“I believe we are our brothers’ and sisters’ keepers. We must ask ourselves, ‘How can a nation of plenty, a democratic society, have such an inequitable health care system?’ Clearly, from an ethical perspective, in order to put our ideals into practice, we must assure access to affordable, quality health care for all Americans.”

Rev. Kenneth S. Robinson, MD, 1998 RWJF Community Health Leadership Award recipient
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Robert Wood Johnson

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 imperishly 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.
One of our nation’s greatest achievements is our health care system. Its strengths abound. We enjoy abundant diagnostic and therapeutic medical technologies and have skilled specialists to employ them. We lead the world in developing new pharmaceutical approaches to manage disease. And our magnificent scientific and medical education systems are the envy of the world.

Further, the United States has an enlightened public that keenly understands health care and seeks to make informed choices. We also engage in public activism on health issues. Notable examples include movements to battle breast cancer and HIV/AIDS, anti-smoking advocacy, and Mothers Against Drunk Driving.

This combination of state-of-the-art medical technology, innovative drugs, and an enlightened and activated public, has yielded impressive health status gains over the past two decades. Death rates from heart disease and stroke have plummeted, spurred by declines in smoking and improvements in medical care. Overall life expectancy has increased, infant mortality rates continue to decline, and deaths from motor vehicle accidents have fallen despite increased vehicular traffic.

Yet, much is left undone. Compared with people in other developed countries, we suffer much higher rates of violence, teenage pregnancy, drug addiction, and poverty—which itself contributes to poor health status.

Another concern is the high cost of our medical care. Despite five years of medical cost containment, the United States still far exceeds all other nations in per capita health care spending. And the very strategy that has proved so effective in containing costs—managed care—has triggered an unprecedented backlash. Customers are angry and suspicious, and many health care workers are frustrated and disaffected—an unappealing prospect for those who will be in their care. Furthermore, market forces unleashed by managed care are eroding the commitment of many hospitals and physicians to provide care for the uninsured.

The uninsured! So many people lack health insurance in America that we have become numb to the problem. Given the unprecedented prosperity of the past decade, with rising incomes and record low unemployment rates,
one would expect the number of uninsured to be falling. But it continues to rise, climbing from about 39 million in 1992 to more than 44 million in 1998. This amounts to about 16 percent of the entire population, and more than 18 percent of those under age 65. Of these 44 million, 11 million—one quarter—are children.

National health care experts are not very optimistic that we will soon see an expansion of health insurance coverage in our country. Recently The Robert Wood Johnson Foundation commissioned The Institute for the Future to envision the state of health care in the year 2010. It crafted three possible scenarios: the most optimistic forecast was that 30 million would still be uninsured in 2010; the neutral case had the number at 47 million; and the pessimistic one was 65 million.

Why does the wealthiest nation in history tolerate having so many people go without basic health insurance? I pondered this question four years ago in an article published in the New England Journal of Medicine. Since then, the situation has deteriorated further. Here, as I see them, are the arguments that are made for why we should not or cannot secure health insurance for all Americans—and their limitations.

### The uninsured can get the care they need.

In 1993, 43 percent of Americans thought uninsured people could get health care when they needed it. By 1999, 57 percent thought so. There is some truth here; few people bleed to death in our streets for lack of care. But abundant data demonstrate that being uninsured means having less access to needed medical care. Compared with people who are insured, people who aren’t insured experience major delays in receiving care, have trouble getting needed medications, and have much higher rates of hospitalizations for potentially treatable or preventable conditions such as hypertension, asthma, and the complications of diabetes.

Further, it may be getting harder for people without insurance to obtain necessary care. Recent evidence indicates that less charity care is provided in areas of the country where managed care penetration is deepest. Additionally, market pressures constrain hospitals and medical groups from overcharging private insurers and Medicare in order to subsidize indigent care. Furthermore, public hospitals and clinics face budget constraints in this era of state and local tax cuts.

### FACTS

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<td><strong>Percent of Labor Force Unemployed</strong></td>
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<td><strong>Median Household Income (’98 Dollars)</strong></td>
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<td><strong>Number of Uninsured in Millions</strong></td>
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If the safety net for uninsured patients is fraying at a time of unprecedented prosperity, what will happen when the economy goes into recession, tax revenues fall, unemployment rises, and the ranks of the uninsured climb beyond 50 million people?

Uninsurance is usually a temporary condition; most people get their coverage back quickly.

The importance of length of uninsurance is obvious. Most people can make do during a brief transition time, being assured of needed care as soon as they get reinsured, or at worst, paying out of pocket for a short period.

But what are the facts? From 1993 through 1995, more than half of the spells of uninsurance were longer than five months. For someone with a chronic condition that requires regular monitoring, being without coverage for five months can interrupt care.

The numbers exaggerate how many people we should help cover.

Those who make this argument point to the fact that of the 44 million people without insurance, an estimated 7 million are non-citizens who chose to come here and work and therefore should accept the consequences if they cannot acquire health insurance.

They also argue that a considerable number of uninsured people could afford to purchase health insurance but gamble that they won’t need it. Some evidence supports this contention. Data from the US Census Bureau indicate that in 1998, about 9 million of the non-elderly uninsured were in families with incomes of $50,000 a year or more.

But this number does not present a clear picture of the ability of these people to buy health insurance. Not all families are “families,” at least as defined by insurers. For instance, the income of adult children living with their parents is counted towards family income. But these children are not eligible for coverage under their parents’ insurance plans. So the members of such a household would have to purchase insurance separately.

Further, health insurance premiums are not trivial expenditures. For a family in New Jersey in 1998, they amounted to almost $6,000 per year. Even if the family’s income is more than $50,000 a year, the cost of purchasing health insurance may appear formidable.
If we disaggregate the numbers, then “only” 37 million Americans (excluding non-citizens), or as “few” as 28 million poor Americans (excluding non-citizens and those from families with incomes over $50,000 annually) really need help obtaining health insurance. Thus, “the problem isn’t that big and isn’t that urgent,” some commentators would say.

To me, having 28 million deserving Americans who don’t have health insurance is too many. That’s more than the combined populations of Arizona, Indiana, Louisiana, South Carolina, and Washington. Does not their plight merit our attention?

The uninsured are less deserving. This argument was not addressed in my earlier paper, but in the last few years I have recognized it as a subtext in many discussions. The attitude seems to result from the fundamental American ambivalence about the poor. In this land of opportunity, so the presumption goes, “everyone can pull himself up by his bootstraps.” Thus, people who really want health insurance could get it if they would only try a little harder.

Most people to whom I talk, including many sophisticated journalists, simply don’t know who lacks health insurance. The 44 million uninsured people are all around us, yet their plight is invisible. About half are non-Hispanic whites, the rest are members of minority groups, including African Americans, Native Americans, Hispanics, and Asian and Pacific Islanders. More than 70 percent live in families with at least one full-time worker. They are the nannies who care for our children, the people who mow our lawns, taxi drivers, workers in fast-food restaurants, bookstores, discount stores and gas stations, and the low-paid employees in small firms. They are distant and different from “mainstream” opinion leaders and, I fear, marginalized in our political process. Yet these workers are very important to our economy.

About three-quarters of uninsured workers earn less than $20,000 a year. When incomes are that low and an employer does not offer coverage or requires a significant co-payment, the choice for many low-income workers can be between buying health insurance and buying food. This is no real choice. Further, earning low wages should not mean someone is less deserving of health care coverage.
The President’s Message

Government can’t handle it.

Confidence in government (which has never been strong) has been in steady decline during the past three decades, to the extent that today only 31 percent of the general public agrees with the statement that “government can be trusted to do the right thing.” Politicians of both parties, aware of these sentiments, regularly campaign on anti-government platforms.

Yet government plays a critical role in every country that has achieved universal health insurance coverage. This ranges from providing insurance and directly paying for medical care (e.g., Canada), to functioning as insurer of last resort for people unable to obtain it through their employer (e.g., Germany), to being both the insurer and the provider in a national health service (e.g., the United Kingdom). While the delivery systems in each of these countries are not perfect, and some are experiencing significant stresses, insofar as achieving universal coverage, government functions as a legitimate public servant.

It seems ironic that the American public is skeptical about the government’s role in health insurance expansions, since one of the most valued government programs is Medicare, which in its day was a major coverage expansion. Given the potential importance of government in financing and implementing any significant health insurance expansion, public attitudes about the validity of government’s role pose a significant barrier to decreasing the number of uninsured.

The United States can’t afford to provide health insurance for everyone.

The cost of insuring the uninsured would depend upon which services are covered, as well as the indirect consequences of that expansion—such as whether existing coverage would be maintained for those already insured. In 1994, researchers from the RAND Corporation estimated that it would take an additional $20 billion annually to pay for the care needs of the uninsured, assuming they used health care services at the same rate as insured people with similar economic and demographic characteristics.

Twenty billion dollars was not a trivial amount, but it was only about 2 percent of national health expenditures in 1994. Clearly a country that spends more than $8 trillion dollars annually on all goods and services can afford such a relatively small sum to provide
insurance coverage to more people, or even an amount as high as $100 billion per year.

The real issue blocking most attempts to expand health insurance coverage to date has not been that we can’t pay for it, but how we should pay for it. Politically, tax hikes are a non-starter. At the federal level, and in many states, budget surpluses are now available, thanks to the booming economy. But there are multiple claimants for these funds, including tax rebates; public school systems; and police departments. Given the limited political clout of the uninsured—their voting rates are low and they contribute little to political campaign war chests—they will not fare well in a competition for surplus revenues.

Special interests are more effective at blocking new proposals than in uniting to support them.

There is a lot of truth here. The health care agendas of such groups as business, labor, health professionals, advocates for the uninsured, and health insurers are obviously divergent. In recent legislative battles, groups unable to achieve their own legislative preference have fallen back to preserving the status quo.

Some observers believe major reform is impossible because it is politically unpopular and because the searing experience of the failed Clinton Health Reform Plan is still so vivid. At the same time, because of the diversity of special interest concerns, it is rare to find even an incremental coverage proposal that is widely acceptable; more commonly, the special interests are united in opposition (though with differing motives) to any specific proposal. Thus health insurance reform is caught between the apparent impossibility of major reform and the opposition to specific increments of reform.

Overcoming the arguments.

The above reasons show why the United States—the world’s wealthiest nation—tolerates so many uninsured when the rest of the developed world provides health insurance as a basic entitlement of citizenship. Yet we recently managed to achieve a major expansion in health insurance coverage, despite these factors. An examination of this expansion and its implementation holds some lessons and cautions for future efforts.

The 1997 Balanced Budget Act represented an unprecedented bipartisan consensus that poor children should have health insurance. Enacted at a time of unexpected budget surpluses, it provided $24 billion over 5 years, and

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<th>Year</th>
<th>Percent of Americans saying they trust the federal government “always/most of the time” to do the right thing</th>
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<tr>
<td>64</td>
<td>76</td>
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<td>68</td>
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$48 billion over 10 years, to help states expand children’s health insurance by expanding their Medicaid programs, creating an alternative State Children’s Health Insurance Plan (CHIP), or combining the two. Presumably, the new legislation could stimulate coverage for at least half of the then estimated 10 million uninsured children.

Four major reasons for the legislation’s surprising success: children were seen as “deserving” health insurance; widespread under-enrollment of Medicaid-eligible children existed in most states; a budget surplus was available to provide the needed funding; and the incremental cost of covering children is low, because their projected medical expenditures are relatively modest.

To date, CHIP’s results have been mixed. Now, 27 states and the District of Columbia have programs covering children in families with incomes of at least 200 percent of the federal poverty level, while before, only seven states did so (New Jersey has the most generous program in the country, covering children in families with incomes up to 350 percent of the federal poverty level). Nearly 2 million new children have been enrolled. Yet there is some concern that those who have lost coverage come from families with lower incomes, while the newly enrolled children come from families with somewhat higher incomes. More importantly, however, more children are uninsured now than before 1997; the most recent estimate is 11 million, a net loss of one million children.

One reason for the loss appears to be welfare reform. Welfare and Medicaid were linked administratively in many states. The uncoupling of these two programs created widespread confusion, even among the county workers who administer welfare. Many people who have left welfare for work (often for low-wage jobs that do not offer health benefits) do not realize—or are not told—that they are still eligible for Medicaid coverage for their children and themselves.

Another reason for CHIP’s mixed results is that enthusiasm for expanding health insurance coverage for poor children is not universal. Some state politicians hesitate to spend the required state matching dollars, and many state welfare and Medicaid officials feel conflicted—while they would like to enroll more children, they still wish to keep state budgets under control.
States also have varying levels of capacity. As we are learning through some of our grant programs, there are lots of problems when trying to implement a program like CHIP—problems the federal architects left to the states to solve.

We are bailing with a leaky bucket. True, CHIP and Medicaid expansions are covering new children, but at the same time welfare reform and other barriers are creating more uninsured children.

For the country, the policy stakes are high. Recall that conventional wisdom in the wake of the failed Clinton Health Plan is that only incremental reforms are possible. If the CHIP/Medicaid expansion also fails, then the policy lesson becomes that incremental reform can’t succeed either. We would then have to accept the fact that many millions of Americans must remain uninsured. The physical, financial, and moral costs of that conclusion would be devastating.

Next steps for covering the uninsured.

What can be done to expand health insurance coverage in this environment? An obvious first step is to make sure that the CHIP/Medicaid expansion for children fulfills its potential.

For its part, The Robert Wood Johnson Foundation has devoted almost $50 million to Covering Kids, a program supporting coalitions in 49 states and the District of Columbia to identify children eligible for health insurance coverage, reduce the administrative barriers to enrollment, and develop local support in favor of expansions.

Another step would be to identify additional populations for incremental expansions. Likely targets include low-income workers and their families; the parents of children who qualify for CHIP; people who have to purchase their coverage in the individual market; and early retirees. And for each increment, we will need to find a way to pay for coverage for those who cannot pay on their own.

Third, we will need to change public attitudes toward the uninsured. To do so will require both personalizing the plight of the uninsured as well as answering some important questions: Who are the uninsured? What does lacking health insurance mean for these men, women, and children? What are the social costs, measured in terms of absenteeism from work and school, avoidable hospitalizations, and unnecessary disability and death? By human-
izing this otherwise abstract concept, the plight of the uninsured could be made more real for the majority of people who already enjoy health insurance coverage.

Fourth, major organizations with a stake in the health insurance debate should declare what their preferred options are. These options could then be debated and assessed, with the goal of identifying common ground. Achieving a broad consensus for a particular proposal, such as developed around CHIP, would greatly improve its chances for implementation. Accepting the status quo, though a possible response, would be an embarrassing public posture for most. In pursuit of consensus, in January 2000 we supported a conference at which groups as diverse as Families USA, the Health Insurance Association of America, the American Medical Association, and the Service Employees International Union presented and discussed their own proposals to tackle the problems of the uninsured.

The various arguments that I have summarized are powerful, and even if we could as a nation agree that something should be done, deciding what to do—what services to cover, who to cover, and how to pay for it—presents huge obstacles. There are those who say that we should accept the number of uninsured and move on to strengthening the safety net that provides charity care. This troubles me on two grounds. First, it is by no means certain that the safety net can withstand the next economic downturn. And frankly, it is morally offensive that the world’s richest nation is willing to consign so many to hand-me-down medical care. If we will not use a small portion of our vast wealth to make sure that our citizens can get the health care they need, then as a nation, we will have failed in a very basic way.

The path to expanding health insurance coverage will be bumpy. However, I remain an optimist. Our continued prosperity provides a budget cushion that could be used to cover more people. Public interest and support for expanded insurance coverage is reviving. The consensus that secured the passage of CHIP may be rebuilt for other expansions. And, most important, the moral case for assuring basic health care to everyone is so strong and so just that it should sustain these efforts.

Steven A. Schroeder, MD
President and CEO

7. US Census Bureau.
Access

To assure that all Americans have access to basic health care at reasonable cost.

In 1999, the Foundation began to focus its efforts to improve access to care on three strategies: expand coverage for children and the working uninsured; reduce the difficulty the uninsured and other vulnerable populations have getting care; and help those with health insurance keep it.

Decreasing the number of children without health insurance has proven harder than generally anticipated. The year saw grants awarded to 49 states and the District of Columbia under the Covering Kids program. The program is designed to help states and local communities identify and enroll eligible children in public and private coverage programs (including new opportunities made possible by the federal government’s State Children’s Health Insurance Program) and to reduce administrative barriers to their enrollment. Nevertheless, as discussed in the President’s Message, the number of children without insurance continues to rise despite the efforts of the Foundation, its grantees, and many others.

In an effort to help interested states increase the number of their citizens with health insurance coverage, the Foundation renewed and refocused its State Initiatives in Health Care Reform program, run by the Alpha Center for Health Planning, Washington, DC. The new three-year, $6.7-million program is now called State Coverage Initiatives, and is providing states with a variety of products, consulting services, and other resources to help them expand coverage.

Also approved in 1999 was a package of communications projects designed to enhance and sustain expanding health insurance coverage as a priority issue for the nation. These included a grant of $497,555 to the Alliance for Health Reform, Washington, DC, to help educate the media on coverage issues; and $110,000 to Greer, Margolis, Mitchell, Burns and Associates, Inc., Washington, DC, to develop clear messages for coverage issues.

Millions of Americans receive health care services in the safety net, an informal network of institutions and providers. To better understand the way the safety net functions, the Foundation awarded two related grants: one for $354,475 to the New York University, Robert F. Wagner Graduate School of Public Service, New York City, to identify factors that can improve access for uninsured patients and other vulnerable populations, and another for $256,359 to the University of California, Los Angeles, Center for Health Policy Research to assess the effects of public policy, the health care market, and other factors on access to care for the uninsured and other underserved populations.

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**FACTS**

Number of Children Under age 18 without Health Insurance (in millions)

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Workers between the ages of 45 and 70 are at higher risk for events that could disrupt their connection to the work force—and their health insurance coverage—such as chronic health conditions, disability, involuntary job loss, widowhood, and caregiving responsibilities for an aging parent. To better understand the complex system for providing continued health care coverage and wage replacement to people who lose their connection to work, the Foundation awarded $750,000 to the National Academy of Social Insurance, Washington, DC, to conduct cross-cutting analyses on the interrelationships among health, disability and unemployment insurance, Medicare, Medicaid, and pensions.

The Balanced Budget Act of 1997 (BBA) mandated significant changes to Medicare, one of the most important coverage programs in the nation. One provision, Medicare+Choice, dramatically expanded the options available to Medicare enrollees. Research has shown that many beneficiaries have trouble understanding the expanded options. To better understand how people are responding to the early implementation of the changes, the Foundation provided $1.9 million to Mathematica Policy Research, Inc., Washington, DC.

While the BBA made some immediate changes, the long-term restructuring of Medicare continues to occupy a central place on the agenda of federal policymakers. In order to help Medicare continue to meet the needs of beneficiaries, the Foundation provided a $1.2-million grant to the National Academy of Social Insurance to conduct analyses and communications activities advancing decision-makers’ understanding of the policies and infrastructure needed to make various models of Medicare restructuring work.

In the future, the Foundation expects to continue its efforts to raise awareness, disseminate information, and mobilize support for coverage expansion and retention, particularly on behalf of children. This work will include additional communications activities, analytic activities focusing on the future of health insurance coverage, and support for targeted innovations and demonstration projects. At the same time, efforts to secure and improve care for the underserved will continue. Taken together, this work will help advance the goal of assuring access to care for all Americans at a reasonable cost.
As we enter the 21st century, the life span of Americans continues to lengthen. Many elderly people living with chronic health conditions that come with advancing age now need additional help, care, and support. By 2030, estimates are that 150 million Americans will be living and coping with chronic illness. Our nation must prepare for these significant needs.

An important effort for the Foundation is to build awareness of this problem and stimulate solutions. To that end, the Research and Communications Initiative on Meeting the Needs of Those with Chronic Conditions in the 21st Century was authorized at $7 million for three years. Under the initiative, The Johns Hopkins University School of Hygiene and Public Health, Baltimore, will conduct research and analysis on a range of issues and possible solutions. The researchers will be linked with a communications firm, charged with disseminating results and building support for action.

The Foundation’s continued commitment to supportive services for chronically ill people is evident in the authorization of $50.5 million for a second round of Faith in Action®. The program supports local coalitions deploying volunteers to provide daily living assistance to fellow community members with chronic illnesses and disabilities. Since 1993, Faith in Action has supported the start-up of 1,100 local coalitions with 50,000 volunteers nationally, and the goal for this renewal is to increase the number of coalitions to 3,000.

High-quality supportive services help people with chronic conditions stay in their communities. In 1999, the Foundation renewed Coming Home®, Affordable Assisted Living, a national program in partnership with the NCB Development Corporation. The program provides grant support, technical assistance, and loan funds to states to create affordable models of assisted living—especially in smaller and rural communities—aimed at low-income seniors and linked with existing community health systems.

The number of people who suffer from asthma has risen sharply since 1980. Now, over 17 million Americans—including five million children—suffer from asthma. To help tackle this common chronic illness, the Foundation approved two new programs in 1999. Based at the University of Michigan School of Public Health, Ann Arbor, Allies Against Asthma is a $12.5-million multi-site community-based demonstration program to improve efforts to control pediatric asthma.

Managing Pediatric Asthma: Improving Clinical Care in Vulnerable Populations was authorized for $9.75 million to improve children’s health, while reducing emergency room visits, hospital admissions, and costs of care of
poorly managed cases. Four separate projects make up this program, including Improving Asthma Care for Children, a demonstration program of clinical care delivery models, based at the Center for Health Care Strategies, Princeton, New Jersey; and The Emergency Room Demonstration Program, based at the American Academy of Allergy, Asthma, and Immunology, Milwaukee, Wisconsin.

A number of public education initiatives were funded to inform the public about the personal, social, and economic impact of chronic health conditions. These include a $225,034 award to Louis Harris & Associates for public opinion surveys to assess the public’s current knowledge about the issues; a $442,316 award to the University of Pennsylvania to analyze news coverage for key Foundation concerns, including chronic illnesses; and two awards for projects to improve the depiction of end-of-life issues in television and film. Barksdale Ballard & Company, Vienna, Virginia, and Population Communications International, Inc., New York City, were each funded to work with Hollywood and New York-based writers, producers, and directors on end-of-life issues. Using an episode of the television show “ER” as a springboard, Last Acts, our end-of-life communications campaign, launched a promotional effort to stimulate public interest in discussing end-of-life issues.

Foundation efforts to improve the care that Americans receive at the end of life seek to encourage best practices in palliative care. Mount Sinai School of Medicine, New York City, was awarded a grant to develop an inventory of hospital-based palliative care programs. Additionally, it will implement Improving Hospital-Based Palliative Care, a new $4.7-million program to establish a national resource center to help advance the practice of hospital-based palliative care.

Chronic care issues continue to present a tremendous challenge to Americans, and the Foundation’s commitment to people with chronic conditions has not wavered. In 2000, our work will include attempts to improve clinical care by reducing the gap between what is known and what is practiced in the treatment of chronic illnesses. Additional work includes improving supportive services to help people with chronic conditions remain in their communities and efforts to increase the number of Americans who receive high-quality care at the end of life.
Substance Abuse

To promote health and reduce the personal, social, and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.

In 1999, the Foundation continued to emphasize efforts to advance the treatment and prevention of substance abuse, and to promote the problems of alcohol abuse and tobacco and illegal drug use as requiring focused, national attention.

The year saw states debating how to spend their portion of the $246 billion settlement from US tobacco companies to recover the health costs of tobacco-caused diseases. Recent data show that smoking rates among eighth and tenth graders were higher last year than in 1991, even considering gradual declines since 1997. In many states, however, getting settlement dollars dedicated to tobacco prevention and treatment is a significant political challenge. In this environment, the Foundation renewed its support for The National Center for Tobacco-Free Kids for $50 million. As part of its programming, The Center is providing communications support to state public/private coalitions to educate the public and stimulate discussion on the need to use settlement dollars for tobacco prevention and treatment.

Also on the national front, the federal government’s anti-drug advertising and communications campaign to unsell drugs to kids continued in 1999. To support these efforts, the Foundation awarded a $15-million renewal to The Partnership for a Drug-Free America to augment the federal campaign with state media activities and advice on national advertising strategies. A $15-million renewal was authorized for The National Center on Addiction and Substance Abuse at Columbia University, New York City, for ongoing research and communications aimed at raising national awareness of and response to substance abuse issues.

To help address the problem of underage drinking, the Foundation provided a $609,883 grant to enlist support of the spouses of state governors. Because of their visibility and influence, governors’ spouses have been successful in raising awareness and understanding of other health issues such as breast cancer, mental health, and family violence. The program, Leadership to Keep Children Alcohol Free, is also working in partnership with the National Institute on Alcohol Abuse and Alcoholism, the Office of Research on Women’s Health, and the Office of Research on Minority Health.

We are learning much from research showing that youth who report close emotional ties with their families and parents are less likely to use tobacco, alcohol, or illegal drugs. Fueled by these findings, the Foundation awarded The Public Relations Society of America Foundation, Inc. (PRSA) $2.6 million for a workplace program to motivate and prepare parents to discuss substance abuse issues regularly with their children. By tapping the expertise of the PRSA, the nation’s premier national

<table>
<thead>
<tr>
<th>FACTS</th>
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<tbody>
<tr>
<td><strong>Trends in 30-Day Prevalence of Cigarette Use by 8th and 10th Graders</strong></td>
</tr>
<tr>
<td><strong>Percent who used in last 30 days</strong></td>
</tr>
<tr>
<td><strong>8th Grade</strong></td>
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<tr>
<td><strong>10th Grade</strong></td>
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<td>'99</td>
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</tbody>
</table>

public relations organization, this five-site project will benefit from the experts who know how to market to and motivate audiences.

Portraits of popular culture in television, movies, music, and interactive media powerfully influence our ideas, attitudes, and decisions about health, including substance use and abuse. Under a $3.5-million renewal, the Entertainment Industries Council will continue to work with producers, writers, directors, and distributors for more accurate portrayals of substance abuse and addiction. A cornerstone of the program is the Prism Awards presented annually to recognize outstanding entertainment programs and products that depict substance abuse accurately.

The demand for substance abuse treatment has outstripped community capacity to provide these services. To help address these gaps and to engender new community responses to the problem for adolescents, the Foundation has authorized $21 million for Youth Intervention Networks, a new national program to forge partnerships between juvenile justice and treatment providers at the community level. Through technical assistance, leadership training, and monitoring of program effectiveness, it is hoped that the juvenile justice system will be transformed from a last stop to a new beginning for youth in need of treatment.

The Foundation continued its efforts to help translate the science of substance use and abuse into policies and everyday practice. Building on its Substance Abuse Policy Research Program, the Foundation is collaborating with the National Cancer Institute (NCI) and the National Institute on Drug Abuse (NIDA) in creating Transdisciplinary Tobacco Use Research Centers to study new ways to combat tobacco use and dependence. The five-year, $14-million project is designed to accelerate the real-world application of research findings, in part by improving the links between researchers, program and policy developers, and implementers.

The new century brings opportunity and challenge for the prevention and treatment of substance abuse. In response, the Foundation will rigorously harness new technologies to inform and empower people, adopt strategies and disciplines used by innovators in business, science, and public health, and strengthen efforts to measure program effectiveness. All will be needed to address the complexities and consequences of substance abuse in the new millennium.
In an effort to achieve greater impact and adapt to the growth of our endowment, The Robert Wood Johnson Foundation has reorganized its programming operations and is in the process of developing more targeted programming goals and strategies. The Foundation continues in pursuit of its mission to improve the health and health care of all Americans, and the three goals discussed on the preceding pages. Now, programming is organized into a group focused on improving health and a group focused on improving health care. Within these groups, program work is being conducted by Program Management Teams that are addressing key areas within our mission. Each team is responsible for focusing on a specific goal and developing strategies to reach that goal.

The emphasis on goals is intended to provide Foundation staff and our Board of Trustees with a more concrete means to assess progress on the large problems we’re addressing. Our Teams are still developing their goals and strategies, and we will report to you on their progress next year. Here is a list of the Program Management Teams and, put broadly, the intention of their work.

**HEALTH**

**Tobacco:**
To decrease the number of Americans who use tobacco.

**Alcohol and Illegal Drugs:**
To reduce the negative health and social consequences to people from abuse of alcohol and illegal drugs.

**Health and Behavior:**
To increase the adoption of healthy behaviors, especially physical activity.

**Community Health:**
To address community and social factors that promote individual health.

**Population-based Health Sciences and Policy:**
To expand the base of knowledge and action to enhance population-wide health improvement.

**HEALTH CARE**

**Coverage:**
To increase the number of Americans with health insurance.

**Priority Populations:**
To improve access to health care for vulnerable populations with disparities in access.

**Clinical Care Management:**
To reduce the gap between what is known and what is practiced for people with chronic disease.
End-of-life Care:
To increase the number of people who receive high-quality care at the end of life.

Information:
To foster change by providing timely, accurate, and relevant information.

Supportive Services:
To help people with chronic health conditions stay in their communities by increasing access to high-quality supportive services.

While some of the Program Management Teams are working in areas of long-standing interest to the Foundation, other teams are developing new areas for the Foundation. A discussion of grants supporting work in areas of long-standing interest is included in the goals update; grants in 1999 supporting work consistent with the effort of the new Teams include:

• Community Health: A grant of $4.9 million to Youth Sports Connection, San Francisco, in support of a broad-based community initiative to significantly expand youth participation in sports with an emphasis on connecting youth with caring adults and other developmental supports.

• Health and Behavior: Funding of $284,882 to The Bicycle Federation, Washington, DC, to establish and operate an information clearinghouse and support center to create physically-active communities.

• Population-based Health Sciences and Policy: Seven new states were awarded planning grants as part of Turning Point: Collaborating for a New Century in Public Health, a national program co-funded by the W.K. Kellogg Foundation. Turning Point is designed to strengthen the public health infrastructure. The new states join 14 other states and 41 local communities funded previously.

• Information: A renewal award of $4.9 million to the University of California, Los Angeles, Center for Health Sciences, to continue tracking changes in the provision of alcohol, drug abuse, and mental health services and how these changes are affecting people in communities.
Distribution of 1999 Funds

During 1999, the Foundation made 668 grants and 84 contracts, totaling $420.74 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.

**DISTRIBUTION OF 1999 AWARDS BY AREAS OF INTEREST ($420.74 million)**

- **21%** $86.78 million for programs that assure that all Americans have access to basic health care at reasonable cost.
- **24%** $98.96 million for programs that improve care and support for people with chronic health conditions.
- **29%** $123.23 million for programs that promote health and reduce the personal, social, and economic harm caused by substance abuse — tobacco, alcohol, and illicit drugs.
- **22%** $94.41 million for other health and health care programs, including our workforce training programs and grants that are consistent with the foci of our new Program Management Teams.
- **4%** $17.36 million for general philanthropy purposes addressing the Foundation’s mission but outside its goal areas, primarily projects in the New Brunswick, New Jersey area where the Foundation originated.

**1999 AWARDS BY GEOGRAPHICAL REGION ($420.74 million)**

- **Mountain**
  - US population – 5%
  - RWJF funds – 5%
- **West-North-Central**
  - US population – 7%
  - RWJF funds – 3%
- **East-North-Central**
  - US population – 17%
  - RWJF funds – 5%
- **New England**
  - US population – 5%
  - RWJF funds – 11%
- **Middle Atlantic**
  - US population – 15%
  - RWJF funds – 26%
- **South Atlantic**
  - US population – 18%
  - RWJF funds – 36%
- **West-South-Central**
  - US population – 11%
  - RWJF funds – 2%
- **East-South-Central**
  - US population – 6%
  - RWJF funds – 2%

The summary of 1999 grants and contracts is grouped according to the Foundation’s goal that they address: access, chronic health conditions, or substance abuse. An additional grouping, other health and health care, reflects many of our work force training programs and grants that are consistent with the foci of the new Program Management Teams. Projects addressing more than one goal are included under cross cutting. Projects addressing purposes outside the Foundation’s goal areas are included under general philanthropy.

This summary includes 668 grants and 84 contracts initiated in 1999. 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 1999, the Foundation continued to make payments on and monitor grants and contracts awarded in prior years. At any given time, the Foundation has some 2,300 active grants and contracts.
Access

Grants and contracts authorized in the year ended December 31, 1999.

<table>
<thead>
<tr>
<th>GRANTS</th>
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</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics, Inc.</td>
</tr>
<tr>
<td>Elk Grove Village, IL</td>
</tr>
<tr>
<td>$49,759—Special edition of Pediatrics Supplement on the Community Access to Child Health (CATCH) program (for 1 year). ID#36245</td>
</tr>
<tr>
<td>$20,400—Bioethics seminar for children’s right to health care (for 1 year). ID#37675</td>
</tr>
<tr>
<td>American Economic Association Inc.</td>
</tr>
<tr>
<td>Nashville, TN</td>
</tr>
<tr>
<td>$34,210—Symposium on Medicare reform (for 6 months). ID#37886</td>
</tr>
<tr>
<td>University of California, Los Angeles, Center for Health Policy Research</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>$256,359—The Safety Net Assessment Project: Effects of public policy, the health care market, and social and economic factors on access to care for the uninsured (for 1 year). ID#36499</td>
</tr>
</tbody>
</table>

Communities in Charge: Financing and Delivering Health Care to the Uninsured Program to replicate a nationally recognized managed care program for low-income, uninsured, and underinsured persons in Hillsborough County, Florida, which operates as a community-wide safety net for a range of health and human services (for the periods indicated):

- Alameda Health Consortium
  - Oakland, CA
  - $150,000—(1 year). ID#38269
- City of Baltimore Department of Health
  - Baltimore, MD
  - $150,000—(1 year). ID#38274
- Community Voices, Inc.
  - El Paso, TX
  - $150,000—(1 year). ID#38279
- The Cooper Green Hospital Foundation, Inc.
  - Birmingham, AL
  - $149,683—(1 year). ID#38271
- District of Columbia Primary Care Association
  - Washington, DC
  - $150,000—(1 year). ID#38277
- HIP of Spokane County
  - Spokane, WA
  - $150,000—(1 year). ID#38278
- Indigent Care Collaboration
  - Austin, TX
  - $149,942—(1 year). ID#38280
- Jackson Medical Mall Foundation
  - Jackson, MS
  - $150,000—(1 year). ID#38283
- Louisville and Jefferson County Health Department
  - Louisville, KY
  - $150,000—(1 year). ID#38275
- MaineHealth
  - Portland, ME
  - $149,788—(1 year). ID#38272
- Medcen Foundation, Inc.
  - Macon, GA
  - $149,908—(1 year). ID#38267
- The Medical Society of Sedgwick County
  - Wichita, KS
  - $150,000—(1 year). ID#38276
- Multnomah County Health Department
  - Portland, OR
  - $150,000—(1 year). ID#38282
- New Mexico Hospitals & Health Systems Association
  - Albuquerque, NM
  - $150,000—(1 year). ID#38286
- City of New York, Office of the Brooklyn Borough President
  - Brooklyn, NY
  - $150,000—(1 year). ID#38291
- Palmetto Health Alliance
  - Columbia, SC
  - $149,929—(1 year). ID#38281
- The Research Foundation of State University of New York (Buffalo)
  - Albany, NY
  - $150,000—(1 year). ID#38289
- St. Louis 2004 Corporation
  - St. Louis, MO
  - $150,000—(1 year). ID#38284
- San Mateo County Health Services
  - San Mateo, CA
  - $149,837—(1 year). ID#38270
- Shands Jacksonville Medical Center, Inc.
  - Jacksonville, FL
  - $150,000—(1 year). ID#38268
- Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children Program to identify and enroll eligible low-income children into public and private coverage programs and to assure the continued enrollment of children as long as they remain eligible (for the periods indicated):  
- ABC for Health Incorporated
  - Madison, WI
  - $741,570—(3 years). ID#35757
- University of Alabama
  - Tuscaloosa, AL
  - $983,259—(3 years). ID#35735
- Children’s Defense Fund
  - St. Paul, MN
  - $841,977—(3 years). ID#35752
- The Community Foundation for the National Capital Region
  - Washington, DC
  - $982,118—(3 years). ID#35756
- Community Health Councils, Inc.
  - Los Angeles, CA
  - $999,994—(3 years). ID#35739
- State of Delaware Department of Health and Social Services, Division of Public Health
  - Dover, DE
  - $859,915—(3 years). ID#35738
- Great Basin Primary Care Association Inc.
  - Carson City, NV
  - $855,000—(3 years). ID#35754
- The Greater Kansas City Community Foundation
  - Kansas City, MO
  - $902,280—(3 years). ID#35753
- Hawaii State Primary Care Association
  - Honolulu, HI
  - $981,429—(3 years). ID#35741
- Health Research and Educational Trust of New Jersey
  - Princeton, NJ
  - $999,994—(3 years). ID#35755
- State of Indiana Office of the Governor
  - Indianapolis, IN
  - $907,142—(3 years). ID#35736
- State of Iowa Department of Public Health
  - Des Moines, IA
  - $955,482—(3 years). ID#35737
- State of Kansas Department of Social and Rehabilitation Services
  - Topeka, KS
  - $791,521—(3 years). ID#35095
- State of Louisiana Department of Health and Hospitals
  - New Orleans, LA
  - $984,956—(3 years). ID#35740
<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Maryland Foundation, Inc.</td>
<td>Baltimore, MD</td>
<td>$752,280</td>
<td>(3 years). ID#35758</td>
</tr>
<tr>
<td>Michigan Public Health Institute</td>
<td>Okemos, MI</td>
<td>$1,000,000</td>
<td>(3 years). ID#35588</td>
</tr>
<tr>
<td>Mississippi Forum on Children and Families Inc.</td>
<td>Jackson, MS</td>
<td>$998,275</td>
<td>(3 years). ID#35592</td>
</tr>
<tr>
<td>Mountain States Group Inc.</td>
<td>Boise, ID</td>
<td>$750,000</td>
<td>(3 years). ID#35734</td>
</tr>
<tr>
<td>State of New Hampshire Department of Health and Human Services</td>
<td>Concord, NH</td>
<td>$753,465</td>
<td>(3 years). ID#35806</td>
</tr>
<tr>
<td>State of North Dakota, Children’s Services Coordinating Committee</td>
<td>Bismarck, ND</td>
<td>$669,963</td>
<td>(3 years). ID#36523</td>
</tr>
<tr>
<td>Ohio Commission on Minority Health</td>
<td>Columbus, OH</td>
<td>$711,261</td>
<td>(3 years). ID#35805</td>
</tr>
<tr>
<td>Rhode Island KIDS COUNT, Inc.</td>
<td>Providence, RI</td>
<td>$787,564</td>
<td>(3 years). ID#35743</td>
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<tr>
<td>South Carolina Hospital Research &amp; Education Foundation Inc.</td>
<td>West Columbia, SC</td>
<td>$825,950</td>
<td>(3 years). ID#36522</td>
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<tr>
<td>University of South Florida Research Foundation Inc.</td>
<td>Tampa, FL</td>
<td>$1,000,000</td>
<td>(3 years). ID#35090</td>
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<tr>
<td>State of Utah, Utah Department of Health</td>
<td>Salt Lake City, UT</td>
<td>$1,000,000</td>
<td>(3 years). ID#35745</td>
</tr>
<tr>
<td>Vermont Association of Hospitals and Health Systems Network Services Organization Inc.</td>
<td>Montpelier, VT</td>
<td>$624,099</td>
<td>(3 years). ID#36525</td>
</tr>
<tr>
<td>Commonwealth of Virginia Department of Social Services</td>
<td>Richmond, VA</td>
<td>$999,937</td>
<td>(3 years). ID#36631</td>
</tr>
<tr>
<td>Voices for Children in Nebraska</td>
<td>Omaha, NE</td>
<td>$677,192</td>
<td>(3 years). ID#35742</td>
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<tr>
<td>State of Wyoming Department of Health</td>
<td>Cheyenne, WY</td>
<td>$986,545</td>
<td>(3 years). ID#36734</td>
</tr>
<tr>
<td>Southern Institute on Children and Families Inc.</td>
<td>Columbia, SC</td>
<td>$1,360,920</td>
<td>Technical assistance and direction for Covering Kids (1 year). ID#36131</td>
</tr>
<tr>
<td>Aspira Association Inc.</td>
<td>Washington, DC</td>
<td>$14,596</td>
<td>Assessment of Latino parents’ awareness of health insurance benefits for low-income, uninsured children (3 months). ID#37076</td>
</tr>
<tr>
<td>University of Florida Research Foundation Inc.</td>
<td>Gainesville, FL</td>
<td>$75,002</td>
<td>Monitoring and evaluation technical assistance for states in the Covering Kids program (2 months). ID#37310</td>
</tr>
<tr>
<td>University of Florida Research Foundation Inc.</td>
<td>Gainesville, FL</td>
<td>$75,002</td>
<td>Monitoring and evaluation technical assistance for states in the Covering Kids program (2 months). ID#37310</td>
</tr>
<tr>
<td>University of Florida Research Foundation Inc.</td>
<td>Gainesville, FL</td>
<td>$86,902</td>
<td>On-site health and social service program (for 2 years). ID#36937</td>
</tr>
<tr>
<td>Elijah’s Promise Inc.</td>
<td>New Brunswick, NJ</td>
<td>$60,902</td>
<td>On-site health and social service program (for 2 years). ID#36937</td>
</tr>
<tr>
<td>Esperanza Community Housing Corporation</td>
<td>Los Angeles, CA</td>
<td>$50,000</td>
<td>Mobilizing trained community health promoters in a medically underserved community (for 1 year). ID#37474</td>
</tr>
<tr>
<td>Families USA Foundation Inc.</td>
<td>Washington, DC</td>
<td>$268,100</td>
<td>Consumer Health Action 2000 Conference (for 6 months). ID#37706</td>
</tr>
<tr>
<td>Foundation of the University of Medicine and Dentistry of New Jersey</td>
<td>Newark, NJ</td>
<td>$35,000</td>
<td>Technical assistance and direction for the Eric B. Chandler Health Center (for 6 months). ID#36133</td>
</tr>
<tr>
<td>Georgetown University</td>
<td>Washington, DC</td>
<td>$49,992</td>
<td>Study of the safety net health care system for indigent persons in Washington, DC (for 6 months). ID#37924</td>
</tr>
<tr>
<td>Harvard University School of Public Health</td>
<td>Boston, MA</td>
<td>$50,000</td>
<td>Developing policy analysis white papers on the uninsured (for 7 months). ID#37484</td>
</tr>
<tr>
<td>Healthy Kids Replication Program</td>
<td>Tallahassee, FL</td>
<td>$309,784</td>
<td>Technical assistance and direction for the Healthy Kids Replication Program (9 months). ID#33269</td>
</tr>
<tr>
<td>Healthy Mothers Healthy Babies Coalition Incorporitated</td>
<td>Washington, DC</td>
<td>$20,000</td>
<td>Support for community health workers to attend a conference on maternal and child health (for 8 months). ID#35810</td>
</tr>
<tr>
<td>Howard University</td>
<td>Washington, DC</td>
<td>$5,000</td>
<td>Awards recognizing Howard Hospital’s pediatrics department (for 6 months). ID#35747</td>
</tr>
<tr>
<td>Making the Grade®: State and Local Partnerships to Establish School-Based Health Centers</td>
<td>Washington, DC</td>
<td>$525,490</td>
<td>Technical assistance and direction for Making the Grade (1 year). ID#34057</td>
</tr>
<tr>
<td>University of Maryland at College Park</td>
<td>College Park, MD</td>
<td>$108,163</td>
<td>Analysis of Latino children’s access to health care (for 9 months). ID#37533</td>
</tr>
<tr>
<td>Massachusetts Health Research Institute, Inc.</td>
<td>Boston, MA</td>
<td>$99,979</td>
<td>An exploratory study of the development and implementation of hospital free-care policies (for 1 year). ID#36938</td>
</tr>
</tbody>
</table>
### University of Minnesota School of Public Health

- **Location**: Minneapolis, MN
- **Grant**: $49,954—Analyzing state data needs for monitoring the uninsured (for 8 months). ID#37433

### National Academy of Social Insurance

- **Location**: Washington, DC
- **Grant**: $75,000—Risks in the second half of work life: ensuring health and income security (for 3 years). ID#36622

### State of New Jersey Department of Health and Senior Services

- **Location**: Trenton, NJ
- **Grant**: $50,000—New Jersey Minority Health Summit (for 1 year). ID#36032

### New York University, Robert F. Wagner Graduate School of Public Service

- **Location**: New York, NY
- **Grant**: $354,475—The Safety Net Assessment Project: Identifying the factors that can improve access for uninsured patients and other vulnerable populations (for 1 year). ID#36503

### Reach Out®: Physicians’ Initiative to Expand Care to Underserved Americans

- **Grant**: 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 period indicated).

  - **The Center for Health and Social Policy Inc.**
    - **Location**: Pelham, NY
    - **Grant**: $145,520—Evaluation of Reach Out: Phase III (1 year). ID#34942

### Southern Rural Access Program

- **Grant**: Program to increase access to health care services in eight rural underserved states (for the periods indicated).

  - **Arkansas Enterprise Group**
    - **Location**: Arkadelphia, AR
    - **Grant**: $500,000—(3 years). ID#38123
  
  - **University of Arkansas Foundation Inc.**
    - **Location**: Little Rock, AR
    - **Grant**: $336,737—(15 months). ID#35761
  
  - **Center for Rural Health Development Inc.**
    - **Location**: Charleston, WV
    - **Grant**: $1,233,297—(2 years). ID#37776
  
  - **Geisinger Clinic**
    - **Location**: Danville, PA
    - **Grant**: $2,500,000—(30 months). ID#37075

### State of Georgia Department of Human Resources

- **Grant**: Atlanta, GA
  - **Grant**: $383,522—(15 months). ID#36049

### Louisiana State University Medical Center

- **Grant**: New Orleans, LA
  - **Grant**: $513,678—(15 months). ID#36166

### Mississippi Primary Health Care Association Inc.

- **Grant**: Jackson, MS
  - **Grant**: $398,156—(18 months). ID#36031

### University of Texas Medical Branch at Galveston

- **Grant**: Galveston, TX
  - **Grant**: $348,283—(15 months). ID#36073

### West Alabama Health Services Inc.

- **Grant**: Eutaw, AL
  - **Grant**: $286,917—(18 months). ID#36051

### Geisinger Foundation

- **Grant**: Danville, PA
  - **Grant**: $696,873—Technical assistance and direction for the Southern Rural Access Program (1 year). ID#35958

### University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research

- **Grant**: Chapel Hill, NC
  - **Grant**: $172,273—Planning for an evaluation of the Southern Rural Access Program (1 year). ID#36029

### State Coverage Initiatives

- **Grant**: 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).

  - **Alpha Center for Health Planning, Inc.**
    - **Grant**: Washington, DC
    - **Grant**: $5,999,246—(3 years). ID#30251

  - **State of Connecticut Office of Health Care Access**
    - **Grant**: Hartford, CT
    - **Grant**: $663,924—(3 years). ID#36283

  - **State of Kansas Department of Administration**
    - **Grant**: Topeka, KS
    - **Grant**: $159,120—(18 months). ID#36339

  - **State of New Hampshire Department of Health and Human Services**
    - **Grant**: Concord, NH
    - **Grant**: $402,463—(3 years). ID#36401

  - **State of Rhode Island Department of Human Services**
    - **Grant**: Cranston, RI
    - **Grant**: $400,000—(3 years). ID#38293

### US Public Health Service, Bureau of Primary Health Care

- **Grant**: Bethesda, MD
  - **Grant**: $50,000—Campaign to stimulate replication of successful community-based primary care models (for 1 year). ID#37129

### Contracts

- **James A. Block, MD**
  - **Grant**: Baltimore, MD
  - **Grant**: $18,000—East Boston Neighborhood Health Care Center assessment (for 1 month). ID#37016

- **Communications Project**
  - **Grant**: Multiple Contractors
  - **Grant**: $720,000—Health coverage 2000: Meeting the challenge of the uninsured (for 6 months). ID#37604

- **Community in Charge: Financing and Delivering Health Care to the Uninsured**
  - **Grant**: Program to replicate a nationally recognized managed care program for low-income, uninsured, and underinsured persons in Hillsborough County, Florida, which operates as a community-wide safety net for a range of health and human services (for the periods indicated).

  - **Medimetrix Group, Inc.**
    - **Grant**: Cleveland, OH
    - **Grant**: $352,992—Technical assistance and direction for Communities in Charge (4 months). ID#37332

  - **New York University, Robert F. Wagner Graduate School of Public Service**
    - **Grant**: New York, NY
    - **Grant**: $107,045—Technical assistance services on press-related issues (1 year). ID#36233
Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children
Program to identify and enroll eligible low-income children into public and private coverage programs and to assure the continued enrollment of children as long as they remain eligible (for the periods indicated).

- **Arthur Andersen LLP**  
  New York, NY  
  $104,000—Intensive technical assistance for the state of Florida on welfare and Medicaid (6 months). ID#37463
  
  $271,288—Intensive technical assistance for states on welfare and Medicaid (3 months). ID#37197
  
  $41,500—Intensive technical assistance for states on welfare and Medicaid (1 month). ID#36637

- **Burness Communications**  
  Bethesda, MD  
  $25,000—Communications assistance for Covering Kids grantees (2 months). ID#36343

- **Greer, Margolis, Mitchell, Burns and Associates, Inc.**  
  Washington, DC  
  $20,995—Planning for a strategic media campaign for Covering Kids (1 month). ID#37710

- **Home Front Communications**  
  Washington, DC  
  $51,844—Production and distribution of television messages to encourage enrollment in CHIP (2 months). ID#37711

- **Mathematica Policy Research, Inc.**  
  Washington, DC  
  $31,644—Assessment of the potential usefulness of technical assistance to states to improve Medicaid eligibility systems (6 months). ID#37195

- **Greer, Margolis, Mitchell, Burns and Associates, Inc.**  
  Washington, DC  
  $110,000—Development of a communications strategy to advance the health coverage issue (for 2 months). ID#38072

- **HayGroup**  
  Arlington, VA  
  $62,000—Actuarial analysis of proposals for Health Coverage 2000 Conference (for 4 months). ID#38353

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**Health Systems Research, Inc.**  
Washington, DC  
$89,147—Meeting to explore demonstration or simulation methods of testing after-tax credits and vouchers for health care coverage (for 6 months). ID#37288

**Pro-Media Public Relations**  
New York, NY  
$478,240—America’s uninsured op-ed campaign (for 16 months). ID#37769

**Sutton Social Marketing, LLC**  
Washington, DC  
$46,991—Preliminary opinion research on public attitudes towards insurance coverage for the working poor (for 3 months). ID#36770
# Chronic Health Conditions

Grants and contracts authorized in the year ended December 31, 1999.

## GRANTS

**AAHP Foundation**  
Washington, DC  
$264,294—HMO Workgroup on Care Management (for 31 months). ID#37564

**Allies Against Asthma: A Program to Combine Clinical and Public Health Approaches to Chronic Illness**  
Program designed to test the ability of community-based coalitions to mount a comprehensive attack on the remediable causes of asthma and to effectively reduce the morbidity and loss of productivity due to pediatric asthma (for the period indicated).

- University of Michigan School of Public Health  
  Ann Arbor, MI  
  $595,078—Technical assistance and direction for Allies Against Asthma (16 months). ID#35514

**Alzheimer’s Disease and Related Disorders Association**  
Washington, DC  
$229,811—Chronic care networks for Alzheimer’s disease (for 1 year). ID#37013

**University of Arkansas for Medical Sciences**  
Little Rock, AR  
$21,000—National conference to identify research issues surrounding clinical practice guidelines for special needs children (for 7 months). ID#36628

**Breast Cancer Recovery Foundation Inc.**  
Madison, WI  
$49,977—Pilot study of the biological and psychosocial health benefits of participation in a retreat for women with breast cancer (for 1 year). ID#35721

**Brown University Center for Gerontology & Health Care Research**  
Providence, RI  
$2,390,000—Monitoring national, state, and local indicators of end-of-life care (for 5 years). ID#37188

**Building Health Systems for People with Chronic Illnesses**  
Initiative to find models of caring for people with chronic illnesses that will overcome the fragmentation, financing barriers, and episodic care of the current system (for the period indicated).

- George Washington University  
  Medical Center  
  Washington, DC  
  $545,018—Project to increase access to health coverage for persons with chronic disabling conditions (2 years). ID#36250

**Cash and Counseling Demonstration and Evaluation**  
Program to test and evaluate the efficacy of programs in four states that offer clients the choice of receiving monthly cash allowances instead of case managed service benefits (for the period indicated).

- University of Maryland Center on Aging  
  College Park, MD  
  $608,076—Technical assistance and direction for Cash and Counseling Demonstration and Evaluation (1 year). ID#36498

**Center for Health Care Strategies Supporting Organization Inc.**  
Princeton, NJ  
$495,689—Exploring barriers to financing and treating pediatric asthma (for 18 months). ID#37659

**The Center School**  
Highland Park, NJ  
$30,000—Summer therapy program for high-risk learning disabled students (for 3 months). ID#36300

**University of Chicago Center for Health Administration Studies**  
Chicago, IL  
$186,010—Study of Medicare beneficiaries’ characteristics for implementing Medicare+Choice (for 18 months). ID#35149

**Coming Home®: Affordable Assisted Living**  
Program run through the NCB Development Corporation to undertake the development of rural community-based systems of chronic care (for the period indicated).

- NCB Development Corporation  
  Oakland, CA  
  $6,499,913—(5 years). ID#36072

**Community-State Partnerships to Improve End-of-Life Care**  
Program to support the work of state-based commissions and task forces to identify and implement changes in policy and practice to improve care for people at the end of life (for the periods indicated).

- University of Alabama at Birmingham  
  Birmingham, AL  
  $449,314—(3 years). ID#38454

- The Association of Kansas Hospices  
  Wichita, KS  
  $375,000—(3 years). ID#37599

- American Association of Homes and Services for the Aging  
  Alexandria, VA  
  $2,390,000—(2 years). ID#37784

- DCHA Program Services Company Inc.  
  Washington, DC  
  $75,000—(11 months). ID#36322

- Florida Hospices and Palliative Care, Inc.  
  Tallahassee, FL  
  $449,960—(3 years). ID#37917

- Foundation for Healthy Communities  
  Concord, NH  
  $449,747—(3 years). ID#37881

- Hospice for the Carolinas Inc.  
  Raleigh, NC  
  $375,000—(3 years). ID#38474

- Indiana University  
  Bloomington, IN  
  $74,728—(9 months). ID#37819

- The University of Iowa  
  Iowa City, IA  
  $375,037—(3 years). ID#38458

- Kentucky Hospital Research and Education Foundation  
  Louisville, KY  
  $376,093—(3 years). ID#38202

- Metropolitan Area Agency on Aging Inc.  
  Verona, NJ  
  $374,964—(3 years). ID#38452

- New Jersey Health Decisions, Inc.  
  Verona, NJ  
  $450,000—(3 years). ID#38219

- North Dakota Medical Research Foundation  
  Bismarck, ND  
  $75,000—(10 months). ID#36224

- Oklahoma Association for Healthcare Ethics Inc.  
  Oklahoma City, OK  
  $373,683—(30 months). ID#37636
<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Location</th>
<th>Funding Amount ($)</th>
<th>Period (months)</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sage Services of Connecticut, Inc.</td>
<td>New Haven, CT</td>
<td>$375,000</td>
<td>(2 years)</td>
<td>38453</td>
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<tr>
<td>West Virginia University Foundation Inc.</td>
<td>Morgantown, WV</td>
<td>$375,000</td>
<td>(2 years)</td>
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<tr>
<td>Midwest Bioethics Center, Inc.</td>
<td>Kansas City, MO</td>
<td>$742,013</td>
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<td>34036</td>
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<td>Hospice of the Bluegrass, Inc.</td>
<td>Lexington, KY</td>
<td>$25,000</td>
<td>(18 months)</td>
<td>37099</td>
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<tr>
<td>El Paso, TX</td>
<td></td>
<td>$19,695</td>
<td>(13 months)</td>
<td>36644</td>
</tr>
<tr>
<td>Volar Center for Independent Living</td>
<td></td>
<td>$19,695</td>
<td>(13 months)</td>
<td>36645</td>
</tr>
<tr>
<td>YMCA of Greater El Paso</td>
<td></td>
<td>$19,695</td>
<td>(14 months)</td>
<td>36646</td>
</tr>
<tr>
<td>Kingston Hospital</td>
<td></td>
<td>$5,880,000</td>
<td>(18 months)</td>
<td>36057</td>
</tr>
<tr>
<td>Boston, MA</td>
<td></td>
<td>$7,030,000</td>
<td>(18 months)</td>
<td>36796</td>
</tr>
<tr>
<td>Volunteer Caregivers Program</td>
<td></td>
<td>$534,730</td>
<td>(6 months)</td>
<td>38429</td>
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<tr>
<td>Faith in Action®: Replication of the Interfaith Volunteer Caregivers Program</td>
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<td>$19,695</td>
<td>(18 months)</td>
<td>36636</td>
</tr>
<tr>
<td>Volar Center for Independent Living</td>
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<td>$19,695</td>
<td>(13 months)</td>
<td>36647</td>
</tr>
<tr>
<td>YMCA of Greater El Paso</td>
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<td>$19,695</td>
<td>(13 months)</td>
<td>36648</td>
</tr>
<tr>
<td>Kingston Hospital</td>
<td></td>
<td>$3,880,000</td>
<td>(18 months)</td>
<td>36057</td>
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<tr>
<td>Boston, MA</td>
<td></td>
<td>$7,030,000</td>
<td>(18 months)</td>
<td>36796</td>
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<tr>
<td>Volunteer Caregivers Program</td>
<td></td>
<td>$534,730</td>
<td>(6 months)</td>
<td>38429</td>
</tr>
<tr>
<td>Family Friends: A Program to Enable Older Volunteers to Assist Disabled Children and Their Families</td>
<td></td>
<td>Program to match older volunteers (age 55 or older) with chronically ill or disabled children (age 12 or younger) and their families (for the period indicated)</td>
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<tr>
<td>National Council on the Aging Inc.</td>
<td>Washington, DC</td>
<td>$25,000</td>
<td>(6 months)</td>
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<tr>
<td>Friends’ Health Connection</td>
<td>New Brunswick, NJ</td>
<td>$650,000</td>
<td>(3 years)</td>
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<tr>
<td>Home Care Research Initiative</td>
<td></td>
<td>Program to foster the development of consumer-directed home and community-based services for people of all ages with chronic health conditions (for the periods indicated).</td>
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<tr>
<td>Visiting Nurse Service of New York</td>
<td>New York, NY</td>
<td>$365,397</td>
<td>(1 year)</td>
<td>34403</td>
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<tr>
<td>Improving Asthma Care for Children</td>
<td></td>
<td>Program to test new approaches to pediatric asthma management through publicly financed models of care (for the period indicated).</td>
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<tr>
<td>Center for Health Care Strategies Supporting Organization Inc.</td>
<td>Princeton, NJ</td>
<td>$423,367</td>
<td>(1 year)</td>
<td>37702</td>
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<tr>
<td>Improving Hospital-Based Palliative Care</td>
<td></td>
<td>Establishment of a National Resource Center for Palliative Care that will increase the number of hospitals that have the capability to provide quality palliative care; create sufficient momentum that hospital-based palliative care becomes a standard practice in comprehensive patient care; and provide leadership in the development of standards for palliative care programs (for the periods indicated).</td>
<td></td>
<td></td>
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<tr>
<td>Health Research and Educational Trust</td>
<td>Chicago, IL</td>
<td>$153,989</td>
<td>(1 year)</td>
<td>38339</td>
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<tr>
<td>Mount Sinai School of Medicine</td>
<td>New York University</td>
<td>$4,742,893</td>
<td>(4 years)</td>
<td>37515</td>
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<tr>
<td>Jewish Center for Aged</td>
<td>Chesterfield, MO</td>
<td>$24,492</td>
<td>(1 year)</td>
<td>33877</td>
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<tr>
<td>Lupus Foundation of America</td>
<td>Rockville, MD</td>
<td>$78,000</td>
<td>(1 year)</td>
<td>34434</td>
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<tr>
<td>Managing Pediatric Asthma: Emergency Room Demonstration Program</td>
<td></td>
<td>Program to undertake comprehensive interventions to reduce emergency room visits and hospital admissions (for the period indicated).</td>
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<tr>
<td>The American Academy of Allergy, Asthma &amp; Immunology, Inc.</td>
<td>Milwaukee, WI</td>
<td>$369,238</td>
<td>(1 year)</td>
<td>37703</td>
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<tr>
<td>University of Maryland School of Medicine</td>
<td>Baltimore, MD</td>
<td>$202,401</td>
<td>(2 years)</td>
<td>35623</td>
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<tr>
<td>Massachusetts Caring for Children Foundation, Inc.</td>
<td>Boston, MA</td>
<td>$10,000</td>
<td>(for child mental health) (4 months)</td>
<td>37465</td>
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<tr>
<td>Medical Media Associates, Inc.</td>
<td>Buffalo, NY</td>
<td>$49,803</td>
<td>(1 year)</td>
<td>37216</td>
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<tr>
<td>National Minority AIDS Council Inc.</td>
<td>Washington, DC</td>
<td>$25,000</td>
<td>(3 months)</td>
<td>38065</td>
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</tbody>
</table>
### Chronic Health Conditions

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Amount</th>
<th>Description</th>
<th>Period</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Academy of Social Insurance</td>
<td>Washington, DC</td>
<td>$100,000</td>
<td>Estimates of workers' compensation benefits, coverage, and costs—supplemental support (for 1 year).</td>
<td>ID#36815</td>
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<tr>
<td>$1,201,493 Making Medicare Restructuring Work: Policy Decisions for the Next Decade (for 2 years).</td>
<td>ID#37065</td>
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<tr>
<td>New Jersey Foundation for Aging Inc.</td>
<td>Trenton, NJ</td>
<td>$50,000</td>
<td>Developing a public-private partnership for New Jersey's aging services network (for 1 year).</td>
<td>ID#35271</td>
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<tr>
<td>Oregon Health Sciences University</td>
<td>Portland, OR</td>
<td>$30,000</td>
<td>National leadership summit on self-determination, consumer direction, and consumer control among people with disabilities (for 10 months).</td>
<td>ID#36344</td>
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<tr>
<td>Population Communications International, Incorporated</td>
<td>New York, NY</td>
<td>$25,000</td>
<td>Session on death and dying at a conference for the prime time television industry (for 3 months).</td>
<td>ID#37127</td>
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<tr>
<td>Promoting Excellence in End-of-Life Care</td>
<td></td>
<td></td>
<td>Program to foster long-term changes in health care institutions to substantially improve care for dying persons and their families. Key issues include improving pain and symptom management, involving patient and family in decision-making, lessening the burden on family and loved ones, preserving dignity, meeting spiritual needs, and allowing for bereavement. Expert workgroups will convene to develop strategies to expand the application of palliative care to various health care settings and patient groups (for the periods indicated).</td>
<td></td>
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<tr>
<td>• University of Montana</td>
<td>Missoula, MT</td>
<td>$799,904</td>
<td>Technical assistance and direction for Promoting Excellence in End-of-Life Care (1 year).</td>
<td>ID#34228</td>
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<tr>
<td>• University of Montana</td>
<td>Missoula, MT</td>
<td>$847,888</td>
<td>Promoting Excellence in End-of-Life Care peer-to-peer workgroups (20 months).</td>
<td>ID#37526</td>
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<tr>
<td>RAND Corporation</td>
<td>Santa Monica, CA</td>
<td>$228,800</td>
<td>Study to develop policy options to improve pediatric asthma outcomes in the US (for 1 year).</td>
<td>ID#37143</td>
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<tr>
<td>Recording for the Blind &amp; Dyslexic Incorporated</td>
<td>Princeton, NJ</td>
<td>$72,800</td>
<td>Pilot project with New Brunswick, NJ, Public Schools to improve performance of dyslexic students (for 1 year).</td>
<td>ID#34764</td>
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<tr>
<td>Research and Communications Initiative on Meeting the Needs of Those with Chronic Conditions in the 21st Century</td>
<td></td>
<td></td>
<td>Program to raise awareness of the problems of chronic illness in the 21st century and develop public and private solutions to those problems (for the periods indicated).</td>
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<tr>
<td>• The Johns Hopkins University School of Hygiene and Public Health</td>
<td>Baltimore, MD</td>
<td>$5,000,000</td>
<td>National program to improve the care and outcomes of persons with chronic diseases (5 months).</td>
<td>ID#36486</td>
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<tr>
<td>Self-Determination for Persons with Developmental Disabilities</td>
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<td></td>
<td>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 periods indicated).</td>
<td></td>
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<tr>
<td>• University of New Hampshire</td>
<td>Concord, NH</td>
<td>$748,001</td>
<td>Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (1 year).</td>
<td>ID#37528</td>
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<tr>
<td>• University of New Hampshire</td>
<td>Concord, NH</td>
<td>$206,567</td>
<td>Engaging national organizations in promoting self-determination for persons with developmental disabilities (1 year).</td>
<td>ID#36492</td>
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<tr>
<td>Setting Priorities for Retirement Years Foundation</td>
<td>Washington, DC</td>
<td>$90,980</td>
<td>Understanding principles of older adult learning in order to increase effective communication of new health information and decision-making (for 8 months).</td>
<td>ID#36002</td>
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<tr>
<td>Targeted End-of-Life Projects Initiative</td>
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<td>Program to support solicited and unsolicited projects under $1 million consistent with the Foundation’s end-of-life strategic objectives (for the periods indicated).</td>
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<tr>
<td>• American Library Association</td>
<td>Chicago, IL</td>
<td>$170,313</td>
<td>(15 months).</td>
<td>ID#34625</td>
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<tr>
<td>• American Medical Association</td>
<td>Chicago, IL</td>
<td>$400,000</td>
<td>(1 year).</td>
<td>ID#36767</td>
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<tr>
<td>• Beth Israel Deaconness Medical Center Inc.</td>
<td>Boston, MA</td>
<td>$24,769</td>
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<tr>
<td>• Brown University Center for Gerontology &amp; Health Care Research</td>
<td>Providence, RI</td>
<td>$53,427</td>
<td>(8 months).</td>
<td>ID#36185</td>
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<td>• Education Development Center, Inc.</td>
<td>Newton, MA</td>
<td>$383,275</td>
<td>(1 year).</td>
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<td>• The General Hospital Corporation—Massachusetts General Hospital</td>
<td>Boston, MA</td>
<td>$997,873</td>
<td>(3 years).</td>
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<td>• Harvard Medical School</td>
<td>Boston, MA</td>
<td>$76,619</td>
<td>(1 year).</td>
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<td>• Hospital Research and Educational Trust</td>
<td>Washington, DC</td>
<td>$798,295</td>
<td>(3 years).</td>
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<td>• Midwest Bioethics Center, Inc.</td>
<td>Kansas City, MO</td>
<td>$41,500</td>
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<td>• Missoula Demonstration Project Inc.</td>
<td>Missoula, MT</td>
<td>$699,146</td>
<td>(2 years).</td>
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<td>• Mount Sinai School of Medicine of New York University</td>
<td>New York, NY</td>
<td>$128,020</td>
<td>(9 months).</td>
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<td>• National Hospice Organization, Inc.</td>
<td>Alexandria, VA</td>
<td>$357,275</td>
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<td>ID#36684</td>
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<td>• The New York Academy of Medicine</td>
<td>New York, NY</td>
<td>$268,792</td>
<td>(18 months).</td>
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<td>University of North Carolina at Chapel Hill School of Nursing</td>
<td>Chapel Hill, NC</td>
<td>$29,694—(1 year). ID#37538</td>
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<tr>
<td>University of Washington School of Medicine Seattle, WA</td>
<td>$214,848—(2 years). ID#36351</td>
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<td>West Virginia University Foundation Inc. Morgantown, WV</td>
<td>$72,250—(1 year). ID#38466</td>
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<td>Medical College of Wisconsin Inc. Milwaukee, WI</td>
<td>$669,043—(3 years). ID#36547</td>
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<td>University of Wisconsin-Madison Medical School Madison, WI</td>
<td>$998,000—(30 months). ID#36509</td>
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</table>

**University of Texas Health Science Center at San Antonio** San Antonio, TX
$180,481—Glycemic control in patients with depression and diabetes mellitus: Impact of treatment for depression (for 4 years). ID#37677

**United Hospital Fund of New York**
New York, NY
$513,964—Developing information tools to coordinate long-term care of community-based managed care services providers (for 3 years). ID#32319

**Visiting Nurse Service of New York**
New York, NY
$200,000—Promoting elders’ health and well-being: benchmarks for supportive communities (for 1 year). ID#36955

**University of Washington School of Nursing**
Seattle, WA
$1,584,242—End-of-life toolkit for nursing school faculty and practicing nurses (for 4 years). ID#35106

**Workers’ Compensation Health Initiative**
Program of demonstration and evaluation projects aimed at containing costs and improving the quality of care provided to injured workers (for the periods indicated).

- **Public Health Institute**
  Berkeley, CA
  $81,079—(1 year). ID#37922

- **State of Rhode Island Department of Labor and Training**
  Providence, RI
  $267,500—(2 years). ID#37820

- **University of Texas Health Science Center at Houston**
  Houston, TX
  $350,265—(2 years). ID#38151

- **University of Massachusetts Medical School**
  Worcester, MA
  $423,636—Technical assistance and direction for the Workers’ Compensation Health Initiative (1 year). ID#35939

**CONTRACTS**

**Birch and Davis Associates, Inc.**
Silver Spring, MD
$25,114—Conference on performance measurement and quality improvement in the treatment of depression (for 6 months). ID#37748

**Communications Projects**
Multiple Contractors
$24,362—Content analysis of media reporting on Dr. Kevorkian (for 1 month). ID#36530
$48,032—Improving end-of-life care in managed care report (for 6 months). ID#36375
$73,700—Developing a media guide and related projects on chronic care (for 4 months). ID#37086

**Faith in Action®—II**
Program to expand the continued replication of the Interfaith Volunteer Caregivers Model, providing volunteer caregiving to people of all ages with chronic health conditions (for the periods indicated).

- **Communications Project**
  Multiple Contractors
  $64,933—Faith in Action—II pre-launch communications activities (3 months). ID#37705

- **Harry R. Moody, PhD**
  Pittsford, NY
  $94,650—Technical assistance and direction for Faith in Action—II (3 months). ID#38287

**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).

- **Laguna Research Associates, Inc.**
  Providence, RI
  $1,199,981—(3 years). ID#37040

- **Louis Harris & Associates, Inc.**
  New York, NY
  $225,034—Public opinion survey of chronic care issues (for 3 months). ID#37084

**Laguna Research Associates, Inc.**
San Francisco, CA
$67,254—Consulting on depression in primary care project (for 6 months). ID#37455

$34,812—Consulting on depression in primary care project (for 6 months). ID#38506

**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).

- **Laguna Research Associates, Inc.**
  Providence, RI
  $124,998—Maintain the national evaluation database for the Partnership for Long-Term Care and conduct a study of Partnership purchasers who lapse their policy (33 months). ID#37853

**Targeted End-of-Life Projects Initiative**
Program to support solicited and unsolicited projects under $1 million consistent with the Foundation’s end-of-life strategic objectives (for the periods indicated).

- **George I. Balch, PhD**
  Oak Park, IL
  $238,697—Assessing progress and opportunities for the Last Acts initiative (6 months). ID#38049

- **Barksdale Ballard & Company**
  Vienna, VA
  $150,250—(1 year). ID#37832

- **Milan Basta, MD, PhD**
  Potomac, MD
  $96,465—(8 months). ID#36576

- **Burness Communications**
  Bethesda, MD
  $382,532—(1 year). ID#36765

- **Communications Projects**
  Multiple Contractors
  $125,000—(1 year). ID#37266
  $500,000—(3 months). ID#38189

- **Spann Publications Consulting, L.L.C.**
  Pittsburgh, PA
  $371,842—(1 year). ID#36635

- **Stewart Communications, Ltd.**
  Chicago, IL
  $820,639—(1 year). ID#36658
Substance Abuse
Grants and contracts authorized in the year ended December 31, 1999.

### Grants

**Addressing Tobacco in Managed Care**
Program to promote adoption of innovative approaches for helping Americans enrolled in managed care organizations avoid the harm caused by tobacco (for the periods indicated).

- **Allina Medical Group**
  Minneapolis, MN
  $499,946—(27 months). ID#36023

- **Columbia University**
  New York, NY
  $499,271—(30 months). ID#36025

- **Maine Medical Assessment Foundation**
  Manchester, ME
  $48,901—(1 year). ID#36387

- **Wake Forest University School of Medicine**
  Winston-Salem, NC
  $50,000—(3 years). ID#36035

- **The University of Akron**
  Akron, OH
  $432,797—Planning support for a collaborative effort to revise and evaluate the DARE Middle School Program (for 7 months). ID#37809

- **American Society of Addiction Medicine, Inc.**
  Chevy Chase, MD
  $50,000—Conference and report on addiction treatment in managed care (for 18 months). ID#35394

- **City of Boston, Boston Police Department**
  Boston, MA
  $299,961—Reduce substance abuse and violence by identifying and intervening with at-risk troubled youth (for 1 year). ID#36449

- **Boston University School of Public Health**
  Boston, MA
  $2,378,960—National resource for community substance abuse initiatives (for 1 year). ID#27954

- **Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**
  Waltham, MA
  $123,670—Assisting state policymakers in reducing youth access to tobacco (for 13 months). ID#36353

- **Brown University Center for Alcohol and Addiction Studies**
  Providence, RI
  $749,951—Building consensus and public awareness activities for a national drug policy based on medicine and public health (for 2 years). ID#37544

- **University of California, San Diego**
  La Jolla, CA
  $599,681—Longitudinal survey of adolescent smoking in California (for 2 years). ID#35086

- **University of California, San Francisco, School of Nursing**
  San Francisco, CA
  $49,999—Substance abuse policy research symposium (for 11 months). ID#35859

- **Center for the Advancement of Health**
  Washington, DC
  $95,674—Coordination for youth tobacco cessation partnership (for 1 year). ID#37525

- **Center for Science in the Public Interest**
  Washington, DC
  $196,894—Technical assistance, training, and communications to support state and local alcohol policy development (for 1 year). ID#36393

- **Children’s Hospital Corporation**
  Boston, MA
  $336,489—Development of a screening instrument to assess adolescents at risk for substance abuse in primary care settings (for 30 months). ID#36126

- **Dartmouth-Hitchcock Medical Center**
  Lebanon, NH
  $99,849—Evaluating attitudes about alcohol and tobacco use in young children (for 2 years). ID#37542

**Drug Strategies**
Program to increase leadership capacity and build prestige in the substance abuse field by providing mentorship experience for protégés from the fields of alcohol, tobacco, and illegal drugs who work within the fields of education, advocacy, research, and/or policy (for the period indicated).

- **Foundation of the University of Medicine and Dentistry of New Jersey**
  Newark, NJ
  $405,297—Technical assistance and direction for Developing Leadership in Reducing Substance Abuse (1 year). ID#35415

### Drug Strategies

- **The Advocacy Institute**
  Washington, DC
  $50,000—Publication of an in-depth assessment of community anti-drug coalitions (for 1 year). ID#37148

- **Entertainment Industries Council Incorporated**
  Reston, VA
  $3,598,148—Encouraging accurate depictions of substance abuse and addiction in entertainment industry products (for 2 years). ID#36504

- **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).

- **Boston University School of Public Health**
  Boston, MA
  $746,028—Technical assistance and direction for Fighting Back (1 year). ID#34751

- **Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**
  Waltham, MA
  $1,572,962—Evaluation of Fighting Back—The second phase of program implementation (19 months). ID#33874
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 the children’s vulnerability to substance abuse and related problems (for the period indicated).

- Joseph L. Mailman School of Public Health at Columbia University
  New York, NY
  $179,336—Technical assistance and direction for Free to Grow (6 months). ID#38139

Harvard University
Cambridge, MA
$49,510—Developmental approach to the prevention of adolescent drinking and smoking (for 1 year). ID#35912

Harvard University School of Public Health
Boston, MA
$176,440—Massachusetts Tobacco Control Research Training Program (for 1 year). ID#34916

Health Research, Inc.
Buffalo, NY
$452,641—Support for Tobacco Control Journal (for 3 years). ID#36461

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 period indicated).

- University of Colorado Health Sciences Center
  Denver, CO
  $487,832—Technical assistance and direction for Healthy Nations (1 year). ID#35424

Innovators Combating Substance Abuse
Program to highlight substance abuse as the nation’s number one health problem by recognizing those who are striving to bring creative solutions to the field of substance abuse (for the period indicated).

- Foundation of the University of Medicine and Dentistry of New Jersey
  Newark, NJ
  $294,469—Technical assistance and direction for Innovators Combating Substance Abuse (1 year). ID#38607

Institute for Civil Society Inc.
Newton, MA
$372,827—Technical assistance to improve the practice of philanthropy in professional sports to benefit community health (for 1 year). ID#38221

Kaiser Foundation Hospitals, Kaiser Foundation Research Institute
Portland, OR
$178,500—Developing and testing an expanded Health Plan Employer Data and Information Set tobacco measure (for 1 year). ID#37080

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

- The Florida State University Research Foundation, Incorporated
  Tallahassee, FL
  $700,325 (5 years). ID#37546

- Georgia Tech Research Corporation
  Atlanta, GA
  $700,118 (5 years). ID#37547

- American Medical Association
  Chicago, IL
  $593,285—Technical assistance and direction for A Matter of Degree (1 year). ID#36491

- American Medical Association
  Chicago, IL
  $134,684—Initial research and planning for a professional media campaign addressing student binge drinking (1 year). ID#36281

The Miriam Hospital
Providence, RI
$197,015—Computer-assisted prevention system for primary care (for 2 years). ID#36639

Mothers Against Drunk Driving
Irving, TX
$199,000—Underage drinking prevention advertisements for television and billboards (for 1 year). ID#36616

$250,000—National youth summit to prevent underage drinking (for 1 year). ID#37306

National Academy of Sciences—Institute of Medicine
Washington, DC
$41,742—Developing manuscript based on the report, “Marijuana and Medicine: Assessing the Science Base” (for 6 months). ID#35537

National Association of African Americans for Positive Imagery
Philadelphia, PA
$596,596—Technical assistance and direction for National Center for Tobacco-Free Kids
Program to support a national campaign to reduce youth tobacco use through the establishment of a center that develops a national strategy, serves as a media center, provides technical assistance, and broadens organizational support to reduce youth tobacco use (for the period indicated).

- National Center for Tobacco-Free Kids
  Washington, DC
  $50,000,000 (5 years). ID#35929

National Governors’ Association Center for Best Practices
Washington, DC
$29,879—Conference for governors and their policy advisors on the national tobacco settlement (for 6 months). ID#37627

State of North Carolina Department of Health and Human Services
Raleigh, NC
$1,993,698—Statewide youth-led program to prevent tobacco use by young people (for 3 years). ID#33461

University of North Carolina at Chapel Hill
Chapel Hill, NC
$150,000—Support for the 2000 Tobacco Use Prevention Training Institute (for 1 year). ID#38372

Oregon Pacific Research Institute
Eugene, OR
$48,383—Assessment of baseball players’ and trainers’ attitudes regarding spit tobacco cessation (for 13 months). ID#36384

Overview Foundation Inc.
Lederech, PA
$25,620—Expanding affordable residential substance abuse treatment program (for 6 months). ID#37396

Partnership for a Drug-Free America, Inc.
New York, NY
$15,000,000—Continuation of a media campaign to reduce demand for illegal drugs (for 3 years). ID#30248

The Pennsylvania State University
University Park, PA
$350,000—National newspaper ad campaign to increase public awareness of binge drinking (for 5 months). ID#36929

University of Pennsylvania, The Annenberg School for Communication
Philadelphia, PA
$40,000—Study of teen risk perception of smoking (for 6 months). ID#37045
### 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).

- **Oregon Partnership, Inc.**  
  Portland, OR  
  $312,639—(1 year). ID#38435

- **American Medical Association**  
  Chicago, IL  
  $617,247—Technical assistance and direction for Reducing Underage Drinking Through Coalitions (1 year). ID#36493

- **University of Minnesota School of Public Health**  
  Minneapolis, MN  
  $1,264,417—Evaluation of Reducing Underage Drinking Through Coalitions—Phase II (3 years). ID#35182

### Research Foundation of the City University of New York Foundation Inc.

$1,456,693—Implementation of a community reintegration model to reduce substance abuse among jail inmates—Phase III (for 32 months). ID#36950

### Research Network 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 (for the periods indicated).

- **Foundation for Pharmacology**  
  Richmond, VA  
  $23,971—Supplemental issue of Drug and Alcohol Dependence (1 year). ID#36559

- **University of Kentucky Research Foundation**  
  Lexington, KY  
  $1,356,257—(1 year). ID#35234

  $368,550—Junior faculty mentoring program associated with the Tobacco Etiology Research Network (2 years). ID#36562

### Security on Campus Inc.

King of Prussia, PA  
$25,477—Video and PSA on the dangers of binge drinking (for 1 year). ID#37926

### 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 of childbearing women (for the periods indicated).

- **University of Alabama at Birmingham School of Medicine**  
  Birmingham, AL  
  $104,447—Supplement to the journal, Tobacco Control (1 year). ID#37567

- **University of California, Berkeley, School of Public Health**  
  Berkeley, CA  
  $32,706—Medicaid coverage of smoking cessation treatments (8 months). ID#22246

- **Group Health Cooperative of Puget Sound**  
  Seattle, WA  
  $21,365—Using biochemical feedback to change health behaviors (1 year). ID#37933

- **University of Alabama at Birmingham School of Medicine**  
  Birmingham, AL  
  $749,934—Technical assistance and direction for Smoke-Free Families (1 year). ID#36501

- **University of North Carolina at Chapel Hill**  
  Chapel Hill, NC  
  $62,650—Planning for a national dissemination office for the Smoke-Free Families program (4 months). ID#38199

**SmokeLess States®: Statewide Tobacco Prevention and Control Initiatives**

Program that supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the periods indicated).

- **Alaska Native Health Board**  
  Anchorage, AK  
  $217,996—(1 year). ID#37597

- **American Cancer Society, Inc., Southeast Division, Inc.**  
  Atlanta, GA  
  $150,000—(1 year). ID#37929

- **American Cancer Society, Inc., Southwest Division, Inc.**  
  Phoenix, AZ  
  $470,067—(15 months). ID#36678

- **American Lung Association of Kansas**  
  Topeka, KS  
  $196,395—(1 year). ID#37928

- **Cause Children Count Coalition**  
  Washington, DC  
  $164,460—(17 months). ID#37879

- **The Coalition for a Tobacco-Free Colorado**  
  Denver, CO  
  $225,000—(1 year). ID#38035

- **Medical Society of New Jersey**  
  Lawrenceville, NJ  
  $202,410—(1 year). ID#37619

- **Oregon Health Sciences University**  
  Portland, OR  
  $313,638—(1 year). ID#37801

- **State of Vermont Department of Health**  
  Burlington, VT  
  $89,394—(1 year). ID#3796

- **Washington DOC**  
  Seattle, WA  
  $194,927—(1 year). ID#37927

- **American Medical Association**  
  Chicago, IL  
  $1,119,552—Technical assistance and direction for SmokeLess States (1 year). ID#35963

- **American Medical Association Foundation**  
  Chicago, IL  
  $500,000—Assisting states to develop plans for comprehensive tobacco control programs (25 months). ID#36581

**The Social Workers National Research and Education Fund Inc.**

Washington, DC  
$46,251—Addictions through the life cycle: A national conference for social workers (for 3 months). ID#35668

**Society for Research on Nicotine and Tobacco Inc.**

Ann Arbor, MI  
$199,656—Nicotine and Tobacco Research Journal (for 4 years). ID#33389

**Society for Research on Nicotine and Tobacco Inc.**

Middleton, WI  
$20,000—Developing youth tobacco cessation treatment outcome measures (for 3 months). ID#38056
**Substance Abuse Policy Research Program**

The purpose of the Substance Abuse Policy Research Program is 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).

- **University of Baltimore**
  Baltimore, MD
  $94,759—(15 months). ID#37856

- **Behavioral Health Research Center of the Southwest**
  Albuquerque, NM
  $231,098—(2 years). ID#37371

- **Boston University School of Social Work**
  Boston, MA
  $99,700—(18 months). ID#36948

- **University of California, Los Angeles**
  Los Angeles, CA
  $348,202—(2 years). ID#37857

- **University of California, San Francisco**
  San Francisco, CA
  $30,000—(1 year).

- **Case Western Reserve University**
  Cleveland, OH
  $339,195—(3 years). ID#37863

- **Children’s Hospital Corporation**
  Boston, MA
  $344,465—(27 months). ID#37858

- **Duke University Medical Center**
  Durham, NC
  $99,169—(16 months).

- **Foundation of the University of Medicine and Dentistry of New Jersey**
  Newark, NJ
  $103,403—(2 years). ID#36630

- **Friends Research Institute, Inc.**
  Baltimore, MD
  $348,022—(2 years). ID#37367

- **Health Research, Inc.**
  Buffalo, NY
  $349,384—(2 years). ID#37540

- **University of Illinois**
  Champaign, IL
  $343,080—(2 years). ID#38129

- **Joseph L. Mailman School of Public Health at Columbia University**
  New York, NY
  $37,092—(18 months). ID#35921

- **University of Massachusetts Medical School**
  Worcester, MA
  $78,250—(17 months). ID#37541

- **University of Miami**
  Miami, FL
  $348,304—(2 years). ID#37377

- **University of Michigan**
  Ann Arbor, MI
  $98,972—(18 months). ID#37862

- **University of Michigan School of Public Health**
  Ann Arbor, MI
  $6,809—(9 months). ID#36071

- **National Development and Research Institutes Inc.**
  New York, NY
  $97,989—(18 months). ID#37864

- **New York University**
  New York, NY
  $330,390—(27 months). ID#37370

- **North Carolina at Chapel Hill**
  Chapel Hill, NC
  $349,543—(3 years). ID#35153

- **Northwestern University**
  Evanston, IL
  $99,990—(18 months). ID#37157

- **The Pennsylvania State University**
  University Park, PA
  $100,000—(1 year). ID#36317

- **Public Health Institute**
  Berkeley, CA
  $342,089—(2 years). ID#37375

- **Research Foundation for Mental Hygiene, Inc.**
  New York, NY
  $348,808—(18 months). ID#37859

- **Rutgers, The State University**
  New Brunswick, NJ
  $99,908—(16 months). ID#37850

- **Temple University Law School**
  Philadelphia, PA
  $74,287—(11 months). ID#37162

- **Tobacco Control Resource Center, Inc.**
  Boston, MA
  $348,202—(3 years). ID#37373

- **Trauma Foundation Inc.**
  San Francisco, CA
  $339,253—(2 years). ID#37362

- **Wake Forest University School of Medicine**
  Winston-Salem, NC
  $49,236—(20 months). ID#36649

- **Yale University**
  New Haven, CT
  $344,646—(3 years). ID#37378

**Trauma Foundation Inc.**
San Francisco, CA
$529,225—Continuation of project to prevent alcohol-related injury and violence (for 18 months). ID#35122

**Treatment Research Institute Inc.**
Philadelphia, PA
$99,506—Research and evaluation of office-based, private practice addiction treatment for substance abusers (for 1 year). ID#36889

**Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine**
Bethesda, MD
$32,564—Developing new models of biobehavioral effects of nicotine on youth (for 18 months). ID#36413

**Vera Institute of Justice Inc.**
New York, NY
$131,250—Expanding knowledge of substance abuse and drug dependent treatment for juvenile offenders (for 1 year). ID#36510

**Washington Business Group on Health**
Washington, DC
$30,000—Camden youth mentoring and enrichment program (for 1 year). ID#38033

**Woodland Community Development Corporation**
Camden, NJ
$30,000—Camden youth mentoring and enrichment program (for 1 year). ID#38033
Bridging the Gap: Research Informing Practice for Healthy Youth Behavior
Program to improve the understanding of the role of policy and environmental factors in youth substance abuse (for the period indicated).

- Strategic Consulting Services
  Portage, WI
  $52,700—Consulting for Bridging the Gap (6 months). ID#34404

The CDM Group, Inc.
Chevy Chase, MD
$609,883—Governors’ spouses initiative on underage drinking (for 1 year). ID#37117

Brian C. Castrucci
New York, NY
$8,622—Management of the continuing analysis of the 1996 survey of tobacco use among adolescents (for 9 months). ID#37814

Communications Project
Multiple Contractors
$720,416—Program activities for the 11th World Conference on Tobacco OR Health (for 1 year). ID#36507

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).

- Schulman, Ronca, & Bucuvalas, Inc.
  New York, NY
  $850,841—General population survey of alcohol and drug consumption in Fighting Back and comparison sites (6 months). ID#33122

Patricia Patrizi
Wyncote, PA
$339,597—Evaluation of the Community Anti-Drug Coalitions of America (for 1 year). ID#37750

The Pennsylvania State University
University Park, PA
$78,870—Consulting on prevention and early intervention (for 9 months). ID#37595

Research Network 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 (for the period indicated).

- Treatment Research Institute Inc.
  Philadelphia, PA
  $62,925—Technical assistance and monitoring for Research Network on the Etiology of Tobacco Dependence and the Free to Grow program (1 year). ID#37074

Research Triangle Institute
Atlanta, GA
$275,000—Research based on 1996 survey of tobacco use among adolescents (for 18 months). ID#35817

- Romano & Associates Inc.
  Ellicott City, MD
  $50,000—Production of a television public service ad on spit tobacco with country music celebrity Garth Brooks (for 3 months). ID#36730

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 of childbearing women (for the periods indicated).

- Porter Novelli
  Washington, DC
  $60,000—Developing a marketing plan for the “best practice” anti-smoking counseling intervention (7 months). ID#36213

- Strategic Consulting Services
  Portage, WI
  $11,420—Consulting for Smoke-Free Families (6 months). ID#36485

SmokeLess States®: Statewide Tobacco Prevention and Control Initiatives
Program that supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the period indicated).

- Prospect Associates
  Silver Spring, MD
  $75,100—1999 national conference of state-level tobacco prevention professionals (4 months). ID#35956

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
  Falls Church, VA
  $104,750—Assessment of the Tobacco and Substance Abuse Policy Research Programs (5 months). ID#37001

Sutton Social Marketing, LLC
Washington, DC
$49,830—Anti-tobacco media campaign conference (for 6 months). ID#37103

Judith R. Vicary, PhD
Port Matilda, PA
$53,984—Senior Research Fellow on prevention and early intervention (for 20 months). ID#36068
Other Health and Health Care Programs

Grants and contracts authorized in the year ended December 31, 1999.

Health

<table>
<thead>
<tr>
<th>GRANTS</th>
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<tbody>
<tr>
<td><strong>Academy for Educational Development, Inc.</strong>&lt;br&gt;Washington, DC&lt;br&gt;$20,000—Healthy People 2010 Conference (for 4 months). ID#38603</td>
</tr>
<tr>
<td><strong>After School: Connecting Children At Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Compromising Behaviors</strong>&lt;br&gt;Program to support a three-city demonstration project designed to connect at-risk urban youth with responsible adults in activities after school (for the periods indicated).</td>
</tr>
<tr>
<td>• Youth Sports Connection&lt;br&gt;San Francisco, CA&lt;br&gt;$4,999,583—(54 months). ID#34763</td>
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<tr>
<td>• Nonprofit Facilities Fund&lt;br&gt;New York, NY&lt;br&gt;$347,267—Technical assistance and direction for After School (1 year). ID#37460</td>
</tr>
<tr>
<td><strong>University of Alabama at Birmingham</strong>&lt;br&gt;Birmingham, AL&lt;br&gt;$139,937—Identifying environmental and policy factors impacting physical activity among African-American women (for 2 years). ID#38325</td>
</tr>
<tr>
<td><strong>All Kids Count: Establishing Immunization Monitoring and Follow-up Systems</strong>&lt;br&gt;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 period indicated).</td>
</tr>
<tr>
<td>• The Task Force for Child Survival and Development&lt;br&gt;Decatur, GA&lt;br&gt;$52,400—Feasibility study to identify options for a new organization to represent immunization registries (8 months). ID#38176</td>
</tr>
<tr>
<td><strong>Altru Health Foundation</strong>&lt;br&gt;Grand Forks, ND&lt;br&gt;$96,672—Study of sentinel health conditions associated with North Dakota flooding (for 1 year). ID#37385</td>
</tr>
<tr>
<td><strong>American Association for World Health, Inc.</strong>&lt;br&gt;Washington, DC&lt;br&gt;$50,000—National campaign on healthy aging (for 1 year). ID#36024</td>
</tr>
<tr>
<td><strong>American College of Sports Medicine Foundation, Incorporated</strong>&lt;br&gt;Indianapolis, IN&lt;br&gt;$45,000—Publication on the use of physical activity to prevent and treat obesity and its co-morbidities (for 1 year). ID#36221</td>
</tr>
<tr>
<td><strong>American Medical Association</strong>&lt;br&gt;Chicago, IL&lt;br&gt;$200,000—Organized medicine summit on school and youth violence (for 6 months). ID#37225</td>
</tr>
<tr>
<td><strong>The Aspen Institute, Inc.</strong>&lt;br&gt;Queenstown, MD&lt;br&gt;$250,000—Roundtable on initiatives for children, families, and communities (for 2 years). ID#31276</td>
</tr>
<tr>
<td><strong>The Bicycle Federation</strong>&lt;br&gt;Washington, DC&lt;br&gt;$284,882—Clearinghouse and resource center on increasing physical activity (for 1 year). ID#37349</td>
</tr>
<tr>
<td><strong>Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare</strong>&lt;br&gt;Waltham, MA&lt;br&gt;$50,000—New England Regional Public Health and Managed Care Collaboration (for 1 year). ID#36200</td>
</tr>
<tr>
<td><strong>Case Western Reserve University School of Medicine</strong>&lt;br&gt;Cleveland, OH&lt;br&gt;$671,836—Evaluation of the Cleveland Eastern Suburban Born to Learn Program (for 4 years). ID#37506</td>
</tr>
<tr>
<td><strong>Center for Advanced Study in the Behavioral Sciences Inc.</strong>&lt;br&gt;Stanford, CA&lt;br&gt;$375,008—Interdisciplinary project on behavior change to combat substance abuse (for 3 years). ID#34248</td>
</tr>
<tr>
<td><strong>Center for the Advancement of Health</strong>&lt;br&gt;Washington, DC&lt;br&gt;$94,391—Exploratory meeting on the economic impact of health behavior change (for 6 months). ID#38128</td>
</tr>
<tr>
<td><strong>Children’s Futures</strong>&lt;br&gt;Program to employ a comprehensive set of interventions designed to improve the health of children in a select New Jersey community (for the period indicated).</td>
</tr>
<tr>
<td>• <strong>Thomas A. Edison State College</strong>&lt;br&gt;Trenton, NJ&lt;br&gt;$382,207—(1 year). ID#38450</td>
</tr>
<tr>
<td><strong>The Collaborative Center for Child Health and Development</strong>&lt;br&gt;Program to establish a new national resource center that will catalogue scientific information to improve children’s health and development, translate that information into usable forms, and make it available to parents, families, caregivers, agencies, and policymakers at all levels (for the period indicated).</td>
</tr>
<tr>
<td>• <strong>The Task Force for Child Survival and Development</strong>&lt;br&gt;Decatur, GA&lt;br&gt;$8,989,604—(2 years). ID#35334</td>
</tr>
<tr>
<td><strong>The District of Columbia Developing Families Center Inc.</strong>&lt;br&gt;Washington, DC&lt;br&gt;$833,433—Neighborhood Family Support Center in the District of Columbia (for 2 years). ID#36945</td>
</tr>
<tr>
<td><strong>The Early Childhood Initiative Foundation</strong>&lt;br&gt;Miami, FL&lt;br&gt;$50,000—Conference to develop a plan to provide children with healthy education and to meet their nurturing needs (for 4 months). ID#36896</td>
</tr>
<tr>
<td><strong>Earth Force Inc.</strong>&lt;br&gt;Alexandria, VA&lt;br&gt;$25,000—Support for Youth Bike Summit (for 4 months). ID#36321</td>
</tr>
<tr>
<td>**$50,074—Community-based pregnancy prevention for high-risk minority adolescents (for 1 year). ID#38108</td>
</tr>
<tr>
<td><strong>East Side House, Inc.</strong>&lt;br&gt;Bronx, NY&lt;br&gt;$20,000—Community-based pregnancy prevention for high-risk minority adolescents (for 1 year). ID#38108</td>
</tr>
<tr>
<td><strong>The Enterprise Foundation</strong>&lt;br&gt;Columbia, MD&lt;br&gt;$7,500—Annual conference on community development (for 2 months). ID#37101</td>
</tr>
<tr>
<td><strong>Families and Work Institute, Inc.</strong>&lt;br&gt;New York, NY&lt;br&gt;$395,000—Early Childhood Public Engagement Campaign: Phase II (for 18 months). ID#31746</td>
</tr>
<tr>
<td><strong>Family Support Services Program</strong>&lt;br&gt;Grant to Family Resource Coalition to undertake a national technical assistance initiative involving 10 states to enable them to establish statewide networks of community-based family resource and support service centers (for the periods indicated).</td>
</tr>
<tr>
<td>• <strong>Edmonds Community College</strong>&lt;br&gt;Lynnwood, WA&lt;br&gt;$250,000—(4 years). ID#36055</td>
</tr>
</tbody>
</table>
• State of Georgia Department of Human Resources, Georgia Children’s Trust Fund Commission
  Atlanta, GA
  $249,800—(4 years). ID#36053

• Governor’s Partnership to Protect Connecticut’s Workforce Inc. d/b/a DRUGS DON’T WORK!
  Hartford, CT
  $250,000—(4 years). ID#36670

• State of Michigan Department of Community Health
  Lansing, MI
  $250,000—(4 years). ID#36488

• State of Minnesota Department of Children, Families, and Learning
  St. Paul, MN
  $250,000—(4 years). ID#36056

• New York State Association of Family Service Agencies Inc.
  Albany, NY
  $250,000—(4 years). ID#36054

• State of West Virginia Governor’s Cabinet on Children and Families
  Charleston, WV
  $250,000—(4 years). ID#36671

Gateway Homes of Greater Richmond, Inc.
Richmond, VA
$50,000—Providing physical activity programs to adults with chronic mental illness (for 1 year).
ID#37952

Georgetown University, Robert Emmett McDonough School of Business
Washington, DC
$655,600—Center for the Advancement of Social Marketing (for 1 year). ID#34772

Girls Incorporated
Indianapolis, IN
$48,356—Planning an evaluation of a program to prevent adolescent pregnancy (for 3 months).
ID#35239

Global Health Council, Inc.
White River Junction, VT
$75,000—Strengthening surveillance of emerging infectious diseases (for 6 months). ID#36236

The Infectious Diseases Society of America
Alexandria, VA
$998,432—Public education campaign on childhood vaccinations (for 1 year). ID#35252

$37,265—Developing a training module on vaccine safety education for providers (for 3 months).
ID#36607

Iowa Hospital Education and Research Foundation
Des Moines, IA
$465,362—Family support needs assessment and referral system for new parents and their infants (for 2 years). ID#33470

The University of Kansas, Center for Research, Inc.
Lawrence, KS
$50,000—Case study and report on community problem solving initiatives by the Greater Kansas City Community Foundation (for 1 year). ID#36181

University of Minnesota Foundation
Minneapolis, MN
$50,000—Family Re-Union 8: Family and Community Conference (for 8 months). ID#36125

National Association of State Boards of Education
Alexandria, VA
$5,000—Study of schools’ roles in resolving health and social issues confronting youth (for 10 months). ID#36919

National Bureau of Economic Research, Inc.
Cambridge, MA
$139,927—Analyzing risky behavior among youth (for 1 year). ID#36686

National Community Service Trust
Durham, NC
$54,183—Conference to explore philanthropic opportunities with professional sports teams (for 3 months). ID#37486

National Health Foundation
Los Angeles, CA
$21,509—Consumer and public health representation at a national meeting on healthy communities (for 1 month). ID#37723

New School University
New York, NY
$50,000—Conference on the historical and cultural aspects of substance abuse (for 18 months). ID#37477

New York Academy of Sciences
New York, NY
$40,000—Conference on socioeconomic determinants and health (for 6 months). ID#35885

Northwestern University School of Education and Social Policy
Evanston, IL
$1,813,750—Children, families, and welfare reform: a multi-city study (for 38 months). ID#37218

University of Notre Dame
Notre Dame, IN
$50,000—Research on parenting influences on child development (for 1 year). ID#36862

Nurse Home Visiting Program
Program to replicate a model nurse home-visiting program targeted on first-time adolescent mothers living in poverty (for the period indicated).

• Children’s Hospital Association
  Denver, CO
  $10,000,000—(3 years). ID#35369

Ounce of Prevention Fund
Chicago, IL
$50,000—Planning project for a statewide infant child care system for ages 0 to 3 years old (for 10 months). ID#35034

Pedestrians Educating Drivers on Safety, Inc.
Atlanta, GA
$205,000—Encouraging safe active modes of transportation for children and youth (for 3 years). ID#37205

Public Health Foundation Enterprises, Inc.
City of Industry, CA
$250,000—Providing wellness care at work sites in central Los Angeles (for 3 years). ID#37435

RAND Corporation
Santa Monica, CA
$492,897—Research activities to assist the CDC’s program, Racial and Ethnic Approaches to Community Health (REACH) (for 1 year). ID#37009

Renaissance Community Development Corporation
Somerset, NJ
$400,000—Neighborhood Family Support Services Program (for 1 year). ID#35803

Rhode Island Public Health Foundation Inc.
Providence, RI
$618,828—Pilot program to encourage physical activity in Rhode Island communities (for 3 years). ID#36432

City of Richmond Department of Public Health
Richmond, VA
$40,000—Second annual Frontrunners conference (for 6 months). ID#37948

University of Rochester School of Medicine and Dentistry
Rochester, NY
$50,000—New century child health congress (for 1 year). ID#36253
City of San Antonio, San Antonio Metropolitan Health District
San Antonio, TX
$348,000—Postmortem meeting and planning study on natural disasters in Texas (for 1 year). ID#36183

State Health Leadership Initiative
Program to accelerate the development of the leadership capacity of state health officers as policymakers, administrators, and advocates for the health of the public (for the periods indicated).

• National Governors’ Association Center for Best Practices
  Washington, DC
  $927,996—(1 year). ID#35684

• National Governors’ Association Center for Best Practices
  Washington, DC
  $260,790—Technical assistance and direction for the State Health Leadership Initiative (1 year). ID#35682

Turning Point: Collaborating for a New Century in Public Health
Program, in collaboration with the W.K. Kellogg Foundation, 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, work force capacity, accountability, and sources of revenue (for the periods indicated).

• State of Colorado Department of Public Health and Environment
  Denver, CO
  $267,858—(25 months). ID#36866

• Medical Care Development Incorporated
  Augusta, ME
  $279,231—(2 years). ID#36852

• State of Minnesota Department of Health
  Minneapolis, MN
  $269,819—(2 years). ID#36855

• State of Missouri Department of Health
  Jefferson City, MO
  $273,000—(2 years). ID#36854

• University of South Carolina
  Columbia, SC
  $270,306—(2 years). ID#36865

• State of West Virginia Department of Health and Human Resources
  Charleston, WV
  $166,932—(1 year). ID#36851

• State of Wisconsin Department of Health and Family Services
  Madison, WI
  $273,000—(2 years). ID#36853

• University of Washington School of Public Health and Community Medicine
  Seattle, WA
  $998,536—Technical assistance and direction for Turning Point (14 months). ID#34031

  $700,000—Grantee technical assistance fund (13 months). ID#36428

Urban Health Initiative: Working to Ensure the Health and Safety of Children
Program to work closely with five cities for a period of up to ten years in an effort to improve the health and safety of their young people (for the periods indicated).

• University of Washington Graduate School of Public Affairs
  Seattle, WA
  $1,758,876—Technical assistance and direction for the Urban Health Initiative (1 year). ID#34029

• New York University, Robert F. Wagner Graduate School of Public Service
  New York, NY
  $198,172—Evaluation of the Urban Health Initiative—supplemental support (7 months). ID#35408

University of Utah Department of Psychology
Salt Lake City, UT
$109,408—Study of young, economically disadvantaged parents and their children (for 1 year). ID#36768

Young Women’s Christian Association of Greater Los Angeles, California
Los Angeles, CA
$25,200—Programs to address women’s and children’s health issues (for 8 months). ID#36989

After School: Connecting Children At Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Ccompromising Behaviors
Program to support a three-city demonstration project designed to connect at-risk urban youth with responsible adults in activities after school (for the periods indicated).

• Carol Glazer
  New York, NY
  $137,500—Technical assistance activities for After School (1 year). ID#38204

• Julie A. Sandorf
  New York, NY
  $150,000—Technical assistance activities for After School (1 year). ID#38200

Children’s Futures
Program to employ a comprehensive set of interventions designed to improve the health of children in a select New Jersey community (for the periods indicated).

• Rush L. Russell
  Pennington, NJ
  $30,410—Consulting services for Children’s Futures (2 months). ID#37851

  $14,942—Consulting services for Children’s Futures (1 month). ID#38352

Grantmakers in Health
Washington, DC
$25,500—Grantmaker roundtable discussion on childhood immunization (for 3 months). ID#37693

Mediawrights
Cambridge, MA
$199,000—Production of material (video, web, marketing) to communicate success of Boston Strategy to reduce youth homicide (for 10 months). ID#34914

Priscilla J. Murphy
Hockessin, DE
$9,627—Focus group sessions on the physical activity practices, knowledge, and attitudes of the underserved (for 2 months). ID#38140

National Association of Governors’ Councils on Physical Fitness and Sports, Incorporated
Indianapolis, IN
$36,457—Survey to determine community capacity and need for promoting physical activity (for 3 months). ID#37950
Mary Brigid Sanner
Dallas, TX
$76,282—Strategic communications consultancy for the Foundation’s Health & Behavior Program Management Team (for 6 months). ID#37568

Turning Point: Collaborating for a New Century in Public Health
Program, in collaboration with the Kellogg Foundation, 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, work force capacity, accountability, and sources of revenue (for the period indicated).

- The Lewin Group
  Falls Church, VA
  $425,644—Expansion of the evaluation of Turning Point (2 years). ID#37153

Cheryl Ulmer
McLean, VA
$4,500—Preparing manuscripts from the RWJF health and behavior paper (for 6 months). ID#37588

Health Care

The Albert Schweitzer Fellowship, Inc.
Boston, MA
$50,000—Volunteer service program in US communities for health professions students (for 1 year). ID#35511

American Foundation for AIDS Research
New York, NY
$25,000—Eleventh Annual National HIV/AIDS Update Conference (for 6 months). ID#36212

State of Arizona Department of Health Services
Phoenix, AZ
$25,000—Conference on genetics for health professionals and the public (for 11 months). ID#35763

Arizona State University
Tempe, AZ
$49,940—Analysis of physician assistant care patterns (for 1 year). ID#37027

Association of Academic Health Centers, Inc.
Washington, DC
$28,122—The Sixth Congress of Health Professions Educators (for 16 months). ID#36158

Association of American Medical Colleges
Washington, DC
$200,000—Herbert W. Nickens Memorial Fund (for 1 month). ID#37676

Association of Health Care Journalists
Minneapolis, MN
$50,000—Support for the Association of Health Care Journalists (for 1 year). ID#36429

University of California, Los Angeles, School of Public Policy and Social Research
Los Angeles, CA
$13,840—Promotion and dissemination of a Journal of Health Politics, Policy and Law special issue on the managed care backlash (for 10 months). ID#37712

University of California, San Francisco, Center for the Health Professions
San Francisco, CA
$90,500—National advisory group on financing nursing education (for 10 months). ID#34400

Center for Living Democracy, Inc.
Brattleboro, VT
$400,010—Expansion of a news service on civic engagement (for 2 years). ID#37387

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
  $149,996—(3 years). ID#36960

- University of California, Irvine, College of Medicine
  Irvine, CA
  $150,000—(3 years). ID#36961

- University of Colorado Health Sciences Center
  Denver, CO
  $150,000—(3 years). ID#36963

- Connecticut League for Nursing Inc.
  Wallingford, CT
  $150,000—(3 years). ID#36964

- Georgetown University School of Nursing
  Washington, DC
  $150,000—(3 years). ID#36965

- Idaho Commission for Nursing and Nursing Education Inc.
  Boise, ID
  $150,000—(3 years). ID#36967

- MHA Health, Research and Educational Foundation, Inc.
  Jackson, MS
  $150,000—(3 years). ID#36971

- Maryland Nurses Foundation Inc.
  Linthicum, MD
  $150,000—(3 years). ID#36968

- Minnesota State Colleges and Universities
  St. Paul, MN
  $150,000—(3 years). ID#36970

- University of Missouri-Columbia, Charles and Josie Smith Sinclair School of Nursing
  Columbia, MO
  $150,000—(3 years). ID#36973

- University of Missouri-Kansas City School of Nursing
  Kansas City, MO
  $150,000—(3 years). ID#36972

- Montana State University Foundation
  Bozeman, MT
  $149,979—(3 years). ID#36974
• State of North Carolina, for the North Carolina Center for Nursing  
   Raleigh, NC  
   $150,000—(3 years). ID#36981

• Rutgers, The State University, College of Nursing  
   Piscataway, NJ  
   $150,000—(3 years). ID#36975

• University of South Carolina College of Nursing  
   Columbia, SC  
   $150,000—(3 years). ID#36976

• South Dakota Board of Nursing  
   Sioux Falls, SD  
   $150,000—(3 years). ID#36977

• Texas A&M Research Foundation  
   Corpus Christi, TX  
   $150,000—(3 years). ID#36978

• University Health Group Inc.  
   Honolulu, HI  
   $150,000—(3 years). ID#36966

• West Virginia University Foundation Inc.  
   Morgantown, WV  
   $149,269—(3 years). ID#36979

• American Association of Colleges of Nursing  
   Washington, DC  
   $503,160—Technical assistance and direction for Colleagues in Caring (1 year). ID#36578
   $42,673—Technical assistance and direction for Colleagues in Caring—supplemental support (3 months). ID#34944

• A2ZHA Education Foundation  
   Tempe, AZ  
   $15,000—Establishment of an integrated data system for assessing nursing care work force needs (1 year). ID#35308

Dartmouth Medical School  
   Hanover, NH  
   $4,769,869—Monitoring the performance of local and regional health care systems (for 5 years). ID#36962

Foundation for Health Care Quality  
   Seattle, WA  
   $443,208—Multistate Initiative to Help Build a Health Information Infrastructure (for 6 months). ID#36045

Foundation for the National Institutes of Health, Inc.  
   Bethesda, MD  
   $749,093—National coalition to educate health professionals in genetics (for 3 years). ID#37749

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).

• Boston University School of Medicine  
   Boston, MA  
   $240,000—(4 years). ID#36906

• University of California, Los Angeles, School of Medicine  
   Los Angeles, CA  
   $239,700—(4 years). ID#36833

• Columbia University College of Physicians and Surgeons  
   New York, NY  
   $239,800—(4 years). ID#36830

• The University of Iowa College of Medicine  
   Iowa City, IA  
   $239,998—(4 years). ID#36813

• University of Michigan  
   Ann Arbor, MI  
   $240,000—(4 years). ID#36801

• University of Minnesota  
   Minneapolis, MN  
   $237,840—(4 years). ID#36831

• University of New Mexico Health Sciences Center  
   Albuquerque, NM  
   $142,004—(2 years). ID#38021

• University of North Carolina at Chapel Hill School of Medicine  
   Chapel Hill, NC  
   $240,000—(4 years). ID#36830

• Northwestern University Medical School  
   Chicago, IL  
   $238,830—(4 years). ID#36800

• University of Pennsylvania School of Medicine  
   Philadelphia, PA  
   $239,834—(4 years). ID#36803

• University of Pittsburgh School of Medicine  
   Pittsburgh, PA  
   $222,766—(39 months). ID#36505

• Stanford University School of Medicine  
   Palo Alto, CA  
   $240,000—(4 years). ID#36799

• The University of Texas Health Science Center at Houston Medical School  
   Houston, TX  
   $240,000—(4 years). ID#36797

• The University of Texas Southwestern Medical Center at Dallas  
   Dallas, TX  
   $232,010—(4 years). ID#36832

• Vanderbilt University Medical Center  
   Nashville, TN  
   $239,295—(4 years). ID#36816

• Virginia Commonwealth University  
   Richmond, VA  
   $240,000—(4 years). ID#36798

• University of Washington  
   Seattle, WA  
   $239,602—(4 years). ID#36826

• University of Massachusetts Medical School  
   Worcester, MA  
   $299,854—Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year). ID#36130

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  
   $305,983—Technical assistance and direction for the Generalist Physician Initiative (1 year). ID#35954

Georgetown University Medical Center  
   Washington, DC  
   $20,000—Supplement to the Health Privacy Project (for 3 months). ID#37287

Harvard University School of Public Health  
   Boston, MA  
   $19,593—Nurse Executive Leadership Conference (for 1 year). ID#36834
Health Professions Partnership Initiative
Program, co-sponsored with the W.K. Kellogg
Foundation, helping academic health centers develop
education partnerships to increase the number of
underrepresented minorities in the clinical health pro-
fessions and in public health (for the period indicat-
ed).

• Association of American Medical Colleges
  Washington, DC
  $540,541—Technical assistance and direction
  for the Health Professions Partnership Initiative
  (1 year). ID#34227

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).

• University of California, Berkeley,
  School of Public Health
  Berkeley, CA
  $72,834—(15 months). ID#36845

• University of California, Los Angeles,
  Center for Health Sciences
  Los Angeles, CA
  $4,999,154—(29 months). ID#38273

• US Public Health Service, Agency for Health
  Care Policy and Research
  Rockville, MD
  $215,000—(17 months). ID#37755

The Johns Hopkins University, Johns Hopkins
Bayview Medical Center
Baltimore, MD
$24,444—Implementing and evaluating a popula-
tion/community-oriented primary care curriculum for
internal medicine residents
(for 1 year). ID#37418

Libraries for the Future
New York, NY
$49,960—Coalition-based effort to increase the pub-
lc’s access to health information (for 1 year).
ID#36845

University of Michigan Institute for Social
Research
Ann Arbor, MI
$475,435—Genetic technology and health: knowl-
edge, attitudes, values, and behavior (for 2 years).
ID#35311

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

• University of Alabama at Birmingham
  School of Medicine
  Birmingham, AL
  $1,500,000—(5 years). ID#37960

• United Negro College Fund, Inc.
  Fairfax, VA
  $1,500,000—(5 years). ID#38142

• Yale University
  New Haven, CT
  $1,498,346—(5 years). ID#37962

• Association of American Medical Colleges
  Washington, DC
  $695,295—Technical assistance and direction for
  the Minority Medical Education Program
  (1 year). ID#35416

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

• University of Alabama at Birmingham
  Birmingham, AL
  $365,400—(4 years). ID#38389

• Baylor College of Medicine
  Houston, TX
  $365,187—(4 years). ID#38406
  $7,760—(1 year). ID#38383

• University of California, Los Angeles,
  School of Medicine
  Los Angeles, CA
  $18,524—(2 years). ID#38402
  $7,760—(1 year). ID#38399
  $315,506—(4 years). ID#37214

• University of California, San Diego,
  School of Medicine
  La Jolla, CA
  $7,760—(1 year). ID#38385

• University of California, San Francisco
  San Francisco, CA
  $315,506—(4 years). ID#36293
  $7,760—(1 year). ID#38387

• Columbia University
  New York, NY
  $18,500—(2 years). ID#38390

• Columbia University College of
  Physicians & Surgeons
  New York, NY
  $279,310—(43 months). ID#35941

• Cornell University, Joan and Sanford I. Weill
  Medical College
  New York, NY
  $18,524—(2 years). ID#38401

• Duke University Medical Center
  Durham, NC
  $315,506—(4 years). ID#37211

• Emory University
  Atlanta, GA
  $32,149—(3 years). ID#38388

• The General Hospital Corporation-
  Massachusetts General Hospital
  Boston, MA
  $315,351—(4 years). ID#37297
  $365,400—(4 years). ID#38417
  $7,760—(1 year). ID#38395

• Harvard Medical School
  Boston, MA
  $315,506—(4 years). ID#36626

• The Johns Hopkins University
  Baltimore, MD
  $315,506—(4 years). ID#37213

• The Johns Hopkins University
  School of Medicine
  Baltimore, MD
  $32,149—(3 years). ID#38391
  $204,760—(26 months). ID#37295
  $18,524—(2 years). ID#38396

• Loyola University Medical Center
  Maywood, IL
  $18,524—(2 years). ID#38394

• The Medical University of South Carolina
  Charleston, SC
  $32,149—(3 years). ID#38384
• The University of Texas Southwestern Medical Center at Dallas
  Dallas, TX
  $7,760—(1 year). ID#38392
  $365,400—(4 years). ID#38405

• Washington University School of Medicine
  St. Louis, MO
  $18,524—(2 years). ID#38393

• George Washington University Medical Center
  Washington, DC
  $922,105—Technical assistance and direction for the Minority Medical Faculty Development Program (2 years). ID#37361

National Academy of Sciences—Institute of Medicine
Washington, DC
$235,983—Research to identify and examine the characteristics of micro systems in the health care industry (for 1 year). ID#36111

National Association of Children’s Hospitals and Related Institutions, Inc.
Alexandria, VA
$15,136—Conference for child health services researchers (for 3 months). ID#36969

The New York Academy of Medicine
New York, NY
$192,062—Dissemination of a chartbook on urban/suburban social and health indicators (for 1 year). ID#36934

New York University, Robert F. Wagner Graduate School of Public Service
New York, NY
$239,998—Developing a dispute resolution quality assessment protocol (for 18 months). ID#37469

Partnerships for Quality Education
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).

• Harvard Pilgrim Health Care, Inc.
  Boston, MA
  $8,997,345—(51 months). ID#36994

• Harvard Pilgrim Health Care, Inc.
  Boston, MA
  $743,600—Technical assistance and direction for Partnerships for Quality Education—Phase II (1 year). ID#36028

• New York University
  New York, NY
  $735,597—Evaluation of Partnerships for Quality Education—Phase II (5 years). ID#36808

Planned Parenthood Association of Mercer Area, Inc.
Trenton, NJ
$48,321—Nurse practitioner training for clinic staff (for 1 year). ID#37938

State Forums Partnership Program
Program to establish a technical assistance center to support the replication of the New Jersey Policy Forums on Health and Medical Care project in up to five states (for the period indicated).

• Texas Institute for Health Policy Research
  Austin, TX
  $126,000—(3 years). ID#37601

United Hospital Fund of New York
New York, NY
$2,500,000—Establishment of the National Forum for Health Care Quality Measurement and Reporting (for 3 years). ID#36668

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).

• Joanne Delaney
  Shrewsbury, MA
  $36,308—Administrative coordination of the Generalist Physician Faculty Scholars Program (1 year). ID#38031

• Carolyn E. Miller
  Princeton, NJ
  $6,500—Survey of Scholars under the Generalist Physician Faculty Scholars Program (2 months). ID#37459

Gradison and Associates
McLean, VA
$25,207—Environmental assessment of health coverage issues (for 5 months). ID#37132

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 period indicated).

• National Center for Health Statistics
  Hyattsville, MD
  $61,950—(25 months). ID#36279
## General Philanthropy

Grants and contracts authorized in the year ended December 31, 1999.

### GRANTS

<table>
<thead>
<tr>
<th>Accreditation Council for Graduate Medical Education</th>
<th>Council on Foundations, Inc.</th>
<th>Independent Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago, IL: $745,489—Improving the quality of medical education through national accreditation (for 5 years). ID#34768</td>
<td>Washington, DC: $500,000—Project to improve the Council’s information system (for 1 year). ID#37786</td>
<td>Washington, DC: $600,000—Support for the ongoing activities of the Independent Sector (for 3 years). ID#36809</td>
</tr>
<tr>
<td>American Lung Association, Washington, DC: $45,000—Conference on engaging health professionals in issues related to environmental health and global climate change (for 3 months). ID#38076</td>
<td>Hanover, NH: $50,000—Promotional activities for “Civil Society: Historical and Contemporary Perspectives” (for 1 year). ID#36873</td>
<td></td>
</tr>
<tr>
<td>American Medical Student Association Foundation, Reston, VA: $7,957—Evaluation of National Primary Care Week for medical students (for 5 months). ID#37404</td>
<td>East Brunswick Rescue Squad, East Brunswick, NJ: $100,000—Replacement of facility and equipment (for 8 months). ID#38077</td>
<td></td>
</tr>
<tr>
<td>American Red Cross, Washington, DC: $1,000,000—Emergency assistance for victims of Hurricane Floyd (for 1 month). ID#38103</td>
<td>The Easter Seal Society of New Jersey, Inc., Raritan Valley Workshop, New Brunswick, NJ: $75,000—Facility repair project (for 1 year). ID#38066</td>
<td></td>
</tr>
<tr>
<td>American Red Cross, Central New Jersey Chapter, Princeton, NJ: $100,000—Establishing a community program in disaster prevention and safety (for 1 year). ID#37652</td>
<td>Foundation Center, New York, NY: $250,000—Electronic data access program (for 3 years). ID#34032</td>
<td></td>
</tr>
<tr>
<td>The Arnold Gold Foundation, Englewood, NJ: $50,000—Developing a humanism in medicine honor (for 1 year). ID#36427</td>
<td>Foundation of the University of Medicine and Dentistry of New Jersey, Newark, NJ: $502,510—Building the research and educational capacity of the School of Public Health (for 2 years). ID#35288</td>
<td></td>
</tr>
<tr>
<td>Association for Health Services Research, Inc., Washington, DC: $99,088—Development of a strategy to strengthen the field of health care research (for 9 months). ID#34534</td>
<td>The University of Medicine and Dentistry of New Jersey, Newark, NJ: $10,000—LUMDNJ-wide symposium on the neurobiology of behavior (for 2 months). ID#36568</td>
<td></td>
</tr>
<tr>
<td>Cenacle Retreat House, Highland Park, NJ: $71,960—Facility repairs and maintenance (for 1 year). ID#34943</td>
<td>The Cancer Institute of New Jersey, New Brunswick, NJ: $6,000,000—Expanding service capacities and staff of the Cancer Institute of New Jersey (for 5 years). ID#37156</td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy Association of Middlesex County, Edison, NJ: $150,000—Children’s Center construction project (for 1 year). ID#36087</td>
<td>George Washington University Medical Center, Washington, DC: $74,884—Forums to promote synergy among local grantees (for 14 months). ID#36615</td>
<td></td>
</tr>
<tr>
<td>Council of New Jersey Grantmakers Inc., Trenton, NJ: $50,000—Building capacity for New Jersey philanthropy (for 2 years). ID#38017</td>
<td>HomeFront, Inc., Lawrenceville, NJ: $49,000—Support services for Mercer county homeless families (for 1 year). ID#35548</td>
<td></td>
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</tr>
</tbody>
</table>

The Robert Wood Johnson Foundation
<table>
<thead>
<tr>
<th>Organization</th>
<th>City, State</th>
<th>Amount</th>
<th>Description of Project</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plainsboro Rescue Squad, Inc.</td>
<td>Plainsboro, NJ</td>
<td>$65,000</td>
<td>Purchase of a first responder emergency services mobile unit (for 6 months).</td>
<td>36347</td>
</tr>
<tr>
<td>Project on Technology, Work and Character</td>
<td>Washington, DC</td>
<td>$49,022</td>
<td>Research on the leadership and culture of exemplary health care organizations (for 1 year).</td>
<td>38157</td>
</tr>
<tr>
<td>Rescue Mission of Trenton</td>
<td>Trenton, NJ</td>
<td>$15,000</td>
<td>Central facility renovation project (for 1 year).</td>
<td>36563</td>
</tr>
<tr>
<td>Rockefeller University</td>
<td>New York, NY</td>
<td>$30,000</td>
<td>Meeting of clinical research societies on patient-oriented research issues (for 1 year).</td>
<td>37638</td>
</tr>
<tr>
<td>Rutgers, The State University, Cook College</td>
<td>New Brunswick, NJ</td>
<td>$20,000</td>
<td>Farm skills training program for high-risk youth (for 1 year).</td>
<td>36418</td>
</tr>
<tr>
<td>Rutgers University Foundation</td>
<td>New Brunswick, NJ</td>
<td>$50,000</td>
<td>Support for publishing the encyclopedia of New Jersey (for 2 years).</td>
<td>35571</td>
</tr>
<tr>
<td>St. Vincent de Paul Societies</td>
<td>Metuchen, NJ</td>
<td>$131,841</td>
<td>Annual support for program of assistance to the indigent (for 1 year).</td>
<td>36496</td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>New Brunswick, NJ</td>
<td>$228,700</td>
<td>Assistance to needy and indigent families (for 1 year).</td>
<td>35960</td>
</tr>
<tr>
<td>Tides Center</td>
<td>San Francisco, CA</td>
<td>$299,799</td>
<td>Support for non-profit health organizations to prepare for Y2K (for 1 year).</td>
<td>36252</td>
</tr>
<tr>
<td>United Way of Greater Mercer County, Inc.</td>
<td>Lawrenceville, NJ</td>
<td>$150,000</td>
<td>Support for 1998-1999 Campaign (for 1 year).</td>
<td>34035</td>
</tr>
<tr>
<td>The Wholistic Health and Healing Association</td>
<td>Roseville, CA</td>
<td>$49,969</td>
<td>National forum on reducing the prevalence of uterine fibroids among African-American women (for 4 months).</td>
<td>38660</td>
</tr>
<tr>
<td>Women Aware</td>
<td>New Brunswick, NJ</td>
<td>$9,600</td>
<td>On-site nursing service in a battered women’s shelter (for 1 year).</td>
<td>35413</td>
</tr>
<tr>
<td>Tides Center</td>
<td>San Francisco, CA</td>
<td>$299,799</td>
<td>Support for non-profit health organizations to prepare for Y2K (for 1 year).</td>
<td>36252</td>
</tr>
<tr>
<td>Benton Foundation</td>
<td>Washington, DC</td>
<td>$110,094</td>
<td>Publication of communications guides (for 1 year).</td>
<td>36661</td>
</tr>
<tr>
<td>Center for Biomedical Communications, Inc.</td>
<td>Hackensack, NJ</td>
<td>$49,998</td>
<td>Conference on connecting ethics and health policy (for 8 months).</td>
<td>35870</td>
</tr>
<tr>
<td>Gardner Associates</td>
<td>Cherry Hill, NJ</td>
<td>$130,000</td>
<td>RWJF Oral History Project and Archives (for 2 years).</td>
<td>31994</td>
</tr>
<tr>
<td>Patricia Patrizi</td>
<td>Wyncote, PA</td>
<td>$50,000</td>
<td>Meeting to explore the role and benefits of foundation evaluation (for 6 months).</td>
<td>37391</td>
</tr>
</tbody>
</table>
Cross-Cutting Programs
Grants and contracts authorized in the year ended December 31, 1999.

The Advocacy Institute
Washington, DC
$399,625—Health Policy Leadership Fellows Program (for 1 year). ID#37766 Substance Abuse, Other Health and Health Care

The Alliance for Health Reform
Washington, DC
$497,555—Education campaign for journalists and editorial boards for covering health policy issues in year 2000 (for 16 months). ID#37672 Access, Chronic Conditions

American Association of Homes and Services for the Aging
Washington, DC
$4,717,824—Information clearinghouse for Medicare choices (for 3 years). ID#37817 Access, Chronic Conditions

Andean Rural Health Care
Lake Junaluska, NC
$99,409—Planning project to provide community-based primary care to low-income persons (for 7 months). ID#34159 Access, Chronic Conditions

University of California, San Francisco, Institute for Health Policy Studies
San Francisco, CA
$156,715—Consulting on the Foundation’s evaluation and assessment activities (for 11 months). ID#37704 Access, Chronic Conditions, Substance Abuse, General Philanthropy

Caucus Educational Corporation Inc.
Bloomfield, NJ
$150,926—Health care series on public television’s CAUCUS: NEW JERSEY (for 1 year). ID#36672 Access, Chronic Conditions, Substance Abuse

Central Massachusetts Area Health Education Center Incorporated
Worcester, MA
$25,000—Development of a community health education program for Native American women (for 1 year). ID#36679 Access, Chronic Conditions, Substance Abuse

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 Arizona Health Sciences Center
  Tucson, AZ
  $57,534—(1 year). ID#37380 Chronic Conditions

Boston University School of Public Health
Boston, MA
$60,301—(1 year). ID#38091 Access
$49,449—(1 year). ID#36618 General Philanthropy

University of California, Davis
Davis, CA
$98,155—(1 year). ID#35969 Access

University of California, San Francisco
San Francisco, CA
$290,507—(18 months). ID#35969 Access

University of California, San Francisco, Institute for Health Policy Studies
San Francisco, CA
$350,004—(18 months). ID#36348 Access

University of Michigan
Ann Arbor, MI
$449,327—(2 years). ID#36874 General Philanthropy

University of Michigan Institute for Social Research
Ann Arbor, MI
$78,454—(18 months). ID#36874 Access

University of Minnesota, Carlson School of Management
Minneapolis, MN
$236,585—(18 months). ID#36150 Access

University of Minnesota School of Public Health
Minneapolis, MN
$88,315—(2 years). ID#36327 Access

The New York Academy of Medicine
New York, NY
$102,071—(1 year). ID#38087 Access

University of North Carolina at Chapel Hill
Chapel Hill, NC
$99,992—(1 year). ID#38086 Access

University of Pennsylvania
Philadelphia, PA
$98,543—(18 months). ID#36330 Access
$96,327—(1 year). ID#38092 Access

University of Pennsylvania, The Wharton School
Philadelphia, PA
$71,820—(15 months). ID#36335 Access

People-to-People Health Foundation, Inc.
Millwood, VA
$97,397—(15 months). ID#36333 Access

University of Pittsburgh Graduate School of Public Health
Pittsburgh, PA
$76,800—(1 year). ID#36324 Access

University of Rochester
Rochester, NY
$103,929—(1 year). ID#38088 Access

Stanford University School of Medicine
Stanford, CA
$87,411—(1 year). ID#36334 Access

University of Washington
Seattle, WA
$100,768—(15 months). ID#36332 Access
$88,178—(1 year). ID#36326 Access

Washington State University
Pullman, WA
$75,205—(1 year). ID#36328 Access

Yale University
New Haven, CT
$105,228—(1 year). ID#38090 Access, Chronic Conditions

Yale University School of Medicine
New Haven, CT
$302,577—(2 years). ID#38153 Access, Chronic Conditions

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).

• University of California, Los Angeles, School of Medicine
  Los Angeles, CA
  $942,487—(2 years). ID#37098 Access, Chronic Conditions, Substance Abuse, General Philanthropy

• University of Chicago, The Pritzker School of Medicine
  Chicago, IL
  $457,454—(2 years). ID#37090 Access, Chronic Conditions, Substance Abuse, General Philanthropy

• The Johns Hopkins University School of Medicine
  Baltimore, MD
  $457,454—(2 years). ID#37095 Access, Chronic Conditions, Substance Abuse, General Philanthropy
• University of Michigan Medical School  
  Ann Arbor, MI  
  $384,996—(2 years). ID#37096  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

• University of North Carolina at Chapel Hill School of Medicine  
  Chapel Hill, NC  
  $762,489—(2 years). ID#37097  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

• University of Washington School of Medicine  
  Seattle, WA  
  $842,497—(2 years). ID#37092  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

• Yale University School of Medicine  
  New Haven, CT  
  $232,500—(2 years). ID#37093  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

• University of Arkansas for Medical Sciences  
  Little Rock, AR  
  $497,607—Technical assistance and direction for the Clinical Scholars Program (1 year). ID#34034  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

Columbia University  
New York, NY  
$49,748—Seminars on identifying issues facing health care purchasers and providers (for 1 year). ID#35128  
Other Health and Health Care

Columbia University Graduate School of Journalism  
New York, NY  
$20,000—Resource guide for journalists covering managed care in Columbia Journalism Review (for 1 month). ID#36243  
Access, Chronic Conditions

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 periods indicated).

• Massachusetts Health Research Institute, Inc.  
  Boston, MA  
  $583,310—Technical assistance and direction for Community Health Leadership Program (1 year). ID#34034  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

The EIT Endowment of South Carolina, Inc.  
Spartanburg, SC  
$2,212,302—How good is our health care—a PBS series (for 1 year). ID#36058  
Access, Chronic Conditions

Florida Atlantic University  
Fort Lauderdale, FL  
$178,783—Understanding citizen involvement in the development of community capacity: an exploratory study (for 18 months). ID#37087  
Substance Abuse, Other Health and Health Care

The Freedom Channel Inc.  
Alexandria, VA  
$250,000—Developing an Internet project to provide the public access to candidates' views on health care and other issues (for 3 months). ID#37389  
Access, Chronic Conditions, Substance Abuse

George Washington University  
Washington, DC  
$3,400,000—National Health Policy Forum (for 4 years). ID#30252  
Access, Chronic Conditions, Substance Abuse

The HSC Foundation  
Washington, DC  
$50,000—Development of a national resource center on sociocultural and financial barriers for children with special needs (for 1 year). ID#36408  
Access, Chronic Conditions

Health Policy Fellowships Program  
Program of 12-month experiences in Washington, DC, to develop the capacity of outstanding mid-career health professionals in academic and community-based settings to assume leadership roles in health policy and management (for the periods indicated).

• Baylor College of Medicine  
  Houston, TX  
  $74,743—(1 year). ID#36921  
  Access, Chronic Conditions, Substance Abuse

• University of Colorado Health Sciences Center  
  Denver, CO  
  $76,125—(1 year). ID#36918  
  Access, Chronic Conditions, Substance Abuse

• Group Health Cooperative of Puget Sound  
  Seattle, WA  
  $78,040—(1 year). ID#36892  
  Access, Chronic Conditions, Substance Abuse

• University of Illinois at Chicago  
  Chicago, IL  
  $75,869—(1 year). ID#36894  
  Access, Chronic Conditions, Substance Abuse

• University of Missouri-Columbia  
  Columbia, MO  
  $78,125—(1 year). ID#36893  
  Access, Chronic Conditions, Substance Abuse

• Tufts University School of Dental Medicine  
  Boston, MA  
  $79,063—(1 year). ID#36919  
  Access, Chronic Conditions, Substance Abuse

• National Academy of Sciences—Institute of Medicine  
  Washington, DC  
  $598,727—Technical assistance to the Health Policy Fellowships Program (1 year). ID#35685  
  Access, Chronic Conditions, Substance Abuse, General Philanthropy

The Horticultural Society of New York, Inc.  
New York, NY  
$20,000—Establishing a vocational, educational, and life skills transitional program for inmates at Rikers Island (for 1 year). ID#37456  
Substance Abuse, General Philanthropy

University of Illinois at Chicago  
Chicago, IL  
$30,000—Conference on health survey methods (for 18 months). ID#35712  
Other Health and Health Care

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 periods indicated).

• Brown University  
  Providence, RI  
  $249,974—(3 years). ID#36273  
  General Philanthropy

• University of California, San Diego, School of Medicine  
  La Jolla, CA  
  $220,641—(2 years). ID#36271  
  Access, Chronic Conditions, Substance Abuse
• Columbia University
  New York, NY
  $241,042—(2 years). ID#36269  Other Health
  and Health Care

• Georgetown University, Kennedy Institute
  of Ethics
  Washington, DC
  $249,949—(3 years). ID#36295  Other Health
  and Health Care

• Harvard University School of Public Health
  Boston, MA
  $249,900—(3 years). ID#36270  Other Health
  and Health Care

• University of Minnesota
  Minneapolis, MN
  $249,939—(3 years). ID#36272  Chronic
  Conditions

• University of Pennsylvania School of Nursing
  Philadelphia, PA
  $245,832—(3 years). ID#36274  Other Health
  and Health Care

• Research Foundation of the City University
  of New York
  New York, NY
  $249,960—(2 years). ID#36267  Other Health
  and Health Care

• The Urban Institute
  Washington, DC
  $238,008—(2 years). ID#36311  Other Health
  and Health Care

• Association for Health Services Research, Inc.
  Washington, DC
  $331,050—Technical assistance and direction
  for Investigator Awards in Health Policy Research
  (6 months). ID#35423  Access, Chronic
  Conditions, Substance Abuse

Kaiser Foundation Hospitals, Kaiser Foundation
Research Institute
Portland, OR
$49,829—Evaluation of HMO-school partnerships to
improve children’s health (for 20 months). ID#36713
Access, Chronic Conditions

L.I.F.T., Inc.
Trenton, NJ
$20,920—Planning for family support services center
(for 1 year). ID#36487  Access, Substance Abuse

Local Initiative Funding Partners Program
Matching grant program to help agencies and institu-
tions identified by local philanthropies that are under-
taking innovative solutions to major community health
problems (for the periods indicated).

• University of California, San Francisco,
  Mount Zion Violence Prevention Project
  San Francisco, CA
  $470,000—(3 years). ID#37335  Access, Chronic
  Conditions

• Catholic Social Service of the Diocese of
  Rapid City
  Rapid City, SD
  $241,580—(4 years). ID#37321  Chronic
  Conditions, Substance Abuse

• Chicago Cook County Ambulatory Care
  Board Inc.
  Chicago, IL
  $470,000—(3 years). ID#37331  Chronic
  Conditions

• Coordinated Care Network
  Pittsburgh, PA
  $470,000—(3 years). ID#37334  Access, Chronic
  Conditions

• Dade County Area Health Education Center
  Program Inc.
  Miami, FL
  $200,000—(2 years). ID#37323  Access, Chronic
  Conditions, Substance Abuse

• Family Violence Prevention Services, Inc.
  San Antonio, TX
  $470,000—(4 years). ID#37320  Substance
  Abuse

• University of Illinois at Chicago
  Chicago, IL
  $470,874—(4 years). ID#37315  Substance
  Abuse, General Philanthropy

• Interfaith Council for the Homeless
  Chicago, IL
  $225,000—(3 years). ID#37318  Chronic
  Conditions, Substance Abuse

• Lane County
  Eugene, OR
  $365,001—(3 years). ID#37322  Access

• Marin Community Clinic
  Greenbrae, CA
  $470,000—(4 years). ID#37324  Access, Substance
  Abuse

• Molokai General Hospital
  Kaunakakai, HI
  $470,051—(4 years). ID#37333  Chronic
  Conditions

• Orlando Regional Healthcare
  Foundation, Inc.
  Orlando, FL
  $470,000—(4 years). ID#37336  Access

• Palmetto Project Inc.
  Charleston, SC
  $285,000—(4 years). ID#37316  Access

• Philadelphia FIGHT
  Philadelphia, PA
  $365,000—(3 years). ID#37326  Chronic
  Conditions

• St. Mary’s Foundation
  Pierre, SD
  $50,000—(20 months). ID#38228  Access

• Senior Services of Seattle—King County
  Seattle, WA
  $194,007—(3 years). ID#37330  Chronic
  Conditions

• The Supportive Housing and Managed Care Pilot
  Minneapolis, MN
  $470,000—(4 years). ID#37329  Chronic
  Conditions, Substance Abuse

• Union Mission Inc.
  Savannah, GA
  $475,000—(4 years). ID#37327  Access, Substance
  Abuse

• Washington State University
  College of Nursing
  Spokane, WA
  $301,840—(4 years). ID#37317  Access

• Health Research and Educational Trust
  of New Jersey
  Princeton, NJ
  $815,657—Technical assistance and direction for
  the Local Initiative Funding Partners Program
  (2 years). ID#35412  Access, Chronic Conditions,
  Substance Abuse

Medicaid Managed Care Program
Program to work with states and Medicaid managed
care organizations to improve access and care for vul-
nerable populations covered under Medicaid managed
care (for the period indicated).

• Center for Health Care Strategies Supporting
  Organization Inc.
  Princeton, NJ
  $25,622,460—(5 years). ID#36235  Access,
  Chronic Conditions
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 periods indicated).

• Health Research, Inc.
  Rensselaer, NY
  $296,469—(2 years). ID#38032 Access, Chronic Conditions

• State of Oregon Department of Human Resources, Senior and Disabled Services Division
  Salem, OR
  $300,000—(18 months). ID#37569 Access, Chronic Conditions

• University of Maryland Center on Aging
  College Park, MD
  $749,445—Technical assistance and direction for the Medicare/Medicaid Integration Program (1 year). ID#35236 Access, Chronic Conditions

University of Michigan Institute for Social Research
Ann Arbor, MI
$249,200—Archiving of Foundation-supported data collections at ICPSR (for 2 years). ID#29946 Other Health and Health Care

National Conference of State Legislatures
Washington, DC
$233,436—Planning an expanded information program for state health policy leaders (for 6 months). ID#37549 Other Health and Health Care

National Health Care Purchasing Institute
Program to advance the capabilities of the nation’s largest public- and private-sector health care purchasers so that they leverage their buying power to improve access to and quality of care, particularly for people with chronic conditions (for the period indicated).

• Alpha Center for Health Planning, Inc.
  Washington, DC
  $7,698,734—(65 months). ID#36662 Access, Chronic Conditions

National Public Radio, Inc.
Washington, DC
$3,266,010—Health issue coverage and web site project (for 3 years). ID#30972 Access, Chronic Conditions, Substance Abuse

National Rural Health Association
Kansas City, MO
$29,891—Conference to develop an agenda for rural health policy research (for 2 months). ID#38370 Access, Chronic Conditions, Substance Abuse

New Jersey Health Initiatives
Program to support projects in New Jersey that develop new approaches to resolving the state’s health care needs, focusing on the Foundation’s goal areas (for the periods indicated).

• Atlantic County
  Atlantic City, NJ
  $270,000—(3 years). ID#37971 Access, Chronic Conditions

• Boys’ and Girls’ Clubs of Newark, Inc.
  Newark, NJ
  $265,000—(3 years). ID#37966 Substance Abuse, General Philanthropy

• Lifeties, Inc.
  Trenton, NJ
  $49,100—(6 months). ID#37976 Chronic Conditions

• The Plainfield Neighborhood Health Services, Inc.
  Plainfield, NJ
  $375,000—(3 years). ID#37967 Access, Chronic Conditions

• St. Joseph’s Hospital and Medical Center
  Paterson, NJ
  $427,985—(3 years). ID#37975 Access, Chronic Conditions

• Seabrook House
  Seabrook, NJ
  $240,000—(3 years). ID#37965 Substance Abuse

• Superior Court of New Jersey Passaic Vicinage Probation Division
  Paterson, NJ
  $290,522—(3 years). ID#37964 Substance Abuse

• West Jersey Hospital
  Camden, NJ
  $425,319—(3 years). ID#37977 Access, Chronic Conditions

• Health Research and Educational Trust of New Jersey
  Princeton, NJ
  $412,336—Technical assistance and direction for New Jersey Health Initiatives (1 year). ID#35411 Access, Chronic Conditions, Substance Abuse

University of Pennsylvania Health System
Philadelphia, PA
$420,000—Content analyses of media reporting on access to health care and chronic illness (for 14 months). ID#37940 Access, Chronic Conditions

People-to-People Health Foundation, Inc.
Millwood, VA
$74,101—Study on the consequences for Medicare beneficiaries when Medicare HMOs close (for 30 months). ID#36397 Access, Chronic Conditions

Rockefeller University
New York, NY
$30,000—Creating an association for patient-oriented research (for 10 months). ID#35999 Access, Chronic Conditions, Substance Abuse

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).

• Boston University School of Management
  Boston, MA
  $399,986—Technical assistance and direction for Scholars in Health Policy Research Program (1 year). ID#35679 Access, Chronic Conditions, Substance Abuse, General Philanthropy

• Syracuse University, Maxwell School of Citizenship and Public Affairs
  Syracuse, NY
  $148,371—Evaluation of the Scholars in Health Policy Research Program (1 year). ID#35679 Access, Chronic Conditions, Substance Abuse, General Philanthropy

Society for Prevention Research
Pittsburgh, PA
$24,999—Eighth annual meeting of the Society for Prevention Research (for 6 months). ID#38602 Access, Chronic Conditions, Substance Abuse

Sound Partners for Community Health
Program to enable local public radio stations to do special health care programming and outreach in their communities (for the period indicated).

• Benton Foundation
  Washington, DC
  $748,177—Technical assistance and direction for Sound Partners for Community Health (1 year). ID#34749 Access, Chronic Conditions, Substance Abuse

Special Olympics International Inc.
Washington, DC
$50,000—Oral health program for Special Olympics athletes (for 1 year). ID#34766 Access, Chronic Conditions
Cross-Cutting Programs

**CONTRACTS**

Total Grants and Contracts Awarded: $420,743,246

**Communications Projects**

**Multiple Contractors**

- Comm. 1: $750,000—Communications assistance for grantee activities (for 1 year). ID#36579 Access, Chronic Conditions, Substance Abuse
- Comm. 2: $100,000—Publication of the RWJF Anthology Third Edition (for 6 months). ID#37298 Access, Chronic Conditions, Substance Abuse
- Comm. 3: $404,000—Connecting Grantees to Policymakers Project (for 18 months). ID#37488 Access, Chronic Conditions, Substance Abuse
- Comm. 4: $43,481—Study of grantee communications and the Foundation’s role in advancing this work (for 4 months). ID#38042 Access, Chronic Conditions, Substance Abuse
- Comm. 5: $750,000—Communications assistance for grantee activities (for 6 months). ID#38187 Access, Chronic Conditions, Substance Abuse
- Comm. 6: $275,998—Distribution and development of the third edition of readings in medicine, On Doctoring (for 17 months). ID#36665 Access, Chronic Conditions, Substance Abuse, General Philanthropy
- Comm. 7: $750,000—PMT Consultant Authorization Fund (for 1 year). ID#38354 Other Health and Health Care

**Other Health and Health Care Projects**

- Ducat Segal Productions, Inc.
  - Comm. 8: New York, NY
  - Comm. 9: $49,893—Research for TV project highlighting the need for improved care and support for children with Pervasive Development Disorder (PDD) and their families (for 5 months). ID#35887 Access, Chronic Conditions
- Mathematica Policy Research, Inc.
  - Comm. 10: Washington, DC
  - Comm. 11: $1,994,685—Monitoring of Medicare+Choice: Early effects on the insurance decision process of Medicare beneficiaries (for 32 months). ID#35068 Access, Chronic Conditions
- Mathematica Policy Research, Inc.
  - Comm. 12: Washington, DC
  - Comm. 13: $45,669—Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment (1 year). ID#33466 Access, Chronic Conditions

**Medicare/Medicaid Integration Program**

- Comm. 14: 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).
  - Comm. 15: Mark R. Meiners, PhD
  - Comm. 16: North Potomac, MD
  - Comm. 17: $45,669—Technical assistance and consulting services for Medicare/Medicaid Integration Program (3 months). ID#34750 Access, Chronic Conditions

**Strengthening the Patient-Provider Relationship in a Changing Health Care Environment**

Program to support research and convening activities that examine the patient-provider relationship under the growing influence of managed care (for the periods indicated).

- Boston University School of Public Health
  - Comm. 18: Boston, MA
  - Comm. 19: $89,539—(1 year). ID#38186 Access, Chronic Conditions
- University of California, San Francisco, School of Medicine
  - Comm. 20: San Francisco, CA
  - Comm. 21: $95,754—(1 year). ID#38253 Access, Chronic Conditions
- Duke University Medical Center
  - Comm. 22: Durham, NC
  - Comm. 23: $310,132—(21 months). ID#38218 Access, Chronic Conditions
- Harvard University School of Public Health
  - Comm. 24: Boston, MA
  - Comm. 25: $707,912—(18 months). ID#37772 Access, Chronic Conditions
- The Johns Hopkins University School of Hygiene and Public Health
  - Comm. 26: Baltimore, MD
  - Comm. 27: $240,600—(2 years). ID#36484 Access, Chronic Conditions
- Montefiore Medical Center
  - Comm. 28: Bronx, NY
  - Comm. 29: $103,408—(1 year). ID#36445 Access, Chronic Conditions
- University of Washington
  - Comm. 30: Seattle, WA
  - Comm. 31: $50,883—(8 months). ID#36448 Access, Chronic Conditions
- University of California, San Francisco, School of Medicine
  - Comm. 32: San Francisco, CA
  - Comm. 33: $435,868—Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment (1 year). ID#33466 Access, Chronic Conditions

**Radiant Communications, Inc.**

- Comm. 34: Glen Ridge, NJ
  - Comm. 35: $392,093—Communications training for RWJF grantees (for 1 year). ID#34289 Access, Chronic Conditions, Substance Abuse

**Sutton Social Marketing, LLC**

- Comm. 36: Washington, DC
  - Comm. 37: $220,975—Strategic communications issues related to work in our health and health care divisions (for 1 year). ID#37265 Other Health and Health Care

In 1999 the net assets of the Foundation increased 10.4 percent. The Foundation awarded grants and contracts totaling $421 million. Program development, evaluation, and general administration for the year were $29.6 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 totaled $21.3 million reflecting an increased use of outside investment managers and limited partnerships. Federal excise tax amounted to $6.2 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 24-month period. The Foundation has fulfilled its 1998 requirement ($353.7 million). The 1999 requirement ($407.1 million) will be met in mid-2000.

Peter Goodwin
Vice President and Treasurer

The Robert Wood Johnson Foundation
Report of Independent Accountants

To the Trustees of
The Robert Wood Johnson Foundation:

In our opinion, the accompanying statements of financial position and the related statements of activities and cash flows present fairly, in all material respects, the financial position of The Robert Wood Johnson Foundation ("the Foundation") at December 31, 1999 and 1998, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States. 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 of these statements in accordance with auditing standards generally accepted in the United States, which require that we plan and perform the audit 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, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for the opinion expressed above.

PricewaterhouseCoopers LLP

New York, New York
February 18, 2000
## Financial Statements

### Statements of Financial Position

**At December 31, 1999 and 1998 (in thousands)**

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$124,514</td>
<td>$152,911</td>
</tr>
<tr>
<td>Receivable on pending security transactions</td>
<td>13,654</td>
<td>74,821</td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>14,208</td>
<td>14,873</td>
</tr>
<tr>
<td>Contribution receivable</td>
<td>17,371</td>
<td>19,115</td>
</tr>
<tr>
<td>Investments at fair value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnson &amp; Johnson common stock</td>
<td>5,339,528</td>
<td>5,151,632</td>
</tr>
<tr>
<td>Other equity investments</td>
<td>2,342,359</td>
<td>1,521,197</td>
</tr>
<tr>
<td>Fixed income investments</td>
<td>749,920</td>
<td>854,812</td>
</tr>
<tr>
<td>Program-related investments</td>
<td>15,737</td>
<td>17,459</td>
</tr>
<tr>
<td>Other assets</td>
<td>23,117</td>
<td>19,363</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$8,640,408</td>
<td>$7,826,183</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$8,947</td>
<td>$2,591</td>
</tr>
<tr>
<td>Payable on pending security transactions</td>
<td>58,745</td>
<td>113,160</td>
</tr>
<tr>
<td>Unpaid grants</td>
<td>399,980</td>
<td>308,435</td>
</tr>
<tr>
<td>Deferred federal excise tax</td>
<td>114,845</td>
<td>103,133</td>
</tr>
<tr>
<td>Accumulated postretirement benefit obligation</td>
<td>8,617</td>
<td>7,802</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>591,134</td>
<td>535,121</td>
</tr>
<tr>
<td><strong>Net assets — unrestricted</strong></td>
<td>8,049,274</td>
<td>7,291,062</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$8,640,408</td>
<td>$7,826,183</td>
</tr>
</tbody>
</table>

See notes to financial statements.
## Financial Statements

### STATEMENTS OF ACTIVITIES

For the years ended December 31, 1999 and 1998 (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment income:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends</td>
<td>$ 83,917</td>
<td>$ 78,382</td>
</tr>
<tr>
<td>Interest</td>
<td>60,324</td>
<td>70,644</td>
</tr>
<tr>
<td><strong>Total Investment Income</strong></td>
<td>144,241</td>
<td>149,026</td>
</tr>
<tr>
<td>Less: Federal excise tax</td>
<td>1,225</td>
<td>1,328</td>
</tr>
<tr>
<td>Investment expense</td>
<td>21,288</td>
<td>17,749</td>
</tr>
<tr>
<td><strong>Total Investment Expense</strong></td>
<td>121,728</td>
<td>129,949</td>
</tr>
<tr>
<td><strong>Contribution income</strong></td>
<td>1,256</td>
<td>9,460</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>122,984</td>
<td>139,409</td>
</tr>
</tbody>
</table>

| **Program costs and administrative expenses:** |       |       |
| Grants, net                                   | 375,481 | 307,900 |
| Program contracts and related activities      | 30,455  | 16,874 |
| Program development and evaluation           | 18,772  | 15,804 |
| General administration                        | 10,852  | 8,956  |
| **Total Program Costs and Administrative Expenses** | 435,560 | 349,534 |
| **Excess of program costs and expenses over income** | (312,576) | (210,125) |

| **Other changes to net assets, net of related federal excise tax:** |       |       |
| Realized gains on sale of securities          | 502,316 | 467,357 |
| Unrealized appreciation on investments        | 568,472 | 710,334 |
| **Total Other Changes to Net Assets**         | 1,070,788 | 1,177,691 |
| Change in net assets — unrestricted           | 758,212 | 967,566 |
| Net assets, beginning of year — unrestricted  | 7,291,062 | 6,323,496 |
| Net assets, end of year — unrestricted        | $8,049,274 | $7,291,062 |

See notes to financial statements.
## STATEMENTS OF CASH FLOWS

For the years ended December 31, 1999 and 1998 (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$758,212</td>
<td>$967,566</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash used in operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,519</td>
<td>1,964</td>
</tr>
<tr>
<td>Decrease in interest and dividends receivable</td>
<td>665</td>
<td>2,240</td>
</tr>
<tr>
<td>Decrease (increase) in contribution receivable</td>
<td>1,744</td>
<td>(9,460)</td>
</tr>
<tr>
<td>Net realized and unrealized gains on investments</td>
<td>(1,070,788)</td>
<td>(1,177,691)</td>
</tr>
<tr>
<td>Decrease in program-related investments</td>
<td>1,722</td>
<td>1,757</td>
</tr>
<tr>
<td>Increase in accounts payable</td>
<td>6,356</td>
<td>109</td>
</tr>
<tr>
<td>Increase in unpaid grants</td>
<td>91,545</td>
<td>22,339</td>
</tr>
<tr>
<td>Increase in accumulated postretirement benefit obligation</td>
<td>815</td>
<td>1,353</td>
</tr>
<tr>
<td>Other</td>
<td>(756)</td>
<td>(504)</td>
</tr>
<tr>
<td><strong>Net cash used in operating activities</strong></td>
<td>(207,966)</td>
<td>(190,327)</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from security sales</td>
<td>2,441,472</td>
<td>3,439,212</td>
</tr>
<tr>
<td>Cost of security purchases</td>
<td>(2,256,386)</td>
<td>(3,282,781)</td>
</tr>
<tr>
<td>Acquisition of property and equipment</td>
<td>(5,517)</td>
<td>(4,605)</td>
</tr>
<tr>
<td><strong>Net cash provided by investing activities</strong></td>
<td>179,569</td>
<td>151,826</td>
</tr>
<tr>
<td><strong>Net decrease in cash and cash equivalents</strong></td>
<td>(28,397)</td>
<td>(38,501)</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>152,911</td>
<td>191,412</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of year</strong></td>
<td>$124,514</td>
<td>$152,911</td>
</tr>
</tbody>
</table>

**Supplemental data:**

| Federal excise tax paid | $5,624 | $5,917 |

See notes to financial statements.
NOTES TO FINANCIAL STATEMENTS

NOTE 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 all Americans have access to basic health care at reasonable cost;
• to improve care and support for 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.

NOTE 2  Summary of Significant Accounting Policies:

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 fair value based on financial statements and other information received from the partnerships. Fair value is the estimated net realizable value of holdings priced at quoted market value, where market quotations are available, historical cost or other estimates including appraisals. Because of the uncertainty of valuations for certain of the underlying investments which do not have quoted market values, the values for those investments could differ had a ready market existed. The realization of the Foundation's investment in these partnership interests is dependent upon the general partners' distributions during the life of each partnership.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of $2,519,375 in 1999 and $1,963,752 in 1998 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 1998 has been met and the 1999 requirement is expected to be met during 2000.

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. The Foundation makes significant estimates regarding the value of limited partnership investments, discounts for contributions receivable and unpaid grants, and useful lives of property and equipment. Actual results could differ from these estimates.

NOTE 3  Federal Excise Tax:

The Internal Revenue Code imposes an excise tax on private foundations equal to 2 percent of net investment income (principally interest, dividends, and net realized capital gains, less expenses incurred in the production of investment income). This tax is reduced to 1 percent for foundations that meet certain distribution requirements. In 1999 and 1998, the Foundation satisfied these requirements and is, therefore, eligible for the reduced rate.

The provision for federal excise tax consists of a current provision on realized net investment income and a deferred provision on unrealized appreciation of investments. The current provision for 1999 on net investment income at 1 percent was $6,244,429. The current provision in 1998 at 1 percent was $5,977,692. The change in unrealized appreciation reflected on the Statements of Activities includes a provision for deferred taxes based on net unrealized appreciation of investments at 2 percent. The increase in unrealized appreciation in 1999 and 1998 resulted in an increase of the deferred federal excise tax liability of $11,711,892 and $14,625,494, respectively.
**NOTE 4**

**Contribution Receivable:**

The Foundation recorded as contribution receivable the present value of the estimated future benefit to be received as a remainderman in a trust and the estimated amount to be received as a beneficiary in an estate. The interest rate used to discount the trust receivable to present value ranges from 6.0% to 6.5%.

**NOTE 5**

**Investments:**

At December 31, 1999 and 1998, the cost and fair values of the investments are summarized as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Fair Value</td>
</tr>
<tr>
<td>Johnson &amp; Johnson Common Stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57,260,354 and 61,420,354 shares in 1999 and 1998, respectively</td>
<td>$68,394</td>
<td>$5,339,528</td>
</tr>
<tr>
<td>Other equity investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic equities</td>
<td>580,717</td>
<td>864,028</td>
</tr>
<tr>
<td>International equities</td>
<td>320,811</td>
<td>449,041</td>
</tr>
<tr>
<td>Emerging market equities</td>
<td>180,074</td>
<td>247,665</td>
</tr>
<tr>
<td>Limited partnership interests</td>
<td>668,339</td>
<td>781,625</td>
</tr>
<tr>
<td>Fixed income investments</td>
<td>797,616</td>
<td>749,920</td>
</tr>
<tr>
<td></td>
<td>$2,615,951</td>
<td>$8,431,807</td>
</tr>
</tbody>
</table>

Pursuant to its limited partnership agreements, as of December 31, 1999, the Foundation had unfunded commitments of approximately $634 million which are expected to be funded over the next three to five years.

The net realized gains on sales of securities for 1999 and 1998 were as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson Common Stock</td>
<td>$393,603</td>
<td>$393,519</td>
</tr>
<tr>
<td>Other securities, net</td>
<td>113,732</td>
<td>78,488</td>
</tr>
<tr>
<td>Less, Federal excise tax</td>
<td>(5,019)</td>
<td>(4,650)</td>
</tr>
<tr>
<td></td>
<td>$502,316</td>
<td>$467,357</td>
</tr>
</tbody>
</table>

**NOTE 6**

**Property and Equipment:**

At December 31, 1999 and 1998, property and equipment, a component of other assets, was comprised of (dollars in thousands):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and land improvements</td>
<td>$2,902</td>
<td>$2,910</td>
<td>15</td>
</tr>
<tr>
<td>Buildings</td>
<td>13,955</td>
<td>12,732</td>
<td>40</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>19,148</td>
<td>14,667</td>
<td>3–15</td>
</tr>
<tr>
<td>Total</td>
<td>36,005</td>
<td>30,309</td>
<td></td>
</tr>
<tr>
<td>Less, Accumulated depreciation</td>
<td>(16,732)</td>
<td>(14,213)</td>
<td></td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>$19,273</td>
<td>$16,096</td>
<td></td>
</tr>
</tbody>
</table>
**NOTE 7**

**Unpaid Grants:**

At December 31, 1999 the unpaid grant liability is expected to be paid in future years as follows (in thousands):

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$150,229</td>
</tr>
<tr>
<td>2001</td>
<td>144,281</td>
</tr>
<tr>
<td>2002</td>
<td>85,009</td>
</tr>
<tr>
<td>2003</td>
<td>40,515</td>
</tr>
<tr>
<td>2004 and thereafter</td>
<td>30,990</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>451,024</td>
</tr>
</tbody>
</table>

Less, Discounted to present value (51,044)

$399,980

Generally accepted accounting principles require contributions made (“unpaid grants”) to be recorded at the present value of estimated future cash flows. As of December 31, 1999, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 6% to 6.5% and an estimated cancellation rate of 3%. At December 31, 1998, the unpaid grant liability was discounted to present value by $39,262,158.

**NOTE 8**

**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 $1,433,419 and $1,288,358 in 1999 and 1998, respectively.

**Postretirement Benefits**

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 benefits for certain key employees who meet certain requirements.

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit obligation at December 31</td>
<td>$8,583</td>
<td>$8,519</td>
</tr>
<tr>
<td>Fair value of plan assets at December 31</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Funded status</td>
<td>(8,583)</td>
<td>(8,519)</td>
</tr>
<tr>
<td>(Accrued) benefit cost recognized in the statement of financial position</td>
<td>$(8,617)</td>
<td>$(7,802)</td>
</tr>
</tbody>
</table>

Weighted-average assumptions as of December 31

Discount rate:
- Medical and dental plans: 7.25% 6.00%
- Supplemental benefit plans: 6.48% 5.10%
- Expected return on plan assets: N/A N/A

For measurement purposes, a 7% annual rate of increase in per capita cost of covered health care benefits was assumed for 2000. The rate was assumed to decrease gradually to 5.5% for 2005 and remain at that level thereafter.

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit cost</td>
<td>$1,034</td>
<td>$1,593</td>
</tr>
<tr>
<td>Employer contributions</td>
<td>220</td>
<td>240</td>
</tr>
<tr>
<td>Plan participants’ contributions</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Benefits paid</td>
<td>220</td>
<td>240</td>
</tr>
</tbody>
</table>
The Secretary’s Report

In January 2000, George S. Frazza, Esq., William L. Roper, MD, MPH, and Richard B. Worley were elected to the Board of Trustees. Mr. Frazza serves as counsel to the law firm of Patterson, Belknap, Webb & Tyler LLP, New York, New York. Prior to that, Mr. Frazza spent more than 30 years with Johnson & Johnson where he held the positions of corporate secretary, vice president and general counsel, and member of Johnson & Johnson’s Executive Committee. Dr. Roper is dean of the School of Public Health, University of North Carolina at Chapel Hill (UNC). He is also professor of health policy and administration in the School of Public Health, and professor of pediatrics in the School of Medicine at UNC. Mr. Worley is president, chief executive officer, and chief investment officer, Morgan Stanley Dean Witter Investment Management Company.

Also at the January 2000 meeting of the Board, Edward C. Andrews, Jr., MD, and James E. Burke, trustees of the Foundation, were each elected to the office of trustee emeritus. Dr. Andrews served as trustee since August 1987, and Mr. Burke served as trustee since December 1987. At their election as trustees emeriti, Dr. Andrews and Mr. Burke were cited by the Board for their faithful, distinguished, and valuable service to the Foundation.

Staff changes

In March 1999, J. Michael McGinnis, MD, MA, MPP, joined the Foundation as senior vice president and director of the Health Group. Prior to his appointment, Dr. McGinnis served as special consultant to the Foundation. During that time, he also was scholar-in-residence at the National Academy of Sciences, senior scholar at the Association of Academic Health Centers, and adjunct professor of public policy at Duke University. He is a former assistant surgeon general and deputy assistant secretary in the US Department of Health and Human Services, Washington, DC.

Dr. McGinnis received his bachelor’s degree in political science from the University of California, Berkeley; his MD degree and master’s degree in public policy from Harvard University.

In April 1999, Jack C. Ebeler, MPA, joined the Foundation as senior vice president and director of the Health Care Group. Prior to assuming this position with the Foundation, Mr. Ebeler served as special consultant to the Foundation. During that time, he also served on the adjunct faculty in the Department of Health Policy and Management at the School of Hygiene and Public Health at The Johns Hopkins University, and as an independent health policy consultant. Mr. Ebeler was acting assistant secretary for planning and evaluation for the US Department of Health and Human Services, Washington, DC.

Mr. Ebeler received his bachelor’s degree from Dickinson College and his master’s degree in public administration from The John F. Kennedy School of Government, Harvard University.

In January 1999, Judith R. Vicary, PhD, joined the Foundation as senior research fellow while on sabbatical leave from Pennsylvania State University where she is professor of biobehavioral health. She has continued at the Foundation for an additional year on loan from Penn State. Dr. Vicary received her BA from Mount Holyoke College and her MEd in counseling and PhD in education from Penn State. She was also a National Institute on Drug Abuse postdoctoral fellow in health and...
human development.

In March 1999, John Fiorillo, MA, joined the Foundation as senior consultant. Previously, Mr. Fiorillo was president of The Health Strategy Group Inc., a strategic planning and marketing consulting firm headquartered in New York. Mr. Fiorillo has a BA from New York University and an MA from Brown University.

In March 1999, Pamela E. Johnson, MHS, joined the Foundation as program officer. Before joining the Foundation, Ms. Johnson served as program director at the Scheie Eye Institute at the University of Pennsylvania, Department of Ophthalmology, in Philadelphia, Pennsylvania. Ms. Johnson earned her BS in biology at California State University and her MHS in health policy and management at The Johns Hopkins University School of Hygiene and Public Health.

In May 1999, Judith S. Stavisky, MPH, MEd, joined the Foundation as senior program officer. Before coming to the Foundation, Ms. Stavisky was vice president of health services at Keystone Mercy Health Plan in Philadelphia, Pennsylvania. She received her BA in sociology from the University of California, Santa Barbara; her MPH in health services administration from Yale Medical School; and her MEd from Chestnut Hill College.

In July 1999, Laura C. Leviton, MA, PhD, joined the Foundation as senior program officer in the Evaluation and Research Unit. Most recently, Dr. Leviton was professor of public health at the University of Alabama, Birmingham. Dr. Leviton received her BA in psychology from Reed College, Portland, Oregon, and she received her MA and PhD in psychology from the University of Kansas.

In July 1999, Harold A. Pincus, MD, joined the Foundation as special consultant. Dr. Pincus is adjunct professor of psychiatry and behavioral science at Duke University, as well as clinical professor at George Washington University and at the Uniformed Services University of the Health Sciences. He is also visiting professor at the Institute of Psychiatry, Kings College, London. Dr. Pincus received his BA from the University of Pennsylvania and his MD from the Albert Einstein College of Medicine.

In September 1999, Robin E. Mockenhaupt, PhD, joined the staff as senior program officer. Dr. Mockenhaupt was acting director of the Planning, Development, and Evaluation Department at the American Association of Retired Persons in Washington, DC. Dr. Mockenhaupt received her BS in biology from Pennsylvania State University, her MPH in health administration and health education from Columbia University, a graduate certificate in gerontology from the Center on Aging at the University of Maryland, and her PhD in health education from the University of Maryland.

In October 1999, Jonathan A. Showstack, PhD, MPH, joined the Foundation as visiting scholar in the Evaluation and Research Unit. Dr. Showstack is adjunct professor of medicine and health policy in the Division of General Internal Medicine and Institute for Health Policy Studies, School of Medicine, University of California, San Francisco (UCSF). He is associate director of the Institute and co-director of the Center for Health Professions, UCSF. Dr. Showstack has a PhD in sociology from UCSF and an MPH in health administration and planning from the University of California, Berkeley.

In November 1999, Linda Bilheimer, PhD, joined the Foundation as senior program officer in the
Evaluation and Research Unit. Prior to joining the Foundation, Dr. Bilheimer was deputy assistant director for health in the Congressional Budget Office. Dr. Bilheimer was a John F. Kennedy Memorial Scholar at Harvard University, where she received her PhD in economics.

In November 1999, Karen Davenport, MPA, joined the Foundation as program officer. Ms. Davenport worked as a legislative assistant to Senator Bob Kerrey in the US Senate. She holds a BA in political science from Whitman College and an MPA from Syracuse University.

In November 1999, Anne F. Weiss, MPP, joined the Foundation as senior program officer. Prior to joining RWJF, Ms. Weiss was senior assistant commissioner with the New Jersey Department of Health & Senior Services. Ms. Weiss received her BA in history and political science from Wellesley College and her MPP from the John F. Kennedy School of Government, Harvard University.

In January 2000, Andrew R. Harrison, PhD, joined the Foundation as archivist. Prior to joining RWJF, Dr. Harrison had engaged in archival activities for the Philadelphia Jewish Archives Center, Philadelphia, Pennsylvania, and served as adjunct professor at the University of Delaware, Temple University, and West Chester University. Dr. Harrison received his BA from George Washington University and his PhD in history from Temple University.

In July 1999, Ann E. Searight, communications associate, was promoted to communications officer. Ms. Searight joined the Foundation in June 1995.

In January 2000, Maureen L. Michael, MGA, program associate, was promoted to program officer. Ms. Michael joined the Foundation in June 1996.

In January 2000, Floyd K. Morris, MHA, program officer, was promoted to senior program officer. Mr. Morris joined the Foundation’s program staff in April 1996.

Also in January 2000, Paul A. Tarini, MA, communications officer, was promoted to senior communications officer. Mr. Tarini joined the Foundation in July 1994.

In February 1999, Rush L. Russell left the Foundation as senior program officer; he joined the Foundation in December 1992. Mr. Russell is project director for the Foundation’s program, Children’s Futures, at Thomas A. Edison State College.

Program directors
Gerard F. Anderson, PhD, was appointed director of the program, Research and Communications Initiative on Meeting the Needs of Those With Chronic Conditions in the 21st Century. Dr. Anderson is professor and director, Center for Hospital Finance and Management, The Johns Hopkins University School of Hygiene and Public Health.

Karen L. Brodsky, MHS, and Richard J. Baron, MD, were appointed co-directors of the program, Improving Asthma Care for Children. Ms. Brodsky is senior staff member at the Center for Health Care Strategies, Inc., Princeton, New Jersey; and Dr. Baron is president and chief executive officer, Healthier Babies, Inc., Philadelphia, Pennsylvania.

Christine K. Cassel, MD, was appointed director and Diane E. Meier, MD, co-director, of the program, Improving Hospital-Based Palliative Care. Dr. Cassel is professor and chairman, and Dr. Meier is professor, both in the Department of Geriatrics, Mount Sinai School of Medicine of the City University of New York.

Noreen M. Clark, PhD, was appointed director of the program, Allies Against Asthma. Dr. Clark is dean and Marshall H. Becker professor of public health, University of Michigan School of Public Health.

William H. Foege, MD, MPH, was appointed director of the program, The Collaborative Center for Child Health and Development. Dr. Foege is chairman of the board, The Task Force for Child Survival and Development, Decatur, Georgia.

Vanessa Northington Gamble, MD, PhD, was appointed director of two programs, Health Professions...
Partnership Initiative and the Minority Medical Education Program. Dr. Gamble is vice president, Division of Community and Minority Programs, Association of American Medical Colleges. Dr. Gamble succeeds Herbert W. Nickens, MD, who died in March 1999.

Harry R. Moody, PhD, was appointed director of the program, Faith in Action II: Program to Expand the Continued Replication of the Interfaith Volunteer Caregivers Model.

Gordon T. Moore, MD, MPH, was appointed director of the program, Partnerships for Quality Education—Phase II. Dr. Moore is director and professor, Ambulatory Care and Preventive Medicine, Harvard University and Harvard Pilgrim Health Care.

Charles R. Moseley, EdD, was appointed co-director of the program, Self-Determination for Persons With Developmental Disabilities. Dr. Moseley is associate director of the Institute on Disability at the University of New Hampshire.

Matthew L. Myers was appointed director of the program, National Center for Tobacco-Free Kids. Mr. Myers is president of the National Center for Tobacco-Free Kids.

David L. Olds, PhD, was appointed director and Patricia A. Moritz, PhD, was appointed co-director of the Nurse Home Visiting Program. Dr. Olds is President of the Board, Kempe Prevention Research Center for Family and Child Health, Denver, Colorado; and Dr. Moritz is director, National Center for Children, Families and Communities, Denver, Colorado, and associate dean for research, School of Nursing, University of Colorado Health Sciences Center.

Kevin B. Piper was appointed director of The National Health Care Purchasing Institute. Mr. Piper is vice president of the Alpha Center for Health Planning, Inc., Washington, DC.

Gary S. Rachelefsky, MD, was appointed director of the program, Managing Pediatric Asthma: Emergency Room Demonstration Program. Dr. Rachelefsky is clinical professor in the Department of Pediatrics at the University of California, Los Angeles, School of Medicine, and co-chair, Pediatric Asthma, The American Academy of Allergy, Asthma & Immunology, Inc., Milwaukee, Wisconsin.

Julie Sandorf was appointed special program consultant of the program, After School: Connecting Children at Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Compromising Behaviors.

James D. Bernstein completed his assignment directing the program, Practice Sights: State Primary Care Development Strategies. Mr. Bernstein was appointed to this position in 1992.

William D. Novelli completed his assignment directing the program, National Center for Tobacco-Free Kids. Mr. Novelli was appointed to this position in 1996.

H. Denman Scott, MD, completed his assignment directing the program, Reach Out: Physicians’ Initiative to Expand Care to Underserved Americans. Dr. Scott was appointed to this position in 1993.

Donald L. Shumway completed his assignment co-directing the program, Self-Determination for Persons With Developmental Disabilities. Mr. Shumway was appointed to this position in 1996.

Board activities
The Board of Trustees met five times in 1999 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, 2000.