Today, as market forces fundamentally reshape the health care delivery system,
The Robert Wood Johnson Foundation remains steady on its **mission** to improve the health and health care of all Americans.
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 three areas:

- to assure that all Americans have access to basic health care at reasonable cost;
- to improve the way services are organized and provided to people with chronic health conditions; and
- to promote health and reduce the personal, social, and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.
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Assistant Controller

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Portfolio/Accounting Assistant

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Accounting Assistant

Carol A. Owle  
Accounting Assistant

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Director of Information Systems

Tami S. Mansur  
Assistant Manager-Information Systems

Kristine Nasto  
Assistant Manager-Information Systems

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LAN Administrator

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Fixed Income Portfolio Manager

Denise M. Inverso
Fixed Income Portfolio Manager

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Supervisor of Operations

Heather C. Kilgariff
Operations Assistant

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Assistant Manager, Office Services

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Mail Services Coordinator
Barbara J. Tretola
Manager, Travel/Conference Services

David Finkelstein
Office Services Assistant

Bernadine Rein
Travel Assistant

James Rohmann
Chauffeur

Sandra A. Georgeanni
Records Supervisor

Vicky J. Coveleski
Records Assistant
In June 1996, James R. Gavin, III, MD, PhD, and Gail L. Warden were elected to the Board of Trustees. Dr. Gavin is a senior scientific officer with the Howard Hughes Medical Institute, Chevy Chase, Maryland. He earned a PhD in biochemistry from Emory University, Atlanta, Georgia, and an MD from Duke University, Durham, North Carolina. Mr. Warden is president and chief executive officer of the Henry Ford Health System, Detroit, Michigan. He earned a master of hospital administration from the University of Michigan, Ann Arbor. At the January 1997 meeting of the Board, Norman Rosenberg, MD, trustee of the Foundation, was elected to the office of trustee emeritus. Dr. Rosenberg served as a trustee since 1958. At his election as trustee emeritus, Dr. Rosenberg was cited by the Board for his loyal, devoted, and valuable service to the Foundation.

Staff Changes

On December 31, 1996, Richard C. Reynolds, MD, executive vice president, retired to Gainesville, Florida, where he continues to oversee The Robert Wood Johnson Clinical Scholars Program as chairperson of its National Advisory Committee; and, as a member of the University of Florida's Division of Internal Medicine, he will practice medicine, and teach medicine, ethics, and literature. Dr. Reynolds joined the Foundation in 1987 from the University of Medicine and Dentistry of New Jersey (UMDNJ) where he served as senior vice president (1984-1987) and dean of the UMDNJ-Robert Wood Johnson Medical School (1979-1987).

Lewis G. Sandy, MD, vice president since 1991, was appointed executive vice president of the Foundation, succeeding Richard C. Reynolds, MD. Dr. Sandy is an internist and former medical director at the Harvard Community Health Plan (now Harvard Pilgrim Health Care), Boston, Massachusetts. He received his MD degree from the University of Michigan and an MBA degree from Stanford University.

In April 1996, Ruby P. Hearn, PhD, vice president, was promoted to the position of senior vice president. Dr. Hearn joined the Foundation in 1976 as a program officer. She was promoted to senior program officer in March 1980 and assistant vice president in the fall of 1980. In January 1983, Dr. Hearn was appointed vice president.
In June 1996, Robert G. Hughes, PhD, senior program officer and director of program research, was promoted to vice president. Dr. Hughes joined the Foundation in October 1989 as a research fellow in the Office of Health Statistics and Analysis (at that time, a major in-house research initiative within the Research and Evaluation Unit). In October 1991, he was promoted to senior program officer and appointed director of program research.

Floyd K. Morris returned to the Foundation as program officer in April 1996. In March 1995, Mr. Morris left the position of senior financial officer to become assistant administrator at the Harvard Community Health Plan's Kenmore Health Center, Boston, Massachusetts. Mr. Morris received his MHA from the University of Pittsburgh.

In September 1996, Gina Stumpf joined the Foundation as assistant director of Human Resources. Ms. Stumpf previously worked for Alliance Capital Management, L.P., in New York City. Effective September 1, 1996, Rosemary Gibson was promoted to senior program officer. Ms. Gibson joined the Foundation in June 1993.

In October 1996, J. Michael McGinnis, MD, joined the Foundation on a 12-month assignment. Dr. McGinnis had a distinguished career in the U.S. Department of Human Services. He served as Assistant Surgeon General; Deputy Assistant Secretary for Health; and Director, Office of Disease Prevention and Health Promotion for over 15 years before retiring from the U.S. Public Health Service in 1995.

In January 1997, Pamela S. Dickson joined the Foundation as a senior program officer. Previously, she held several senior positions with the New Jersey Department of Health. Ms. Dickson received her Master's of Business Administration, Health Care Administration from The Wharton School of Business, University of Pennsylvania.


Robert H. Ebert, MD, former special advisor to the president, died on January 29, 1996. He was appointed special advisor in 1982 by then-RWJF president, David E. Rogers, MD, and served as a valued consultant to the Foundation's trustees and staff through 1988. Dr. Ebert had served as dean of the Harvard Medical School from 1965 to 1977 and founded the Harvard Community Health Plan. He served as a trustee of the Rockefeller Foundation and was later president of the Milbank Memorial Fund.

In May 1996, Eric P. (Tito) Coleman, program officer, left the Foundation to become vice president at the Community Anti-Drug Coalitions of America, Alexandria, Virginia. Mr. Coleman joined the
Foundation in October 1992.

In June 1996, Annie Lea Shuster, senior program officer, retired from the Foundation after more than 24 years of dedicated service. Ms. Shuster relocated to Little Rock, Arkansas, where she continues to serve as the program director of The Robert Wood Johnson Clinical Scholars Program, maintaining a program office at the University of Arkansas for Medical Sciences.

In June 1996, Paul W. Nannis, senior program officer, left the Foundation to return to the position of commissioner of the city of Milwaukee Health Department, a position that he held prior to joining the Foundation in December 1995.

**Program Directors**

Thomas F. Babor, PhD, and John C. Higgins-Biddle, PhD, were appointed co-directors of the program, Screening and Brief Intervention for Alcohol Abuse in Managed Care. Dr. Babor is professor of Psychology, University of Connecticut Health Center Department of Psychiatry; Dr. Higgins-Biddle is assistant professor, University of Connecticut Health Center Department of Psychiatry.

Richard R. Clayton, PhD, was appointed program director of the Research Network Initiative on the Etiology of Tobacco Dependence. Dr. Clayton is director of the Center for Prevention Research, Lexington, Kentucky.

Penny H. Feldman, PhD, was appointed program director of the Home Care Research Initiative. Dr. Feldman is the director of the Center for Home Care Policy and Research, Visiting Nurse Service of New York, New York City.

James P. Firman, EdD, was appointed program director of Independent Choices: Enhancing Consumer Direction for People with Disabilities. Dr. Firman is president of the National Council on the Aging, Inc.

Jay S. Himmelstein, MD, MPH, was appointed program director of the Workers' Compensation Health Initiative. Dr. Himmelstein is assistant chancellor for Health Policy, University of Massachusetts Medical Center.

Bernard Lo, MD, was appointed program director for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative. Dr. Lo is director of the Program in Medical Ethics at the University of California, San Francisco, School of Medicine.

Kevin J. Mahoney, PhD, was appointed program director for
Independent Choices: Enhancing Consumer Direction for People with Disabilities-Cash and Counseling Demonstration and Evaluation. Dr. Mahoney is at the University of Maryland Center on Aging.

Mark R. Meiners, PhD, was appointed program director for The Medicare/Medicaid Integration Program. Dr. Meiners is director of the University of Maryland Center on Aging.

Rose M. Naff was appointed program director for the Healthy Kids Replication Program. Ms. Naff is executive director of the Florida Healthy Kids Corporation.

Thomas O. Nerney and Donald L. Shumway were appointed co-directors of the program, Self-Determination for Persons With Developmental Disabilities. Messrs. Nerney and Shumway are located at the Institute on Disability, University of New Hampshire.

William D. Novelli was appointed program director of the National Center for Tobacco-Free Kids. Mr. Novelli is president of the Campaign for Tobacco-Free Kids.

Gilbert S. Omenn, MD, PhD, was appointed program director of Turning Point: Collaborating for a New Century in Public Health. Dr. Omenn is dean of the University of Washington School of Public Health and Community Medicine.

David L. Rosenbloom, PhD, was appointed program director of Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. Dr. Rosenbloom is director of Join Together; and associate professor of Public Health, Boston University School of Public Health.

Richard A. Yoast, PhD, was appointed program director of the programs, A Matter of Degree: Reducing High-Risk Drinking Among College Students and Reducing Underage Drinking Through Coalitions. Dr. Yoast is department director of the Office of Alcohol and Other Substances at the American Medical Association.

James J. Callahan, Jr., PhD, completed his assignment directing the program, Supportive Services in Senior Housing. Dr. Callahan was appointed to this position in 1988.

Martin D. Cohen completed his assignment directing the Replication of the Foundation's Programs on Mental Illness. Mr. Cohen was appointed to this position in 1992.

Anne Doyle completed her assignment directing the program, Statewide System of Care for Chronically Ill Elderly in Massachusetts. Ms. Doyle was appointed to this position in 1995.
Lex Frieden completed his assignment directing the program, Improving Service Systems for People with Disabilities. Mr. Frieden was appointed to this position in 1989.

Maxine Hayes, MD, MPH, completed her assignment directing the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Hayes was appointed to this position in 1994.

Sol Levine, PhD, program director of the Investigator Awards in Health Policy Research, died in November 1996. Dr. Levine was appointed to this position in 1994.

James J. O'Connell, III, MD, completed his assignment directing the Homeless Families Program. Dr. O'Connell was appointed to this position in 1989.

**Board Activities**

The Board of Trustees met six times in 1996 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.

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

*This report covers the period through February 1, 1997.*
The format for the financial statements was changed in 1995. These statements are presented in accordance with the Statement of Financial Accounting Standards (SFAS) No.117. Also in 1995, the Foundation adopted SFAS Nos.106 and 116 which establish the accounting standards for postretirement 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 1996 the net assets of the Foundation increased 9.7 percent. The Foundation awarded grants and contracts totalling $267 million. Program development, evaluation, and general administration for the year were $18.6 million or 7 percent of total awards. This modest percentage continues the Foundation's commitment to maximize the funds-93 cents of every dollar-available to our grant projects.

Investment expenses totalled $8.2 million reflecting an increased use of outside investment managers. Federal excise tax amounted to $4.2 million.

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. These distributions are to be made within a twenty-four month period. The Foundation has fulfilled its 1995 requirement ($212.9 million). The 1996 requirement ($267.1 million) will be met in mid-1997. A list of investment securities held at December 31, 1996 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

Report of Independent Accountants

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, 1996 and 1995 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, 1996 and 1995 and the changes in its net assets and cash flows for the years then ended, in conformity with generally accepted accounting principles.

As discussed in the Notes to the financial statements, 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 11, 1997

Statements of Financial Position
At December 31, 1996 and 1995
(Dollars in thousands) 1996 1995

Assets:
Cash and cash equivalents $ 140,637 $ 291,773
Interest and dividends receivable 13,057 16,104
Contributions receivable 9,523 6,391
Investments at fair value:
Johnson & Johnson common stock 3,564,985 3,277,805
Other equity investments 1,029,618 624,822
Fixed income investments 804,195 1,005,654
Program related investments 13,304 14,378
Cash surrender value, net 2,281 1,834
Property and equipment, net 13,087 14,100
Total assets $ 5,590,687 $ 5,252,861

Liabilities and Net Assets:

Liabilities:
- Accounts payable $ 1,598 $ 1,258
- Payable on pending security transactions 38,586 170,203
- Unpaid grants 230,970 233,660
- Deferred federal excise tax 69,977 63,510
- Accumulated postretirement benefit obligation 5,871 5,244
- Total liabilities 347,002 473,875

Net assets - unrestricted 5,243,685 4,778,986
Total liabilities and net assets $ 5,590,687 $ 5,252,861

See notes to financial statements.

Statements of Activities

Investment Income:
- Dividends $ 66,709 $ 57,647
- Interest 64,177 79,091
- Less: Federal excise tax 1,259 2,634
- Investment expense 8,245 5,632
- Contribution income 3,132 1,549
- 124,514 130,021

Program costs and administrative expenses:
- Grants, net 224,103 157,756
- Program contracts and related activities 27,331 8,153
- Program development and evaluation 12,288 10,563
- General administration 6,269 6,355
- 269,991 182,827

Excess of program costs and expenses over income (145,477) (52,806)
Other changes to net assets, net of related federal excise tax:

<table>
<thead>
<tr>
<th>Description</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realized gains on sale of securities</td>
<td>296,043</td>
<td>283,764</td>
</tr>
<tr>
<td>Unrealized appreciation on investments</td>
<td>314,133</td>
<td>1,100,037</td>
</tr>
<tr>
<td>Cumulative effect of change in accounting principles</td>
<td>17,212</td>
<td></td>
</tr>
<tr>
<td></td>
<td>610,176</td>
<td>1,401,013</td>
</tr>
<tr>
<td>Change in net assets unrestricted</td>
<td>464,699</td>
<td>1,348,207</td>
</tr>
<tr>
<td>Net assets, beginning of year unrestricted</td>
<td>4,778,986</td>
<td>3,430,779</td>
</tr>
<tr>
<td>Net assets, end of year unrestricted</td>
<td>$ 5,243,685</td>
<td>$ 4,778,986</td>
</tr>
</tbody>
</table>

See notes to financial statements.

Statements of Cash Flows

For the years ended December 31, 1996 and 1995
(Dollars in thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$464,699</td>
<td>$1,348,207</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,128</td>
<td>1,911</td>
</tr>
<tr>
<td>Decrease (increase) in interest and dividend receivables</td>
<td>3,047</td>
<td>(1,576)</td>
</tr>
<tr>
<td>Increase in contribution receivable</td>
<td>(3,132)</td>
<td>(6,391)</td>
</tr>
<tr>
<td>Net realized and unrealized gains on investments</td>
<td>(610,176)</td>
<td>(1,383,801)</td>
</tr>
<tr>
<td>Decrease in program related investments</td>
<td>1,074</td>
<td>5,066</td>
</tr>
<tr>
<td>(Increase) decrease in cash surrender value</td>
<td>(447)</td>
<td>487</td>
</tr>
<tr>
<td>Increase in accounts payable</td>
<td>352</td>
<td>805</td>
</tr>
<tr>
<td>(Decrease) increase in unpaid grants</td>
<td>(2,690)</td>
<td>49,212</td>
</tr>
<tr>
<td>Decrease in federal excise tax payable</td>
<td>--</td>
<td>(1,967)</td>
</tr>
<tr>
<td>Increase in accumulated postretirement benefit obligation</td>
<td>627</td>
<td>5,244</td>
</tr>
<tr>
<td>Net cash (used in) provided by operations</td>
<td>(144,518)</td>
<td>17,197</td>
</tr>
</tbody>
</table>

Cash flows from investing activities:

<table>
<thead>
<tr>
<th>Description</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from security sales</td>
<td>3,651,465</td>
<td>2,732,214</td>
</tr>
<tr>
<td>Cost of security purchases</td>
<td>(3,656,893)</td>
<td>(2,717,373)</td>
</tr>
<tr>
<td>Acquisition of property and equipment</td>
<td>(1,190)</td>
<td>(1,461)</td>
</tr>
<tr>
<td>Net cash (used in) provided for investing activities</td>
<td>(6,618)</td>
<td>13,380</td>
</tr>
</tbody>
</table>
Net (decrease) increase in cash and cash equivalents (151,136) 30,577
Cash and cash equivalents at beginning of year 291,773 261,196
Cash and cash equivalents at end of year 140,637 $ 291,773

Supplemental data:
Federal excise tax paid $ 4,260 $ 10,216

See notes to financial statements

Notes to Financial Statements

1. Organization:

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 Foundation's mission is to improve the health and health care of all Americans. The Foundation concentrates its grantmaking in three areas:

- to assure that Americans have access to basic health care at reasonable cost;
- to improve the way services are organized and provided to people with chronic health conditions; and
- to promote health and reduce the personal, social, and economic harm caused by substance abuse - tobacco, alcohol, and illicit drugs.

2. Summary of Significant Accounting Policies:

Effective January 1, 1995, the Foundation adopted the provisions of Statement of Financial Accounting Standards ("SFAS") No. 116, "Accounting for Contributions Received and Contributions Made." The financial statements have also been prepared in accordance with SFAS No. 117, "Financial Statements of Not-for-Profit Organizations." Under this provision, net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor imposed restrictions.

Cash and cash equivalents represent cash and short term investments purchased with an original maturity of three months or less. The carrying value approximates fair value.

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. Investments in limited partnership interests are stated at the Foundation's equity interest in the underlying net assets of the Limited Partnerships which are stated at fair value as reported by the Partnerships.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of $2,128,392 in 1996 and $1,910,931 in 1995 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

The Internal Revenue Service provides that each year the Foundation must distribute within 12 months of the end of such year, approximately 5% of the average fair value of its assets not used in carrying out the charitable purpose of the Foundation. The distribution requirement for 1995 has been met and the 1996 requirement is expected to be met during 1997.

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.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

3. Contributions Receivable:

The Foundation recorded as contributions receivable the present value of the estimated future benefit to be received as remaindermen in two trusts.

4. Investments:

At December 31, 1996 and 1995, the cost and fair values of the investments are summarized as follows (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th></th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td></td>
<td>Fair Value</td>
<td>Cost</td>
</tr>
</tbody>
</table>


Johnson & Johnson Common Stock
71,657,994 and 76,673,794 shares in 1996 and 1995, respectively  
$ 85,591 $ 3,564,985 $ 91,583 $ 3,277,805
Other equity investment 825,741 937,551 558,779 617,441
Limited partnership interests 87,188 92,067 7,381 7,381
Fixed income investments 804,086 804,195 975,023 1,005,654

$1,802,606 $5,398,798 $1,632,766 $4,908,281

Pursuant to its limited partnership agreements, as of December 31, 1996, the Foundation is committed to invest approximately $119 million in additional capital over the next three years.

The net realized gains on sales of securities for the years ended December 31, 1996 and 1995 were as follows (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson Common Stock</td>
<td>$ 241,627</td>
<td>$ 237,019</td>
</tr>
<tr>
<td>Other securities, net</td>
<td>54,416</td>
<td>46,745</td>
</tr>
<tr>
<td></td>
<td>$ 296,043</td>
<td>$ 283,764</td>
</tr>
</tbody>
</table>

5. Property and Equipment:

At December 31, 1996 and 1995, property and equipment comprised (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</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>Buildings</td>
<td>10,760</td>
<td>10,685</td>
<td>40</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>9,948</td>
<td>8,908</td>
<td>3-15</td>
</tr>
<tr>
<td>Total</td>
<td>23,482</td>
<td>22,367</td>
<td></td>
</tr>
<tr>
<td>Less, Accumulated depreciation</td>
<td>(10,395)</td>
<td>(8,267)</td>
<td></td>
</tr>
<tr>
<td>Property, and equipment, net</td>
<td>$ 13,087</td>
<td>$ 14,100</td>
<td></td>
</tr>
</tbody>
</table>

6. Unpaid Grants:

At December 31, 1996, the unpaid grant liability is expected to be paid over the next five years as follows (dollars in thousands):

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>$ 120,713</td>
</tr>
<tr>
<td>1998</td>
<td>75,072</td>
</tr>
</tbody>
</table>
SFAS No. 116 requires contributions made ("unpaid grants") to be recorded at the present value of estimated future cash flows. As of December 31, 1996, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 6% to 6 1/2% and an estimated cancellation rate of 4%.

### 7. 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 $1,071,203 and $1,051,924 in 1996 and 1995, respectively.

**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." 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, 1995.

Net periodic postretirement benefit cost for the years ended December 31, 1996 and 1995 included the following components (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service cost of benefits earned</td>
<td>$ 656</td>
<td>$ 544</td>
</tr>
<tr>
<td>Interest cost</td>
<td>210</td>
<td>206</td>
</tr>
<tr>
<td>Net amortization and deferral</td>
<td>(14)</td>
<td>--</td>
</tr>
<tr>
<td><strong>Net periodic postretirement benefit cost</strong></td>
<td>$ 852</td>
<td>$ 750</td>
</tr>
</tbody>
</table>
The following table sets forth the status of the plans, which are unfunded, as of December 31, 1996 and 1995:

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accumulated postretirement benefit obligation</strong>&lt;br&gt;(dollars in thousands):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirees</td>
<td>$2,022</td>
<td>$1,803</td>
</tr>
<tr>
<td>Fully eligible active plan participants</td>
<td>261</td>
<td>98</td>
</tr>
<tr>
<td>Other active plan participants</td>
<td>3,530</td>
<td>3,600</td>
</tr>
<tr>
<td></td>
<td>5,813</td>
<td>5,501</td>
</tr>
<tr>
<td>Add, prior service cost not yet recognized</td>
<td>221</td>
<td>-</td>
</tr>
<tr>
<td>Less, unrecognized losses</td>
<td>(163)</td>
<td>(257)</td>
</tr>
<tr>
<td><strong>Accumulated postretirement benefit obligation</strong></td>
<td>$5,871</td>
<td>$5,244</td>
</tr>
</tbody>
</table>

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% with respect to the medical and dental plan and 6% with respect to the supplemental benefit plans were also used to determine the APBO as of December 31, 1995. The discount rate to determine the 1996 expense for all plans was 7%. A discount rate of 7% was also used to determine the APBO as of December 31, 1996. The assumed health care cost trend rate used was 10% for the medical portion and 7.5% 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, 1996 by $606,000 and the net periodic post retirement benefit costs for 1996 by $97,000. The Foundation paid net retireemedical and dental costs of $108,500 and $100,500 in 1996 and 1995, respectively and retiree supplemental benefit payments of $116,900 in each of the years ended December 31, 1996 and 1995.

**8. 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):

| Postretirement benefits other than pensions | $ (4,711) |
| SFAS 116, Present value adjustment: |       |
Unpaid grant liability 17,080
Contributions receivable 4,843
Total cumulative effect of change in accounting principle $17,212

9. Johnson & Johnson Stock Split:

Johnson & Johnson common stock held at December 31, 1995 has been adjusted to reflect the two for one split on May 21, 1996.
The summary of 1996 grants and contracts is grouped according to the Foundation's goal that they address-access, chronic health conditions, cost containment*, and substance abuse. 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 875 grants and 71 contracts initiated in 1996. Contracts are used to purchase a variety of services and products in direct support of the Foundation's grant programs and goals.

In addition to the awards made in 1996, the Foundation continued to make payments on and monitor grants and contracts awarded in prior years. Together these two groups comprise the Foundation's active awards list totalling 1,975. A complete list of these projects 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
E-mail: publications@rwjf.org

* In mid-1996, the cost containment goal area was folded into the other three Foundation goal areas.

Total Grants and Contracts Awarded: $266,917,545
Grants

All Kids Count: Establishing Immunization Monitoring and Follow-up Systems
Program to support the development and implementation of monitoring and follow-up systems to improve and sustain access to immunizations for preschool children (for the periods indicated).

• The Task Force for Child Survival and Development
Atlanta, GA
$489,734
Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (1 year). ID#27543
$77,218
Supplement to the American Journal of Preventive Medicine on the All Kids Count program (1 year). ID#28761
$136,605
Enlisting private physicians and managed care providers into immunization registries (1 year). ID#29936

Alpha Center for Health Planning, Inc. Washington, DC
$108,969
National policy conference on the health care needs of rural areas (for 1 year). ID#29744

American Academy of Pediatrics, Inc.
Elk Grove Village, IL
$89,956
Incorporating the Healthy Children Program (for 21 months). ID#29393

American Association for World Health, Inc.
Washington, DC
$49,596
National program to strengthen the nation's leadership infrastructure in community health (for 1 year). ID#27919

American Enterprise Institute for Public Policy Research
Washington, DC
$398,747
Research on the link between welfare and health care coverage (for 2 years). ID#27906

American Medical Association
Chicago, IL
$227,075
Renewal of national survey of resident physician career opportunities (for 2 years). ID#26411

America's Promise
Program to challenge cities to mobilize a broad cross-section of the city to form a collaborative and sustained effort to reduce the preventable causes of morbidity and mortality for children (for the periods indicated).

• University of Washington School of Public Health and Community Medicine
Seattle, WA
$546,190
Technical assistance and direction for America's Promise (1 year). ID#28654
$602,976
General technical assistance and communications technical assistance to America's Promise sites (9 months). ID#29729

The Aspen Institute, Inc.
Queenstown, MD
$140,000
Roundtable on initiatives for children, families, and communities (for 2 years). ID#29079

The Association of State and Territorial Health Officials
Washington, DC
$36,000
Inventory of current public and private sector public health initiatives (for 1 year). ID#29734

Bay Area Health Ministries
San Francisco, CA
$5,000
Interfaith parish nursing training program (for 1 year). ID#29420

Boston University Medical Center
Boston, MA
$49,924
Program for language and reading development (for 1 year). ID#30710

Boston University School of Public Health
Boston, MA
$42,052
Conference on policy options for providing children with universal health insurance coverage (for 3 months). ID#29728

Brandeis University,
Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$108,462
Conference on the Future of the U.S. Health Care System: Who Will Finance and Deliver Care for the Poor and Uninsured? (for 14 months). ID#29344

University of California
Oakland, CA
$50,000  
*Study of physician work force training, deployment, and performance in California (for 1 year).*  
ID#29873

**Capital Area Training Foundation**  
Austin, TX  
$50,000  
*Building a comprehensive cross-sector initiative to improve the health of children (for 1 year).*  
ID#23479

**The Carter Center, Inc.**  
Atlanta, GA  
$1,500,000  
*Development of the Interfaith Health Program-Phase Two (for 4 years).*  
ID#27580

**Children Now**  
Oakland, CA  
$150,000  
*State options to expand access to health insurance for children (for 18 months).*  
ID#28510

**Children's Hospital Foundation of Austin**  
Austin, TX  
$50,000  
*Planning for the privatization of a school-based health services program (for 1 year).*  
ID#30612

**Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development**  
Program to support regional efforts to design a continuum of nursing education that will prepare entrants into the profession to work in the full spectrum of patient care settings and to serve in a variety of clinical and administrative roles (for the periods indicated).

- **AZHHA Education Foundation**  
  Tempe, AZ  
  $198,530  
  (3 years).  
  ID#29444

- **University of Alaska Anchorage School of Nursing and Health Sciences**  
  Anchorage, AK  
  $199,861  
  (3 years).  
  ID#29443

- **University of California, Irvine, College of Medicine**  
  Irvine, CA  
  $199,409  
  (3 years).  
  ID#29445

- **University of Colorado Health Sciences Center**
Denver, CO
$200,000
(3 years).
ID#29446

- **Connecticut League for Nursing Inc.**
  Wallingford, CT
  $198,773
  (3 years).
  ID#29448

- **East Tennessee State University College of Nursing**
  Johnson City, TN
  $199,891
  (3 years).
  ID#29462

- **Georgetown University School of Nursing**
  Washington, DC
  $199,592
  (3 years).
  ID#29447

- **MHA Health, Research and Educational Foundation, Inc.**
  Jackson, MS
  $200,000
  (3 years).
  ID#29452

- **Maryland Nurses Foundation, Inc.**
  Linthicum, MD
  $199,344
  (3 years).
  ID#29450

- **Minnesota State Colleges and Universities**
  St. Paul, MN
  $200,000
  (3 years).
  ID#29451

- **University of Missouri-
  Columbia, Charles and Josie Smith Sinclair School of Nursing**
  Columbia, MO
  $198,777
  (3 years).
  ID#29455

- **University of Missouri-
  Kansas City School of Nursing**
  Kansas City, MO
  $200,000
  (3 years).
  ID#29456

- **University of New Mexico Health Sciences Center College of Nursing**
  Albuquerque, NM
$199,997  
(3 years).  
ID#29457

• The Ohio Citizens League for Nursing  
Cleveland, OH  
$199,861  
(3 years).  
ID#29458

• Rutgers, The State University, College of Nursing  
Piscataway, NJ  
$198,854  
(3 years).  
ID#29459

• University of South Carolina College of Nursing  
Columbia, SC  
$199,932  
(3 years).  
ID#29460

• South Dakota Board of Nursing  
Sioux Falls, SD  
$199,741  
(3 years).  
ID#29461

• Texas A&M University- Corpus Christi  
Corpus Christi, TX  
$200,000  
(3 years).  
ID#29463

• University Health Care Associates  
Honolulu, HI  
$186,671  
(3 years).  
ID#29449

• West Virginia University Foundation, Inc.  
Morgantown, WV  
$199,871  
(3 years).  
ID#29464

• American Association of Colleges of Nursing  
Washington, DC  
$316,742  
Technical assistance and direction for Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development (1 year).  
ID#27595

University of Colorado Health Sciences Center  
Denver, CO  
$659,767
Follow-up study of Memphis home-visiting demonstration (for 30 months).
ID#27901

Columbia University School of Nursing
New York, NY
$49,999
Assessment of state health agencies' authorizing legislation (for 6 months).
ID#27515

Columbia University School of Public Health
New York, NY
$125,000
National conference on children and society (for 1 year).
ID#28907

Department of Health & Human Services, Public Health Service, Bureau of Primary Health Care
Bethesda, MD
$25,000
Campaign to stimulate community-based primary care models (for 1 year).
ID#29385

Edgewood Children's Center
San Francisco, CA
$50,000
National conference on family caregivers (for 1 year).
ID#30761

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$250,000
Development of a center to assess perinatal services and outcomes in New Jersey (for 30 months). ID#29553
$16,132
Study of medically nonurgent pediatric visits to emergency departments (for 9 months).
ID#30445

The Fund for New Jersey
New Brunswick, NJ
$50,000
Reorganizing Camden's health care delivery system and improving economic development opportunities (for 6 months).
ID#28630

Generalist Physician Faculty Scholars Program
Program to support the career development of outstanding young faculty in academic departments/divisions of family practice, general internal medicine, and general pediatrics (for the periods indicated).

• University of California, Los Angeles, School of Medicine
Los Angeles, CA
$239,719
(4 years).
ID#29250

• Case Western Reserve University School of Medicine
Cleveland, OH
$239,657
(4 years).
ID#29251

- **Children's Hospital Medical Center**
  Cincinnati, OH
  $109,140
  (2 years).
  ID#29717

- **Children's Research Institute**
  Washington, DC
  $240,000
  (4 years).
  ID#29253

- **Dartmouth Medical School**
  Hanover, NH
  $182,978
  (3 years).
  ID#30677

- **Georgetown University Medical Center**
  Washington, DC
  $238,825
  (4 years).
  ID#29252

- **Harvard Medical School**
  Boston, MA
  $239,999

- **Memorial Hospital**
  Pawtucket, RI
  $240,000
  (4 years).
  ID#29249

- **University of Michigan**
  Ann Arbor, MI
  $240,000
  (4 years).
  ID#29255

- **Northwestern University Medical School**
  Chicago, IL
  $239,994
  (4 years).
  ID#29256

- **University of Texas Health Science Center at San Antonio**
  San Antonio, TX
  $239,155
  (4 years).
  ID#29257

- **University of Utah School**
of Medicine
Salt Lake City, UT
$239,192
(4 years).
ID#29258

• University of Washington School of Medicine
Seattle, WA
$173,871
(30 months).
ID#29976

• Yale University
New Haven, CT
$240,000
(4 years).
ID#29259

• Georgetown University School of Medicine
Washington, DC
$361,593
Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year).
ID#27963

Generalist Physician Initiative
Program to challenge schools of medicine—in collaboration with state governments, private insurers, HMOs, hospitals, and community health centers—to increase the supply of generalist physicians (for the period indicated).

• University of Missouri-Columbia School of Medicine
Columbia, MO
$550,553
Technical assistance and direction for the Generalist Physician Initiative (1 year).
ID#28564

Generalist Provider Research Initiative
Initiative to support a series of research projects to identify, analyze, and assess the opportunities and constraints that determine the current generalist/specialist mix and distribution that affect various efforts to generate change (for the periods indicated).

• Health Research, Inc.
Albany, NY
$88,471
(1 year).
ID#29918

• The Johns Hopkins University School of Hygiene and Public Health
Baltimore, MD
$752,075
(2 years).
ID#28373

Georgetown University Medical Center
Washington, DC
$123,968
Expansion of the Young Physician’s Survey III (for 1 year).
ID#28326

Greater Cleveland Hospital Association
Cleveland, OH
$220,679
Linking supply to demand: A long-range nursing work force project (for 2 years).
ID#29883

The Greater Kansas City Community Foundation
Kansas City, MO
$450,000
Campaign to mobilize the community to address the needs of children (for 3 years).
ID#30376

Harvard Medical School
Boston, MA
$100,000
Support of the Robert H. Ebert Fund (for 1 year).
ID#30133

Harvard Pilgrim Health Care, Inc.
Boston, MA
$1,093,088
Attitudes and Choices in Medical Education and Training (ACMET) 1997 survey (for 37 months). ID#29699

Harvard University School of Public Health
Boston, MA
$74,708
Development of a statistical model for predicting nursing work force demand (for 17 months). ID#28645
$198,811
Evaluation of the New Jersey Access Program (for 18 months).
ID#28732

Healthy Kids Replication Program
Program to replicate the Florida Healthy Kids program (subsidized, comprehensive insurance product designed specifically for children ages 0-18 years and sold through schools) in five to seven states (for the period indicated).

• Florida Healthy Kids Corporation
Tallahassee, FL
$349,784
Technical assistance and direction for the Healthy Kids Replication Program (1 year).
ID#29608

Healthy Mothers Healthy Babies Coalition Incorporated
Washington, DC
$19,395
Support for perinatal outreach workers to attend national forum (for 1 month).
ID#28312

Howard University College of Nursing
Washington, DC
$9,300
Community-wide health fair for the homeless (for 1 month).
ID#30693

Institute for Diversity in Health Management Inc.
Atlanta, GA
$90,000
Database to match minority professionals with appropriate health care management positions (for 1 year).
ID#27770

The Johns Hopkins University School of Hygiene and Public Health
Baltimore, MD
$230,000
Evaluation of the Community Access to Child Health (CATCH) Program (for 20 months).
ID#29677

Ladders in Nursing Careers Program
Program to replicate Project L.I.N.C., which demonstrated an effective strategy to help interested and qualified hospital employees advance into LPN and RN positions at the nursing school of their choice (for the period indicated).

• Greater New York Hospital Foundation, Inc.
New York, NY
$219,762
Technical assistance and direction for the Ladders in Nursing Careers (L.I.N.C.) Program
(18 months).
ID#26864

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers
Program to expand comprehensive health services for school-age children by funding school-based health centers that would be eligible for long-term support through state and local funding policies (for the periods indicated).

• State of Louisiana Department of Health and Hospitals
New Orleans, LA
$1,614,238
(4 years).
ID#29321

• State of Maryland Executive Department, Office for Children, Youth, and Families
Baltimore, MD
$1,448,844
(4 years).
ID#29322

• State of North Carolina Department of Environment, Health, and Natural Resources
Raleigh, NC
$1,410,550
(4 years).
ID#30189
• State of Oregon Department of Human Resources  
  Salem, OR  
  $1,477,523  
  (4 years).  
  ID#29836

• State of Vermont Agency of Human Services  
  Waterbury, VT  
  $940,729  
  (4 years).  
  ID#29437

• George Washington University  
  Washington, DC  
  $618,884  
  *Technical assistance and direction for Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (1 year).*  
  ID#26442

  Marshall Heights Community Development Organization  
  Washington, DC  
  $200,000  
  *Local health care planning initiative (for 9 months).*  
  ID#30480

• Massachusetts Health Research Institute, Inc.  
  Boston, MA  
  $176,306  
  *Analysis of whether non-profit hospitals are meeting community benefit standards (for 18 months).*  
  ID#28427  
  $442,692  
  *Development of a technical assistance structure for consumer helplines (for 2 years).*  
  ID#29314  
  $168,016  
  *Planning for a National Access to Care Resource Center (for 6 months).*  
  ID#30634

• Massachusetts Institute of Technology  
  Cambridge, MA  
  $87,793  
  *Study of states' managerial capacity to sustain health care reform (for 1 year).*  
  ID#28485

• Maternity Center Association  
  New York, NY  
  $49,918  
  *Planning a birthing center for low-income families in the District of Columbia (for 1 year).*  
  ID#30174

• Minority Medical Education Program  
  A summer enhancement program designed to help minority students compete for medical school acceptance (for the periods indicated).

• Association of American Medical Colleges
Washington, DC
$399,579
Technical assistance and direction for the Minority Medical Education Program (1 year).
ID#28032

• United Hospital Fund of New York
New York, NY
$47,214
Evaluation of the Minority Medical Education Program (1 year).
ID#29560

Minority Medical Faculty Development Program
A fellowship program for minority physicians interested in academic careers in biomedical research, clinical investigation, and health services research, who will encourage and foster the development of succeeding classes of minority physicians (for the periods indicated).

• University of Alabama at Birmingham School of Medicine
Birmingham, AL
$163,006
(2 years). ID#30875

• Baylor College of Medicine
Houston, TX
$315,505
(4 years). ID#30803
$315,506
(4 years). ID#29212

• University of California, Los Angeles, School of Medicine
Los Angeles, CA
$315,506
(4 years). ID#30807
$162,996
(2 years). ID#30801
$315,506
(4 years). ID#29213
$163,006
(2 years). ID#30924
$163,006
(2 years). ID#29236

• University of California, San Diego, School of Medicine
La Jolla, CA
$163,006
(2 years). ID#29237
$314,403
(4 years). ID#30808

• University of California, San Francisco, School of Medicine
San Francisco, CA
$314,367
(4 years). ID#29214
$315,426
(4 years). ID#30877
$162,978
(2 years). ID#29238
$163,006
(2 years). ID#30874

• Emory University School of Medicine
Atlanta, GA
$163,006
(2 years). ID#30876

• The General Hospital Corporation-Massachusetts General Hospital
Boston, MA
$315,490
(4 years). ID#29215
$315,506
(4 years). ID#30810

• The Johns Hopkins University School of Medicine
Baltimore, MD
$315,503
(4 years). ID#29216

• University of Maryland at Baltimore School of Medicine
Baltimore, MD
$163,006
(2 years). ID#29240

• University of Mississippi Medical Center
Jackson, MS
$163,006
(2 years). ID#29176

• University of North Carolina at Chapel Hill School of Medicine
Chapel Hill, NC
$315,506
(4 years). ID#29217

• Oregon Health Sciences University School of Medicine
Portland, OR
$161,515
(2 years). ID#29239

• University of Pennsylvania School of Medicine
Philadelphia, PA
$315,025
(4 years). ID#29218

• University of Pittsburgh
Pittsburgh, PA
$315,506
(4 years). ID#29219

• Stanford University School of Medicine
Stanford, CA
$163,006
(2 years). ID#29241

• University of Texas Southwestern Medical Center at Dallas
Dallas, TX
$315,506
(4 years). ID#30814

- Vanderbilt University School of Medicine
  Nashville, TN
  $163,004
  (2 years). ID#30802

- University of Virginia Health Sciences Center
  Charlottesville, VA
  $163,006
  (2 years). ID#29242
  $163,006
  (2 years). ID#29243

- Washington University School of Medicine
  Saint Louis, MO
  $315,505
  (4 years). ID#29222
  $315,506
  (4 years). ID#29221

- University of Washington School of Medicine
  Seattle, WA
  $315,494
  (4 years). ID#29220

- George Washington University Medical Center
  Washington, DC
  $456,415
  Technical assistance and direction for the Minority Medical Faculty Development Program (1 year).
  ID#28187

Montana Community Foundation Inc.
Helena, MT
$20,995
Strategic planning for the Montana Frontier Medical Care Initiative (for 8 months).
ID#29244

National Academy of Sciences-Institute of Medicine
Washington, DC
$349,199
Study of children, health insurance, and access to care (for 1 year).
ID#30365

National Association of School Nurses, Inc.
Scarborough, ME
$196,240
Development of video-illustrated professional development materials for school nurses (for 3 years).
ID#27295

National Public Health and Hospital Institute
Washington, DC
$199,988  
*Dissemination of cultural competence self-assessment tool to health care organizations (for 1 year).*
ID#23299

$470,593  
*Expanded analysis of health and sociodemographic factors in urban areas (for 16 months).*  
ID#29644

**The New York Academy of Medicine**  
New York, NY
$749,774  
*Convening of professionals in public health and medicine: partnering to improve community health in the 21st century (for 18 months).*
ID#28618

**Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care**  
A joint program with the Henry J. Kaiser Family Foundation to support demonstration and research projects that have the potential for improving access to maternal, child, and reproductive health services by reducing sociocultural barriers to care (for the periods indicated).

- **University of New Mexico Health Sciences Center**  
  Albuquerque, NM  
  $77,170  
  (2 years). ID#28351

- **George Washington University Medical Center**  
  Washington, DC  
  $411,641  
  *Expanded technical assistance and direction for the Opening Doors Program (1 year).*
  ID#26981

**Oral Health America, America's Fund for Dental Health**  
Chicago, IL
$25,000  
*Publication of proceedings from Oral Health 2000 National Consortium’s fourth public forum (for 6 months).*
ID#30578

**Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants**  
*Program to develop regional models for the education of mid-level practitioners to increase the number in underserved areas (for the periods indicated).*

- **University of Colorado Health Sciences Center**  
  Denver, CO  
  $1,300,000  
  (73 months).  
  ID#30882

- **University of Minnesota School of Nursing**  
  Minneapolis, MN  
  $1,300,000  
  (73 months).  
  ID#30883
• University of Wisconsin-Madison
Madison, WI
$1,300,000
(73 months).
ID#30884

• Association of Academic Health Centers, Inc.
Washington, DC
$761,052
Technical assistance and direction for Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants (2 years).
ID#28569

People-to-People Health Foundation, Inc.
Millwood, VA
$457,000
Survey on undocumented Hispanic immigrants' access to health care services (for 2 years). ID#26618
$200,000
Oral history of medical generalism in America (for 3 years). ID#27985
$49,814
Trends in Access to Care for Vulnerable Populations: Findings from four RWJF National Access Surveys (for 1 year). ID#28570

Planned Parenthood Association of Mercer Area, Inc.
Trenton, NJ
$30,000
Program to improve social and medical services for Hispanic women (for 1 year). ID#28590

Practice Sights: State Primary Care Development Strategies
Program to challenge states-through collaborations among state agencies, communities, provider groups, and health professionals schools-to improve the distribution of primary care providers in medically underserved areas (for the period indicated).

• North Carolina Foundation for Alternative Health Programs, Inc.
Raleigh, NC
$357,207
Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (1 year). ID#27176

Primary Care Development Corporation
New York, NY
$300,000
New York City-State partnership to accelerate the development of primary care facilities (for 3 years).
ID#28538

Project 3000 by 2000: Health Professions Partnership Initiative
Program to assist the AAMC in helping academic health centers develop the community partnerships required to increase the number of underrepresented minority students prepare to pursue health professions careers (for the periods indicated).

• Allegheny University of the Health Sciences
Philadelphia, PA  
$348,825  
(5 years). ID#28706

• University of Connecticut Health Center  
Farmington, CT  
$349,990  
(5 years). ID#28699

• Medical College of Georgia  
Augusta, GA  
$349,990  
(5 years). ID#28700

• University of Louisville Research Foundation, Inc.  
Louisville, KY  
$349,998  
(5 years). ID#28701

• University of Massachusetts Medical Center  
Worcester, MA  
$350,000  
(5 years). ID#28702

• University of Nebraska Medical Center  
Omaha, NE  
$350,000  
(5 years). ID#28703

• University of North Carolina at Chapel Hill  
Chapel Hill, NC  
$349,955  
(5 years). ID#28704

• Oregon Health Sciences Foundation  
Portland, OR  
$350,000  
(5 years). ID#28705

• The Medical University of South Carolina  
Charleston, SC  
$350,000  
(5 years). ID#28707

• University of Wisconsin-Madison Medical School  
Madison, WI  
$349,966  
(5 years). ID#28708

• Association of American Medical Colleges  
Washington, DC  
$258,243  
Technical assistance and direction for Project 3000 by 2000 (1 year). ID#26976

Public Health Foundation Enterprises, Inc.  
City of Industry, CA  
$100,000  
Providing wellness care at worksites in Central Los Angeles (for 1 year).
ID#29922

Reach Out: Physicians' Initiative to Expand Care to Underserved Americans

Program to challenge private physicians, working with health departments, hospitals, mid-level practitioners, state agencies, and others, to expand their role in the provision of care to the underserved in their communities (for the periods indicated).

- Arizona Chapter of the American Academy of Pediatrics, Inc.
  Phoenix, AZ
  $200,000
  (3 years). ID#29989

- County of Beaverhead, Barrett Memorial Hospital
  Dillon, MT
  $199,170
  (3 years). ID#30032

- CLECO Primary Care Network
  Shelby, NC
  $200,000
  (3 years). ID#29990

- Cedars-Sinai Medical Center
  Los Angeles, CA
  $200,000
  (3 years). ID#29991

- Children's Hospital of Pittsburgh
  Pittsburgh, PA
  $199,894
  (3 years). ID#29992

- Church Health Center of Memphis Inc.
  Memphis, TN
  $199,999
  (3 years). ID#29993

- Health Care Access Network
  Des Moines, IA
  $199,892
  (3 years). ID#29994

- Medalia HealthCare, LLC
  Seattle, WA
  $200,000
  (3 years). ID#30033

- MetroEast Program for Health
  Saint Paul, MN
  $199,925
  (3 years). ID#29995

- Miami Baptist Association
  Miami, FL
  $199,296
  (3 years). ID#29996
• New Song Urban Ministries Inc.
Baltimore, MD
$198,440
(3 years). ID#29997

• The Primary Care Coalition of Montgomery County, Maryland Inc.
Rockville, MD
$199,281
(3 years). ID#29998

• Rotacare International, Inc.
Morgan Hill, CA
$200,000
(3 years). ID#29999

• SSJ Mercy Health System, Inc.
Miami, FL
$199,996
(3 years). ID#30000

• Stanley Street Treatment and Resources, Inc.
Fall River, MA
$200,000
(3 years). ID#30001

• West Virginia University Foundation, Inc.
Morgantown, WV
$200,000
(3 years). ID#30002

• Worcester District Medical Society
Worcester, MA
$200,000
(3 years). ID#30003

• Memorial Hospital
Pawtucket, RI
$613,675
Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans
(1 year). ID#27959

• Western Consortium for Public Health
Berkeley, CA
$217,049
Evaluation of Reach Out: Physicians' Initiative to Expand Care to Underserved Americans-Phase II (2 years). ID#24341

Rochester Health Commission
Rochester, NY
$50,000
Creation of a Rochester, New York, Regional Health Commission (for 1 year).
ID#24485

Rutgers University Foundation
New Brunswick, NJ
$753,500
Family support center in a charter school in Camden, New Jersey (for 5 years).
University of Southern Mississippi
Hattiesburg, MS
$162,571
Technical assistance for a community health advisor network in the southeastern United States (for 1 year).
ID#29271

Spectrum Publishers, Inc.
New Orleans, LA
$14,864
Expanded distribution of the Journal for Minority Medical Students (for 1 year).
ID#27607

University of Texas Health Science Center at Houston
Houston, TX
$141,700
Funding for The Medicine/Public Health Initiative (for 18 months).
ID#28650

The Tides Center
San Francisco, CA
$175,000
Monitoring public and private efforts to increase children's access to health insurance (for 1 year).
ID#29635

Turning Point: Collaborating for a New Century in Public Health
Help states improve the performance of their public health functions through a state level strategic assessment of public health's mission, its relationship to the private sector, organizational structure and governance, work force capacity, accountability, and sources of revenue (for the period indicated).

• University of Washington School of Public Health and Community Medicine
Seattle, WA
$257,367
Technical assistance and direction for Turning Point: Collaborating for a New Century in Public Health (7 months). ID#28589

United Way of San Diego County
San Diego, CA
$400,000
The Children's Initiative, a collaborative effort to improve the health and safety of children (for 5 years).
ID#28587

The Urban Institute
Washington, DC
$250,000
Assessing the new federalism in New Jersey (for 2 years). ID#30554

Volunteers in Medicine Institute Inc.
Hilton Head Island, SC
$99,480
Development of technical assistance materials for free clinics (for 1 year).
ID#30334

Western Consortium for Public Health
Berkeley, CA
$45,840
Funding for the third National Primary Care Conference (for 6 months).
ID#29569

University of Wisconsin-Madison Medical School
Madison, WI
$197,783
Implementation of an inter-tribal managed care system (for 1 year).
ID#28719

Contracts

America's Promise
Program to challenge cities to mobilize a broad cross-section of the city to form a collaborative and sustained effort to reduce the preventable causes of morbidity and mortality for children (for the period indicated).

• Louis Harris & Associates, Inc.
New York, NY
$22,800
Survey on Health and Safety Issues Affecting Children and Youth (2 months).
ID#29073

Communications Projects
Multiple Contractors
$203,500
National Access Survey dissemination (for 1 year). ID#29151
$20,000
Publication of volume covering options in providing children with universal health insurance coverage (for 3 months). ID#29743
$26,365
Invitational conference and publication on cultural diversity, end-of-life care, and bioethics (for 6 months). ID#30406

Mathematica Policy Research, Inc.
Washington, DC
$171,908
Research symposium on measuring access in a managed care environment (for 1 year). ID#29562

Research/Strategy/Management Inc.
Lanham, MD
$69,397
Research on attitudes about public health (for 4 months). ID#29937
$19,000
Research on attitudes about public health (for 1 month). ID#31144

Sucherman Consulting Group, Inc.
New York, NY
$12,474
Technical assistance for a conference on the future of the U.S. health care system
Turning Point: Collaborating for a New Century in Public Health
Program to help states improve the performance of their public health functions through a state level strategic assessment of public health's mission, its relationship to the private sector, organizational structure and governance, workforce capacity, accountability, and sources of revenue (for the period indicated).

• The Association of State and Territorial Health Officials
Washington, DC
$60,333
Advisory activities for Turning Point (2 years). ID#30095
1996 Grants and Contracts
Authorized in the year ended December 31, 1996.

Grants

AIDS National Interfaith Network Inc.
Washington, DC
$25,000
Support for AIDS workers to attend national skills-building conference (for 1 month).
ID#28727

American Dental Association Health Foundation
Chicago, IL
$23,500
National strategic planning conference on the prevention and control of oral cancer (for 4 months).
ID#29232

Atlanta Interfaith AIDS Network Inc.
Atlanta, GA
$50,000
Emergency funding during fiscal restructuring (for 3 months).
ID#29329

Benedictine Nursing Center
Mt. Angel, OR
$48,335
Demonstration of improved wheelchair seating for nursing home residents (for 9 months).
ID#29269

Brandeis University,
Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$18,385
Supportive services for low-income older people: a feasibility study (for 7 months).
ID#28983

Brown University Center for Gerontology & Health Care Research
Providence, RI
$304,050
Springfield Study of Populations with Disabilities, Phase II (for 18 months).
ID#28141

University of California,
Los Angeles, School of Public Policy and Social Research
Los Angeles, CA
$136,794
Study of children with disabilities using personal assistance services (for 1 year).
ID#28871

The Carter Center, Inc.
Atlanta, GA
$50,000
Symposium on mental health and mental illness in the workplace (for 8 months).
ID#30526

The Center School
Highland Park, NJ
$20,000
Summer therapy program for high-risk learning disabled students (for 3 months).
ID#27469

Children's Hospital Corporation
Boston, MA
$50,000
Feasibility of a follow-up evaluation of the Brookline Early Education Project (for 9 months). ID#29535

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

• University of Colorado Health Sciences Center
Denver, CO
$203,069
(18 months). ID#28183

• Henry Ford Health System
Detroit, MI
$176,205
(17 months). ID#30800

• Legacy Good Samaritan Hospital and Medical Center
Portland, OR
$525,732
(3 years). ID#29070

• University of Minnesota Medical School
Minneapolis, MN
$530,371
(4 years). ID#28824

• AAHP Foundation
Washington, DC
$266,871
Technical assistance and direction for Chronic Care Initiatives in HMOs (8 months). ID#28596

University of Colorado Foundation
Denver, CO
$48,451
Conference to stimulate discussion on end-of-life care (for 1 year).
ID#30689
Community Health Law Project
East Orange, NJ
$20,000
Program to assist elderly and disabled people prepare advance directives (for 15 months).
ID#28531

Consumers Union of United States, Inc.
Yonkers, NY
$459,600
Consumer guide on health care for senior citizens (for 18 months).
ID#26782

Delaware-Raritan Girl Scout Council
East Brunswick, NJ
$6,000
AIDS education and service program for Girl Scout troops in Central New Jersey (for 2 years).
ID#29284

Education Development Center, Inc.
Newton, MA
$297,600
Improving care at the end of life for Medicare patients in managed care (for 18 months). ID#28037

Educational Broadcasting Corporation
New York, NY
$639,705
Multi-media curriculum on end-of-life issues for grassroots organizations (for 1 year). ID#29469

Faith in Action: Replication of The Interfaith Volunteer Caregivers Program
Program to help support the establishment of up to 1,000 new interfaith volunteer caregiver projects for all ages with chronic health conditions (for the periods indicated).

• ACCORD
Battle Creek, MI
$25,000
(18 months). ID#29453

• AIDS Community Services of Western New York, Inc.
Buffalo, NY
$25,000
(18 months). ID#28847

• AIDS Interfaith Network Inc.
New Haven, CT
$25,000
(18 months). ID#29892

• AIDS Interfaith Network of Savannah Inc.
Savannah, GA
$25,000
(18 months). ID#28980
• AIDS Volunteers of Lexington Inc.  
  Lexington, KY  
  $25,000  
  (18 months). ID#30549

• Absolutely Positive + Inc.  
  Roswell, GA  
  $25,000  
  (18 months). ID#30630

• Adult Care Services, Inc.  
  Prescott, AZ  
  $25,000  
  (18 months). ID#30228

• Alive Hospice, Inc.  
  Nashville, TN  
  $25,000  
  (18 months). ID#28904

• Aloysius Home Inc.  
  Memphis, TN  
  $25,000  
  (18 months). ID#29670

• Alzheimer's Disease and Related Disorders Association, Inc., Greater Washington, DC Chapter  
  Washington, DC  
  $25,000  
  (18 months). ID#28729  
  $25,000  
  (18 months). ID#28730

• Alzheimer's Disease and Related Disorders Association, Inc., Greater Miami Chapter  
  Miami, FL  
  $25,000  
  (18 months). ID#30057

• Alzheimer's Disease and Related Disorders Association, Inc., Mid-Willamette Chapter  
  Salem, OR  
  $25,000  
  (18 months). ID#29862

• Any Baby Can, Inc.  
  Austin, TX  
  $25,000  
  (18 months). ID#30166

• Associated Catholic Charities of East Tennessee, Inc.  
  Knoxville, TN  
  $25,000  
  (18 months). ID#29751

• Athens Mental Health, Inc.  
  Athens, OH
$25,000  
(18 months). ID#30932

• **Bayview Hunters Point Network for Elders Inc.**  
San Francisco, CA  
$25,000  
(18 months). ID#28851

• **Bethany Lutheran Church**  
Ashtabula, OH  
$25,000  
(18 months). ID#29669

• **Bethlehem Lutheran Church**  
Longmont, CO  
$25,000  
(18 months). ID#30529

• **Blue Valley Community Action Inc.**  
Fairbury, NE  
$25,000  
(18 months). ID#28833

• **The Boyle County Senior Citizens, Inc.**  
Danville, KY  
$25,000  
(18 months). ID#29846

• **The Brooklyn Hospital Center**  
Brooklyn, NY  
$25,000  
(18 months). ID#29306

• **COPE/IVC, Interfaith Volunteer Caregivers**  
Denver, CO  
$25,000  
(18 months). ID#29126

• **C.S.S. of Washtenaw County**  
Ann Arbor, MI  
$25,000  
(18 months). ID#30771

• **California Pacific Medical Center Foundation**  
San Francisco, CA  
$25,000  
(18 months). ID#28784

• **Cancer Services, Inc.**  
Winston-Salem, NC  
$25,000  
(18 months). ID#29154

• **County of Cass**  
Atlantic, IA  
$25,000  
(18 months). ID#28688
• Catalina Helping Hands
  Catalina, AZ
  $25,000
  (18 months). ID#28969

• Catholic Charities
  Buffalo, NY
  $25,000
  (18 months). ID#28832

• Catholic Charities
  Pittsburgh, PA
  $25,000
  (18 months). ID#30507

• Catholic Charities and Community Services Northern
  Fort Collins, CO
  $25,000
  (18 months). ID#30364

• The Catholic Charities of the Diocese of Buffalo
  Buffalo, NY
  $25,000
  (18 months). ID#30494

• Catholic Charities of the Diocese of Yakima
  Yakima, WA
  $25,000
  (18 months). ID#28971

• Catholic Charities of Hampton Roads, Inc.
  Virginia Beach, VA
  $25,000
  (18 months). ID#29030

• Catholic Charities, Inc.
  Fort Worth, TX
  $25,000
  (18 months). ID#30301

• Catholic Charities of
  Los Angeles, Inc.
  Los Angeles, CA
  $25,000
  (18 months). ID#29878

• Catholic Charities of the Southern Tier
  Elmira, NY
  $25,000
  (23 months). ID#28960

• Catholic Family Service, Inc.
  Lubbock, TX
  $25,000
  (18 months). ID#29584

• Catholic Human Services
  Gaylord, MI
$25,000
(18 months). ID#30510

• Central Oregon Council on Aging, Inc.
Redmond, OR
$25,000
(18 months). ID#28970

• Cerebral Palsy of Northeastern Minnesota
Duluth, MN
$25,000
(18 months). ID#30866

• The Charles Albert Tindley Community Development Corporation
Philadelphia, PA
$25,000
(18 months). ID#30739

• Chattanooga C.A.R.E.S. Inc.
Chattanooga, TN
$25,000
(18 months). ID#30086

• The Children's Hospital
Columbus, OH
$25,000
(18 months). ID#29647

• Chippewa County
Montevideo, MN
$25,000
(18 months). ID#30470

• Christian Associates of Southwest Pennsylvania
Pittsburgh, PA
$25,000
(18 months). ID#28990

• Christians United Outreach Center
Asheboro, NC
$25,000
(18 months). ID#29112

• The Church of the Good Shepherd
Watertown, MA
$25,000
(18 months). ID#29601

• Clearfield County Area Agency on Aging, Inc.
Clearfield, PA
$25,000
(18 months). ID#30770

• Clifton Heights Neighborhood Association
St. Louis, MO
$25,000
(18 months). ID#29778
• Coastal Caregivers  
  Brick, NJ  
  $25,000  
  (18 months). ID#29859

• Collier/McDew Health Promotion Coalition, Inc.  
  Savannah, GA  
  $25,000  
  (18 months). ID#28834

• Columbia University  
  New York, NY  
  $25,000  
  (18 months). ID#29877

• Community Family Life Service, Inc.  
  Washington, DC  
  $25,000  
  (18 months). ID#30628

• Como Park Living at Home Block Nurse Program  
  St. Paul, MN  
  $25,000  
  (18 months). ID#30283

• Compassionate Hands Inc.  
  Yukon, OK  
  $25,000  
  (18 months). ID#30498

• Compeer, Inc.  
  Pittsford, NY  
  $25,000  
  (18 months). ID#30546

• Compeer of North Iowa Inc.  
  Mason City, IA  
  $25,000  
  (18 months). ID#29534

• Concordia Lutheran Church  
  Triangle, VA  
  $25,000  
  (18 months). ID#30227

• The Congress of National Black Churches, Inc., Southern California Affiliate  
  Los Angeles, CA  
  $25,000  
  (18 months). ID#29602

• Conscious Contact  
  San Rafael, CA  
  $25,000  
  (18 months). ID#29032

• Cottage Grove Community Chest Inc.  
  Cottage Grove, OR
$25,000
(18 months). ID#29199

- **Council on Aging for Southeastern Vermont, Incorporated**
  Brattleboro, VT
  $25,000
  (18 months). ID#29578

- **County of Pickaway**
  Circleville, OH
  $25,000
  (18 months). ID#31035

- **Covenant Senior Day Program**
  Portage, MI
  $25,000
  (18 months). ID#29749

- **Dakota Area Resources and Transportation for Seniors**
  West St. Paul, MN
  $25,000
  (18 months). ID#29860

- **Developmental Opportunities**
  Canon City, CO
  $25,000
  (18 months). ID#30592
  $25,000
  (18 months). ID#30610

- **The Diocesan Council, Inc.**
  Wilmington, DE
  $25,000
  (18 months). ID#29943

- **The Disability Connection**
  Ft. Collins, CO
  $25,000
  (18 months). ID#30474

- **Disc Village, Inc.**
  Tallahassee, FL
  $25,000
  (18 months). ID#30591

- **Don Bosco Community Centers**
  Kansas City, MO
  $25,000
  (18 months). ID#29587

- **Earth Care Ministry**
  Conyers, GA
  $25,000
  (18 months). ID#29779
  $25,000
  (18 months). ID#29844
  $25,000
  (18 months). ID#28731
• Earth Care Ministry  
  Oxford, GA  
  $25,000  
  (18 months). ID#29074

• Easter Seal Society For Disabled Children and Adults Inc.  
  Washington, DC  
  $25,000  
  (18 months). ID#28849  
  $25,000  
  (18 months). ID#28785

• El Paso Fountain Valley Senior Citizens Program  
  Fountain, CO  
  $25,000  
  (18 months). ID#30115

• Faith in Action in Northwest Florida Inc.  
  Pensacola, FL  
  $25,000  
  (18 months). ID#30422

• Faith in Serving Humanity Inc.  
  Monroe, GA  
  $25,000  
  (18 months). ID#29845

• Diocese of Fall River, Office of AIDS Ministry, Inc.  
  Fall River, MA  
  $25,000  
  (18 months). ID#28764

• Family Friends of Eastern Nebraska  
  Omaha, NE  
  $8,698  
  (18 months). ID#28936

• First United Methodist Church  
  Norfolk, NE  
  $25,000  
  (18 months). ID#29198

• Frame Memorial Presbyterian Church  
  Stevens Point, WI  
  $25,000  
  (18 months). ID#28866

• Francis House Inc.  
  Tampa, FL  
  $25,000  
  (18 months). ID#30402

• Frankford Group Ministry Inc.  
  Philadelphia, PA  
  $25,000  
  (18 months). ID#29552

• Franklin Memorial Primary Health Center
Mobile, AL
$25,000
(18 months). ID#29850

• Friends In Need Inc.
Kingsport, TN
$25,000
(18 months). ID#30155

• Friendship Haven Inc.
Fort Dodge, IA
$25,000
(18 months). ID#28883

• Friendship, Inc.
Fargo, ND
$25,000
(18 months). ID#29923

• Full Circle: AIDS Hospice Support
Norfolk, VA
$25,000
(18 months). ID#28716

• G. T. Services, Incorporated
Monroe, LA
$25,000
(18 months). ID#30074

• The Gabriel Foundation Inc.
Fort Myers, FL
$25,000
(18 months). ID#29107

• Gila Mountain United Methodist Church
Yuma, AZ
$25,000
(18 months). ID#29893

• Good Ground Full Gospel Fellowship Ministries
Cedar Rapids, IA
$25,000
(18 months). ID#30284

• Good Neighbor Services Foundation
Roseville, MN
$25,000
(18 months). ID#30495

• Good Samaritan Project
Kansas City, MO
$25,000
(18 months). ID#28916

• Grace Church
Utica, NY
$25,000
(18 months). ID#30031
• The Greater Baton Rouge Federation of Churches and Synagogues Inc.
   Baton Rouge, LA
   $25,000
   (18 months). ID#30773

• HPC Foundation for Hospice Care
   Ft. Smith, AR
   $25,000
   (18 months). ID#30970

• Hastings Family Service
   Hastings, MN
   $25,000
   (18 months). ID#29588

• Haywood County Council on Aging
   Waynesville, NC
   $25,000
   (22 months). ID#28979

• Health-Care and Rehabilitation Services of Southeastern Vermont, Inc.
   Bellows Falls, VT
   $25,000
   (18 months). ID#30354

• Highlands Community Ministries, Inc.
   Louisville, KY
   $25,000
   (18 months). ID#29582

• Hollywood Lutheran Church
   Los Angeles, CA
   $25,000
   (19 months). ID#28991

• Hollywood-Beverly Christian Church
   Hollywood, CA
   $25,000
   (18 months). ID#30157

• Hope Hospice, Inc.
   Rib Lake, WI
   $25,000
   (18 months). ID#28966

• Horizon Health Inc.
   Pierz, MN
   $25,000
   (18 months). ID#30471

• Hospice Dwelling Place Inc.
   Jamesville, VA
   $25,000
   (18 months). ID#28963

• Hospice For Communities, Inc.
   Flint, MI
$25,000  
(18 months). ID#29049

• Hospice San Antonio  
San Antonio, TX  
$25,000  
(18 months). ID#28850

• House of T.I.M.E. Incorporated  
Columbus, GA  
$25,000  
(18 months). ID#28748

• Houston County Group Home, Inc.  
Caledonia, MN  
$25,000  
(18 months). ID#28848

• Human Resources Authority Inc.  
Escanaba, MI  
$25,000  
(18 months). ID#30385

• Interfaith Caregiving Network  
Brookfield, WI  
$25,000  
(18 months). ID#29260

• Interfaith Elderly Assistance of Greater Chattanooga Inc.  
Chattanooga, TN  
$25,000  
(18 months). ID#29861

• Interfaith Ministries of Hawaii Inc.  
Honolulu, HI  
$25,000  
(18 months). ID#28885

• Interfaith Program for the Elderly, Incorporated  
Milwaukee, WI  
$25,000  
(18 months). ID#29307

• Irving Park United Methodist Church  
Chicago, IL  
$25,000  
(18 months). ID#30497

• The Janet Wattles Mental Health Center, Inc.  
Rockford, IL  
$25,000  
(18 months). ID#30611

• Jewish Family and Childrens Service of Southern Arizona Inc.  
Tucson, AZ  
$25,000  
(18 months). ID#28870
• Jewish Family Service of
  Los Angeles
  Los Angeles, CA
  $25,000
  (18 months). ID#30637

• Jewish Family Service of Orange County Inc.
  Middletown, NY
  $25,000
  (18 months). ID#29586

• John XXIII AIDS Ministry
  Monterey, CA
  $25,000
  (18 months). ID#29127

• Josephine Sunset Home
  Stanwood, WA
  $25,000
  (18 months). ID#28981

• Kauai Interfaith Council
  Lihue, HI
  $25,000
  (18 months). ID#29801

• Kenosha Area Family and Aging Services Inc.
  Kenosha, WI
  $25,000
  (18 months). ID#30496

• Lafayette Catholic Service Centers, Inc.
  Lafayette, LA
  $25,000
  (18 months). ID#30515

• Lexington Richland Alcohol and Drug Abuse Council, Inc.
  Columbia, SC
  $25,000
  (18 months). ID#30440

• Lilly Ministries
  Mackinaw, IL
  $25,000
  (18 months). ID#30969

• Lincoln-Lancaster Seniors Foundation
  Lincoln, NE
  $25,000
  (18 months). ID#30401

• Lincoln Lutheran of Racine, Wisconsin, Inc.
  Racine, WI
  $25,000
  (18 months). ID#28867

• Little Brothers-Friends of the Elderly
  Hancock, MI
$25,000
(18 months). ID#28934

• Living Independence for Everyone (LIFE), Incorporated
  Jackson, MS
  $25,000
  (18 months). ID#30569

• Living Independently Through Volunteers for the Elderly of Cleveland County, Inc.
  Shelby, NC
  $25,000
  (18 months). ID#29849

• Livingston County Catholic Social Services
  Brighton, MI
  $25,000
  (18 months). ID#29454

• Long Island Association for AIDS Care Inc.
  Huntington Station, NY
  $25,000
  (18 months). ID#30506

• University of Louisville Research Foundation, Inc.
  Louisville, KY
  $25,000
  (18 months). ID#29847

• Love INC of Bedford County
  Bedford, PA
  $25,000
  (18 months). ID#30545

• Love INC of Lafayette Inc.
  Lafayette, LA
  $25,000
  (18 months). ID#29703

• Love INC of Northeast
  San Gabriel Valley
  Covina, CA
  $25,000
  (18 months). ID#29851

• Lovejoy Hospice, Inc.
  Grants Pass, OR
  $25,000
  (18 months). ID#28982

• Lutheran Homes of Oshkosh, Inc.
  Oshkosh, WI
  $25,000
  (18 months). ID#30511

• Lutheran Social Service of Minnesota
  Crookston, MN
  $25,000
• Lutheran Social Services of South Central Pennsylvania
  York, PA
  $25,000
  (18 months). ID#30931

• Marin AIDS Interfaith Network
  San Anselmo, CA
  $25,000
  (18 months). ID#29075

• County of Marquette
  Marquette, MI
  $25,000
  (18 months). ID#29027

• Martin Luther Homes of Beatrice Inc.
  Beatrice, NE
  $25,000
  (18 months). ID#30608

• Martin Luther
  Homes of Iowa Inc.
  Waukon, IA
  $25,000
  (18 months). ID#29581

• Martin Luther Homes of Nebraska Inc.
  Auburn, NE
  $25,000
  (18 months). ID#30963

• Martin Luther Hospital Foundation
  Anaheim, CA
  $25,000
  (18 months). ID#28643

• The Memorial Hospital of Salem County Inc.
  Salem, NJ
  $25,000
  (2 years). ID#29369

• Mental Health Association in Hamilton County
  Webster City, IA
  $25,000
  (18 months). ID#29649

• Mental Health Association, Inc. North Carolina
  Raleigh, NC
  $25,000
  (18 months). ID#29316

• Mental Health Association Residential Care, Inc.
  Wichita, KS
  $25,000
  (18 months). ID#30274
• Mental Health Association in Tuscaloosa County, Incorporated  
Tuscaloosa, AL  
$25,000  
(18 months). ID#30300

• Mental Health Association of York County  
York, PA  
$25,000  
(18 months). ID#30469

• Mental Health Services of Cranston, Johnston and Northwestern Rhode Island  
Johnston, RI  
$25,000  
(18 months). ID#29668

• Mesa Senior Center, Inc.  
Mesa, AZ  
$25,000  
(18 months). ID#29671

• Messiah Lutheran Church  
Eugene, OR  
$25,000  
(18 months). ID#28836

• Missouri Association for Social Welfare  
Jefferson City, MO  
$25,000  
(18 months). ID#29580

• Mobile AIDS Support Services  
Mobile, AL  
$25,000  
(18 months). ID#30473

• Monongalia County  
Morgantown, WV  
$25,000  
(18 months). ID#29066

• Mount Zion African Methodist Episcopal Church  
Battle Creek, MI  
$25,000  
(18 months). ID#29848

• Muhlenberg Regional Medical Center, Inc.  
Plainfield, NJ  
$25,000  
(18 months). ID#28914

• Mulberry Lutheran Home, Inc.  
Mulberry, IN  
$25,000  
(18 months). ID#30509

• Network AIDS Inc.  
Columbus, GA
$25,000
(18 months). ID#29843

- New Beginning Enterprises
  Independence, KS
  $25,000
  (18 months). ID#30355

- New Bethlehem Free Will Baptist Church, Inc.
  Baltimore, MD
  $25,000
  (18 months). ID#29406

- North Presbyterian Church
  Denver, CO
  $25,000
  (18 months). ID#29155

- Northeast Kansas Area Agency on Aging Inc.
  Hiawatha, KS
  $25,000
  (18 months). ID#30636

- Northwest Aging Association
  Spencer, IA
  $25,000
  (18 months). ID#29371

- Northwest Assistance Ministries
  Houston, TX
  $25,000
  (18 months). ID#29704

- OASIS Inc.
  Albemarle, NC
  $25,000
  (18 months). ID#28917

- Oak Grove United Methodist Church
  Milwaukie, OR
  $25,000
  (18 months). ID#29626

- Oklahomans for Independent Living
  McAlester, OK
  $25,000
  (18 months). ID#28918

- PRODUCIR Inc.
  Canovanas, PR
  $25,000
  (18 months). ID#28939

- Partnerships for People Inc.
  Short Hills, NJ
  $25,000
  (18 months). ID#30508
• Pathways Volunteer Hospice
  Long Beach, CA
  $25,000
  (18 months). ID#31005

• Petersburg District, United Methodist Church
  Petersburg, VA
  $25,000
  (18 months). ID#29323

• Presbyterian Outreach
  Omaha, NE
  $25,000
  (18 months). ID#28868

• Presbytery of the Palisades
  Paramus, NJ
  $25,000
  (18 months). ID#30153

• Prestera Center for Mental Health Services, Inc.
  Huntington, WV
  $25,000
  (18 months). ID#28938

• Prince William Interfaith Volunteer Caregivers Program
  Manassas, VA
  $25,000
  (18 months). ID#28835

• Progressive Training Associates Inc.
  Bridgeport, CT
  $25,000
  (18 months). ID#30930

• Providence Health Care Foundation
  Anchorage, AK
  $25,000
  (18 months). ID#29518

• Range Helping Hands Inc.
  Hibbing, MN
  $25,000
  (18 months). ID#28962

• Range Respite Project
  Virginia, MN
  $25,000
  (18 months). ID#30056

• Rapides Station Community Ministries
  Alexandria, LA
  $25,000
  (18 months). ID#30403

• Reaching Out to Senior Adults Inc.
  Atlanta, GA
  $25,000
• **Real Services Inc.**  
  South Bend, IN  
  $25,000  
  (18 months). ID#29308

• **Regional Aids Interfaith Network (RAIN) of Pennsylvania**  
  Lancaster, PA  
  $25,000  
  (18 months). ID#28641

• **Religious Effort to Assist and Care for the Homeless Inc.**  
  Hagerstown, MD  
  $25,000  
  (18 months). ID#30609

• **Rochester Area Alliance for the Mentally Ill**  
  Rochester, MN  
  $25,000  
  (18 months). ID#28935

• **Rum River Health Services Inc.**  
  Princeton, MN  
  $25,000  
  (18 months). ID#29372

• **Rural AIDS Action Network**  
  Minneapolis, MN  
  $25,000  
  (18 months). ID#30583

• **St. Camillus Provincialate**  
  Wauwatosa, WI  
  $25,000  
  (18 months). ID#29057

• **St. Francis' Medical Center**  
  Peoria, IL  
  $25,000  
  (18 months). ID#28915

• **St. Francis' Medical Center**  
  Trenton, NJ  
  $25,000  
  (18 months). ID#30165

• **St. Joan of Arc Church**  
  Kokomo, IN  
  $25,000  
  (18 months). ID#30772

• **St. Mark's Church**  
  Brunswick, GA  
  $25,000  
  (18 months). ID#29589

• **St. Rose Dominican Hospital**
• St. Stephen's Episcopal Church
  Culpeper, VA
  $25,000
  (18 months). ID#29516

• San Diego Interfaith Caregivers Volunteer Program for the Kumeyaay and Pai Pai Band of Indians
  Alpine, CA
  $25,000
  (18 months). ID#30404

• Diocese of Santa Rosa, Catholic Charities
  Santa Rosa, CA
  $25,000
  (18 months). ID#29780

• Scheurer Hospital
  Pigeon, MI
  $25,000
  (18 months). ID#30635

• Self-Help, Inc.
  Riverside, RI
  $25,000
  (18 months). ID#29622

• Seneca County Commission on Aging Inc.
  Tiffin, OH
  $25,000
  (18 months). ID#30026

• Senior Citizens Coordinating Council of Riverbay Community
  Bronx, NY
  $25,000
  (18 months). ID#30468

• The Senior Citizens Council of Greater Augusta and the CSRA, Georgia, Inc.
  Augusta, GA
  $25,000
  (18 months). ID#30154

• Senior Coastsiders Inc.
  Half Moon Bay, CA
  $25,000
  (18 months). ID#30156

• Seniors Interfaith Resource Center Inc.
  Bethesda, MD
  $25,000
  (21 months). ID#29028

• Shenendehowa Senior Citizens Inc.
  Clifton Park, NY
$25,000 (18 months). ID#30073

- **Shepherds Center of Raytown**
  Kansas City, MO
  $25,000 (18 months). ID#29750

- **Shepherds Center of Harrisonburg Rockingham County Inc.**
  Harrisonburg, VA
  $25,000 (18 months). ID#28901

- **Sisters of St. Francis Foundation-Sacred Heart Province**
  Denver, CO
  $25,000 (18 months). ID#28884

- **Social Concerns Inc.**
  St. Louis, MO
  $25,000 (18 months). ID#29776
  $25,000 (18 months). ID#30400

- **South Austin Caregivers**
  Austin, TX
  $25,000 (18 months). ID#30550

- **State of South Carolina Department of Mental Health**
  Columbia, SC
  $25,000 (18 months). ID#29031

- **South Central Alabama Coalition for Citizens with Disabilities**
  Andalusia, AL
  $25,000 (18 months). ID#29485

- **South County Senior Services, Inc.**
  San Clemente, CA
  $25,000 (18 months). ID#28718

- **South East Community Organization Inc.**
  Baltimore, MD
  $25,000 (18 months). ID#29153

- **Southeastern Arizona Volunteer/Elder Services**
  Safford, AZ
  $25,000 (18 months). ID#29625

- **Southern Tier Environments for Living, Inc.**
  Jamestown, NY
  $25,000
- **Southwest Regional Development Commission**
  Slayton, MN
  $25,000
  (18 months). ID#29648

- **Stillwater Area Community Services Center Inc.**
  Stillwater, NY
  $25,000
  (18 months). ID#29192

- **The Summit Medical Center Foundation**
  Oakland, CA
  $25,000
  (18 months). ID#30285

- **Sunnyside Community Services, Inc.**
  Sunnyside, NY
  $25,000
  (18 months). ID#30152

- **Temple University**
  Philadelphia, PA
  $25,000
  (18 months). ID#29775

- **Texoma Senior Citizens Foundation**
  Sherman, TX
  $25,000
  (18 months). ID#28717

- **Town of Coventry**
  Coventry, RI
  $25,000
  (18 months). ID#30030

- **Town of Natick**
  Natick, MA
  $25,000
  (18 months). ID#29842

- **Township of Islip Interfaith Volunteer Caregivers Inc.**
  Islip, NY
  $25,000
  (18 months). ID#29193

- **Tri-Valley Elder Services, Inc.**
  Webster, MA
  $25,000
  (18 months). ID#29181

- **Triniteam, Inc.**
  Eau Claire, WI
  $25,000
  (18 months). ID#29370

- **Ulster Community College Foundation**
Stone Ridge, NY
$25,000
(18 months). ID#30273

- United Community Independence Programs, Inc.
  Franklin, PA
$25,000
(18 months). ID#29634

- United Hospital District
  Blue Earth, MN
$25,000
(18 months). ID#30276

- United Senior Services Corporation, Incorporated
  New Bern, NC
$25,000
(18 months). ID#30547

- United Way of Bennington County Inc.
  Bennington, VT
$25,000
(18 months). ID#29933

- United Way of Santa Rosa County, Inc.
  Milton, FL
$25,000
(18 months). ID#29505

- United Way and Volunteer Services of Greater Yankton
  Yankton, SD
$25,000
(18 months). ID#30087

- Urban Ministry of Greater Waterloo
  Waterloo, IA
$25,000
(18 months). ID#29777

- Virginia Park Citizens Service Corporation
  Detroit, MI
$25,000
(18 months). ID#30740

- Voluntary Action Center of Montgomery County
  Blacksburg, VA
$25,000
(18 months). ID#30629

- Volunteer Action Center of the Mid-Ohio Valley Inc.
  Parkersburg, WV
$25,000
(18 months). ID#30548

- Volunteer Caregivers Program, Inc.
  Poughkeepsie, NY
$25,000
(18 months). ID#29981
- Washington County Elder Care Inc.
  Bartlesville, OK
  $25,000
  (18 months). ID#28919

- Washington Regional Medical Foundation
  Fayetteville, AR
  $25,000
  (18 months). ID#28968

- Washington-Hancock Community Agency
  Milbridge, ME
  $25,000
  (18 months). ID#30607

- Wesley Health Care Center Inc.
  Saratoga Springs, NY
  $25,000
  (18 months). ID#29579

- West Virginia University Hospitals, Inc.
  Morgantown, WV
  $25,000
  (21 months). ID#28964

- Westbay Community Action, Inc.
  Warwick, RI
  $25,000
  (18 months). ID#29623

- Westerly Area Rest Meals WARM Inc.
  Westerly, RI
  $25,000
  (18 months). ID#29748

- Western North Carolina AIDS Project Inc.
  Asheville, NC
  $25,000
  (18 months). ID#30472

- Westside CARES Inc.
  Colorado Springs, CO
  $25,000
  (18 months). ID#30934

- The Woodlands Religious Community, Inc.
  The Woodlands, TX
  $25,000
  (18 months). ID#29624

- Worcester County Ecumenical Council, Inc.
  Worcester, MA
  $25,000
  (18 months). ID#29305

- Worcester County Interfaith Volunteer Caregivers Inc.
  Bishopville, MD
$25,000
(18 months). ID#30025

- **The Young Christian Ambassadors of Oklahoma Incorporated**
  Chandler, OK
  $25,000
  (18 months). ID#28965

- **Your Health America, Inc.**
  Atlanta, GA
  $25,000
  (18 months). ID#30920

- **Kingston Hospital**
  Kingston, NY
  $850,451
  *Technical assistance and direction for Faith in Action: Replication of The Interfaith Volunteer Caregivers Program (1 year).* ID#27303

**Family Voices**
Algodones, NM
$489,307
*Resources for families with special needs children (for 3 years).* ID#30036

**Florida Commission on Aging with Dignity Inc.**
Tallahassee, FL
$398,690
*Public education to promote a health and long-term care system to allow aging with dignity (for 18 months).* ID#29110

**Funders Concerned About AIDS, Inc.**
New York, NY
$30,000
*Helping funders address AIDS issues (for 1 year).* ID#23798

**George Washington University**
Washington, DC
$45,049
*Developing a toolkit to help hospitals measure quality of care at the end of life (for 1 year).* ID#29719

**Group Health Cooperative of Puget Sound**
Seattle, WA
$197,045
*Planning for a program of chronic disease management in organized health systems (for 11 months).* ID#30104

**Harvard Pilgrim**
Health Care, Inc.
Boston, MA
$43,975
*National consensus conference on medical education for care near the end of life (for 1 year).* ID#29360

**Home Care Research Initiative**
*Program for researchers and policy analysts to explore key issues in the area of home and community-based care for the chronically ill (for the periods indicated).*
• University of Massachusetts Boston
  Boston, MA
  $385,447
  (30 months). ID#30870

• Visiting Nurse Service of New York
  New York, NY
  $540,500
  Concept papers on home care policy and practice (29 months). ID#31099
  $348,144
  Research on state options for allocating resources to home and community-based care (2 years). ID#30172

Hospital Research and Educational Trust
  Chicago, IL
  $25,000
  Eighth national HIV/AIDS update conference (for 4 months). ID#29113

Independent Choices: Enhancing Consumer Direction for People with Disabilities
  Program to improve service arrangements for the chronically ill by encouraging mechanisms that better coordinate and balance services, addressing both the acute care and functional care needs of the chronically ill (for the periods indicated).

• Arkansas Department of Human Services
  Little Rock, AR
  $448,294
  (3 years). ID#30280

• State of Florida Department of Elder Affairs
  Tallahassee, FL
  $159,582
  (1 year). ID#30840

• Health Research, Inc.
  Albany, NY
  $498,738
  (3 years). ID#30279

• State of New Jersey Department of Human Services
  Trenton, NJ
  $167,626
  (1 year). ID#30839

• University of Maryland Center on Aging
  College Park, MD
  $324,390
  Technical assistance and direction for the demonstration and evaluation component (1 year). ID#28431

• National Council on the Aging Inc.
  Washington, DC
  $272,726
  Technical assistance and direction for the consumer empowerment demonstration and research component (1 year). ID#28432
• University of Maryland Center on Aging  
  College Park, MD  
  $180,000  
  Focus groups and surveys for Independent Choices demonstration and evaluation program (1 year). ID#30555  
  $230,000  
  Focus groups and surveys for Independent Choices demonstration and evaluation-supplement (1 year). ID#30861

The Johns Hopkins University Institute for Policy Studies  
  Baltimore, MD  
  $50,000  
  Study of living conditions of Americans with disabilities (for 18 months). ID#29078

Junior League of Elizabeth- Plainfield, NJ Inc.  
  Cranford, NJ  
  $5,000  
  Fundraising program for children with AIDS (for 3 months). ID#30393

Mental Health Services Program for Youth  
  Program to improve mental health services for seriously mentally ill children and youth through the development of comprehensive service systems under the aegis of multi-agency, state-community partnerships that can make major changes in financing, organization, and delivery of services (for the periods indicated).

• City and County of San Francisco  
  San Francisco, CA  
  $911,622  
  (2 years). ID#29391

• Washington Business Group on Health  
  Washington, DC  
  $475,570  
  Technical assistance and direction for the Mental Health Services Program for Youth (18 months). ID#27374

Mental Health Services Program for Youth Replication  
  Program to help additional states and communities improve services for seriously mentally ill children through a program of technical assistance, training, dissemination, and small start-up grants in 10 states (for the periods indicated).

• State of Indiana Office of the Secretary of Family and Social Services  
  Indianapolis, IN  
  $75,000  
  (1 year). ID#28620

• Commonwealth of Massachusetts Executive Office of Health and Human Services  
  Boston, MA  
  $75,000  
  (1 year). ID#28828

• State of Mississippi Department of Mental Health  
  Jackson, MS
$100,000
(1 year). ID#30408

- Puget Sound Educational Service District No. 121
  Burien, WA
  $75,000
  (1 year). ID#28673

- State of South Carolina Department of Health and Human Services
  Columbia, SC
  $51,000
  (1 year). ID#28810

- University of South Florida, Florida Mental Health Institute
  Tampa, FL
  $75,000
  (1 year). ID#28658

- State of Texas, Texas Department of Mental Health and Mental Retardation
  Austin, TX
  $75,000
  (1 year). ID#28619

National Academy of Sciences-Institute of Medicine
Washington, DC
$75,000
Study of care at the end of life (for 1 year). ID#29725

National Council on the Aging Inc.
Washington, DC
$50,000
Linking the Family Friends intergenerational model with the teen pregnancy prevention program (for 1 year). ID#30780

National Federation of Interfaith Volunteer Caregivers, Inc.
Kingston, NY
$399,933
Development of a national system of statewide interfaith networks (for 3 years). ID#29774

National Hospice Organization, Inc.
Arlington, VA
$113,280
Project to train residents in end-of-life care (for 6 months). ID#30077

National Multiple Sclerosis Society
New York, NY
$355,703
Syndicated radio program on chronic health conditions (for 2 years). ID#29548

State of New Jersey Department of Health
Trenton, NJ
$712,195
Test of a data-driven quality improvement program for nursing homes (for 2 years). ID#29680

New Jersey Institute of Technology Foundation
Newark, NJ
Manual to assist parents of children with disabilities create a supportive home environment (for 20 months). ID#30206

University of North Carolina at Chapel Hill School of Nursing
Chapel Hill, NC
$100,000
Monograph for nurses on care of the dying (for 2 years). ID#30101

Park Ridge Center
Chicago, IL
$26,343
Conference on rituals and end-of-life care in institutional settings (for 3 months). ID#29559

Self-Determination for Persons with Developmental Disabilities
Program to help states implement a more cost-effective system while simultaneously allowing families and persons with disabilities more choice in determining the services they receive (for the period indicated).

• University of New Hampshire
Durham, NH
$91,971
Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (2 months). ID#28790

University of Southern Mississippi Institute for Disability Studies
Hattiesburg, MS
$379,954
Improving systems of care for chronically ill Mississippians (for 3 years). ID#27393

Vanderbilt University Institute for Public Policy Studies
Nashville, TN
$45,487
Evaluation of the Family Unification Program (for 7 months). ID#29267

University of Virginia Health Sciences Center
Charlottesville, VA
$110,068
National survey of hospice volunteers and staff (for 1 year). ID#30116

Yale University School of Medicine
New Haven, CT
$144,657
Study of the impact of managed care on workers with chronic illnesses or functional limitations (for 18 months). ID#28955

Contracts

Barksdale Ballard & Co.
Vienna, VA
$181,000
Multi-media curriculum on end-of-life issues for grassroots organizations (for 1 year). ID#29929

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

- **Group Health Cooperative of Puget Sound**
  Seattle, WA
  $29,978
  (1 year). ID#28681

- **Fleishman-Hillard, Inc.**
  Washington, DC
  $105,502
  *Media briefing on chronic care issues (for 1 month).* ID#30232

- **Mary K. Uyeda, Ph.D.**
  Washington, DC
  $22,800
  *Analysis of local government efforts to integrate services for the chronically ill and other vulnerable populations (for 3 months).* ID#29737

**Program on the Care of Critically Ill Hospitalized Adults (SUPPORT)**

*Program to support a national collaborative effort aimed at enabling physicians and their critically ill adult patients to determine appropriate clinical management strategies based on predicted outcomes and on the values and preferences of patients and families (for the period indicated).*

- **Communications Projects**
  Multiple Contractors
  $31,000
  *Purchase and distribution of "The Sourcebook on Dying" (3 years).* ID#29935
  $50,000
  *Additional SUPPORT study products for dissemination to professional audiences (1 year).* ID#29190

**Service Credit Banking In Managed Care**

*Program to provide technical assistance and information for replication of service credit banking programs and demonstrate the feasibility of establishing a financially self-sustaining project within a managed care organization (for the period indicated).*

- **General Physics Corporation**
  Columbia, MD
  $41,450
  *Conversion of service-credit banking software to Windows format (3 years).* ID#28932

- **Stewart Communications**
  Chicago, IL
  $283,847
  *Task force management, outreach, and continuing communications activities for Last Acts (for 18 months).* ID#30257
Grants

Alcohol and Drug Abuse Self-Help Network, Inc.
Willoughby Hills, OH
$49,650
Start-up of a national secular substance abuse self-help recovery program (for 1 year). ID#27460

Allina Health System
Minneapolis, MN
$48,171
Evaluation of the implementation of the AHCPR smoking cessation guideline (for 16 months). ID#30499

American Bar Association Fund for Justice and Education
Washington, DC
$482,219
Development of unified family courts to assist families with substance abuse problems (for 2 years). ID#29319

American Lung Association
Washington, DC
$200,000
Education about preemption of local laws and its impact on tobacco regulation (for 1 year). ID#28494

American Medical Association
Chicago, IL
$14,400
Dissemination of physician guidelines on alcoholism in older Americans (for 3 months). ID#28874
$29,855
Planning for the 11th World Conference on Tobacco and Health (for 6 months). ID#29398

American Society of Addiction Medicine, Inc.
Chevy Chase, MD
$197,884
Workshop and policy panel on alternative nicotine delivery systems (for 1 year). ID#30691

Boston University School of Public Health
Boston, MA
$50,000
Development of a National Tobacco Control World Wide Web Site (for 1 year).
ID#28367

$383,523
Community effects of local substance abuse initiatives (for 18 months). ID#29585

$138,404
Coordinating community coalition participation outreach activities around HBO
substance abuse specials (for 7 months). ID#30686

University of California,
San Diego
La Jolla, CA
$597,012
A longitudinal study of tobacco marketing and other antecedents to smoking
initiation (for 2 years). ID#28042

Center for the Advancement of Health
Washington, DC
$49,699
Managed care performance indicators for prevention and treatment of tobacco
use and addiction (for 6 months). ID#28757

Center for Science in the Public Interest
Washington, DC
$78,000
Development of a community resource guide to address off-campus binge drinking
(for 1 year). ID#27965

Community Anti-Drug Coalitions of America
Alexandria, VA
$50,000
Planning for rebuilding the national parent movement to prevent drug abuse (for
6 months). ID#28819

$499,067
National Youth Awareness Campaign (for 1 year). ID#30058

Creighton University School of Medicine
Omaha, NE
$182,399
Interactive videos on smoking cessation for pregnant women and their families
(for 20 months). ID#28495

Dana-Farber Cancer Institute, Inc.
Boston, MA
$49,981
Dissemination of the federal AHCPR Guideline on Smoking Cessation to
organized labor (for
6 months). ID#29471

Drug Strategies
Washington, DC
$350,078
Continued pilot development of state profiles on substance abuse problems and
policies (for 2 years). ID#24326

Education Development Center, Inc.
Newton, MA
$1,546,689  
Higher education center for alcohol and other drug prevention (for 4 years).  
ID#28911

Educational Broadcasting Corporation  
New York, NY  
$4,380,107  
Production, promotion, and outreach for a public television series on addiction and recovery (for 19 months).  
ID#28644

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).

• East Bay Community Recovery Project  
Oakland, CA  
$853,446  
(14 months).  
ID#28484

• Mecklenburg County, Mecklenburg County Area Mental Health, Developmental Disabilities, and Substance Abuse Authority  
Charlotte, NC  
$1,009,275  
(17 months).  
ID#28482

• Newark Fighting Back Partnership Inc.  
Newark, NJ  
$538,908  
(1 year).  
ID#29274  
$542,160  
(9 months).  
ID#28483

• Vanderbilt University School of Medicine  
Nashville, TN  
$614,793  
Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1 year).  
ID#28568

Free To Grow: Head Start Partnerships to Promote Substance-Free Communities  
Program to develop and implement models for the Head Start Program to increase its capacity to strengthen the family and neighborhood environment for high-risk preschool children to reduce their vulnerability to substance abuse and related problems (for the periods indicated).

• Aspira Inc. of Puerto Rico  
Rio Piedras, PR  
$620,871  
(3 years).  
ID#29043

• Audubon Area Community Services, Inc.  
Owensboro, KY  
$649,970  
(3 years).  
ID#29046

• Charles R. Drew University of Medicine and Science
Los Angeles, CA
$608,936
(3 years). ID#29047

- Community Partnership for Child Development
  Colorado Springs, CO
  $252,924
  (1 year). ID#29044

- Columbia University School of Public Health
  New York, NY
  $483,881
  Technical assistance and direction for Free to Grow: Head Start Partnerships to
  Promote Substance-Free Communities (1 year). ID#28684

Genesis Counseling Center Inc.
Collingswood, NJ
$50,000
Alternative sentencing program to provide rehabilitation to substance abuse
offenders (for 8 months). ID#30315

Girl Scouts of the United States of America
New York, NY
$17,500
Girls Scouts against smoking (for 6 months). ID#29386

Harvard Medical School
Boston, MA
$198,459
Further dissemination of an anti-alcohol abuse theatre project (for 2 years).
ID#28585

Harvard University School of Public Health
Boston, MA
$908,579
National study of college drinking patterns and practices, Phase II (for 28
months). ID#29870

Harvey J. Weiss and Associates Inc.
Austin, TX
$449,344
Support for the National Inhalant Prevention Coalition (for 2 years). ID#28635

Healthy Nations: Reducing Substance Abuse Among Native Americans
Initiative to help Native Americans reduce the harm caused by substance abuse in
their communities (for the periods indicated).

- Central Council of the Tlingit & Haida Indian Tribes
  Juneau, AK
  $899,915
  (4 years). ID#28263

- Cheyenne River Sioux Tribe of the Cheyenne River Reservation
  Eagle Butte, SD
  $803,689
  (4 years). ID#28251

- Confederated Salish & Kootenai Tribes of the Flathead Reservation
Pablo, MT
$472,572
(4 years). ID#28253

- Confederated Tribes of the Colville Reservation
Nespelem, WA
$600,740
(4 years). ID#28254

- Confederated Tribes of the Warm Springs Reservation
of Oregon
Warm Springs, OR
$661,203
(4 years). ID#28255

- Eastern Band of Cherokee Indians of North Carolina
Cherokee, NC
$778,073
(4 years). ID#28256

- Minneapolis American Indian Center
Minneapolis, MN
$900,000
(4 years). ID#28259

- Seattle Indian Health Board
Seattle, WA
$863,678
(4 years). ID#28262

- United Indian Health Services
Trinidad, CA
$800,002
(4 years). ID#28264

- University of Colorado Health Sciences Center
Denver, CO
$444,471
*Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (1 year). ID#28031*

Hedrick Smith Productions, Inc.
Bethesda, MD
$150,000
*Outreach for a PBS series using the tobacco lobby as an example of systemic problems facing government (for 8 months). ID#28040*

University of Illinois at Chicago
Chicago, IL
$54,858
*Analysis of multiple data sets for predictors of different stages of tobacco use among adolescents (for 9 months). ID#28676*

Jacksonville Jaguars Foundation Inc.
Jacksonville, FL
$332,802
*National Football League program to educate youth about the health risks of tobacco use (for 2 years). ID#29514*
University of Kansas Institute for Life Span Studies  
Lawrence, KS  
$200,000  
The Community Tool Box: A Computer Information Database and Exchange Network (for 2 years). ID#28793

Legal Services for Prisoners with Children  
San Francisco, CA  
$185,023  
Peer support program for custodial grandparents of at-risk children (for 2 years). ID#24619

Lehigh Valley Hospital, Inc.  
Allentown, PA  
$50,000  
Community-foundation partnership to plan for increased collaboration on youth alcohol and tobacco policy (for 1 year). ID#29558

The Marin Institute for the Prevention of Alcohol and Other Drug Problems  
San Rafael, CA  
$37,009  
Expanded dissemination of the Institute's Alcohol Industry Database (for 1 year). ID#27128

A Matter of Degree: Reducing High-Risk Drinking Among College Students  
Program to develop model approaches to reduce student binge drinking on campus and in the surrounding community by developing college/community partnerships (for the periods indicated).

• University of Colorado at Boulder  
Boulder, CO  
$860,769  
(5 years). ID#30197

• University of Delaware  
Newark, DE  
$699,677  
(5 years). ID#30198

• The University of Iowa  
Iowa City, IA  
$59,985  
(1 year). ID#30425

• Lehigh University  
Bethlehem, PA  
$821,180  
(5 years). ID#30199

• University of Vermont  
Burlington, VT  
$700,000  
(5 years). ID#30200

• University of Wisconsin-Madison  
Madison, WI  
$59,678
(1 year). ID#30426

• American Medical Association
Chicago, IL
$473,849
Technical assistance and direction for A Matter of Degree: Reducing High-Risk Drinking Among College Students (1 year). ID#28436

• Harvard University School of Public Health
Boston, MA
$497,962
Evaluation of A Matter of Degree: Reducing High-Risk Drinking Among College Students-Phase I (2 years). ID#28190
$126,657
Supplemental funding for the evaluation of A Matter of Degree: Reducing High-Risk Drinking Among College Students-Phase I (2 years). ID#29432

The Miriam Hospital
Providence, RI
$46,816
Development of a guide for nurses to implement smoking cessation guidelines within home health care (for 1 year). ID#29050

Mothers Against Drunk Driving
Irving, TX
$50,000
Rating alcohol policies and the use environment on college campuses (for 7 months). ID#28597

National Bureau of Economic Research, Inc.
New York, NY
$86,940
Conference and publication on economic studies of substance use and abuse (for 1 year). ID#29421

The National Center on Addiction and Substance Abuse at Columbia University
New York, NY
$199,858
Survey of Americans' Attitudes on Substance Abuse (for 1 year). ID#28061
$15,656
Communicators' workshop to develop new ways of addressing adolescent marijuana use (for 4 months). ID#29732
$95,050
Survey of Californians' Understanding of Proposition 215: Medical Use of Marijuana (for 1 month). ID#30762

National Center for Tobacco-Free Kids
Program to support a national campaign to reduce youth tobacco use through the establishment of a center to develop a national strategy, serve as a media center, provide technical assistance, and broaden organizational support to reduce youth tobacco use (for the periods indicated).

• American Cancer Society, Inc.
Atlanta, GA
$489,890
(4 months). ID#28989
• National Center for Tobacco-Free Kids
  Washington, DC
  $19,510,110
  (5 years). ID#29600

National Foundation for the Centers for Disease Control and Prevention Inc.
Atlanta, GA
$451,185
Research on racial and gender differences in teen smoking (for 1 year). ID#30145

University of New Mexico
Albuquerque, NM
$50,000
Evaluation of a drunk driving prevention program for first offenders (for 1 year).
ID#29417

One Church-One Addict Inc.
Washington, DC
$498,961
Church-based support group to assist recovering addicts (for 3 years). ID#24900

Oral Health America, America's Fund for Dental Health
Chicago, IL
$767,986
National Spit Tobacco Education Program's Major League Baseball Initiative (for
9 months). ID#28191

Partnership for a Drug-Free America, Inc.
New York, NY
$10,499,534
Continuation of a media campaign to reduce demand for illegal drugs (for 3 years).
ID#23957

Pinney Associates, Inc.
Bethesda, MD
$72,000
Conference on policy issues related to implementation of AHCPR's smoking
clinical practice guidelines on smoking cessation (for 9 months). ID#27474

Reducing Underage Drinking Through Coalitions
Program to reduce underage drinking problems using strategies that include
youth leadership development, coalition enhancement, alcohol policy
development, and public awareness campaigns (for the periods indicated).

• Aspira Inc. of Puerto Rico
  Rio Piedras, PR
  $945,117
  (4 years). ID#30822

• DC Community Prevention Partnership Inc.
  Washington, DC
  $562,474
  (4 years). ID#30823

• Ecumenical Ministries of Oregon
  Portland, OR
  $841,303
• **Governors Institute on Alcohol and Substance Abuse Inc.**  
  Research Triangle Park, NC  
  $941,570  
  (4 years). ID#30824

• **Governors Partnership to Protect Connecticut’s Workforce Inc.**  
  Hartford, CT  
  $826,021  
  (4 years). ID#30825

• **Indiana Communities for Drug-Free Youth, Inc.**  
  Zionsville, IN  
  $840,143  
  (4 years). ID#30826

• **Metropolitan Atlanta Council on Alcohol and Drugs, Inc.**  
  Atlanta, GA  
  $926,315  
  (4 years). ID#30828

• **Minnesota Institute of Public Health**  
  Anoka, MN  
  $840,000  
  (4 years). ID#30829

• **Missouri Association of Community Task Forces**  
  Columbia, MO  
  $939,359  
  (4 years). ID#30830

• **Mothers Against Drunk Driving, Louisiana State Organization**  
  Baton Rouge, LA  
  $839,198  
  (4 years). ID#30827

• **Pennsylvania Liquor Control Board**  
  Harrisburg, PA  
  $844,428  
  (4 years). ID#30833

• **American Medical Association**  
  Chicago, IL  
  $435,935  
  *Technical assistance and direction for the Reducing Underage Drinking Through Coalitions program (1 year)*. ID#28435

**Research Foundation of the City University of New York**  
 New York, NY  
 $1,831,801  
 *Implementation of a community reintegration model to reduce substance abuse among jail inmates - Phase III (for 5 years)*. ID#29583

**Research Network Initiative on the Etiology of Tobacco Dependence**  
 *Program to bring together leading researchers from a variety of perspectives and disciplines to work collaboratively in the study of the etiology of tobacco dependence in an effort to increase understanding of the development of tobacco dependence.*
dependence (for the period indicated).

- **University of Kentucky Research Foundation**
  Lexington, KY
  $235,347
  (1 year). ID#29015

**St. Peter's Medical Center**
New Brunswick, NJ
$46,531
*Development of a loaner service for exhibits and related materials about tobacco products and promotions (for 1 year).* ID#27123
$27,883
*Meeting to explore public health implications of alternative nicotine delivery devices (for 1 year).* ID#28627

**Screening and Brief Intervention for Alcohol Abuse in Managed Care**
An intervention research study to identify the costs and benefits of screening and brief intervention in primary care managed care settings (for the period indicated).

- **University of Connecticut Health Center School of Medicine**
  Farmington, CT
  $3,834,373
  (51 months). ID#29620

**Sikora Center Inc.**
Camden, NJ
$20,000
*Drug treatment and after-care for pregnant and parenting women and their infants (for 2 months).* ID#29318

**Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy**
A multi-component strategy to improve current clinical practice and advance the field into the next generation of smoking cessation techniques for childbearing women (for the periods indicated).

- **University of Alabama at Birmingham School of Medicine**
  Birmingham, AL
  $484,167
  *Technical assistance and direction for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy (1 year).* ID#27375

- **Foundation for State Legislatures**
  Denver, CO
  $19,137
  *Survey of state Medicaid and health insurance policies regarding reimbursement for smoking cessation treatment (3 months).* ID#30695

**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., Georgia Division, Inc.**
  Atlanta, GA
  $500,000
• American Heart Association Inc., Oregon Affiliate, Inc.
  Portland, OR
  $1,063,392
  (3 years). ID#29549

• American Lung Association Kentucky
  Louisville, KY
  $900,000
  (4 years). ID#30065

• Health Education Inc.
  Lincoln, NE
  $782,317
  (4 years). ID#30067

• Medical and Chirurgical Faculty of Maryland
  Baltimore, MD
  $823,476
  (4 years). ID#30068

• Minnesota Coalition for a Smoke-Free Society 2000
  Minneapolis, MN
  $1,199,987
  (4 years). ID#30069

• University of Virginia School of Medicine
  Charlottesville, VA
  $749,992
  (4 years). ID#30070

• Washington DOC
  Seattle, WA
  $649,967
  (3 years). ID#30072

• American Medical Association
  Chicago, IL
  $748,595
  Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (1 year). ID#28189

• University of Arizona College of Medicine
  Tucson, AZ
  $146,061
  Evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ, Phase I
  (1 year). ID#28946
  $792,565
  Evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ, Phase II (54 months). ID#29273

• George Washington University Medical Center
  Washington, DC
  $37,615
  Evaluation of coalition activities in the Tucson, AZ Youth Tobacco Project (5 years). ID#29718
• Institute for Public Policy Advocacy
  Washington, DC
  $147,529
  Technical assistance to the SmokeLess States Program (1 year). ID#26857

Substance Abuse Policy Research Program
  Program to provide support for investigators to conduct policy research on a variety of projects directed at helping the country reduce the harm caused by substance abuse (for the periods indicated).

• Brown University
  Providence, RI
  $349,984
  (3 years). ID#28797

• California Public Health Foundation
  Berkeley, CA
  $99,994
  (8 months). ID#30792

• University of California, Berkeley
  Berkeley, CA
  $225,137
  (30 months). ID#28800

• University of California, Los Angeles
  Los Angeles, CA
  $166,564
  (2 years). ID#28802
  $186,026
  (1 year). ID#28801

• Center for Health Economics Research, Inc.
  Waltham, MA
  $141,268
  (2 years). ID#28803

• Center for Media Education Inc.
  Washington, DC
  $96,829
  (1 year). ID#28804

• University of Colorado Health Sciences Center
  Denver, CO
  $250,842
  (3 years). ID#28805

• The Florida State University Research Foundation, Inc.
  Tallahassee, FL
  $99,988
  (1 year). ID#30730

• George Washington University
  Washington, DC
  $101,773
  (1 year). ID#30650
• Harvard Medical School  
Boston, MA  
$64,843  
(1 year). ID#30791

• Harvard University School of Public Health  
Boston, MA  
$94,711  
(1 year). ID#30481

• Health Research, Inc.  
Buffalo, NY  
$183,133  
(2 years). ID#28806

• University of Kentucky Research Foundation  
Lexington, KY  
$37,826  
(1 year). ID#28807

• Louisiana State University Medical Center  
New Orleans, LA  
$94,970  
(1 year). ID#28808

• University of Massachusetts at Boston Center for Survey Research  
Boston, MA  
$220,152  
(18 months). ID#28809

• University of Michigan School of Social Work  
Ann Arbor, MI  
$291,058  
(22 months). ID#28811

• University of Minnesota School of Public Health  
Minneapolis, MN  
$196,691  
(2 years). ID#28813  
$349,779  
(2 years). ID#28812

• University of Missouri-Columbia School of Medicine  
Columbia, MO  
$99,999  
(10 months). ID#30482

• National Bureau of Economic Research, Inc.  
Cambridge, MA  
$86,323  
(2 years). ID#29967

• RAND Corporation  
Santa Monica, CA  
$224,501  
(19 months). ID#28814

• Rutgers, The State University, Center of Alcohol Studies
Piscataway, NJ
$32,093
(1 year). ID#28815

• The Medical University of South Carolina
Charleston, SC
$99,404
(18 months). ID#30790

• Treatment Research Institute Inc.
Philadelphia, PA
$312,142
(1 year). ID#28816

• University of Washington
Seattle, WA
$99,993
(15 months). ID#30793

• Western Consortium for Public Health
Berkeley, CA
$349,626
(33 months). ID#28817

• Women and Infants Hospital of Rhode Island
Providence, RI
$92,187
(3 years). ID#28878

• Wake Forest University, The Bowman Gray School of Medicine
Winston-Salem, NC
$367,765
*Technical assistance and direction for the Substance Abuse Policy Research Program (1 year).* ID#28791

Teachers College, Columbia University, Center for Young Children and Families
New York, NY
$81,660
*Literature review on the effectiveness of youth development programs in substance abuse prevention (for 6 months).* ID#29884

Treatment Research Institute Inc.
Philadelphia, PA
$96,991
*Research on the effects on employers of covering substance abuse services (for 1 year).* ID#30169

Western Consortium for Public Health
Berkeley, CA
$11,427
*Summary of public opinion surveys on alcohol (for 2 months).* ID#30290

University of Wisconsin-Madison Medical School
Madison, WI
$45,699
*Dissemination of the AHCPR clinical practice guideline on smoking cessation (for 1 year).* ID#29389
Contracts

**American Medical Association**
Chicago, IL
$95,300
*Media briefing on the hazards of tobacco use (for 1 month).* ID#28586
$70,893
*Primary care practitioners' pocket guide on AHCPR smoking cessation guideline (for 3 months).* ID#29466

**Battelle Memorial Institute**
Baltimore, MD
$105,870
*Evaluation of laws restricting minors' access to tobacco products (for 1 year).* ID#27340

**Burness Communications**
Bethesda, MD
$17,000
*Communications support for a conference on AHCPR's smoking cessation guidelines (for 4 months).* ID#30308
$5,000
*Media resource guide on tobacco (for 1 month).* ID#29527

**Capital Consulting Corporation**
Rockville, MD
$30,276
*National conference on drug abuse prevention research (for 6 months).* ID#30076

**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 period indicated).

*• Development Communications Associates, Inc.*
Boston, MA
$386,230
*Completion of resource development assistance for Fighting Back grantees (18 months).* ID#28862

**The Fortune Society**
New York, NY
$3,150,000
*Implementation of a community reintegration model to reduce substance abuse among jail inmates-Phase III (for 5 years).* ID#30132

**Hayes, Domenici & Associates**
McLean, VA
$65,522
*Conference on women and smoking (for 8 months).* ID#29283

**James A. Inciardi, Ph.D.**
Miami, FL
$30,700
*Analyses of increases in adolescent drug use (for 6 months).* ID#30961
Nance Guilmartin  
Newbury, MA  
$73,680  
Planning a communication campaign on community substance abuse coalitions (for 5 months). ID#28647

New Jersey Nets  
East Rutherford, NJ  
$164,000  
National Basketball Association program to educate youth about the health risks of tobacco use (for 1 year). ID#30531

New Sounds Inc.  
New York, NY  
$27,000  
Production and distribution of radio spots on tobacco (for 3 months). ID#30298

Pinney Associates, Inc.  
Bethesda, MD  
$36,750  
Working group on tobacco dependence treatment policy (for 5 months). ID#29354
 $35,500  
Preparation of proceedings from the conference on AHCPR's Smoking Cessation Guideline (for 1 year). ID#30465

Pyramid Communications  
Seattle, WA  
$197,843  
Conference on the Science of Preventing Tobacco Use (for 10 months). ID#30055

Roswell Park Cancer Institute  
Buffalo, NY  
$23,309  
Technical assistance on RWJF tobacco control policy and program initiatives and evaluations (for 1 year). ID#29060

Scholastic Inc.  
New York, NY  
$20,000  
Formation of teacher panels to assist in the development of tobacco education materials for children (for 2 months). ID#30235

Strategic Consulting Services  
Portage, WI  
$12,175  
Facilitator for the RWJF Science Conference on the prevention of tobacco use (for 8 months). ID#30735

Substance Abuse Policy Research Program  
Program to provide support for investigators to conduct policy research on a variety of projects directed at helping the country reduce the harm caused by substance abuse (for the period indicated).

• The Lewin Group, Inc.  
Fairfax, VA  
$83,830
Assessment of the Tobacco and Substance Abuse Policy Research Programs (2 months). ID#31072

Tobacco Policy Research and Evaluation Program
Program to provide support for investigators to conduct policy research on projects aimed at helping public and private policymakers adopt policies to reduce tobacco use in this country, especially among children and youth (for the period indicated).

• Miller & Associates
Oakland, CA
$8,000
Review of econometric model that estimates the costs of smoking (1 month). ID#29831
**Grants**

**University of Alabama at Birmingham School of Health Related Professions**
Birmingham, AL  
$69,883  
*Study of retirees who have lost employer-sponsored health benefits (for 1 year).*
ID#29205

**Changes in Health Care Financing and Organization**
*Program for research, demonstration, and evaluation projects examining major changes in health care financing (for the periods indicated).*

- **University of Alabama at Birmingham**
  Birmingham, AL  
  $366,142  
  (2 years). ID#29014  
  $421,487  
  (2 years). ID#29388

- **Boston University School of Public Health**
  Boston, MA  
  $153,911  
  (2 years). ID#28054

- **University of California, Irvine, Graduate School of Management**
  Irvine, CA  
  $294,527  
  (2 years). ID#30561

- **Duke University Medical Center**
  Durham, NC  
  $497,634  
  (30 months). ID#28864

- **Duquesne University**
  Pittsburgh, PA  
  $57,040  
  (1 month). ID#29720

- **Economic and Social Research Institute**
  Washington, DC  
  $499,992  
  (2 years). ID#30996
$270,836
(1 year). ID#29909

- **University of Florida Research Foundation Inc.**
  Gainesville, FL
  $563,488
  (2 years). ID#30096

- **Hospital Research and Educational Trust**
  Chicago, IL
  $232,394
  (18 months). ID#28525

- **Institute for Research and Education**
  Minneapolis, MN
  $112,649
  (1 year). ID#29202

- **The Johns Hopkins University School of Medicine**
  Baltimore, MD
  $365,863
  (3 years). ID#28863

- **Palo Alto Institute for Research and Education Inc.**
  Palo Alto, CA
  $375,314
  (30 months). ID#30562

- **University of Pennsylvania**
  Philadelphia, PA
  $456,196
  (2 years). ID#29674

- **University of Pittsburgh Graduate School of Public Health**
  Pittsburgh, PA
  $424,424
  (2 years). ID#29673

- **Stanford University Graduate School of Business**
  Stanford, CA
  $56,517
  (4 months). ID#28765

- **The Urban Institute**
  Washington, DC
  $174,396
  (18 months). ID#29201

- **Wake Forest University, The Bowman Gray School of Medicine**
  Winston-Salem, NC
  $510,058
  (3 years). ID#30159

- **Alpha Center for Health Planning, Inc.**
  Washington, DC
  $1,323,841
Technical assistance and direction for Changes in Health Care Financing and Organization (2 years). ID#29018
$142,203

Technical assistance and direction for Changes in Health Care Financing and Organization (6 months). ID#27135

Columbia University
New York, NY
$298,170
Tracking changes for academic health centers and health care for New York City's low-income population (for 30 months).
ID#29087

ConsumerFirst
Danville, CA
$40,086
Meeting of business leaders on issues in computerizing patient records (for 2 months). ID#29871

George Washington University Center for Health Policy Research
Washington, DC
$236,067
Study of the cost and feasibility of alternative models for a national poison control system (for 1 year).
ID#28503

Group Health Foundation
Minneapolis, MN
$2,500
Conduct Researchers Network Conference (for 2 months). ID#29347

Harvard Medical School
Boston, MA
$200,000
Establishment of a managed care industry research center (for 2 years).
ID#28646

IMPACS: Improving Malpractice Prevention and Compensation Systems
Program for states, health care organizations, and researchers for the development, demonstration, and evaluation of innovative mechanisms for compensating persons injured by medical care (for the periods indicated).

• Brigham and Women's Hospital
Boston, MA
$197,123
(1 year). ID#29907

• Copic Medical Foundation
Englewood, CO
$19,320
(3 months). ID#29969

• RAND Corporation
Santa Monica, CA
$177,225
(1 year). ID#29968
• Georgetown University School of Medicine  
  Washington, DC  
  $255,155  
  Technical assistance and direction for Improving Malpractice Prevention and Compensation Systems (1 year). ID#26979

The Lewin Group, Inc.  
  Fairfax, VA  
  $96,245  
  Options for public-private collaboration in technology assessment (for 6 months). ID#29131

Main Line Health, Inc.  
  Bryn Mawr, PA  
  $50,000  
  Development of a model for integrated health care systems to evaluate their community health programs (for 6 months). ID#29266

The Medicare/Medicaid Integration Program  
  A ten-state demonstration to test the operation and design of delivery systems that integrate long-term and acute care services under combined Medicare and Medicaid capitation payments for elderly patients (for the period indicated).

• University of Maryland Center on Aging  
  College Park, MD  
  $492,942  
  Technical assistance and direction for The Medicare/Medicaid Integration Program (1 year). ID#30255

University of Minnesota School of Public Health  
  Minneapolis, MN  
  $154,941  
  Development of managed care plan performance measures from the provider's perspective (for 1 year). ID#27481

National Committee for Quality Assurance  
  Washington, DC  
  $137,000  
  Developing criteria for information systems for managed care organizations (for 8 months). ID#29663

National Conference of State Legislatures  
  Denver, CO  
  $203,018  
  Education for state policymakers on workers' compensation health reform issues (for 2 years). ID#30451

National Health Foundation  
  Los Angeles, CA  
  $142,433  
  Planning a low-cost ambulatory managed care insurance product for uninsured Los Angeles residents (for 6 months). ID#29119

The National Leadership Coalition on Health Care  
  Washington, DC
$248,670
*Health care seminars for business leaders (for 1 year).* ID#29513

**Oregon Health Sciences University**
Portland, OR
$899,825
*Evaluation of the Healthwise Communities Self-Care Demonstration Project (for 39 months).* ID#27929

**People-to-People Health Foundation, Inc.**
Millwood, VA
$20,000
*Conference on the future of health policy research (for 2 months).* ID#30723

**The Picker Institute, Inc.**
Boston, MA
$66,449
*Merging information on patient-reported quality of care and clinician-reported outcomes for home health services (for 5 months).* ID#30639

**Program to Promote Long-Term Care Insurance for the Elderly**
*Program to stimulate private/public partnerships at the state level for the development of long-term care insurance for the elderly (for the periods indicated).*

- **State of California Health and Welfare Agency**
  Sacramento, CA
  $408,085
  (20 months). ID#13883

- **University of Maryland Center on Aging**
  College Park, MD
  $183,678
  *Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (1 year).* ID#28429

**Research Foundation of the City University of New York**
New York, NY
$95,697
*Development and dissemination of methods to evaluate changes in workers’ compensation systems (for 1 year).* ID#28089

**Scholars in Health Policy Research Program**
*Program to provide postdoctoral training targeted to the most promising graduates of programs in the three disciplines of economics, political science, and sociology to advance their involvement in health policy (for the periods indicated).*

- **University of California, Berkeley, School of Public Health**
  Berkeley, CA
  $1,499,468
  (3 years). ID#30160

- **University of Michigan Institute for Social Research**
  Ann Arbor, MI
  $1,369,245
  (3 years). ID#30146

- **Yale University School of Management**
New Haven, CT
$1,499,972
(3 years). ID#30147

• Boston University School of Management
Boston, MA
$383,739
Technical assistance and direction for the Scholars in Health Policy Research Program (1 year). ID#28278

State Initiatives in Long-Term Care
Program to promote the development of state reform of long-term care financing and delivery systems and development of strategies to broaden access to long-term care coverage (for the period indicated).

• University of Maryland Center on Aging
College Park, MD
$358,821
Technical assistance and direction for State Initiatives in Long-Term Care (1 year). ID#28430

Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative
Program to support research and convening activities that examine the patient-provider relationship under the growing influence of managed care (for the period indicated).

• University of California, San Francisco, School of Medicine
San Francisco, CA
$325,000
Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative (1 year). ID#29739

Workers' Compensation Health Initiative
Program of demonstrations and evaluations to help state government policymakers, private-sector reformers, and health care providers explore solutions to this cost crisis (for the periods indicated.)

• American College of Occupational and Environmental Medicine
San Francisco, CA
$121,560
(1 year). ID#30517

• University of California, Los Angeles, School of Public Health
Los Angeles, CA
$458,994
(3 years). ID#27125

• Electrical Employers Self-Insurance Safety Plan
Flushing, NY
$374,094
(3 years). ID#30651

• Foundation for Health Care Evaluation
Bloomington, MN
$386,708
(2 years). ID#30652

- Institute for Research and Education
  Minneapolis, MN
  $254,270
  (2 years). ID#30318

- Mid-America Coalition on Health Care Inc.
  Kansas City, MO
  $270,439
  (2 years). ID#30518

- State of New York Department of Civil Service
  Albany, NY
  $253,282
  (2 years). ID#30317

- Union of Needletrades Industrial and Textile Employees
  New York, NY
  $263,138
  (2 years). ID#30519

- University of Washington
  Seattle, WA
  $252,768
  (2 years). ID#30319

- University of Massachusetts Medical Center
  Worcester, MA
  $349,105
  Technical assistance and direction for Workers' Compensation Health Initiative (1 year). ID#28434

Contracts

Communications Project
Multiple Contractors
$221,000
Communications products related to the RWJF Health Care Costs Goal Development Work Group (for 1 year). ID#29150

Kalkines, Arky, Zall & Bernstein LLP
New York, NY
$93,510
Study of state-level HMO user legislation (for 4 months). ID#29522

Scholars in Health Policy Research Program
Program to provide postdoctoral training targeted to the most promising graduates of programs in the three disciplines of economics, political science, and sociology to advance their involvement in health policy (for the periods indicated).

- Stephen M. Shortell, Ph.D.
  Evanston, IL
  $28,314
  Assessment of the Scholars in Health Policy Research Program (6 months). ID#30081

- Burton A. Weisbrod, Ph.D.
Evanston, IL
$25,311
Assessment of the Scholars in Health Policy Research Program (6 months). ID#30054

**State Initiatives in Long-Term Care**

*Program to promote the development of state reform of long-term care financing and delivery systems and development of strategies to broaden access to long-term care coverage (for the period indicated).*

- University of Massachusetts Medical Center
  Worcester, MA
  $100,000
  *Data processing for Medicare and Medicaid files for grantees under State Initiatives in Long-Term Care (1 year). ID#29880*
Grants

The Alliance for Health Reform
Washington, DC
$188,804
*Issue briefings on managed care and vulnerable populations for Washington-based policymakers and the media (for 1 year).*
ID#29298 Access, Chronic Health Conditions

American Communications Foundation
Mill Valley, CA
$84,797
*Coverage of health care issues for a national radio network (for 1 year).*
ID#28371 Access, Chronic Health Conditions, Substance Abuse, Cost

Association of American Medical Colleges
Washington, DC
$206,759
*Long-range planning for Academic Medicine (for 2 years).*
ID#28234 Access, Chronic Health Conditions, Substance Abuse, Cost, Other

Association of Schools of Public Health Inc.
Washington, DC
$49,017
*Conversion of Public Health Reports to a public/private venture (for 1 year).*
ID#28886 Access, Chronic Health Conditions, Substance Abuse, Cost, Other

Best Friends Foundation
Washington, DC
$1,200,000
*National replication for a health-risk prevention program for girls (for 4 years).*
ID#24704 Substance Abuse, Other

University of California, Los Angeles, Center for Health Sciences
Los Angeles, CA
$2,215,002
*Increase understanding of changes in substance abuse and mental health care (for 2 years).*
ID#30407 Chronic Health Conditions, Substance Abuse

California Medical Association Foundation
San Francisco, CA

Clinical Scholars Program
Program to allow young physicians committed to clinical medicine to acquire new skills and training in the non-biological sciences important to medical care systems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse

• University of California, Los Angeles, School of Medicine
  Los Angeles, CA
  $668,871
  (2 years). ID#29036

• University of Chicago, The Pritzker School of Medicine
  Chicago, IL
  $419,976
  (2 years). ID#29037

• The Johns Hopkins University School of Medicine
  Baltimore, MD
  $838,984
  (2 years). ID#29038

• University of Michigan Medical School
  Ann Arbor, MI
  $339,999
  (2 years). ID#29039

• University of North Carolina at Chapel Hill School of Medicine
  Chapel Hill, NC
  $559,984
  (2 years). ID#29040

• University of Washington School of Medicine
  Seattle, WA
  $756,771
  (2 years). ID#29041

• Yale University School
  of Medicine
  New Haven, CT
  $242,987
  (2 years). ID#29042

• University of Arkansas for Medical Sciences
  Little Rock, AR
  $444,878
  Technical assistance and direction for the Clinical Scholars Program (1 year). ID#29343
  $20,350
  Technical assistance and direction for the Clinical Scholars Program (2 months). ID#29337

Community Health Leadership Program
Program to provide recognition for the contributions community health leaders make to achieving RWJF's mission and goals and to enhance the capacity of these

individuals to have a more permanent and widespread impact on health care problems (for the period indicated). Access, Chronic Health Conditions, Substance Abuse

• Massachusetts Health Research Institute, Inc.
  Boston, MA
  $3,000,000
  (3 years). ID#26375
  $351,456
  Technical assistance and direction for the Community Health Leadership Program (1 year). ID#26866

Family Care International, Inc.
  New York, NY
  $226,148
  Support for a publication of findings from Robert Wood Johnson Foundation initiatives and programs (for 1 year). ID#28640
  Access, Chronic Health Conditions, Substance Abuse, Cost

Foundation For New Jersey Public Broadcasting, Inc.
  Trenton, NJ
  $50,000
  Television series on health care issues (for 9 months). ID#30396
  Access, Chronic Health Conditions, Substance Abuse, Cost

Freedom Foundation of New Jersey Inc.
  West Orange, NJ
  $26,065
  Pilot project to expand Newark Best Friends program (for 1 year). ID#30358
  Substance Abuse, Other

George Washington University
  Washington, DC
  $699,375
  The changing market and Medicare reform (for 2 years). ID#30390
  Access, Chronic Health Conditions, Cost
  $1,939,973
  National Health Policy Forum (for 3 years). ID#19312
  Access, Chronic Health Conditions, Substance Abuse, Cost, Other

Harvard University School of Public Health
  Boston, MA
  $233,692
  Synthesis of public opinion research in areas of Foundation interest (for 2 years). ID#28733
  Access, Chronic Health Conditions, Substance Abuse, Cost
  $19,978
  Nurse Executive Leadership Conference (for 1 year). ID#28370
  Access, Chronic Health Conditions, Cost, Other

Health Policy Fellowships Program
  Program to help extend the public policy horizons of health professional schools in the U.S. and improve the capabilities of their faculty to study health policy and assume leadership roles in health activities at all levels (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse

• Duke University Medical Center
Durham, NC
$61,035
(1 year). ID#29502

- Harvard Medical School
  Boston, MA
  $63,700
  (1 year). ID#29501

- Harvard University School of Dental Medicine
  Boston, MA
  $62,225
  (1 year). ID#29500

- Tulane University School of Medicine
  New Orleans, LA
  $58,649
  (1 year). ID#29504

- Virginia Commonwealth University
  Richmond, VA
  $63,600
  (1 year). ID#29503

- Yale University School of Medicine
  New Haven, CT
  $66,750
  (1 year). ID#29499

- National Academy of Sciences-Institute of Medicine
  Washington, DC
  $474,480
  Technical assistance to the Health Policy Fellowships Program (1 year).
  ID#28188

  Health Tracking
  Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated). Access, Chronic Health Conditions, Cost

- University of Minnesota School of Public Health
  Minneapolis, MN
  $588,056
  Monitoring and assessing the impact of reform on rural health networks (21 months). ID#23911

- RAND Corporation
  Washington, DC
  $1,355,925
  Tracking employment-based health insurance and evaluating public policy to maximize private coverage (2 years). ID#28651

- Hospital Research and Educational Trust
  Chicago, IL
  $799,999
  Evaluation of the Community Care Network Demonstration program (for 4 years). ID#29519
  Access, Cost
Improving the Health of Native Americans
Program to encourage American Indians and Alaska Natives to develop innovative, culturally relevant projects to address their major health care needs (for the period indicated). Access, Chronic Health Conditions, Substance Abuse

• The Lovelace Institutes
Albuquerque, NM
$151,961
Evaluation of Improving the Health of Native Americans (18 months). ID#28994

Information for State Health Policy
Program to improve the capacity of state health statistics systems to support health policymaking and program management (for the period indicated). Access, Chronic Health Conditions, Substance Abuse

• Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$354,944
Technical assistance and direction for Information for State Health Policy (1 year). ID#28787

Investigator Awards in Health Policy Research Program
Program to produce major works from senior and new investigators that would add to the health policy field's knowledge base (for the period indicated). Cost, Other

• University of Michigan
Ann Arbor, MI
$200,000
(30 months). ID#30444

• University of Southern California
Los Angeles, CA
$157,956
(17 months). ID#30442

• The Association for Health Services Research Inc.
Washington, DC
$407,779
Technical assistance and direction for the Investigator Awards in Health Policy Research Program (1 year). ID#27542
$231,759
Dissemination of the Investigator Awards in Health Policy Research Program projects (1 year). ID#29914

Local Initiative Funding Partners Program
Matching grant program to help agencies and institutions identified by local philanthropies that are undertaking innovative solutions to major community health problems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse

• Apoyo Empresarial para la Peninsula de Cantera Inc.
San Juan, PR
$499,733
(4 years). ID#29804

• Baystate Health Systems, Inc.
Springfield, MA
$50,000
(1 year). ID#29805

• Chicago Health Connection
Chicago, IL
$327,410
(4 years). ID#29806

• Erie County, Erie County Medical Center
Buffalo, NY
$153,740
(3 years). ID#29808

• I.M. Sulzbacher Center for the Homeless, Inc.
Jacksonville, FL
$456,000
(3 years). ID#29809

• Indiana University School of Medicine
Indianapolis, IN
$122,958
(3 years). ID#29812
$350,000
(4 years). ID#29811

• The Johns Hopkins University School of Medicine
Baltimore, MD
$480,000
(4 years). ID#29813

• Kahuku Hospital
Kahuku, HI
$194,273
(3 years). ID#29814

• Maricopa Health System Outreach Training Research and Patient Welfare Foundation
Phoenix, AZ
$75,500
(1 year). ID#29815

• Morrison Center
Portland, OR
$480,000
(4 years). ID#29816

• New River Health Association, Inc.
Scarbro, WV
$350,000
(3 years). ID#29822

• City of Santa Fe
Santa Fe, NM
$350,000
(4 years). ID#29820

• Texas Tech University Health Sciences Center School of Medicine
Lubbock, TX
$479,583
(3 years). ID#29821

- **Visiting Nurse Association of the Capital Region, Inc.**
  Troy, NY
  $149,150
  (3 years). ID#29807

- **Wilmington Health Access for Teens, Inc.**
  Wilmington, NC
  $455,374
  (3 years). ID#29819

- **Health Research and Educational Trust of New Jersey**
  Princeton, NJ
  $449,763
  Technical assistance and direction for the Local Initiative Funding Partners Program (1 year). ID#27961

**Medical Pathfinders Inc.**
Anchorage, AK
$498,640
Development of a computerized patient support network for people with chronic illnesses (for 3 years). ID#28675
Access, Chronic Health Conditions

**Medicare Beneficiaries Defense Fund Inc.**
New York, NY
$76,101
Consumer information service for Medicare beneficiaries (for 9 months). ID#27253
Access, Chronic Health Conditions, Cost

**University of Michigan Institute for Social Research**
Ann Arbor, MI
$196,660
Archiving of Foundation-supported data collections (for 2 years). ID#27796
Access, Chronic Health Conditions, Substance Abuse, Cost, Other

**National Association of County and City Health Officials**
Washington, DC
$37,000
Strategic planning retreat for the National Association of County and City Health Officials (for 10 months). ID#28940
Access, Chronic Health Conditions, Substance Abuse, Cost, Other

**National Association of Health Data Organizations**
Falls Church, VA
$49,850
Electronic Health Information Resource Center (for 9 months). ID#28466
Access, Chronic Health Conditions, Substance Abuse, Cost

**National Conference of State Legislatures**
Washington, DC
$311,307
Expanded information program for state health policy (for 7 months). ID#30342
Access, Chronic Health Conditions, Substance Abuse, Cost, Other

National Public Radio, Inc.
Washington, DC
$1,779,977
Reporting on health care policy issues (for 3 years). ID#19315
Access, Chronic Health Conditions, Substance Abuse, Cost

New England Medical Center Hospitals, Inc.
Boston, MA
$37,517
Child health services research consortium-planning meeting (for 3 months).
ID#28464
Access, Chronic Health Conditions

New Jersey Health Initiatives
Phase III of New Jersey Health Services Development Program. Program to support projects that develop new approaches to resolving the state's health care needs, focusing on the Foundation's goal areas (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse, Other

• Alzheimer's Disease and Related Disorders Association, Inc., Northern New Jersey Chapter
  Parsippany, NJ
  $217,202
  (2 years). ID#29374

• Catholic Charities
  East Brunswick, NJ
  $240,000
  (3 years). ID#30432

• Children's Specialized Hospital Foundation Inc.
  Mountainside, NJ
  $230,000
  (3 years). ID#30433

• The Cooper Health System
  Camden, NJ
  $249,996
  (3 years). ID#29375

• Enable Inc.
  Princeton, NJ
  $150,032
  (3 years). ID#29376

• Holy Name of Camden/Jesuit Urban Service Team, Inc.
  Camden, NJ
  $80,604
  (3 years). ID#29377

• Matheny School and Hospital Inc.
  Peapack, NJ
  $50,000
  (1 year). ID#29378
• State of New Jersey Department of Education
Trenton, NJ
$235,000
(3 years). ID#30435

• Samaritan Hospice
Mooresville, NJ
$230,078
(3 years). ID#29379

• Seton Hall University
South Orange, NJ
$235,000
(2 years). ID#30434

• Stageworks Touring Company
Glassboro, NJ
$58,000
(33 months). ID#30437

• Unified Vailsburg Services
Newark, NJ
$100,000
(2 years). ID#30436

• Health Research and Educational Trust of
New Jersey
Princeton, NJ
$270,150
*Technical assistance and direction for New Jersey Health Initiatives (1 year).*
ID#28029

New Jersey Primary Care Association Inc.
Princeton, NJ
$50,000
*Planning for a membership-wide approach to managed care (for 6 months).*
ID#29879 Access, Cost

University of North Carolina at Chapel Hill
Chapel Hill, NC
$199,880
*Initial dissemination of the results from the National Longitudinal Study of Adolescent Health (for 8 months).* ID#29632 Access, Chronic Health Conditions, Substance Abuse

Oregon Health Sciences University
Portland, OR
$49,684
*Supplement to the evaluation of the Healthwise Communities Project (for 1 year).*
ID#29783 Access, Chronic Health Conditions

Partnership for Prevention
Washington, DC
$50,000
*Assessing insurance coverage of preventive services by private employers (for 15 months).* ID#29975
Access, Cost

University of Pennsylvania Health System
Philadelphia, PA
$75,000
Planning for the West Philadelphia Prevention of Blindness project (for 1 year). ID#28437

Access, Chronic Health Conditions

University of Pennsylvania School of Arts and Sciences
Philadelphia, PA
$159,025
Assessment of Philadelphia's school-based AIDS prevention program (for 15 months). ID#30162

Access, Chronic Health Conditions

University of Pittsburgh Graduate School of Public and International Affairs
Pittsburgh, PA
$49,866
Conference on changes in health care politics, policy, and markets in the nation, states, and communities (for 27 months). ID#27482

Access, Cost

Public/Private Ventures
Philadelphia, PA
$30,733
Report on youth crime, delinquency, and substance abuse (for 3 months). ID#30696

Substance Abuse, Other

The Research Foundation of State University of New York
Albany, NY
$110,676
Conference to assess the impact of budget cuts and structural changes in Medicaid (for 11 months). ID#26917

Access, Chronic Health Conditions, Cost

State Initiatives in Health Care Reform
Program to help states plan and develop insurance market reforms, Medicaid reforms, and other significant health care financing and delivery changes (for the periods indicated). Access, Cost

• Alpha Center for Health Planning, Inc.
Washington, DC
$2,953,729
Technical assistance and direction under the State Initiatives in Health Care Reform program (3 years). ID#22463

• National Governors’ Association Center for Policy Research
Washington, DC
$468,214
Technical assistance to grantees under the State Initiatives in Health Care Reform program (2 years). ID#24672

Strengthening The Safety Net: The Medicaid Managed Care Program
Program to work with states and managed care providers to improve access and
care for vulnerable populations covered under Medicaid managed care (for the periods indicated). Access, Chronic Health Conditions

- **State of Colorado Department of Health Care Policy and Financing**
  Denver, CO
  $142,998
  (1 year). ID#30750

- **Health Partners of Philadelphia, Inc.**
  Philadelphia, PA
  $164,201
  (1 year). ID#30751

- **State of Minnesota Department of Human Services**
  St. Paul, MN
  $500,000
  (18 months). ID#30752

- **Tennessee Opportunity Programs Inc.**
  Smyrna, TN
  $175,000
  (18 months). ID#30753

- **Commonwealth of Virginia Department of Medical Assistance Services**
  Richmond, VA
  $194,955
  (9 months). ID#30754

**The Technical Assistance Collaborative, Inc.**
Boston, MA
$19,020
*Technical assistance manual for RWJF national program offices (for 5 months).*
ID#30685
Access, Chronic Health Conditions, Substance Abuse, Cost

**University of Texas at Austin, Lyndon B. Johnson School of Public Affairs**
Austin, TX
$27,250
*Symposium to mark the 30th anniversary of Medicare (for 7 months).* ID#28829
Access, Chronic Health Conditions

**The Tides Center**
San Francisco, CA
$8,000
*Dissemination of information on extending health insurance coverage to uninsured children (for 6 months).* ID#28307
Access, Cost

**Treatment Research Institute Inc.**
Philadelphia, PA
$47,195
*Review of research progress and needs on behavioral health care and managed care (for 6 months).* ID#29691
Chronic Health Conditions, Substance Abuse

**University of Wisconsin-Madison Medical School**
Madison, WI
$421,957
Cost-benefit study of a brief intervention treatment for problem drinkers in a primary care setting (for 3 years). ID#27204
Substance Abuse, Cost

Contracts

The Center for Health and Social Policy
Pelham, NY
$318,411
Information-gathering, analysis, documentation, and reporting on health-related topics (for 1 year). ID#29974
Access, Chronic Health Conditions, Substance Abuse

Communications Projects
Multiple Contractors
$73,000
Pilot project to improve end-of-grant reports (for 2 months). ID#30213
Access, Chronic Health Conditions, Substance Abuse
$50,000
Technical assistance for RWJF in establishing a World Wide Web site (for 8 months). ID#28245
Access, Chronic Health Conditions, Substance Abuse, Cost
$15,969
Assistance with preparation of report on information technology (for 6 months). ID#29194
Access, Chronic Health Conditions, Substance Abuse, Cost
$8,000
Development of an initiative for local public radio programming and outreach (for 6 months). ID#29712
Access, Chronic Health Conditions, Substance Abuse, Cost
$300,000
Continued development and marketing of the RWJF World Wide Web site (for 1 year). ID#29752
Access, Chronic Health Conditions, Substance Abuse, Cost
$37,640
Communications Workshop for RWJF National Program Staff (for 1 year). ID#30201
Access, Chronic Health Conditions, Substance Abuse, Cost
$135,500
Dissemination of the Dartmouth Atlas of Health Care in the United States (for 1 year). ID#29152
Access, Cost

DesignWrite, Incorporated
Princeton, NJ
$41,000
Timeline of the Foundation's major programs (for 6 months). ID#30484
Access, Chronic Health Conditions, Substance Abuse, Cost

Dianne C. Barker
Topanga, CA
$48,316
Technical assistance to the Foundation on public-health-related initiatives and evaluations (for 5 months). ID#30195
Access, Substance Abuse

Health Tracking

Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated). Access, Chronic Health Conditions, Cost

• Center for Studying Health System Change
  Washington, DC
  $17,860,150
  (2 years). ID#28796
  $1,567,409
  (19 months). ID#29916

• Communications Projects
  Multiple Contractors
  $208,350
  Health Tracking communications activities (5 months). ID#29187
  $280,000
  Project to educate the media about local marketplace reform of the health care system (4 months). ID#29085

• Research Triangle Institute
  Research Triangle Park, NC
  $2,600,062
  1996 Employer Health Insurance Survey (1 year). ID#29533

The Lewin Group, Inc.
Fairfax, VA
$47,900
Assessment of RWJF’s Community Health in Focus program (for 6 months). ID#29487
Access, Chronic Health Conditions, Substance Abuse, Cost

Louis Harris & Associates, Inc.
New York, NY
$75,021
Survey on information sources for staffs of Washington policymakers (for 3 months). ID#29687
Access, Chronic Health Conditions, Substance Abuse, Cost

Sheehan Associates, Inc.
Washington, DC
$50,000
Media Training for RWJF Staff and Grantees (for 2 years). ID#30097
Access, Chronic Health Conditions, Substance Abuse, Cost

Simon & Schuster
New York, NY
$65,840
Supplement to funds for distribution of On Doctoring (for 31 months). ID#29982
Access, Chronic Health Conditions, Substance Abuse, Cost, Other

State Initiatives in Health Care Reform
Program to help states plan and develop insurance market reforms, Medicaid reforms, and other significant health care financing and delivery changes (for the period indicated). Access, Cost

• Mathematica Policy
  Research, Inc.
Princeton, NJ  
$259,912  
*State Initiatives in Health Care Reform survey of families in Washington State (7 months).* ID#30167

**Video News International**  
Philadelphia, PA  
$37,128  
*Production of a video on health care in Miami (for 2 months).* ID#29064  
*Access, Chronic Health Conditions, Substance Abuse, Cost*
Grants

Academy of Medicine of New Jersey
Princeton Junction, NJ
$10,186
Continuing physician education program on domestic violence (for 1 year).
ID#29479

American Academy of Pediatrics, Inc.
Elk Grove Village, IL
$124,929
Development of a training network to prevent firearm injuries among children (for 2 years).
ID#28762

American Association for the Advancement of Science
Washington, DC
$50,000
Conference on key issues relating to errors that occur in health care organizations (for 1 year).
ID#29013

American Nurses Foundation Inc.
Kansas City, MO
$50,000
Establishment of the National Coalition for Health Professional Education in Genetics (for 8 months).
ID#30764

Annenberg Center for Health Sciences at Eisenhower
Rancho Mirage, CA
$42,960
Support for the second annual Consumer Health Infomatics Conference (for 2 months).
ID#28943

The Arnold Gold Foundation
Englewood, NJ
$50,000
Assistance for medical schools in establishing "White Coat" ceremonies for entering students (for 10 months).
ID#28556

Aspira Inc. of Puerto Rico
Rio Piedras, PR
$237,533
Emergency assistance for the victims of Hurricane Hortense in Puerto Rico (for 6 months).
ID#30605
Association of Academic Health Centers, Inc.
Washington, DC
$200,000
Study of the organizational structures of academic health centers (for 1 year).
ID#29330

Association of State and Territorial Directors of Health Promotion and Public Health Education
Boise, ID
$5,000
National conference on the economic issues of health education and promotion (for 1 month). ID#29166

California Public Health Foundation
Berkeley, CA
$42,120
Forum on leadership training for the public health work force (for 3 months). ID#30456

Cenacle Retreat House
Highland Park, NJ
$45,398
Facility repairs and renovations (for 1 year). ID#28428

Columbia University School of Nursing
New York, NY
$30,109
Meeting on the need to prepare public health nurses for changes in public health systems (for 4 months). ID#28690

Council on Foundations, Inc.
Washington, DC
$38,000
Identification and development of message to effectively convey the contributions of philanthropy to the public good (for 4 months). ID#29465

Delaware & Raritan Greenway Inc.
Princeton, NJ
$50,000
Contribution to the preservation of open land in the Princeton area (for 1 year).
ID#30716

The Easter Seal Society of New Jersey, Inc., Raritan Valley Workshop
New Brunswick, NJ
$100,000
Improvement of facilities and grounds of Raritan Valley Workshop (for 1 year).
ID#28880

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$2,000,000
Endowment of the Richard C. Reynolds Chair in Internal Medicine (for 3 months). ID#30164

George Washington University Medical Center
Washington, DC
$196,823
Health policy and program information activities (for 2 years). ID#27373

Harvard Law School
Cambridge, MA
$50,000
Case studies of cities' approaches to reduce youth violence (for 6 months).
ID#28959
$230,000
Research to develop policy models aimed at assuring that children grow up in nurturing homes (for 2 years). ID#29782

Health Services Research Foundation of Northern California, Inc.
Pleasanton, CA
$50,000
Survey of research initiatives within health systems (for 1 year). ID#26941

Hospital Research and Educational Trust
Chicago, IL
$21,800
Public-private sector forum to foster collaboration to improve community health (for 7 months).
ID#29435

Independent Sector
Washington, DC
$500,000
General support to strengthen the effectiveness of the nation's private, nonprofit charitable institutions (for 3 years). ID#29506

Institute for the Arts of Democracy
Brattleboro, VT
$351,228
Expansion of a news service on civic engagement (for 2 years). ID#30234

Judge Baker Children's Center
Boston, MA
$50,000
Development of a pilot children's television series promoting healthy behavior (for 1 year). ID#29486

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)
Edison, NJ
$258,050
Camping program for health-impaired children (for 1 year). ID#27432

University of Minnesota-Duluth School of Medicine
Duluth, MN
$38,276
Reassessing the medical sociology's potential to understand current health policy issues (for 1 year).
ID#28843

National Academy of Sciences
Washington, DC
$35,000
Preparation of guides for advising undergraduate and graduate science and
engineering students (for 6 months). ID#29908
$125,000

Study of the health and safety implications of child labor (for 1 year). ID#30461

National Academy of Sciences-Institute of Medicine
Washington, DC
$425,000
Study of injuries in the U.S. and the response of public and private agencies (for 18 months).
ID#30188
$450,000

Health and Behavior: research, practice, and policy (for 2 years). ID#30324

National Center for Lead-Safe Housing Inc.
Columbia, MD
$498,893
State and local strategies in lead poisoning prevention (for 2 years). ID#27964

National Council of the Churches of Christ in the U.S.A.
New York, NY
$250,000
Support for the Burned Churches Fund (for 3 months). ID#30121

New Brunswick Cultural Center
New Brunswick, NJ
$50,000
Support of 1996-97 performance and educational programs (for 1 year).
ID#30106

New Brunswick Development Corporation
New Brunswick, NJ
$100,000
Revitalization program for the City of New Brunswick, New Jersey (for 1 year).
ID#28242

New Brunswick Tomorrow
New Brunswick, NJ
$350,000
City-wide program to strengthen human services and resources (for 1 year).
ID#26936

New Jersey HealthDecisions, Inc.
Princeton, NJ
$250,000
Helping New Jersey residents engage in the health care policy process (for 27 months). ID#27383

University of New Mexico Health Sciences Center
Albuquerque, NM
$49,594
Implementation of a community dispute resolution program (for 1 year).
ID#28412

The New York Academy of Medicine
New York, NY
$499,944
Defining and measuring community benefit in managed health care (for 2 years).
ID#28634

**Occupational Physicians Scholarship Fund**  
Arlington Heights, IL  
$50,000  
*Scholarships for occupational and environmental medicine residents (for 2 years).*  
ID#28559

**Old Disease, New Challenge: Tuberculosis in the 1990s**  
Program to stimulate effective collaborations between state and local health departments and other public and private agencies serving people at risk of tuberculosis exposure and infection to develop and test new approaches to the problem of tuberculosis (for the period indicated).

- **University of California,**  
  San Francisco, School of Medicine  
  San Francisco, CA  
  $298,002  
  *Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (1 year).*  
  ID#27228

**University of Pennsylvania, The Annenberg School for Communication**  
Philadelphia, PA  
$440,011  
*Improving educational television opportunities for children (for 1 year).*  
ID#30349

**Township of Plainsboro**  
Plainsboro, NJ  
$11,200  
*Expanded information technology capabilities (for 5 months).*  
ID#29021

**Plainsboro Volunteer Fire Company No. 1, Inc.**  
Plainsboro, NJ  
$55,000  
*Equipment for the volunteer fire company (for 6 months).*  
ID#28692

**Preparing Physicians for the Future: A Program in Medical Education**  
Program to demonstrate that medical schools can substantially change the basic science and clinical education of medical students (for the period indicated).

- **University of New Mexico School of Medicine**  
  Albuquerque, NM  
  $21,800  
  *Academic Medicine supplement on the experiences of grantees in Preparing Physicians for the Future program (1 year).*  
  ID#29874

**Research America**  
Alexandria, VA  
$25,000  
*Campaign to increase public understanding and support for medical research (for 1 year).*  
ID#30107

**St. Vincent de Paul Societies**  
Metuchen, NJ  
$90,550  
*Annual support of program for the indigent (for 1 year).*  
ID#28788
The Salvation Army
New Brunswick, NJ
$99,500
Support services for the indigent and distressed (for 11 months). ID#26205
$150,250
Support services for the indigent and distressed (for 11 months). ID#30467

Sun Valley Forum on National Health, Inc.
Potomac, MD
$37,500
Support for a conference on the therapeutic implications of advances in genetic and molecular medicine (for 1 year). ID#30194

The United Way of Central Jersey, Inc.
Milltown, NJ
$350,000
Support for the 1995 campaign (for 1 year). ID#26530
$350,000
Support for the 1996-1997 campaign (for 1 year). ID#29135

United Way of Greater Mercer County, Inc.
Lawrenceville, NJ
$110,000
Support for 1995 Campaign (for 1 year). ID#26863

The Urban Institute
Washington, DC
$295,565
A national campaign to reduce teenage pregnancy (for 2 years). ID#29111

University of Washington
Seattle, WA
$49,305
Review of child injury prevention interventions (for 1 year). ID#28231

Women Aware
New Brunswick, NJ
$10,000
On-site nursing service in a battered women’s shelter (for 1 year). ID#28897

Contracts

American Political Network, Inc.
Alexandria, VA
$39,100
Purchase of subscriptions to American HealthLine (for 1 year). ID#28913

Center for Strategic Communications, Inc.
New York, NY
$133,072
Development and publication of communications guides (for 23 months). ID#27361

Communications Project
Multiple Contractors
$27,704
Production of an RWJF Staff Directory (for 2 months). ID#29191
J. Michael McGinnis, M.D.
Washington, DC
$42,200
Special consultant on behavioral health (for 1 year). ID#30291

Katharine S. Pinneo
Princeton, NJ
$50,000
Feasibility study of replicating the New Jersey Capitol Forums on Health and Medical Care (for 1 year). ID#29577

Preparing Physicians for the Future: A Program in Medical Education
Program to demonstrate that medical schools can substantially change the basic science and clinical education of medical students (for the period indicated).

• Joseph E. Johnson, III, M.D.
Philadelphia, PA
$32,875
Technical assistance for Preparing Physicians for the Future: A Program in Medical Education (1 year). ID#27427

Wirthlin Worldwide
New York, NY
$200,000
Environmental scan (for 5 months). ID#30459
During 1996, the foundation made 875 grants and 71 contracts totalling $266.92 million in support of programs and projects to improve health and health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

- $103.26 million for programs that promote health and reduce the personal, social, and economic harm caused by substance abuse -- tobacco, alcohol, and illicit drugs.
- $75.93 million for programs that assure that all Americans have access to basic health care at reasonable cost.
- $37.84 million for programs that improve the way services are organized and provided to people with chronic health conditions.
- $35.86 million for programs that help the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation.
- $14.03 million for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated.
Since ensuring that all Americans have access to basic health care became an explicit goal of the Foundation, our efforts have focused on overcoming the barriers to care experienced by so many people. We have worked on barriers that resulted from work force distribution issues, financial limitations, sociocultural problems, and institutional structures. Our approach assumed that the care was there, if we could just get around the barriers.

Over the past two years, the country has seen market forces become significantly more influential, combining with cost concerns from government purchasers of health care to demand more efficiency from our delivery system. While many of these efficiencies are needed, the changes threaten to unravel the informal web of providers, clinics, and hospitals that takes care of millions of disadvantaged Americans. There is significant concern that one result of the current restructuring, at least in the short run, will be that for many of our most vulnerable citizens care is even harder to get.

In 1996, we began work designed to preserve the functions of that informal web of care, known as the safety net. We made a number of small grants designed to explore the nature and extent of the erosion of the safety net and we anticipate that these findings will help shape our thinking and focus our subsequent efforts.

We placed particular emphasis on the health and health care needs of children. We made grants to The Tides Center to monitor public and private efforts to increase children's access to health insurance; to Children Now to develop state options to expand access to health insurance for children; and to four sites-George Washington University Center for Health Policy Research; the Hudson Institute, Inc.; the University of Kansas Institute for Life Span Studies; and McManus Health Policy, Inc.-to develop policy options on providing universal health insurance coverage to children.
We authorized a new national program designed to help states develop comprehensive, affordable health insurance products for uninsured children. **Healthy Kids Replication Program** is a $3 million competitive grants program based on a successful model in Florida that helps families that do not qualify for government aid but that cannot afford private health insurance to buy health insurance through schools for their children.

Because of the amount and pace of restructuring occurring in the health care delivery system, we are continuing our efforts to monitor those changes in 1996. The Center for Studying Health System Change received a two-year, $17.86 million grant to track selected health and health care indicators in 60 communities across the country, including 12 communities to be followed intensively. The information gathered from this work will be used to inform both the nation at large and our future grantmaking.

Related projects include a $1.35 million grant to The RAND Corporation to track trends in employment-based health insurance and evaluate state policy efforts to maximize the provision of private coverage, and a grant to the University of Minnesota School of Public Health to study the impact of restructuring on rural health care systems.

One result of the restructuring under way in health care delivery is a fresh opportunity for public health. The Foundation has a long history of working on public health issues, but because of the changes that have occurred, we initiated efforts to strengthen the public health system. **Turning Point: Collaborating for a New Century in Public Health** is a new competitive national program co-funded by the W. K. Kellogg Foundation. The goal is to help states, local communities, and their public health agencies respond to the challenge to protect and improve the public's health in the 21st century. The $24.25 million program provides money for up to 20 states and up to 60 local communities to work together to strengthen their public health infrastructures.

The Foundation also awarded nearly $750,000 to The New York Academy of Medicine to work in collaboration with the American Medical Association and the American Public Health Association to develop and disseminate a monograph on the changing roles and responsibilities of medicine and public health in the 21st century.

We reauthorized a number of programs in 1996, including the **Minority Medical Faculty Development Program** for $19 million over five years, and the **State Initiatives in Health Care Reform** program for $7.5 million for four years. The Carter Center,
Inc., in Atlanta also received an additional $1.5 million to continue developing its Interfaith Health Program. The current funding will support efforts to foster community-wide initiatives that encompass the population-based principles of public health.

The forces at work on remodeling our health care delivery system will not abate. Whether the ultimate result will be increased access for all Americans is unclear. In 1997, we will continue to give the country accurate information about the changes and strive to ensure access in the areas of greatest need.
Return to 1996 Activities
As managed care unfolds across America, it is not yet clear whether the promise it holds for people with chronic health conditions and disabilities will be realized. In theory, managed care can provide more rational care, integrating primary, preventive, and specialty care, coordinating medical care with home and community-based services, and including the patient in decision making. But for many, the reality falls short because managed care, like fee-for-service, is predominantly structured around acute care, not on meeting the long-term needs of the chronically ill.

The extent to which the current system is out of sync with the needs of chronic care patients was highlighted in the Foundation's new chartbook, *Chronic Care in America: A 21st Century Challenge*. The report brought together for the first time statistics about the prevalence of chronic conditions and who is at risk for them, what chronic care costs and how it is financed, and where imbalances of care and financing exist.

In 1996, the Foundation continued to explore strategies by which managed care entities can improve care for people with chronic health conditions. As more states move their Medicare and Medicaid populations into managed care arrangements, the elderly who qualify for both programs—and the providers who care for them—often find the differences between the two programs frustrating.

To address the fragmentation of care and financing that occurs for these dually eligible people, the Foundation authorized **The Medicare/Medicaid Integration Program** in 1996. This six-year, $8 million national program will help states integrate Medicare's acute care services and Medicaid's long-term care services in managed care plans, and create health plan accountability for costs and outcomes.

As managed care penetrates more markets, it is changing...
Americans with Chronic Conditions is Expected to Rise

relationships across the whole field of medicine. The **Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative** is a new, $5 million effort that will support research and convening activities to highlight issues, identify exemplary practices, and generally better understand the dynamics between market forces and the patient-provider relationship.

Several of the Foundation's previously funded programs involving managed care made significant strides this year. As part of the **Chronic Care Initiatives in HMOs** program, a working group of representatives from Medicaid managed care organizations developed a mathematical model to identify enrollees who are at high risk for hospitalization in the next twelve months. Already being adopted by major managed care organizations, the model enables plans to proactively provide case management and preventive measures rather than wait for the actual onset of disease or costly visits to the emergency room.

Managed care arrangements are also being used by the Foundation's **Mental Health Services Program for Youth Replication**, which awarded nine states planning grants totaling $676,000 to replicate the community-based systems of care developed in our original program. Under the program, states pool existing funds to permit capitated financing of care for children with serious mental illness.

The fastest growing component of national health expenditures is home- and community-based services, which are vital to many with chronic illness or disability. The new **Home Care Research Initiative** provides $4.8 million to support research and analysis to improve the knowledge base underlying home care policy and practice.

Following last year's widely publicized **SUPPORT** study on care at the end of life, the Foundation continued to fund projects to improve such care. One effort, being conducted by the Education Development Center, Inc., is identifying both barriers to improving end-of-life care and opportunities to address them in Medicare managed care plans.

Expanding the principles and practices of hospice care is the goal of the Foundation's new, $15 million **Program to Increase Access to Hospice Care**. The program will introduce the option of hospice-type care to a broader range of terminally ill patients, and help to integrate hospice practices into managed care organizations. The **SUPPORT** study indicated that a major barrier to good
end-of-life care is our culture's difficulty in confronting death and dying. A grant of nearly $400,000 to the Florida Commission on Aging with Dignity, Inc., will support five public forums in that state to examine how health and long-term care services could be structured to safeguard the dignity of people as they age. More broadly, in order to help more people have discussions about end-of-life issues, the Foundation has provided more than $639,000 in funding for a multimedia curriculum on the subject. The centerpiece for this effort is a television special entitled, *Before I Die: Medical Care and Personal Choices*, scheduled to be broadcast on the PBS network in April 1997.

As the health care system continues to evolve, it will not be able to ignore the need for cost-effective, coordinated health care for the growing number of Americans who have chronic health conditions. The Foundation is now devoting considerable resources to help the system understand and meet the needs of this constantly increasing population.
The Number of Americans with Chronic Conditions is Expected to Rise

Return to 1996 Activities
The nation's health care system continued its dramatic transformation during 1996 as it responded to powerful marketplace influences and government budget cuts. Some of the changes created special opportunities for grantmaking in the substance abuse area. The explosive growth of managed care, with its interest in maintaining health in order to contain costs matched by its ability to institutionalize change, gave rise to new program authorizations.

To take advantage of the opportunities managed care has to offer, we authorized **Addressing Tobacco Within Managed Care Organizations**, a new $6.76 million national program, to help plans define and implement tobacco intervention as a part of basic health care. Along the same lines, we awarded $3.83 million to the University of Connecticut Health Center School of Medicine to conduct a research and training effort to identify the costs and benefits of using an early identification procedure for at-risk drinkers in primary-care managed care settings.

The changes in our health care system are also affecting the system of care for alcohol, drug, and mental health disorders. In 1996, we awarded the University of California, Los Angeles, Center for Health Sciences $2.21 million for a research initiative to assess the effects of these changes on access to services and their utilization, cost, and quality.

1996 was also a very important year for tobacco control. Tobacco was a significant issue in presidential politics and federal regulations were approved to curtail children's access to tobacco products and reduce their appeal. Our grantmaking to reduce the harm caused by tobacco use was ambitious and substantial. The Foundation, in partnership with the American Cancer Society and other foundations, created the **National Center for Tobacco-Free Kids** in Washington, D.C. A free-standing, communications-oriented organization that focuses anti-smoking
efforts on reducing tobacco use among youth, the Center was seeded with a $20 million grant from RWJF. We also supported a unique partnership with Oral Health America, America's Fund for Dental Health, and Major League Baseball. Together they are conducting a high-visibility campaign that uses baseball's imagery and players to deliver anti-spit tobacco (moist snuff) messages.

Other investments included $8 million to bring together a network of leading researchers from a variety of disciplines to study the development of dependence on tobacco; a $597,017 grant to the University of California, San Diego, to study the influence of tobacco marketing and promotion on use; and, because of the initial success of *SmokeLess States: Statewide Tobacco Prevention and Control Initiatives*, the authorization of an additional $20 million to support 21 new four-year implementation grants.

Continuing our efforts to communicate that substance abuse is the nation's leading health problem, we approved $4.38 million in funding for a public television series by Bill Moyers on addiction and recovery, slated to air in 1997. The Foundation also renewed its long-standing support of the Partnership for a Drug-Free America, Inc.'s national media campaign to reduce the demand for illegal drugs with a three-year, $10.49 million grant.

We awarded the Education Development Center, Inc., $1.54 million to conduct a variety of activities addressing the re-emerging tide of alcohol and other drug use on college campuses. We also made a renewal grant of $908,579 to the Harvard University School of Public Health to repeat a national survey of alcohol use and abuse on college campuses, and examine college and community countermeasures. *Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol* was renewed with $20.8 million to support additional work in up to eight sites.

The Research Foundation of the City University of New York also received renewal funding of nearly $5 million to implement a model program that links jail inmates with substance abuse treatment, case management, and other health and social services and continues these support mechanisms after they are released back into the community.

A number of projects are under consideration for the year ahead. They include setting up a surveillance system to track and analyze major policy and environmental influences on youth use of alcohol, tobacco, and other drugs; developing models for states and communities to help young mothers with substance abuse problems...
who are on public assistance to make the transition from welfare to work; tracking the effects of the liquor industry's decision to reverse a 48-year voluntary ban on radio and television advertising; and determining why rates of youth use of alcohol, tobacco, and other drugs are climbing.
The Foundation’s programmatic focus on health care costs had an evolutionary five-year course. We had been of two minds about it from the start. Experience had shown that foundations have little leverage over health costs, and past initiatives in this area had been disappointing. Yet controlling costs was clearly an essential prerequisite for our other goals of assuring access to care, improving services for people with chronic illnesses, and expanding efforts to prevent and treat the harm caused by substance abuse. Should cost control remain a separate goal? Or should it be woven into our other activities?

In 1996, the argument that it should be woven in prevailed, and that is what we have been doing since mid-year. Nonetheless, several interesting activities took place last year under the specific cost rubric. Four grant awards totaling $1.06 million were made under the IMPACS: Improving Malpractice Prevention and Compensation Systems program and the Workers’ Compensation Health Initiative awarded grants totaling $1.62 million to six sites; and 18 grants totaling $5.83 million were started under the Changes in Health Care Financing and Organization program. These programs will continue, with their activities subsumed in the other three goal areas.

Additionally, the ongoing work of The Council on the Economic Impact of Health System Change, led by Stuart H. Altman, Ph.D. at Brandeis University, continued to bear fruit. Its conference, The Future of the U.S. Health Care System: Who Will Finance and Deliver Care for the Poor and Uninsured? was a notable success.

The Dartmouth Atlas of Health Care in the United States, prepared partly with Foundation support, was published by American Hospital Publishing, Inc., in both national and regional editions. The atlas is the first national report on where populations receive care, and on the differences in the distribution and utilization of health care resources.
We continued support for the Investigator Awards in Health Policy Research and Scholars in Health Policy Research programs, in order to build the capacity of the field. Several of the researchers in the former program have started to publish some of their results, including David Mechanic, Ph.D. (on the issue of the loss of trust between physician and patient in a managed care environment) and Theda Skocpol, Ph.D. (with her favorably reviewed book, Boomerang: Clinton's Health Security Effort and the Turn Against Government in U.S. Politics).

Other support in 1996 included nearly $900,000 to evaluate the Healthwise Communities Self-Care Demonstration Project, an innovative community education effort in southern Idaho; $69,883 for a study being conducted at the University of Alabama at Birmingham School of Health Related Professions to research the important problem of retirees who have lost employer-sponsored health benefits; and $137,000 to the National Committee for Quality Assurance to develop criteria for information systems for managed care organizations. We also contributed $200,000 to the Alfred P. Sloan Foundation's effort to establish a managed-care industry research center at Harvard Medical School under the direction of Joseph P. Newhouse, Ph.D.

These and dozens of other projects, mentioned in the grants list on pages 53 and 54, provided a satisfying conclusion for the staff team working specifically in this area. They now are continuing to raise the vital issues of cost, cost-effectiveness, and financing in the Foundation's discussions of its other goals.
Return to 1996 Activities
If there is one lesson to be drawn from the 1994 failure of national health reform, it is that the United States has opted for the market, not government, as a way to address escalating medical costs. Indeed, the story of medical care for the past two years could be labeled the triumph of the market. Enrollment in managed care plans is surging; for-profit hospitals and health plans are expanding at a much greater rate than their not-for-profit competitors; and federal, state, and local politicians of both parties promote managed care as the best way to control Medicare and Medicaid costs.

Yet the managed care industry, far from basking in a triumphant glow, is reeling from uncoordinated but persistent attacks that show up in editorial cartoons, polling results, talk show discussions, and cocktail party banter. How can we explain the paradox that managed care—the instrument of market reform—is both triumphant and unloved?

**Why Has the Market Triumphed?**

The explanation starts with understanding why the market has emerged as our de facto national health policy. One reason was the long-standing concern about runaway medical costs, which finally catalyzed action by both business and government. As criticism of fee-for-service payment escalated, market solutions—specifically, managed care—seemed logical. Substituting capitation for fee-for-service payment could reverse the incentives for ever-greater consumption of medical care. In effect, managed care urges patients to be more conscious of prices and lets physicians profit when they do less, not more. Cutting prices turned out to be easy, because we simply had too many hospital beds, too much capacity in diagnostic and therapeutic technologies, and too many physician specialists. Insurance administrators used this clout aggressively, controlling utilization as well as prices.

Another reason for the surge in market-based solutions is the message that Democrats sent to investors and to the health care field during the health care reform debate. By embracing managed competition, they endorsed market principles, implicitly approving a shakeup in the organization of medical care. When the federally led health reform effort failed, a governmental remedy was no longer politically possible. Yet changes in health care delivery and financing were still
needed. Where else was there to go other than the market?

**Why Is Managed Care Held in Low Esteem?**

One reason most people don't understand managed care is that it comes in so many varieties. Most managed care is organized around three models: health maintenance organizations; systems designed to influence utilization patterns; and systems that use their purchasing power to negotiate low payments to hospitals and doctors. Each managed care company has a distinctive organizational fingerprint in how it uses some or all of these three techniques. The result is an almost infinite number of overlapping forms.

For example, a managed care organization can be not-for-profit or for-profit; its physicians can be independent or in group practices; they may work exclusively with patients from one organization or have contracts with scores of different managed care companies; the organization may be local or part of a national chain; it may concentrate patients in a few local hospitals—or even own them—or work with many.

There is one thing everybody does understand about managed care: it has replaced open-ended indemnity insurance with plans that limit their choices. This, people don't like. Further, consumers' concerns, especially about physicians' services and motivations in this new environment, have been fueled by the news media.

For decades, broadcasters and newspapers have paid little attention to the prevailing defects within the traditional fee-for-service system or the plight of the medically uninsured. Recently, however, they have been running a stream of managed care horror stories. Why? First, the change from one system to another is news in itself, and its impact is easily captured by dramatic stories of restricted choices and denied benefits. Second, the nationwide shift to managed care has closed an important gap between journalists and their audiences. For the first time in their lives, many journalists, as well as their friends and family members, are facing restrictions in their choices of medical care. For this relatively well-educated and privileged group, the conditions of managed care appear new, relevant, and alarming in a way that problems of the uninsured or of substandard fee-for-service medicine never did.

The reality, as reflected in data collected by the Foundation's recent Community Snapshots Project, conducted by the Center for Studying Health System Change, is more complex. In many communities with a high penetration of managed care, people are more satisfied with their medical care than are people in communities with low penetration. Nevertheless, recent polling data show that the public's trust in managed care continues to decline.
Potential Advantages of Managed Care and the Market

The potential advantages of managed care have been widely advertised, especially those of the health maintenance organization, with its capitation payments to physicians and hospitals. Compared with fee-for-service, capitation theoretically could produce a more rational system, permitting greater flexibility in the range of services provided to sick patients, integrating services for people with chronic illnesses, and emphasizing prevention. It also curbs the fee-for-service incentives to overuse costly services.

Market-based managed care has other possible advantages, beyond those that derive from capitation. In a nation encumbered with excess medical care capacity, the market can force closures, consolidations, and income reductions in a way that would be impossible for our government to accomplish. If federal officials tried to scale back the health care system, for instance, every affected legislator would seek exceptions for hometown institutions, special interests would appeal to the legislative and executive branches to give preference to their services, and the media would be filled with alarmist reports. Yet, the market-initiated downsizing of nearly 600 hospitals between 1984 and 1995—a loss of 260,000 beds—has occurred almost without a peep.

The market also may have curtailed runaway medical expenditures. It seems that employer health insurance premiums have leveled off, and in some instances actually declined. Likewise, Medicaid expenditures have moderated, although costs of Medicare continue to climb. Some analysts attribute this trend to managed care; others suggest that these changes are merely a shift from insurance expenditures to out-of-pocket costs.

Pitfalls and Perils for Managed Care as a National Health Policy

The market and its principal instrument, managed care, face problems on two major fronts. One set flows from the market's successes, the other from its inheritance of past market failures.

The market is relentless in its pursuit of efficiency. It can impose enormous pressure for change on the institutions that provide medical care. As hospitals merge, consolidate, or even close, the communities they serve are threatened by decreases in vital services, as well as by loss of jobs. Especially in small towns and in the inner cities, hospitals are the largest local employer, and there is no obvious way to compensate for their layoffs. We may not usually think of health care as providing employment for less skilled workers, but in reality it does. So the blame for the loss of jobs and institutions will be laid at the feet of managed care.
The efficient market is also having an impact on nursing professionals. The surplus of jobs of a few years ago has disappeared, and nursing assistant jobs have actually declined. New graduates from nursing schools are having a tough time finding hospital-based jobs, and many hospitals are replacing nurses with advanced training with ancillary health care workers. While there are new opportunities for nurses to practice in community-based settings, the majority of nurses need retraining to do this work.

Physicians are feeling the pinch of market pressures, too. In the days when a doctor simply found a neighborhood and hung out a shingle, the nation could absorb seemingly endless numbers. Now, doctors must find a managed care plan to hire them, and the plans fill up fast. In 1994, the average physician income declined for the first time since 1968, when the AMA began monitoring physician income, though it crept back up in 1995. And there are clearly too many specialists in fields such as anesthesiology and cardiology in many regions. Many physicians bitterly resent the loss of control that comes with market consolidation. Many must report to corporate bosses for the first time. (Chart Graphic) Fundamental choices, such as whether to hospitalize their patients and when to discharge them, are now being dictated by a stranger at the end of an 800 telephone number. And as market changes intensify, physicians will become even more unhappy.

Many experts see these consumer and provider complaints as signals that discipline is finally being brought to a previously overheated medical care market. In their view, it is high time that insured consumers stop treating medical care as a free good and that health professionals face the same competitive pressures as other businesses.

But the practice of medicine is not just another business. On the wall in my office, opposite my desk, hangs a copy of "The Doctor," a famous 19th century painting by Sir Luke Fildes. It depicts a weary physician brooding over the form of a feverish child asleep on two kitchen chairs in a tiny room. In the background, dimly viewed, are the distraught parents. I display "The Doctor" not out of nostalgia for the practice of house calls, but to remind me and my colleagues of what is special about the healing professions. Even the most hardened cynics hope that in the sanctity of their own doctor's office the specter of financial risk will take a back seat to healing. As caregivers, our challenge is to resist swapping gains in efficiency for losses in compassion.
Managed care's other set of problems comes from being saddled with past market failures. The most obvious is that many millions of Americans lack health insurance. Estimates of the actual number vary, depending on the research methods used and how "Americans" are defined; most figure that from 39 to 42 million people are uninsured at any given time, and as many as 60 million are uninsured at some time during a calendar year. Even if the economy stays strong, the numbers of uninsured Americans will probably continue to rise; if the economy sours, the situation will be even worse.

Clearly, market economies do not provide goods for free. But we have always been unwilling to explicitly deny needed medical care to those who cannot afford to pay for it. So the unresolved problem of how to pay for the care of the medically uninsured is now squarely in the lap of managed care.

There are only two ways to pay for care for the uninsured—either subsidize their insurance or subsidize their care. Thus far, it has not been acceptable to subsidize coverage for the uninsured, even though estimates of the additional costs of such subsidy amount only to some $20 billion out of a total annual health care expenditure of $1 trillion. Nor is society willing to ration medical care according to a person's ability to pay, although we do tolerate a considerable amount of implicit rationing.

So the needs of the uninsured typically are addressed by subsidizing indigent care. In some instances care is given by mainstream providers, who then pass on these costs to their patients who are insured. In other cases the care is obtained at institutions that have traditionally provided a safety net-institutions such as public hospitals and tax-supported clinics. Between them, the two sources have provided a substantial, though insufficient, amount of indigent care. The system is suboptimal, however, because compared with people who have private health insurance, the uninsured have less access to care, use fewer services, cannot obtain certain services at all, are twice as likely to be hospitalized for conditions that could have been avoided, and die sooner.

But market forces are making it harder to finance even this amount of indigent care. Hospitals and physicians can no longer cross-subsidize such care by inflating charges to their paying patients. Now that private insurers are aggressively shopping for the lowest priced hospitals and physicians, charging extra in order to cover indigent care risks losing business. With these changes taking place on the private side, Medicare now stands as the most reliable source of subsidies for indigent care. But its cross-subsidies also will dwindle with the impending Medicare cost crisis and Congress's efforts to reduce the
federal budget deficit.

While fiscal pressures are making it less possible for most community hospitals to care for the uninsured, the safety net public hospitals and clinics are also having to retrench. Many of these institutions depend heavily on revenues from Medicaid patients. Now that most states are developing Medicaid managed care contracts, hospitals and physician groups that previously avoided serving Medicaid patients have started seeking them out aggressively. Many Medicaid patients will be moving into private settings for the first time. But the resulting loss of Medicaid patients leaves the safety net providers with rising proportions of uninsured patients among their clientele.

City and county officials worry about tax increases and health care budgets, too. They are cutting the services offered by public hospitals and clinics. Some previously public hospitals are being sold to private, for-profit corporations. On top of all this, some states—notably California—are considering to refuse to reimburse public hospitals for the care of non-citizen immigrants.

The overall result is that access to medical care for the uninsured is a constantly worsening problem: On the one hand, the already large population of medically uninsured is expanding; on the other, market pressures are squeezing out the subsidies previously used for charity care.

These trends have evoked scenarios rivaling Dickens's depictions of misery and depression. The reality is likely to be more subtle. In my experience, the reality often surprises both the doomsayers and the cheerleaders. Not only the pace of change, but sometimes even its direction, can be unexpected.

As our medical care system adjusts to the new dynamics of the market, its behavior will vary from region to region and changes will be incremental. To the extent that calamitous scenarios are forecast and do not occur, this may distract us from the subtler, potentially more important changes that will evolve in the next decade. The impact of changes in access may not be evident for some time, and certain segments of the poor, such as those receiving Medicaid, may find their access improved under managed care systems. The population most in jeopardy would seem to be the uninsured immigrants in border states—California, Texas, Arizona, and Florida—and in major cities.

Finally, indigent care is not the only social good threatened by market forces, the erosion of cross-subsidization, and tighter public funds. These trends also jeopardize medical education, clinical research, and some aspects of public health. Although all have other sources of support, each is subsidized to some degree by clinical revenues. The
market is unlikely to allow this to continue. Without new sources of income, we will begin to erode the foundation of this country's medical enterprise.

**Legislative and Regulatory Responses**

Not surprisingly, politicians are responding to the widespread criticism of managed care. Some examples include: the spate of state laws requiring that health insurance plans cover 48-hour hospitalizations for normal deliveries; resistance to the performance of outpatient mastectomies; and the requirements for mental health coverage in recent federal legislation. Even legislators who staunchly support market principles could not resist the political appeal of the "drive-by delivery" issue. *(Chart Graphic)* Certain to follow are proposals to mandate coverage for certain services such as screening tests for breast and prostate cancer, bone marrow transplantation for metastatic breast cancer, and to pay for care by certain categories of providers.

These legislative and regulatory actions will not be confined to expanding covered benefits. Legislators are bound to propose marketing standards (in response to past scandals), as well as new laws regarding physician "gag clauses" in HMO contracts, *(Chart Graphic)* disclosures of physicians' financial conflicts of interest, and maybe even allowable profit margins for health plans.

Legislators also may be tempted by certain inevitabilities into additional areas of law and regulation. As managed care's domination of health care expands, there will be excesses to curb. Health plans' utilization management will be increasingly aggressive. And, also inevitably, consumers and providers won't like it. So far, health plans and health systems have tackled the relatively easy cost-cutting targets, such as reducing excess hospital capacity and redundant services. In effect, this has been taking the fat out of the system, yet it has accustomed these corporations to high profit levels—levels that will be difficult to sustain without ever more extensive cuts.

But once the fat is gone, further cuts can only be made in areas that potentially harm patient care. At this point, public pressure to "do something" to regulate the industry will be intense. Regulators will have difficulty in maintaining a balance between free market principles that unleash entrepreneurial energy and consumer protection principles, traditional in a field where lives are at stake.
This balancing act is not unique to medical care. The precise balance point depends on the commodity in question, moving more toward regulation when safety is at issue—such as with air travel or the food supply—and toward market principles when it is not. Setting the balance point for medical care ideally should involve open debates about the tradeoffs among costs, quality, and convenience. Unfortunately, because we lack good measures of these variables, no one—neither marketeers nor politicians—has been eager to engage in such discussions.

But these debates would cover only the people and activities currently "in the system." What about the people and activities left out? Would it really cost too much to fund basic health care for the uninsured, to pay for graduate medical education, or to underwrite the missing piece for clinical research? We haven't been able to identify fresh sources of funding to expand health insurance coverage, and there is no reason to assume the task will be any easier for education or research. So far, innovations at the state level are few and help only a limited population.

Roles for Philanthropy

At The Robert Wood Johnson Foundation, we focus our grantmaking on improving the health and health care of the American people. The triumph of the market poses new challenges for us because the actions of business and government are changing so rapidly.

In what many people around the nation now believe were the "good old days" of health care, philanthropy also had it easier. In those expansionist times, we supposed that if we funded a promising approach to delivering health care, someone—often government—would adopt the new model and make it widely available. Now that the federal role is shrinking and state and local governments are financially pressed, existing programs must scramble to retain funding. New ventures are even less likely to find sponsors and dollars. Similarly, in the past, foundations could attract the attention of potential grantees with relatively small grants. Today, so many of them are fighting for survival that they cannot take on a foundation's project.

Yet the turbulent triumph of the market still creates fresh philanthropic opportunities. More than ever, we need clear measures of what is happening in health and health care, at both the local and national levels. This need arises just when the federal government's capacity to monitor changes has been cut back. Thus one important role for RWJF will be to determine and describe, carefully and rigorously, the events over time. We are attempting to do this with our Health Tracking project, administered by the Center for Studying Health System
Change. Health Tracking is collecting data on important outcomes that affect patients, health professionals, and institutions. Other foundations also are planning to invest in monitoring activities. Ongoing information from all these sources will help our nation gauge the impact of the market, recognize its accomplishments, and identify areas for improvement.

By supporting research and service demonstrations, philanthropy can help managed care, the market's chosen mechanism, work better for more people. One area where research is needed is on ways to adjust health insurance premiums according to risk. Today, the market rewards health plans that avoid people who are likely to require expensive care. These individuals could become attractive to the market if fair and accurate risk adjusters were used. Better access to higher quality care would surely follow. A working group under our Chronic Care Initiatives in HMOs program has done some interesting work in this area.

Another area where philanthropy can play a role is in the preservation of the caring ethic of health providers. As managed care penetrates more markets, we have begun to see more clashes between the traditional ethics of medical care and market-driven business practices. Helping business people and health care providers understand and navigate these issues can ultimately improve the quality of patient care.

As efficient as markets are at distributing goods, they are limited in that not everyone has the wherewithal to purchase the goods being sold. By working to expand health care coverage to more people, philanthropy can help more people participate in the market. Thus far, both the business and the public sectors have been reluctant to pursue major expansions, so another role for philanthropy is to try to address the health and health care needs of people who financially cannot participate in the market. (Chart Graphic) This foundation has a history of programmatic efforts dating back to our earliest days that focus on the needs of the uninsured and the underinsured. Currently, we are exploring ways to preserve the functions of the safety net, the informal web of providers and institutions across the country that has provided care to millions of disadvantaged Americans.

Some health and health care issues can be addressed by people with no qualifications other than an interest in helping. A caring adult can mentor a child at risk for substance abuse, a neighbor can help an elderly shut-in with shopping and other activities. These are areas where the formal health care system will always come up short. But such help, usually by a volunteer, can have an impact on people equal to all the medical system has to offer. The Foundation has been working to promote volunteering and volunteerism. These efforts
include such programs as Faith in Action, Service Credit Banking in Managed Care, and our support of One Church-One Addict, a project to get churches nationwide to help recovering substance abusers through job counseling, spirituality, and referral to treatment centers.

Finally, we can educate the public about how to avoid health risks and how to use the health care delivery system better. Much of our work in the substance abuse area uses education to promote prevention and cessation. And our grant to Healthwise, Inc., is helping people in four Idaho counties become better health care consumers providing people with a state-of-the-art self care manual, supporting a toll-free advice line staffed by nurse counselors, and community health education.

Conclusion

As a nation, we have staked our health care future, for better or worse, on a market-based approach. This development has at least one salutary indirect effect: it has finally unmasked fundamental unresolved dilemmas that we in the United States have for so long ignored. Should everyone have the right to basic health care? To what extent should the healthy subsidize the sick or the wealthy subsidize the poor? What is government's role in health care? Is medicine merely a business like any other? Should there be limits on the profits obtained from providing health care services? How do we best invest in medicine's future—in research and training? To the extent that we are now confronting directly these problems that have smoldered for so long, the market has helped us in more ways than merely by increasing the efficiency of the health care sector. If we choose to avoid them, or to resolve them in a partisan manner, we will have lost an enormous opportunity.

Steven A. Schroeder, MD
President
Changes in Private and Public Companies' Health Insurance Premiums

Return to President's Message
For any organization to thrive, it must manage its growth and maintain its focus simultaneously. This balance is a mark of effectiveness. In 1996, we asked and began to address the question of how we keep our balance now and for the future.

Our endowment has grown steadily and significantly during the 1990s, thanks in part to the second longest bull stock market in history. Through productive and principled management of our assets, we closed 1996 with an endowment of $5.59 billion. As our endowment has grown, so have our annual payouts.

To meet our required payout increases, we have developed new programs and made more grants. We now have about twice as many active national programs and grants as we had 10 years ago. While we have doubled our output, the number of people involved in developing and monitoring programs has remained about the same. This increase in productivity is a tribute to the professionalism and dedication of the RWJF staff.

By the year 2000, we estimate we could be making $360 to $400 million in grants each year. For comparison, in 1995 we made grants and awards totaling $180 million. Our projected payout opens up many new possibilities for the Foundation; it also raises questions about how we can maintain the quality of our grants and national programs, and still continue with the level of monitoring we have exercised thus far.

In anticipation, we have begun to review our staffing levels and grantmaking practices and processes. We are considering testing some new approaches to our work, including additional outsourcing of activities. But these next few years will hold some very interesting challenges for the Foundation—challenges that will require some of our most creative thinking to date.

As part of our efforts to maintain our balance point, the Board of Trustees and senior staff held a retreat this past June to take stock of the Foundation. At our last retreat just over five years ago, we ratified the Foundation’s mission and established the four goal areas that have organized our grantmaking to date. In June, we moved to consolidate our goals by folding one—to help the nation address, effectively and fairly, the overarching problem of escalating health care costs and
resource allocation into the others.

We are far from solving the problem of rising health costs, and we have not abandoned it. But there was a sense among the Board and staff that controlling costs was so integral to the success of many of our efforts that we should not treat it separately. We believe it is more realistic to incorporate the concept of controlling costs into each goal area.

The Board officially affirmed this change at its October meeting, along with this restatement of our remaining goals: to assure that all Americans have access to basic health care at reasonable cost; to improve the way services are organized and provided to people with chronic health conditions; and to promote health and reduce the personal, social, and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.

At that June meeting, we also developed a new framework for analyzing our grantmaking. This framework, which classifies grants as targeted, core, or exploratory, will be used internally to develop a clearer overall picture of the Foundation's programming, to track our long-term commitments more effectively, and to improve our ability to balance risk and payoff across our portfolio of grants.

Targeted grants, which comprise most of our grantmaking, support projects that are related to our goals and have clear objectives and five-to-ten year horizons.

These include such programs as SmokeLess States: Statewide Tobacco Prevention and Control Initiatives and the Chronic Care Initiatives in HMOs.

Exploratory grants, which we expect to be a small share of our portfolio, will underwrite explorations of areas for potential future activity. Staff members have discussed a number of possibilities, including health and behavior, violence, genetic services, and new information technology in health care.

Core grants will support a number of solid, low-risk, long-term activities that will never be self-sustaining, but which we view as central to the mission of the Foundation. These include our Clinical Scholars Program, the Local Initiative Funding Partners Program, and the Community Health Leadership Program.

We also had a change in our management team at the end of 1996 with the retirement of Dr. Richard C. Reynolds, who had been executive vice president of the Foundation since 1987. In his nine years in that position, Dick served under two presidents, providing both continuity and perspective. His gentle humor, wisdom, and
patient determination will be greatly missed. In recognition of Dick's significant contributions, the Foundation has established the Richard C. Reynolds, M.D., Chair in General Internal Medicine at the University of Medicine and Dentistry of New Jersey, where he served as dean before he joined RWJF. We wish Dick well in his retirement.

Dick's successor is Lewis G. Sandy, M.D., M.B.A. Lew joined the Foundation in 1991 as a vice president for program. In recent years, he has led our chronic care goal development work group and distinguished himself as a thoughtful, organized innovator. We welcome Lew to his new role and look forward to his future contributions.

I expect that America's health care system will continue to remake itself at a dizzying pace for the foreseeable future. While change is unsettling, it also brings with it opportunity. Our challenge is to seize the opportunities to improve health and health care and to make the most of them. I am confident that we are well positioned-and well balanced-to do just that.

Sidney F. Wentz
Chairman, Board of Trustees
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.
This Annual Report explores the Foundation's role in a market-driven health care system:

**Tracking Delivery System Changes**
As part of our Health Tracking project, the Center for Studying Health System Change is conducting a study of health and health care in 60 communities.

**Expanding Health Care Coverage**
The Healthy Kids Replication Program is designed to help states develop affordable health insurance products for sale through schools to cover uninsured children.

**Promoting volunteerism**
The Faith in Action program helped to establish more than 500 community networks of interfaith volunteer caregivers who help the elderly and the disabled people.

**Helping Managed Care Work Better**
Chronic Care Initiatives in HMOs has funded 22 projects exploring ways to improve services for people with chronic conditions who are enrolled in managed care plans.

**Ensuring Care for the Underserved**
Reach Out: Physicians' Initiative to Expand Care to Underserved Americans has funded 39 projects that help private physicians provide reduced-cost or free care to poor people.

**Public Education**
Oral Health America, America's Fund for Dental Health received a grant to work with Major League Baseball and the National Spit Tobacco Education Program to teach young athletes about the dangers of chewing tobacco.

**Preserving Professional Ethics**
The Woodstock Theological Center received funding to hold leadership seminars and produce a monograph that helps providers and
institutions navigate ethical issues in the business aspects of patient care.
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