Annual Report For 1995

On Dying In America
The Robert Wood Johnson Foundation was established as a national philanthropy in 1972 and today is the largest U.S. foundation devoted to health care. The Foundation's mission is to improve the health and health care of all Americans.

The Foundation concentrates its grantmaking in four areas:
- assuring that Americans of all ages have access to basic health care;
- improving the way services are organized and provided to people with chronic health conditions;
- promoting health and preventing disease by reducing harm caused by substance abuse; and
- helping the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation.

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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 was 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 at Northwestern University of one of the first schools of hospital administration.

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.
In 1995, we achieved a milestone—the award of our two billionth grant dollar. The dollar count, though impressive, demonstrates only that The Robert Wood Johnson Foundation is doing what it was established to do: make monetary grants. It says nothing of how we got here.

The Robert Wood Johnson Foundation arrived on the national scene in 1972 with an endowment of about $1 billion and the mission of improving health and health care for all Americans. Turning that potential into programs and momentum was the first order of business. The process began with the assembly of a professional staff that continues to evolve. Initial goals were defined—improving access to medical care services for underserved Americans was paramount—and grantmaking began.

The Foundation strove to be innovative, yet rigorous, in its grantmaking. Staff members reached out widely to health professionals in academic, community, and other practice settings; to policy makers and their staffs; to social scientists and others concerned with health and health care. They developed dynamic and creative partnerships to gain advice and new perspectives and to design and implement programs advancing the Foundation’s goals. In those early years, RWJF pioneered the concept of multi-site, nationally competitive grant programs, began a pattern of independent evaluation of its programs, and developed its emphasis on communications to disseminate information generated by programs and evaluations so that it could be used by others.

In 1980, we modified our goals. The access goal was more tightly focused on personal care for America’s underserved and two new goals were defined: making health care arrangements more effective and care more affordable, and helping people to maintain or regain maximum attainable function in their daily lives.

In 1988 the Foundation took its first major step against substance abuse with the creation of a 14-city program, Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. The next year, we awarded our one billionth dollar.

From 1990 to the present, we have had four goals: assuring that American’s of all ages have access to basic health care; improving the way services are organized and provided to people with chronic health conditions; promoting health and preventing disease by reducing harm caused by substance abuse; helping the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation. Most of the second billion dollars we awarded was toward these goals.

To underscore the insight that led to Fighting Back—that efforts to solve a community’s substance abuse problems have to be anchored locally—we awarded the two billionth dollar to Join Together, an organization fighting substance abuse by helping to build and provide technical assistance to community coalitions across the nation.

As I write this, the organization and financing of health care are undergoing fundamental change. And our nation is undertaking a profound self-examination, debating the role of government in our society and the role of, and relationships among, its public, business, and nonprofit sectors. As part of that questioning,
some members of Congress have been critical of the work and practices of nonprofit organizations and institutions. RWJF has been criticized specifically. And legislation has been proposed which, if enacted, would seriously limit the actions of many of our grantees.

This activity concerns me greatly. Not so much because of the criticism we have received, but because I believe private foundations have a critical role in our society, and we should resist efforts that would diminish that role. Because we are isolated from partisan politics and quarterly profits, we are able to take risks and persist in ways the government and private sector cannot. For us, risk means tackling tough problems—the ones that seem intractable, but also cry out for solutions. Our independence means we can stay with these problems over a long period of time. And our emphasis on independent evaluation means we can report our progress with a measure of accuracy and objectivity to the rest of the nation.

Let me cite just four examples of programs in areas of great need and great risk that we launched in 1995. Perhaps the most ambitious is our ten-year initiative to try to improve the health and safety of children in distressed urban areas. Dedicated, determined people in eight cities—Baltimore; Chicago; Detroit; Miami; Oakland; Philadelphia; Richmond, Virginia; and Sacramento—are working to develop broad-based collaboratives to tackle difficult problems that beset their children.

We also began our Health Tracking initiative. At a time when the health care system is undergoing dramatic re-structuring, accurate information about these changes and their effects on people will be critical—since this crucial information is not being gathered by the public or private sector.

Cigarette smoking accounts for more than 400,000 U.S. deaths annually, and virtually all adult smokers today began smoking before age 18. Curbing youth smoking—an estimated 3,000 young people begin smoking daily—is critical to bringing the country's tobacco problem under control. To intensify these efforts, we began funding a national youth tobacco prevention and control campaign. We also fully funded the test of a comprehensive effort to reduce youth tobacco use in one city—Tucson, Arizona.

Almost every state is working to move its Medicaid population into some form of managed care arrangement. This is a fundamental shift in how we deliver care to people who often have high needs. My fourth, and final, example is Strengthening the Safety Net: The Medicaid Managed Care Program, a $21-million national program of technical assistance and direct grant support to help states, managed care organizations, providers, and consumers realize the promise of this new delivery arrangement.

These are all major undertakings, and there are no guarantees of success. All address great need; all are characterized by great risk. As a businessman and as the chairman of this foundation, I can look at these and the other projects and programs we funded in 1995 and know that we remain true to our mission and true to the time-tested role of private foundations in service to the country.

Sidney F. Wentz
Chairman, Board of Trustees
ON DYING IN AMERICA

Catch a physician in a boastful mood and you are likely to hear about brilliant diagnoses, complicated procedures performed under the most trying circumstances, the relief of seemingly intractable symptoms, or the gratitude of devoted patients. Seldom, if ever, have I heard physicians tell stories about the successful management of death.
YET, MANAGING DYING PATIENTS IS AN IMPORTANT PART OF MOST MEDICAL PRACTICES. Each year more than two million people die in the United States, half of them in hospitals. All of us know painful stories about “bad deaths,” where hopelessly ill patients are kept attached to machines long after any chance of recovery, often with suffering by both the patients and their families.

Occasionally we hear about a different way of dying. The recent well publicized deaths of former President Richard Nixon and Jacqueline Kennedy Onassis were two notable examples. Each died in the presence of loved ones, Ms. Onassis at home, and Mr. Nixon in a quiet hospital room. Each had earlier expressed wishes to avoid heroic care when recovery seemed unlikely, and each had meticulous attention to comfort and pain control as the prime goal of terminal care. Why were these “good deaths” so unusual? After all, the final, lasting image we have of our loved ones is at their deaths. How can we explain the often grisly final hours and days of many Americans? Do we really want our loved ones—or ourselves—to die alone, in pain, and connected to complicated life support machinery?

Death and dying is not a subject that Americans like to contemplate. Yet, in November 1995 the publication of a Robert Wood Johnson Foundation-sponsored research report provoked wide interest about that very subject. The report contained some harsh facts about the way we die in this country, and newspapers nationwide carried detailed accounts of the report on their front pages. It was a topic on television and radio, it was covered by news magazines, and many daily newspapers editorialized about its implications. Their headlines show how diverse and complex our responses are to this topic. As I am writing this text, the Foundation has received almost 800 clippings about this research from the print and broadcast media. This research report struck a deeply responsive chord, I believe, because it confirms our
own experiences and echoes the stories we tell each other at parties, over coffee, at family gatherings, and at work every day.

What did the report say? Why did it touch so many people? And what can be done to make things better?

The report summarized the research findings of the eight-year, $28-million Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments, known by its acronym, SUPPORT. SUPPORT was conducted by Drs. William Knaus and Joanne Lynn at the George Washington Medical Center, in association with colleagues at five major teaching hospitals. SUPPORT had two phases. Phase one involved 4,301 patients hospitalized with common, life-threatening medical conditions so severe that half of the patients were expected to die within six months. During the period 1989–91, researchers documented the kind of care these patients received at the five hospitals, as well as how closely the wishes of the patients and their families were followed.

Phase One Findings

Phase one produced important and sobering findings. Doctors didn’t seem to know what kind of care their patients wanted. For example, if patients did not want to undergo cardiopulmonary resuscitation (CPR), doctors were unaware of that preference in about half the cases. Furthermore, in cases where orders not to resuscitate the patient were written, this occurred only a day or two before death in half the cases, suggesting little advance planning. Even more disturbing, severe pain—a treatable symptom in the conditions these patients had—was common: according to their families, half the patients who were able to communicate were in severe pain in their last three days of life. Doctors know there is sometimes a tradeoff between relieving pain and alertness, but what would be their patients’ choice? Only thorough, sensitive discussions will uncover these preferences.
Confronted with these findings, the lead researchers and their colleagues at the five hospitals developed an intervention they believed would improve these outcomes. At the time, the physician community was saying that uncertainty over outcomes (prognosis) and inadequate understanding of patients’ wishes—and the time needed to learn them—were the key barriers to improving end-of-life care. Attacking these aspects of this very complicated issue seemed just the approach that would make things better. So, the research team designed an intervention to fix these problems. Unfortunately, it didn’t work.

Their remedy was tested in phase two, between 1992 and 1994, and consisted of three kinds of special help. First, detailed, validated and accurate prognostic models were developed for each critically ill patient to let physicians know, with unprecedented precision, the likelihood their patient would die or become seriously disabled. Second, a specially trained nurse was employed to talk to patients and families about their concerns and wishes and to facilitate their communicating this information to their physicians and the hospital staff. Third, physicians were provided with detailed written instructions about the patient and family’s wishes regarding treatment, including pain control and “heroic” measures such as resuscitation.

**Phase Two Results**

The investigators were stunned to find that the circumstances of dying for the 2,652 seriously ill patients receiving the special help were no better than for a similarly sized control group. Specifically, the amount of time they spent in the intensive care unit, in a coma or on an artificial breathing machine before death were no different. Physicians often didn’t know what their patients’ preferences for care were, but patients and families didn’t raise these issues either. Perhaps most disturbing, reports of severe pain were no better in the experimental group than in control
patients. As you might expect, the costs of care were not decreased for the experimental group, either. And these costs were high: even with hospitalization insurance, nearly a third of the study's families lost most of all of their savings.

When the SUPPORT investigators learned the disappointing results of phase two, they cast about for explanations. One obvious theory was that the five hospitals involved—all prestigious teaching institutions—were not representative of the way that medicine is generally practiced in this country.

To test this possibility, the Foundation commissioned a survey of 502 families who had recently lost a loved one. About 13% had died in major medical centers similar to the five SUPPORT institutions, and about 45% died in other kinds of hospitals. The teaching hospitals generally came out about the same as other hospitals, and on some key measures—explaining treatment options, giving patients and families the opportunity to influence treatment, and, notably, pain control—teaching hospitals performed better than other hospitals. Thus, results of SUPPORT's phase two seem broadly applicable to dying in America.

In an effort to understand better what these disturbing results mean and how the patterns of care they reflect could be improved, the Foundation asked the Hastings Center to commission a series of commentaries about SUPPORT. These were published in a special supplement to the November–December 1995 Hastings Center Report under the title, "Dying Well in the Hospital: The Lessons of SUPPORT." The 11 commentaries reflect the thinking of experts from a broad range of disciplines—medicine, law, ethics, and education. Not surprisingly, interpretations differ.
In general, the analysts fall into two camps. Some wonder if the interventions were too modest, believing that more aggressive attempts to ensure communication among patients, families, and physicians might have been more effective. Others pinpoint the problems within the health care system itself, focusing on its professional culture and incentives. For example, a legal expert contends that the hospital-based medical culture unilaterally decides what is in the patient's best interest, asserting that "...if dying patients want to retain some control over their dying process, they must get out of the hospital if they are in, and stay out of the hospital if they are out." But Hastings Center Director Daniel C. Callahan cautions that a third powerful force also is at play, one that parallels in importance the problems in communication surrounding individual patients, or the problems in the medical and hospital environment. That force is our "fundamental ambivalence about the place of death in human life, pervading both American medicine and American culture."

The philanthropist George Soros, writing in a separate communication, put the matter starkly: "We have created a medical culture that is so intent on curing disease and prolonging life that it fails to provide support in that inevitable phase of life, death."

I must confess that the SUPPORT results did not surprise me, although I hoped for a more positive outcome. Why was I not surprised? I was very aware of the intractability of the problem based
on my own experience as a physician and horror stories from relatives and friends. As evidence that the public also is seeking an end-run around the current situation are the recent ballot initiatives to legalize physician-assisted suicide in California and Washington—supported by 44% of the voters—and the success of the 1994 referendum on the same subject in Oregon, plus the continued fascination with the activities of Dr. Jack Kevorkian. As I mentioned in my message last year, European medical visitors to this country invariably are impressed by the power of our medical technology, but they are often critical of its unbridled use in terminal cases. As several observers have commented to me: “You Americans don’t know when to stop.”

The problems in how we care for dying patients in the United States have many tangled roots in both human psychology and contemporary culture, which includes the specific medical culture of our professional schools and training programs, hospitals, and intensive care units. Improving care of the dying is a difficult subject to contemplate because it raises fundamental, unsettling questions about the human condition and forces us to come to terms with our own mortality.

Culturally, we are a nation in love with technology and its applications. Moreover, our youth-oriented culture places high value on vitality and the avoidance of death and disability. At their best, these values are reflected in such popular movements as parent and youth groups mobilized against drunk driving and the public anti-smoking movement, which has made airplanes, most offices, and many restaurants smoke-free. But these values also contribute to our unwillingness to accept the inevitability of death and to guilt among relatives if everything possible is not done for—and to—their dying father, mother, sibling, or child.
Feelings of ambiguity and guilt are compounded by tenuous relationships. One contributing factor is the unique dispersion of families across our huge nation. Another could be the high rate of alcohol and substance abuse that tears families apart and hinders effective decision-making (and, I would add, increases the likelihood of serious illnesses in the first place). Another is the increasing prevalence of estrangement, separation, and divorce that again separates family members from each other. As a result, people are often asked to share in making difficult ethical decisions about relatives from whom they have been separated both emotionally and geographically and whom they no longer really know. The common tendency is to err on the side of overtreatment.

The culture of American medicine differs from that of other developed countries with respect to our great investment in highly specialized personnel and the medical technologies they employ. In addition to leading the world in the use of such varied technologies as endoscopy, cardiac catheterization, sophisticated imaging, and coronary artery bypass surgery, we also have invested heavily in intensive care. In medicine, supply often dictates use, so it is not surprising that these intensive care units are usually full.

Another stimulus toward intensity has been fee-for-service physician reimbursement, which creates fiscal incentives to do more, not less. The newer capitation arrangements to pay for care create incentives in the other direction, but so far, too few elderly patients belong to managed care groups to assess the risk that they will receive too little care.

The natural professional instinct of physicians and other intensive care personnel is to do everything possible for their patients. The medical culture teaches us to view death as a defeat. With this attitude ingrained early, the physician must spare no resource that could sustain life!
Finally, physicians also are influenced by the possibility of malpractice litigation, as well as the censure of their peers, that can turn on the answer to a single, deceptively simple question: "Doctor, did you do everything that could be done to preserve your patient's life?"

**SUPPORT** unspiringly makes the point that we physicians do not listen to our patients as carefully as we should and that patients and families do not talk to their doctors about these matters. It similarly reveals the systematic failure of our whole health care apparatus at a time when patients and families are most vulnerable. These are hard truths.

The public reaction to **SUPPORT**, plus the nature of its results, have convinced us at the Foundation that the issue of how we die is of major importance and of concern to a great many Americans. As a society, we need to find ways to help patients control the manner and circumstances of their dying to the extent they wish to do so, to improve the control of pain and other distressing symptoms, to provide care settings that allow families to stay near and necessary health services for those who wish to die at home, and yet to cherish those clinical opportunities that can extend meaningful life whenever possible. Some of the Foundation's experiences in supporting model chronic care programs may offer insights in how to improve end-of-life care. Two examples: continuum-of-care programs allow patients to receive care in more appropriate settings than the hospital, whether home or hospice; and projects that give careful attention to functional status provide early warning signals of uncontrolled pain. Nevertheless, the **SUPPORT** results underscore how difficult it will be to change prevailing practices at the end of life. I wish that I or my

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**Problems with Care of the Dying Are Prevalent**

![Graph showing problems with care of the dying are prevalent]

- Families wanted more explanation
- Families believe physician did not explain treatment options
- Family members believed they had no opportunity to influence treatment
- Patients/was severe pain
- Patients/families' preferences were not followed

**Type of Hospital:**
- Major Medical Center
- Other Hospital

Source: From a national survey of 502 U.S. families who had participated in the end-of-life care of a family member within the last two years, conducted by the Harvard Program on Public Opinion and Health Care.
colleagues could see an easy solution to this problem, but we do not. We do, however, propose some next steps.

The Foundation's Response

These steps will include sponsoring conferences among leaders of organizations representing a broad range of constituencies—medicine, nursing, hospitals, law, ethics, religion, and consumer interests—to address the implications of SUPPORT's results for society and for the health care enterprise. We also will explore alternative ways to care for dying patients, such as palliative care and an expansion of hospice care, that will include identifying better ways to control pain and, perhaps, developing experiential standards for pain control. We contemplate assisting other appropriate groups—including the clergy—to address personal decision-making with respect to death and dying. We propose working with consumer groups so that they can help their members understand better the options for care at the end of life. And we will employ our new Health Tracking program to monitor and report progress on this issue.

In short, we hope to facilitate more and better thinking, discussion, and action about the compelling, complicated, and often uncomfortable topic of dying. The “good deaths” of Ms. Onassis and Mr. Nixon should not be limited to the privileged, but a choice available to every American.

Steven A. Schroeder

Steven A. Schroeder, MD
President


2. This is consistent with other studies. For example, Ann Albers and Bernard Lo, of the University of California at San Francisco, in a Letter to the Editor, JAMA, Vol. 274, No. 24, December 27, 1995, p. 1912, cite findings that 42% of outpatients with metastatic cancer were not given adequate analgesics, as reported by Cleveland, C.S., et al., "Pain and its Treatment in Outpatients with Metastatic Cancer," New England Journal of Medicine, Vol. 330, No. 9, March 3, 1994, pp. 592-598.

3. To secure a copy, write: The Robert Wood Johnson Foundation, Communications Office, Post Office Box 2316, Princeton, NJ 08543-2316, or e-mail your request to <publications@rwjff.org>.


To assure that Americans of all ages have access to basic health care

In 1995, unencumbered by the possibility of federal legislation reshaping the health care delivery system, market forces took over as the driver of America's health system. In its pursuit of market share, cost savings and profits, the private sector is pushing profound changes in health care delivery in the United States. The most visible change is the rush into managed care.

Once an interesting alternative to fee-for-service medicine, managed care now dictates the terms of health care delivery in America. And it's not just in the private sector. By the end of 1995, all of the states except Wyoming were moving, or considering moves, to managed care for some portion of their Medicaid recipients.

The pace of change and the reasons behind it forced a re-evaluation of the Foundation's approach to its goal of assuring that Americans of all ages have access to basic health care. It was determined that the basic inventory of barriers to care (financial barriers, supply and distribution of health professionals, sociocultural barriers, and organizational barriers) was still appropriate, but the emphasis within the areas needed to be shifted.

A major new investment in 1995 was the creation of a program focusing on the health and safety of children in distressed urban areas. This program, Ensuring the Health and Safety of Children in Economically Distressed Urban Areas, challenges eight cities to develop broad-based collaboratives—groups that might include neighborhood organizations, business, city agencies, churches, the media, suburban groups, and, notably, youth—to try to institute state-of-the-art interventions chosen locally to improve conditions for the most vulnerable children. Letters of invitation were sent to a range of representatives in 20 cities. Ultimately, the cities of Baltimore, Chicago, Detroit, Miami, Oakland, Philadelphia, Richmond, and Sacramento were each given two-year planning grants of $400,000. In recognition of the depth of the problems and the complexities of broad-based collaboratives, subsequent funding under the initiative will be for a longer term than most other Foundation programs. Up to five cities with planning grants will receive additional grants for a five-year implementation phase, with another three years of funding available for those cities needing more funding available for those cities needing more time to secure advances made.
Recognizing that evolution underway in the health system may come at the expense of the safety net, the last-resort source of health care for millions of Americans, the Foundation made a number of grants in 1995 to explore the extent of the threat to the safety net and develop policy options to preserve its functions in some form. Among these are four separate grants to look at feasibility of ensuring health insurance coverage for all children and one to conduct a comprehensive study of Medicare to analyze options to ensure financial access to health care by elderly and disabled Americans.

The Foundation also began to develop a strategy for helping to rebuild the public health infrastructure. Staff held a series of meetings with experts from around the country and expects to bring forward major new initiatives in 1996.

Because of existing, substantial investments programs attempting to change the specialty mix or supply of practitioners and efforts to increase the number of minority health professionals, the Foundation decided against significant new work in these areas. Currently, there are 21 national programs committed to workforce-related initiatives, which include: the Minority Medical Education Program, Reach Out: Physicians’ Initiative to Expand Care For Underserved Americans, Generalist Physician Faculty Scholars Program, and Project 3000 by 2000: Health Professions Partnership Initiative.

One workforce program created during the previous year made its first grants in 1995. Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants awarded grants to 11 institutions, totaling more than $2.5 million to develop innovative curricula that would help train and retain these professionals in underserved communities.

The Foundation also decided not to initiate any new, free-standing programs to address sociocultural barriers to care. Instead, the concept of sociocultural barriers is being incorporated into new programs as appropriate. Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care, a national program co-funded with the Henry J. Kaiser Family Foundation, made its second round of grants in 1995, bringing the total to 22.

With all the changes 1995 has seen, one thing remains: millions of Americans do not have access to the health care they need. The Foundation will continue its work for greater access to care, adapting its approach to the changing environment.

**To Improve the Way Services Are Organized and Provided to People with Chronic Health Conditions**

The lessons from the SUPPORT study, reported in the President’s Message, beginning on page 7, demonstrate how difficult it is to change systems of care for people with chronic health conditions. The impediments to change lie at the very bedrock of the society and culture. The same society that is uncomfortable with the notions of death and dying also isolates those who are old, infirm, and frail. The conventions that ignore a patient’s wishes about end-of-life care are the same forces that remove a person with disabilities or chronic health conditions from the locus of decision-making for their own care. The Foundation’s research and demonstration projects in the area of chronic care over the past few years have laid the groundwork on which to change systems of care for this vulnerable population.
Medicaid is the nation's major public program providing health and long-term care coverage to millions of the nation's poor and vulnerable populations. As the marketplace continues to transform the landscape of the American health care system, states are turning to managed care strategies as a way to contain costs and improve services of their Medicaid programs. **Strengthening the Safety Net: The Medicaid Managed Care Program** was established this year to help bring consumers together with health care providers, managed care organizations, and state agencies to make managed care more responsive to people covered by Medicaid.

The program will offer grants supporting partnerships of states and managed care organizations to conduct large-scale demonstrations and evaluations of model service delivery and financing mechanisms for populations with chronic health and social problems; and feasibility studies for designing and testing new models for financing and delivering Medicaid managed care. In addition, the program will offer a variety of technical assistance, including the identification of best practices, consultation, and workshops.

The Foundation also continued to explore strategies by which managed care organizations can improve care for people with chronic conditions through its **Chronic Care Initiatives in HMOs** program, selecting 11 new project sites in 1995.

Trends indicate that while the number of people with chronic conditions requiring informal, non-medical care is increasing, the pool of caregivers—often family and friends—is shrinking. In order to address the need for informal care, including assistance to perform such activities as shopping and cooking, the...
Foundation continues to build successfully on its Faith in Action: Replication of the Interfaith Volunteer Caregivers Program that stimulates communities of faith to establish volunteer caregiving networks for people with disabilities, the HIV virus, and the frail elderly. By adding 184 new sites this year, there has been progress toward reaching the goal of 800 by the year 1997. In addition, the Foundation combined its interest in managed care with its efforts to stimulate informal care through its Service Credit Banking in Managed Care program, which seeks to assist HMOs in creating a cadre of volunteers among enrollees that provide supportive services in exchange for credits that can be redeemed for similar services in the future.

Health care providers need to integrate a deeper understanding of patient wishes and values into the care of people with chronic health conditions. To that end, the Foundation began supporting a new series of Grand Rounds at the Beth Israel Hospital in Boston that is reported in The Journal of the American Medical Association (JAMA). Called “Clinical Crossroads,” these articles place an individual’s medical condition in personal, familial and social context, and convey the complexity of issues surrounding a chronic illness and the sensitivity required to treat it successfully.

To Promote Health and Prevent Disease by Reducing Harm Caused by Substance Abuse

Use of illicit drugs, alcohol, and tobacco by the U.S. population as a whole has remained fairly constant for several years. For America’s youth, however, the story is quite different. Since 1992, use of tobacco and illicit drugs—particularly marijuana—has increased significantly among youth. A smaller, yet still notable rise has occurred in the rate of alcohol use. Not surprisingly, these increases coincide with a decrease in perceived risk among youth.

The Foundation continued its work to curb substance abuse in 1995 with an awareness that although usage rates are substantially lower than those seen in 1979 when drug use was at its peak, progress has been stalled among the population as a whole and ground has been lost among youth. Grantmaking focused on six 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;
reducing demand through community initiatives; and
substance abuse and the criminal justice system.

The Foundation authorized two new national programs that focus on prevention and early intervention activities. Reducing Underage Drinking Through Community and State Coalitions will support state and local coalitions as they develop and implement environmental approaches to reducing the availability of alcohol to underage youth.

A Matter of Degree: Reducing High-Risk Drinking Among College Students will support college-community partnerships to develop and implement model approaches to reducing high-risk drinking among college students.

It is unlikely that the devastating problem of substance abuse will be fully addressed until there is a better understanding of both its extent and ramifications. So, communicating substance abuse as the nation’s number one health problem continued to be a cornerstone of the Foundation’s substance abuse efforts in 1995. Towards these ends, the Foundation renewed funding for The Center on Addiction and Substance Abuse (CASA) at Columbia University, a multi-disciplinary organization dedicated to reducing all forms of substance abuse. One of its principal activities is to inform Americans of the economic and social costs of substance abuse and its impact on their lives. In addition, The Cultural Environment Movement received a grant to document systematically the portrayal of alcohol, illegal drugs, and tobacco in television and the movies.

Join Together, a national technical assistance resource for communities fighting substance abuse, and Community Anti-Drug Coalitions of America (CADCA), a national support center for community substance abuse coalitions, both received renewal support, as the Foundation continued its work to reduce demand through community initiatives.

The Foundation also funded a number of new programs in the tobacco area. Ten sites received grants under the national program, Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy. The sites will develop and test innovative, effective quit-smoking treatments with potential for
widespread dissemination to women of childbearing age before, during, and after pregnancy.

Working to stop the next generation of tobacco users, the Foundation made a number of grants focused on youth. The Arizona Division of the American Cancer Society, a grantee under SmokeLess States: Statewide Tobacco Prevention and Control Initiatives, received a supplemental grant to undertake a comprehensive effort to reduce tobacco use among youth in Tucson. The Foundation also made a grant to the American Medical Association to establish a Coordinating Committee to Prevent Tobacco Use by Youth. The Committee is developing and conducting an information-oriented public education campaign highlighting youth tobacco use issues.

The Foundation continued to develop its work in etiology through small grants. These efforts set the stage for a more ambitious agenda in 1996. The work this past year included research funded to examine the underlying causes of teenage smoking. Still another grant in etiology was to Friends Medical Science Research Center, Inc., for additional analyses in a study of the development of narcotics addiction among urban youth.

In the newest priority area, substance abuse and the criminal justice system, program exploration continued.

Possible activities for 1996 include development of a national center to reduce youth tobacco use; expansion of the SmokeLess States program; establishment of a research network to study the development of dependence on tobacco; and an effort to develop, promote and assess the use of brief interventions in managed care settings to address certain types of alcohol abuse problems.

Given the recent increases in substance abuse by youth, it is clear this problem—which accounts for more than a half million deaths annually—will be with us for a long time. The Foundation will continue to look for new and creative ways to understand and address the problems associated with substance abuse, working to minimize the harm to society and future generations.

TO HELP THE NATION ADDRESS EFFECTIVELY AND FAIRLY, THE OVERARCHING PROBLEM OF ESCALATING HEALTH CARE COSTS AND RESOURCE ALLOCATION

Are health care costs under control? Aggregate statistics provide some good news: in 1994 the health care sector grew no faster than the Gross Domestic Product, and the prior year also showed slow growth.

However, few would suggest that two years provides a definitive trend. Dramatic changes underway in the health care sector, which seem to be reaching into every community in the nation, put such predictions on very shaky ground. Some researchers estimate that as many as half of all Americans now receive their care under some type of managed care plan. Mergers and acquisitions among health care delivery organizations seem to be in the news almost daily. What all of this means for health care costs is uncertain.

How health system changes affect the distribution of expenditures within the health sector will be as important as their effects on overall costs. Academic medical centers and public hospitals are the hardest hit when managed care organizations shift more patient care to lower-cost institutions. These organizations provide a disproportionate
amount of care to the uninsured and they support medical training and biomedical research. As the implicit subsidies that have supported these loss-leading, but socially necessary functions disappear, just how they will be funded is unclear. Expected reductions in Medicare and Medicaid revenues and in direct contributions from state and local government are likely to make matters worse for these institutions.

Government also continues to play a role in addressing what some perceive as problems arising out of the rapid change. For example, in response to managed care organizations limiting length of hospital stay for normal baby deliveries, several states have enacted laws requiring minimum stays. There is debate about whether such laws stifle innovation in the marketplace or whether they protect people from excesses of the market. Most, however, would agree that government regulation and public financing programs will need to adjust to marketplace changes. Much of the work that the Foundation initiated under the cost goal this year is intended to improve the knowledge used in making private- and public-sector decisions.

This year, the Foundation reauthorized support for the Health Care Economic Council. The Council, a panel of prestigious economists and health care experts chaired by Stuart Altman, Ph.D., will be holding meetings and

**Medicare Reimbursements for All Services**

<table>
<thead>
<tr>
<th>Total Medicare Reimbursements per Medicare Enrollee</th>
<th>by Hospital Referral Region (1993)</th>
</tr>
</thead>
<tbody>
<tr>
<td>54,340 to 5,966 (61HRRs)</td>
<td></td>
</tr>
<tr>
<td>4,020 to &lt; 4,340 (61)</td>
<td></td>
</tr>
<tr>
<td>3,702 to &lt; 4,020 (61)</td>
<td></td>
</tr>
<tr>
<td>3,336 to &lt; 3,702 (61)</td>
<td></td>
</tr>
<tr>
<td>2,799 to &lt; 3,336 (62)</td>
<td></td>
</tr>
<tr>
<td>Not Populated</td>
<td></td>
</tr>
</tbody>
</table>

commissioning studies over the next three years to improve our understanding of the long-term economic implications of health systems change and to analyze innovative solutions to problems in the health care sector. To date, the Council has considered such topics as: market consolidation in health care delivery, why the number of uninsured is growing, and the implications of the changes in health care coverage for financing uncompensated care.

The Foundation also renewed the long-standing initiative on Changes in Health Care Financing and Organization (HCFO). This program was reauthorized for $15 million over four years to support research, evaluation and demonstration projects on innovations in financing and organization. HCFO accepts proposals throughout the year and funds projects on a rolling basis.

A third major initiative, Health Tracking, began monitoring changes in health care markets around the country. Under the Health Tracking umbrella, the Foundation underwrote creation of the Center for Studying Health Systems Change, headed by Paul Ginsburg, Ph.D. In the largest Health Tracking project of the year, teams of researchers produced “snapshots” of the health care delivery system in 15 communities from interviews with physicians, hospital officials, purchasers, payers, safety net providers and consumers. A key finding was that while the forces driving change are similar across the communities, the results may be much different, with delivery systems that reflect a community’s character and not one single model.

In addition to these analytic and convening activities that address the broad questions of how society can best organize and finance the health care system, during 1995, the Foundation continued to initiate work in areas where the distribution of resources is particularly problematic. We announced the Workers’ Compensation Health Initiative, a $6 million call for demonstration and evaluation projects to help make the health care part of workers’ compensation system more effective and efficient.

A second large initiative begun in 1995 is the Healthwise Communities Project, a demonstration taking place in four southern Idaho counties to study how increased consumer involvement in medical decision-making improves patterns of health care utilization and patient satisfaction, and reduces cost. Healthwise is working closely with the physicians, employers, health plans and community groups, in distributing a self-care manual to every household in the four counties, and is making available a nurse-staffed care counseling hot line.

The health care system is undergoing more change than it has since the introduction of Medicare and Medicaid. The Foundation is devoting considerable resources to understanding those changes, how they affect people, and communicating that information to groups that can help improve the system. It will be some time before the impacts of market consolidation and managed care are felt on access, quality, and cost of care. Our program investments are designed to maximize learning from these changes as rapidly and productively as possible.
During 1995, the Foundation made 700 grants totaling $170.84 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:

- $68.73 million for programs that assure that Americans of all ages have access to basic health care
- $36.60 million for programs that promote health and prevent disease by reducing harm caused by substance abuse
- $29.49 million for programs that improve the way services are organized and provided to people with chronic health conditions
- $17.18 million for programs that help the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation
- $18.84 million for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated.

1995 Grants by Geographical Region
($170.84 million)

<table>
<thead>
<tr>
<th>Region</th>
<th>RWJF funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific</td>
<td>16.3%</td>
</tr>
<tr>
<td>Mountain</td>
<td>6.8%</td>
</tr>
<tr>
<td>West-South-Central</td>
<td>2.0%</td>
</tr>
<tr>
<td>West-North-Central</td>
<td>2.9%</td>
</tr>
<tr>
<td>East-North-Central</td>
<td>8.4%</td>
</tr>
<tr>
<td>East-South-Central</td>
<td>3.3%</td>
</tr>
<tr>
<td>New England</td>
<td>16.1%</td>
</tr>
<tr>
<td>Middle Atlantic</td>
<td>20.7%</td>
</tr>
<tr>
<td>South Atlantic</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

The summary of 1995 grants and contracts is grouped according to the Foundation's goal that they address—access, chronic health conditions, cost containment, and substance abuse. Those grants addressing more than one goal are included under cross-cutting (with the goal areas specified within each entry). Projects addressing purposes outside the Foundation's goal areas are included under other programs.

The summary includes 700 grants, 51 contracts, and one program-related investment initiated in 1995. Contracts are used to purchase a variety of services and products in direct support of the Foundation's grant programs and goals. Program-related investments are loans made at less-than-market interest rates for purposes: (1) with a potential for generating income for repayment and (2) that would otherwise qualify for grant support.

In addition to the grants made in 1995, the Foundation continued to make payments on and monitor 1,389 grants awarded in prior years. Together these two groups comprise the Foundation's active grants. A complete list of these grants is available on a 3.5 inch, high-density, IBM-compatible computer diskette. Address requests to:

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

Internet address:
<publications@rwjf.org>
AMC CANCER RESEARCH CENTER
DENVER, CO
$199,998
Research to improve breast cancer screening among urban American Indian women (for 1 year). ID#026400

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).

CHATHAM COUNTY HEALTH DEPARTMENT
SAVANNAH, GA
$156,978
(2 years)

CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH AND WELFARE
CLEVELAND, OH
$111,003
(2 years)

MEDICAL AND HEALTH RESEARCH ASSOCIATION OF NEW YORK CITY, INC.
NEW YORK, NY
$119,372
(2 years)

CITY OF MILWAUKEE HEALTH DEPARTMENT
MILWAUKEE, WI
$225,058
(2 years)

MISSISSIPPI STATE DEPARTMENT OF HEALTH
JACKSON, MS
$145,274
(2 years)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
NASHVILLE, TN
$164,717
(2 years)

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES, HEALTH DIVISION
CARSON CITY, NV
$126,108
(2 years)

CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
PHILADELPHIA, PA
$141,900
(2 years)

STATE OF RHODE ISLAND DEPARTMENT OF HEALTH PROVIDENCE, RI
$26,322
(2 years)

CITY OF RICHMOND DEPARTMENT OF PUBLIC HEALTH
RICHMOND, VA
$169,293
(2 years)

COUNTY OF SAN Bernardino DEPARTMENT OF PUBLIC HEALTH
SAN BERNARDINO, CA
$50,937
(2 years)

COUNTY OF Snohomish, Snohomish Health District
EVERETT, WA
$106,912
(2 years)

THE TASK FORCE FOR CHILD SURVIVAL AND DEVELOPMENT
ATLANTA, GA
$486,610
Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (1 year). ID#024149

THE AMERICAN COLLEGE OF PHYSICIANS
PHILADELPHIA, PA
$40,000
Conference on the development of an internal medicine residency curriculum (for 6 months). ID#027855

AMERICAN MEDICAL STUDENT ASSOCIATION FOUNDATION
BOSTON, MA
$27,998
Project to promote peer education regarding primary care among medical students (for 3 years). ID#027363

ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC.
WASHINGTON, DC
$25,000
Study of gender shift in the physician workforce (for 11 months). ID#02651C

UNIVERSITY OF CALIFORNIA, LOS ANGELES, SCHOOL OF PUBLIC HEALTH
LOS ANGELES, CA
$217,197
Study of immigrants' access to health insurance coverage and health services (for 1.5 years). ID#026855

THE CENTER FOR THE STUDY OF SOCIAL POLICY
WASHINGTON, DC
$139,367
State leadership policy forums on community-based family support services (for 1 year). ID#027145

CHILD WELFARE LEAGUE OF AMERICA, INC.
WASHINGTON, DC
$103,972
Promoting health and social services for distressed public housing (for 9 months). ID#027950

CINE INFORMATION, INC.
NEW YORK, NY
$296,780
Regional seminars on managed care (for 6 months). ID#028213

COLLEAGUES IN CARING: REGIONAL COLLABORATIVES FOR NURSING WORKFORCE DEVELOPMENT
Helps nursing schools, hospitals, and other nursing service institutions to develop a strong, flexible educational infrastructure within their regions (for the periods indicated).

AMERICAN ASSOCIATION OF COLLEGES OF NURSING WASHINGTON, DC
$347,975
Technical assistance and direction for Colleagues in Caring: Regional Collaboratives for Nursing Workforce Development (1 year). ID#027012

THE COMMUNITY BUILDERS, INC.
PHILADELPHIA, PA
$495,000
Replication of a health and social services model for low-income housing (for 3 years). ID#026234

COMMUNITY CARE FUNDING PARTNERS PROGRAM
Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated).

THE ROBERT WOOD JOHNSON FOUNDATION
DUKE UNIVERSITY MEDICAL CENTER
DURHAM, NC
$239,755
(4 years)

EMORY UNIVERSITY SCHOOL OF MEDICINE
ATLANTA, GA
$240,000
(4 years)

INDIANA UNIVERSITY SCHOOL OF MEDICINE
INDIANAPOLIS, IN
$239,000
(4 years)

UNIVERSITY OF MICHIGAN MEDICAL CENTER
ANN ARBOR, MI
$240,000
(4 years)

UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE
COLUMBIA, MO
$239,829
(4 years)

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE
KANSAS CITY, MO
$239,999
(4 years)

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY
ROCHESTER, NY
$240,000
(4 years)

UNIVERSITY OF SOUTH FLORIDA RESEARCH FOUNDATION INC.
TAMPA, FL
$240,000
(4 years)

UNIVERSITY OF TENNESSEE MEMPHIS COLLEGE OF MEDICINE
MEMPHIS, TN
$240,000
(4 years)

UB FOUNDATION SERVICES, INC.
BUFFALO, NY
$240,000
(4 years)

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES F. EDWARD HERBERT SCHOOL OF MEDICINE
BETHESDA, MD
$235,403
(4 years)

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
SEATTLE, WA
$239,907
(4 years)

GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE
WASHINGTON, DC
$318,723
Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year).

GENERALIST PHYSICIAN INITIATIVE
Program aimed at increasing the supply of generalist physicians (for the periods indicated).

THE MEDICAL COLLEGE OF PENNSYLVANIA & HAHNEMANN UNIVERSITY
PHILADELPHIA, PA
$855,066
(2 years)

UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE
COLUMBIA, MO
$419,423
Technical assistance and direction for the Generalist Physician Initiative (1 year).

GEORGE WASHINGTON UNIVERSITY CENTER FOR HEALTH POLICY RESEARCH
WASHINGTON, DC
$25,000
Assessment of immunization practices under Medicaid managed care (for 9 months).

GEORGE WASHINGTON UNIVERSITY CENTER FOR HEALTH POLICY RESEARCH
WASHINGTON, DC
$49,997
Development of policy options to ensure health insurance coverage for all children (for 5 months).

GRANTMAKERS IN HEALTH
WASHINGTON, DC
$50,000
Helping local funders and communities respond to health system changes (for 1 year).

HARVARD MEDICAL SCHOOL
BOSTON, MA
$1,379,859
Study of the role of social factors in differences in access to care (for 32 months).

HEALTH OF THE PUBLIC: AN ACADEMIC CHALLENGE
Challenges academic health centers to address the health needs of populations and communities through innovative projects in medical education, patient care, and community-based research (for the periods indicated).

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, ROBERT WOOD JOHNSON MEDICAL SCHOOL
PISCATAWAY, NJ
$14,470
Evaluation of Health of the Public: An Academic Challenge (3 months).

HEALTHY FUTURES
Four-year initiative to support new efforts in southern states to coordinate and improve maternal, perinatal and infant care services (for the periods indicated).

COUNCIL OF STATE GOVERNMENTS
LEXINGTON, KY
$199,458
Maternal and infant health care seminars for southern policymakers (9 months).

HULSON INSTITUTE, INC.
INDIANAPOLIS, IN
$49,771
Development of policy options to ensure health insurance coverage for all children (for 5 months).

THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH
PITTSBURGH, PA
$20,000
Conference on vulnerable populations and managed care (for 1 year).

UNIVERSITY OF KANSAS INSTITUTE FOR LIFE SPAN STUDIES
LAWRENCE, KS
$50,000
Development of policy options to ensure health insurance coverage for all children (for 5 months).

LADDER IN NURSING CAREERS (LINC): NATIONAL REPLICATION OF PROJECT LINC
Expands a career advancement program for health care employees to pursue careers in nursing (for the periods indicated).

GREATER NEW YORK HOSPITAL FOUNDATION, INC.
NEW YORK, NY
$231,906
Technical assistance and direction for Ladder in Nursing Careers (1 year).

GREATER NEW YORK HOSPITAL FOUNDATION, INC.
NEW YORK, NY
$36,226
Supplement to the technical assistance and development for Ladder in Nursing Careers (8 months).

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).

STATE OF COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
DENVER, CO
$1,242,857
(2 years)

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
HARTFORD, CT
$1,543,765
(2 years)

HEALTH RESEARCH, INC.
ALBANY, NY
$93,799
(2 years)
STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
New Orleans, LA
$99,775
(1 year)

STATE OF MARYLAND
EXECUTIVE DEPARTMENT, OFFICE FOR CHILDREN, YOUTH, AND FAMILIES
Baltimore, MD
$100,000
(1 year)

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
Raleigh, NC
$100,000
(1 year)

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Salem, OR
$100,000
(1 year)

STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH PROVIDENCE, RI
$99,629
(1 year)

STATE OF VERMONT AGENCY OF HUMAN SERVICES
Waterbury, VT
$100,000
(1 year)

MASSACHUSETTS HEALTH RESEARCH INSTITUTE, INC.
Boston, MA
$15,450
Assessment of options for funding health care for the uninsured (for 4 months). ID#027991

MCMANUS HEALTH POLICY, INC.
CHERRY CHASE, MD
$50,000
Development of policy options to ensure health insurance coverage for all children (for 5 months). ID#028480

MINORITY MEDICAL EDUCATION PROGRAM
Summer enrichment program to help minority students successfully compete for medical school acceptance (for the periods indicated).

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF MEDICINE
BIRMINGHAM, AL
$1,000,000
(4 years)

RUSH-PRESBYTERIAN-ST. LUKES MEDICAL CENTER
CHICAGO, IL
$1,000,000
(4 years)

UNITED NEGRO COLLEGE
FUND, Inc.
FAIRFAX, VA
$1,000,000
(4 years)

YALE UNIVERSITY
NEW HAVEN, CT
$1,000,000
(4 years)

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
WASHINGTON, DC
$363,866
Technical assistance and direction for the Minority Medical Education Program (1 year). ID#024608

MINORITY MEDICAL FACULTY DEVELOPMENT PROGRAM
Program to provide four-year postdoctoral fellowships for minority physicians interested in academic careers in biomedical research, clinical investigation, and health services research (for the periods indicated).

BAYLOR COLLEGE OF MEDICINE
HOUSTON, TX
$162,989
(2 years)

BOSTON UNIVERSITY SCHOOL OF MEDICINE
BOSTON, MA
$163,006
(2 years)

BRIGHAM AND WOMENS HOSPITAL, INC.
BOSTON, MA
$162,948
(2 years)

UNIVERSITY OF CALIFORNIA, LOS ANGELES, SCHOOL OF MEDICINE
LOS ANGELES, CA
$315,506
(4 years)

CEDARS-SINAI MEDICAL CENTER
LOS ANGELES, CA
$162,819
(2 years)

CHILDREN'S HOSPITAL MEDICAL CENTER
CINCINNATI, OH
$163,006
(2 years)

DUKE UNIVERSITY MEDICAL CENTER
DURHAM, NC
$163,006
(2 years)

EMORY UNIVERSITY SCHOOL OF MEDICINE
ATLANTA, GA
$315,506
(4 years)

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD
$315,548
(4 years)

NEW YORK UNIVERSITY MEDICAL CENTER
NEW YORK, NY
$155,898
(2 years)

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
PHILADELPHIA, PA
$163,006
(2 years)

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
SAN ANTONIO, TX
$313,913
(4 years)

GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
WASHINGTON, DC
$430,352
Technical assistance and direction for the Minority Medical Development Program (1 year). ID#024518

NATIONAL ACADEMY OF SCIENCES-INSTITUTE OF MEDICINE
WASHINGTON, DC
$50,000
Public health roundtable (for 1 year). ID#026604

NATIONAL ACADEMY OF SOCIAL INSURANCE
WASHINGTON, DC
$665,667
Policy options to ensure financial access to health care by elderly and disabled Americans (for 2 years). ID#028060

NATIONAL CONFERENCE OF STATE LEGISLATURES
DENVER, CO
$61,834
Conference for state policymakers on 14-hour health coverage issues (for 6 months). ID#023029

NATIONAL CONFERENCE OF STATE LEGISLATURES
DENVER, CO
$165,281
Information for state policymakers on immigrant health care issues (for 1 year). ID#023269

NATIONAL COUNCIL OF STATE BOARDS OF NURRING, INC.
CHICAGO, IL
$499,995
Implementation of a national nurse information system (for 2 years). ID#021666

NATIONAL GOVERNORS ASSOCIATION CENTER FOR POLICY RESEARCH
WASHINGTON, DC
$49,658
Research and policy analysis regarding children's health care services (for 1 year). ID#026239

THE NATIONAL PRESS FOUNDATION, INC.
WASHINGTON, DC
$8,135
Media seminar on the consequences of managed care (for 3 months). ID#027260

NEW YORK UNIVERSITY, ROBERT T. WAGNER GRADUATE SCHOOL OF PUBLIC SERVICE
NEW YORK, NY
$1,528,480
Research on primary care in areas for low-income urban residents (for 2 years). ID#026673

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDICINE
CHAPEL HILL, NC
$49,472
Monograph on school-based clinics in middle schools (for 1 year). ID#026413
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).

ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS
OAKLAND, CA
$308,000
(3 years)

THE CENTER FOR REPRODUCTIVE LAW AND POLICY, INC.
NEW YORK, NY
$103,950
(1 year)

CENTRO SAN BONIFACIO
CHICAGO, IL
$179,817
(2 years)

COMMUNITY HEALTH OF SOUTH DADE INC.
MIAMI, FL
$231,000
(2 years)

HOMELESS PRENATAL PROGRAM INC.
SAN FRANCISCO, CA
$232,661
(3 years)

LATINO HEALTH INSTITUTE, INC.
BOSTON, MA
$117,779
(2 years)

STATE OF MARYLAND DEPARTMENT OF HUMAN RESOURCES
BALTIMORE, MD
$146,652
(2 years)

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
ALBUQUERQUE, NM
$130,594
(3 years)

PLANNED PARENTHOOD OF NORTH EAST PENNSYLVANIA INC.
TREXLEBROWN, PA
$7,700
(1 year)

SIOUX BAY TRIBE OF THE SIOUX BAY INDIAN RESERVATION
TOKELAND, WA
$135,518
(3 years)

WESTSIDE HEALTH AUTHORITY
CHICAGO, IL
$153,711
(1 year)

GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
WASHINGTON, DC
$429,764
(2 years)

Expands technical assistance and development for Opening Doors: Program to Reduce Sociocultural Barriers to Health Care (1 year). ID#00040

PARTNERSHIPS FOR TRAINING: REGIONAL EDUCATION SYSTEMS FOR NURSE PRACTITIONERS, CERTIFIED NURSE-MIDWIVES, AND PHYSICIAN ASSISTANTS
Supports innovative regional education models designed to address shortages of primary care practitioners in medically underserved areas (for the periods indicated).

ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH Professions
STATE UNIVERSITY, AR
$300,000
(2 years)

UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER
DENVER, CO
$200,000
(15 months)

UNIVERSITY OF DETROIT MERCY COLLEGE OF HEALTH Professions
DETROIT, MI
$300,000
(2 years)

DUKE UNIVERSITY SCHOOL OF NURSING
DURHAM, NC
$299,882
(2 years)

IDAHO STATE UNIVERSITY
POCATELLO, ID
$299,327
(2 years)

INSTITUTE FOR URBAN FAMILY HEALTH INC.
NEW YORK, NY
$200,000
(15 months)

UNIVERSITY OF MINNESOTA SCHOOL OF NURSING
MINNEAPOLIS, MN
$186,398
(15 months)

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
ALBUQUERQUE, NM
$299,428
(2 years)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
NEW YORK, NY
$299,798
(2 years)

SAN JOAQUIN VALLEY HEALTH CONSORTIUM INC.
PRESBO, CA
$300,000
(2 years)

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF NURSING
EDWARDSVILLE, IL
$300,000
(2 years)

UNIVERSITY OF WISCONSIN-MADISON
MADISON, WI
$199,095
(15 months)

ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC.
WASHINGTON, DC
$325,382
(2 years)

Technical assistance and direction for For Project 3000 by 2000: Health Professions Partnership Initiative (1 year). ID#00122

PUBLIC POLICY & EDUCATION FUND OF NEW YORK, INC.
ALBANY, NY
$38,000
Preparation of a consumer guide to managed care (for 3 months). ID#00604
**REACH OUT: PHYSICIANS' INITIATIVE TO EXPAND CARE TO UNDERSERVED AMERICANS**

Supports development and implementation by private physicians of innovative models to expand their role in caring for the medically underserved (for the periods indicated).

**THE ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY**

TOLEDO, OH  
$100,000  
(2 years)

**AMBULATORY SURGERY ACCESS COALITION**

SAN FRANCISCO, CA  
$199,719  
(3 years)

**AZARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, INC.**

PHOENIX, AZ  
$39,842  
(1 year)

**COUNTY OF BEAVERHEAD, BARRETT MEMORIAL HOSPITAL**

DILLON, MT  
$96,545  
(1 year)

**BLUE HILL MEMORIAL HOSPITAL, INC.**

BLUE HILL, ME  
$193,090  
(3 years)

**BUNCOMBE COUNTY MEDICAL SOCIETY**

ASHEVILLE, NC  
$200,000  
(3 years)

**CLECO PRIMARY CARE NETWORK**

SHREVEPORT, LA  
$100,000  
(1 year)

**THE C.V. ROMAN FOUNDATION**

DALLAS, TX  
$197,927  
(21 months)

**CAPITAL MEDICAL SOCIETY FOUNDATION INC.**

TALLAHASSEE, FL  
$187,711  
(3 years)

**CEDARS-SINAI MEDICAL CENTER**

LOS ANGELES, CA  
$100,000  
(1 year)

**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE**

LOS ANGELES, CA  
$200,000  
(3 years)

**CHILDREN'S HOSPITAL OF PITTSBURGH**

PITTSBURGH, PA  
$98,860  
(1 year)

**CHURCH HEALTH CENTER OF MEMPHIS INC.**

MEMPHIS, TN  
$97,131  
(1 year)

**COLORADO CHAPTER OF THE ACADEMY OF PEDIATRICS**

ENGLEWOOD, CO  
$199,999  
(3 years)

**GIFT OF LIFE FOUNDATION**

MONTGOMERY, AL  
$200,000  
(3 years)

**HEALTH CARE ACCESS NETWORK, INCORPORATED**

DES MOINES, IA  
$98,860  
(1 year)

**HOWARD UNIVERSITY HOSPITAL INC.**

WASHINGTON, DC  
$199,970  
(3 years)

**JEFFERSON COUNTY MEDICAL SOCIETY OUTREACH PROGRAM INC.**

LOUISVILLE, KY  
$200,000  
(3 years)

**KALAMAZOO ACADEMY OF MEDICINE**

PORTAGE, MI  
$199,466  
(3 years)

**KLAMATH COMPREHENSIVE CARE, INC.**

KLAMATH FALLS, OR  
$196,055  
(3 years)

**LANCASTER COUNTY MEDICAL SOCIETY**

LINCOLN, NE  
$200,000  
(3 years)

**LANE COUNTY MEDICAL SOCIETY**

EUGENE, OR  
$199,960  
(3 years)

**MEDALIA HEALTHCARE, LLC**

SEATTLE, WA  
$96,750  
(1 year)

**MTRIO EAST PROGRAM FOR HEALTH**

SAINT PAUL, MN  
$91,296  
(1 year)

**MIAMI BAPTIST ASSOCIATION**

MIAMI, FL  
$99,648  
(1 year)

**MULTICULTURAL PRIMARY CARE MEDICAL GROUP**

SAN DIEGO, CA  
$199,963  
(3 years)

**NEW SONG URBAN MINISTRIES INC.**

BALTIMORE, MD  
$95,922  
(1 year)

**PALMETTO PROJECT INC.**

CHARLESTON, SC  
$200,000  
(3 years)

**THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND INC.**

ROCKVILLE, MD  
$80,500  
(1 year)

**REACH OUT OF MONTGOMERY COUNTY**

DAYTON, OH  
$200,000  
(3 years)

**ROCK COUNTY MEDICAL SOCIETY**

JANESVILLE, WI  
$97,592  
(1 year)

**ROTCARE SOUTH BAY INC.**

SAN JOSE, CA  
$100,000  
(1 year)

**SSJ MERCY HEALTH SYSTEM, INC.**

MIAMI, FL  
$99,190  
(1 year)

**SACRAMENTO-EL DORADO MEDICAL SOCIETY**

SACRAMENTO, CA  
$200,000  
(3 years)

**ST. VINCENT DE PAUL VILLAGE INC.**

SAN DIEGO, CA  
$200,000  
(3 years)

**SEACOAST HEALTHNET, INC.**

EXETER, NH  
$199,820  
(3 years)

**SOUTH CAROLINA INSTITUTE FOR MEDICAL EDUCATION AND RESEARCH**

COLUMBIA, SC  
$199,971  
(2 years)

**STANLEY STREET TREATMENT AND RESOURCES, INC.**

FALL RIVER, MA  
$99,206  
(1 year)

**WEST VIRGINIA UNIVERSITY FOUNDATION, INC.**

MORGANTOWN, WV  
$95,134  
(1 year)

**WORCESTER DISTRICT MEDICAL SOCIETY**

WORCESTER, MA  
$96,690  
(1 year)

**MEMORIAL HOSPITAL**

PAXTON, RI  
$537,062  
(1 year)

Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (1 year). ID#024806

**RECONCILE INC.**

POOLESVILLE, MD  
$15,000  
(1 year)

Production of a video on the lifesaving principles of bystander emergency care (for 6 months). ID#028397
University of Rochester School of Medicine and Dentistry
ROCHESTER, NY
$46,080
Follow-up survey of General Academic Pediatric Development Program Fellows and pediatric Clinical Scholars to determine their career paths and compare outcomes (for 1 year). ID#029842

Securing the Health and Safety of Urban Children
A ten-year initiative to determine if a broad-based collaborative effort including young people, parents, community leaders, civic organizations and local businesses can improve the health and safety of children in distressed urban areas (for the periods indicated).

Baltimore Community Foundation, Inc.
Baltimore, MD
$403,000
(2 years)

Children and Youth 2000
CHICAGO, IL
$400,000
(2 years)

Greater Detroit Area Health Council, Inc.
Detroit, MI
$394,980
(2 years)

The East Bay Community Foundation
OAKLAND, CA
$400,000
(2 years)

The Metropolitan Business Foundation
RICHMOND, VA
$396,916
(2 years)

The Miami Coalition for a Safe and Drug-Free Community, Inc.
MIAMI, FL
$400,000
(2 years)

City of Philadelphia
Philadelphia, PA
$395,974
(2 years)

Sierra Health Foundation
Sacramento, CA
$400,000
(2 years)

University of Washington School of Public Health and Community Medicine
Seattle, WA
$59,171
Technical assistance and direction for Securing the Health and Safety of Urban Children (2 months). ID#0297030

New York University,
ROBERT F. WAGNER
Graduate School of Public Service
New York, NY
$499,504
Technical assistance for grantees in Securing the Health and Safety of Urban Children (4 months). ID#027648

New York University,
ROBERT F. WAGNER
Graduate School of Public Service
New York, NY
$173,376
Research to aid Securing the Health and Safety of Urban Children (4 months). ID#027025

State Initiatives in Health Care Reform
Supports state efforts to plan and develop reforms that improve the delivery and financing of health care (for the periods indicated).

State of Colorado Department of Health Care Policy and Financing
DENVER, CO
$306,199
(1 year)

State of Minnesota Department of Health
MINNEAPOLIS, MN
$968,504
(3 years)

State of New Mexico, New Mexico Health Policy Commission
SANTA FE, NM
$279,355
(1 year)

State of Oregon, Department of Administrative Services
PORTLAND, OR
$355,331
(16 months)

RAND Corporation
SANTA MONICA, CA
33,687,691
Analysis of options and implications of state health care reform (4 years). ID#026935

The Urban Institute
WASHINGTON, DC
$996,198
Analysis of insurance coverage trends and simulation of reform options (2 years). ID#023416

Strengthening Hospital Nursing: A Program to Improve Patient Care
Supports efforts to improve patient care by institution-wide restructuring of hospital nursing services (for the periods indicated).

Children’s Research Institute, Inc.
SAINT PETERSBURG, FL
$216,776
Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (1 year). ID#024050

The Task Force for Child Survival and Development
ATLANTA, GA
$50,000
Children First: A Global Forum (for 1 year). ID#028105

Temple University School of Medicine
PHILADELPHIA, PA
$325,000
Community outreach project to reduce infant morbidity and mortality (for 3 years). ID#024266

Thomas Jefferson University, Jefferson Medical College
PHILADELPHIA, PA
$197,926
Development of a statewide system to track medical students and residents (for 2 years). ID#027143

Foundation of the University of Medicine and Dentistry of New Jersey
NEWARK, NJ
$169,954
Program to increase minority physician supply in New Jersey (for 3 years). ID#027709

Foundation of the University of Medicine and Dentistry of New Jersey
NEWARK, NJ
$10,857
Emergency department visits by children: parents vs. providers’ perspectives on urgency (for 6 months). ID#028214

The Urban Institute
WASHINGTON, DC
$150,000
Project to monitor health care market changes in Washington, DC and their implications (for 1 year). ID#028208

Western Consortium for Public Health
BERKELEY, CA
$50,000
Multi-sector strategies for public health in a managed care environment (for 1 year). ID#027904

Western Organization of Resource Councils Education Project
BILLINGS, MT
$150,000
Health care news on rural public radio (for 3 years). ID#022514

University of Wisconsin-Madison Medical School
MADISON, WI
$49,900
Interdisciplinary training in community-based primary care (for 1.5 years). ID#026629

Woodrow Wilson National Fellowship Foundation
PRINCETON, NJ
$39,663
Strengthening a community service project’s capacity to improve health and safety (for 3 months). ID#027650

Yeshiva University, Albert Einstein College of Medicine
NEW YORK, NY
$30,650
Feasibility study for follow-up Infant Health and Development Program enrollment in adolescence (for 6 months). ID#028127

Seven projects providing a variety of support services for Foundation programs to assure that Americans of all ages have access to basic health care.
$305,075 (contracts)
AIDS National Interfaith Network Inc.
Washington, DC
$25,000
Support for AIDS workers to attend national skills-building conference (for 1 year). ID#0258537

American Geriatrics Society, Inc.
New York, NY
$50,000
Conference on the ethics of managed care (for 1 year). ID#0281535

Beth Israel Hospital Association
Boston, MA
$58,625 (for 4 months)
ID#024308
$405,967 (for 2 years)
ID#026993
Clinical practice case studies for the Journal of the American Medical Association (JAMA) in a new monthly series entitled "Clinical Crossroads."

Building Health Systems for People with Chronic Illnesses
Supports models of care for people with chronic illnesses aimed at improving the organization, delivery, and financing of services (for the periods indicated).

Corporation for Supportive Housing
Oakland, CA
$740,001
(3 years)

Council on Aging of the Cincinnati Area
Cincinnati, OH
$438,940
(2.5 years)

Home Care Associates Training Institute Inc.
Bronx, NY
$149,485
(1 year)

State of Michigan, Department of Public Health
Lansing, MI
$286,771
(1 year)

CAHSAD (California Association for Health Services at Home)
Foundation
Sacramento, CA
$280,000
Development of a uniform home health database and patient classification system — Phase II (for 1.5 years). ID#0260245

University of California, Los Angeles, School of Public Health
Los Angeles, CA
$38,399
Evaluation of health care for the homeless projects (for 10 months). ID#026971

The Carter Center, Inc.
Atlanta, GA
$50,000
Symposium on mental health policy and managing care in the public interest (for 6 months). ID#027848

The Center School
Highland Park, NJ
$15,000
Summer therapy program for children with learning disabilities (for 3 months). ID#024705

Chronic Care Initiatives in HMOs
Supports projects to identify, nurture, and evaluate innovations in the delivery of services to chronically ill patients in prepaid managed care organizations (for the periods indicated).

California Pacific Medical Center Foundation
San Francisco, CA
$434,255
(3 years)

Geisinger Clinic
Danville, PA
$41,970
(15 months)

Group Health Foundation
Minneapolis, MN
$86,765
(1 year)

Harvard Pilgrim Health Care, Inc.
Boston, MA
$59,262
(1 year)

Kaiser Foundation Hospitals, Kaiser Foundation Research Institute
Portland, OR
$161,864
(1 year)

Legacy Good Samaritan Hospital and Medical Center
Portland, OR
$112,046
(1 year)

National Committee for Quality Assurance
Washington, DC
$636,893
(1.5 years)

Rush Prudential HMO
Chicago, IL
$49,880
(1 year)

Santa Barbara Regional Health Authority
Santa Barbara, CA
$48,672
(6 months)

Group Health Foundation
Washington, DC
$361,967
Technical assistance and direction for Chronic Care Initiatives in HMOs (for 1 year). ID#026408

Group Health Foundation
Washington, DC
$78,342
Technical assistance for Chronic Care Initiatives in HMOs (for 1 year). ID#026625

Dole Foundation
Washington, DC
$25,000
Gramm’s forum on disability policy (for 1 year). ID#026765

Faith in Action: Replication of the Interfaith Volunteer Caregivers Program
Supports the development of interfaith caregiving projects for people of all ages with chronic health conditions (for the periods indicated).

AIDS Pastoral Care Network
Chicago, IL
$25,000
(1.5 years)

AIDS Task Force of Alabama Inc.
Birmingham, AL
$25,000
(1.5 years)

AIDS Volunteers of Lexington Inc.
Lexington, KY
$25,000
(1.5 years)

Aging Matters Inc.
Saint Petersburg, FL
$25,000
(1.5 years)

All Saints Lutheran Parish
Bacon, NY
$25,000
(1.5 years)

Altamont Reformed Church
Altamont, NY
$25,000
(1.5 years)

Alzheimer’s Disease & Related Disorders Association, Inc., Central New York Chapter
Syracuse, NY
$25,000
(1.5 years)

Arden Hill Life Care Center, Inc.
Goshen, NY
$25,000
(1.5 years)

Arkansas Delta Foundation Inc.
Stuttgart, AR
$35,000
(1.5 years)

Asian-American Community Services
Columbus, OH
$25,000
(1.5 years)

Associated Ministries of Tacoma-Pierce County
Tacoma, WA
$35,000
(1.5 years)

Atlanta Interfaith AIDS Network Inc.
Atlanta, GA
$25,000
(1.5 years)
<table>
<thead>
<tr>
<th>Organization Name</th>
<th>City, State</th>
<th>Amount</th>
<th>Duration</th>
</tr>
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<tbody>
<tr>
<td>Austin Metropolitan Ministries</td>
<td>Austin, TX</td>
<td>$25,000</td>
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<tr>
<td>Bone Lake Lutheran Church</td>
<td>Luck, WI</td>
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<td>(1.5 years)</td>
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<tr>
<td>Broome County Council of Churches, Inc.</td>
<td>Binghamton, NY</td>
<td>$25,000</td>
<td>(1.5 years)</td>
</tr>
<tr>
<td>Brown’s Memorial Church of God in Christ</td>
<td>Eufaula, AL</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>The Caleb Foundation, Inc.</td>
<td>Swampscott, MA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Calvary United Methodist Church</td>
<td>Brownsburg, IN</td>
<td>$25,000</td>
<td>(1.5 years)</td>
</tr>
<tr>
<td>Capitol Area Foster Parent Association</td>
<td>Austin, TX</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>The Caring Community, Inc.</td>
<td>Indianapolis, IN</td>
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<tr>
<td>Caring Hearts Ministry</td>
<td>Haddonfield, NJ</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Caring Together, Inc.</td>
<td>Detroit, MI</td>
<td>$25,000</td>
<td>(1.5 years)</td>
</tr>
<tr>
<td>Catawba Community Mental Health Foundation Inc.</td>
<td>Rock Hill, SC</td>
<td>$25,000</td>
<td>(1.5 years)</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Worcester, MA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Catholic Charities and Community Services</td>
<td>Fort Collins, CO</td>
<td>$25,000</td>
<td>(1.5 years)</td>
</tr>
<tr>
<td>Catholic Charities, Diocese of Youngstown</td>
<td>Youngstown, OH</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Catholic Charities, Inc.</td>
<td>Wilmington, DE</td>
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<tr>
<td>Catholic Social Services</td>
<td>Columbus, OH</td>
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</tr>
<tr>
<td>Center for Multicultural Human Services</td>
<td>Falls Church, VA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Channels of Love Ministries, Inc.</td>
<td>Chattanooga, TN</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Christian Service Center for Central Florida Inc.</td>
<td>Orlando, FL</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>City of Hope National Medical Center</td>
<td>Duarte, CA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Columbia United Church of Christ</td>
<td>Columbia, MO</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Community Care Center of Northeast</td>
<td>Philadelphia, PA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Community Counseling Center</td>
<td>Las Vegas, NV</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Community Visions, Inc.</td>
<td>Houston, TX</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Companions Inc.</td>
<td>Wheaton, IL</td>
<td>$25,000</td>
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<tr>
<td>Concordia Lutheran Church</td>
<td>Superior, WI</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Congregational Church of Needham</td>
<td>Needham, MA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Congregations in Ministry with the Elderly Inc.</td>
<td>Rochester, NY</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Council of Churches and Synagogues</td>
<td>Stamford, CT</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Council of Churches of Greater Bridgeport, Inc.</td>
<td>Bridgewater, CT</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Covenant House</td>
<td>Charleston, WV</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Davidson County Department of Senior Services</td>
<td>Lexington, NC</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Greater Dayton Christian Council</td>
<td>Dayton, OH</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Dougherty County Community Coalition Inc.</td>
<td>Albany, GA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Dunn County Interfaith Volunteer Caregivers Inc.</td>
<td>Menomonie, WI</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Earth Care Ministry</td>
<td>Conyers, GA</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<tr>
<td>Elijah’s Promise, Inc.</td>
<td>New Brunswick, NJ</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Emmaus Services for the Aging, Inc.</td>
<td>Washington, DC</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Faith House International Inc.</td>
<td>Boca Raton, FL</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Family Eldercare, Inc.</td>
<td>Austin, TX</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>First Mennonite Church</td>
<td>Berea, IN</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>First United Methodist Church</td>
<td>Lawrence, KS</td>
<td>$25,000</td>
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<tr>
<td>Foundation for Interfaith Research and Ministry</td>
<td>Houston, TX</td>
<td>$25,000</td>
<td>(1.5 years)</td>
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<td>Garfield County Senior Citizens Center, Inc.</td>
<td>Enid, OK</td>
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<td>Good Samaritan Hospital Foundation</td>
<td>Kearney, NE</td>
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<td>Good Shepherd Lutheran Church</td>
<td>Albany, OR</td>
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<td>Greene County Family Violence Council, Inc.</td>
<td>Greensboro, GA</td>
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<td>Greater La Crosse Spiritual Center</td>
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<td>(1.5 years)</td>
</tr>
<tr>
<td>Organization</td>
<td>State</td>
<td>City</td>
<td>Amount</td>
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<tr>
<td>H.I.G.H. Places Inc.</td>
<td>ME</td>
<td>Portland</td>
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<td>Hermanos Franciscanos de la Providencia Inc.</td>
<td>PR</td>
<td>Manati</td>
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<tr>
<td>High Desert Interfaith Volunteer Caregivers Program</td>
<td>CA</td>
<td>Palmdale</td>
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<tr>
<td>Holy Name of Jesus Church</td>
<td>FL</td>
<td>Inveralantic</td>
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<td>Holy Redeemer Visiting Nurse Agency, Inc.</td>
<td>NJ</td>
<td>Swanton</td>
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<td>The Hospice, Inc.</td>
<td>NJ</td>
<td>Glen Ridge</td>
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<td>Hospice Care Inc.</td>
<td>PA</td>
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<td>Hospice of Central Florida, Inc.</td>
<td>FL</td>
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<td>Hospice of Hope, Inc.</td>
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<td>Hospice of McDowell County Inc.</td>
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<td>Hospice Partners Inc.</td>
<td>MN</td>
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<td>Hospice Support Services of the Lenowisco Area Inc.</td>
<td>VA</td>
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<td>IMMANUEL United Methodist Church</td>
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<td>INHome Respite Care Service</td>
<td>PA</td>
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<tr>
<td>Interfaith Coalition of Hernando County Inc.</td>
<td>FL</td>
<td>Brooksville</td>
<td>$25,000</td>
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<td>Interfaith Coalition of St. Croix Inc.</td>
<td>WI</td>
<td>Frederiksted</td>
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<td>Inter-Faith Council of Greater Hollywood, Inc.</td>
<td>FL</td>
<td>Hollywood</td>
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<td>Interfaith Residence</td>
<td>MO</td>
<td>St. Louis</td>
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<td>Interfaith Volunteer Caregivers of Faulkner County Inc.</td>
<td>AR</td>
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<td>Interfaith Volunteer Caring Community Inc.</td>
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<td>Interreligious Council of Central New York, Inc.</td>
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<td>Sylvacuse</td>
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<td>Jefferson County Area Agency on Aging</td>
<td>PA</td>
<td>Brookville</td>
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<td>Jefferson County Community Center for Development</td>
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<td>North Vernon</td>
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<td>Jessamine County Hospice</td>
<td>KY</td>
<td>Nicholasville</td>
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<td>KS</td>
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<td>NY</td>
<td>Livonia</td>
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<td>Loudoun Volunteer Caregivers, Inc.</td>
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<td>DC</td>
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<td>FL</td>
<td>West Palm Beach</td>
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<td>Marigrove Nonprofit Housing Corporation</td>
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<td>Detroit</td>
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<td>Meals on Wheels of Lee County, Florida, Inc.</td>
<td>FL</td>
<td>Ft. Myers</td>
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<td>Medical Center of Bowman Gray School of Medicine &amp; North Carolina Baptist Hospital</td>
<td>NC</td>
<td>Winston-Salem</td>
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<td>Mercy Hospital</td>
<td>PA</td>
<td>Wilkes-Barre</td>
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<td>Messiah Presbyterian Church</td>
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<td>Norfolk</td>
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<td>Model Cities Health Center Inc.</td>
<td>MN</td>
<td>Saint Paul</td>
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<td>Monroe County Opportunity Program</td>
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<td>Mount Moriah African Methodist Episcopal Church</td>
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<td>Annapolis</td>
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<td>Multifaith AIDS Project of Seattle</td>
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<td>Seattle</td>
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<td>Nashville CARES</td>
<td>TN</td>
<td>Nashville</td>
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</table>
THE NORTH CAROLINA COUNCIL OF CHURCHES
RALEIGH, NC
$25,000
(1.5 years)

NORTH DAKOTA SILVER HAIR EDUCATION ASSOCIATION, INC.
BISMARCK, ND
$25,000
(1.5 years)

NORTH FULTON SENIOR SERVICES INC.
ROSWELL, GA
$25,000
(1.5 years)

NORTH HILLS COMMUNITY OUTREACH, INC.
ALLISON PARK, PA
$25,000
(1.5 years)

UNIVERSITY OF NORTH TEXAS
DENTON, TX
$25,000
(1.5 years)

NORTHEAST CAREGIVERS OF AUSTIN INC.
AUSTIN, TX
$25,000
(1.5 years)

NORTHERN TRAILS AREA EDUCATION AGENCY
CLEAR LAKE, IA
$25,000
(1.5 years)

NORTHERN VIRGINIA AIDS MINISTRY INC.
ALEXANDRIA, VA
$25,000
(1.5 years)

OHIO VALLEY INTERFAITH VOLUNTEER CAREGIVERS, INC.
WHEELING, WV
$25,000
(1.5 years)

THE OLIVE BRANCH, INC.
DALTON, GA
$25,000
(1.5 years)

OWENSBORO INTERFAITH VOLUNTEER CAREGIVERS, INC.
OWENSBORO, KY
$25,000
(1.5 years)

PADUCAH INTERFAITH MINISTRY, INC.
PADUCAH, KY
$25,000
(1.5 years)

PEOPLE OF COLOR AGAINST AIDS NETWORK
SEATTLE, WA
$25,000
(1.5 years)

POINT MAN INTERNATIONAL MINISTRIES
MELBOURNE, FL
$25,000
(1.5 years)

POMONA VALLEY COMMUNITY SERVICES
LA VERNE, CA
$25,000
(1.5 years)

PRESBYTERIAN CHURCH AT NEW PROVIDENCE
NEW PROVIDENCE, NJ
$25,000
(1.5 years)

PRESBYTERIAN SENIOR CARE
OAKMONT, PA
$25,000
(1.5 years)

PROPHET WORLD BEAT PRODUCTIONS
CARDOSE BY THE SEA, CA
$25,000
(1.5 years)

PROVIDENCE NEWBERG HOSPITAL
NEWBERG, OR
$25,000
(1.5 years)

PUTNAM CHRISTIAN OUTREACH INC.
EATONTON, GA
$25,000
(1.5 years)

REGIONAL MEDICAL CENTER AT LUBEC
LUBEC, ME
$25,000
(1.5 years)

REPAIRERS OF THE BREACH, INC.
LEXINGTON, KY
$25,000
(1.5 years)

RHENA CHRISTIAN CENTER
COLUMBUS, OH
$25,000
(1.5 years)

RICHMOND ELDERCARE COALITION
RICHMOND, ME
$25,000
(1.5 years)

ROCKINGHAM COUNTY COUNCIL ON AGING
REIDSVILLE, NC
$25,000
(1.5 years)

THE ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII
HONOLULU, HI
$25,000
(1.5 years)

SACRED HEART-ST. MARY'S HOSPITALS, INC.
RHINELANDER, WI
$25,000
(1.5 years)

SAINT ANNE'S HOSPITAL
PALL RIVER, MA
$25,000
(1.5 years)

ST. CROIX COUNTY DEPARTMENT ON AGING
HUDSON, WI
$25,000
(1.5 years)

ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT INC.
CHRISTIANSTED, VI
$25,000
(1.5 years)

ST. FRANCIS IN THE FOOTHILLS UNITED METHODIST CHURCH
TUCSON, AZ
$25,000
(1.5 years)

ST. FRANCIS MEDICAL CENTER FOUNDATION
GRAND ISLAND, NE
$25,000
(1.5 years)

ST. JAMES CENTER FOR WELL-BEING
SAN LEANDRO, CA
$25,000
(1.5 years)

ST. JOHN'S CHURCH BANGOR, ME
$25,000
(1.5 years)

ST. JOHN'S HOSPITAL SPRINGFIELD, IL
$25,000
(1.5 years)

ST. JOSEPH HEALTHCARE FOUNDATION
BANGOR, ME
$25,000
(1.5 years)

ST. JOSEPH THE WORKER CHURCH
MANKATO, MN
$25,000
(1.5 years)

SAINT MARY'S HOSPITAL FOR CHILDREN, INC.
BAYSIDE, NY
$25,000
(1.5 years)

ST. PAUL'S EPISCOPAL CHURCH
ELKO, NV
$25,000
(1.5 years)

ST. ROSE DOMINICAN HOSPITAL
HENDERSON, NV
$25,000
(1.5 years)

ST. VINCENT DE PAUL SOCIETIES
METUCHEN, NJ
$25,000
(1.5 years)

THE SALVATION ARMY
CHARLOTTESVILLE, VA
$25,000
(1.5 years)

SAN FERNANDO VALLEY INTERFAITH COUNCIL INC.
CHATSWORTH, CA
$25,000
(1.5 years)

SAUX PRAIRIE MEMORIAL HOSPITAL ASSOCIATION INC.
PRAIRIE DU SAC, WI
$25,000
(1.5 years)

SELM AIR INC.
SELM, AL
$25,000
(1.5 years)
Senior Action, Inc.
GREENVILLE, SC
$25,000
(1.5 years)

Shepherd Ministries, Inc.
ALEXANDRIA, LA
$25,000
(1.5 years)

Shreveport Community Renewal, Inc.
SHREVEPORT, LA
$25,000
(1.5 years)

Sieta Del Norte Community Development Corporation
EMBUDO, NM
$25,000 (1.5 years)
$25,000 (1.5 years)

Silas Law Area Women's Center Inc.
FLORENCE, OR
$25,000
(1.5 years)

Social Concerns Inc.
SAINT LOUIS, MO
$25,000
(1.5 years)

Social Services Interagency Council of Lake Havasu City, Inc.
LAKE HAVASU CITY, AZ
$25,000
(1.5 years)

Southeast Austin Caregivers
AUSTIN, TX
$25,000
(1.5 years)

The Spartanburg County Foundation
SPARTANBURG, SC
$25,000
(1.5 years)

Stanford Health Services
STANFORD, CA
$25,000
(1.5 years)

Sun Lakes Community Church Inc.
SUN LAKES, AZ
$25,000
(1.5 years)

Sweetlake United Methodist Church
LAKE CHARLES, LA
$25,000
(1.5 years)

Tarrant Area Community of Churches
FT. WORTH, TX
$25,000
(1.5 years)

Topeka AIDS Project Inc.
TOPEKA, KS
$25,000
(1.5 years)

Tri-Cities Chaplaincy
KENNEWICK, WA
$25,000
(1.5 years)

Trinity Church
TROY, OH
$25,000
(1.5 years)

Trinity Hospital
MINOT, ND
$25,000
(1.5 years)

Turner County Health Coalition
ASHBURN, GA
$25,000
(1.5 years)

Tuscarawas County Council for Church & Community
NEW PHILADELPHIA, OH
$25,000
(1.5 years)

The United Caring Shelters, Inc.
EVANSVILLE, IN
$25,000
(1.5 years)

United College Ministries in Northern Virginia
ALEXANDRIA, VA
$25,000
(1.5 years)

United Samaritans Medical Center
DANVILLE, IL
$25,000
(22 months)

Vincent House
SAINT LOUIS, MO
$25,000
(1.5 years)

Visiting Nurse Service of Rochester and Monroe County, Inc.
WEBSTER, NY
$25,000
(1.5 years)

Voluntary Action Center of Montgomery County
BLACKSBURG, VA
$25,000
(1.5 years)

Volunteer Caregivers Association of Austin
AUSTIN, TX
$25,000
(1.5 years)

Volunteer Jacksonville, Inc.
JACKSONVILLE, FL
$25,000
(1.5 years)

Waseca Area Memorial Hospital, Inc.
WASECA, MN
$25,000
(1.5 years)

Watauga Medical Center Inc.
BOONE, NC
$25,000
(1.5 years)

We Care Health Services Inc.
EVANSVILLE, IN
$25,000
(1.5 years)

York County Council of Churches
YORK, PA
$25,000
(1.5 years)

Kingston Hospital
KINGSTON, NY
$644,106
Technical assistance and direction for Faith in Action: Replication of the Interfaith Volunteer Caregivers Program (1 year).
ID#021936

National Council on Aging Inc.
WASHINGTON, DC
$199,652
Communications support for Faith in Action (1 year).
ID#027830

HMO-Based Service Credit Banking for the Elderly and Disabled
Supports demonstration projects of service credit banking programs within a managed care setting (for the periods indicated).

CareAmerica Health Plans
WOODLAND HILLS, CA
$124,996
(3 years)

Group Health Cooperative
PUGET SOUND
SEATTLE, WA
$119,220
(3 years)

Medica
MINNEAPOLIS, MN
$122,073
(3 years)

Oxford Health Plans, Inc.
NORWALK, CT
$125,000
(3 years)

Sentara Life Care Corporation
NORFOLK, VA
$124,957
(3 years)

Harvard Medical School
BOSTON, MA
$556,332
Study of the impact of medical workforce composition and organization on the care of people with HIV (for 2 years). ID#026449

Harvard University School of Public Health
BOSTON, MA
$49,999
Survey of recent participants in end-of-life decision-making (for 8 months). ID#027301

Homeless Families Program
Initiative to help homeless families obtain needed health and supportive services, including permanent housing (for the periods indicated).

The General Hospital Corporation - Massachusetts General Hospital
BOSTON, MA
$83,118
Technical assistance and direction for the Homeless Families Program (5 months).
ID#024875
IMPROVING CHILD HEALTH SERVICES: REMOVING CATEGORICAL BARRIERS TO CARE
Support for communities to restructure child health and social service systems (for the periods indicated).

UNIVERSITY OF WASHINGTON
GRADUATE SCHOOL OF PUBLIC AFFAIRS
SEATTLE, WA
$343,674
Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (1 year). ID#024762

UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO
SAN FRANCISCO, CA
$244,687
Evaluation of Improving Child Health Services: Removing Categorical Barriers to Care (16 months). ID#023359

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 periods indicated).

THE INSTITUTE FOR
REHABILITATION AND
RESEARCH
HOUSTON, TX
$244,878
Technical assistance and direction for Improving Service Systems for People with Disabilities (1 year). ID#024520

INCREASING SERVICE OPTIONS FOR FUNCTIONALLY-Impaired PEOPLE: A NATIONAL RESEARCH, DEMONSTRATION AND EDUCATION PROGRAM
Supports demonstration and evaluation of new approaches to give the chronically ill more autonomy in obtaining the assistance they require (for the periods indicated).

UNIVERSITY OF MARYLAND
CENTER ON AGING
COLLEGE PARK, MD
$322,440
Technical assistance and direction for the demonstration and evaluation component (1 year). ID#028106

NATIONAL COUNCIL ON THE
AGING INC.
WASHINGTON, DC
$189,302
Technical assistance and direction for the consumer empowerment demonstration and research component (1 year). ID#028107

UNIVERSITY OF MARYLAND
CENTER ON AGING
COLLEGE PARK, MD
$1,978,211
Evaluation of demonstration projects (4 years). ID#028110

NATIONAL COUNCIL ON THE
AGING INC.
WASHINGTON, DC
$1,999,995
Technical assistance and direction for the education and training component (4 years). ID#028109

JUDGE DAVID L. BAZELON
CENTER FOR MENTAL HEALTH LAW
WASHINGTON, DC
$50,000
Assessing disabled children’s access to Medicaid benefits and other supportive services (for 8 months). ID#026837

MENTAL HEALTH SERVICES
PROGRAM FOR YOUTH
Development of a model financing and service delivery systems for children and youth with serious mental disorders (for the periods indicated).

WASHINGTON BUSINESS GROUP
ON HEALTH
WASHINGTON, DC
$382,393
Technical assistance and direction for the Mental Health Services Program for Youth (1 year). ID#024046

MENTAL HEALTH SERVICES
PROGRAM FOR YOUTH
Dissemination
Offers technical assistance, training, and small start-up grants to help states and communities improve services for children with serious mental disorders (for the periods indicated).

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SPRINGFIELD, IL
$175,000
(1 year)

RESEARCH FOUNDATION FOR
MENTAL HYGIENE, INC.
ALBANY, NY
$75,000
(1 year)

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
ST. PAUL, MN
$1,240,130
Testing integrated long-term and acute service delivery systems (for 73 months). ID#027464

NATIONAL ACADEMY OF
SCIENCES-INSTITUTE OF
MEDICINE
WASHINGTON, DC
$230,750
Symposium on public accountability and informed purchasing in Medicare managed care (for 9 months). ID#027343

NATIONAL COALITION FOR
CANCER SURVIVORS
SILVER SPRING, MD
$50,000
Information and referral service for cancer survivors (for 6 months). ID#027063

NATIONAL PACE ASSOCIATION
SAN FRANCISCO, CA
$159,334
Development of a national accreditation program for PACE (Program for All-inclusive Care for the Elderly) (for 2 years). ID#027957

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND
HUMAN SERVICES
CONCORD, NH
$744,965
Project for long-term supportive services for developmentally disabled residents of New Hampshire (for 3 years). ID#027576

NEW YORK UNIVERSITY SCHOOL
OF EDUCATION
NEW YORK, NY
$46,310
Long-term outcomes of the Teaching Nursing Home Program (for 1 year). ID#026434

UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER
OKLAHOMA CITY, OK
$95,990
Assessment and treatment of people with bomb-related mental health problems (for 1 year). ID#028142

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).

UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO, SCHOOL OF
MEDICINE
SAN FRANCISCO, CA
$374,976
Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (1 year). ID#024150

UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO, SCHOOL OF
MEDICINE
SAN FRANCISCO, CA
$324,994
Evaluation of Old Disease, New Challenge: Tuberculosis in the 1990s (2 years). ID#026838

AMERICAN LUNG ASSOCIATION
NEW YORK, NY
$119,019
Support for the National Coalition to Eliminate Tuberculosis (2 years). ID#024737

UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO, SCHOOL OF
MEDICINE
SAN FRANCISCO, CA
$205,094
Analysis of ethical, legal, and policy issues in tuberculosis control (1 year). ID#024344

POINT SERAGO CAMP
SUNSHINE, INC.
CASCO, ME
$100,000
Respite camp for critically ill children and their families (for 1 year). ID#028151
Program on the Care of Critically Ill Hospitalized Adults
National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated).

Beth Israel Hospital Association
Boston, MA
$100,806
(1 year)

Communications Project
$1,262,682 (contracts)
Campaign to mobilize professional and consumer groups to improve care near the end of life (2 years). ID#027513

University of Virginia School of Medicine
Charlottesville, VA
$752,783
Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (14 months). ID#027234

Program to Improve the Long-Term Chronic Care System for Developmentally Disabled People
Helps states reform policy and implement cost-effective pilots to allow persons with disabilities and their families more choice in determining the services they receive (for the periods indicated).

University of New Hampshire
Durham, NH
$469,600
Technical assistance and direction for the Program to Improve the Long-Term Chronic Care System for Developmentally Disabled People (1 year). ID#028532

Research Initiative in Home and Community-Based Care
Support for researchers and policy analysts to explore key issues in home and community-based care for the chronically ill (for the periods indicated).

Visiting Nurse Service of New York
New York, NY
$263,767
Technical assistance and direction for the Research Initiative in Home and Community-Based Care (1 year). ID#027526

Statewide System of Care for Chronically Ill Elderly in Massachusetts
Initiative seeks to replicate the PACE (Program for All-inclusive Care for the Elderly) model in six sites in Massachusetts (for the periods indicated).

Cambridge Hospital Professional Services Corporation Inc.
Sewallsville, MA
$200,000
(1 year)

Elder Service Plan of the North Shore, Inc.
Lynn, MA
$200,000
(1 year)

Fallon Community Health Plan, Inc.
Worcester, MA
$200,000
(1 year)

Harbor Health Services Inc.
Dorchester, MA
$199,542
(15 months)

Upshams Corner Health Committee, Inc.
Dorchester, MA
$200,000
(1 year)

Urban Medical Group
Elder Services, Inc.
Brookline, MA
$200,000
(1 year)

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$102,902
Planning for a Central New Jersey Gerontology Consortium (for 1 year). ID#027329

Vanderbilt University Institute for Public Policy Studies
Nashville, TN
$85,013
Testing feasibility of a study of supportive housing costs (for 7 months). ID#027390

WellSpring Foundation of New England, Inc.
Lyme, NH
$75,000
Promoting patient self-management of chronic illnesses (for 2 years). ID#027407

Five projects providing a variety of support services for Foundation programs to improve the way services are organized and provided to people with chronic health conditions.
$207,266 (contracts)
University of Alabama at Birmingham School of Education
Birmingham, AL
$42,039
Determining predictors of smoking cessation in pregnant Medicaid recipients (for 8 months).
ID#027783

American Cancer Society, Inc.
Atlanta, GA
$499,500
Public education campaign on the health benefits of tobacco product taxes (for 1.5 years).
ID#026698

American Medical Association
Chicago, IL
$15,500
Dissemination of physician guidelines on alcoholism in older Americans (for 6 months).
ID#024224

American Medical Association
Chicago, IL
$453,154
Coordinating committee to prevent tobacco use by youth (for 6 months).
ID#028086

Audits & Surveys
New York, NY
$673,300 (contract)
National study in support of youth anti-tobacco programs (for 1 year).
ID#027603

Boston University School of Public Health
Boston, MA
$5,499,212
National resource for community substance abuse initiatives (for 3 years).
ID#026942

University of California, Berkeley, School of Public Health
Berkeley, CA
$75,002
Monitoring tobacco and alcohol use abatement programs for youth (for 6 months).
ID#027668

Causus Educational Corporation Inc.
Newark, NJ
$60,000
Television series on efforts to reduce substance abuse among New Jersey youth (for 1 year).
ID#028444

Center for Sustainable Systems Inc.
Berea, KY
$28,500
Dissemination of results of a tobacco farmers survey (for 4 months).
ID#028050

Center on Addiction and Substance Abuse at Columbia University
New York, NY
$2,000,000
Continued funding for the Center on Addiction and Substance Abuse (for 2 years).
ID#019792

Community Anti-Drug Coalitions of America
Alexandria, VA
$4,099,998
National support center for community substance abuse coalitions (for 46 months).
ID#026903

Community Anti-Drug Coalitions of America
Alexandria, VA
$150,000
Establishment of a national organization of community anti-drug coalitions (for 3 months).
ID#027047

University of Connecticut Health Center
Farmington, CT
$46,916
Screening for risky drinking in managed care settings: program development grant (for 5 months).
ID#026973

The Cultural Environment Movement
Philadelphia, PA
$491,273
Alcohol, tobacco, and illegal drugs in the media mainstream: trends and content (for 2 years).
ID#026443

Development Communications Associates, Inc.
Boston, MA
$270,000 (contract)
Resource development for a national public education effort to reduce tobacco use by youth (for 1 year).
ID#027066

Developmental Studies Center
Oakland, CA
$325,000
Demonstration program for primary prevention of substance abuse among elementary schools (for 2 years).
ID#027058

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).

Boys' and Girls' Clubs of Newark, Inc.
Newark, NJ
$571,641
(6 months)

East Bay Community Recovery Project
Oakland, CA
$694,595
(1 year)

Schuman, Ronca & Buccvalas, Inc.
New York, NY
$707,074 (contracts)
Survey work in support of the program evaluation for Fighting Back (2 months).

Vanderbilt University School of Medicine
Nashville, TN
$776,909
Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1 year).
ID#024751

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$2,799,652
Evaluation of Fighting Back - Phase V (3 years).
ID#024789

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities
Model development and implementation for the Head Start Program to work with families of preschool children and neighborhoods to prevent substance abuse (for the periods indicated).

Ft. George Community Enhancement Center Inc.
New York, NY
$378,419
(2 years)

Columbia University School of Public Health
New York, NY
$429,504 (1 year) ID#026865
$377,070 (10 months) ID#023897
Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities.

Friends Medical Science Research Center, Inc.
Lutherville, MD
$124,912
Additional analyses in a study of the development of narcotics addiction among urban youth (for 1 year).
ID#026256

HMO Group, Inc.
New Brunswick, NJ
$199,793
Collaborative HMO effort to reduce tobacco use among youth (for 2 years).
ID#027459

Harvard University School of Public Health
Boston, MA
$89,798
Technical assistance to college administrators on binge drinking issues (for 5 months).
ID#026774

Harvard University School of Public Health
Boston, MA
$50,000
Research on the tobacco industry's 35-year public relations strategy (for 1 year).
ID#027106

Harvard University School of Public Health
Boston, MA
$9,864
First National Alcohol and Drug Abuse Symposium for College Newspaper Journalists and Journalism Awards (for 6 months).
ID#027396

Healthy Nations: Reducing Substance Abuse Among Native Americans
Supports community-wide efforts of Native Americans to combat substance abuse (for the periods indicated).
AMERICAN MEDICAL ASSOCIATION
CHICAGO, IL
$262,627
Technical assistance and direction for a Master of Degree: Reducing High-Risk Drinking Among College Students (1 year). ID#2028008

MICHIGAN PUBLIC HEALTH INSTITUTE
OXFORD, MI
$22,563
Media briefing on moist snuff research (for 2 months). ID#2027141

MORSE ENTERPRISES, INC.
SILVER SPRING, MD
$59,256
Conference on sustaining African-American organizations without tobacco industry support (for 5 months). ID#2028046

NATIONAL FAMILIES IN ACTION
ATLANTA, GA
$100,000
Conference to mobilize mayors against substance abuse (for 3 months). ID#2027660

REDUCING UNDERAGE DRINKING THROUGH COMMUNITY AND STATE COALITIONS
Supports statewide and local coalitions' comprehensive efforts to decrease underage drinking and, thus, reduce alcohol-related problems among youth, focusing proven interventions on environmental factors that influence alcohol use among youth (for the periods indicated).

JACKSONVILLE JAGUARS FOUNDATION INC.
JACKSONVILLE, FL
$137,000
Using professional sports to educate youth about the health risks of tobacco use (for 1 year). ID#2027813

A MATTER OF DEGREE: REDUCING HIGH-RISK DRINKING AMONG COLLEGE STUDENTS
Supports model approaches to reduce high-risk drinking by students on campus and in the surrounding communities through college/community partnerships (for the periods indicated).

SHEPERDSTOWN YOUTH CENTER, INC.
SHEPERDSTOWN, WV
$40,000
Rural youth substance abuse prevention program (for 2 years). ID#2026581

STARK CENTER INC.
CUMBERLAND, NJ
$50,000
Drug treatment and after-care for pregnant and parenting women and their infants (for 7 months). ID#2028440

SMOKE-FREE FAMILIES: INNOVATIONS TO STOP SMOKING DURING AND BEYOND PREGNANCY
Challenges researchers to develop innovative smoking cessation interventions to increase the number of childbearing women who quit smoking and stay smoke-free (for the periods indicated).

DANA-FARBER CANCER INSTITUTE, INC.
BOSTON, MA
$218,338
(2 years)

DARTMOUTH MEDICAL SCHOOL
HANOVER, NH
$230,380
(2 years)

KAISER FOUNDATION HOSPITALS
OAKLAND, CA
$263,670
(2 years)

UNIVERSITY OF MICHIGAN
ANN ARBOR, MI
$279,046
(2 years)

AMERICAN MEDICAL ASSOCIATION
CHICAGO, IL
$287,943
Technical assistance and direction for State and Local Coalitions for the Reduction of Alcohol-Related Problems Among Underage Youth (1 year). ID#2027156

ST. PETER'S MEDICAL CENTER
NEW BRUNSWICK, NJ
$398,000
Statewide model on treating tobacco addiction in drug and alcohol treatment settings (for 2 years). ID#2027022

OREGON HEALTH SCIENCES UNIVERSITY
PORTLAND, OR
$222,451
(2 years)

OREGON STATE UNIVERSITY FOUNDATION
CORVALLIS, OR
$238,446
(2 years)

SAN DIEGO STATE UNIVERSITY FOUNDATION
SAN DIEGO, CA
$299,802
(2 years)

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
SCHOOL OF PUBLIC HEALTH
HOUSTON, TX
$257,731
(2 years)

UNIVERSITY OF TEXAS M.D.
ANDERSON CANCER CENTER
HOUSTON, TX
$246,622
(2 years)

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
BURLINGTON, VT
$243,700
(2 years)

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF MEDICINE
BIRMINGHAM, AL
$422,931 (1 year) ID#204048
$244,944 (14 months) ID#202249
Technical assistance and direction for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy.

SMOKELESS STATES: STATEWIDE TOBACCO PREVENTION AND CONTROL INITIATIVES
Supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the periods indicated).

AMERICAN CANCER SOCIETY, INC., ARIZONA DIVISION, INC.
PHOENIX, AZ
$3,175,823
(5 years)

AMERICAN MEDICAL ASSOCIATION
CHICAGO, IL
$472,070
Technical assistance and direction for Smokeless States: Statewide Tobacco Prevention and Control Initiatives (1 year). ID#2026096

GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
WASHINGTON, DC
$499,087
Evaluation of Smokeless States - Phase II (2.5 years). ID#2023714
UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE
TUCSON, AZ
$35,508
Planning for the evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ (5 months).
ID#028139

INSTITUTE FOR PUBLIC POLICY ADVOCACY
WASHINGTON, DC
$140,000
Technical assistance for SmokeLess States (1 year).
ID#023644

SUBSTANCE ABUSE POLICY RESEARCH PROGRAM
Supports projects that will produce policy-relevant information regarding abuse of tobacco, alcohol, illegal drugs, and multiple substances (for the periods indicated).

PUBLIC CITIZEN FOUNDATION, INC.
WASHINGTON, DC
$50,608
(6 months)

WAKE FOREST UNIVERSITY,
THE BOWMAN GRAY SCHOOL OF MEDICINE
WINSTON-SALEM, NC
$208,872
Technical assistance and direction for the Substance Abuse Policy Research Program (1 year).
ID#026680

TOBACCO CONTROL RESOURCE CENTER, INC.
BOSTON, MA
$92,650
Meeting for state attorneys general and public health commissioners on tobacco control among youth (for 6 months). ID#027931

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).

MONTEFIORE MEDICAL CENTER
BRONX, NY
$222,173
(1.5 years)

ST. PETER'S MEDICAL CENTER
NEW BRUNSWICK, NJ
$84,013
(1 year)

STANFORD UNIVERSITY SCHOOL OF LAW
STANFORD, CA
$110,714
Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (1 year). ID#026681

VALLEJO COMMUNITY CONSORTIUM
VALLEJO, CA
$137,829
Dissemination of an analytic tool for community environmental planning to prevent substance use (for 23 months). ID#026796

EIGHT PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS TO PROMOTE HEALTH AND PREVENT DISEASE BY REDUCING HARM CAUSED BY SUBSTANCE ABUSE. $372,117 (CONTRACTS)

FOUNDATION OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
NEWARK, NJ
$50,000
Substance abuse prevention for Latino youth in Perth Amboy (for 14 months). ID#027918
THE ALLIANCE FOR HEALTH REFORM
Washington, DC
$85,458
Production and distribution of a Medicare and Medicaid sourcebook for journalists (for 6 months).
ID#027649

ALPHA CENTER FOR HEALTH PLANNING, INC.
Washington, DC
$75,396
National invitational conference on the impact of price competition on the health care system (for 7 months).
ID#027409

BRANDEIS UNIVERSITY, FLORENCE HULLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE
Waltham, MA
$982,594
Research on the economic implications of health care reform (for 3 years).
ID#023281

Galen INSTITUTE, INC.
Alexandria, VA
$80,000
Conference on the implications of tax policy for enabling medical savings accounts and other health care reforms (for 1 year).
ID#026676

GEORGE WASHINGTON UNIVERSITY
Washington, DC
$355,470
Study of laws protecting consumers from loss of health benefits (for 5 months).
ID#027193

GEORGE WASHINGTON UNIVERSITY
Washington, DC
$389,670
Mapping the changing terrain of health care and Medicare reform (for 1.5 years).
ID#027243

HARVARD PILGRIM HEALTH CARE, INC.
Boston, MA
$188,661
Project on insurer decisionmaking regarding coverage of medical technologies (for 3 years).
ID#026732

Hastings Center, Inc.
Briarcliff Manor, NY
$75,068
Study of resource allocation by managed care organizations (for 1 year).
ID#023805

HEALTHWISE, INCORPORATED
Boise, ID
$2,121,918
Improving quality and reducing cost by informed consumer decision-making (for 3 years).
ID#023421

IMPACS: IMPROVING MALPRACTICE PREVENTION AND COMPENSATION SYSTEMS

Duke University Medical Center
Durham, NC
$526,013
(2 years)

Vanderbilt University Medical Center
Nashville, TN
$667,291
(3 years)

Wake Forest University School of Law
Winston-Salem, NC
$984,446
(19 months)

GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE
Washington, DC
$290,121
Technical assistance and direction for Improving Malpractice Prevention and Compensation Systems (IMPACS) (1 year).
ID#024047

INSTITUTE FOR LAW AND POLICY PLANNING, INC.
Berkeley, CA
$150,353
Study of the integration of corrections and community health systems (for 1 year).
ID#024276

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER
Worcester, MA
$71,163
Study of the feasibility of improving the health component of the workers' compensation system for federal employees (for 11 months).
ID#026091

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.
Cambridge, MA
$200,000
Research on health care costs (for 1.5 years).
ID#026749

NORTHERN UNIVERSITY EVANSTON, IL
$97,465
Survey of Changes in Medical R&D and long-term health care cost implications (for 14 months).
ID#027759

OREGON HEALTH SCIENCES UNIVERSITY
PORTLAND, OR
$142,611
Evaluation of the Healthwise demonstration (for 9 months).
ID#027017

PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
Millwood, VA
$196,984
Health Affairs issue on the impact of price competition in managed care on the larger health care system (for 1 year).
ID#026525

PROGRAM TO PROMOTE LONG-TERM CARE INSURANCE FOR THE ELDERLY

STATE OF INDIANA OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES
Indianapolis, IN
$785,861
(3 years)

STATE OF NEW YORK, DEPARTMENT OF SOCIAL SERVICES
Albany, NY
$383,104
(3 years)

BOB WYNN COMMUNICATIONS
Schenectady, NY
$279,000 (contract)
Communications support for the New York State Partnership Program (3 years).

UNIVERSITY OF MARYLAND CENTER ON AGING
College Park, MD
$106,979
Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (13 months).
ID#028162

SCHOLARS IN HEALTH POLICY RESEARCH PROGRAM

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF PUBLIC HEALTH
BERKELEY, CA
$645,523
(2 years)

UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH
ANN ARBOR, MI
$669,389
(2 years)

YALE UNIVERSITY
New Haven, CT
$591,354
(2 years)

BOSTON UNIVERSITY SCHOOL OF MANAGEMENT
BOSTON, MA
$381,906
Technical assistance and direction for the Scholars in Health Policy Research Program (1 year).
ID#026203

STATE INITIATIVES IN LONG-TERM CARE

UNIVERSITY OF MARYLAND CENTER ON AGING
College Park, MD
$233,661
Technical assistance and direction for State Initiatives in Long-Term Care (13 months).
ID#026078

THREE PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS TO HELP THE NATION ADDRESS, EFFECTIVELY AND FAIRLY, TWO OVERARCHING PROBLEMS: RISING HEALTH CARE COSTS AND RESOURCE ALLOCATION.
$156,062 (contracts)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Funding</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Communications Foundation</td>
<td>Mill Valley, CA</td>
<td>$139,655</td>
<td>Dissemination of health care issues on a national radio network (for 1 year). ID#024653</td>
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<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
<td></td>
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<tr>
<td>JSI Research &amp; Training Institute, Inc.</td>
<td>Boston, MA</td>
<td>$99,123</td>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
</tr>
<tr>
<td>People-to-People Health Foundation, Inc.</td>
<td>Millwood, VA</td>
<td>$374,625</td>
<td>Cost Containment</td>
</tr>
<tr>
<td>Stanford University</td>
<td>Stanford, CA</td>
<td>$183,865</td>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
</tr>
<tr>
<td>University of Washington</td>
<td>Seattle, WA</td>
<td>$624,228</td>
<td>(21 months)</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Washington School of Public Health</td>
<td>Seattle, WA</td>
<td>$1,031,851</td>
<td>(29 months)</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
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<tr>
<td>Alpha Center for Health Planning, Inc.</td>
<td>Washington, DC</td>
<td>$471,955</td>
<td>Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (1 year). ID#024049</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>The Citizens’ TennCare Review Commission</td>
<td>Nashville, TN</td>
<td>$50,000</td>
<td>Analysis of implementation issues for Medicaid managed care in Tennessee (TennCare) (for 2 years). ID#027320</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Classroom Inc.</td>
<td>New York, NY</td>
<td>$129,803</td>
<td>Development of teacher materials for a computer-based health care curriculum for school-children (for 1 year). ID#027904</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Scholars Program</td>
<td>Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
<td></td>
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</tr>
<tr>
<td>University of California, Los Angeles, School of Medicine</td>
<td>Los Angeles, CA</td>
<td>$1,200,000</td>
<td>(3 years) Cost Containment</td>
</tr>
<tr>
<td>($600,000, 2 years)</td>
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<tr>
<td>University of California, San Francisco, School of Medicine</td>
<td>San Francisco, CA</td>
<td>$145,000</td>
<td>(1 year)</td>
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<tr>
<td>University of Chicago, The Pritzker School of Medicine</td>
<td>Chicago, IL</td>
<td>$997,867</td>
<td>(3 years)</td>
</tr>
<tr>
<td>$539,628 (2 years)</td>
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<tr>
<td>The Johns Hopkins University School of Medicine</td>
<td>Baltimore, MD</td>
<td>$1,000,000</td>
<td>(3 years)</td>
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<tr>
<td>$540,000 (2 years)</td>
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<tr>
<td>University of Michigan Medical School</td>
<td>Ann Arbor, MI</td>
<td>$999,233</td>
<td>(3 years)</td>
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<tr>
<td>$646,999 (2 years)</td>
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<tr>
<td>University of North Carolina at Chapel Hill School of Medicine</td>
<td>Chapel Hill, NC</td>
<td>$1,200,000</td>
<td>(3 years)</td>
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<td>$674,942 (2 years)</td>
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<tr>
<td>University of Pennsylvania School of Medicine</td>
<td>Philadelphia, PA</td>
<td>$195,083</td>
<td>(1 year)</td>
</tr>
<tr>
<td>Stanford University School of Medicine</td>
<td>Stanford, CA</td>
<td>$129,303</td>
<td>(1 year)</td>
</tr>
<tr>
<td>University of Washington School of Medicine</td>
<td>Seattle, WA</td>
<td>$1,199,912</td>
<td>(3 years)</td>
</tr>
<tr>
<td>$464,228 (2 years)</td>
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<tr>
<td>Yale University School of Medicine</td>
<td>New Haven, CT</td>
<td>$1,200,000</td>
<td>(3 years)</td>
</tr>
<tr>
<td>$465,000 (2 years)</td>
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</tr>
<tr>
<td>Community Health Leadership Program</td>
<td>Recognizes individuals for contributions to the RWJF mission and seeks to enhance their capacity for more permanent and widespread impact on our nation’s health care problems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts Health Research Institute, Inc.</td>
<td>Boston, MA</td>
<td>$324,993</td>
<td>(technical assistance and direction for the Community Health Leadership Program (1 year). ID#023936</td>
</tr>
<tr>
<td>Economic Policy Institute</td>
<td>Washington, DC</td>
<td>$199,973</td>
<td>(role of work organizations, human resource practices, and industrial relations in hospitals’ adjustment to a competitive health care market (for 2 years). ID#024683</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Cost Containment</td>
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<tr>
<td>University of Florida College of Journalism and Communications</td>
<td>Gainesville, FL</td>
<td>$67,894</td>
<td>Baseline analysis of newspaper coverage of health care topics (for 1 year). ID#026642</td>
</tr>
<tr>
<td>Access, Chronic Health Conditions, Substance Abuse, Cost Containment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GEORGE WASHINGTON
University of Illinois at Chicago College of Nursing
CHICAGO, IL
$60,135
(1 year)

THE JOHNS HOPKINS
University School of Medicine
Baltimore, MD
$64,500
(1 year)

UNIVERSITY OF MARYLAND AT BALTIMORE SCHOOL OF MEDICINE
Baltimore, MD
$15,000
(3 months)

UNIVERSITY OF UTAH SCHOOL OF MEDICINE
Salt Lake City, UT
$66,500
(1 year)

UNIVERSITY OF WASHINGTON
Seattle, WA
$61,000
(1 year)

NATIONAL ACADEMY OF SCIENCES-INSTITUTE OF MEDICINE
Washington, DC
$428,000
Technical assistance for the Health Policy Fellows Program (14 months).
ID#024673

HEALTH TRACKING
Initiative to track and report on changes in the US health care system (for the periods indicated).
Access, Chronic Health Conditions, Cost Containment

ALPHA CENTER FOR HEALTH PLANNING, INC.
Washington, DC
$197,778
Conduct analyses of local health system changes for Community Snapshots Study (1 year).
ID#026726

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDICINE
San Francisco, CA
$202,860
Conduct analyses of local health system changes for Community Snapshots Study (1 year).
ID#026723

CENTER FOR STUDYING HEALTH SYSTEM CHANGE
Washington, DC
$2,285,425 (contracts)
Start-up and initial support for Center activities and planning (12 months). ID#027085, ID#026841

COMMUNICATIONS PROJECT
$350,000 (contracts)
Initial Health Tracking dissemination activities (1 year)
ID#027277

PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
Millwood, VA
$1,082,160
Support for GrantWatch and Health Tracking section in Health Affairs (for 5 years).
ID#027415

UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE
Seattle, WA
$167,613
Conduct analyses of local health systems change for Community Snapshots Study (1 year).
ID#026712
$32,000
Prepare additional analyses and activities for Community Snapshots Study (1 year).
ID#028035

HOSPITAL RESEARCH AND EDUCATIONAL TRUST
Chicago, IL
$42,232
Public-private sector forum to foster collaboration to improve community health (for 4 months).
ID#028038
Access, Chronic Health Conditions, Cost Containment

INFORMATION FOR STATE HEALTH POLICY
Support to help states strengthen their health statistics systems needed for policymaking (for the periods indicated).
Access, Chronic Health Conditions, Cost Containment, Other
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).

UNIVERSITY OF CALIFORNIA, LOS ANGELES
LOS ANGELES, CA
$198,561
(2.5 years)
Other

CASE WESTERN RESERVE UNIVERSITY, WEATHERHEAD SCHOOL OF MANAGEMENT
CLEVELAND, OH
$245,778
(32 months)
Cost Containment

COLUMBIA UNIVERSITY, SCHOOL OF PUBLIC HEALTH
NEW YORK, NY
$196,022
(3 years)
Cost Containment

GEORGETOWN UNIVERSITY, KENNEDY INSTITUTE OF ETHICS
WASHINGTON, DC
$249,643
(2 years)
Other

HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH
BOSTON, MA
$219,979
(3 years)
Chronic Health Conditions

THE JOHNS HOPKINS UNIVERSITY
UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH
BALTIMORE, MD
$354,963
Technical assistance and direction for the Investigator Awards in Health Policy Research (1 year).
ID#024519
Cost Containment:

UNIVERSITY OF MICHIGAN
SCHOOL OF PUBLIC HEALTH
ANN ARBOR, MI
$241,658
(27 months)
Substance Abuse

UNIVERSITY OF PENNSYLVANIA, THE WHARTON SCHOOL
PHILADELPHIA, PA
$148,540
(1.5 years)
Cost Containment

UNIVERSITY OF PITTSBURGH
PITTSBURGH, PA
$249,973
(3 years)
Other

RAND CORPORATION
SANTA MONICA, CA
$200,000
(2 years)
Cost Containment

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
ALBANY, NY
$199,475
(2.5 years)
Other

RUTGERS, THE STATE UNIVERSITY, INSTITUTE FOR HEALTH, HEALTH CARE POLICY, AND AGING RESEARCH
NEW BRUNSWICK, NJ
$248,937
(3 years)
Other

SMITH COLLEGE
NORTHAMPTON, MA
$246,691
(2 years)
Other

TEMPLE UNIVERSITY, SCHOOL OF BUSINESS AND MANAGEMENT
PHILADELPHIA, PA
$156,879
(1.5 years)
Access

FOUNDATION FOR HEALTH SERVICES RESEARCH INC.
WASHINGTON, DC
$354,963
Technical assistance and direction for the Investigator Awards in Health Policy Research (1 year).
ID#024519
Cost Containment:

THE JOHNS HOPKINS UNIVERSITY
INSTITUTE FOR POLICY STUDIES
BALTIMORE, MD
$322,941
Analysis of the cost-effectiveness of supportive housing for people with chronic mental illnesses (for 2 years).
ID#027105
Chronic Health Conditions, Cost Containment

KOAHINIC BROADCAST CORPORATION
ANCHORAGE, AK
$491,915
Health care reporting on National Native News (for 3 years).
ID#026925
Access, Substance Abuse

LEAGUE OF WOMEN VOTERS OF NEW JERSEY EDUCATION FUND
TRENTON, NJ
$175,500
New Jersey health policy forums (for 2 years).
ID#02538
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

LOCAL INITIATIVE FUNDING PARTNERS PROGRAM - PHASE III
Matching grants program to enable local philanthropies to sponsor innovative health services projects, focusing on the Foundation’s goal areas (for the periods indicated).

THE BOSTON COALITION AGAINST DRUGS AND VIOLENCE, INC.
BOSTON, MA
$431,888
(3 years)
Substance Abuse

THE CHESTER COUNTY COMMUNITY FOUNDATION INC.
COATESVILLE, PA
$172,020
(2 years)
Access

COMMUNITY HEALTH CARE, INC.
DAVENPORT, IA
$450,000
(4 years)
Access

THE COOPER GREEN HOSPITAL FOUNDATION, INC.
BIRMINGHAM, AL
$473,454
(4 years)
Access

ERLANGER MEDICAL CENTER
CHATTANOOGA, TN
$295,134
(4 years)
Access

FAMILY SERVICES
WOODFIELD INC.
BRIDGEPORT, CT
$340,146
(3 years)
Access

GAY AND LESBIAN ADOLESCENT SOCIAL SERVICES INC.
WEST HOLLYWOOD, CA
$444,023
(3 years)
Access

GEORGETOWN UNIVERSITY MEDICAL CENTER
WASHINGTON, DC
$363,355
(3 years)
Access

HUNTINGTON HOSPITAL ASSOCIATION
HUNTINGTON, NY
$424,998
(2.5 years)
Access

ILLINOIS PRIMARY HEALTH CARE ASSOCIATION
CHICAGO, IL
$216,900
(1 year)
Access

QUEEN OF ANGELS-HOLLYWOOD PRESBYTERIAN FOUNDATION
LOS ANGELES, CA
$470,000
(3 years)
Access

ST. MARY’S FOUNDATION
RENO, NV
$452,508
(3 years)
Access
COUNTY OF SAN MATEO  
SAN MATEO, CA  
$44,671.18  
(3 years)  
Access

TUBA CITY FOR FAMILY  
HARMONY INC.  
TUBA CITY, AZ  
$179,712  
(3 years)  
Access

HEALTH RESEARCH AND  
EDUCATIONAL TRUST OF  
NEW JERSEY  
PRINCETON, NJ  
$414,915  
Technical assistance and direction for the Local Initiative Funding Partners Program (1 year).  
ID#026409  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

MASSACHUSETTS HEALTH  
RESEARCH INSTITUTE, INC.  
BOSTON, MA  
$1,129,463  
Advisor to the Foundation on program development (for 1 year).  
ID#026409  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

UNIVERSITY OF MICHIGAN  
SCHOOL OF PUBLIC HEALTH  
ANN ARBOR, MI  
$110,491  
Archiving of Foundation-supported data collections (for 1 year).  
ID#020323  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

THE MOREHOUSE SCHOOL OF  
MEDICINE, INC.  
ATLANTA, GA  
$100,000  
Comprehensive strategic planning for Morehouse’s future (for 16 months).  
ID#024529  
Access, Other

NATIONAL BUREAU OF  
ECONOMIC RESEARCH, INC.  
CAMBRIDGE, MA  
$75,000  
Research on health economics and policy (for 3 years).  
ID#027110  
Access, Chronic Health Conditions, Cost Containment

NEW JERSEY HEALTH  
INITIATIVES – PHASE III  
Promotes the development of innovative, community-based health services in New Jersey (for the periods indicated).

COMMUNITY HEALTH  
CARE INC.  
BRIDGETON, NJ  
$245,337  
(3 years)  
Access

HYACINTH FOUNDATION  
NEW BRUNSWICK, NJ  
$232,792  
(3 years)  
Chronic Health Conditions

JERSEY CITY DAY CARE  
ONE HUNDRED, INC.  
JERSEY CITY, NJ  
$25,000  
(1 year)  
Access

MORRIS COUNTY  
ORGANIZATION FOR HISPANIC  
AFFAIRS, INC.  
DOVER, NJ  
$240,583  
(3 years)  
Access

THE NEW JERSEY CHAPTER  
OF THE NATIONAL COMMITTEE  
FOR THE PREVENTION OF  
CHILD ABUSE  
NEWARK, NJ  
$249,086  
(3 years)  
Access

HEALTH RESEARCH AND  
EDUCATIONAL TRUST OF  
NEW JERSEY  
PRINCETON, NJ  
$190,269  
Technical assistance and direction for New Jersey Health Initiatives (1 year).  
ID#027110  
Access

UNIVERSITY OF PENNSYLVANIA,  
THE ANNENBERG SCHOOL FOR  
COMMUNICATION  
PHILADELPHIA, PA  
$54,788  
Dissemination of multimedia summary materials from the Foundation’s 1994 Health Care Reform Media Tracking Project (for 5 months).  
ID#026814  
Access, Cost Containment

PEOPLE-TO-PEOPLE HEALTH  
FOUNDATION, INC.  
MILLWOOD, VA  
$74,950  
Market research for health affairs (for 7 months).  
ID#027308  
Access, Cost Containment

SIMON & SCHUSTER  
NEW YORK, NY  
$314,160 (contract)  
Distribution of the book On Doctoring to entering US medical students (for 4 years).  
ID#020386  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

STRENGTHENING THE SAFETY  
NET: THE MEDICAID MANAGED  
APPLICATION PROGRAM  
Assists in the design, demonstration and evaluation of new models of managed care to better serve the vulnerable populations covered by Medicaid (for the periods indicated).  
Access, Chronic Health Conditions

CENTER FOR HEALTHCARE  
STRATEGIES  
PRINCETON, NJ  
$12,592,865  
Technical assistance and direction for Strengthening the Safety Net: The Medicaid Managed Care Program and Building Health Systems for People with Chronic Illness (5 years).  
ID#027327  
$49,967  
Organization and start-up costs of the Center for HealthCare Strategies (2 months).  
ID#027669

TIDES FOUNDATION  
SAN FRANCISCO, CA  
$49,893  
Audit of activities and opportunities to extend health insurance coverage to uninsured children (for 4 months).  
ID#027800  
Access, Cost Containment

THE URBAN INSTITUTE  
WASHINGTON, DC  
$399,999  
Trends in medical malpractice risk and defensive medicine (for 2 years).  
ID#023656  
Access, Cost Containment, Other

WORKERS’ COMPENSATION  
HEALTH INITIATIVE  
Supports innovative demonstration and evaluation projects in the delivery and financing of the medical care portion of workers’ compensation programs (for the periods indicated).  
Access, Cost Containment

STATE OF MAINE  
DEPARTMENT OF  
PROFESSIONAL AND FINANCIAL  
REGULATION  
 AUGUSTA, ME  
$250,000  
(2 years)  

UNIVERSITY OF  
MASSACHUSETTS MEDICAL  
CENTER  
WORCESTER, MA  
$327,351  
Technical assistance and direction for the Workers’ Compensation Health Initiative (1 year).  
ID#027581

TWELVE PROJECTS PROVIDING A  
VARIETY OF SUPPORT SERVICES  
FOR FOUNDATION PROGRAMS  
cross-cutting the principal grantmaking goals,  
$944,413 (contracts)  

THE ROBERT WOOD JOHNSON FOUNDATION

48
AMERICAN CANCER SOCIETY, INC., NEW JERSEY DIVISION, INC.
FORDS, NJ
$50,000
Capital campaign (for 1 year). ID#026738

THE ASPEN INSTITUTE, INC.
QUEENSTOWN, MD
$45,325
Initiating a national video archive of philanthropy (for 1 year).
ID#026664

ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH, INC.
WASHINGTON, DC
$5,886
Meeting on distance learning in public health: The School of Public Health Without Walls (for 9 months). ID#027067

ASSOCIATION OF SUBSPECIALTY PROFESSORS
PHILADELPHIA, PA
$11,025
Meeting on quality assessment for subspecialty internal medicine disciplines (for 2 months). ID#026021

CENALC RETREAT HOUSE
HIGHLAND PARK, NJ
$17,440
Facility repairs and renovations (for 1 year). ID#024893

CENTER FOR STRATEGIC COMMUNICATIONS, INC.
NEW YORK, NY
$20,000
Telecommunications technical assistance for RWJF staff and grantees (for 1 year). ID#026922

THE CENTER FOR THE STUDY OF SOCIAL POLICY
WASHINGTON, DC
$50,000
Design and testing of model child care centers for courthouses (for 2 years). ID#026360

EDUCATION DEVELOPMENT CENTER, INC.
NEWTON, MA
$35,000
Academic Medicine supplement on teaching family violence prevention and intervention in medical schools (for 6 months). ID#028398

THE FOUNDATION CENTER
NEW YORK, NY
$225,000
Program of data collection and analysis in the foundation field (for 3 years). ID#020034

GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC
$50,000
National Committee on Vital and Health Statistics 45th Anniversary Symposium (for 4 months). ID#026100

HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH
BOSTON, MA
$297,967
Comprehensive community-based programs to prevent youth violence (for 2 years). ID#022706

INDEPENDENT SECTOR
WASHINGTON, DC
$200,000
Assisting independent sector organizations in developing ethical and accountability standards (for 1 year). ID#027829

INDEPENDENT SECTOR
WASHINGTON, DC
$150,000
Support for ongoing activities (for 1 year). ID#028421

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD
$200,000
Completion of longitudinal family study of factors affecting adult health (for 9 months). ID#020568

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD
$138,978
Monograph on findings from a longitudinal study of families (for 1 year). ID#028276

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD
$41,807
Project to assess medical education and practice initiatives related to genetic services (for 1 year). ID#028511

UNIVERSITY OF MASSACHUSETTS AT BOSTON, WILLIAM MONROE TROTTER INSTITUTE
BOSTON, MA
$14,798
Journal issue on race and public health (for 3 months). ID#027670

MIDDLESEX COUNTY RECREATION COUNCIL (JON E.
TOOLAN KIDDIE KEEP WELL CAMP)
EDISON, NJ
$250,056
Camping program for children with health problems (for 1 year). ID#024702

MIDDLESEX COUNTY RECREATION COUNCIL (JON E.
TOOLAN KIDDIE KEEP WELL CAMP)
EDISON, NJ
$100,000
Renovation and expansion of a camp for low-income children with health problems (for 7 months). ID#026428

NATIONAL PARENTING ASSOCIATION INC.
NEW YORK, NY
$40,000
Development and dissemination of youth violence prevention strategies (for 2 years). ID#026270

NEW BRUNSWICK TOMORROW
NEW BRUNSWICK, NJ
$350,000
City-wide program to strengthen human services and resources (for 1 year). ID#023387

PLAINSBORO RESCUE SQUAD, INC.
PLAINSBORO, NJ
$50,000
Partial support for a new ambulance (for 1 year). ID#027040

RADIO BILINGUE, INC.
FRESNO, CA
$6,000
Special bilingual radio coverage of the California flood emergency (for 2 months). ID#027092

ST. VINCENT DE PAUL SOCIETIES
MAGNIFICAT, NJ
$70,000
Annual support for program for the indigent (for 1 year). ID#026410

T.A.S.K., INC.
TRENTON, NJ
$15,000
Expansion of the soup kitchen's facility (for 6 months). ID#027330

TV-FREE AMERICA
WASHINGTON, DC
$25,000
1996 National TV Turnoff Week (for 1 year). ID#027504

UNITED WAY OF GREATER MERCER COUNTY, INC.
LAWRENCEVILLE, NJ
$95,000
Support for the 1994-1995 Campaign (for 1 year). ID#023439

FOUNDATION OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
NEWARK, NJ
$50,000
Initiation of a joint MPH/MBA program (for 1 year). ID#027702

VOLUNTEER TRUSTEES FOUNDATION FOR RESEARCH & EDUCATION
WASHINGTON, DC
$38,000
Presentation on state oversight of not-for-profit hospital sales and conversions (for 1 month). ID#028063

WOODSTOCK THEOLOGICAL CENTER
WASHINGTON, DC
$20,325
Publication of a consensus report on ethical issues in the business aspects of patient care (for 1 year). ID#026709

TWO PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS IN AREAS OTHER THAN ITS PRINCIPAL GRANTMAKING GOALS.
$50,564 (contracts)

TOTAL GRANTS, CONTRACTS, AND PROGRAM-RELATED INVESTMENTS AWARDED:
$179,922,068
Each year the Foundation's grantees report to us the publications and other information materials that have been produced as a direct or indirect result of their grants.

This bibliography presents a sampling of citations from the books, book chapters, journal articles, reports, and audiovisual materials that have been 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


RESEARCH


AUDIOVISUAL MATERIALS


The format for the financial statements has changed. These statements are presented in accordance with Statement of Financial Accounting Standards (SFAS) No. 117. In addition, the Foundation has adopted SFAS Nos. 106 and 116 which establish the accounting standards for post retirement benefits other than pensions, and contributions made and received by the Foundation. These changes have not caused a material change in the Foundation’s financial position.

In 1995 the net assets of the Foundation increased 39 percent. The Foundation awarded grants, contracts, and program related investments totaling $180.0 million. Program development, evaluation, and administrative expenses for the year were $16.9 million or 9.4% of total awards. Put another way, we spend less than 10 cents for every dollar given away. This reflects the Foundation’s commitment to operating an efficient organization while maximizing the funds available for its programs.

Investment expenses totaled $5.6 million and federal excise tax amounted to $8.2 million, attributable to increased capital gains and a 2 percent excise tax.

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 1995 and 1994 were approximately $212.9 million and $170.5 million, respectively.

A list of investment securities held at December 31, 1995 is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Peter Goodwin
Vice President and Treasurer
To the Trustees of
The Robert Wood Johnson Foundation:

We have audited the accompanying statements of financial position of The Robert Wood Johnson Foundation (the “Foundation”) as of December 31, 1995 and 1994 and the related statements of activities and cash flows 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, 1995 and 1994 and their activities and cash flows for the years then ended in conformity with generally accepted accounting principles.

As discussed in Notes 1 and 7, effective January 1, 1995, the Foundation adopted SFAS No. 117, “Financial Statements of Not for Profit Organizations,” SFAS No. 116, “Accounting for Contributions Received and Contributions Made,” and SFAS No. 106, “Employers’ Accounting for Postretirement Benefits Other Than Pensions.”

Coopers & Lybrand L.L.P.

Princeton, New Jersey
February 7, 1996
Statement of Financial Position
at December 31, 1995 and 1994
(Dollars in thousands)

<table>
<thead>
<tr>
<th>Assets</th>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 291,773</td>
<td>$ 261,196</td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>16,104</td>
<td>14,528</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>6,391</td>
<td></td>
</tr>
<tr>
<td>Investments at market value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnson &amp; Johnson common stock</td>
<td>3,277,805</td>
<td>2,287,011</td>
</tr>
<tr>
<td>Other equity investments</td>
<td>624,822</td>
<td>51,335</td>
</tr>
<tr>
<td>Fixed income investments</td>
<td>1,005,654</td>
<td>1,098,573</td>
</tr>
<tr>
<td>Program related investments</td>
<td>14,378</td>
<td>19,444</td>
</tr>
<tr>
<td>Cash surrender value, net</td>
<td>1,834</td>
<td>2,321</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>14,100</td>
<td>14,611</td>
</tr>
<tr>
<td>Total Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,252,861</td>
<td>3,749,019</td>
<td></td>
</tr>
</tbody>
</table>

Liabilities and Net Assets

| Liabilities: | | |
| Accounts payable | $ 1,258 | $ 514 |
| Payable on pending security transactions | 170,203 | 90,427 |
| Unpaid grants | 233,660 | 184,448 |
| Federal excise tax payable | | 1,967 |
| Deferred federal excise tax | 63,310 | 40,884 |
| Accumulated postretirement benefit obligation | 5,244 | |
| Total Liabilities | 473,875 | 318,240 |

| Net Assets | 4,778,986 | 3,430,779 |

| Total Liabilities and Net Assets | $5,252,861 | $3,749,019 |

See notes to financial statements.


**Statement of Activities**

for the years ended December 31, 1995 and 1994  

*(Dollars in thousands)*

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends</td>
<td>$57,647</td>
<td>$54,551</td>
</tr>
<tr>
<td>Interest</td>
<td>79,091</td>
<td>75,230</td>
</tr>
<tr>
<td></td>
<td>136,738</td>
<td>129,781</td>
</tr>
<tr>
<td>Less: Federal excise tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment expense</td>
<td>2,634</td>
<td>1,247</td>
</tr>
<tr>
<td></td>
<td>5,632</td>
<td>2,495</td>
</tr>
<tr>
<td>Net investment income</td>
<td>128,472</td>
<td>126,039</td>
</tr>
<tr>
<td>Contribution income</td>
<td>1,549</td>
<td></td>
</tr>
<tr>
<td></td>
<td>130,021</td>
<td>126,039</td>
</tr>
<tr>
<td>Expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program development and evaluation</td>
<td>10,563</td>
<td>9,813</td>
</tr>
<tr>
<td>General administration</td>
<td>6,355</td>
<td>5,467</td>
</tr>
<tr>
<td></td>
<td>16,918</td>
<td>15,280</td>
</tr>
<tr>
<td>Income available for grants and program related activities</td>
<td>113,103</td>
<td>110,759</td>
</tr>
<tr>
<td>Less: Grants, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program contracts and related activities</td>
<td>157,756</td>
<td>170,485</td>
</tr>
<tr>
<td>Excess of grants and expenses over income</td>
<td>8,153</td>
<td>13,500</td>
</tr>
<tr>
<td></td>
<td>(52,806)</td>
<td>(73,226)</td>
</tr>
<tr>
<td>Other changes to net assets, net of related federal excise tax:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized gains on sale of securities</td>
<td>283,764</td>
<td>157,136</td>
</tr>
<tr>
<td>Unrealized appreciation on investments</td>
<td>1,100,037</td>
<td>181,030</td>
</tr>
<tr>
<td>Cumulative effect of change in accounting principles</td>
<td>17,212</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,401,013</td>
<td>338,166</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>1,348,207</td>
<td>264,940</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>3,430,779</td>
<td>3,165,839</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>$4,778,986</td>
<td>$3,430,779</td>
</tr>
</tbody>
</table>

See notes to financial statements.
Statement of Cash Flows
for the years ended December 31, 1995 and 1994
(Dollars in thousands)

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$1,348,207</td>
<td>$ 264,940</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,911</td>
<td>1,333</td>
</tr>
<tr>
<td>Increase in interest and dividend receivables</td>
<td>( 1,576)</td>
<td>(    344)</td>
</tr>
<tr>
<td>Increase in contribution receivable</td>
<td>( 6,391)</td>
<td></td>
</tr>
<tr>
<td>Net realized and unrealized gain on investments</td>
<td>(1,383,801)</td>
<td>(1,338,166)</td>
</tr>
<tr>
<td>Decrease in program related investments</td>
<td>5,066</td>
<td>1,244</td>
</tr>
<tr>
<td>Decrease (increase) in cash surrender value</td>
<td>487</td>
<td>(   914)</td>
</tr>
<tr>
<td>Increase in accounts payable</td>
<td>805</td>
<td>78</td>
</tr>
<tr>
<td>Increase in unpaid grants</td>
<td>49,212</td>
<td>15,358</td>
</tr>
<tr>
<td>Increase (decrease) in federal excise tax payable</td>
<td>( 1,967)</td>
<td>1,909</td>
</tr>
<tr>
<td>Increase in accumulated postretirement benefit obligation</td>
<td>5,244</td>
<td></td>
</tr>
</tbody>
</table>

Net cash provided by (used in) operations | 17,197    | (54,562) |

Cash flows from investing activities:
Proceeds from security sales | 2,732,214 | 3,378,270 |
Cost of security purchases | ( 2,717,373) | (3,188,287) |
Acquisition of property and equipment | ( 1,461) | (    3,174) |

Net cash provided from investing activities | 13,380    | 186,809   |

Net increase in cash and cash equivalents | 30,577    | 132,247   |
Cash and cash equivalents at beginning of year | 261,196   | 128,949   |
Cash and cash equivalents at end of year | $ 291,773 | $ 261,196 |

Supplemental data:
Federal excise tax paid | $ 10,216  | $     826 |

See notes to financial statements.
NOTES TO FINANCIAL STATEMENTS  
December 31, 1995 and 1994

1. Summary of Significant Accounting Policies:

The Foundation is an organization exempt from Federal income taxation under Section 501(c)(3), and is a private foundation as described in Section 509(a), of the Internal Revenue Code.

The financial statements have been prepared in accordance with Statement of Financial Accounting Standard (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations. The 1994 financial statements were restated to conform to this presentation.

Cash and cash equivalents represent cash and short term investments purchased with an original maturity of three months or less.

Marketable securities are reported on the basis of quoted market value as reported on the last business day of the year on securities exchanges throughout the world. Realized gains and losses on investments in securities are calculated based on the first-in, first-out method. Limited partnership interests are reported at estimated fair value.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of $1,910,931 in 1995 and $1,332,511 in 1994 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. Contributions Receivable:

Effective January 1, 1995, the Foundation adopted SFAS No. 116, Accounting for Contributions Received and Contributions Made. Accordingly, the Foundation has recorded as a contribution receivable the present value of the estimated future benefit to be received as remainderman in two trusts.

3. Investments:

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

|-------------------------|-----------|-------------------|-----------|-------------------|
| Johnson & Johnson Common Stock  
38,336,897 and 41,771,897 shares in 1995 and 1994, respectively | $91,583 | $3,277,805 | $99,788 | $2,287,011 |
| Other equity investments | 558,779  | 617,441          | 48,547   | 51,335           |
| Limited partnership interests | 7,381    | 7,381            |          |                   |
| Fixed income investments   | 975,023   | 1,005,654        | 1,135,737 | 1,098,573       |
|                         | **$1,632,766** | **$4,908,281** | **$1,284,072** | **$3,436,919** |

Pursuant to its limited partnership agreements, as of December 31, 1995, the Foundation is committed to invest approximately $98 million in additional capital over the next ten years.
3. Investments, continued:

The net realized gains (losses) on sales of securities for the years ended December 31, 1995 and 1994 were as follows (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson common stock</td>
<td>$237,019</td>
<td>$189,141</td>
</tr>
<tr>
<td>Other securities, net</td>
<td>46,745</td>
<td>(32,005)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$283,764</td>
<td>$157,136</td>
</tr>
</tbody>
</table>

4. Property and Equipment:

At December 31, 1995 and 1994, property and equipment comprised (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1994</th>
<th>Depreciable Life in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and land improvements</td>
<td>$2,774</td>
<td>$2,774</td>
<td>15</td>
</tr>
<tr>
<td>Building</td>
<td>10,685</td>
<td>10,641</td>
<td>40</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>8,908</td>
<td>7,552</td>
<td>3-15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22,367</td>
<td>20,967</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(8,267)</td>
<td>(6,356)</td>
<td></td>
</tr>
<tr>
<td><strong>Property and equipment, net</strong></td>
<td>$14,100</td>
<td>$14,611</td>
<td></td>
</tr>
</tbody>
</table>

5. Unpaid Grants:

At December 31, 1995 the unpaid grant liability is expected to be paid over the next six years as follows (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$137,626</td>
<td>75,040</td>
<td>29,011</td>
<td>11,250</td>
<td>3,373</td>
<td>57</td>
<td>256,357</td>
</tr>
<tr>
<td>Less: discounted to present value</td>
<td>(22,697)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$233,660</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As explained in Note 2, the Foundation has adopted SFAS No. 116 which requires contributions made (unpaid grants) to be recorded at the present value of estimated future cash flows. Accordingly, the Foundation has discounted the amount of unpaid grant liability by applying a 6% interest rate factor and an estimated cancellation rate of 4%.

6. Benefit Plans:

Retirement Plan:

Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through a combination of the purchase of individually-owned annuities and cash payout. The Foundation's policy is to fund costs incurred. Pension expense was $1,051,924 and $1,035,906 in 1995 and 1994, respectively.
6. Benefit Plans, continued:

Postretirement Benefits Other Than Pensions:
The Foundation provides postretirement medical and dental benefits to all employees who meet eligibility requirements. In addition, the Foundation has adopted supplemental benefit plans to provide additional retirement benefits for certain key employees who meet certain requirements. Effective January 1, 1995, the Foundation adopted SFAS No. 106, Employers’ Accounting for Postretirement Benefits Other Than Pensions. This statement requires entities to accrue for expected postretirement benefits over the years that the employees render the necessary service. The Foundation elected to recognize immediately the cumulative effect of this change in accounting of $4,711,090, which represents the accumulated postretirement benefit obligation (APBO) at January 1, 1993.

Net periodic postretirement benefit cost for year ended December 31, 1995
included the following components (dollars in thousands):

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service cost of benefits earned</td>
<td>$ 544</td>
</tr>
<tr>
<td>Interest cost</td>
<td>206</td>
</tr>
<tr>
<td>Net periodic postretirement benefit cost</td>
<td>$ 750</td>
</tr>
</tbody>
</table>

The following table sets forth the status of the plans, which are unfunded, as of December 31, 1995:

Accumulated postretirement benefit obligation (dollars in thousands):

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirees</td>
<td>$ 1,803</td>
</tr>
<tr>
<td>Fully eligible active plan participants</td>
<td>98</td>
</tr>
<tr>
<td>Other active plan participants</td>
<td>3,600</td>
</tr>
<tr>
<td></td>
<td>5,501</td>
</tr>
<tr>
<td>Less: unrecognized losses</td>
<td>(257)</td>
</tr>
</tbody>
</table>

Accumulated postretirement benefit obligation $ 5,244

The discount rate used in determining the cumulative effect adjustment and 1995 expense was 7.5% with respect to the medical and dental plan and 6.5% with respect to the supplemental benefit plans. A discount rate of 7.0% with respect to the medical and dental plans and 6% for the supplemental benefit plans was used to determine the APBO as of December 31, 1995. The assumed health care cost trend rate used was 11% for the medical portion and 8% for the dental portion of the health plans; the trend rate was assumed to decrease gradually to 5.5% and 4.5%, respectively, by the year 2005 and remain at that level thereafter. An increase in the assumed health care cost trend rates by 1% per year would increase the APBO at December 31, 1995 by $475,000 and the net periodic postretirement costs for 1995 by $30,000. The Foundation paid net retiree medical and dental costs of $100,500 and retiree supplemental benefit payments of $116,900 for the year ended December 31, 1995.

7. Cumulative Effect of Change in Accounting Principles:

Effective January 1, 1995, the Foundation adopted SFAS No. 106, Employers’ Accounting for Postretirement Benefits Other than Pensions and SFAS No. 116, Accounting for Contributions Received and Contributions Made. The cumulative effect of adopting these pronouncements on the 1995 Statement of Activities is as follows (dollars in thousands):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postretirement Benefits Other Than Pensions</td>
<td>(4,711)</td>
</tr>
<tr>
<td>SFAS No. 116, present value adjustment:</td>
<td></td>
</tr>
<tr>
<td>Unpaid grant liability</td>
<td>17,080</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>4,843</td>
</tr>
<tr>
<td>Total cumulative effect of change in accounting principle</td>
<td>$ 17,212</td>
</tr>
</tbody>
</table>
At the January 1996 meeting of the Board, John J. Horan, trustee of the Foundation, was elected to the office of trustee emeritus. Mr. Horan served as a trustee since 1985. At his election as trustee emeritus, Mr. Horan was cited by the Board for his faithful, distinguished, and valuable service to the Foundation.

**Staff Changes**

Effective May 1995, Peter Goodwin, vice president for monitoring, was appointed vice president and treasurer. Mr. Goodwin joined the Foundation staff in July 1984, serving as financial monitoring officer until 1987 and then as senior financial officer until his appointment as vice president for monitoring in January 1991. Mr. Goodwin succeeds Andrew R. Greene who left the Foundation in April 1995 to assume the position of chief executive officer of the Robert Wood Johnson Health System, a consortium of hospitals in central New Jersey. Mr. Greene joined the Foundation in May 1981. In April 1995, Janice A. Opalski, financial analyst, was promoted to director of financial monitoring. Ms. Opalski joined the Foundation in October 1976.

In May 1995, John D. Gilliam was named chief investment officer for the Foundation. Mr. Gilliam has over 35 years of investment experience with Goldman, Sachs & Co. where he is currently a limited partner. Recently, Mr. Gilliam served in the Bureau of Asset Management for New York City, and as deputy comptroller, managing $50 billion of New York City employee pension funds for five pension boards. He is a graduate of Princeton University, receiving his bachelor of arts degree from the Woodrow Wilson School of International and Public Affairs.

In May 1995, Marco Navarro joined the Foundation as financial officer. Prior to joining the Foundation, he was the director of the housing program for La Casa de Don Pedro in Newark, New Jersey. Mr. Navarro is a graduate of Seton Hall University.

In June 1995, C. Tracy Orleans, PhD, joined the Foundation as senior program officer. Prior to joining the Foundation, she was vice president at Johnson & Johnson Advanced Behavioral Technologies, Inc., in New Brunswick, New Jersey. She received her BA summa cum laude from Wellesley College and her PhD from the University of Maryland.

In July 1995, Judith Y. Whang joined the Foundation as program officer. Prior to joining the Foundation, she was special assistant to the principal deputy assistant secretary for planning and evaluation at the Department of Health and Human Services. Ms. Whang has a BS degree from the University of California, Irvine, and an MPH with concentration in long-term care policy from Columbia University School of Public Health.

In December 1995, Joseph F. Marx joined the Foundation as senior communications officer. Mr. Marx was manager of public policy communications for the American Heart Association, Washington, DC prior to joining the Foundation. Mr. Marx received his BA in history, cum laude, from Boston College.

Also in December 1995, Paul W. Nannis joined the staff as senior program officer. Mr. Nannis served as commissioner of the city of Milwaukee Health Department prior to joining the Foundation. He holds a master’s degree in social work from the University of Wisconsin-Milwaukee.

In January 1996, Rush L. Russell, program officer, was promoted to senior program officer. Mr. Russell joined the Foundation in December 1992.

In January 1996, Terri C. Gibbs joined the staff as program officer. Prior to joining the Foundation, Ms. Gibbs was director, managed care, government programs, at St. Vincent’s Hospital and Medical Center, New York City. She received her BA from Dartmouth College and her MPH in health policy and management from Columbia University.

In June 1995, three members of the program staff left the Foundation. Dianne C. Barker, program officer, left to join the staff of the California Wellness Foundation in Woodland Hills, California. She joined the Foundation in March 1989. Donald F. Dickey, JD, program officer, left to assume the position of executive director of the Wellspring Foundation of New England, Inc., Lyme, New Hampshire. He joined...

In August 1995, Stephen A. Somers, PhD, associate vice president, left the Foundation to become president of the Center for HealthCare Strategies, Princeton, New Jersey. Dr. Somers joined the Foundation in October 1984.

In January 1996, Joel C. Cantor, ScD, director of evaluation research and senior program officer, left the Foundation to become director of research at the United Hospital Fund, New York, New York. Dr. Cantor joined the Foundation in October 1987.

**Program Directors**

Anne Doyle was appointed program director to the program, Statewide System of Care for Chronically Ill Elderly in Massachusetts. Ms. Doyle is project director of the Elder Services Replication Program at the East Boston Neighborhood Health Center.

Adolph Falcon was appointed program director to the Program to Address Sociocultural Barriers to Health Care in Hispanic Communities. Mr. Falcon is vice president and chief executive officer at the National Coalition of Hispanic Health and Human Services Organizations, Washington, DC.

Mary Rapson, PhD, RN, was appointed program director of Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development. Dr. Rapson is at the American Association of Colleges of Nursing, Washington, DC, and assistant professor, University of Maryland School of Nursing.

Charles Royer was appointed program director to the program, Ensuring the Health and Safety of Children in Economically Distressed Urban Areas. Mr. Royer is the former mayor of Seattle, Washington, and former director, Institute of Politics, Harvard University.

Pauline M. Seitz was appointed program director of the Local Initiative Funding Partners Program and New Jersey Health Initiatives. Ms. Seitz is located at the Health Research and Educational Trust which is part of the New Jersey Hospital Association.

Stephen A. Somers, PhD, was appointed program director of the Strengthening The Safety Net: The Medicaid Managed Care Program. Dr. Somers is president of the Center for HealthCare Strategies, Inc., Princeton, New Jersey.

Barbara A. Donahoe, RN, MA, completed her assignment directing the program, Strengthening Hospital Nursing: A Program to Improve Patient Care. Ms. Donahoe was appointed to this position in 1988.

Ruth S. Hanft, PhD, completed her assignment directing the Local Initiative Funding Partners Program. She was appointed to this position in 1987. Dr. Hanft also co-directed the Information for State Health Policy Program from 1991 to 1993.

James Hooley completed his assignment directing the program, Statewide System of Care for Chronically Ill Elderly in Massachusetts. Mr. Hooley was appointed to this position in 1993.

Concepcion Orozco completed her assignment directing the Program to Address Sociocultural Barriers to Health Care in Hispanic Communities. Ms. Orozco was appointed to this position in 1992.

**Board Activities**

The Board of Trustees met five times in 1995 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.

This report covers the period through March 1, 1996.

J. Warren Wood, III
Vice President, General Counsel
and Secretary
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Chairman, Board of Trustees

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TERRANCE KEENAN
Special Program Consultant

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Program Assistant

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Administrative Assistant

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Program Assistant

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Administrative/Program Assistant

DEBORAH RHETT
Secretary

NEAL BRANDES
Program Intern

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Senior Program Officer and Director of Program Research

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Senior Program Officer

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Senior Program Officer and Convener, Health Cost Goal Development Working Group

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Program Officer

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Program Associate

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Program Assistant

DEBORAH A. MALLOY
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HEATHER MALONEY
Research Assistant

GRETHEL E. MOLLER
Research Assistant

CHRISTINE M. PHARES
Administrative/Program Assistant

ANN P. POMFREY
Program Assistant

SHERYL M. GEORGIANNA
Secretary

BESS H. LEE
Secretary

HELEN LEVY
Research Resident

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Vice President and Convener, Chronic Health Conditions Goal Development Working Group

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Senior Program Officer and Director, Health Policy Group

ROSEMARY GIBSON
Program Officer

JUDITH Y. WHANG
Program Officer

PHILLY L. KANE
Program Assistant

DIANE MONTAGNE
Program Assistant

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Secretary

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Secretary

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Special Advisor to the President

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Director, Office of Proposal Management

RICHARD J. TOTH
Assistant Director, Office of Proposal Management

KATHERINE J. PARKER
Proposal Manager

JULIA E. PAINTER
Program Assistant

LINDA J. GABRZEWSKI
Data Coordinator

PEGGY L. LUCAS
Secretary

FRANK NAREL
Vice President for Communications

MARC S. KAPLAN
Senior Communications Officer

JOE MAXX
Senior Communications Officer

VICTORIA D. WEISFIELD
Senior Communications Officer
The Robert Wood Johnson Foundation funds a number of multiyear, multisite national programs whose grantees are located 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.

**ALL KIDS COUNT: ESTABLISHING IMMUNIZATION MONITORING AND FOLLOW-UP SYSTEMS**

WILLIAM H. FOEGE, MD  
Executive Director  
The Task Force for Child Survival and Development  
The Carter Center  
Emory University  
One Copenhill  
Atlanta, GA 30337-1406

**BUILDING HEALTH SYSTEMS FOR PEOPLE WITH CHRONIC ILLNESSES**

F. MARC LAFORCE, MD  
Physician-in-Chief  
Department of Medicine  
The Genesee Hospital  
224 Alexander Street  
Rochester, NY 14607-4055

**CHANGES IN HEALTH CARE FINANCING AND ORGANIZATION**

ANNE K. GAUTHIER  
Associate Director  
The Alpha Center  
Suite 1100  
1350 Connecticut Avenue, NW  
Washington, DC 20036-1701

**CHRONIC CARE INITIATIVES IN HMOs**

PETER D. FOX, PhD  
Director  
Chronic Care Initiatives in HMOs  
Group Health Foundation  
1129 20th Street, NW, Suite 600  
Washington, DC 20036-3403

**COLLEAGUES IN CARING: REGIONAL COLLABORATIVES FOR NURSING WORK FORCE DEVELOPMENT**

MARY RAPSON, PhD, RN, CS  
Colleagues in Caring  
American Association of Colleges of Nursing  
1 Dupont Circle, NW, Suite 530  
Washington, DC 20036

**COMING HOME**

DAVID C. NOLAN  
Director  
Coming Home  
44 Montgomery Street, Suite 610  
San Francisco, CA 94104

**COMMUNITY HEALTH LEADERSHIP PROGRAM**

CATHERINE M. DUNHAM, EdD  
Director  
Community Health Leadership Program  
Massachusetts Health Research Institute, Inc.  
30 Winter Street, Suite 1005  
Boston, MA 02108

**DEVELOPING LOCAL INFANT MORTALITY REVIEW COMMITTEES**

KATHLEEN A. BUCKLEY, MSN, CNM  
Director  
National Fetal-Infant Mortality Review Program  
American College of Obstetricians and Gynecologists  
409 12th Street, SW  
Washington, DC 20024-2188

**DISSEMINATION OF A MODEL INJURY PREVENTION PROGRAM FOR CHILDREN AND ADOLESCENTS**

BARBARA BARLOW, MD  
Chief of Pediatric Surgery  
Columbia University  
Harlem Hospital Center  
MLK 17103  
506 Lenox Avenue  
New York, NY 10037

**ENABLE OLDER VOLUNTEERS TO ASSIST DISABLED CHILDREN (FAMILY FRIENDS)**

MIRIAM CHARNOW  
Director  
Family Friends Resource Center  
National Council on the Aging  
409 3rd Street, SW, Suite 200  
Washington, DC 20024-2571

**ENSURING THE HEALTH AND SAFETY OF CHILDREN IN ECONOMICALLY DISTRESSED URBAN AREAS**

CHARLES ROYER  
Director  
Ensuring the Health and Safety of Children in Economically Distressed Urban Areas  
University of Washington  
1107 NE 45th Street, Suite 410  
Seattle, WA 98155

**FAITH IN ACTION: REPLICA OF THE INTERFAITH VOLUNTEER CAREGIVERS PROGRAM**

KENNETH G. JOHNSON, MD  
Director  
Health Services Research Center  
Kington Hospital  
368 Broadway, Suite 105  
PO Box 2290  
Kington, NY 12401-0227

**FAMILY SUPPORT SERVICES PROGRAM**

GAIL KOSER  
Project Director  
Family Support Services Program  
Family Resource Coalition  
200 South Michigan Avenue, #1520  
Chicago, IL 60604-2404

**FIGHTING BACK: COMMUNITY INITIATIVES TO REDUCE DEMAND FOR ILLEGAL DRUGS AND ALCOHOL**

W. ANDERSON SPEICHER, Jr., MD  
Professor of Medicine  
Vanderbilt University School of Medicine  
2551 The Vanderbilt Clinic  
Nashville, TN 37232-5305

**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 School of Public Health  
154 Haven Avenue, Third Floor  
New York, NY 10032

**GENERALIST PHYSICIAN FACULTY SCHOLARS PROGRAM**

JOHN M. EIENBERG, MD  
Chairman and Physician-in-Chief  
Department of Medicine  
PhC-505  
Georgetown University Medical Center  
3800 Reservoir Road, NW  
Washington, DC 20007-2197

**GENERALIST PHYSICIAN INITIATIVES**

JACE M. COWILL, MD  
Professor and Chairman  
Department of Family and  
Community Medicine  
University of Missouri-Columbia  
School of Medicine  
Medical Sciences Building, M228  
1 Hospital Drive  
Columbia, MO 65212-0001

**HEALTH POLICY FELLOWSHIPS PROGRAM**

MARIAN EIN LEWIS  
Director  
Office of Health Policy Programs and Fellowships, PO 3116  
National Academy of Sciences-Institute of Medicine  
2101 Constitution Avenue, NW  
Washington, DC 20418
HEALTHY NATIONS: REDUCING SUBSTANCE ABUSE AMONG NATIVE AMERICANS

CANDACE M. FREEMAN, PhD
Co-director
SHERA N. MANSON, PhD
Co-director
Healthy Nations: Reducing Substance Abuse Among Native Americans
Department of Psychiatry
University of Colorado Health Sciences Center
Denver, CO 80220

HOMELESS FAMILIES PROGRAM

JAMES J. CONNOLL III, MD
Director
Homeless Families Program
Massachusetts General Hospital
671/2 Chestnut Street
Boston, MA 02108

IMPACTS: IMPROVING MEDICAL MALPRACTICE COMPENSATION SYSTEMS

ROBERT A. HEBRON, MD
Assistant Clinical Professor of Family Medicine
Georgetown University Medical Center, Suite 525
2233 Wisconsin Avenue, NW
Washington, DC 20007

IMPROVING CHILD HEALTH SERVICES: REMOVING CATEGORICAL BARRIERS TO CARE

MAXINE HAYES, MD, MPH
Assistant Secretary
Community Health Division
Washington State Department of Health
PO Box 47880
Olympia, WA 98504-7880

IMPROVING THE QUALITY OF HOSPITAL CARE

ANDREA K. KAVANAGH, RN, MPH
Senior Research Associate
College of Human Ecology
Cornell University
Martha van Reneselaar Hall, Room N132
Ithaca, NY 14853-4901

IMPROVING SERVICE SYSTEMS FOR PEOPLE WITH DISABILITIES

LEX FRIEDEN
Senior Vice President
The Institute for Rehabilitation and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030

INDEPENDENT CHOICES: ENHANCING CONSUMER DIRECTION FOR PERSONS WITH DISABILITIES

JAMES P. FIRMAN, EdD
Program Coordinator
Independent Choices
National Center on the Aging, Inc.
409 Third Street, SW
Second Floor
Washington, DC 20024

KEVIN J. MAHONEY, PhD
Program Coordinator
Independent Choices
University of Maryland
Center on Aging
HHB Building
College Park, MD 20742

INFANT HEALTH AND DEVELOPMENT PROGRAM REPLICATION

GODFREY P. OAKLEY, JR., MD
Director
Division of Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

INFORMATION FOR STATE HEALTH POLICY

IRA KAPLAN
Clinical Associate Professor
Department of Environmental and Community Medicine
University of Medicine and Dentistry of New Jersey
675 Hoos Lane, Room N118
Fiscataway, NJ 08854-5635

INVESTIGATOR AWARDS IN HEALTH POLICY RESEARCH

SOL LEVINE, PhD
Senior Scientist and Director
Joint Program in Society and Health
New England Medical Center Hospitals, Inc.
750 Washington Street
NEMC 305
Boston, MA 02111

LADDERS IN NURSING CAREERS PROGRAM

MARGARET T. MCNALLY
Vice President for Health Professions
New York Health Careers Center
Greater New York Hospital Foundation
555 West 57th Street, 15th Floor
New York, NY 10019

LOCAL INITIATIVE FUNDING PARTNERS PROGRAM

PAULINE M. SEITZ
Director
Local Initiative Funding Partners Program
Health Research and Educational Trust of New Jersey
760 Alexander Road, CN1
Princeton, NJ 08543-0001

MAKING THE GRADE: STATE AND LOCAL PARTNERSHIPS TO ESTABLISH SCHOOL-BASED HEALTH CENTERS

JULIA GRAHAM LEAH, PhD
Director
Making the Grade
George Washington University
Suite 505
1350 Connecticut Avenue, NW
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To apply for funding for a project reflecting your own interests, please submit a preliminary letter of inquiry, not a fully developed proposal. Ideally, this letter of inquiry will spare your time yet provide our staff with enough information to determine whether to request a full proposal from you. The letter of inquiry should be written on your institution’s letterhead, should not exceed four typewritten pages, and should succinctly tell us three things:

- what you are proposing to do,
- the significance of what that would accomplish, and
- an estimate of what the proposed project would cost.

Also include the name of the primary contact person for follow-up.

If you have space within the four-page limit on your preliminary letter, you may briefly discuss one or more of the following points, which you will be asked to address in subsequent correspondence if your proposal is considered for funding.

- description of the problem you propose to address
- statement of how the project will contribute to solving or ameliorating the problem, including the project’s principal objectives and its expected outcome
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- how the project relates to current work in this field
- whether the project requires partnerships with other organizations and how important those partnerships are to its success
- qualifications of the institution and the project’s principal personnel
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- plan for assessing the project’s results
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- total estimated project budget including the amount requested from the Foundation and any other anticipated sources of support
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