</td>
<td>Rocky Mount, NC</td>
<td>$59,335</td>
<td>(2 years)</td>
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<tr>
<td>Washington County Elder Care, Inc.</td>
<td>Bartlesville, OK</td>
<td>$100,000</td>
<td>(2 years)</td>
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<td>YWCA of the Calumet Area</td>
<td>Hammond, IN</td>
<td>$100,000</td>
<td>(2 years)</td>
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<tr>
<td>Replication of the Foundation’s Programs on Mental Illness</td>
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<tr>
<td>State of Georgia Department of Human Resources</td>
<td>Atlanta, GA</td>
<td>$71,317</td>
<td>(1 year)</td>
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<td>St. Mary’s Hospital for Children, Inc.</td>
<td>Bayside, NY</td>
<td>$50,000</td>
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<tr>
<td>Seattle Community Council</td>
<td>Tempe, AZ</td>
<td>$42,671</td>
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**Washington Business Group on Health**
- Washington, DC
- $240,052
- Dissemination of the Mental Health Services Program for Youth (for 3 years). ID#21947
- AND
- $499,510
- Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#20025

**Education & Training**
- AIDS National Interfaith Network, Inc.
  - Washington, DC
  - $25,000
  - Support for AIDS workers to attend national skills-building conference (for 3 months). ID#22289
- Public Hospital Institute
  - Berkeley, CA
  - $25,000
  - Sixth National HIV/AIDS Update Conference (for 5 months). ID#22390

**Research & Policy Analysis**
- Boston University School of Public Health
  - Boston, MA
  - $1,000,000
  - Implement new payment service models for people with chronic conditions (for 3 years). ID#20772
- Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
  - Waltham, MA
  - $75,000
  - Study of long-term care services in retirement communities (for 1 year). ID#23144
Brown University Center for Gerontology and Health Care Research Providence, RI
$720,912
Study of chronically impaired populations — primary site implementation (for 2 years). ID#19678

Cambridge Medical Care Foundation Boston, MA
$22,631
Study of inappropriate prescribing for the elderly (for 2 months). ID#22608

Columbia University, School of Public Health New York, NY
$50,000
Analysis of cities with differing tuberculosis therapy completion rates (for 1 year). ID#21731

Fund for the City of New York New York, NY
$100,000
Policy options on caring for orphan children of the AIDS epidemic (for 1 year). ID#22263

George Washington University Washington, DC
$149,600
Enhancing work opportunities for people with severe disabilities (for 1.5 years). ID#22727
AND
$1,099,019
Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#21971

Georgetown University, School of Medicine Washington, DC
$295,266
Follow-up survey to the National Health Interview Survey disability supplement — analysis (for 3 years). ID#20753

IHC Hospitals, Inc. Salt Lake City, UT
$396,561
Research on quality and costs in a regional critical care system (for 2 years). ID#20882

Medicare Advocacy Project, Inc. Los Angeles, CA
$48,895
Survey of laws on enrollee protection in health maintenance organizations (for 1 year). ID#20179

National Academy of Social Insurance Washington, DC
$195,260
Study on the role of health care in disability policy (for 3 years). ID#20097

National Public Health and Hospital Institute Washington, DC
$424,725
Survey on the impact of HIV/AIDS on U.S. hospitals (for 3 years). ID#23145

New York University New York, NY
$14,000
Review of nursing issues related to chronic care (for 6 months). ID#21365

Setting Priorities for Retirement Years Foundation Washington, DC
$171,923
Study of consumer decision-making for chronic care services (for 14 months). ID#22308

American Re-Education Association Kingston Springs, TN
$376,160
Documentary on mental health services for youth (for 16 months). ID#19281

Children's National Medical Center Washington, DC
$75,000
Dissemination of a children's HIV and AIDS model program (for 1 year). ID#21336

Medical Society of New Jersey Trenton, NJ
$16,159
New Jersey summit meeting on AIDS (for 6 months). ID#22446

National Chronic Care Consortium Bloomington, MN
$199,844
Disseminating strategies to improve health care for the chronically ill (for 2 years). ID#23042

National Health Council, Inc. Washington, DC
$31,536
Symposium on the Americas with Disabilities Act and health care reform (for 5 months). ID#23388

National Leadership Coalition on AIDS Washington, DC
$49,850
Communications support for the National Leadership Coalition on AIDS (for 1 year). ID#22045

Tides Foundation San Francisco, CA
$25,000
Helping funders address AIDS issues (for 1 year). ID#23037
Substance Abuse

Demonstrations

Albuquerque Public Schools
Albuquerque, NM
$475,000
Alternative high school for chemically dependent students in recovery (for 1.5 years). ID#20894

American Medical Association
Chicago, IL
$462,432
Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (for 1 year). ID#22191

Center for Addictive Behaviors, Inc.
Salem, MA
$109,946
Comprehensive service system for chronic substance abusers (for 1 year). ID#19042

University of Colorado Health Sciences Center
Denver, CO
$362,565
Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (for 1 year). ID#21310

Columbia University, School of Public Health
New York, NY
$415,272
Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (for 1 year). ID#20226

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol
Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the periods indicated). ID#13375

East Oakland Youth Development Center
Oakland, CA
$1,161,110
(1.5 years)

Marshall Heights Community Development Organization
Washington, DC
$1,208,573
(1.5 years)

Mecklenburg County Area Mental Health, Mental Retardation, and Substance Abuse Authority
Charlotte, NC
$906,211
(1.5 years)

City of New Haven, Office of the Mayor
New Haven, CT
$1,062,287
(1.5 years)

United Way of San Antonio and Bexar County
San Antonio, TX
$965,930
(1.5 years)

Healthy Nations: Reducing Substance Abuse Among Native Americans
Supports community-wide efforts of Native Americans to combat substance abuse (for the periods indicated). ID#19261

Cherokee Nation of Oklahoma
Tahlequah, OK
$149,707
(2 years)

Cheyenne River Sioux Tribe of the Cheyenne River Reservation
Eagle Butte, SD
$150,000
(2 years)

Confederated Salish & Kootenai Tribes of the Flathead Reservation
Pablo, MT
$150,000
(2 years)

Confederated Tribes of the Colville Reservation
Nespelem, WA
$149,829
(2 years)

Confederated Tribes of the Warm Springs Reservation of Oregon
Warm Springs, OR
$150,000
(2 years)

Eastern Band of Cherokee Indians of North Carolina
Cherokee, NC
$150,000
(2 years)

The Friendship House Association of American Indians, Inc.
San Francisco, CA
$150,000
(2 years)

Keweenaw Bay Indian Community
Baraga, MI
$149,935
(2 years)

Minneapolis American Indian Center
Minneapolis, MN
$150,000
(2 years)
Norton Sound Health Corporation  
Nome, AK  
$149,593  
(2 years)

Seattle Indian Health Board  
Seattle, WA  
$149,838  
(2 years)

Pueblo of Taos  
Taos, NM  
$150,000  
(2 years)

Tlingit & Haida Indians of Alaska  
Juneau, AK  
$149,991  
(2 years)

United Indian Health Services, Inc.  
Trinidad, CA  
$149,826  
(2 years)

White Mountain Apache Tribe of the Fort Apache Indian Reservation  
Whiteriver, AZ  
$150,000  
(2 years)

Local Initiative Funding Partners Program — Phase II  
Matching grants program to enable local philanthropies to sponsor innovative health services projects, focusing on the Foundation’s goal areas (for the period indicated).  
ID#18466

New Jersey Health Services Development Program — Phase II  
Innovative projects to address the state’s health care needs, focusing on the Foundation’s goal areas (for the period indicated).  
ID#18399

Freedom Foundation of New Jersey, Inc.  
West Orange, NJ  
$177,220  
(3 years)

Service to Overcome Drug Abuse Among Teenagers  
Woodbury, NJ  
$247,546  
(2 years)

Stageworks Touring Company  
Glassboro, NJ  
$29,789  
(7 months)

University of Medicine & Dentistry of New Jersey, Community Mental Health Center at Piscataway  
Piscataway, NJ  
$237,881  
(2 years)

Research Foundation of the City University of New York—Hunter College  
New York, NY  
$3,000,000  
Reducing substance abuse among jail inmates — Phase II  
(for 5 years).  
ID#19681

Robert F. Kennedy Memorial  
Washington, DC  
$834,015  
Development of substance abuse programs in the juvenile justice system (for 3 years).  
ID#21232

City of Trenton, Department of Health and Human Services  
Trenton, NJ  
$50,000  
Developing a comprehensive addictions treatment strategy (for 1.5 years).  
ID#21725

The Van Ost Institute for Family Living, Inc.  
Englewood, NJ  
$25,049  
Substance abuse treatment program for the elderly (for 1 year).  
ID#22493

Vanderbilt University, School of Medicine  
Nashville, TN  
$797,452  
Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year).  
ID#21213

Education & Training

American Medical Association  
Chicago, IL  
$19,184  
Support for coordinating committee for a world conference on smoking (for 16 months).  
ID#22121

Boston University School of Public Health  
Boston, MA  
$102,493  
Community substance abuse indicators conference (for 7 months).  
ID#22578

Harvey J. Weiss and Associates, Inc.  
Austin, TX  
$20,000  
Support for a new national inhalant prevention coalition (for 7 months).  
ID#22729

National Treatment Consortium for Alcohol and Other Drugs, Inc.  
Washington, DC  
$10,000  
Overview report on the quality of alcohol and other drug treatment (for 1 year).  
ID#21407
Research & Policy Analysis

University of Alabama at Birmingham School of Public Health
Birmingham, AL
$47,331
Study of the impact of excise taxes on tobacco use (for 9 months). ID#23333

Boston University
School of Public Health
Boston, MA
$39,774
The infrastructure for research on substance abuse among Native Americans (for 3 months). ID#22971

Burley Tobacco Growers Cooperative Association
Lexington, KY
$50,000
Development of an economic transition plan for tobacco-growing communities (for 9 months). ID#22386

George Washington University, Center for Health Policy Research
Washington, DC
$50,000
Dissemination of a report on resources for drug-exposed infants (for 5 months). ID#21920

Harvard University, School of Public Health
Boston, MA
$122,287
Enhancement of the substance abuse component of an antisocial behavior study (for 7 months). ID#21508

AND
$108,411
Opportunities for public service campaigns against tobacco and alcohol (for 1 year). ID#20667

Institute for Public Policy Advocacy
Washington, DC
$49,997
Assessing options for learning from tobacco control in other countries (for 6 months). ID#22008

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the period indicated). ID#19473

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$249,996
(2 years)

Judge Baker Children’s Center
Boston, MA
$48,804
Pilot test of “pear intervention” among high-risk children (for 1 year). ID#20361

St. Peter’s Medical Center
New Brunswick, NJ
$50,000
Review of government agencies’ jurisdiction over tobacco products (for 1 year). ID#21908

Stanford University, School of Law
Stanford, CA
$246,731
Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (for 1 year). ID#21680

Tobacco Policy Research and Evaluation Program
Supports projects that will produce policy-relevant information about ways to reduce tobacco use in the United States (for the periods indicated). ID#19674

Dana-Farber Cancer Institute, Inc.
Boston, MA
$349,540
(3 years)

The General Hospital Corporation—Massachusetts General Hospital
Boston, MA
$349,512
(2.5 years)

George Washington University
Washington, DC
$285,153
(2.5 years)

Group Health Cooperative of Puget Sound
Seattle, WA
$169,737
(2 years)

Michigan Public Health Institute
Lansing, MI
$323,254
(3 months)

University of Michigan, School of Public Health
Ann Arbor, MI
$339,559
(2 years)

University of Missouri—Columbia, School of Medicine
Columbia, MO
$349,995
(3 years)

National Bureau of Economic Research, Inc.
Cambridge, MA
$75,836
(2 years)

University of North Carolina at Chapel Hill
Chapel Hill, NC
$328,115
(16 months)

Southern Illinois University at Carbondale, School of Law
Carbondale, IL
$53,693
(1 year)

Stanford University, School of Medicine
Stanford, CA
$282,453
(3 years)
Communications
American Cancer Society, Inc.
Atlanta, GA
$400,373
Public education campaign on the benefits of taxes on tobacco products (for 16 months).
ID#22810
American Lung Association of Sacramento-Emigrant Trails
Sacramento, CA
$60,000
Conference on state tobacco taxes for key health officials (for 16 months).
ID#21875
American Youth Work Center
Washington, DC
$199,852
Karate Kids II: Animated video to prevent inhalant abuse (for 1 year).
ID#21941
Day One
Pasadena, CA
$48,470
Interfaith program for substance abuse prevention (for 6 months).
ID#20570
George Washington
University
Washington, DC
$199,897
Regional meetings on substance abuse services under state health reform (for 1 year).
ID#22725
Institute of Justice for All
Philadelphia, PA
$35,000
Citizen action program on local drug trafficking (for 6 months).
ID#22371

Evaluations
George Washington
University Medical Center
Washington, DC
$268,339
Evaluation of the Smokeless States Program — Phase I (for 1 year).
ID#23589
University of Wisconsin,
Center for Health Policy and Program Evaluation
Madison, WI
$88,362
Evaluating a school for teens recovering from substance abuse — Phase II (for 1 year).
ID#22794

The Marin Institute for the Prevention of Alcohol and Other Drug Problems
San Rafael, CA
$499,503
Environmental approaches to substance abuse prevention (for 3 years).
ID#20021
National Youth Sports Coaches Association
West Palm Beach, FL
$98,807
Program to instruct youth sports coaches in substance abuse issues (for 3 years).
ID#21206
Omaha Community Partnership
Omaha, NE
$202,220
Project STOPP: Reducing youth access to tobacco, alcohol, and illegal drugs (for 1 1/2 years).
ID#20426
United Nations Association of the United States of America, Inc.
New York, NY
$49,900
International conference on global drug policy (for 10 months).
ID#21056
Demonstrations

University of Maryland, Center on Aging
College Park, MD
$310,996
Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 1 year). ID#20775

Program to Promote Long-Term Care Insurance for the Elderly
Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the period indicated). ID#12657

University of Connecticut Health Center
Farmington, CT
$217,117
(2 years)

Research & Policy Analysis

Alan Guttmacher Institute
New York, NY
$192,319
Study of reproductive health service coverage in private insurance (for 1 year). ID#22145

Boston University School of Management
Boston, MA
$91,148
Physician management issues in organized care settings (for 1 year). ID#20414

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$498,822
Research on the economic implications of health care reform (for 2 years). ID#22975

Economic and Social Research Institute
Reston, VA
$156,193
Economic analysis of the role of employers in health care (for 1 year). ID#22828

Changes in Health Care Financing and Organization
Support for projects to examine and test how changes in the financing and organization of health services affect health care costs, quality, and access (for the periods indicated). ID#12590

University of California, Berkeley
Berkeley, CA
$1,299,981
(3 years)

University of Michigan, School of Public Health
Ann Arbor, MI
$1,147,399
(3 years)

Rand Corporation
Santa Monica, CA
$499,896
(3 years)

University of Washington, School of Public Health and Community Medicine
Seattle, WA
$652,536
(21 months)

Columbia University
New York, NY
$234,904
Study of effective health care delivery for low-income people (for 2 years). ID#20845

Economic Policy Institute
Washington, DC
$50,099
Study of the financial impact of health care reform on U.S. households (for 11 months). ID#21261

University of Minnesota, School of Public Health
Minneapolis, MN
$411,987
(20 months)

Bay Area Business Group on Health
San Francisco, CA
$614,326
(3 years)

Foundation for Health Services Research, Inc.
Washington, DC
$202,457
Technical assistance and direction for the Investigator Awards in Health Policy Research Program (for 1 year). ID#20768

Harvard University, School of Public Health
Boston, MA
$122,324
Financial impact of a competitive payment system on New Jersey hospitals (for 3 years). ID#22882
<table>
<thead>
<tr>
<th>Institution</th>
<th>Grant Purpose</th>
<th>Grant Amount</th>
<th>Grant Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia University, School of Public Health</td>
<td>Health and healthcare of Americans</td>
<td>$191,373</td>
<td>2 years</td>
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<tr>
<td>Massachusetts Institute of Technology</td>
<td>Pilot service program for high-risk, high-cost Medicaid patients</td>
<td>$180,083</td>
<td>1 year</td>
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<td>University of Michigan Medical School</td>
<td>Comparing medical care service use in Canada and the United States</td>
<td>$49,998</td>
<td>1 year</td>
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<td>Northwestern University</td>
<td>Study of cost control policies' effects on new medical technologies</td>
<td>$90,097</td>
<td>19 months</td>
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<tr>
<td>Ohio State University Research Foundation</td>
<td>Analysis of the potential effects of workforce reforms on graduate medical education</td>
<td>$33,013</td>
<td>3 months</td>
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<tr>
<td>Palo Alto Medical Foundation for Health Care, Research and Education</td>
<td>Monograph on high-cost illness at the end of life</td>
<td>$48,756</td>
<td>1 year</td>
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<tr>
<td>Princeton University, Department of Economics</td>
<td>Study of health insurance system's impact on entrepreneurship</td>
<td>$81,211</td>
<td>1 year</td>
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<tr>
<td>Research Foundation of the State University of New York</td>
<td>Conference on state capacity to implement health care reform</td>
<td>$60,000</td>
<td>1 year</td>
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<tr>
<td>Stanford University, School of Medicine</td>
<td>Long-term follow-up of nonmedical outcomes of cardiac treatment</td>
<td>$2,238,718</td>
<td>5 years</td>
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<tr>
<td>The Urban Institute</td>
<td>Study of U.S./Canadian differences in use and costs of physician services</td>
<td>$426,500</td>
<td>1 year</td>
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<tr>
<td>University of Wisconsin Medical School</td>
<td>Health care reform effects on physician practice plans in academic health centers</td>
<td>$35,777</td>
<td>6 months</td>
</tr>
<tr>
<td>Harvard Medical School</td>
<td></td>
<td>$219,927</td>
<td>15 months</td>
</tr>
<tr>
<td>National Federation of State High School Associations</td>
<td>National high school debates on health care reform</td>
<td>$179,396</td>
<td>1 year</td>
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<tr>
<td>The People-to-People Health Foundation, Inc.</td>
<td>Health Affairs supplement on the Administration's health care proposal</td>
<td>$144,425</td>
<td>10 months</td>
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<tr>
<td>Princeton University, Woodrow Wilson School</td>
<td>Conference on universal health coverage: How do we pay for it?</td>
<td>$82,814</td>
<td>3 months</td>
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<tr>
<td>Rutgers University, Graduate School of Management</td>
<td>Workshop on regulation of the health care industry</td>
<td>$41,050</td>
<td>1 year</td>
</tr>
</tbody>
</table>
Demonstrations

University of California, San Francisco, School of Medicine
San Francisco, CA
$355,952
Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (for 1 year). ID#21319

Child Welfare League of America, Inc.
Washington, DC
$945,408
Technical support for the Family Unification Program (for 3 years). ID#21323

Cornell University,
New York State College of Human Ecology
Ithaca, NY
$343,109
Technical assistance for the Improving the Quality of Hospital Care program (for 2 years). ID#19671

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$469,314
Technical assistance and direction for the Information for State Health Policy program (for 1 year). ID#21848

George Washington University
Washington, DC
$172,596
Technical assistance and direction for the Information for State Health Policy program (for 8 months). ID#20028

Information for State Health Policy
Support to help states strengthen their health statistics systems needed for policymaking (for the periods indicated). ID#13607

State of Arkansas,
Department of Health
Little Rock, AR
$650,000
(4 years)

State of California, Health and Welfare Agency
Sacramento, CA
$1,000,000
(4 years)

Health Research, Inc.
Albany, NY
$998,787
(4 years)

State of Mississippi, Office of the Governor, Division of Medicaid
Jackson, MS
$92,187
(4 years)

State of North Carolina, Department of Environment and Health
Raleigh, NC
$75,000
(4 years)

State of South Carolina, State Budget and Control Board
Columbia, SC
$92,500
(4 years)

Old Disease, New Challenge: Tuberculosis in the 1990s
Focusing on public health systems, supports projects that develop and test new approaches to the problem of tuberculosis among people at risk (for the periods indicated). ID#21314

Emory University,
School of Medicine
Atlanta, GA
$1,155,000
(3 years)

State of Florida,
Department of Health and Rehabilitative Services
Palatka, FL
$1,134,315
(3 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$1,153,555
(3 years)

New York City Health and Hospitals Corporation
New York, NY
$1,155,000
(3 years)

County of San Diego,
Department of Health Services
San Diego, CA
$1,154,996
(3 years)

Education & Training

American Medical Association
Chicago, IL
$25,000
National invitational conference on family violence (for 9 months). ID#22023
American Psychological Association  
Washington, DC  
$25,000  
Conference on psychosocial and behavioral factors in women's health (for 10 months). ID#22905

Association of Schools of Allied Health Professions  
Washington, DC  
$3,000  
Meeting on allied health accreditation issues (for 3 months). ID#22540

Clinical Scholars Program  
Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated). ID#5109

University of California, Los Angeles, School of Medicine  
Los Angeles, CA  
$561,969  
(2 years)

University of California, San Francisco, School of Medicine  
San Francisco, CA  
$203,723  
(2 years)

University of Chicago, The Pritzker School of Medicine  
Chicago, IL  
$349,982  
(20 months)

The Johns Hopkins University, School of Medicine  
Baltimore, MD  
$348,565  
(20 months)

University of Michigan Medical School  
Ann Arbor, MI  
$332,030  
(20 months)

University of North Carolina at Chapel Hill, School of Medicine  
Chapel Hill, NC  
$229,419  
(2 years)

The University of Pennsylvania, School of Medicine  
Philadelphia, PA  
$384,882  
(2 years)

Stanford University, School of Medicine  
Stanford, CA  
$225,417  
(2 years)

University of Washington, School of Medicine  
Seattle, WA  
$622,951  
(2 years)

Yale University, School of Medicine  
New Haven, CT  
$92,725  
(2 years)

Columbia University, School of Public Health  
New York, NY  
$41,519  
Meeting of Foundation program evaluation principal investigators (for 6 months). ID#22665

Dartmouth College, The C. Everett Koop Institute  
Hanover, NH  
$27,250  
Developing a tri-state infrastructure for health care (for 7 months). ID#23426

University of Florida Law Center Association  
Gainesville, FL  
$12,000  
National health forum on family violence (for 1 year). ID#22581

Health Policy Fellowships Program  
One-year fellowships with the federal government in Washington, D.C., for faculty from academic health science centers (for the periods indicated). ID#4888

Columbia University, College of Physicians and Surgeons  
New York, NY  
$66,750  
(1 year)

University of Massachusetts Medical Center  
Worcester, MA  
$63,500  
(1 year)

Montefiore Medical Center  
Bronx, NY  
$62,500  
(1 year)

Jefferson Medical College of Thomas Jefferson University  
Philadelphia, PA  
$63,250  
(1 year)

Research Foundation of The City University of New York  
New York, NY  
$63,500  
(13 months)

Yale University, School of Medicine  
New Haven, CT  
$65,250  
(1 year)

University of Illinois  
Chicago, IL  
$25,000  
Conference on health survey methods (for 1.5 years). ID#23280

National Academy of Sciences — Institute of Medicine  
Washington, DC  
$192,600  
Technical assistance and direction for the Health Policy Fellowships Program (for 6 months). ID#20869
The University of Pennsylvania,
School of Nursing
Philadelphia, PA
$392,418
Nurse-midwifery and nurse-practitioner faculty development project (for 3 years). ID#20393

Public Health Foundation of Los Angeles County
Los Angeles, CA
$14,923
Support for National Conference on Violence Prevention (for 2 months). ID#22161

Recording for the Blind, Inc.
Princeton, NJ
$60,000
Expansion of recorded textbook collection in the health sciences (for 1 year). ID#21244

Society of General Internal Medicine
Washington, DC
$6,500
Journal issue on Society of General Internal Medicine history (for 3 months). ID#23013

Society of Teachers of Family Medicine Foundation
Kansas City, MO
$10,000
Conference on the future of the health professions (for 3 months). ID#21659

The University of Texas, Southwestern Medical School at Dallas
Dallas, TX
$17,876
Supplemental grant under the Health Policy Fellowships Program (for 1 month). ID#21891

University of Washington, School of Nursing
Seattle, WA
$63,307
Update of nurse training program in parent-child assessment (for 1 year). ID#21546

Western Consortium for Public Health
Berkeley, CA
$11,280
Conference on healthy cities and communities (for 2 months). ID#23159

Research & Policy Analysis

University of Alabama at Birmingham
Birmingham, AL
$125,647
Study of the effect of hospital mortality rates on use (for 1.5 years). ID#21080

University of California, San Francisco, School of Medicine
San Francisco, CA
$111,405
Workshop on mathematical modeling of the spread of tuberculosis (for 3 months). ID#21315

Diebold Institute for Public Policy Studies, Inc.
Bedford Hills, NY
$50,000
Development of a health care infrastructure database and policy analysis (for 1 year). ID#21733

Foundation for Informed Medical Decision Making, Inc.
Hanover, NH
$50,000
Research for a book on medical care and health policy (for 1.5 years). ID#22855

Harvard Community Health Plan, Inc.
Brookline, MA
$68,421
Survey on attitudes toward medical education and career choices—Phase II (for 22 months). ID#21608

Harvard University
Cambridge, MA
$127,457
Analysis of domestic policy gridlock (for 1 year). ID#21241

Harvard University, School of Public Health
Boston, MA
$163,837
Baseline poll for the Foundation's Public Education Campaign on Health Care (for 4 months). ID#21324

AND
$99,957
Comprehensive community-based programs to prevent youth violence (for 1 year). ID#21779

AND
$312,983
Synthesis of public opinion research in areas of foundation interest (for 3 years). ID#22192

Indiana University
Indianapolis, IN
$50,000
Study of community volunteer leadership traits (for 1 year). ID#22571

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the periods indicated). ID#19473

University of California, Berkeley, School of Public Health
Berkeley, CA
$250,000
(3 years)

University of Maryland, Baltimore County
Baltimore, MD
$239,977
(32 months)

Northwestern University
Evanston, IL
$145,456
(1 year)

Stanford University
Stanford, CA
$249,492
(5 years)
Yale University
School of Medicine
New Haven, CT
$248,709
(2 years)

The Johns Hopkins University
Baltimore, MD
$35,596
Assessment of major costs of graduate medical education by geographic region (for 6 months). ID#23578

University of Maryland
Baltimore, MD
$73,742
Study of the relationship between social experiments and public policymaking (for 22 months). ID#22237

National Academy of Sciences — Institute of Medicine
Washington, DC
$199,000
Report on preventing unintended and high-risk pregnancies (for 1.5 years). ID#22124

National Bureau of Economic Research, Inc.
Cambridge, MA
$200,000
Exploration of societal responsibility in four areas of public policy (for 2 years). ID#20412

University of Oklahoma, College of Public Health
Oklahoma City, OK
$136,280
Working with health professions programs on family violence (for 1 year). ID#22360

Public Health Foundation
Washington, DC
$49,927
Bridge funding for the public health impact database (for 6 months). ID#21326

Social Science Research Council
New York, NY
$30,000
Assessment of sexuality research opportunities (for 9 months). ID#22083

University of Southern Maine
Portland, ME
$61,380
Study of the efficacy of state health policy analysis programs (for 7 months). ID#22654

Trustees of Health and Hospitals of the City of Boston
Boston, MA
$24,525
Links between graduate medical education and hospital quality assurance activities (for 6 months). ID#22616

Evaluations

Cornell University,
New York State College of Human Ecology
Ithaca, NY
$237,607
Evaluation of The Robert Wood Johnson Foundation's replication programs (for 28 months). ID#21918

Indiana University, Center on Philanthropy
Indianapolis, IN
$38,185
Assessment of co-founder support for the Local Initiative Funding Partners Program (for 4 months). ID#22773

The Johns Hopkins University, School of Medicine
Baltimore, MD
$400,000
Evaluation of Hawaii's Healthy Start Program (for 3 years). ID#18303

Seattle Public School District 1
Seattle, WA
$47,685
Evaluation of a condom availability program in Seattle high schools (for 29 months). ID#22666

Communications

Alliance for Health Reform
Washington, DC
$15,000
Congressional staff retreat on health reform (for 3 months). ID#23642

George Washington University
Washington, DC
$690,500
National forums to educate the public on health care reform (for 9 months). ID#22073

University of Oklahoma, College of Public Health
Oklahoma City, OK
$305,107
Pilot program to promote local action to address health problems (for 1.5 years). ID#22231

The Pennsylvania State University
University Park, PA
$12,200
Special journal issue on medical sociology (for 1 year). ID#21647

Rockefeller University
New York, NY
$82,094
Forums on linking environmental and community health approaches (for 1 year). ID#23035

Washington State Public Health Association
Seattle, WA
$50,000
Public health nursing documentary: A Century of Caring (for 6 months). ID#22204
Western Public Radio, Inc.
San Francisco, CA
$44,361
Distribution of audio tape, Drug-Proofing Your Children
(for 6 months).  ID#23163

Other Interventions

American National Red Cross
Washington, DC
$500,000
Disaster relief for Midwest flood victims (for 1 month).  ID#22920

Cenacle Retreat House
Highland Park, NJ
$18,000
Facility repairs and renovations
(for 1 year).  ID#20972

Massachusetts Health Research Institute, Inc.
Boston, MA
$148,562
Foundation program development assistance (for 1 year).  ID#21679

Middlesex County Recreation Council
Edison, NJ
$194,500
Camping program for children with health problems (for 1 year).
ID#20764

National Center for Lead-Safe Housing, Inc.
Columbia, MD
$496,192
New state and city strategies in lead poisoning prevention
(for 2 years).  ID#22889

New Brunswick Development Corporation
New Brunswick, NJ
$400,000
Redevelopment program for New Brunswick, New Jersey
(for 1 year).  ID#21521

New Brunswick Tomorrow
New Brunswick, NJ
$300,000
Program to strengthen human resources and services in New Brunswick
(for 1 year).  ID#21487

University of Oklahoma, College of Public Health
Oklahoma City, OK
$68,295
Washington policy and program information activities
(for 13 months).  ID#22068

Plainsboro Rescue Squad, Inc.
Plainsboro, NJ
$50,000
Partial support for a new ambulance (for 2 months).
ID#22739

Princeton Area Foundation, Inc.
Princeton, NJ
$50,000
Support for a new community foundation for the Mercer County region
(for 2 years).  ID#21398

St. Vincent de Paul Society
Metuchen, NJ
$60,000
Annual support for program of assistance to the indigent
(for 1 year).  ID#21488

The Salvation Army
New Brunswick, NJ
$105,000
Support services for the indigent and distressed (for 1 year).
ID#21239

United Way of Central Jersey, Inc.
Middletown, NJ
$300,000
Support for the 1993 campaign
(for 1 year).  ID#21489

United Way—Princeton Area Communities
Princeton, NJ
$78,650
Support for the 1993 campaign
(for 1 year).  ID#21490

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Total 1993 grants ........................ $135,524,432
Refunds of prior years' grants net of transfers ........................ (1,260,449)
Cancellations of prior years' grants net of transfers ........................ (3,294,703)
Transfer of grants
Balance unspent by original grantees ........................ (1,956,388)
Transferred to new grantees ................................ 1,956,388

Grants net for 1993 ................................ $130,969,280

Grants for Other Programs 55
Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants. This bibliography is a sample of citations from the books, book chapters, journal articles, reports and audiovisual materials produced and reported to us by Foundation grantees. The publications are available through medical libraries and/or the publishers. We regret that copies are not available from the Foundation.

Books


Book Chapters


Journal Articles


**Reports**


Minnesota Care: Progress Report on the Coordination of Medical Assistance and the Minnesota Care Plan. Minneapolis, Minnesota: Minnesota Department of Human Services, March, 1993.


Audiovisual Materials


Creating Caring Communities of Learners (three orientation videotapes of 32, 27 and 7 minutes, with an accompanying guidebook for conducting presentations). Oakland, California: Developmental Studies Center, 1992.


The annual financial statements for the Foundation for 1993 appear on pages 62 through 64. A listing of grants authorized in 1993 begins on page 31. Net grants and program contracts and related activities totaled $141,570,000. The Robert Wood Johnson Foundation funds a number of national programs involving multiyear grants to groups of grantees. Thus, the amounts awarded from year to year may differ significantly.

Program development and evaluation, administrative and investment expenses for the year came to $16,510,000; and federal excise tax on investment income amounted to $1,244,000, making a grand total of grant authorizations and expenditures of $159,324,000. This total was $36,664,000 more than gross investment income of $122,660,000. In 1992, total grant authorizations and expenditures were $115,269,000 more than gross revenue.

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. The amounts required to be paid out for 1993 and 1992 were approximately $161,100,000 and $176,600,000, respectively.

A list of investment securities held at December 31, 1993, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Andrew Greene
Vice President and Treasurer

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**REPORT OF INDEPENDENT ACCOUNTANTS**

To the Trustees of The Robert Wood Johnson Foundation:

We have audited the accompanying statements of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1993 and 1992 and the related statements of investment income, expenses, grants and changes in foundation principal for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1993 and 1992 and the investment income, expenses, grants and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.

Princeton, New Jersey
January 28, 1994

Financial Statements 61


### Statement of Assets, Liabilities and Foundation Principal at December 31, 1993 and 1992
(Dollars in Thousands)

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$3</td>
<td>$2</td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>11,919</td>
<td>15,869</td>
</tr>
<tr>
<td>Investments at market value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnson &amp; Johnson common stock</td>
<td>2,041,427</td>
<td>2,297,316</td>
</tr>
<tr>
<td>Other equity investments</td>
<td>186,289</td>
<td>171,763</td>
</tr>
<tr>
<td>Fixed income investments</td>
<td>1,182,826</td>
<td>1,212,449</td>
</tr>
<tr>
<td>Program related investments</td>
<td>20,688</td>
<td>20,306</td>
</tr>
<tr>
<td>Cash surrender value, net</td>
<td>1,407</td>
<td>620</td>
</tr>
<tr>
<td>Land, building, furniture and equipment at cost, net of depreciation</td>
<td>12,285</td>
<td>12,080</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$3,456,844</td>
<td>$3,730,405</td>
</tr>
</tbody>
</table>

#### LIABILITIES AND FOUNDATION PRINCIPAL

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$299</td>
<td>$166</td>
</tr>
<tr>
<td>Payable on pending security transactions</td>
<td>84,566</td>
<td>121,313</td>
</tr>
<tr>
<td>Unpaid grants</td>
<td>169,090</td>
<td>168,154</td>
</tr>
<tr>
<td>Federal excise tax payable</td>
<td>58</td>
<td>131</td>
</tr>
<tr>
<td>Deferred federal excise tax</td>
<td>36,992</td>
<td>42,210</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>291,005</td>
<td>331,974</td>
</tr>
<tr>
<td>Foundation principal</td>
<td>3,165,839</td>
<td>3,398,431</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,456,844</td>
<td>$3,730,405</td>
</tr>
</tbody>
</table>

See notes to financial statements.
# Statement of Investment Income, Expenses, Grants and Changes in Foundation Principal

for the years ended December 31, 1993 and 1992

(Dollars in Thousands)

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends</td>
<td>$49,256</td>
<td>$43,032</td>
</tr>
<tr>
<td>Interest</td>
<td>73,404</td>
<td>86,357</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>122,660</td>
<td>129,389</td>
</tr>
<tr>
<td>Less: Federal excise tax</td>
<td>1,244</td>
<td>1,266</td>
</tr>
<tr>
<td>Investment expense</td>
<td>2,197</td>
<td>2,181</td>
</tr>
<tr>
<td><strong>Excess of income</strong></td>
<td>119,219</td>
<td>125,942</td>
</tr>
</tbody>
</table>

| Expenses:            |          |          |
| Program development and evaluation | 8,857    | 8,188    |
| General administration | 5,456    | 5,112    |
| **Total**            | 14,313   | 13,300   |

| Income available for grants | 104,906 | 112,642 |
| Less: Grants, net of refunds and cancellations | 130,969 | 220,580 |
| Program contracts and related activities | 10,601   | 7,331    |
| **Excess of grants and expenses over income** | (36,664) | (115,269) |

| Adjustments to Foundation principal |          |          |
| net of related federal excise tax: |          |          |
| Realized gains on sale of securities | 59,725   | 47,537   |
| Unrealized depreciation on investments | (255,653) | (341,595) |
| **Total** | (195,928) | (294,058) |

| Net decrease in Foundation principal | (232,592) | (409,327) |
| Foundation principal, beginning of year | 3,398,431 | 3,807,758 |
| Foundation principal, end of year | $3,165,839 | $3,398,431 |

See notes to financial statements.
1. **Summary of Significant Accounting Policies:**

The Foundation is a private foundation as described in Section 501(c)(3) of the Internal Revenue Code. Investments represent securities traded on a national securities exchange which by their nature are subject to market fluctuations. Investments are valued at the last reported sales price on the last business day of the year.

Grants are recorded as a liability in the year they are awarded and are usually paid within a five-year period.

Depreciation of $920,837 in 1993 and $805,520 in 1992 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

Deferred federal excise taxes are the result of unrealized appreciation on investments being reported for financial statement purposes in different periods than for tax purposes.

2. **Investments:**

The cost and market values of the investments are summarized as follows (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Cost</strong></td>
<td><strong>Market Value</strong></td>
</tr>
<tr>
<td>Johnson &amp; Johnson Common Stock</td>
<td>$108,674</td>
<td>$2,041,427</td>
</tr>
<tr>
<td>45,491,400 shares in 1993 and 1992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other equity investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally managed including temporary</td>
<td>$110,394</td>
<td>126,527</td>
</tr>
<tr>
<td>cash of $19,598 and $28,260 in 1993</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 1992, respectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Externally managed</td>
<td>$52,156</td>
<td>59,762</td>
</tr>
<tr>
<td>Fixed income investments</td>
<td>$1,171,393</td>
<td>1,182,826</td>
</tr>
<tr>
<td></td>
<td><strong>1,442,617</strong></td>
<td><strong>3,410,542</strong></td>
</tr>
</tbody>
</table>

3. **Retirement Plan:**

Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs incurred. Pension expense was $974,800 and $877,475 in 1993 and 1992, respectively.
At the January 1994 meeting of the Board, Robert E. Campbell and Edward E. Matthews were elected trustees of the Foundation. Mr. Campbell is a vice chairman of the board of directors of Johnson & Johnson, and chairman of its professional sector. He is a graduate of Fordham University and earned a master's degree in business administration at Rutgers University. Mr. Matthews is vice chairman — finance and chief financial officer of American International Group, Inc., one of the world’s largest insurance groups. He received a bachelor of arts degree in applied mathematics and statistics from Princeton University and a master’s degree in business administration from Harvard University.

Also at the January 1994 meeting, Richard B. Sellers was elected to the office of trustee emeritus of the Foundation, having served as a trustee for 25 years. Upon his election as trustee emeritus, Mr. Sellers was cited by the Board for his many years of loyal and distinguished service to the Foundation.

Staff changes

In October 1993, Frank Karel was reappointed vice president for communications. He had served as the Foundation’s first vice president for communications from 1974 to 1987. From 1987 to 1993, Mr. Karel was vice president for communications at the Rockefeller Foundation in New York City. Mr. Karel received his undergraduate degree in journalism from the University of Florida and his master of public administration degree from New York University.

In June 1993, Rosemary Gibson joined the staff as program officer. Prior to joining the Foundation, Ms. Gibson served as a vice president at the Economic and Social Research Institute, Reston, Virginia, and has been a consultant to the Catholic Health Association. Ms. Gibson received her undergraduate degree in business and public policy from Georgetown University and her master of science degree in public policy/public finance from the London School of Economics.

In September 1993, Gail R. Wilensky, PhD, was appointed special advisor to the president on health care issues. Dr. Wilensky is senior fellow at Project HOPE, Bethesda, Maryland.

In January 1994, Andrea S. Gerstenberger, ScD, joined the Foundation as program officer. Dr. Gerstenberger received her doctor of science degree from the Johns Hopkins University School of Hygiene and Public Health, where she worked as a research coordinator in the Health Services Research and Development Center from 1990 to 1993.

Effective January 1, 1994, the following promotions were made: Marguerite Johnson Rountree, program officer, was promoted to senior program officer; and Karen J. Candelori, manager of investment department operations, was promoted to fixed income portfolio manager.

In June 1993, Thomas P. Gore II, vice president for communications, left the Foundation to pursue a consulting opportunity.

Mr. Gore joined the Foundation in 1987.

In November 1993, Amy L. Heaps, associate communications officer, left the Foundation to become communications manager of the cancer center at the University of Maryland. Ms. Heaps joined the Foundation in 1987.

In January 1994, Olga Ferretti, assistant secretary of the Foundation, retired after over 25 years of service. Prior
to joining the Foundation, Ms. Ferretti served as personal assistant and nurse to General Robert Wood Johnson until his death in 1968. Since that time, she has held administrative offices in the Foundation and has been a particularly valuable resource to the trustees and staff of the Foundation.

Also in January 1994, Randolph A. Desonia, program officer, left the Foundation to accept a position as director for the Center on Health Policy Studies at the National Governors' Association in Washington, D.C. Mr. Desonia joined the Foundation in 1989.

Program directors

Thomas W. Chapman was appointed program director to the program, Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care. Mr. Chapman is chief executive officer of the George Washington University Hospital, Washington, D.C.

Catherine M. Dunham, EdD, was appointed program director to the Community Health Leadership Program. Dr. Dunham serves as special advisor to The Robert Wood Johnson Foundation.

Peter D. Fox, PhD, was appointed program director to the program, Chronic Care Initiatives in HMOs. Dr. Fox is head of PDF Incorporated, a consulting firm based in Washington, D.C.

James R. Gavin III, MD, PhD, was appointed program director to the Minority Medical Faculty Development Program, after completing his assignment directing the Minority Medical Education Program. Dr. Gavin is senior scientific officer at the Howard Hughes Medical Institute, Chevy Chase, Maryland.

Philip C. Hopewell, MD, was appointed program director to the program, Old Disease, New Challenge: Tuberculosis in the 1990s. Dr. Hopewell is professor of medicine at the University of California, San Francisco, and chief, Division of Pulmonary and Critical Care Medicine at San Francisco General Hospital.

Thomas F. Houston, MD, was appointed program director to the program, Smokeless States: Statewide Tobacco Prevention and Control Initiatives. Dr. Houston is director of the Department of Preventive Medicine and Public Health at the American Medical Association, Chicago, Illinois.

Thomas S. Inui, MD, was appointed program director to the program, Health of the Public: An Academic Challenge. Dr. Inui is professor and chairman of the Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Community Health Plan.

Kenneth G. Johnson, MD, was appointed program director to the program, Faith in Action: Replication of the Interfaith Volunteer Caregivers Program, after completing his assignment directing the Program to Improve Maternal and Infant Health in New Jersey.

Dr. Johnson is director of the Health Services Research Center, Kingston Hospital, Kingsn, New York.

Judith E. Jones was appointed program director to the program, Free to Grow: Head Start Partnerships to Promote Substance-Free Communities. Ms. Jones is director and associate clinical professor of public health at the National Center for Children in Poverty, Columbia University.

Andrea I. Kabczewell was appointed program director to the program, Improving the Quality of Hospital Care. Ms. Kabczewell is senior research associate at the College of Human Ecology, Cornell University, Ithaca, New York.

Julia Graham Lear, PhD, was appointed program director to the program, Making the Grade: State and Local Partnerships to Establish School-Based Health Centers, after completing her assignment co-directing the School-Based Adolescent Health Care Program. Dr. Lear is associate research professor in the Department of Health Services, Management and Policy at George Washington University.
Sandra L. Meicher, PhD, was appointed program director to the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Meicher is coordinator, Division of Health Management and Policy at the University of Minnesota School of Public Health.

Herbert W. Nickens, MD, was appointed program director to the Minority Medical Education Program. Dr. Nickens is Vice President for minority health, education and prevention, Association of American Medical Colleges, Washington, D.C.

Linda J. Rosen, PhD, was appointed acting program director to the New Jersey Health Services Development Program, having previously served as deputy director. Dr. Rosen is a consultant for Cathedral Healthcare System, Inc., in Newark, New Jersey.

H. Denman Scott, MD, was appointed program director to the program, Reach Out: Physicians' Initiative to Expand Care to Underserved Americans. Dr. Scott is senior vice president of health and public policy, American College of Physicians, Philadelphia, Pennsylvania.

Jonathan Showstack was appointed co-program director to the program, Health of the Public: An Academic Challenge. Mr. Showstack is associate professor of medicine and health policy, University of California, San Francisco.

Harold Amos, PhD, completed his assignment directing the Minority Medical Faculty Development Program. Dr. Amos was appointed to this position in 1989.

Edward N. Brandt, Jr., MD, PhD, completed his assignment directing the AIDS Prevention and Service Projects. Dr. Brandt was appointed to this position in 1988.

Stephen C. Crane, PhD, completed his assignment directing the program, Investigator Awards in Health Policy Research. Dr. Crane was appointed to this position in 1992.

Ruth S. Hanft, PhD, completed her assignment co-directing the program, Information for State Health Policy. Dr. Hanft was appointed to this position in 1991.

Stephen C. Joseph, MD, completed his assignment directing the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Joseph was appointed to this position in 1991.

Charles S. Mahan, MD, completed his assignment directing the program, Healthy Futures: A Program to Improve Maternal and Infant Care in the South. Dr. Mahan was appointed to this position in 1987.

Mary Plaska completed her assignment directing the Program to Strengthen Primary Care Health Centers. Ms. Plaska was appointed to this position in 1988.

Philip J. Porter, MD, completed his assignment co-directing the School-Based Adolescent Health Care Program. Dr. Porter was appointed to this position in 1985.

Robert C. Rock, MD, completed his assignment directing the program, Improving the Quality of Hospital Care. Dr. Rock was appointed to this position in 1991.

Timothy L. Taylor, PhD, completed his assignment directing the program, Improving the Health of Native Americans. Dr. Taylor was appointed to this position in 1988.

Jeffrey A. Warren completed his assignment directing the New Jersey Health Services Development Program. Mr. Warren was appointed to this position in 1987.

Board activities

The Board of Trustees met five times in 1993 to conduct business, review proposals and appropriate funds. In addition, the Nominating, Human Resources, Finance and Audit Committees met as required to consider and prepare recommendations to the Board.
Sidney F. Wentz  
Chairman, Board of Trustees  

Evann S. Gleeson  
Secretary  

Steven A. Schroeder, MD  
President  

Sara E. Wilkinson  
Administrative Assistant  

Judith A. Famulare  
Secretary  

Richard C. Reynolds, MD  
Executive Vice President  

Geraldine E. Brown  
Administrative Assistant  

J. Warren Wood, III  
Vice President, General Counsel and Secretary  

Sharon E. Krauss  
Administrative Assistant  

Mary C. Wagner  
Secretary  

Ruby P. Hearns, PhD  
Vice President  

Annie Lea Shuster  
Senior Program Officer  

Donald F. Dickey  
Program Officer  

Janet Heroux  
Program Officer  

Rush L. Russell  
Program Officer  

Dale A. Alloway  
Administrative/Program Assistant  

Linda L. Manning  
Administrative/Program Assistant  

Lois Shevlin  
Program Assistant  

Dolores V. Slayton  
Program Assistant  

Debra S. Soroka  
Program Assistant  

Mary R. Marrone  
Secretary  

Paul S. Jellinek, PhD  
Vice President  

Marguerite Johnson Rountree  
Senior Program Officer  

Eric P. Coleman  
Program Officer  

Helen D. Dundas  
Program Assistant  

Lucille K. Gerrity  
Program Assistant  

Joy Neath  
Secretary  

Jeanette L. Watsley  
Secretary  

Nancy J. Kaufman  
Vice President  

Nancy L. Barrand  
Senior Program Officer  

Michael P. Bechler  
Senior Program Officer  

Tracy O'Rearins, PhD  
Consultant  

Charlotte L. Hallacher  
Program Assistant  

Barbara A. McCourt  
Program Assistant  

Deborah Rhee  
Secretary  

James R. Knickman, PhD  
Vice President for Evaluation and Research  

Joel C. Cantor, ScD  
Director of Evaluation Research and Senior Program Officer  

Marjorie A. Gutman, PhD  
Senior Program Officer  

Robert G. Hughes, PhD  
Director of Program Research and Senior Program Officer  

Beth A. Stevens, PhD  
Senior Program Officer  

Dianne C. Barker  
Program Officer  

Andrea S. Gershenberger, ScD  
Program Officer  

Laurence C. Baker  
Research Economist  

Linda G. Baker  
Research Assistant  

Dolores A. Colelo  
Program Assistant  

Tanita L. Davis  
Research Assistant  

Phyllis L. Kane  
Program Assistant  

Deborah A. Malloy  
Administrative Assistant  

Erika L. Miles  
Research Assistant  

Christine M. Phares  
Administrative/Program Assistant  

Ann P. Pomphey  
Program Assistant  

Sherry M. Georgianna  
Secretary  

Bess H. Lee  
Secretary  

Lewis G. Sandy, MD  
Vice President  

Stephen A. Somers, PhD  
Associate Vice President  

Pauline M. Seitz  
Senior Program Officer  

Rosemary Gibson  
Program Officer  

Susan D. Augenblick  
Program Assistant  

Diane Montagne  
Program Assistant  

Jeanne M. Stives  
Secretary  

Catherine M. Dunham, EdD  
Special Advisor to the Foundation  

Gail R. Wilemsky, PhD  
Special Advisor to the President  

Terrance Keenan  
Special Program Consultant  

Mary L. Quinn  
Administrative/Program Assistant  

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James Rohmann  
Chauffeur

Bernadine Rein  
Travel Assistant
The Robert Wood Johnson Foundation funds a number of multiyear, multisite national programs whose grantees are distributed throughout the country. Most of these programs are managed by institutions outside the Foundation.

Below is a listing of all current national programs, including the names and addresses of the directors or co-directors.

**Chronic Care Initiatives in HMOs**

Peter D. Fox, PhD  
Director  
Chronic Care Initiatives in HMOs  
Group Health Foundation  
Suite 600  
1129 20th Street, NW  
Washington, DC 20036

**Coming Home**

David Nolan  
Director  
Coming Home  
The National Cooperative Bank  
Development Corporation  
44 Montgomery Street, Suite 610  
San Francisco, CA 94104

**Community Health Leadership Program**

Catherine M. Dunham, EdD  
Director  
Community Health Leadership Program  
30 Winter Street, Suite 1005  
Boston, MA 02108

**Developing Local Infant Mortality Review Committees**

Louise M. Wulff, ScD  
Director  
National Fetal-Infant Mortality Review Program  
American College of Obstetricians and Gynecologists  
409 12th Street, SW  
Washington, DC 20024-2188

**Program for Faculty Fellowships in Health Care Finance**

Susan D. Horn, PhD  
Senior Scientist  
Institute for Health Care Delivery Research  
Intermountain Health Care  
36 South State Street, Suite 2200  
Salt Lake City, UT 84111

**Faith in Action: Replication of the Interfaith Volunteer Caregivers Program**

Kenneth G. Johnson, MD  
Director  
Health Services Research Center  
Kingston Hospital  
368 Broadway, Suite 105  
PO Box 2290  
Kingston, NY 12401-0227

**Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol**

Anderson Spickard, Jr., MD  
Professor of Medicine  
Vanderbilt Clinic  
Room 2553  
23rd Avenue and Pierce Street  
Nashville, TN 37232-5303

**Free to Grow: Head Start Partnerships to Promote Substance-Free Communities**

Judith E. Jones  
Director and Associate Clinical Professor of Public Health  
National Center for Children in Poverty  
Columbia University  
154 Haven Avenue, Third Floor  
New York, NY 10032

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**All Kids Count: Establishing Immunization Monitoring and Follow-Up Systems**

William H. Foeger, MD  
Executive Director  
The Task Force for Child Survival and Development  
The Carter Center  
One Copenhill  
Atlanta, GA 30307

**Building Health Systems for People with Chronic Illnesses**

F. Marc LaForce, MD  
Physician-in-Chief  
The Genesee Hospital  
224 Alexander Street  
Rochester, NY 14607

**Program on the Care of Critically Ill Hospitalized Adults**

William A. Jonas, MD  
Director  
ICU Research  
George Washington University Medical Center  
2300 K Street, NW  
Washington, DC 20037

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**Changes in Health Care Financing and Organization**

Anne K. Gauthier  
Associate Director  
The Alpha Center  
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1350 Connecticut Avenue, NW  
Washington, DC 20036

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**National Program Offices and Directors**
GENERALIST PHYSICIAN FACULTY SCHOLARS PROGRAM
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Georgetown University Medical Center
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Washington, DC 20007

GENERALIST PHYSICIAN INITIATIVE
Jack M. Colwill, MD
Professor and Chairman
Department of Family and Community Medicine
University of Missouri-Columbia
M228 Medical Science Building
Columbia, MO 65212

HEALTH POLICY FELLOWSHIPS PROGRAM
Marien Ein Lewin
Director
Robert Wood Johnson Health Policy Fellows Program
Institute of Medicine
National Academy of Sciences
2101 Constitution Avenue, NW
Washington, DC 20418

HEALTH OF THE PUBLIC: AN ACADEMIC CHALLENGE
Thomas S. Inui, MD
Professor and Chairman
Department of Ambulatory Care and Prevention
Harvard Medical School and Harvard Community Health Plan
126 Brookline Avenue, Suite 200
Boston, MA 02215

Jonathan Showstak
Associate Professor of Medicine and Health Policy
University of California, San Francisco
735 Parnassus Avenue
San Francisco, CA 94143-0994

HEALTHY NATIONS: REDUCING SUBSTANCE ABUSE AMONG NATIVE AMERICANS
Gandace M. Fleming, PhD
Minority Alcohol Research Scholar
National Center for American Indian and Alaska Native Mental Health Research
University of Colorado Health Sciences Center
University North Pavilion
4455 East 12th Avenue
Denver, CO 80220

Spero M. Manson, PhD
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National Center for American Indian and Alaska Native Mental Health Research
University of Colorado Health Sciences Center
University North Pavilion
4455 East 12th Avenue
Denver, CO 80220

HOMELESS FAMILIES PROGRAM
James J. O'Connell III, MD
Director
Homeless Families Program
Massachusetts General Hospital
67 1/2 Chestnut Street
Boston, MA 02108

PROGRAM TO IMPROVE MEDICAL MALPRACTICE COMPENSATION SYSTEMS
Robert A. Benenson, MD
Assistant Clinical Professor of Family and Community Medicine
Department of Medicine
Georgetown University Medical Center
Suite 525
2233 Wisconsin Avenue, NW
Washington, DC 20007

IMPROVING CHILD HEALTH SERVICES: REMOVING CATEGORICAL BARRIERS TO CARE
Sandra L. Metzger, PhD
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University of Minnesota
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Mayo Memorial Building
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IMPROVING THE QUALITY OF HOSPITAL CARE
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Cornell University
Martha van Rensselaer Hall 230
Ithaca, NY 14853-4401

IMPROVING SERVICE SYSTEMS FOR PEOPLE WITH DISABILITIES
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Senior Vice President
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INFANT HEALTH AND DEVELOPMENT PROGRAM REPLIATION
Godfrey P. Oakley, Jr., MD
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Division of Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
1600 Clifton Road, NE, F-34
Atlanta, GA 30333

INFORMATION FOR STATE HEALTH POLICY
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Clinical Associate Professor
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University of Medicine and Dentistry of New Jersey
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INVESTIGATOR AWARDS IN HEALTH POLICY RESEARCH
(Director to be appointed)
Investigator Awards in Health Policy Research
Foundation for Health Services Research
Suite 1100
1350 Connecticut Avenue, NW
Washington, DC 20036
LADDERs in Nursing Careers Program
Margaret T. McNally
Vice President for Health Professions
Greater New York Hospital Foundation
555 West 57th Street
New York, NY 10019

LOCAL INITIATIVE FUNDING PARTNERS
Program
Ruth S. Hané, PhD
Professor
Department of Health Services
Management and Policy and
Department of Health Sciences
George Washington University
600 21st Street, NW
Washington, DC 20052

MAKING THE GRADE: STATE AND LOCAL
PARTNERSHIPS TO ESTABLISH SCHOOL-
BASED HEALTH CENTERS
Julia Graham Lear, PhD
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George Washington University
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1350 Connecticut Avenue, NW
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MENTAL HEALTH SERVICES PROGRAM FOR
YOUTH
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President
Washington Business Group on Health
Suite 800
777 North Capitol Street, NE
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MINORITY MEDICAL EDUCATION PROGRAM
Herbert W. Nickerson, MD
Vice President
Minority Health, Education and
Prevention
Association of American Medical
Colleges
2450 N Street, NW
Washington, DC 20037-1126

MINORITY MEDICAL FACULTY
DEVELOPMENT PROGRAM
James R. Gavin III, MD, PhD
Director
Minority Medical Faculty Development
Program
4733 Bethesda Avenue, Suite 350
Bethesda, MD 20814

NEW JERSEY HEALTH SERVICES
DEVELOPMENT PROGRAM
Linda J. Rosen, PhD
Acting Director
New Jersey Health Services
Development Program
Cathedral Healthcare System, Inc.
221 Chestnut Street
Newark, NJ 07101

NO PLACE LIKE HOME: PROVIDING
SUPPORTIVE SERVICES IN SENIOR HOUSING
James J. Callahan, Jr., PhD
Director
Policy Center on Aging
Florence Heller Graduate School
Brandeis University
PO Box 9110
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OLD DISEASE, NEW CHALLENGE:
TUBERCULOSIS IN THE 1990s
Philip C. Hopewell, MD
Director
Old Disease, New Challenge:
Tuberculosis in the 1990s
University of California, San Francisco
PO Box 1348
San Francisco, CA 94143-1348

ON LOK APPROACH TO CARE FOR THE
ELDERLY
John K. Shen, PhD
Director
Program of All-inclusive Care for the
Elderly (PACE)
On Lok, Inc.
1455 Bush Street
San Francisco, CA 94109-5520

OPENING DOORS: A PROGRAM TO REDUCE
SOCIOCULTURAL BARRIERS TO HEALTH
CARE
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CEO
George Washington University
Hospital
901 23rd Street, NW
Washington, DC 20037

PARTNERS IN CAREGIVING: THE DEMENTIA
SERVICES PROGRAM
Burton V. Reifler, MD
Chairman
Department of Psychiatry and
Behavioral Medicine
Bowman Gray School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1087

PRACTICE SIGHTS: STATE PRIMARY CARE
DEVELOPMENT STRATEGIES
James D. Bernstein
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North Carolina Foundation for
Alternative Health Programs, Inc.
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Raleigh, NC 27605-0245

PROGRAM TO PROMOTE LONG-TERM CARE
INSURANCE FOR THE ELDERLY
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REACH OUT: PHYSICIANS’ INITIATIVE TO
EXPAND CARE TO UNINSURED
AMERICANS
H. Demos Sink, MD
Senior Vice President of Health and
Public Policy
American College of Physicians
6th and Race Streets
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REPLICATION OF THE FOUNDATION’S
PROGRAMS ON MENTAL ILLNESS
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SCHOLARS IN HEALTH POLICY RESEARCH
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SERVICE CREDIT BANKING PROGRAM REPLICATION
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SMOKE-FREE FAMILIES: INNOVATIONS TO STOP SMOKING DURING AND BEYOND PREGNANCY
Robert L. Goldenberg, MD
Professor of Obstetrics and Gynecology
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SMOKELESS STATES: STATEWIDE TOBACCO PREVENTION AND CONTROL INITIATIVES
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and Public Health
American Medical Association
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STATE INITIATIVES IN HEALTH CARE REFORM
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STATE INITIATIVES IN LONG-TERM CARE
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STATEWIDE SYSTEM OF CARE FOR CHRONICALLY ILL ELDERLY IN MASSACHUSETTS
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Statewide System of Care for Chronically Ill Elderly in Massachusetts
East Boston Neighborhood Health Center
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East Boston, MA 02128

PROGRAM TO STRENGTHEN PRIMARY CARE HEALTH CENTERS
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Program to Strengthen Primary Care Health Centers
National Association of Community Health Centers
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STRENGTHENING HOSPITAL NURSING: A PROGRAM TO IMPROVE PATIENT CARE
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President and CEO
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St. Petersburg, FL 33733

SUPPORTIVE SERVICES PROGRAM IN SENIOR HOUSING
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Florence Heller Graduate School
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TOBACCO POLICY RESEARCH AND EVALUATION PROGRAM
Robert L. Rabin, JD, PhD
A. Calder Mackay Professor of Law
Stanford Law School
Crown Quadrangle
Stanford, CA 94303

The programs listed below are administered internally by Foundation staff (responsible officer in parentheses).

CLINICAL SCHOLARS PROGRAM
(Anne Lea Shuster)

GENERALIST PROVIDER RESEARCH INITIATIVE
(Beth A. Severson, PhD)

IMPROVING THE QUALITY OF LONG-TERM AND AMBULATORY CARE
(Beth A. Severson, PhD)

NURSING SERVICES MANPOWER DEVELOPMENT PROGRAM
(Pauline M. Seitz)

PREPARING PHYSICIANS FOR THE FUTURE: A PROGRAM IN MEDICAL EDUCATION
(Anne Lea Shuster)
The Robert Wood Johnson Foundation—a private, independent philanthropy not connected with any corporation—funds projects of several kinds:

1. Projects that reflect an applicant’s own interests. For such projects there are no formal application forms or deadlines because grants are made throughout the year.

2. Projects, also investigator-initiated, that are developed in response to a Foundation Call for Proposals. The call describes the program area for which proposals are requested and specifies any necessary application steps or deadlines.

3. Projects that are part of Foundation national programs. For these, the Foundation sets the program’s goals, common elements that all projects should contain, eligibility criteria, timetables and application procedures.

Calls for Proposals are distributed widely to eligible organizations.

Institutions wishing to apply for funds not in response to a Foundation announcement are advised to submit a preliminary letter of inquiry, rather than a fully developed proposal. This minimizes the demand on the applicant’s time, yet helps the Foundation staff determine whether a proposed project falls within the Foundation’s current goals and interests. Such a letter should be no more than four pages long, should be written on the applicant institution’s letterhead and should contain the following information about the proposed project:

- A brief description of the problem to be addressed
- A statement of the project’s principal objectives
- A description of the proposed intervention (for research projects, the methodology)
- The expected outcome
- The qualifications of the institution and the project’s principal personnel
- A timetable for the grant, an outline or estimate of the project’s budget, other planned sources of support and the amount requested from the Foundation
- Any plans for evaluation of the project’s results
- Any plans for communicating with the general public or targeted audiences about the project or for disseminating its results
- A plan for sustaining the project after grant funds expire, and
- The name of the primary contact person for follow-up.

Budgets and curricula vitae of key staff may be appended to the letter, as may other background information about the applicant institution, if desired.

Based on a review of these points, presented in the letter of inquiry, Foundation staff may request a full proposal. If so, instructions will be provided regarding what information to include and how to present it.

Limitations

Preference will be given to applicants that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and not private foundations as defined under Section 509(a). Public agencies also are given preference. Policy guidelines established by the Foundation’s Board of Trustees usually preclude support for:

- Ongoing general operating expenses or existing deficits
- Endowment or capital costs, including construction, renovation or equipment
- Basic biomedical research
- Conferences, symposia, publications or media projects unless they are integrally related to the Foundation’s program objectives or an outgrowth of one of its grant programs
- Research on unapproved drug therapies or devices
- International programs and institutions, and
- Direct support to individuals.

Preliminary letters of inquiry should be addressed to:

Edward H. Robbins
Proposal Manager
The Robert Wood Johnson Foundation
Route 1 and College Road
East
Post Office Box 2316
Princeton, New Jersey
08543-2316
609/452-8701.
The Foundation publishes *ADVANCES*, a quarterly newsletter reporting on the people, programs and priorities of the Foundation. To receive *ADVANCES*, send your name and address to: Editor, *ADVANCES*, at the address below.

The Foundation also makes available publications and/or films that describe the progress and outcomes of some of the programs assisted by the Foundation or explore areas of interest to the Foundation. Titles issued in 1993:

*Access to Health Care: Key Indicators for Policy* (chartbook)

*An Analysis of Resources to Aid Drug-Exposed Infants and Their Families* (printed report from the Foundation’s *Health Care Perspectives* series)

*Conversations on Health* (video compilation of statements and comments from four public forums on health care in the United States)

*Free to Grow: Head Start Partnerships to Promote Substance-Free Communities* (descriptive booklet)

*The Homeless Families Program* (descriptive booklet)

*Rural Health Challenges in the 1990s: Strategies from the Hospital-Based Rural Health Care Program* (printed report with audio tapes)

*Substance Abuse: The Nation’s Number One Health Problem — Key Indicators for Policy* (chartbook).

Address requests to:

Communications Office
The Robert Wood Johnson Foundation
Post Office Box 2316
Princeton, New Jersey 08543-2316.

The Foundation does not charge for these materials.
the photographs in this annual report depict only a few of the 100,000 volunteers and the 200,000 individuals they have helped through the Interfaith Volunteer Caregivers (IVC) program that began in 1983 with the Foundation’s support. These networks of trained volunteers help people with chronic health conditions remain in their homes by providing a broad range of assistance, such as friendly visiting, transportation, household chores services, referral to other community services, and respite for family caregivers. So far, more than 300 communities have established IVC projects through local interfaith coalitions. Overall, these coalitions involve all major faiths, including Protestant, Catholic, Jewish, Buddhist, Hindu, Islamic and Native American faiths.

This success story has prompted the Foundation to launch Faith in Action, a new program that seeks to expand the national network of Interfaith Volunteer Caregiver coalitions to 900 additional communities. For more information about these programs, write: Faith in Action, Post Office Box 2290, Kingston, New York 12401-0227.

Cover and Page 27 — Alberta (left) is an older woman who is diabetic and partially blind. She is trying to stay independent in her own home, but has no means of transportation. Kathy, an interfaith caregiving volunteer, is Alberta’s lifeline. Kathy and her son, Jacob, take Alberta for the dialysis treatment she needs three times a week.

Alberta minces no words about the importance of Kathy’s help: “If it wasn’t for this, I wouldn’t be alive. I mean this from my heart. Kathy has really been wonderful to me.”

Kathy has her own reasons for giving of herself: “I love Alberta. She’s a good person who is warm and friendly, and she’s gone through a lot. I understand, because I’ve been down, too. People helped me, and I just want to give something back.”

Page 1 — Rossa (left) values her independence, using her wheelchair or walker — on good days — to get things done. Sometimes she needs a hand with grocery shopping and house cleaning. Jean, an interfaith caregiving volunteer, helps Rossa with these chores and keeps her informed about community happenings.

Jean says, “I just know that Rossa is happy and grateful for my help gives me a lot of satisfaction.”

Page 7 — April (on phone) is a 15-year-old mother who looks after her father, who has a serious disability. She’s really sick because she’s too young to drive, and there isn’t public transportation for her to take her child to the doctor. Thanks to Debbie, an interfaith caregiving volunteer, April and her baby get the medical attention they need while April’s father also receives appropriate care.

April says, “Before she showed up to help me, I figured if your family and friends wouldn’t help you, you were on your own. Debbie’s help has made all the difference in the world. It’s good to have a friend.”

Debbie agrees: “I believe that love is an action word.”
Kitty (center), who claims to have had life’s advantages, finds that graduating at the top of her college class isn’t enough for a full life. Nor is the doctoral program in chemistry in which she excels. She needs contact with people away from her studies, people who need her.

An interfaith caregiving project has linked her with sisters Freda (left) and Florence (right), who can really use a gentle word and a caring touch.

Florence, who is partially blind, adores Kitty, who stops by to help with the mail and keep an eye on things. They chat and laugh and exchange holiday presents. Florence, with a chuckle and a hug for her surrogate granddaughter, says, “It’s so good that Kitty comes to us and gives me someone to speak to instead of always hibernating.”

“Helping Florence and Freda gives me a sense of purpose,” Kitty says. “It gets me out of the lab at the university. And they’re fun.”

Channi (right), a 45-year-old man with cerebral palsy, and Dr. Singh, a retired physician and interfaith caregiving volunteer, have developed a strong bond over the years.

Focusing on their abilities rather than their disabilities, they use hand signs and eye contact to communicate. Dr. Singh’s visits give Channi’s parents a chance to go out together.

“I’m now about 80 years old,” says Dr. Singh, “and I feel I can still do some good in this world. The greatest reward is that people know they are not alone — that someone does care.”

Ruth (seated) knows the pain of being alone and homeless, as well as the frustration of having no transportation to medical appointments. Now she lives in a shelter and helps direct its program.

Interfaith caregiving volunteers Emanuele (left) and Fern (center) drive Ruth to the health clinic regularly.

Emanuele encourages others to volunteer: “I think if each person does a little bit, a lot will be accomplished. You know the old adage that ‘it’s better to give than to receive?’ It’s true. The caregivers program gives special meaning to the lives of people like me.”

Helen (in the doorway) has lived alone since her husband died, and as her medical problems have increased, she’s been unable to go out on her own or handle chores around the house. Her local interfaith caregiving project has made a big difference. She signed up as a “mystery grandparent” who writes to young children — as a pen pal and surrogate grandmother — to encourage them.

Just as Helen helps others, Rumi, Sal and Joe (left to right) come by to help her with yard work, year round. Helen says, “I so appreciate that these young men are willing to help me. It goes beyond shoveling the snow. It’s the caring that’s important.”

Her helpers agree. Sal says, “Sometimes we’re the only ones who come into an older person’s home. So we try to let them know there are people who have their best interests in mind. And, hey, sometimes they give us cookies.”

About the Photographs
PAGE 16 — In Colombia, where she lived most of her life, Esther (left) spent much of her time as a physician teaching people about good health and a proper diet. Esther now lives in the United States and uses her teaching skills to help others in the Hispanic community. As an interfaith volunteer, she gives practical advice about nutrition to people with chronic health conditions and family members who look after them.

"The people I care for have many problems, especially in knowing the right things about health and appropriate meals," she says with conviction. "I try to help them live their lives in the best way."

PAGE 19 — Debbie (right) was someone people always turned to when they needed help. Her own serious illness changed that. Juggling her own care and the needs of her critically ill father was too difficult. So the local interfaith caregiving project arranged for a volunteer to telephone her each day. "I started by calling Debbie each morning just to see if she was OK," says Betty.

"These brief phone calls have brought us to a point where both of us are richer."

Debbie appreciates her trusted friend: "When you are sick, you always feel like you are imposing, but Betty never makes me feel like that."

PAGE 20 — Eleanora volunteers to help a mother of eight wonderful children, two of whom are living with HIV/AIDS. There's always a virus or an infected ear to care for, and many visits to the doctor must be made. Thanks to Eleanora's assistance, all of the children get to the doctor as needed, and their mother has some time simply to catch her breath.

Eleanora doesn't think what she does is all that special: "I volunteer simply because I love children — all kids, not just my own family. They're all my family."

PAGE 30 — Mattie, who receives volunteer transportation assistance, has become a "mystery grandparent" to a classroom of elementary school children through her local interfaith caregiving project. She writes to them and sends them cookies, and she's made caps for all the children. On birthdays, girls get dolls with clothes Mattie knits, and boys get toys.

"I want to show these kids the right way to grow up and be somebody," Mattie says. "I'm going to keep in touch with this class all through school, because if I show them that one person really cares, maybe some of them will find a better road to travel."