

[RWJF Home Page](#)

[1997 Annual Report Home](#)

Trustees	Mission	The Founder	Chairman's Statement	President's Message	1997 Goals Update
Distribution of 1997 Funds	1997 Grants and Contracts	Financial Statements	Secretary's Report	Officers and Staff	Selected Bibliography

Trustees

Board of Trustees

Sidney F. Wentz, Chairman

Edward C. Andrews, Jr., MD

The Honorable Nancy Kassebaum Baker

James E. Burke

Robert E. Campbell

David R. Clare

Rheba de Tornay, EdD

Lawrence G. Foster

James R. Gavin, III, MD, PhD

Linda Griego

John J. Heldrich

The Honorable Thomas H. Kean

Edward E. Matthews

Jack W. Owen

Steven A. Schroeder, MD

John H. Steele, ScD

Gail L. Warden

Trustees Emeriti

Leighton E. Cluff, MD

Leonard F. Hill

Frank J. Hoenemeyer

John J. Horan

Norman Rosenberg, MD

Richard B. Sellars

William R. Walsh, Jr.

[RWJF Home Page](#)

[1997 Annual Report Home](#)

[Trustees](#)

[Mission](#)

[The Founder](#)

[Chairman's Statement](#)

[President's Message](#)

[1997 Goals Update](#)

[Distribution of 1997 Funds](#)

[1997 Grants and Contracts](#)

[Financial Statements](#)

[Secretary's Report](#)

[Officers and Staff](#)

[Selected Bibliography](#)

Trustees

Board of Trustees

Sidney F. Wentz, Chairman

Edward C. Andrews, Jr., MD

The Honorable Nancy Kassebaum Baker

James E. Burke

Robert E. Campbell

David R. Clare

Rheba de Tornyay, EdD

Lawrence G. Foster

James R. Gavin, III, MD, PhD

Linda Griego

John J. Heldrich

The Honorable Thomas H. Kean

Edward E. Matthews

Jack W. Owen

Steven A. Schroeder, MD

John H. Steele, ScD

Gail L. Warden

Trustees Emeriti

Leighton E. Cluff, MD

Leonard F. Hill

Frank J. Hoenemeyer

John J. Horan

Norman Rosenberg, MD

Richard B. Sellars

William R. Walsh, Jr.

Mission Statement

THE ROBERT WOOD JOHNSON FOUNDATION

was established as a national philanthropy in 1972 and today is the largest US foundation devoted to health care. Our mission is to improve the health and health care of all Americans, and we concentrate our grantmaking in three areas:

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

The Founder



Robert Wood Johnson
1893-1968

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 imperishably in the disposition of his own immense fortune. He left virtually all of it to the foundation that bears his name, creating one of the world's largest private philanthropies.

The Chairman's Statement



Sydney F. Wentz

LEARNED CHANGE: LESSONS OF 25 YEARS

This past year, The Robert Wood Johnson Foundation marked its 25th year as a national philanthropy. At 25 years, we are a relatively young institution. But the field in which we work is very different from when Gus Lienhard, the Foundation's first chairman of the board, recruited David Rogers to be the Foundation's first president.

What have changed since 1972 are some of the fundamentals of how we organize, finance and deliver care in America. In our country, the logic and forces of the market are driving the health care delivery system, using managed care as the organizing tool to impose efficiencies and pursue savings. This choice did not come without struggle, a consequence of which is that health care is now highly politicized. I believe it will remain so for a long time to come.

In the face of such dramatic change, one might expect our programs and approaches to look quite different. But in many ways, we look the same, which is a testament to the vision of all those who preceded us on the board and the staff. We have maintained our focus on the needs of the under-served. We have continued a number of core programs from our earliest days, most notably the Clinical Scholars Program. We have continued to develop competitive, multisite programs because we believe they are the best way to achieve a large pool of high-quality applicants, level the grant making playing field and test new ideas. Moreover, because we believe that progress on problems should be data-driven, we have continued to emphasize evaluation and communications.

Our mission—to improve the health and health care of all Americans—has also stood up well. Nevertheless, there have been changes in our goals and strategies.

Some changes result from the lessons we have learned by sticking with a specific problem over time. Since our earliest days, we have worked to increase the supply and improve the distribution of primary care providers, e.g., generalist physicians, nurse practitioners and physician assistants. Our tenacity has allowed us to surround the problem with a variety of approaches. We now work not only with schools of health professions, but also with high schools, provider groups, communities and state agencies. Now that the market has brought about an explosion in the number of primary care professionals, we have begun to focus more specifically on improving their distribution to under-served areas. Our new Southern Rural Access Program is an example of such an effort. (See the [Access Goal update](#) for a description.)

Other changes result from our response to emerging and newly identified problems. One example is our goal of improving the way services are organized and provided to people with chronic health conditions. We adopted this goal in 1991 because we recognized that our health care system, which already over-emphasized the delivery of acute care services, would see dramatically increased demands for chronic care as the baby boom generation ages.

Still other changes result from the development of our understanding of the role a

philanthropy can play in addressing problems. For one thing, a philanthropy can work to help the nation achieve consensus where none exists, as Steven Schroeder discusses in his President's Message. Also, we have come to understand that some threats to health can best be addressed locally by the communities experiencing them. In these cases, instead of testing a specific solution, a foundation can provide a community with resources and a structure through which dedicated men and women can work towards a solution that works for them. Our investments in support of community groups addressing the problems of substance abuse are excellent examples.

Another role a philanthropy can play is to try to get out ahead of problems. To mark our 25th anniversary, we commissioned The Institute for the Future to project what health care in America would look like in the year 2010. This is the second time the Institute has made forecasts for us. Its first, in 1987, predicted that the nation would not adopt a national health insurance program similar to those in Britain and Canada, and that managed care plans would have 50 percent of the market by the year 2000. While the researchers were correct on those points, they also forecast a decline in medical school applications (applications rose from 31,323 in 1986 to 46,968 in 1996). On the whole, however, the Institute's foresight was good.

Its new forecast presents three scenarios for the year 2010: pessimistic, intermediate and optimistic. The Institute believes that we will be closest to the projections of the incremental, intermediate forecast. Under the intermediate scenario, in 2010, 47 million Americans will not have health insurance; safety-net providers who care for many of our most vulnerable citizens will continue to scramble to patch together sufficient funding for services; and health care cost inflation will be largely controlled, with annual increases only slightly higher than the rate of inflation.

Between now and 2010, we, our grantees and many others in the health field will be working very hard to shift the country toward a more optimistic future—where the reality of 2010 is even better than the forecast.

Sidney F. Wentz,

Chairman, Board of Trustees

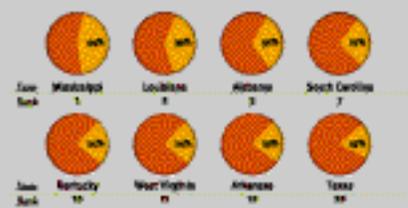
[RWJF Home Page](#)

[1997 Annual Report Home](#)

Trustees	Mission	The Founder	Chairman's Statement	President's Message	1997 Goals Update
Distribution of 1997 Funds	1997 Grants and Contracts	Financial Statements	Secretary's Report	Officers and Staff	Selected Bibliography



[National Ranking by Percent of Population Living in Primary Care Physician Shortage Areas for Southern Rural Access Program States](#)



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

In 1997, the federal government allocated \$24 billion for children's health insurance coverage. The bipartisan legislation is intended to improve access to care for millions of American children. Yet, the target population for this significant effort is relatively narrow, and millions of Americans remain without coverage. For millions more, coverage is not the issue, but access to adequate care is.

In the rural South, inadequate coverage and inadequate access to care have been pervasive and persistent problems. So this past year, we authorized \$14.5 million for the first phase of an intensive, long-term effort to improve access to health care services in eight states (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, eastern Texas and West Virginia). Building on lessons from previous Foundation programs, the **Southern Rural Access Program** will help the states develop a cadre of students in the health professions who are committed to becoming leaders in primary care in rural underserved areas. The program also will assist states to recruit and retain primary care providers; to develop rural health networks; and to finance infrastructure improvements.

We also authorized up to \$16.8 million to replicate a program in Hillsborough County, Fla., that has provided a community-wide safety net for low-income people. Up to 12 communities will receive grants to help them improve access for uninsured and under-insured people; to rethink the financing and organization of safety-net services to be more efficient and user-friendly and to raise the visibility of the problems of the uninsured.

Another initiative addressing the access problems of the uninsured, approved in 1997, takes a more general, more basic approach. **The Access Project** is a three-year, \$9.75 million technical assistance program to help communities across the country protect or improve access to care for uninsured and under-insured people. The project will identify innovative strategies for improving access; help community leaders understand their local situation; and educate the broader community about access-to-care problems.

Continuing the work of an existing program, the Foundation approved a second phase of **All Kids Count**, our national program to develop registries in order to increase immunization rates. Though the program is seen nationally as a leader in the development of immunization monitoring and follow-up systems efforts, no site has yet implemented a registry enrolling 100 percent of the birth cohort and providers in its target area. This new round of All Kids Count authorizes \$7.5 million over three years to help up to 16 of the strongest sites complete their registries, and to help the national program office provide technical assistance to other registry efforts across the country.

In public health, the Foundation approved two new major efforts in 1997. **The Public Health Pipeline Project** is a six-year, \$2 million initiative to expand middle and high school students' understanding of the role of public health in their lives and increase

their awareness of and interest in careers in public health.

We also provided \$1.1 million for the American Public Health Association and the American Medical Association to work together to stimulate and strengthen collaborative efforts between local medical and public health professionals. Such efforts could include, for example, a project between a county medical society and local health department to address the health needs of under-insured people or cross-training opportunities for students of each discipline.

The Foundation also approved a new, two-year, \$35 million authorization to continue the work of our **Health Tracking** initiative, our effort to help the country understand changes in the health system and their effects on people. The funds will support the second wave of a longitudinal study of system changes in 60 communities across the nation, and a special study on variations in the quality of care in 12 more intensively studied communities.

And, in the area of work force development, the Foundation approved a new national fellowship program for outstanding nurse executives. Authorized for six years, the **RWJF Executive Nurse Fellows Program** is designed to prepare a cadre of nurse executives for leadership roles in the three domains of nursing: clinical service, education and public health.

In 1998, the Foundation plans to continue its efforts to expand the availability of health care insurance to more Americans, while maintaining its efforts for children and beginning to develop strategies to expand coverage for the working uninsured. We also plan to develop a more specific strategy with regard to the safety net for the uninsured, and to increase the amount of analytical work focusing on longer-term trends in health care (including the future of the Medicare program, trends in employer-based coverage and the structure of the insurance market) and on what those trends hold for coverage and access to care.

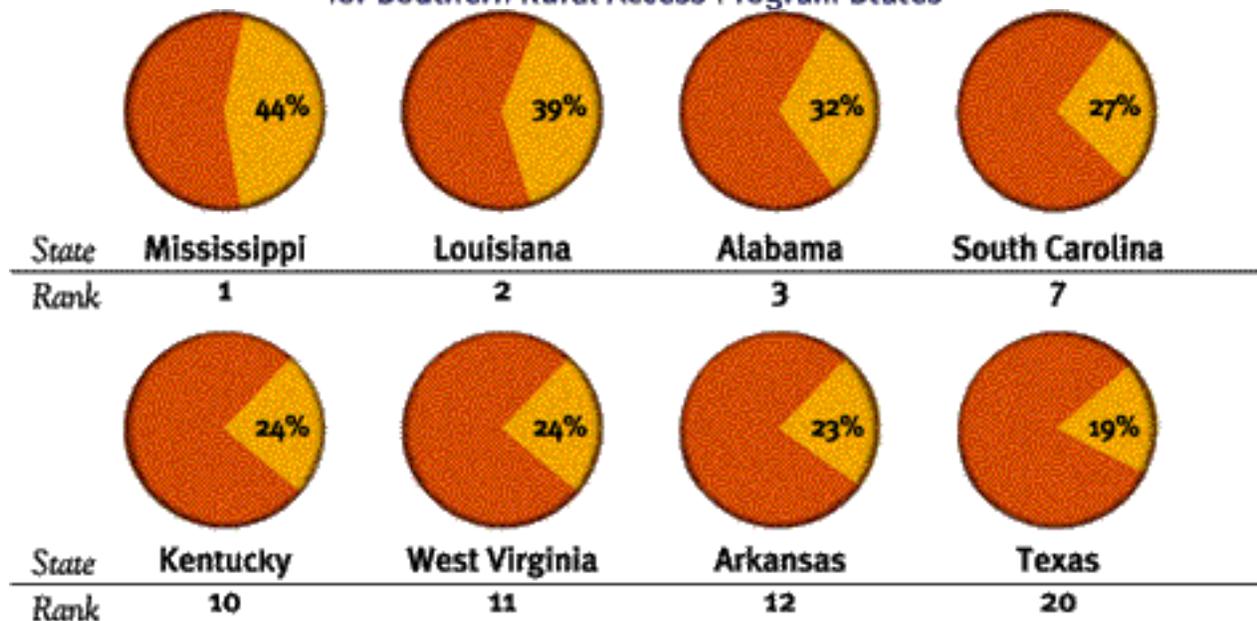


Access Goal

Chronic Care Goal

Substance Abuse Goal

National Ranking by Percent of Population Living in Primary Care Physician Shortage Areas for Southern Rural Access Program States



Note: The Division of Shortage Designation defines primary care physicians as those in General Practice, Family Practice, General Internal Medicine, Pediatrics and Obstetrics-Gynecology. Sources: Unpublished data, 12/31/97; Division of Shortage Designation, Bureau of Primary Care, Health Resources and Services Administration, US Department of Health and Human Services. State Population Estimates. (1997). In Statistical Abstract of the United States 1977 [Online].

Available: http://www.census.gov/stat_abstract/part6.html [1998, January 6].

1997 Goals Update



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

In 1997, the federal government allocated \$24 billion for children's health insurance coverage. The bipartisan legislation is intended to improve access to care for millions of American children. Yet, the target population for this significant effort is relatively narrow, and millions of Americans remain without coverage. For millions more, coverage is not the issue, but access to adequate care is.

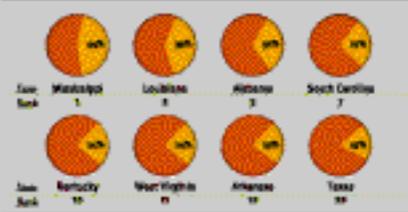
In the rural South, inadequate coverage and inadequate access to care have been pervasive and persistent problems. So this past year, we authorized \$14.5 million for the first phase of an intensive, long-term effort to improve access to health care services in eight states (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, eastern Texas and West Virginia). Building on lessons from previous Foundation programs, the **Southern Rural Access Program** will help the states develop a cadre of students in the health professions who are committed to becoming leaders in primary care in rural underserved areas. The program also will assist states to recruit and retain primary care providers; to develop rural health networks; and to finance infrastructure improvements.

We also authorized up to \$16.8 million to replicate a program in Hillsborough County, Fla., that has provided a community-wide safety net for low-income people. Up to 12 communities will receive grants to help them improve access for uninsured and under-insured people; to rethink the financing and organization of safety-net services to be more efficient and user-friendly and to raise the visibility of the problems of the uninsured.

Another initiative addressing the access problems of the uninsured, approved in 1997, takes a more general, more basic approach. **The Access Project** is a three-year, \$9.75 million technical assistance program to help communities across the country protect or improve access to care for uninsured and under-insured people. The project will identify innovative strategies for improving access; help community leaders understand their local situation; and educate the broader community about access-to-care problems.

Continuing the work of an existing program, the Foundation approved a second phase of **All Kids Count**, our national program to develop registries in order to increase immunization rates. Though the program is seen nationally as a leader in the development of immunization monitoring and follow-up systems efforts, no site has yet implemented a registry enrolling 100 percent of the birth cohort and providers in its target area. This new round of All Kids Count authorizes \$7.5 million over three years to help up to 16 of the strongest sites complete their registries, and to help the national program office provide technical assistance to other registry efforts across the country.

National Ranking by Percent of Population Living in Primary Care Physician Shortage Areas for Southern Rural Access Program States



In public health, the Foundation approved two new major efforts in 1997. **The Public Health Pipeline Project** is a six-year, \$2 million initiative to expand middle and high school students' understanding of the role of public health in their lives and increase their awareness of and interest in careers in public health.

We also provided \$1.1 million for the American Public Health Association and the American Medical Association to work together to stimulate and strengthen collaborative efforts between local medical and public health professionals. Such efforts could include, for example, a project between a county medical society and local health department to address the health needs of under-insured people or cross-training opportunities for students of each discipline.

The Foundation also approved a new, two-year, \$35 million authorization to continue the work of our **Health Tracking** initiative, our effort to help the country understand changes in the health system and their effects on people. The funds will support the second wave of a longitudinal study of system changes in 60 communities across the nation, and a special study on variations in the quality of care in 12 more intensively studied communities.

And, in the area of work force development, the Foundation approved a new national fellowship program for outstanding nurse executives. Authorized for six years, the **RWJF Executive Nurse Fellows Program** is designed to prepare a cadre of nurse executives for leadership roles in the three domains of nursing: clinical service, education and public health.

In 1998, the Foundation plans to continue its efforts to expand the availability of health care insurance to more Americans, while maintaining its efforts for children and beginning to develop strategies to expand coverage for the working uninsured. We also plan to develop a more specific strategy with regard to the safety net for the uninsured, and to increase the amount of analytical work focusing on longer-term trends in health care (including the future of the Medicare program, trends in employer-based coverage and the structure of the insurance market) and on what those trends hold for coverage and access to care.

1997 Goals Update



To improve the way services are organized and provided to people with chronic illnesses.

Market forces continued to reshape the health care delivery system in 1997, and Congress passed legislation reforming Medicare, in part injecting more consumer choice into the program. Still, our nation's health care delivery system remains structured around acute care, not the long-term needs of chronically ill people.

The 1997 Medicare legislation did not address the program's long-term challenges and sustainability. In February, a conference organized by the Council on the Economic Impact of Health System Change examined critical issues in Medicare's future, and the National Academy of Social Insurance received a \$998,542 renewal award for a comprehensive study of Medicare.

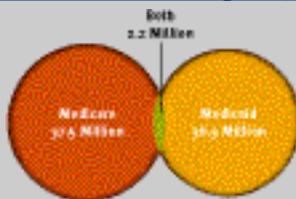
The Foundation made a \$773,644 grant to George Washington University to study the health care implications of the 1996 Welfare Reform Act. These changes may affect Medicaid recipients with long-term care needs. Many elderly people are covered under both. The Foundation's **Medicaid/Medicare Integration Project** awarded nine new grants in 1997 totaling \$2.36 million. The program integrates long-term and acute care services under combined Medicare and Medicaid capitation payments.

In this changing environment, making critical health care choices can be daunting. So in 1997, the Foundation authorized \$5.5 million to support an information clearinghouse on Medicare choices. The clearinghouse will assist organizations attempting to teach Medicare beneficiaries how to navigate the health care system. In addition, two previously authorized national programs involving consumer choice and support for individuals with chronic conditions awarded grants in 1997: **Independent Choices** -- a program fostering consumer-directed home- and community-based services -- made 13 grants totaling \$2.99 million; **Self-Determination for Persons with Developmental Disabilities** -- which assists states and communities to transition to systems of long-term support, while allowing developmentally disabled people and their families more choice in selecting services -- awarded 18 grants totaling \$4.98 million.

Caregivers, usually family members of chronically ill people, require support and respite and will receive both under a grant to the Rosalynn Carter Institute at Georgia Southwestern State University. Further, as the number of chronically ill people requiring informal care increases, the pool of potential caregivers is in decline. To help address this need for assistance with daily activities, the Foundation continued to support **Faith in Action**, which enables communities of faith to provide volunteer services for people with disabilities. In 1997, the Foundation funded 307 new projects, bringing the total number of Faith in Action grantees to 804.

Many of the Foundation's 1997 activities in the chronic care arena focused on efforts to improve care at the end of life. Grants to the City of Hope National Medical

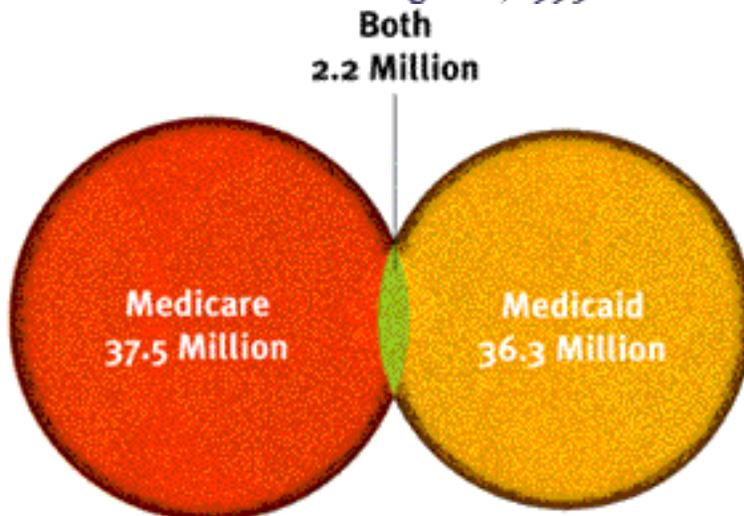
Number of Beneficiaries in Medicare, Medicaid and in Both Programs, 1995



Center, Duarte, Calif., to improve nursing education in pain management and to the American Medical Association for a training program for physicians were awarded to improve professional education. A new \$12 million initiative, **Promoting Excellence in End-of-Life Care**, was authorized to support innovative models of service delivery. Also authorized was a program of state-based initiatives to improve care of the dying, which made up to \$11.25 million available to support the work of state-level commissions and task forces established to improve end-of-life care policies and practices. The Foundation renewed support for Last Acts, a national campaign to raise awareness of the need to improve end-of-life care and develop strategies to do so through a network of task forces and committees drawn from consumer, medical and professional organization representatives. The campaign is using conferences, newsletters and a highly interactive Web site, www.lastacts.org, to keep the public and professionals informed. *Before I Die*, an RWJF-funded television program, aired on PBS in April. The program featured an expert panel in a dramatic discussion on end-of-life situations, and was accompanied by substantial community-based outreach to foster discussions nationally.

What lies ahead for the 100 million Americans dealing with a chronic illness? The answer is not yet evident, but with the number of chronically ill people expected to rise, the need to develop strategies to address the increasing demand for services is imperative. The Foundation's investments under its chronic care goal are intended to help by improving the practice of disease management; by increasing communities' capacity to deliver supportive services; and by enlarging the numbers of people who receive high-quality palliative care at the end of life.

Number of Beneficiaries in Medicare, Medicaid and in Both Programs, 1995



Note: Medicare provides health insurance to people age 65 and over, those who have permanent kidney failure and certain people with disabilities; Medicaid provides health insurance to certain low-income and needy people, including children, the aged, blind, and/or disabled and people who are eligible to receive federally- assisted income maintenance payments.

Source: Tables 136, 138 and 140. *Health, United States, 1996-97 and Injury Chart Book.* Hyattsville, MD: National Center for Health Statistics, 1997, pp-270, 272 and 274.

[Return to Goal Updates](#)

1997 Goals Update



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

Substance abuse policies and programs, particularly in the areas of tobacco and alcohol, are going through a period of rapid change. The trend accelerated in 1997 with the proposed \$368.5 billion settlement between State Attorneys General and the tobacco industry, the public outcry resulting from the tragic alcohol-caused deaths of students at a number of prominent colleges and a new national anti-drug media campaign by the federal government using television ads to *un-sell* drugs to kids.

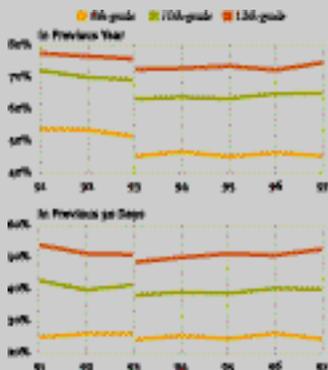
In this changing environment, the Foundation launched **Surveillance of Youth Alcohol, Tobacco, and Other Drug Use**, a \$20.5 million national program to be conducted by the University of Illinois-Chicago and the University of Michigan Institute for Social Research. The program will enable investigators to compile information on public policies, programs, media and other environmental influences in an attempt to learn which of these have the most impact on increasing and discouraging youth substance abuse. We also renewed our support for two efforts: the **Substance Abuse Policy Research Program** -- \$18 million for three years to continue funding experts in areas such as public health, law and criminal justice -- and \$5.9 million to the National Center on Addiction and Substance Abuse at Columbia University for three years to continue its leadership in defining substance abuse and addiction as a major societal problem.

To understand more about the impact of underage drinking, we awarded a grant of \$370,931 to Michigan State University to track the dissemination of liquor advertising and to examine its effects on youth consumption. We also awarded a \$1.8 million five-year grant to Mathematica Policy Research, Inc. for state surveys on public attitudes on underage drinking to support our national program, **Reducing Underage Drinking Through Coalitions**.

We continue to learn more about how to reduce substance abuse among the prison population. We awarded \$3.1 million over six years to Mathematica to evaluate the impact of Health Link, a Foundation-funded comprehensive program to reduce drug and alcohol abuse among jail inmates, to see if the model can reduce substance abuse and criminal recidivism among women and adolescent males.

Continued efforts were made in partnership with professional sports organizations to communicate the message that tobacco use is not part of athletics. We awarded a \$3.5 million renewal grant to Oral Health America, America's Fund for Dental Health, for its National Spit Tobacco Education Program with Major League Baseball to expand efforts to include Minor League and Little League baseball. Other efforts are already under way with professional football (the Jacksonville Jaguars) and basketball (the New Jersey Nets). We also sought to enlist adults who serve as coaches or volunteers in sports programs to help reduce youth substance

Trends in the Percentages of 8th-, 10th- and 12th-graders Reporting any Alcohol Use.



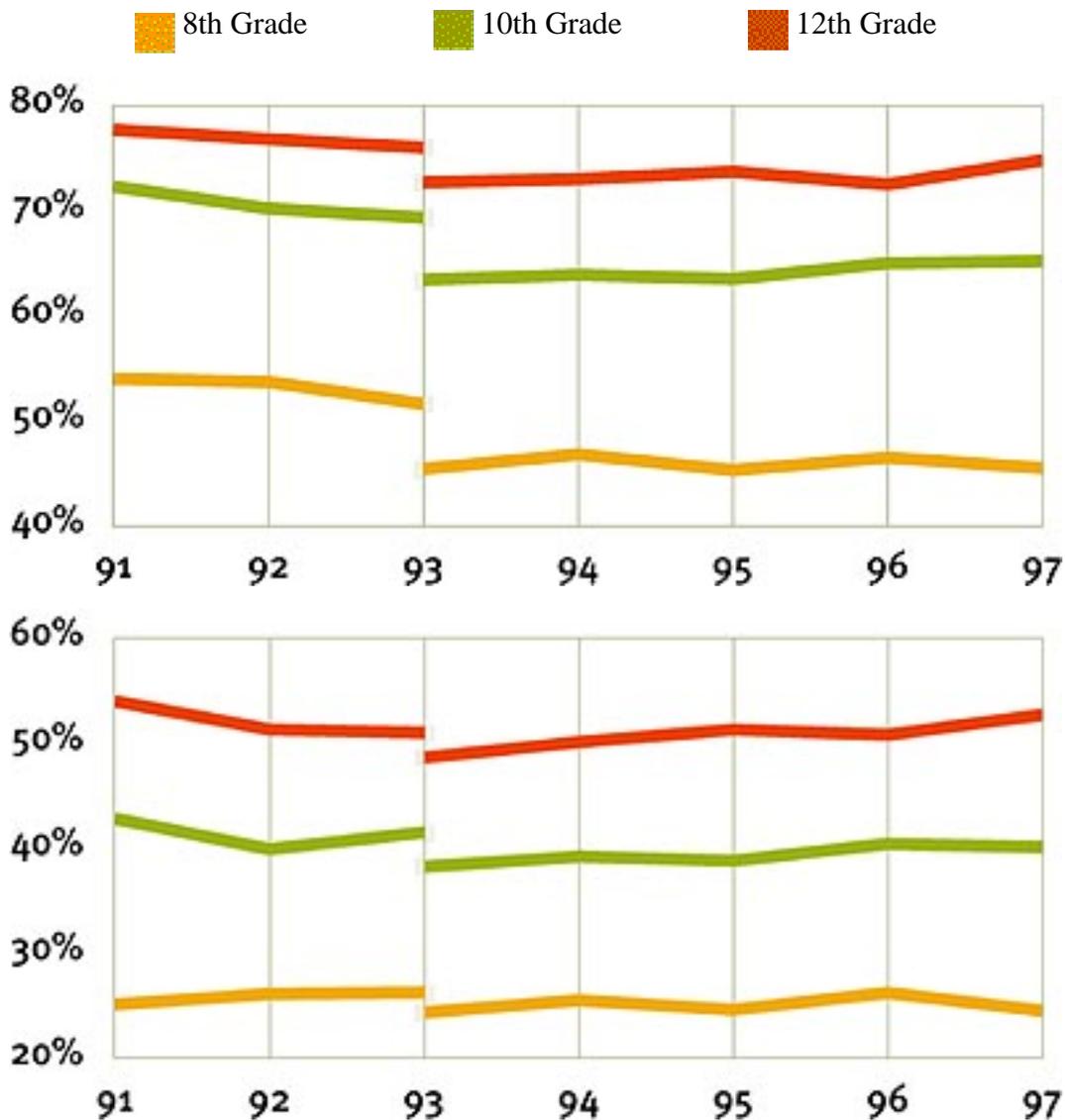
abuse through a \$99,491 grant to USA Track & Field that targets 8- to 14-year-olds.

In an effort to encourage diversity in the substance abuse field, and to understand the impact of tobacco and alcohol marketing on ethnic and racial populations, we awarded a \$195,000 grant to the National Committee for Responsive Philanthropy to examine the effects of corporate contributions to ethnic/racial organizations and to identify possible alternative funding sources. The low use rates of tobacco, alcohol and other drugs among African-American college students provide the impetus for a \$496,641 two-year grant to the National Black Women's Health Project. The project will link students and faculty at historically black colleges with community partners in order to promote and reinforce low use rates of alcohol, tobacco and illicit drugs in the surrounding community.

We continued to explore new ways of using media and technology as vehicles to communicate information about substance abuse. We awarded a \$50,000 grant to Population Communications Inc. for a Soap Opera Summit with writers and producers to examine new ways to accurately and responsibly portray substance abuse problems in their programs. On the technology side, we awarded a \$499,716 grant to Community Anti-Drug Coalitions of America for the development of an innovative interactive video on substance abuse that allows players to become the lead character in a movie and make decisions about the use of alcohol and illegal drugs.

As the nation continues to search for solutions to the problem of substance abuse, particularly among youth, we will focus our efforts on supporting interventions that work to prevent or delay the use of tobacco, alcohol and other drugs among youth and young adults, to improve the capacity of various community, health and other systems to identify and treat those with substance abuse problems and to employ communications strategies to increase the public's understanding of the harm caused by substance abuse and its commitment to do something about it.

Trends in the Percentages of 8th-, 10th- and 12th-graders Reporting any Alcohol Use



Note: In 1993, the question on alcohol use was changed; half of the students surveyed in 1993 received the question with the original wording and half received the revised wording. From 1994-97, only the revised wording was used

Source: Johnston, L.D., O'Malley, P.M., Bachman, J.G. Table 1b —Trends in Annual and 30-Day Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. (1997). In *The Monitoring The Future Study [Online]*. Available: <http://www.isr.umich.edu/src/mtf/pr97t01d.html> [1997, December 20].

The President's Message

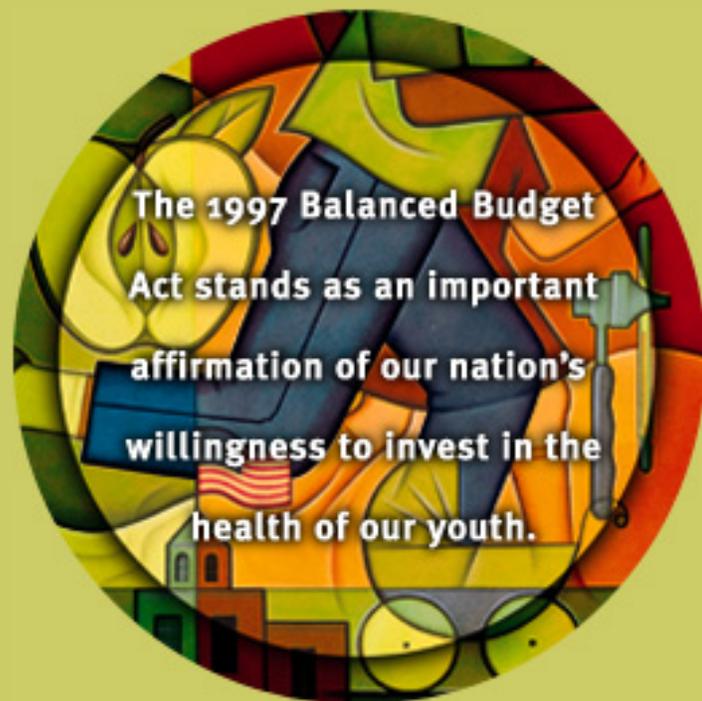


Steven A. Schroeder, MD

INFORMING DEBATE: A PRIVATE ROLE IN PUBLIC ISSUES

This past year, the Foundation's 25th as a national philanthropy, was unusual in that it featured spirited national debate about four separate health issues that are central to our grant making: expanding health insurance for uninsured children; improving care at the end of life; proposed tobacco control legislation and special opportunities for minority students. In each case, the Foundation's engagement with the issue preceded — sometimes by as much as decades — its emergence as so public a concern. Our grantees' involvement in these debates ran the gamut. In the expansion of health insurance for children, none of them played a direct role in the legislation that was eventually passed. In the proposed tobacco control settlement, by contrast, grantees not only were central to the debate, they occupied opposing positions. Taken together, however, these issues provide a window into the workings of The Robert Wood Johnson Foundation and an opportunity to discuss why and how we get involved in an area.

EXPANDING HEALTH INSURANCE FOR CHILDREN



nique among developed countries, the United States does not guarantee basic health insurance coverage to all its citizens. The reasons, while complicated, have a lot to do with Americans' distrust of government as a solver of social issues; with our national proclivity to value the principles of entrepreneurialism over solidarity; and with our perceptions of just who is uninsured.¹

Still, the number of uninsured Americans continues to rise, despite a booming economy and record low unemployment. The traditional link between employment and health insurance is fraying, and the absolute number of uninsured people has risen from about 34 million in 1988 to an estimated 44 million in 1998. At the same time, because of intensifying price competition, hospitals and physicians feel it is more difficult to provide uncompensated care to indigent patients. State and local tax policies are squeezing the traditional providers of last resort—city and county hospitals and community clinics. Thus, many people in the United States—most of them in families employed in low-paying jobs—now face a double health threat: no health insurance and uncertain charity care.

Despite this obvious and growing need, one consequence of the failed Clinton health plan is that politicians now believe that trying to expand health insurance coverage is politically dangerous. Nevertheless, Foundation staff, led by then-Executive Vice President Richard C. Reynolds, MD, and Robert G. Hughes, Ph D, floated the idea of incremental health insurance expansion for children. They hoped this idea would be attractive because, by focusing on children, it avoided the issue of whether the uninsured were "deserving," because the costs would be much lower than for a comparably sized population of adults, and because it could be accomplished under existing administrative mechanisms, such as expanding Medicaid or Medicare. Along with other staff, the two visited a number of Washington health policy experts in the spring and summer of 1995 to test whether this idea had any chance of congressional consideration. The unanimous response was: "No way!"

Undeterred, they wrote an article explaining the idea for the Summer, 1995 issue of *Health Affairs*, and several concept pieces that described four different ways of insuring all children were commissioned and published.^{2,3} To generate some new ideas and broaden our experience, the Foundation also developed a national program specifically aimed at improving health care for children: **Healthy Kids**—approved in 1996, a \$3 million national replication of a model Florida program that relied on a public-private partnership to subsidize health insurance for children enrolled in selected school districts.

Overlying this program is the Foundation's **State Initiatives in Health Care Reform** program, which began in 1991 and provides administrative and analytic support for 20 states that wish to expand health insurance coverage and control costs. The program is not aimed at any specific age group, but many states chose to expand coverage for women and children as a first step. State Initiatives helped to keep alive the state-based momentum for reform that was stalled during the 1993 – 94 debate over the Clinton health plan.

Between 1995 and 1997, several things happened. The economy boomed, and rising tax receipts lowered the federal budget deficit, thereby making feasible an agreement on a balanced budget. The potential tobacco settlement strengthened the possibility of new government spending programs by answering the difficult question of where the money might come from. And, since the "natural" application of such money seemed to be in the health arena, public discussion of how to use such funds ensued.

In the end, what had seemed quite impossible in 1995 became a reality in 1997 —

bipartisan political support for the largest potential expansion of health insurance since the enactment of Medicare and Medicaid in 1965. The 1997 Balanced Budget Act provided \$24 billion in federal matching funds over five years to enable the states to enroll children in health insurance plans — either Medicaid or a state-designed alternative.

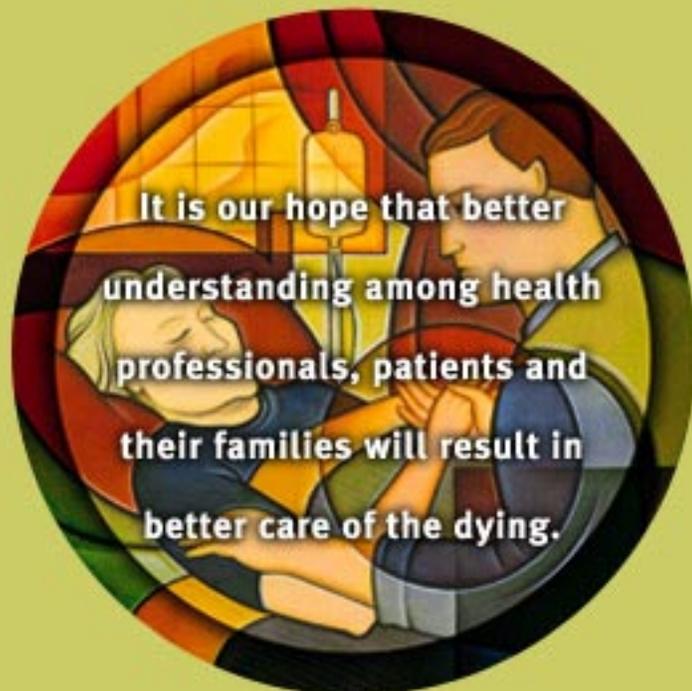
In retrospect, I cannot ascertain precisely what role, if any, the Foundation played in this improbable outcome. At the very least, we provided some programmatic and intellectual leadership to keep alive a seemingly unpopular cause. But many challenges remain. First, the federal legislation alone does not guarantee the expansion of insurance coverage. Not surprisingly, already we see wide variation among states in how prepared and interested they are in responding to this opportunity. Much hard work remains in identifying eligible children and in simplifying enrollment procedures. To that end, the Foundation has developed anew \$13 million program — **Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children** — to support up to 15 state-based coalitions that will identify eligible children and enroll them into existing coverage options.

The second challenge is that the mere provision of health insurance for children does not automatically guarantee them access to medical care, much less "health." In many instances, other barriers, such as geographical distance, transportation, language or cultural patterns, or the complicating circumstances of poverty, come between a family and its receipt of needed medical care — even for those who are insured.

Third, for many of the problems that impair the health of the general public, medical care is not the best remedy. The best way to reduce harm from substance abuse, violence, unintended pregnancies and sexually transmitted diseases is not to provide more medical care, but rather to strengthen families, neighborhoods, schools and spiritual communities.

These three challenges notwithstanding, the passage of the 1997 Balanced Budget Act, with its provisions to expand health insurance for children, stands as an important affirmation of our nation's willingness to invest in the health of our youth.

IMPROVING CARE AT THE END OF LIFE



In contrast to improving access to care — which has been a long-standing interest of the Foundation and is currently one of our three explicit program goals — care at the end of life is a relatively new issue. Our interest began in the late 1980s, when former Foundation president Leighton Cluff, MD, and former senior program officer Carolyn H. Asbury, Ph D, were concerned about the quality of care for patients with critical, often terminal, illnesses.

What grew out of this concern was an eight-year, five-site, \$28 million effort, developed jointly by William A. Knaus, MD, and his colleague Joanne Lynn, MD, that became known as SUPPORT (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments). SUPPORT's first phase documented that many patients, though receiving state-of-the-art medical treatment, had serious shortcomings in care. Pain control was inadequate. Those who died typically spent their last days hooked up to machines in intensive care units, sometimes in spite of earlier requests to avoid heroic care. Doctors were unaware of patients' preferences for care, and patients (and families) didn't talk about them with the medical team. Experts agreed there were two reasons for these problems: inadequate information on prognosis for doctors and poor physician-family communication.

Phase two of SUPPORT tested interventions that would improve things. To the great disappointment of all the investigators — and ourselves — they did not. As documented in the researchers' widely discussed paper published in the *Journal of the American Medical Association*, patients receiving these extra services did no better than the control patients.⁴ They still died in pain, in "bad states," and with their prior wishes unrecognized and unsupported.

SUPPORT's findings caused such a stir, in part because they resonated with the experience of many Americans whose family members had died in hospitals under horrifyingly similar circumstances. Indeed, popular concern over the circumstances of dying has manifested in state initiatives to allow physician-assisted suicide, and in the inability to convict Dr. Kevorkian for his well-documented "mercy killings." Faced with the findings of SUPPORT and the realization that the issue of death and dying was of great importance to the American public, the Foundation embarked on a campaign that would improve the level of dialogue about this issue and reinforce approaches that might make things better.

The result was "Last Acts," a multi-program effort that has three major goals: improving professional education so that physicians, nurses, clergy and other groups will become better at communicating with patients about end-of-life issues and at providing high-quality palliative care; changing the institutional environment to eliminate legal, organizational and financial barriers to better care; and changing public expectations so that patients and their families will be more comfortable discussing these issues with each other and with their care team.

In addition, we are committed to improving the research base for future action, for monitoring changes in care and for assessing quality. The intent is to make more widely available the kinds of choices about death that were available to Jacqueline Kennedy Onassis, who chose to die at home in the company of loved ones when she realized that no further treatment was appropriate for her lymphoma.

The Last Acts Campaign, chaired by former first lady Rosalynn Carter, and our related efforts have resulted, to date, in two national programs and 44 individual grants — amounting to more than \$48 million. The programs range from a Fred Friendly seminar broadcast on PBS, to a national program to promote excellence in end-of-life care, to

improving medical and clinical textbooks, to examining state legal barriers that inhibit the administration of adequate pain medication to dying patients. The Soros Foundation's Project on Death in America, the American Medical Association, the American Hospital Association, the Department of Veterans Affairs and many local hospices are among the more than 100 Last Acts partners.

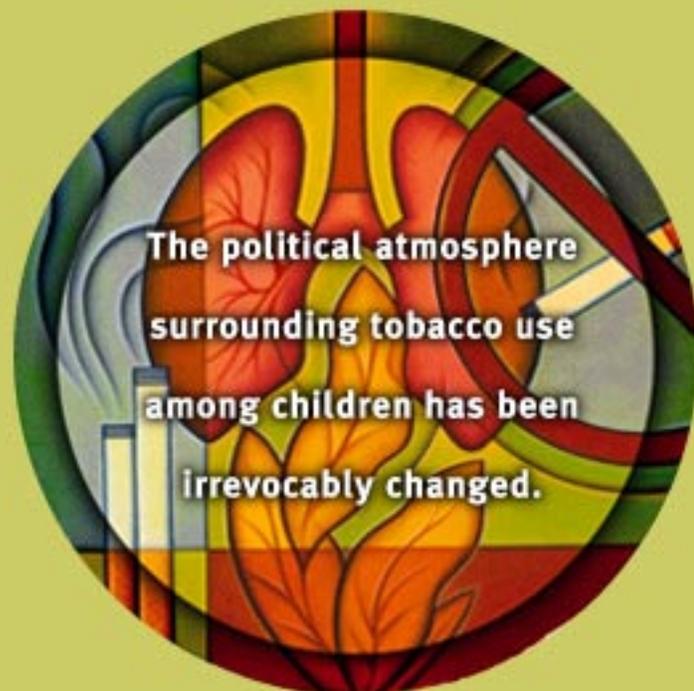
Though at first glance the challenge of opening up a national dialogue about choices in the dying process might seem daunting, there is historical precedent for optimism. Not so very long ago, a patient who was diagnosed with cancer was shielded from that information by both her family and the doctor. During my professional lifetime this practice has been dramatically reversed, and now patients are not only told their diagnosis, but in most circumstances also participate in decisions about therapy. I believe that a similar climate change can occur around the issue of death and dying.

What about physician-assisted suicide? This issue was in the headlines this year when the Supreme Court refused to establish a constitutional right to assisted suicide in cases arising from New York and Washington states. Further, the Court appeared to establish a new standard of care, "a right not to suffer," when death is imminent.

I am often asked whether the Foundation has a position on physician-assisted suicide. The answer is that we do not. In our view, the public interest in physician-assisted suicide is symptomatic of the current dismal reality reflected in the SUPPORT results. People are desperately worried that they may lose control of their own deaths, may be subject to uncontrolled pain, may be abandoned, or may become both a financial and physical burden on their loved ones.

At this stage, it is too early to assess the impact of the Foundation's programs on care at the end of life. We do believe that the keen public interest in this issue provides our grantees with an attentive audience. It is our hope that Last Acts and other similar activities will result in better practices among health professionals, better understanding among patients and their families and ultimately, in better care of the dying.

THE TOBACCO SETTLEMENT



Reducing the harm from tobacco use has been a central theme of the Foundation's programs on substance abuse since 1991, with particular focus on preventing children from starting to smoke. Tobacco is the number one preventable cause of death and disability in the United States (as well as in the entire world). It accounts for over 400,000 deaths per year in this country alone.⁵

During the past six years we have supported 159 grants in the tobacco area — beginning with our first such grant to STAT (Stop Teenage Addiction to Tobacco) and including research on tobacco policy issues, support for state coalitions to reduce tobacco, a partnership with major league baseball to reduce the use of spit tobacco, promulgation of smoking cessation guidelines to clinicians and the establishment of **The National Center for Tobacco-Free Kids**. In addition, tobacco programs have been important components of the Foundation-supported National Center on Addiction and Substance Abuse at Columbia University and the national resource center, Join Together.

Concurrently, there has been good news and bad news from the tobacco front. The good news is that heart disease death rates have fallen and lung cancer death rates have stabilized, reflecting a population-wide decline in adult smoking, although there are some signs now that the decline is tapering off. Also encouraging is the increased public support for reducing the use of tobacco, as reflected in public opinion polls and in the willingness of politicians of both parties to consider tobacco taxes — one of the most effective ways to reduce youth tobacco use — as a way to generate revenue for such programs as expanding health insurance coverage for children.

The changed political attitudes about tobacco represent a remarkable turnaround from only a few years ago. Why did this occur? It resulted from a combination of factors: the cumulative impact of overwhelming scientific evidence of the medical harm caused by tobacco use; the growing number of state and class-action lawsuits against the tobacco industry; new information linking second-hand smoke to increased health risks for children; exposure of the duplicity of tobacco companies, as dramatized by the 1994 congressional testimony of tobacco executives that nicotine is not addictive and by the disclosure of the Brown and Williamson tobacco documents in the *Journal of the American Medical Association*; constant media attention on the issues; the decision by the US Food and Drug Administration to include tobacco as a regulated drug; information demonstrating that increasing the cost of cigarettes will decrease their consumption, especially among youth; and the aggressive efforts of a growing cadre of community-based anti-tobacco advocates.

The bad news is that smoking rates among preteens and adolescents have risen steadily in the past five years after having declined impressively between 1975 and 1992. Though the reasons for this trend are unclear, the increase in youth smoking is of concern for two reasons. First, the addictive nature of nicotine transforms many experimenters into tobacco addicts. Virtually all adult smokers in the United States began before the age of 21. Second, the early use of cigarettes is a marker for experimentation with and sustained use of alcohol and illegal drugs. Rarely do you find a young (or old) user of cocaine or heroin, for example, who does not also use tobacco, alcohol and/or marijuana.

It was in this context that historic negotiations began in April 1997 among state Attorneys General and the tobacco industry. The National Center for Tobacco-Free Kids, a Foundation grantee, served as a key mediator in the talks, which quickly captured national attention. A \$368.5 billion settlement proposal was announced June 20, 1997.

Not surprisingly, the proposal unleashed a firestorm of controversy. Many in the public health community, including former US Food and Drug Administration Commissioner

David Kessler and former Surgeon General C. Everett Koop, whose advisory committee on tobacco policy and public health was supported through a Foundation grant, bitterly criticized the settlement as too lenient toward the tobacco industry, especially those features that would provide it with protection from class-action suits and deter the FDA from vigorous nicotine regulation. Proponents argued that this was an historic opportunity to harvest major resources for crucial programs that would limit youth smoking.

As with the debate over physician-assisted suicide, the Foundation has no official stand on the specifics of the settlement. Ultimately, this political issue will be resolved in the political process, with Foundation grantees represented on both sides of the argument. We would hope that whatever settlement results (as of this writing it appears doubtful that any agreement will be reached soon) will serve to deter youth from smoking.

In the case of the proposed tobacco settlement, it appears that the Foundation was one of a number of actors that elevated the prominence of tobacco as a national policy issue. It accomplished this by funding research, policy analysis, public opinion polls and articulate spokesmen who could highlight the health risks of smoking as well as the addictive nature of tobacco. In addition, The National Center for Tobacco-Free Kids helped to broker the settlement itself. Whatever the fate of that settlement, it is clear that the political atmosphere surrounding tobacco use among children has been irrevocably changed. We are proud of our role in making that happen. This momentum will guide our work and fuel our commitment to preventing tobacco use among children and to pursuing effective ways to help people of all ages to stop smoking.

MINORITY STUDENTS AND ACCESS TO HEALTH CARE



Adequate representation of minority populations in the health professions, especially medicine and nursing, has long been a Foundation concern. This concern has rested on the assumption that minority physicians are more likely to provide services for minorities than their "majority" counterparts. This assumption was confirmed by two recent Foundation-supported studies. One found that California communities with high proportions of black and Hispanic residents were far more likely to have a shortage of physicians than were other communities. Furthermore, black physicians were much more likely to care for black patients, and Hispanic physicians for Hispanic patients than other physicians were.⁶ The second, based on a national survey, had similar findings.⁷

These studies suggest that we need adequate numbers of minority-group physicians to meet the health care needs of minority communities, the groups with the worst health status in this country. Yet these groups continue to be underrepresented in the medical profession. In 1995, blacks made up 12.7 percent of the US population but only 4.9 percent of the nation's physicians. For Hispanics, the percentages are 10.9 and 4.3, respectively.

The Foundation has sponsored a number of programs to try to redress this imbalance. We have given core support to historically black medical schools; provided scholarships for minority medical students; supported a program that encourages minority nursing assistants to move up the ladder and obtain RN degrees; awarded faculty fellowships to promising minority faculty of medical schools; provided summer enrichment experiences for minority pre-medical students and helped the Association of American Medical Colleges in its attempt to stimulate partnerships in science education between academic medical centers and local school systems.

Progress, however, has been slow. The percentage of students entering medical school who are black or Hispanic has increased only minimally over the past 10 years (from 6.2 percent in 1987 to 7.4 percent in 1996 for blacks, and from 5.3 percent to 6.9 percent for Hispanics), and still lags behind their percentage of the US population. The issue has taken on additional complexity with the recent politicization of affirmative action programs. These programs are based on the assumption that certain minority populations in the United States are disadvantaged in academic competition. Affirmative action aims to "level the playing field" by actively seeking to enroll or hire members of minority groups.

While the Foundation's programs for minority professionals do not strictly constitute "affirmative action" (they involve special educational opportunities but do not, by themselves, influence admission or employment decisions), they are clearly affected by the debate about it. In that context, the recent decisions in California and Texas to abolish affirmative action for their state university systems represent a setback for efforts to increase the proportions of minority health professionals.

Why has this issue become so political? I believe it is because adherents on both sides can argue the cause of fairness, which resonates deeply with Americans. Proponents of affirmative action assert that historic and current discrimination against African Americans and Hispanics disadvantage these populations educationally, socially and occupationally. There is strong evidence, for example, that the public school systems in inner city, minority neighborhoods are less well funded, have higher student-to-teacher ratios, and are more beset with disciplinary problems than their counterpart school systems in more affluent, mainly white, suburban neighborhoods. Until educational opportunities are truly equal, the argument goes, fairness demands that special consideration be given to minority students.

Opponents of affirmative action do not disagree about the variable quality of public education. They question the fairness, however, of using racial distinctions to redress this

imbalance. Is it fair, they argue, to favor wealthy minority students over their white counterparts? Shouldn't white students who attend public schools in distressed neighborhoods also receive special consideration? And haven't historic patterns of discrimination abated? How much longer should the nation have to atone for its past sins of slavery and racial discrimination?

The debate about affirmative action is further intensified because race itself is such an inflammatory issue, and because admission to elite public institutions, such as the Universities of California and of Texas, is so coveted. My own view is that although we have made important strides toward racial equity in the past four decades, there are still extra burdens to living in America as a member of a racial minority. Arthur Ashe's statement that being black was the greatest burden he ever had to bear — even worse than being infected by the HIV virus — should serve to shock those of us who are not minority members.⁸ It reminds us that we must not dismiss the importance of race today, despite the real progress of the past decades.

At the Foundation we have debated this issue along with the realization that today programs that specifically help members of minority groups are under a microscope. As individual program flaws are recognized, we must remember that ensuring diversity among health professionals serves a larger purpose than merely leveling the playing field for qualified minority applicants. It also promotes better access to health care — and, presumably, better health — for large numbers of Americans who as a group have worse health status than white Americans. At a time when powerful market forces are reshaping our nation's health care system, those who help frame health policy must redouble advocacy for the disenfranchised. Achieving greater racial and ethnic diversity in the medical and nursing professions is one way to do that. For this reason, the Foundation will continue its programs in support of that goal.⁹

In contrast to the other issues discussed, minority advancement in the health professions has been made so public not by us but by its opponents. In this case, the Foundation's role will be to stay the course with its programs and help the public to understand the importance — and complexity — of the issue.

SUMMING UP

The Foundation did not set out to invest in these four issues because we hoped they would become newsworthy. In fact, many of our programs are relatively invisible, such as our health professional training programs, our extensive programs in support of volunteering and our data surveillance and technical assistance activities that focus on helping to make existing health care systems work better.

Rather, the reason these issues achieved so much attention is that they satisfied two criteria for notoriety — they addressed fundamental human concerns, and although their goals were simple, their solutions were controversial. For example, while almost everyone would agree that all children (or for that matter, all people) ought to have health insurance, there is no consensus on how to pay for it. While no one wants to die in pain or to have their wishes about care at the end of life ignored, there is great public and professional ambivalence about just how far to proceed in those circumstances. It would be rare to find someone publicly embracing the idea that children should smoke cigarettes, but the degree to which a legal industry should be restricted in marketing its product is more controversial. Finally, achieving consensus that minority members *should* be equitably represented within the health professions is much easier than agreeing *how* to accomplish that.

Progress always comes more quickly on issues for which public consensus is more easily achieved, and for which bipartisan political agreement is more possible. Thus, agreement on expanding health insurance coverage for children and limiting tobacco exposure to children are relatively straightforward issues when compared with care at the end of life or special opportunities for minority students.

Each of these four program areas flows directly from our mission of working to improve the health and health care of the American people. And each addresses an important public concern that will require open debate if consensus is to be achieved. It is precisely in these kinds of situations that philanthropies can be helpful through public education and consensus-building efforts.

How these four issues will ultimately be resolved is not yet clear. It is likely, given the American predilection for incremental change, that they will go on being debated in the years to come, and that our grantees will continue to add their voices and expertise to those debates. As we wrestle with these and other issues at The Robert Wood Johnson Foundation, we will be guided by our mission of working to improve the health and health care of the American people. To have the mandate and the resources to pursue such a mission is a privilege that we deeply cherish.

Steven A. Schroeder, MD
President

Notes

¹Schroeder, S.A., "The Medically Uninsured—Will They Always Be With Us?" *New England Journal of Medicine*, 334(17): 1130–1133, April 25, 1996. ([return to text](#))

²Hughes, R.G., Davis T.L., Reynolds R.C., "Assuring Children's Health as the Basis for Health Care Reform." *Health Affairs*, 14(2): 158–167, Summer 1995. ([return to text](#))

³The Robert Wood Johnson Foundation, *Providing Universal Health Insurance Coverage to Children: Four Perspectives*. Princeton, NJ, 1996. ([return to text](#))

⁴The SUPPORT Principal Investigators. "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients." *The Journal of the American Medical Association*, 274(20): 1591–1598, November 22, 1995. ([return to text](#)).

⁵McGinnis, J.M., Foege W.H., "Actual Causes of Death in the United States." *The Journal of the American Medical Association*, 270(18): 2207–2212, November 10, 1993. ([return to text](#))

⁶Komaromy, M., et al., "The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations." *The New England Journal of Medicine*, 334(20): 1305–1310, May 16, 1996. ([return to text](#))

⁷Cantor, J., et al. "Physician Service to the Underserved: Implications for Affirmative Action in Medical Education." *Inquiry*, 33(2): 167–180, 1996. ([return to text](#))

⁸Ashe, A., Rampersad, A., *Days of Grace: A Memoir*. New York, NY: Alfred A. Knopf, 1993, p. 126. ([return to text](#))

⁹Schroeder, S.A., "Doctors and Diversity: Improving the Health of Poor and Minority People." *Chronicle of Higher Education*, 43(10): B5, November 1, 1996. ([return to text](#))



[Trustees](#)

[Mission](#)

[The Founder](#)

[Chairman's Statement](#)

[President's Message](#)

[1997 Goals Update](#)

[Distribution of 1997 Funds](#)

[1997 Grants and Contracts](#)

[Financial Statements](#)

[Secretary's Report](#)

[Officers and Staff](#)

[Selected Bibliography](#)

The President's Message

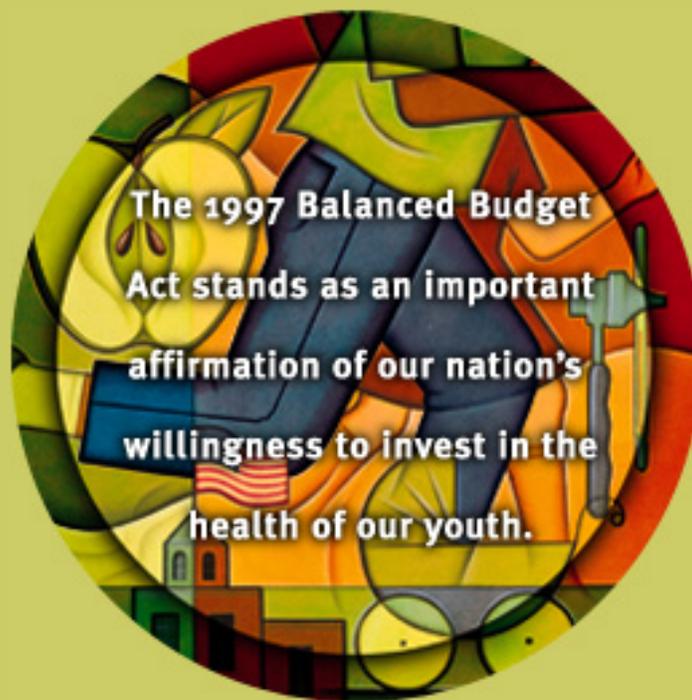


Steven A. Schroeder, MD

INFORMING DEBATE: A PRIVATE ROLE IN PUBLIC ISSUES

This past year, the Foundation's 25th as a national philanthropy, was unusual in that it featured spirited national debate about four separate health issues that are central to our grant making: expanding health insurance for uninsured children; improving care at the end of life; proposed tobacco control legislation and special opportunities for minority students. In each case, the Foundation's engagement with the issue preceded — sometimes by as much as decades — its emergence as so public a concern. Our grantees' involvement in these debates ran the gamut. In the expansion of health insurance for children, none of them played a direct role in the legislation that was eventually passed. In the proposed tobacco control settlement, by contrast, grantees not only were central to the debate, they occupied opposing positions. Taken together, however, these issues provide a window into the workings of The Robert Wood Johnson Foundation and an opportunity to discuss why and how we get involved in an area.

EXPANDING HEALTH INSURANCE FOR CHILDREN



nique among developed countries, the United States does not guarantee basic health insurance coverage to all its citizens. The reasons, while complicated, have a lot to do with Americans' distrust of government as a solver of social issues; with our national proclivity to value the principles of entrepreneurialism over solidarity; and with our perceptions of just who is uninsured.¹

Still, the number of uninsured Americans continues to rise, despite a booming economy and record low unemployment. The traditional link between employment and health insurance is fraying, and the absolute number of uninsured people has risen from about 34 million in 1988 to an estimated 44 million in 1998. At the same time, because of intensifying price competition, hospitals and physicians feel it is more difficult to provide uncompensated care to indigent patients. State and local tax policies are squeezing the traditional providers of last resort—city and county hospitals and community clinics. Thus, many people in the United States—most of them in families employed in low-paying jobs—now face a double health threat: no health insurance and uncertain charity care.

Despite this obvious and growing need, one consequence of the failed Clinton health plan is that politicians now believe that trying to expand health insurance coverage is politically dangerous. Nevertheless, Foundation staff, led by then-Executive Vice President Richard C. Reynolds, MD, and Robert G. Hughes, Ph D, floated the idea of incremental health insurance expansion for children. They hoped this idea would be attractive because, by focusing on children, it avoided the issue of whether the uninsured were "deserving," because the costs would be much lower than for a comparably sized population of adults, and because it could be accomplished under existing administrative mechanisms, such as expanding Medicaid or Medicare. Along with other staff, the two visited a number of Washington health policy experts in the spring and summer of 1995 to test whether this idea had any chance of congressional consideration. The unanimous response was: "No way!"

Undeterred, they wrote an article explaining the idea for the Summer, 1995 issue of *Health Affairs*, and several concept pieces that described four different ways of insuring all children were commissioned and published.^{2,3} To generate some new ideas and broaden our experience, the Foundation also developed a national program specifically aimed at improving health care for children: **Healthy Kids**—approved in 1996, a \$3 million national replication of a model Florida program that relied on a public-private partnership to subsidize health insurance for children enrolled in selected school districts.

Overlying this program is the Foundation's **State Initiatives in Health Care Reform** program, which began in 1991 and provides administrative and analytic support for 20 states that wish to expand health insurance coverage and control costs. The program is not aimed at any specific age group, but many states chose to expand coverage for women and children as a first step. State Initiatives helped to keep alive the state-based momentum for reform that was stalled during the 1993 – 94 debate over the Clinton health plan.

Between 1995 and 1997, several things happened. The economy boomed, and rising tax receipts lowered the federal budget deficit, thereby making feasible an agreement on a balanced budget. The potential tobacco settlement strengthened the possibility of new government spending programs by answering the difficult question of where the money might come from. And, since the "natural" application of such money seemed to be in the health arena, public discussion of how to use such funds ensued.

In the end, what had seemed quite impossible in 1995 became a reality in 1997 — bipartisan political support for the largest potential expansion of health insurance since the enactment of Medicare and Medicaid in 1965. The 1997 Balanced Budget Act provided \$24 billion in federal matching funds over five years to enable the states to enroll children in health insurance plans — either Medicaid or a state-designed alternative.

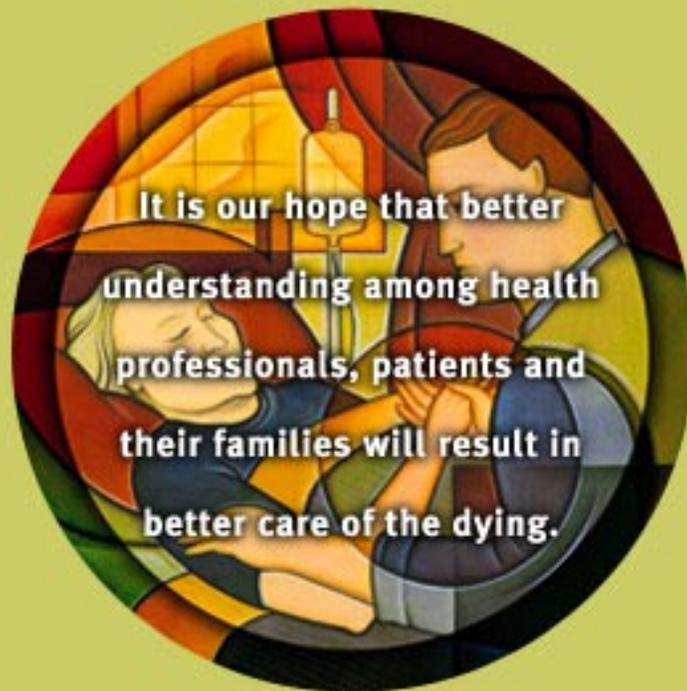
In retrospect, I cannot ascertain precisely what role, if any, the Foundation played in this improbable outcome. At the very least, we provided some programmatic and intellectual leadership to keep alive a seemingly unpopular cause. But many challenges remain. First, the federal legislation alone does not guarantee the expansion of insurance coverage. Not surprisingly, already we see wide variation among states in how prepared and interested they are in responding to this opportunity. Much hard work remains in identifying eligible children and in simplifying enrollment procedures. To that end, the Foundation has developed anew \$13 million program — **Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children** — to support up to 15 state-based coalitions that will identify eligible children and enroll them into existing coverage options.

The second challenge is that the mere provision of health insurance for children does not automatically guarantee them access to medical care, much less "health." In many instances, other barriers, such as geographical distance, transportation, language or cultural patterns, or the complicating circumstances of poverty, come between a family and its receipt of needed medical care — even for those who are insured.

Third, for many of the problems that impair the health of the general public, medical care is not the best remedy. The best way to reduce harm from substance abuse, violence, unintended pregnancies and sexually transmitted diseases is not to provide more medical care, but rather to strengthen families, neighborhoods, schools and spiritual communities.

These three challenges notwithstanding, the passage of the 1997 Balanced Budget Act, with its provisions to expand health insurance for children, stands as an important affirmation of our nation's willingness to invest in the health of our youth.

IMPROVING CARE AT THE END OF LIFE



In contrast to improving access to care — which has been a long-standing interest of the Foundation and is currently one of our three explicit program goals — care at the end of life is a relatively new issue. Our interest began in the late 1980s, when former Foundation president Leighton Cluff, MD, and former senior program officer Carolyn H. Asbury, Ph D, were concerned about the quality of care for patients with critical, often terminal, illnesses.

What grew out of this concern was an eight-year, five-site, \$28 million effort, developed jointly by William A. Knaus, MD, and his colleague Joanne Lynn, MD, that became known as SUPPORT (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments). SUPPORT's first phase documented that many patients, though receiving state-of-the-art medical treatment, had serious shortcomings in care. Pain control was inadequate. Those who died typically spent their last days hooked up to machines in intensive care units, sometimes in spite of earlier requests to avoid heroic care. Doctors were unaware of patients' preferences for care, and patients (and families) didn't talk about them with the medical team. Experts agreed there were two reasons for these problems: inadequate information on prognosis for doctors and poor physician-family communication.

Phase two of SUPPORT tested interventions that would improve things. To the great disappointment of all the investigators — and ourselves — they did not. As documented in the researchers' widely discussed paper published in the *Journal of the American Medical Association*, patients receiving these extra services did no better than the control patients.⁴ They still died in pain, in "bad states," and with their prior wishes unrecognized and unsupported.

SUPPORT's findings caused such a stir, in part because they resonated with the experience of many Americans whose family members had died in hospitals under horrifyingly similar circumstances. Indeed, popular concern over the circumstances of dying has manifested in state initiatives to allow physician-assisted suicide, and in the inability to convict Dr. Kevorkian for his well-documented "mercy killings." Faced with the findings of SUPPORT and the realization that the issue of death and dying

was of great importance to the American public, the Foundation embarked on a campaign that would improve the level of dialogue about this issue and reinforce approaches that might make things better.

The result was "Last Acts," a multi-program effort that has three major goals: improving professional education so that physicians, nurses, clergy and other groups will become better at communicating with patients about end-of-life issues and at providing high-quality palliative care; changing the institutional environment to eliminate legal, organizational and financial barriers to better care; and changing public expectations so that patients and their families will be more comfortable discussing these issues with each other and with their care team.

In addition, we are committed to improving the research base for future action, for monitoring changes in care and for assessing quality. The intent is to make more widely available the kinds of choices about death that were available to Jacqueline Kennedy Onassis, who chose to die at home in the company of loved ones when she realized that no further treatment was appropriate for her lymphoma.

The Last Acts Campaign, chaired by former first lady Rosalynn Carter, and our related efforts have resulted, to date, in two national programs and 44 individual grants — amounting to more than \$48 million. The programs range from a Fred Friendly seminar broadcast on PBS, to a national program to promote excellence in end-of-life care, to improving medical and clinical textbooks, to examining state legal barriers that inhibit the administration of adequate pain medication to dying patients. The Soros Foundation's Project on Death in America, the American Medical Association, the American Hospital Association, the Department of Veterans Affairs and many local hospices are among the more than 100 Last Acts partners.

Though at first glance the challenge of opening up a national dialogue about choices in the dying process might seem daunting, there is historical precedent for optimism. Not so very long ago, a patient who was diagnosed with cancer was shielded from that information by both her family and the doctor. During my professional lifetime this practice has been dramatically reversed, and now patients are not only told their diagnosis, but in most circumstances also participate in decisions about therapy. I believe that a similar climate change can occur around the issue of death and dying.

What about physician-assisted suicide? This issue was in the headlines this year when the Supreme Court refused to establish a constitutional right to assisted suicide in cases arising from New York and Washington states. Further, the Court appeared to establish a new standard of care, "a right not to suffer," when death is imminent.

I am often asked whether the Foundation has a position on physician-assisted suicide. The answer is that we do not. In our view, the public interest in physician-assisted suicide is symptomatic of the current dismal reality reflected in the SUPPORT results. People are desperately worried that they may lose control of their own deaths, may be subject to uncontrolled pain, may be abandoned, or may become both a financial and physical burden on their loved ones.

At this stage, it is too early to assess the impact of the Foundation's programs on care at the end of life. We do believe that the keen public interest in this issue provides our grantees with an attentive audience. It is our hope that Last Acts and other similar activities will result in better practices among health professionals, better understanding among patients and their families and ultimately, in better care of the dying.

THE TOBACCO SETTLEMENT



Reducing the harm from tobacco use has been a central theme of the Foundation's programs on substance abuse since 1991, with particular focus on preventing children from starting to smoke. Tobacco is the number one preventable cause of death and disability in the United States (as well as in the entire world). It accounts for over 400,000 deaths per year in this country alone.⁵

During the past six years we have supported 159 grants in the tobacco area — beginning with our first such grant to STAT (Stop Teenage Addiction to Tobacco) and including research on tobacco policy issues, support for state coalitions to reduce tobacco, a partnership with major league baseball to reduce the use of spit tobacco, promulgation of smoking cessation guidelines to clinicians and the establishment of **The National Center for Tobacco-Free Kids**. In addition, tobacco programs have been important components of the Foundation-supported National Center on Addiction and Substance Abuse at Columbia University and the national resource center, Join Together.

Concurrently, there has been good news and bad news from the tobacco front. The good news is that heart disease death rates have fallen and lung cancer death rates have stabilized, reflecting a population-wide decline in adult smoking, although there are some signs now that the decline is tapering off. Also encouraging is the increased public support for reducing the use of tobacco, as reflected in public opinion polls and in the willingness of politicians of both parties to consider tobacco taxes — one of the most effective ways to reduce youth tobacco use — as a way to generate revenue for such programs as expanding health insurance coverage for children.

The changed political attitudes about tobacco represent a remarkable turnaround from only a few years ago. Why did this occur? It resulted from a combination of factors: the cumulative impact of overwhelming scientific evidence of the medical harm caused by tobacco use; the growing number of state and class-action lawsuits against the tobacco industry; new information linking second-hand smoke to increased health risks for children; exposure of the duplicity of tobacco companies, as dramatized by the 1994 congressional testimony of tobacco executives that nicotine is not addictive

and by the disclosure of the Brown and Williamson tobacco documents in the *Journal of the American Medical Association*; constant media attention on the issues; the decision by the US Food and Drug Administration to include tobacco as a regulated drug; information demonstrating that increasing the cost of cigarettes will decrease their consumption, especially among youth; and the aggressive efforts of a growing cadre of community-based anti-tobacco advocates.

The bad news is that smoking rates among preteens and adolescents have risen steadily in the past five years after having declined impressively between 1975 and 1992. Though the reasons for this trend are unclear, the increase in youth smoking is of concern for two reasons. First, the addictive nature of nicotine transforms many experimenters into tobacco addicts. Virtually all adult smokers in the United States began before the age of 21. Second, the early use of cigarettes is a marker for experimentation with and sustained use of alcohol and illegal drugs. Rarely do you find a young (or old) user of cocaine or heroin, for example, who does not also use tobacco, alcohol and/or marijuana.

It was in this context that historic negotiations began in April 1997 among state Attorneys General and the tobacco industry. The National Center for Tobacco-Free Kids, a Foundation grantee, served as a key mediator in the talks, which quickly captured national attention. A \$368.5 billion settlement proposal was announced June 20, 1997.

Not surprisingly, the proposal unleashed a firestorm of controversy. Many in the public health community, including former US Food and Drug Administration Commissioner David Kessler and former Surgeon General C. Everett Koop, whose advisory committee on tobacco policy and public health was supported through a Foundation grant, bitterly criticized the settlement as too lenient toward the tobacco industry, especially those features that would provide it with protection from class-action suits and deter the FDA from vigorous nicotine regulation. Proponents argued that this was an historic opportunity to harvest major resources for crucial programs that would limit youth smoking.

As with the debate over physician-assisted suicide, the Foundation has no official stand on the specifics of the settlement. Ultimately, this political issue will be resolved in the political process, with Foundation grantees represented on both sides of the argument. We would hope that whatever settlement results (as of this writing it appears doubtful that any agreement will be reached soon) will serve to deter youth from smoking.

In the case of the proposed tobacco settlement, it appears that the Foundation was one of a number of actors that elevated the prominence of tobacco as a national policy issue. It accomplished this by funding research, policy analysis, public opinion polls and articulate spokesmen who could highlight the health risks of smoking as well as the addictive nature of tobacco. In addition, The National Center for Tobacco-Free Kids helped to broker the settlement itself. Whatever the fate of that settlement, it is clear that the political atmosphere surrounding tobacco use among children has been irrevocably changed. We are proud of our role in making that happen. This momentum will guide our work and fuel our commitment to preventing tobacco use among children and to pursuing effective ways to help people of all ages to stop smoking.

MINORITY STUDENTS AND ACCESS TO HEALTH CARE



Adequate representation of minority populations in the health professions, especially medicine and nursing, has long been a Foundation concern. This concern has rested on the assumption that minority physicians are more likely to provide services for minorities than their "majority" counterparts. This assumption was confirmed by two recent Foundation-supported studies. One found that California communities with high proportions of black and Hispanic residents were far more likely to have a shortage of physicians than were other communities. Furthermore, black physicians were much more likely to care for black patients, and Hispanic physicians for Hispanic patients than other physicians were.⁶ The second, based on a national survey, had similar findings.⁷

These studies suggest that we need adequate numbers of minority-group physicians to meet the health care needs of minority communities, the groups with the worst health status in this country. Yet these groups continue to be underrepresented in the medical profession. In 1995, blacks made up 12.7 percent of the US population but only 4.9 percent of the nation's physicians. For Hispanics, the percentages are 10.9 and 4.3, respectively.

The Foundation has sponsored a number of programs to try to redress this imbalance. We have given core support to historically black medical schools; provided scholarships for minority medical students; supported a program that encourages minority nursing assistants to move up the ladder and obtain RN degrees; awarded faculty fellowships to promising minority faculty of medical schools; provided summer enrichment experiences for minority pre-medical students and helped the Association of American Medical Colleges in its attempt to stimulate partnerships in science education between academic medical centers and local school systems.

Progress, however, has been slow. The percentage of students entering medical school who are black or Hispanic has increased only minimally over the past 10 years (from 6.2 percent in 1987 to 7.4 percent in 1996 for blacks, and from 5.3 percent to 6.9 percent for Hispanics), and still lags behind their percentage of the US population. The issue has taken on additional complexity with the recent politicization of affirmative action programs. These programs are based on the assumption that certain

minority populations in the United States are disadvantaged in academic competition. Affirmative action aims to "level the playing field" by actively seeking to enroll or hire members of minority groups.

While the Foundation's programs for minority professionals do not strictly constitute "affirmative action" (they involve special educational opportunities but do not, by themselves, influence admission or employment decisions), they are clearly affected by the debate about it. In that context, the recent decisions in California and Texas to abolish affirmative action for their state university systems represent a setback for efforts to increase the proportions of minority health professionals.

Why has this issue become so political? I believe it is because adherents on both sides can argue the cause of fairness, which resonates deeply with Americans. Proponents of affirmative action assert that historic and current discrimination against African Americans and Hispanics disadvantage these populations educationally, socially and occupationally. There is strong evidence, for example, that the public school systems in inner city, minority neighborhoods are less well funded, have higher student-to-teacher ratios, and are more beset with disciplinary problems than their counterpart school systems in more affluent, mainly white, suburban neighborhoods. Until educational opportunities are truly equal, the argument goes, fairness demands that special consideration be given to minority students.

Opponents of affirmative action do not disagree about the variable quality of public education. They question the fairness, however, of using racial distinctions to redress this imbalance. Is it fair, they argue, to favor wealthy minority students over their white counterparts? Shouldn't white students who attend public schools in distressed neighborhoods also receive special consideration? And haven't historic patterns of discrimination abated? How much longer should the nation have to atone for its past sins of slavery and racial discrimination?

The debate about affirmative action is further intensified because race itself is such an inflammatory issue, and because admission to elite public institutions, such as the Universities of California and of Texas, is so coveted. My own view is that although we have made important strides toward racial equity in the past four decades, there are still extra burdens to living in America as a member of a racial minority. Arthur Ashe's statement that being black was the greatest burden he ever had to bear — even worse than being infected by the HIV virus — should serve to shock those of us who are not minority members.⁸ It reminds us that we must not dismiss the importance of race today, despite the real progress of the past decades.

At the Foundation we have debated this issue along with the realization that today programs that specifically help members of minority groups are under a microscope. As individual program flaws are recognized, we must remember that ensuring diversity among health professionals serves a larger purpose than merely leveling the playing field for qualified minority applicants. It also promotes better access to health care — and, presumably, better health — for large numbers of Americans who as a group have worse health status than white Americans. At a time when powerful market forces are reshaping our nation's health care system, those who help frame health policy must redouble advocacy for the disenfranchised. Achieving greater racial and ethnic diversity in the medical and nursing professions is one way to do that. For this reason, the Foundation will continue its programs in support of that goal.⁹

In contrast to the other issues discussed, minority advancement in the health professions has been made so public not by us but by its opponents. In this case, the Foundation's role will be to stay the course with its programs and help the public to understand the importance — and complexity — of the issue.

SUMMING UP

The Foundation did not set out to invest in these four issues because we hoped they would become newsworthy. In fact, many of our programs are relatively invisible, such as our health professional training programs, our extensive programs in support of volunteering and our data surveillance and technical assistance activities that focus on helping to make existing health care systems work better.

Rather, the reason these issues achieved so much attention is that they satisfied two criteria for notoriety — they addressed fundamental human concerns, and although their goals were simple, their solutions were controversial. For example, while almost everyone would agree that all children (or for that matter, all people) ought to have health insurance, there is no consensus on how to pay for it. While no one wants to die in pain or to have their wishes about care at the end of life ignored, there is great public and professional ambivalence about just how far to proceed in those circumstances. It would be rare to find someone publicly embracing the idea that children should smoke cigarettes, but the degree to which a legal industry should be restricted in marketing its product is more controversial. Finally, achieving consensus that minority members *should* be equitably represented within the health professions is much easier than agreeing *how* to accomplish that.

Progress always comes more quickly on issues for which public consensus is more easily achieved, and for which bipartisan political agreement is more possible. Thus, agreement on expanding health insurance coverage for children and limiting tobacco exposure to children are relatively straightforward issues when compared with care at the end of life or special opportunities for minority students.

Each of these four program areas flows directly from our mission of working to improve the health and health care of the American people. And each addresses an important public concern that will require open debate if consensus is to be achieved. It is precisely in these kinds of situations that philanthropies can be helpful through public education and consensus-building efforts.

How these four issues will ultimately be resolved is not yet clear. It is likely, given the American predilection for incremental change, that they will go on being debated in the years to come, and that our grantees will continue to add their voices and expertise to those debates. As we wrestle with these and other issues at The Robert Wood Johnson Foundation, we will be guided by our mission of working to improve the health and health care of the American people. To have the mandate and the resources to pursue such a mission is a privilege that we deeply cherish.

Steven A. Schroeder, MD
President

Notes

¹Schroeder, S.A., "The Medically Uninsured—Will They Always Be With Us?" *New England Journal of Medicine*, 334(17): 1130–1133, April 25, 1996. ([return to text](#))

²Hughes, R.G., Davis T.L., Reynolds R.C., "Assuring Children's Health as the Basis for Health Care Reform." *Health Affairs*, 14(2): 158–167, Summer 1995. ([return to text](#))

³The Robert Wood Johnson Foundation, *Providing Universal Health Insurance Coverage to Children: Four Perspectives*. Princeton, NJ, 1996. ([return to text](#))

⁴The SUPPORT Principal Investigators. "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients." *The Journal of the American Medical Association*, 274(20): 1591–1598, November 22, 1995. ([return to text](#)).

⁵McGinnis, J.M., Foege W.H., "Actual Causes of Death in the United States." *The Journal of the American Medical Association*, 270(18): 2207–2212, November 10, 1993. ([return to text](#))

⁶Komaromy, M., et al., "The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations." *The New England Journal of Medicine*, 334(20): 1305–1310, May 16, 1996. ([return to text](#))

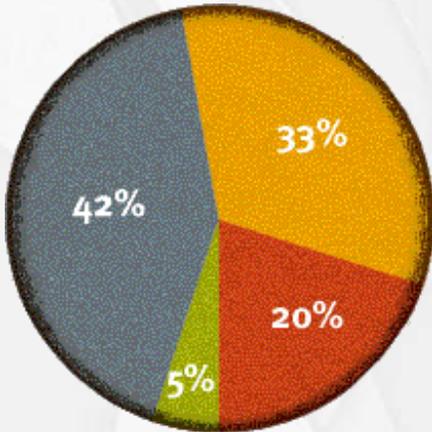
⁷Cantor, J., et al. "Physician Service to the Underserved: Implications for Affirmative Action in Medical Education." *Inquiry*, 33(2): 167–180, 1996. ([return to text](#))

⁸Ashe, A., Rampersad, A., *Days of Grace: A Memoir*. New York, NY: Alfred A. Knopf, 1993, p. 126. ([return to text](#))

⁹Schroeder, S.A., "Doctors and Diversity: Improving the Health of Poor and Minority People." *Chronicle of Higher Education*, 43(10): B5, November 1, 1996. ([return to text](#))

DISTRIBUTION OF 1997 FUNDS

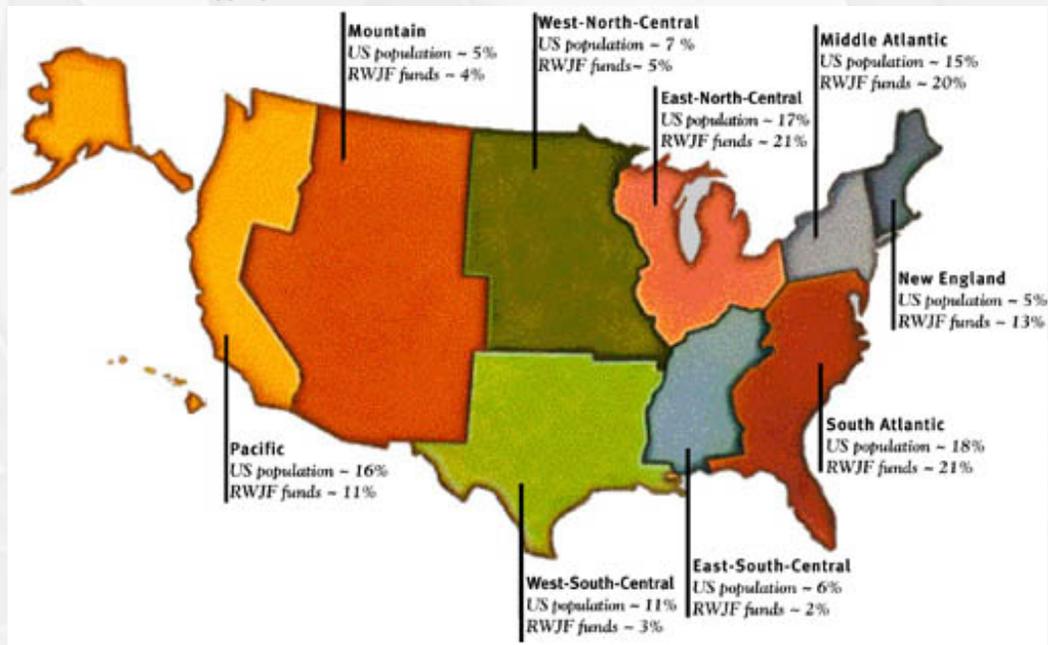
During 1997, the Foundation made 970 grants, 71 contracts and three program-related investments totaling \$330.92 million in support of programs and projects to improve health and health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:



Distribution of 1997 awards by areas of interest
(\$330.92 million)

- 42%** \$139.10 million for programs that assure that all Americans have access to basic health care at reasonable cost
- 33%** \$110.21 million for programs that promote health and reduce the personal, social and economic harm caused by substance abuse — tobacco, alcohol and illicit drugs
- 20%** \$64.46 million for programs that improve the way services are organized and provided to people with chronic health conditions
- 5%** \$17.15 million for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated

1997 Awards by Geographical Region
(\$330.92 million)



1997 Grants and Contracts

The summary of 1997 grants, contracts and program-related investments is grouped according to the Foundation's goal that they address: access, chronic health conditions and substance abuse. Projects addressing more than one goal are included under cross-cutting, with the goal areas specified within each entry. Projects addressing purposes outside the Foundation's goal areas are included under "other programs."

The summary includes 970 grants, 71 contracts and three program-related investments initiated in 1997. Contracts are used to purchase a variety of services and products in direct support of the Foundation's grant programs and goals. Program-related investments (loans) are an alternative or a complement to grants; these loans are made at less-than-market rates and where commercial financing is not available. The applicant organization must demonstrate the capacity to repay the loan, and the proposed activities under the loan must be consistent with the goals and objectives of the Foundation.

In addition to the awards made in 1997, the Foundation continued to make payments on and monitor grants and contracts awarded in prior years. Together these two groups comprise the Foundation's active awards lists totaling 2,315.

**Total Grants, Contracts and Program-related
Investments Awarded:
\$330,914,852**



[Access
Grants](#)

[Chronic Care
Grants](#)

[Substance Abuse
Grants](#)

[Cross-Cutting
Grants](#)

[Other Program
Grants](#)

1997 Grants and Contracts

ACCESS

GRANTS

The Access Project

Program to help communities protect and/or improve access to care for uninsured and other under-served populations (for the period indicated).

- **Brandeis University**
Waltham, MA
\$9,750,000 -- (3 years). ID#31275

The Albert Schweitzer Fellowship, Inc.

Boston, MA

\$50,000 -- *Volunteer service program in US communities for health professions students (for 1 year). ID#30333*

All Kids Count: Establishing Immunization Monitoring and Follow-up Systems

Program to support the development and implementation of monitoring and follow-up systems to improve and sustain access to immunizations for preschool children (for the periods indicated).

- **University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research**
Chapel Hill, NC
\$49,443 -- *Assessing the costs of childhood immunization registry systems (13 months). ID#31513*
- **The Task Force for Child Survival and Development**
Atlanta, GA
\$3,260,035 -- *Technical assistance and direction expansion for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (3 years). ID#29944*

The Alliance for Health Reform

Washington, DC

\$47,541 -- *Briefings on expanding children's health insurance coverage (for 4 months). ID#31290*

\$174,623 -- *Education program on children's health coverage (for 8 months). ID#32283*

Alpha Center for Health Planning, Inc.

Washington, DC

\$364,029 -- *Development of a national leadership institute for public purchasing of health care (for 1 year). ID#32002*

American Health Foundation, Inc.

New York, NY

\$25,000 -- *Core program activities of the 1997 Child Health Day Campaign (for 1 year). ID#32999*

American Medical Association

Chicago, IL

\$512,375 -- *Annual index of the health of the American population (for 1 year). ID#30502*

\$65,200 -- *Media briefing on public health (for 5 months). ID#32578*

American National Red Cross, New Jersey Capital Area Chapter

Princeton, NJ

\$100,000 -- *Project to strengthen Red Cross capacities in Middlesex County (for 2 years).* ID#32462

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$984,371 -- *Study of the impact of hospital ownership changes on the health care delivery system (for 4 years).*

ID#31939

\$111,001 -- *Conference on the role of regulation in a market-oriented health care system (for 10 months).*

ID#32672

University of California, Berkeley, School of Public Health

Berkeley, CA

\$5,873 -- *Planning the evaluation of a community health outreach system (for 2 months).* ID#29130

University of California, San Francisco, Institute for Health Policy Studies

San Francisco, CA

\$627,152 -- *Analysis of trends and initiatives in children's health insurance (for 2 years).* ID#31009

Center for the Advancement of Health

Washington, DC

\$390,828 -- *Using managed care to facilitate health-related behavior change (for 18 months).* ID#28460

University of Chicago, Irving B. Harris School of Public Policy Studies

Chicago, IL

\$2,024,465 -- *Children, families, and welfare reform: a multi-city study (for 5 years).* ID#32102

Child Welfare League of America, Inc.

Washington, DC

\$994,697 -- *Technical assistance to promote health and social services in distressed public housing (for 3 years).*

ID#28565

Children's Defense Fund

Washington, DC

\$481,200 -- *National campaign to involve religious groups in support of health care for US children (for 1 year).*

ID#30936

Children's National Medical Center

Washington, DC

\$150,000 -- *Analysis of market reform effects on children's emergency services (for 2 years).* ID#30872

\$50,000 -- *National conference on emergency medical services for children (for 6 months).* ID#32565

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).

● **American Association of Colleges of Nursing**

Washington, DC

\$18,746 -- *Consultant in nursing work force forecasting (3 months).* ID#31025

\$389,710 -- *Technical assistance and direction for Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development (1 year).* ID#29903

University of Colorado Health Sciences Center

Denver, CO

\$300,000 -- *Follow-up study of Memphis home-visiting demonstration -- supplement (for 30 months)*. ID#31052

\$50,001 -- *Design of replication strategy for a successful nurse home-visiting program (for 7 months)*. ID#32371

Columbia University School of Nursing

New York, NY

\$280,173 -- *Preparing the existing public health work force for changes in the health system (for 1 year)*. ID#32018

\$25,373 -- *Evaluation of a nurse-run primary care practice (for 1 year)*. ID#32045

Community Family Planning Council

New York, NY

\$60,000 -- *Forum on the challenges facing safety-net providers in New York City (for 1 year)*. ID#31216

Community Service Society of New York

New York, NY

\$479,949 -- *Demonstration of a community-based curriculum to educate Medicaid recipients to use managed care (for 21 months)*. ID#30142

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 Medicaid eligible children whose coverage may be disrupted by welfare reform (for the period indicated).

● **Southern Institute on Children and Families Inc.**

Columbia, SC

\$500,000 -- *Technical assistance and direction for Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children (1 year)*. ID#32775

Dartmouth Medical School, Center for the Evaluative Clinical Sciences

Hanover, NH

\$1,599,696 -- *Study of the implications of increased diagnostic and therapeutic capacity in health care (for 3 years)*. ID#32060

Dartmouth-Hitchcock Medical Center

Hanover, NH

\$50,000 -- *Continuation and expansion of analyses for the Dartmouth Atlas of Health Care (for 5 years)*. ID#31112

The Enterprise Foundation

Columbia, MD

\$2,000,000 -- *Support for a health care component of a national consortium to strengthen community development corporations (for 4 years)*. ID#30602

Families USA Foundation Inc.

Washington, DC

\$50,000 -- *Conference on consumer involvement in the health care system (for 6 months)*. ID#30788

\$270,101 -- *Support for a health conference for consumer organizations (for 6 months)*. ID#32744

Family Foundation of North America

Milwaukee, WI

\$409,502 -- *Research and dissemination of information on children and family services (for 18 months)*. ID#32388

Foundation for Health Care Quality

Seattle, WA

\$158,532 -- *Planning support to develop a tri-state demonstration project to build a health information infrastructure (for 1 year).*

ID#31878

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$50,000 -- *Student community service and learning program (for 1 year).* ID#30350

The Fund for New Jersey

New Brunswick, NJ

\$325,000 -- *Reorganizing Camden's health care delivery system and improving economic development opportunities (for 2 years).* ID#31065

Galen Institute, Inc.

Alexandria, VA

\$198,600 -- *Publication of papers on market-based approaches to health care reform (for 1 year).* ID#31244

Generalist Physician Faculty

Scholars Program

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

- **University of Alabama at Birmingham School of Medicine**
Birmingham, AL
\$239,949 -- (4 years). ID#31488
- **Boston University School of Medicine**
Boston, MA
\$240,000 -- (4 years). ID#31489
- **University of Colorado Health Sciences Center**
Denver, CO
\$240,000 -- (4 years). ID#31493
- **Columbia University College of Physicians and Surgeons**
New York, NY
\$239,740 -- (4 years). ID#31491
- **Duke University Medical Center**
Durham, NC
\$239,886 -- (4 years). ID#31492
- **The Johns Hopkins University School of Medicine**
Baltimore, MD
\$240,000 -- (4 years). ID#31495
- **University of Kansas Medical Center Research Institute Inc.**
Kansas City, MO
\$240,000 -- (4 years). ID#31496

\$240,000 -- (4 years). ID#32586
- **University of Maryland at Baltimore**
Baltimore, MD
\$239,997 -- (4 years). ID#31570
- **New England Medical Center Hospitals, Inc.**
Boston, MA
\$240,000 -- (4 years). ID#31497
- **University of New Mexico Health Sciences Center**
Albuquerque, NM

\$239,989 -- (4 years). ID#31498

- **University of Pennsylvania School of Medicine**
Philadelphia, PA
\$240,000 -- (4 years). ID#31499
- **University of Pittsburgh School of Medicine**
Pittsburgh, PA
\$238,880 -- (4 years). ID#31500
- **Rhode Island Hospital**
Providence, RI
\$239,909 -- (4 years). ID#31490
- **The Medical University of South Carolina College of Medicine**
Charleston, SC
\$59,724 -- (7 months). ID#33369
- **Yale University School of Medicine**
New Haven, CT
\$240,000 -- (4 years). ID#31501
- **University of Massachusetts Medical Center**
Worcester, MA
\$356,940 -- *Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year)*. ID#30109

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 periods indicated).

- **Allegheny University of the Health Sciences**
Philadelphia, PA
\$688,763 -- (3 years). ID#27797
- **Boston University School of Medicine**
Boston, MA
\$1,114,783 -- (3 years). ID#31641
- **Case Western Reserve University School of Medicine**
Cleveland, OH
\$1,069,447 -- (3 years). ID#31642
- **Dartmouth Medical School**
Hanover, NH
\$899,920 -- (3 years). ID#31643
- **East Carolina University School of Medicine**
Greenville, NC
\$900,015 -- (3 years). ID#31644
- **Medical College of Georgia School of Medicine**
Augusta, GA
\$333,333 -- (1 year). ID#31645
- **University of Massachusetts Medical Center**
Worcester, MA
\$1,000,000 -- (3 years). ID#31646
- **University of New Mexico School of Medicine**
Albuquerque, NM

\$399,926 -- (3 years). ID#31648

- **New York Medical College**

Valhalla, NY

\$946,755 -- (3 years). ID#31649

- **The Pennsylvania State University College of Medicine**

Hershey, PA

\$650,000 -- (3 years). ID#31650

- **University of Texas Medical Branch at Galveston**

Galveston, TX

\$1,004,829 -- (3 years). ID#31651

- **U B Foundation Services, Inc.**

Buffalo, NY

\$549,751 -- (3 years). ID#31652

- **University of Virginia School of Medicine**

Charlottesville, VA

\$1,598,495 -- (3 years). ID#31653

- **University of Missouri-Columbia School of Medicine**

Columbia, MO

\$481,641--*Technical assistance and direction for the Generalist Physician Initiative (1 year)*. ID#30975

\$186,839 -- *Dissemination activities for the Generalist Physician Initiative (3 years)*. ID#32842

Generalist Provider Research Initiative

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

- **University of North Carolina at Chapel Hill**

Chapel Hill, NC

\$304,646 -- (18 months). ID#26305

George Washington University Medical Center

Washington, DC

\$104,891 -- *Urban Health Resource Center Planning Project (for 17 months)*. ID#30190

Georgetown University Medical Center

Washington, DC

\$375,349 -- *Monitoring the implementation of the Kassebaum-Kennedy legislation (for 18 months)*. ID#31425

City of Grand Forks Public Health Department

Grand Forks, ND

\$266,030 -- *Emergency public health nurses for North Dakota flood victims (for 2 years)*. ID#32717

Grantmakers for Children, Youth & Families Inc.

Washington, DC

\$10,000 -- *Contribution to 1997 operating budget (for 6 months)*. ID#31889

Greater New York Hospital Foundation, Inc.

New York, NY

\$498,798 -- *Technical support for the New York Medicare graduate medical education demonstration project (for 2 years)*. ID#31392

Group Health Cooperative of Puget Sound

Seattle, WA

\$6,000 -- *Conference on evaluating community-based health improvement efforts (for 6 months)*. ID#33037

Harvard University School of Public Health

Boston, MA

\$74,450 -- *Study of the public's beliefs, values, attitudes, and policy preferences regarding children's health care and insurance (for 1 year).* ID#30714

\$182,952 -- *Tracking and forecasting changes in the US nursing care work force (for 2 years).* ID#32167

Health of the Public: An Academic Challenge

Program supported by RWJF and the Pew Charitable Trust in collaboration with the Rockefeller Foundation to re-direct academic health centers toward strategies that address major deficiencies in the health care system (for the period indicated).

- **University of California, San Francisco, Institute for Health Policy Studies**

San Francisco, CA

\$149,154 -- *Establishing a network to sustain the Health of the Public program collaborators (2 years).*
ID#31428

Healthy Kids Replication Program

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

- **State of Colorado Department of Health Care Policy and Financing**

Denver, CO

\$100,000 -- (1 year). ID#33208

- **Georgia State University Research Foundation Inc.**

Atlanta, GA

\$100,000 -- (5 months). ID#33209

- **State of Iowa Department of Commerce**

Des Moines, IA

\$100,000 -- (15 months). ID#33210

- **State of Texas, Texas Department of Insurance**

Austin, TX

\$396,027 -- (2 years). ID#33213

- **Florida Healthy Kids Corporation**

Tallahassee, FL

\$395,895 -- *Technical assistance and direction for the Healthy Kids Replication Program (1 year).*
ID#30848

Healthy Mothers Healthy Babies Coalition Incorporated

Washington, DC

\$20,000 -- *Attendance at leadership conference by community-based perinatal outreach workers (for 2 months).*
ID#31919

Hospital Research and Educational Trust

Chicago, IL

\$100,228 -- *Demonstration project on using the Dartmouth Atlas of Health Care (for 15 months).* ID#31092

\$47,000 -- *Special issue of Health Services Research on regulating the evolving market in health care delivery (for 6 months).* ID#31831

Hudson Institute, Inc.

Indianapolis, IN

\$199,164 -- *Book exploring future models for health insurance coverage (for 1 year).* ID#32127

ILSI Research Foundation

Washington, DC

\$25,000 -- *Publication of a special pediatrics supplement on obesity in children and adolescents (for 1 year).*

ID#32827

The Independent Production Fund Inc.

New York, NY

\$199,682 -- *Multimedia training package for healthy steps program (for 6 months).* ID#30601

Indiana University School of Public and Environmental Affairs

Bloomington, IN

\$49,965 -- *White paper on patient representation plans in managed health care (for 1 year).* ID#31927

County of Ingham Health Department

Lansing, MI

\$450,000 -- *Development of an organized system of health care for the indigent (for 3 years).* ID#31797

Local Initiatives Support Corporation

New York, NY

\$2,000,000 -- *Support for the health component of a national consortium to strengthen community development corporations (for 4 years).* ID#31856

Making the Grade: State and Local Partnerships To Establish School-Based Health Centers

Program to expand comprehensive health services for school-age children by funding school-based health centers that would be eligible for long-term support through state and local funding policies (for the periods indicated).

● **State of Colorado Department of Public Health and Environment**

Denver, CO

\$957,143 -- (2 years). ID#32293

● **State of Connecticut Department of Public Health**

Hartford, CT

\$556,235 -- (2 years). ID#32362

● **Health Research, Inc.**

Albany, NY

\$1,283,478 -- (2 years). ID#31658

● **State of Rhode Island Department of Health**

Providence, RI

\$1,029,069 -- (4 years). ID#30713

● **The Rhode Island Public Health Foundation**

Providence, RI

\$416,991 -- (4 years). ID#31683

● **George Washington University**

Washington, DC

\$577,570 -- *Technical assistance and direction for Making the Grade: State and Local Partnerships To Establish School-Based Health Centers and the School-Based Health Care Resource Center (1 year).* ID#29068

Manpower Demonstration Research Corporation

New York, NY

\$2,000,000 -- *Study of the effects of welfare reform on the health of urban families (for 53 months).* ID#31089

March of Dimes Birth Defects Foundation, Central Jersey Chapter

Cranbury, NJ

\$10,000 -- *Community-based prenatal education project (for 1 year).* ID#32704

University of Massachusetts Medical Center

Worcester, MA

\$50,000 -- *Community collaborative to strengthen RWJF-funded projects in the Greater Worcester area (for 1 year)*. ID#29619

Medical and Health Research Association of New York City, Inc.

New York, NY

\$50,000 -- *Feasibility study for a Center for Integrated Prevention Programs (for 5 months)*. ID#31329

Medical Center at Princeton Foundation, Inc.

Princeton, NJ

\$25,000 -- *Analysis and planning for care of Hispanic population (for 1 year)*. ID#31398

Medical Society of New Jersey

Lawrenceville, NJ

\$38,275 -- *Commission on physician work force issues in New Jersey (for 1 year)*. ID#32636

Memorial Hospital

Pawtucket, RI

\$1,644,438 -- *The Volunteer Physicians Technical Resource Program (for 2 years)*. ID#30114

University of Michigan Institute for Social Research

Ann Arbor, MI

\$30,664 -- *Developmental work for a study of changes in public attitudes toward genetic testing (for 1 year)*. ID#30214

\$97,892 -- *Study of political structures that states use in designing and implementing Medicaid managed care programs (for 20 months)*. ID#31367

University of Minnesota Medical School

Minneapolis, MN

\$2,512,953 -- *Development of managed care plan performance measures from the physician's perspective (for 49 months)*. ID#32366

Minority Medical Education Program

A summer enhancement program designed to help minority students compete for medical school acceptance (for the period indicated).

• **Association of American Medical Colleges**

Washington, DC

\$426,702 -- *Technical assistance and direction for the Minority Medical Education Program (1 year)*. ID#30111

Minority Medical Faculty Development Program

A fellowship program for minority physicians interested 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 School of Medicine**
Birmingham, AL
\$315,506 -- (4 years). ID#30806
- **Boston University School of Medicine**
Boston, MA
\$315,006 -- (4 years). ID#30878
- **University of California, Los Angeles, School of Medicine**

- Los Angeles, CA
\$315,506 -- (4 years). ID#33552
- \$315,506 -- (4 years). ID#33353
- **University of California, San Francisco**
San Francisco, CA
\$315,506 -- (4 years). ID#30804

\$315,506 -- (4 years). ID#30805
 - **University of Colorado Health Sciences Center**
Denver, CO
\$315,089 -- (4 years). ID#30809
 - **Columbia University**
New York, NY
\$315,506 -- (4 years). ID#33352
 - **Cornell University Medical College**
New York, NY
\$315,506 -- (4 years). ID#33346

\$315,506 -- (4 years). ID#33356
 - **Emory University School of Medicine**
Atlanta, GA
\$209,058 -- (28 months). ID#31330
 - **The Johns Hopkins University School of Medicine**
Baltimore, MD
\$315,506 -- (4 years). ID#33358
 - **Loyola University Medical Center**
Maywood, IL
\$315,506 -- (4 years). ID#33363
 - **University of Maryland at Baltimore School of Medicine**
Baltimore, MD
\$315,506 -- (4 years). ID#33364
 - **University of Michigan Medical Center**
Ann Arbor, MI
\$315,506 -- (5 years). ID#30811
 - **Seattle Institute for Biomedical and Clinical Research**
Seattle, WA
\$315,506 -- (4 years). ID#30812
 - **University of Texas M.D. Anderson Cancer Center**
Houston, TX
\$315,151 -- (4 years). ID#30813
 - **Washington University School of Medicine**
St. Louis, MO
\$315,386 -- (4 years). ID#33350
 - **George Washington University Medical Center**
Washington, DC
\$412,644 -- *Technical assistance and direction for the Minority Medical Faculty Development Program (1 year)*. ID#30654

NACC Foundation Inc.
Perkiomenville, PA

\$42,985 -- *Planning a birthing center for low-income families in the District of Columbia (for 1 year)*. ID#32517

National Academy of Sciences

Washington, DC

\$12,000 -- *Workshop on indicators of safety and security of adolescents (for 7 months)*. ID#30196

National Association of County and City Health Officials

Washington, DC

\$359,000 -- *Improving community public health systems data (for 1 year)*. ID#32253

National Association of School Nurses, Inc.

Scarborough, ME

\$49,370 -- *Study of potential collaborations of managed care organizations and school health services (for 6 months)*. ID#30343

National Foundation for the Centers for Disease Control and Prevention Inc.

Atlanta, GA

\$89,693 -- *Production and dissemination of a student activities and curriculum guide for "The Coming Plague" (for 6 months)*. ID#31444

National Governors' Association Center for Policy Research

Washington, DC

\$417,354 -- *Improving access to health care within the context of welfare reform (for 2 years)*. ID#31548

National Institute on Deafness and Other Communication Disorders

Bethesda, MD

\$40,000 -- *Universal hearing screening for newborns (for 5 months)*. ID#32201

University of New Hampshire

Concord, NH

\$45,524 -- *Planning a study to assess the public health work force (for 9 months)*. ID#31697

The New York Academy of Medicine

New York, NY

\$49,337 -- *National conference on health care for culturally diverse populations (for 1 year)*. ID#31731

\$124,902 -- *Development and dissemination of a pocket guide to medicine and public health collaborations (for 6 months)*. ID#31988

State of North Dakota Department of Health

Bismarck, ND

\$199,000 -- *Survey to assess the number of people uninsured as a result of the April 1997 flood (for 15 months)*. ID#32718

The Research Foundation of State University of New York (Stony Brook)

Albany, NY

\$119,899 -- *Distance learning program in advanced practice nursing (for 1 year)*. ID#31839

Opening Doors: A Program To Reduce Sociocultural Barriers to Health Care

A joint program with the Henry J. Kaiser Family Foundation to support demonstration and research projects that have the potential for improving access to maternal, child, and reproductive health services by reducing sociocultural barriers to care (for the periods indicated).

● **Asian Health Services, Inc.**

Oakland, CA

\$10,000 -- (1 year). ID#32109

- **Homeless Prenatal Program, Inc.**
San Francisco, CA
\$25,000 -- (1 year). ID#32111
- **Latino Health Institute Inc.**
Boston, MA
\$15,000 -- (1 year). ID#32112
- **Planned Parenthood Federation of America, Inc.**
New York, NY
\$11,650 -- (10 months). ID#32114
- **Shasta Community Health Center**
Redding, CA
\$3,750 -- (1 year). ID#32108
- **University of Washington School of Medicine**
Seattle, WA
\$12,500 -- (1 year). ID#32134
- **Westside Health Authority**
Chicago, IL
\$5,000 -- (1 year). ID#32110
- **George Washington University Medical Center**
Washington, DC
\$425,195 -- *Technical assistance and direction for the Opening Doors Program (1 year)*. ID#29433

Oral Health America, America's Fund for Dental Health

Chicago, IL

\$50,000 -- *Initiation of a multi-site program to expand dental care access in high-poverty communities (for 1 year)*. ID#30894

Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants

Program to develop regional models for the education of mid-level practitioners to increase the number in under-served areas (for the periods indicated).

Arkansas State University College of Nursing and Health Professions

State University, AR

\$1,500,000 -- (5 years). ID#32601

University of Detroit Mercy College of Health Professions

Detroit, MI

\$1,289,597 -- (4 years). ID#32602

Duke University School of Nursing

Durham, NC

\$1,300,000 -- (4 years). ID#32603

Idaho State University

Pocatello, ID

\$79,372 -- *Training at Home in Rural Idaho: A Vision of Expansion (9 months)*. ID#32604

University of New Mexico Health Sciences Center

Albuquerque, NM

\$1,099,878 -- (5 years). ID#32605

San Joaquin Valley Health Consortium Inc.

Fresno, CA

\$1,300,000 -- (73 months). ID#32606

Planned Parenthood Association of Mercer Area, Inc.

Trenton, NJ

\$35,590 -- *Service and education program for Latina women (for 1 year).* ID#31337

Practice Sights: State Primary Care Development Strategies

Program to challenge states -- through collaborations among state agencies, communities, provider groups, and health professionals schools -- to improve the distribution of primary care providers in medically under-served areas (for the period indicated).

- **North Carolina Foundation For Alternative Health Programs, Incorporated**

Raleigh, NC

\$418,776 -- *Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (1 year).* ID#29430

Primary Care Fellowship Society Inc.

Omaha, NE

\$50,000 -- *Planning meeting on formation of a national primary care consortium (for 6 months).* ID#33263

Project 3000 by 2000: Health Professions Partnership Initiative

Program to assist the AAMC in helping academic health centers develop the community partnerships required to increase the number of underrepresented minority students prepare to pursue health professions careers (for the period indicated).

- **Association of American Medical Colleges**

Washington, DC

\$388,110 -- *Technical assistance and direction for Project 3000 by 2000 (1 year).* ID#29211

Public Policy & Education Fund of New York, Inc.

Albany, NY

\$30,068 -- *Production and distribution of a consumers' guide to managed care, second edition (for 8 months).* ID#31823

Reach Out: Physicians' Initiative to Expand Care to Under-served Americans

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

- **Memorial Hospital**

Pawtucket, RI

\$590,668 -- *Technical assistance and direction for the Reach Out Program (1 year).* ID#30250

Robert Wood Johnson Executive Nurse Fellows Program

Program to prepare a select cadre of outstanding nurse executives for leadership roles in clinical service, education, and public health (for the period indicated).

- **University of California, San Francisco, Center for the Health Professions**

San Francisco, CA

\$300,000 -- (1 year). ID#29794

Rutgers, The State University

New Brunswick, NJ

\$47,940 -- *Development and dissemination of a safe health practices manual for use at institutions of higher*

education (for 1 year). ID#31918

St. Mary's Manassas Alabama Redevelopment Team Inc.

Memphis, TN

\$10,259 -- *Parish nurse programs for African-American churches in inner-city Memphis (for 1 year). ID#31258*

County of San Diego Department of Health

San Diego, CA

\$89,931 -- *Developing a regional health care master plan for San Diego County (for 1 year). ID#32333*

Society of General Internal Medicine

Washington, DC

\$26,280 -- *Symposium and journal supplement on the development of models to educate physicians for work in managed care (for 6 months). ID#31477*

Society of Teachers of Family Medicine Foundation

Kansas City, MO

\$25,000 -- *Symposium on lessons from national initiatives on health professions education (for 11 months). ID#32526*

Southern Institute on Children and Families Inc.

Columbia, SC

\$497,299 -- *Improving access to health benefits for welfare and low-income families in the South (for 20 months). ID#30727*

Southern Rural Access Program

Program to increase access to health care services in eight rural under-served states (for the period indicated).

● **Geisinger Clinic**

Danville PA

\$721,560 -- *Technical assistance and direction for the Southern Rural Access Program (1 year). ID#32761*

State Initiatives in Health Care Reform

Program to help states plan and develop insurance market reforms, Medicaid reforms, and other significant health care financing and delivery changes (for the periods indicated).

● **State of Colorado Department of Health Care Policy and Financing**

Denver, CO

\$369,827 -- *(26 months). ID#31819*

● **Health Research, Inc.**

Albany, NY

\$749,887 -- *(3 years). ID#32854*

● **State of Oregon Department of Administrative Services, Office for Oregon Health Plan Policy and Research**

Salem, OR

\$705,639 -- *(33 months). ID#33120*

Sunnybrook Foundation

North York, Ontario

\$49,579 -- *Research on price variations in hospital services (for 1 year). ID#31987*

The Task Force for Child Survival and Development

Atlanta, GA

\$421,608 -- *Planning a national center on child health and development (for 1 year). ID#32696*

Tulane University School of Medicine

New Orleans, LA

\$100,000 -- *Summer enrichment program to increase the number of minority students in medical schools (for 10 months)*. ID#31063

Turning Point: Collaborating for a New Century in Public Health

Program to help states improve the performance of their public health functions through a state level strategic assessment of public health's mission, its relationship to the private sector, organizational structure and governance, work force capacity, accountability, and sources of revenue (for the periods indicated).

- **State of Alaska Department of Health and Social Services**
Juneau, AK
\$300,000 -- (2 years). ID#33297
- **State of Arizona, Arizona Department of Health Services**
Phoenix, AZ
\$299,058 -- (2 years). ID#33298
- **Health Research, Inc.**
Rensselaer, NY
\$300,000 -- (2 years). ID#33307
- **State of Illinois, Illinois Department of Public Health**
Springfield, IL
\$300,000 -- (2 years). ID#33299
- **State of Kansas Department of Health and Environment**
Topeka, KS
\$300,000 -- (2 years). ID#33301
- **Louisiana Public Health Institute**
New Orleans, LA
\$300,000 -- (2 years). ID#33302
- **State of Montana Department of Public Health and Human Services**
Helena, MT
\$300,000 -- (2 years). ID#33303
- **State of Nebraska, Nebraska Health and Human Services System**
Lincoln, NE
\$298,880 -- (2 years). ID#33304
- **New Hampshire Public Health Association**
Concord, NH
\$300,000 -- (2 years). ID#33305
- **State of New Mexico Department of Health**
Santa Fe, NM
\$300,000 -- (2 years). ID#33306
- **State of North Carolina Department of Health and Human Services, Division of Community Health**
Raleigh, NC
\$300,000 -- (2 years). ID#33308
- **State of Oklahoma, Oklahoma State Department of Health**
Oklahoma City, OK
\$300,000 -- (2 years). ID#33309
- **State of Oregon Department of Human Resources, Health Division**
Portland, OR
\$300,000 -- (2 years). ID#33311
- **Virginia Hospital Research and Education Foundation**
Richmond, VA
\$300,000 -- (2 years). ID#33312

- **University of Washington School of Public Health and Community Medicine**
Seattle, WA
\$478,173 -- *Technical assistance and direction for Turning Point: Collaborating for a New Century in Public Health (1 year)*. ID#30240

The Urban Health Initiative: Working To Ensure the Health and Safety of Children

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

- **Baltimore Community Foundation, Inc.**
Baltimore, MD
\$4,212,000 -- (4 years). ID#33218
- **The East Bay Community Foundation**
Oakland, CA
\$4,914,000 -- (4 years). ID#33222
- **Greater Detroit Area Health Council, Inc.**
Detroit, MI
\$5,382,000 -- (4 years). ID#33220
- **The Metropolitan Business Foundation**
Richmond, VA
\$4,212,000 -- (4 years). ID#33224
- **City of Philadelphia Children and Families Cabinet**
Philadelphia, PA
\$4,680,000 -- (4 years). ID#33223
- **University of Washington Graduate School of Public Affairs**
Seattle, WA
\$1,503,067 -- *Technical assistance and direction for The Urban Health Initiative (1 year)*. ID#29067
- **New York University, Robert F. Wagner Graduate School of Public Service**
New York, NY
\$571,686 -- *Evaluation planning for The Urban Health Initiative (1 year)*. ID#30916

University of Washington Institute for Public Policy and Management

Seattle, WA

\$80,000 -- *Assessment of the needs of community-based primary care centers moving into managed care (for 8 months)*. ID#31660

\$29,936 -- *Assessment of the needs of community-based primary care centers moving into managed care -- supplement (for 2 months)*. ID#33537

Medical College of Wisconsin Inc.

Milwaukee, WI

\$200,000 -- *Assessing the work force of physicians and non-physicians providing clinical services (for 18 months)*. ID#28859

University of Wisconsin-Madison

Madison, WI

\$59,374 -- *Pilot study on the health status of immigrant women and their children (for 1 year)*. ID#30613

University of Wisconsin-Madison Medical School

Madison, WI

\$197,995 -- *Study of urban physician supply trends (for 18 months)*. ID#30968

University of Wisconsin-Madison School of Nursing

Madison, WI

\$58,197 -- *Linking a community-based primary health care clinic to neighborhood schools (for 1 year)*. ID#32257

Young Women's Christian Association of Princeton, New Jersey

Princeton, NJ

\$6,559 -- *Women's Health Fair (for 1 year)*. ID#31556

[Grants, Contracts, Program Related Investment](#)

1997 Grants and Contracts

ACCESS

CONTRACTS

Elaine Bratic Arkin

Arlington, VA

\$7,775 -- *Researching stakeholder understanding of public health (for 3 months).* ID#32577

ICF Incorporated

Fairfax, VA

\$489,961 -- *Participation in Healthy Steps: A program to improve early childhood development (for 4 years).*

ID#31255

The Lewin Group, Inc.

Fairfax, VA

\$49,995 -- *Planning for a center for the improvement of clinical care management (for 3 months).* ID#32687

Making the Grade: State and Local Partnerships To Establish School-Based Health Centers

Program to expand comprehensive health services for school-age children by funding school-based health centers that would be eligible for long-term support through state and local funding policies (for the period indicated).

- **Barents Group, LLC**

Washington, DC

\$989,938 -- *Evaluation of Making the Grade: State and Local Partnerships To Establish School-Based Health Centers -- Phase II (3 years).* ID#PC424

Mathematica Policy Research, Inc.

Washington, DC

\$48,166 -- *Special journal issue on a research symposium on measuring access in a managed care environment (for 6 months).* ID#31802

Medimetrix Group, Inc.

Cleveland, OH

\$95,000 -- *Development and analysis of program options to achieve universal coverage for children (for 6 months).* ID#31041

Opening Doors: A Program To Reduce Sociocultural Barriers to Health Care

A joint program with the Henry J. Kaiser Family Foundation to support demonstration and research projects that have the potential for improving access to maternal, child, and reproductive health services by reducing sociocultural barriers to care (for the period indicated).

- **Burness Communications**

Bethesda, MD

\$67,441 -- *Monograph on lessons from the Opening Doors Program (6 months).* ID#32838

Replication of a Managed Care Program for Low-Income People

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 period indicated).

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

New York, NY

\$108,472 -- *Consulting and technical assistance to RWJF on access issues (1 year).* ID#32738

State Initiatives in Health Care Reform

Program to help states plan and develop insurance market reforms, Medicaid reforms, and other significant health care financing and delivery changes (for the period indicated).

- **Research Triangle Institute**

Research Triangle Park, NC

\$100,000 -- *State Initiatives in Health Care Reform Survey of employer health insurance practices in Minnesota (7 months)*. ID#30905

Turning Point: Collaborating for a New Century in Public Health

Program to help states improve the performance of their public health functions through a state level strategic assessment of public health's mission, its relationship to the private sector, organizational structure and governance, work force capacity, accountability, and sources of income (for the period indicated).

- **The Lewin Group, Inc.**

Fairfax, VA

\$100,000 -- *Planning and design for an evaluation of the Turning Point Program (4 months)*. ID#32843

VHA Inc.

Cranbury, NJ

\$50,000 -- *Conference on complexity and health care (for 1 year)*. ID#32705

[Grants](#), [Contracts](#), [Program Related Investment](#)

1997 Grants and Contracts

ACCESS

PROGRAM-RELATED INVESTMENTS

Practice Sights: State Primary Care Development Strategies

Program to challenge states -- through collaborations among state agencies, communities, provider groups, and health professionals schools -- to improve the distribution of primary care providers in medically under-served areas (for the periods indicated).

- **Idaho Health Facilities Authority**
Boise, ID
\$700,000 -- (121 months). ID#28754
- **The Minneapolis Foundation**
Minneapolis, MN
\$1,000,000 -- (121 months). ID#30782
- **Nebraska Economic Development Corporation**
Lincoln, NE
\$1,500,000 -- (121 months). ID#28753

[Grants](#), [Contracts](#), [Program Related Investment](#)

1997 Grants and Contracts

CHRONIC HEALTH CONDITIONS

GRANTS

Alcorn State University School of Nursing

Lorman, MS

\$299,943 -- *Training for caregivers/companions for rural people in Mississippi (for 3 years)*. ID#30747

Alliance of Genetic Support Groups, Inc.

Chevy Chase, MD

\$34,729 -- *Improving the delivery of genetic services in managed care (for 6 months)*. ID#30944

American Association of Colleges of Nursing

Washington, DC

\$35,712 -- *Strategy meeting on nursing education to improve end-of-life care (for 9 months)*. ID#31451

American Health Decisions Inc.

Atlanta, GA

\$254,440 -- *Research on Americans' values regarding end-of-life care (for 11 months)*. ID#30299

American Medical Association

Chicago, IL

\$1,541,943 -- *Program to train physicians in end-of-life care (for 2 years)*. ID#30204

American Paralysis Association

Springfield, NJ

\$50,000 -- *Research on spinal cord injury and other central nervous system disorders (for 1 year)*. ID#30756

University of Arizona College of Medicine

Tucson, AZ

\$565,973 -- *Training of paramedics in the treatment of children with special needs (for 2 years)*. ID#30671

Association of Academic Health Centers, Inc.

Washington, DC

\$184,941 -- *Analysis of causes of morbidity and mortality in the United States (for 15 months)*. ID#32016

Beth Israel Deaconess Medical Center, Inc.

Boston, MA

\$576,075 -- *The Journal of the American Medical Association series on chronic illness, "Clinical Crossroads" (for 3 years)*. ID#31659

Black Leadership Commission AIDS Inc.

Melville, NY

\$497,399 -- *Public Health and the Black Clergy - Community Development Initiative (for 2 years)*. ID#28363

Boston University School of Social Work

Boston, MA

\$16,042 -- *Faculty development conference on managed behavioral health care for New England schools of social work (for 8 months)*. ID#30995

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$293,612 -- *Assessment of efforts to provide comprehensive management of chronic renal disease (for 16 months)*. ID#32061

Breast Cancer Recovery Foundation Inc.

Madison, WI

\$49,965 -- *Establishment of breast cancer survivor camps (for 1 year)*. ID#32909

Brown University Center for Gerontology & Health Care Research

Providence, RI

\$69,286 -- *Developing measurement tools to assess quality of care at the end of life (for 6 months)*. ID#32208

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 periods indicated).

- **Alpha One**
South Portland, ME
\$570,015 -- (3 years). ID#31306
- **Children's Hospital Corporation**
Boston, MA
\$506,511 -- (3 years). ID#31307
- **Employment Resources Inc.**
Madison, WI
\$213,588 -- (18 months). ID#31312
- **The Institute for Rehabilitation and Research**
Houston, TX
\$172,445 -- (18 months). ID#31313
- **County of Monroe**
Rochester, NY
\$234,621 -- (18 months). ID#31311
- **University of Southern Maine**
Portland, ME
\$136,600 -- (3 years). ID#31715

University of California, San Francisco, Institute for Health Policy Studies

San Francisco, CA

\$2,480,591 -- *Improving access to care by restructuring provider payments (for 3 years)*. ID#29661

\$48,000 -- *Activities to address the issue of special needs children in California managed care plans (for 1 year)*. ID#33189

The Carter Center, Inc.

Atlanta, GA

\$50,000 -- *Symposium on privacy, confidentiality, and the appropriate use of mental health information (for 7 months)*. ID#33343

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

\$542,562 -- *Technical assistance and direction for Cash and Counseling Demonstration and Evaluation (1 year).* ID#31519

The Center School

Highland Park, NJ

\$25,000 -- *Summer therapy program for high-risk learning disabled students (for 3 months).* ID#29688

Chronic Care Initiatives in HMOs

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

- **AAHP Foundation**

Washington, DC

\$140,000 -- *HMO working group on care management (2 years).* ID#32493

- **Harvard Pilgrim Health Care, Inc.**

Boston, MA

\$2,500 -- *National conference on HMO research (2 months).* ID#31199

- **Legacy Good Samaritan Hospital and Medical Center**

Portland, OR

\$86,492 -- *Development of a screening instrument to identify high-risk Medicare HMO members (2 years).* ID#32715

City of Hope, City of Hope National Medical Center

Duarte, CA

\$793,014 -- *Strengthening nursing education in pain management and end-of-life care (for 3 years).* ID#32829

Coming Home: Development of Rural Community-Based Systems for Chronic Care

Program to run through the National Cooperative Bank Development Corporation to undertake the development of rural community-based systems of chronic care (for the period indicated).

- **Illinois State University**

Normal, IL

\$42,345 -- *Photographic and videotape documentary on the Coming Home project in southern Illinois (20 months).* ID#30051

Community Partnership for Homeless Inc.

Miami, FL

\$397,293 -- *Case management staffing at a Homeless Assistance Center in southern Dade County (for 2 years).* ID#31253

Dartmouth College

Hanover, NH

\$39,917 -- *Conference on end-of-life decision making for people with chronic disabling conditions (for 7 months).* ID#31118

Dole Foundation

Washington, DC

\$29,756 -- *Local grantmakers' forum on disability policy (for 1 year).* ID#30684

Duke University Medical Center

Durham, NC

\$49,859 -- *Pilot study of the feasibility of using weight loss centers to study chronic care in community-based environments (for 15 months).* ID#30795

The Easter Seal Society of New Jersey, Inc., Raritan Valley Workshop

New Brunswick, NJ

\$50,000 -- *Job transportation program (for 1 year).* ID#32373

FACCT, Inc.

Portland, OR

\$298,403 -- *Measuring the quality of care for pediatric and end-of-life care (for 1 year).* ID#31845

Faith in Action: Replication of The Interfaith Volunteer Caregivers Program

Program to help support the establishment of up to 1,000 new interfaith volunteer caregiver projects for all ages with chronic health conditions (for the periods indicated).

- **20th Street HOPE HOUSE, Inc.**
Baltimore, MD
\$25,000 -- (18 months). ID#31381
- **55 Kip Center**
Rutherford, NJ
\$25,000 -- (18 months). ID#31157
- **AIDS Action Coalition of Huntsville**
Huntsville, AL
\$25,000 -- (18 months). ID#31506
- **Abington Memorial Hospital**
Abington, PA
\$25,000 -- (18 months). ID#32969
- **Action for Boston Community Development, Inc.**
Boston, MA
\$25,000 -- (18 months). ID#33079
- **Alive!, Inc.**
Alexandria, VA
\$25,000 -- (18 months). ID#31983
- **The Alliance for Human Enrichment**
Los Angeles, CA
\$25,000 -- (18 months). ID#31507
- **Alzheimer's Disease & Related Disorders Association, Inc., Central New York Chapter**
Syracuse, NY
\$25,000 -- (18 months). ID#32431
- **Alzheimer's Disease & Related Disorders Association, Inc., Tampa Bay Chapter**
Pinellas Park, FL
\$25,000 -- (18 months). ID#33116
- **Alzheimer's Disease & Related Disorders Association, Inc., Tulsa/Green Country Chapter**
Tulsa, OK
\$25,000 -- (18 months). ID#32923
- **Alzheimer's Disease & Related Disorders Association of San Diego, Inc.**
San Diego, CA
\$25,000 -- (18 months). ID#31985
- **Audubon Area Community Services Inc.**
Owensboro, KY

- \$25,000 -- (18 months). ID#31638
- **Austin Metropolitan Ministries**
Austin, TX
\$25,000 -- (18 months). ID#32981
- **B C B U Inc.**
Salt Lake City, UT
\$25,000 -- (18 months). ID#31586
- **BHRAGS, Inc.**
Brooklyn, NY
\$25,000 -- (18 months). ID#31434
- **Baby Steps Inc.**
Norfolk, VA
\$25,000 -- (18 months). ID#32934
- **City of Baltimore**
Baltimore, MD
\$25,000 -- (18 months). ID#32617
- **Baltimore Substance Abuse Systems Inc.**
Baltimore, MD
\$25,000 -- (18 months). ID#31637
- **County of Barron**
Barron, WI
\$25,000 -- (18 months). ID#31686
- **Barton County Community College**
Great Bend, KS
\$25,000 -- (18 months). ID#32475
- **Bay Area Agency on Aging Inc.**
Green Bay, WI
\$25,000 -- (18 months). ID#31585
- **Blessing Hospital, Inc.**
Quincy, IL
\$25,000 -- (18 months). ID#31982
- **Bootheel Community Development Corporation**
Howardville, MO
\$25,000 -- (18 months). ID#32180
- **Broome County Council of Churches, Inc.**
Binghamton, NY
\$25,000-- (18 months). ID#32232
- **Burnham Brook Center**
Battle Creek, MI
\$25,000 -- (1 year). ID#32298
- **CANDII**
Norfolk, VA
\$25,000 -- (18 months). ID#32413
- **Calvary United Methodist Church**
Milford, DE
\$25,000 -- (18 months). ID#31694
- **Cape AIDS Ministry Inc.**
West Hyannisport, MA
\$25,000 -- (18 months). ID#31401

- **Caring Hearts Ministry**
Haddonfield, NJ
\$25,000 -- (18 months). ID#32423
- **Caring Solutions, Inc.**
Kaleva, MI
\$25,000 -- (18 months). ID#31882
- **Caring Together, Inc.**
Detroit, MI
\$25,000 -- (18 months). ID#32820
\$25,000 -- (18 months). ID#33168
\$25,000 -- (18 months). ID#33250
- **Cathedral Square Corporation**
Burlington, VT
\$25,000 -- (18 months). ID#32757
- **Catholic Charities, Diocese of Youngstown**
Youngstown, OH
\$25,000 -- (18 months). ID#31785
- **Catholic Charities of Hampton Roads, Inc.**
Virginia Beach, VA
\$25,000 -- (18 months). ID#32935
- **Catholic Community Service**
Kansas City, KS
\$25,000 -- (18 months). ID#33097
- **Catholic Community Service of Southern Arizona, Inc.**
Tucson, AZ
\$25,000 -- (18 months). ID#32731
- **Catholic Eldercare, Inc.**
Minneapolis, MN
\$25,000 -- (18 months). ID#33251
- **Catholic Social Services, Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#33090
- **Catholic Social Services, Luzerne County Branch**
Wilkes Barre, PA
\$25,000 -- (18 months). ID#32990
- **Central City Lutheran Mission**
San Bernardino, CA
\$25,000 -- (18 months). ID#32560
- **Central County United Way**
San Jacinto, CA
\$25,000 -- (18 months). ID#33279
- **Central Minnesota Council Aging, Inc.**
St. Cloud, MN
\$25,000 -- (18 months). ID#31505
- **Central Texas Opportunities, Inc.**
Coleman, TX
\$25,000 -- (18 months). ID#33083
- **Chatham Association for Retarded Citizens, Inc.**
Savannah, GA
\$25,000 -- (18 months). ID#32065

- **Chautauqua County**
Mayville, NY
\$25,000 -- (21 months). ID#31584
- **Chico State University Foundation**
Chico, CA
\$25,000 -- (18 months). ID#31459
- **Children's Therapy Center of Pettis County Inc.**
Sedalia, MO
\$25,000 -- (18 months). ID#32426
- **Christ Faith Mission**
Los Angeles, CA
\$25,000 -- (18 months). ID#33111
- **Christ Temple Church**
Stockton, CA
\$25,000 -- (18 months). ID#32344
- **Christian HomeCare Services Inc.**
Lebanon, IL
\$25,000 -- (18 months). ID#31503
- **Christian People Helping People, Inc.**
Augusta, GA
\$25,000 -- (18 months). ID#32341
- **Christine, Morgan & Therry Ministering Center**
Ypsilanti, MI
\$25,000 -- (18 months). ID#32382
- **Church of the Good Shepherd**
Watertown, MA
\$25,000 -- (18 months). ID#33087
- **Coalition for Senior Progress, Inc.**
Albuquerque, NM
\$25,000 -- (18 months). ID#32067
- **The Collinsville Area Ministerial Association**
Collinsville, IL
\$25,000 -- (18 months). ID#32367
- **Columbia Community Mental Health**
St. Helens, OR
\$25,000 -- (18 months). ID#31017
- **Combined Community Action, Incorporated**
Smithville, TX
\$25,000 -- (18 months). ID#31458
- **Community General Hospital of Sullivan County**
Harris, NY
\$25,000 -- (18 months). ID#32340
- **Community Memorial Hospital of Deer River Inc.**
Deer River, MN
\$25,000 -- (18 months). ID#31786
- **Community Relations-Social Development Commission**
Milwaukee, WI
\$25,000 -- (18 months). ID#32425
- **Compeer, Inc.**
Rochester, NY

- \$25,000 -- (18 months). ID#31931
- **Compeer Atlanta, Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#31380
 - **Compeer of Birmingham Inc.**
Birmingham, AL
\$25,000 -- (18 months). ID#31695
 - **Congregational Church of Wellesley**
Wellesley, MA
\$25,000 -- (18 months). ID#33098
 - **CONTACT Community Telephone Helpline**
Johnstown, PA
\$25,000 -- (18 months). ID#32748
 - **Cornerstone Assistance Network, Inc.**
North Richland Hills, TX
\$25,000 -- (18 months). ID#33077
 - **Created for Caring**
Bay City, MI
\$25,000 -- (18 months). ID#31502
 - **Crescent Hill Baptist Church**
Louisville, KY
\$25,000 -- (18 months). ID#33432
 - **Day Kimball Hospital of Windham County**
Putnam, CT
\$25,000 -- (18 months). ID#31362
 - **Dean Hospital & Nursing Home, Inc.**
Greenville, ME
\$25,000 -- (18 months). ID#33080
 - **Developmental Disabilities Resource Center**
Lakewood, CO
\$25,000 -- (18 months). ID#33534
 - **District 1 Community Council**
St. Paul, MN
\$25,000 -- (18 months). ID#32230
 - **Dominican Sisters Family Health Services, Inc., Suffolk County Office**
Hampton Bays, NY
\$25,000 -- (18 months). ID#33069
 - **Eastern Area Community Ministries, Inc.**
Louisville, KY
\$25,000 -- (18 months). ID#31303
 - **Eddy Visiting Nurse Association of the Capital Region**
Troy, NY
\$25,000 -- (18 months). ID#32142
 - **Elkhart County Council On Aging Inc.**
Elkhart, IN
\$25,000 -- (18 months). ID#32179
 - **Episcopal Senior Ministries**
Washington, DC
\$25,000 -- (18 months). ID#31810

- **The Evergreen Foundation of Western New York Inc.**
Buffalo, NY
\$25,000 -- (18 months). ID#32473
- **Evergreen Hospice and Health Care Foundation**
Kirkland, WA
\$25,000 -- (18 months). ID#32982
- **Fairview Church Interfaith Caregivers Association, Inc.**
Fitzgerald, GA
\$25,000 -- (18 months). ID#33169
- **Family Outreach & Resource, Inc.**
Palestine, TX
\$25,000 -- (18 months). ID#33533
- **Family Services of Chemung County, Inc.**
Elmira, NY
\$25,000 -- (18 months). ID#31334
- **First Baptist Church**
Salt Lake City, UT
\$25,000 -- (18 months). ID#31696
- **First Baptist Church of New Roads**
New Roads, LA
\$25,000 -- (18 months). ID#33078
- **First Call for Help of Ellis County, Inc.**
Hays, KS
\$25,000 -- (18 months). ID#31471
- **First United Methodist Church**
Portland, OR
\$25,000 -- (18 months). ID#32983
- **First United Methodist Church of Twin Falls**
Twin Falls, ID
\$25,000 -- (18 months). ID#32433
- **Fletcher Allen Health Care, Inc.**
Burlington, VT
\$25,000 -- (18 months). ID#31837
- **Florida Hospital**
Avon Park, FL
\$25,000 -- (18 months). ID#31688
- **Foundation for Interfaith Research and Ministry**
Houston, TX
\$25,000 -- (18 months). ID#31788
- **Fox Valley Lutheran Homes, Inc.**
Appleton, WI
\$25,000 -- (18 months). ID#32381
- **Frederick County**
Frederick, MD
\$25,000 -- (18 months). ID#31544
- **Freedom Assembly**
Beverly Hills, CA
\$25,000 -- (18 months). ID#32271
- **Freedom Life Ministries Inc.**
Montgomery, AL

- \$25,000 -- (18 months). ID#31437
- **Friends of Prison Families Inc.**
Avondale Estates, GA
\$25,000 -- (18 months). ID#33481
- **The Friends Program Inc.**
Concord, NH
\$25,000 -- (18 months). ID#33205
- **Gateway Center Association for Handicapped Persons**
Princeton, IL
\$25,000 -- (18 months). ID#33074
- **Good Neighbor Services Foundation**
Roseville, MN
\$25,000 -- (18 months). ID#33523
- **Grace Evangelical Lutheran Church**
Camp Hill, PA
\$25,000 -- (18 months). ID#33089
- **Grace Fellowship Church, Inc.**
Timonium, MD
\$25,000 -- (18 months). ID#32922
- **Grace United Methodist Church**
Webster, WI
\$25,000 -- (18 months). ID#32729
- **Greater Omaha Inter-Religious Network of AIDS Care Teams Inc.**
Omaha, NE
\$25,000 -- (18 months). ID#33391
- **HPC Foundation for Hospice Care**
Minneapolis, MN
\$7,933 -- (6 months). ID#32498
- **Hamilton Life Institute, Inc.**
Chicago, IL
\$25,000 -- (18 months). ID#33113
- **Hands on Ministries Inc.**
Savannah, GA
\$25,000 -- (18 months). ID#32235
- **Happy Landings Homes, Inc.**
Melbourne, FL
\$25,000 -- (18 months). ID#31344
\$25,000 -- (18 months). ID#32749
- **Hazleton-Saint Joseph Medical Center**
Hazleton, PA
\$25,000 -- (18 months). ID#31736
- **Healthone**
Denver, CO
\$25,000 -- (18 months). ID#32270
- **Here's Life Jacksonville, Inc.**
Jacksonville, FL
\$25,000 -- (18 months). ID#31295
- **Heritage Hospice, Inc.**
Danville, KY
\$25,000 -- (18 months). ID#31345

- **Highland Valley Elder Services, Inc.**
Northampton, MA
\$25,000 -- (18 months). ID#31684
- **Hill Country Community Needs Council Inc.**
Fredericksburg, TX
\$25,000 -- (18 months). ID#31406
- **Hills & Dales General Hospital Inc.**
Cass City, MI
\$25,000 -- (18 months). ID#33532
- **Hispanic AIDS Committee for Education and Resources Inc.**
San Antonio, TX
\$25,000 -- (18 months). ID#32269
- **Hockley County Senior Citizens Association Inc.**
Levelland, TX
\$25,000 -- (18 months). ID#32184
- **Holy Spirit Hospital**
Camp Hill, PA
\$25,000 -- (18 months). ID#33088
- **Hope Network**
Grand Rapids, MI
\$25,000 -- (18 months). ID#31692
- **Hospice Foundation of Southwest Virginia, Inc.**
Wytheville, VA
\$25,000 -- (18 months). ID#31472
- **Hospice of Chippewa County**
Sault Ste. Marie, MI
\$25,000 -- (18 months). ID#32992
- **Hospice of Citrus County, Inc.**
Lecanto, FL
\$25,000 -- (18 months). ID#33240
- **Hospice of Northwest Florida, Inc.**
Pensacola, FL
\$25,000 -- (18 months). ID#31405
- **Hospice of Rutherford County Inc.**
Forest City, NC
\$25,000 -- (18 months). ID#31984
- **The Hospice of the Florida Suncoast, Inc.**
Largo, FL
\$25,000 -- (18 months). ID#32144
- **Hospice of the Grand Valley**
Grand Junction, CO
\$25,000 -- (18 months). ID#32368
- **Hospice Volunteers of the Portsmouth Area Inc.**
Portsmouth, VA
\$25,000 -- (18 months). ID#32385
- **HospiceCare Inc.**
Madison, WI
\$25,000 -- (18 months). ID#32730
\$25,000 -- (18 months). ID#33449
- **Hot Springs AIDS Resource Center Inc.**

- Hot Springs, AR
\$25,000 -- (18 months). ID#32479
- **Human Services Association**
Bell Gardens, CA
\$25,000 -- (18 months). ID#32973
- **Indiana County Group Homes, Inc.**
Indiana, PA
\$25,000 -- (18 months). ID#31203
- **Inland Hospice Association**
Claremont, CA
\$25,000 -- (18 months). ID#31143
- **Interdenominational Theological Center, Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#32984
- **Interfaith Caregivers Inc.**
Port Washington, WI
\$25,000 -- (18 months). ID#31435
- **Interfaith Caregivers Program**
Oakland, CA
\$25,000 -- (21 months). ID#31470
- **Interfaith Caring Ministries, Inc.**
League City, TX
\$25,000 -- (18 months). ID#31438
- **Interfaith Coalition for the Homeless**
San Luis Obispo, CA
\$25,000 -- (18 months). ID#33242
- **Interfaith Community Services of South Carolina, Inc.**
Columbia, SC
\$25,000 -- (20 months). ID#32616
- **Interfaith Health Care Ministries**
Providence, RI
\$25,000 -- (20 months). ID#32266
- **Interfaith Housing Association of Westport/Weston Inc.**
Westport, CT
\$25,000 -- (18 months). ID#31402
\$25,000 -- (18 months). ID#31140
- **Interfaith Ministries of Hawaii Inc.**
Honolulu, HI
\$25,000 -- (18 months). ID#31689
- **Interfaith Volunteer Caregivers of Southwestern Pennsylvania**
Pittsburgh, PA
\$25,000 -- (18 months). ID#32890
- **Iowa Lakes Community College**
Emmetsburg, IA
\$25,000 -- (18 months). ID#31636
- **Itasca Medical Center**
Grand Rapids, MN
\$25,000 -- (18 months). ID#32615
- **Jewish Family Services, Inc.**
Baltimore, MD

\$25,000 -- (21 months). ID#31457

- **The Jewish Family Services of Greater Orlando Inc.**
Winter Park, FL
\$25,000 -- (18 months). ID#31932
- **Jewish Vocational Service of Cincinnati**
Cincinnati, OH
\$25,000 -- (18 months). ID#31738
- **Kenner Cares Inc.**
Kenner, LA
\$25,000 -- (18 months). ID#32698
- **Kentucky River Foothills Development Council, Inc.**
Richmond, KY
\$25,000 -- (18 months). ID#32864
- **Life Abundant Foundation, Inc.**
Urbana, OH
\$25,000 -- (18 months). ID#31737
- **Life Steps Foundation, Inc.**
Culver City, CA
\$25,000 -- (18 months). ID#31204
- **Living Independence for Everyone (LIFE), Incorporated**
Jackson, MS
\$25,000 -- (18 months). ID#32066
- **Livingston County Catholic Social Services**
Brighton, MI
\$25,000 -- (18 months). ID#32233
- **Lompoc Valley Senior Services**
Lompoc, CA
\$25,000 -- (18 months). ID#31407
- **The Lutheran Home of Central New York**
Clinton, NY
\$25,000 -- (18 months). ID#32041
- **Lutheran Retirement Home, Inc.**
Northwood, IA
\$25,000 -- (18 months). ID#32268
- **Lutheran Social Service of Minnesota**
Red Wing, MN
\$25,000 -- (18 months). ID#31302
- **Lutheran Social Services of South Central Pennsylvania**
York, PA
\$25,000 -- (18 months). ID#32968
- **Lutheran Social Services of Southern California**
Alhambra, CA
\$25,000 -- (18 months). ID#31346
- **Macomb County Interfaith Volunteer Caregivers**
Warren, MI
\$25,000 -- (18 months). ID#32346
- **Marian Community Hospital**
Carbondale, PA
\$25,000 -- (18 months). ID#32143

- **Marian Community Hospital Foundation**
Carbondale, PA
\$25,000 -- (18 months). ID#33167
- **Martha Jefferson Hospital**
Charlottesville, VA
\$25,000 -- (18 months). ID#33497
- **Maui AIDS Foundation**
Wailuku, HI
\$25,000 -- (18 months). ID#32231
- **Mays Mission for the Handicapped, Inc.**
Heber Springs, AR
\$25,000 -- (18 months). ID#31741
- **McKenna Hospital**
Sioux Falls, SD
\$25,000 -- 18 (months). ID#31883
- **Mental Health Association in Caddo-Bossier**
Shreveport, LA
\$25,000 -- (18 months). ID#32634
- **Mental Health Association in Nashville Inc.**
Nashville, TN
\$25,000 -- (18 months). ID#32078
- **Mental Health Association of Arizona**
Scottsdale, AZ
\$25,000 -- (18 months). ID#31473
- **Mental Health Association of Palm Beach County**
West Palm Beach, FL
\$25,000 -- (18 months). ID#33252
- **Mental Health Association of the Mid-South**
Memphis, TN
\$25,000 -- (18 months). ID#30933
- **Mercy Hospital**
Valley City, ND
\$25,000 -- (18 months). ID#31342
- **Mercy Medical Foundation**
Williston, ND
\$25,000 -- (18 months). ID#32064
- **Metropolitan Community Church of Knoxville**
Knoxville, TN
\$25,000 -- (18 months). ID#31639
- **Mid-Maine Medical Center**
Waterville, ME
\$25,000 -- (18 months). ID#31455
- **Mission Metroplex Inc.**
Arlington, TX
\$25,000 -- (18 months). ID#31439
- **Mission Road Developmental Center**
San Antonio, TX
\$25,000 -- (22 months). ID#31366
- **Monroe Medical Foundation for Research and Education, Inc.**
Monroe, WI

\$25,000 -- (18 months). ID#31158

- **Montgomery County Committee on Aging, Inc.**
Conroe, TX
\$25,000 -- (18 months). ID#32422
- **Morgan County Association for Mental Health**
Decatur, AL
\$25,000 -- (18 months). ID#33332
- **Mount Desert Island Hospital**
Bar Harbor, ME
\$25,000 -- (18 months). ID#31930
- **Mount Hope Neighborhood Association, Inc.**
Providence, RI
\$25,000 -- (18 months). ID#33366
- **New Beginning Assisted Living Center**
Fort Dodge, IA
\$25,000 -- (18 months). ID#31739
- **New Hope Hospice, Inc.**
Holden, ME
\$25,000 -- (18 months). ID#33068
- **New Mexico Conference of Churches**
Albuquerque, NM
\$25,000 -- (18 months). ID#31142

Newport News LINK, Inc.

Newport News, VA
\$25,000 -- (18 months). ID#32891

- **Newton-Wellesley-Weston Committee for Community Living, Inc.**
Newton, MA
\$25,000 -- (18 months). ID#32380
- **The North County Council on Aging**
Vista, CA
\$25,000 -- (18 months). ID#32699
- **North County Interfaith Council, Inc.**
Escondido, CA
\$25,000 -- (18 months). ID#32147
- **North End South Como Block Nurse Program**
St. Paul, MN
\$25,000 -- (18 months). ID#32267
- **North Hills Community Outreach, Inc.**
Allison Park, PA
\$25,000 -- (18 months). ID#31958
- **North Shore Association for Retarded Citizens, Inc.**
Danvers, MA
\$25,000 -- (18 months). ID#32967
- **NorthBay Healthcare Group**
Fairfield, CA
\$25,000 -- (18 months). ID#33072
- **Northeast Family Resource Center**
Lincoln, NE
\$25,000 -- (19 months). ID#32181

- **Northfield Care Center, Inc.**
Northfield, MN
\$25,000 -- (18 months). ID#33082
- **Northwest Interfaith Movement, Inc.**
Philadelphia, PA
\$25,000 -- (18 months). ID#31541
- **Oakwood Lutheran Homes Association, Inc.**
Madison, WI
\$25,000 -- (18 months). ID#31469
- **Open Arms of Minnesota Inc.**
Minneapolis, MN
\$25,000 -- (18 months). ID#31787
- **Pana Community Hospital Association**
Pana, IL
\$25,000 -- (18 months). ID#31198
- **Papan's Landing Senior Center Inc.**
Topeka, KS
\$25,000 -- (18 months). ID#33070
- **Parent to Parent of Georgia Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#32276
- **Partners Advancing the Community Inc.**
Luthersville, GA
\$25,000 -- (18 months). ID#32432
- **PeopleCare Inc.**
Riverside, IL
\$25,000 -- (18 months). ID#31543
- **County of Piatt**
Monticello, IL
\$25,000 -- (18 months). ID#33081
- **Pinnacle Health Hospice**
Harrisburg, PA
\$25,000 -- (18 months). ID#32063
- **University of Pittsburgh**
Pittsburgh, PA
\$25,000 -- (18 months). ID#32861
- **City of Pittsfield**
Pittsfield, MA
\$25,000 -- (18 months). ID#32411
- **Point Man International Ministries**
Melbourne, FL
\$25,000 -- (18 months). ID#31335
- **Presbyterian Church of Clearfield**
Clearfield, PA
\$25,000 -- (21 months). ID#31468
- **Present Day-Cares, Inc.**
Charlotte, NC
\$25,000 -- (18 months). ID#33253
- **Pro-File Computer Institute**
Vienna, VA

\$8,312 -- (6 months). ID#31546

- **Project Concern Inc.**
Dubuque, IA
\$25,000 -- (18 months). ID#31436
- **Project WORD Inc.**
Merrifield, VA
\$25,000 -- (18 months). ID#32476
- **Providence Marianwood Foundation**
Issaquah, WA
\$25,000 -- (18 months). ID#32916
- **Psychiatric Rehabilitation Services Inc.**
Fairfax, VA
\$25,000 -- (18 months). ID#32182
- **QUOLA-LC/CDC Inc.**
Valdosta, GA
\$25,000 -- (18 months). ID#32427
- **RAIN Arkansas Inc.**
Little Rock, AR
\$25,000 -- (18 months). ID#32414
- **Reaching Out to Senior Adults Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#32633
- **Research Foundation of the City University of New York**
New York, NY
\$25,000 -- (18 months). ID#32989
- **Resources for Human Development, Inc.**
Philadelphia, PA
\$25,000 -- (18 months). ID#31113
- **Retired and Senior Volunteer Program of Greater New Britain, Inc.**
New Britain, CT
\$25,000 -- (18 months). ID#33067
- **Richland County Volunteer Caregiver Exchange**
Wahpeton, ND
\$25,000 -- (18 months). ID#31693
- **Riverside Hospice, Inc.**
Riverside, CA
\$25,000 -- (18 months). ID#32972
- **Roseland Christian Ministries Center**
Chicago, IL
\$25,000 -- (18 months). ID#31635
- **Rutherford Hospital Incorporated**
Rutherfordton, NC
\$25,000 -- (18 months). ID#33114
- **S O S Health Care Inc.**
Myrtle Beach, SC
\$25,000 -- (18 months). ID#31902
- **Sacred Hearts of Jesus and Mary Church**
Southampton, NY
\$25,000 -- (18 months). ID#32860

- **St. Andrew Lutheran Church**
Charlestown, RI
\$25,000 -- (18 months). ID#31685
- **St. Anthony Park Block Nurse Program**
St. Paul, MN
\$25,000 -- (18 months). ID#32862
- **St. Anthony's Hospice, Inc.**
Henderson, KY
\$25,000 -- (18 months). ID#32428
- **St. Catherine Hospital**
Garden City, KS
\$25,000 -- (18 months). ID#33075
- **St. Clair County Interfaith Volunteer Caregivers Program**
Port Huron, MI
\$25,000 -- (18 months). ID#31378
- **St. Francis House, Inc.**
Springdale, AR
\$25,000 -- (18 months). ID#33091
- **St. Joseph's Regional Health System**
Stockton, CA
\$25,000 -- (18 months). ID#32415
- **St. Lawrence Church**
Hanover, MD
\$25,000 -- (18 months). ID#33117
- **St. Margaret Mercy Healthcare Centers Inc.**
Hammond, IN
\$25,000 -- (18 months). ID#33055
- **St. Matthew's United Methodist Church**
Annandale, VA
\$25,000 -- (18 months). ID#32342
- **St. Paul's Lutheran Church**
Wilton, WI
\$25,000 -- (18 months). ID#32697
- **St. Vincent de Paul Society**
Los Angeles, CA
\$25,000 -- (18 months). ID#32478
- **Samaritan Hospice**
Moorestown, NJ
\$25,000 -- (18 months). ID#31141
- **Santa Rosa Community Services Inc.**
Milton, FL
\$25,000 -- (18 months). ID#32863
- **Scenic Valley Area VIII Agency on Aging**
Dubuque, IA
\$25,000 -- (18 months). ID#32384
- **Self-Help, Inc.**
Riverside, RI
\$25,000 -- (18 months). ID#32859
- **Seminary Covenant Community**
Melbourne, FL

\$25,000 -- (18 months). ID#32145

- **Senior Citizens Inc.**
Nashville, TN
\$25,000 -- (18 months). ID#31365
- **The Senior Hub, Inc.**
Federal Heights, CO
\$25,000 -- (18 months). ID#33392
- **Senior Neighbors of Chattanooga Inc.**
Chattanooga, TN
\$25,000 -- (18 months). ID#32821
- **Senior Services Associates, Inc.**
Elgin, IL
\$25,000 -- (18 months). ID#31504
- **Seniors Call to Action Team, Inc.**
Fayetteville, NC
\$25,000 -- (18 months). ID#31364
- **Service Agency for Senior Citizens of Broward County, Inc.**
Fort Lauderdale, FL
\$25,000 -- (18 months). ID#33076
- **Servicenet Inc.**
Northampton, MA
\$25,000 -- (18 months). ID#31454
- **Services for Older Citizens, Inc.**
Grosse Pointe Woods, MI
\$25,000 -- (18 months). ID#31691
- **Sheboygan County Interfaith Organization Inc.**
Sheboygan, WI
\$25,000 -- (18 months). ID#32614
- **Shepherd's Gate Hospice Inc.**
Covington, GA
\$25,000 -- (18 months). ID#31545
- **Sisters of Mercy of the Americas Regional Community of Rochester**
Rochester, NY
\$25,000 -- (18 months). ID#32275
- **Somerset Medical Center**
Somerville, NJ
\$25,000 -- (18 months). ID#31156
- **South Arkansas Regional Health Center**
El Dorado, AR
\$25,000 -- (18 months). ID#32343
- **South Louisville Community Ministries Inc.**
Louisville, KY
\$25,000 -- (18 months). ID#33071
- **South Side Help Center Inc.**
Chicago, IL
\$25,000 -- (18 months). ID#31687
- **Southern Iowa Mental Health Center**
Ottumwa, IA
\$25,000 -- (18 months). ID#33241

- **Southern Ocean County Hospital**
Manahawkin, NJ
\$25,000 -- (18 months). ID#33073
- **The Southwest Texas State University Development Foundation**
San Marcos, TX
\$25,000 -- (18 months). ID#32971
- **The Special Gathering, Inc.**
Cocoa, FL
\$25,000 -- (18 months). ID#31456
\$25,000 -- (18 months). ID#32914
\$25,000 -- (18 months). ID#32915
\$25,000 -- (18 months). ID#32993
- Suffolk Community Council Inc.**
Islandia, NY
\$25,000 -- (25 months). ID#31294
- **Sunshine Foundation Inc.**
Maumee, OH
\$25,000 -- (18 months). ID#32234
- **Synod of Southern California and Hawaii**
Los Angeles, CA
\$25,000 -- (18 months). ID#32345
- **Tri-County Council for Senior Citizens Inc.**
Trenton, FL
\$25,000 -- (18 months). ID#31343
- Trinity United Methodist Church**
King, NC
\$25,000 -- (18 months). ID#32183
- **Trust Church Group**
Minneapolis, MN
\$25,000 -- (18 months). ID#31403
- **United Cerebral Palsy Association of Colorado Inc.**
Denver, CO
\$25,000 -- (18 months). ID#32477
- **United Church of Christ**
Neillsville, WI
\$25,000 -- (18 months). ID#32970
- **United Community Independence Programs, Inc.**
Meadville, PA
\$25,000 -- (18 months). ID#32991
-
- **United Methodist Church of Delta**
Delta, OH
\$25,000 -- (18 months). ID#32474
- **Valley AIDS Network**
Harrisonburg, VA
\$25,000 -- (18 months). ID#33115
- **Valley Interfaith Caregivers Network/Central Shenandoah Valley**
Harrisonburg, VA
\$25,000 -- (18 months). ID#33402

- **Vincennes University**
Vincennes, IN
\$25,000 -- (18 months). ID#32383
- **The Visiting Nurse Association of Greater Philadelphia**
Philadelphia, PA
\$25,000 -- (18 months). ID#32921
- **Visiting Nurse Association of the Midlands**
Omaha, NE
\$16,302 -- (1 year). ID#30867
- **Visiting Nurse Health System of Metropolitan Atlanta, Inc.**
Atlanta, GA
\$25,000 -- (18 months). ID#33278
- **Voluntary Action Center of Montgomery County**
Blacksburg, VA
\$25,000 -- (18 months). ID#32913
- **Volunteers of America of Northeast Pennsylvania**
Wilkes Barre, PA
\$25,000 -- (18 months). ID#33112
\$25,000 -- (18 months). ID#33249
\$25,000 -- (18 months). ID#33440
\$25,000 -- (18 months). ID#33482
- **Wakulla County Senior Citizens Council Inc.**
Crawfordville, FL
\$25,000 -- (18 months). ID#31379
- **Wayne Memorial Hospital**
Honesdale, PA
\$25,000 -- (18 months). ID#32424
- **We Care Mission**
Morton, MS
\$25,000 -- (18 months). ID#32618
- **WECAN of Wayne County**
Goldsboro, NC
\$25,000 -- (18 months). ID#31404
- **Wellmont Health System**
Kingsport, TN
\$25,000 -- (18 months). ID#31740
- **West Galveston County Interfaith Caring Ministries**
Santa Fe, TX
\$25,000 -- (18 months). ID#32845
- **Western Maine Community Action, Inc.**
East Wilton, ME
\$25,000 -- (18 months). ID#31301
- **Wiregrass S.T.E.P. Foundation**
Dothan, AL
\$25,000 -- (18 months). ID#32146
- **Wissahickon Hospice**
Philadelphia, PA
\$25,000 -- (18 months). ID#31363
- **Workers of Faith**
Walnut Grove, GA

\$25,000 -- (18 months). ID#32412

● **Zion Lutheran Church**

Glendive, MT

\$25,000 -- (18 months). ID#32068

● **Kingston Hospital**

Kingston, NY

\$907,778 -- *Technical assistance and direction for Faith in Action: Replication of The Interfaith Volunteer Caregivers Program (11 months)*. ID#29693

● **Vanderbilt University Institute for Public Policy Studies**

Nashville, TN

\$94,022 -- *Faith in Action: Review and Assessment (10 months)*. ID#32019

● **George Washington University**

Washington, DC

\$330,966 -- *Developing options for future support of The Interfaith Volunteer Caregivers Program (9 months)*. ID#32295

Federation of State Medical Boards Research and Education Foundation

Eules, TX

\$78,830 -- *Development of guidelines for the use of controlled substances in treating pain (for 5 months)*. ID#32703

Friends' Health Connection

New Brunswick, NJ

\$20,000 -- *Personal support to be made available in New Jersey hospitals (for 1 year)*. ID#31986

George Washington University, The Center to Improve Care of the Dying

Washington, DC

\$140,000 -- *Assistance with the Foundation's Last Acts Campaign and related activities (for 2 years)*. ID#31243

Georgetown University

Washington, DC

\$113,004 -- *Assessment of community-based chronic care initiatives and development of a strategic plan (for 6 months)*. ID#31900

Georgia Southwestern State University, Rosalynn Carter Institute

Americus, GA

\$351,213 -- *A model project to support caregivers of people with chronic conditions (for 2 years)*. ID#30340

Gerontological Society of America

Washington, DC

\$393,748 -- *Data briefs on chronic conditions (for 18 months)*. ID#32024

Group Health Cooperative of Puget Sound

Seattle, WA

\$49,932 -- *Planning for a program of chronic disease management in organized health systems (for 4 months)*. ID#33712

Harvard University School of Public Health

Boston, MA

\$263,996 -- *Analysis of patterns of obstetric referrals in eight states (for 18 months)*. ID#31026

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).

- **Center for Health and Long Term Care Research Inc.**
Waltham, MA
\$319,925 -- (18 months). ID#31352
- **University of Michigan**
Ann Arbor, MI
\$299,709 -- (18 months). ID#31360
- **University of Michigan School of Public Health**
Ann Arbor, MI
\$287,344 -- (3 years). ID#31808
- **Visiting Nurse Service of New York**
New York, NY
\$308,949 -- *Technical assistance and direction for the Home Care Research Initiative (1 year)*. ID#28685

Hospice Federation of Massachusetts Incorporated

Norwood, MA

\$107,837 -- *Development and dissemination of a model public awareness campaign for hospice services (for 17 months)*. ID#30557

Improving Child Health Services: Removing Categorical Barriers to Care

Initiative to determine the feasibility of stimulating structural changes in how health services for children are financed and delivered (for the period indicated).

- **Monroe County Department of Health**
Rochester, NY
\$50,000 -- *Integrating child health services in Monroe County, New York (2 years)*. ID#32755

Independent Choices: Enhancing Consumer Direction for People with Disabilities

Program to improve service arrangements for the chronically ill by encouraging mechanisms that better coordinate and balance services, addressing both the acute care and functional care needs of the chronically ill (for the periods indicated).

- **County of Alameda Social Services Agency**
Oakland, CA
\$299,997 -- (3 years). ID#32149
- **Alzheimer's Disease and Related Disorders Association, Inc., New York City Chapter**
New York, NY
\$300,000 -- (3 years). ID#32202
- **Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**
Waltham, MA
\$148,752 -- (18 months). ID#32241
- **Childrens Hospital of Los Angeles**
Los Angeles, CA
\$300,000 -- (3 years). ID#32150
- **Family Caregiver Alliance**
San Francisco, CA
\$147,872 -- (31 months). ID#32243
- **Miami University**
Oxford, OH
\$299,840 -- (3 years). ID#32215
- **University of Minnesota, Hubert H. Humphrey Institute of Public Affairs**
Minneapolis, MN
\$172,191 -- (2 years). ID#32492

- **University of Missouri-Columbia School of Medicine**
Columbia, MO
\$150,000 -- (2 years). ID#32248
- **University of Montana**
Missoula, MT
\$300,000 -- (3 years). ID#32239
- **National Assn. of State Units on Aging**
Washington, DC
\$130,451 -- (3 years). ID#32491
- **State of Oregon Department of Human Resources**
Salem, OR
\$300,000 -- (3 years). ID#32203
- **Progress Center for Independent Living**
Forest Park, IL
\$300,000 -- (3 years). ID#32216
- **University of South Florida Research Foundation Inc.**
Tampa, FL
\$149,996 -- (2 years). ID#32246
- **National Council on the Aging Inc.**
Washington, DC
\$310,495 -- *Technical assistance and direction for the Independent Choices Program (1 year)*. ID#31523

Institute for Healthcare Improvement

Boston, MA

\$150,174 -- *Helping safety-net providers improve care at the end of life (for 18 months)*. ID#31629

The Johns Hopkins University School of Hygiene and Public Health

Baltimore, MD

\$27,250 -- *Planning for a state-based initiative to improve care at the end of life (for 9 months)*. ID#31630

University of Minnesota School of Public Health

Minneapolis, MN

\$348,020 -- *Mentoring and fellows program for state long-term care officials (for 2 years)*. ID#29961

Missoula Demonstration Project Inc.

Missoula, MT

\$53,675 -- *Supplementary funds for Missoula demonstration project on the quality of life's end (for 1 year)*. ID#30794

National Academy of Sciences-Institute of Medicine

Washington, DC

\$550,558 -- *Study on improving quality in long-term care (for 18 months)*. ID#31733

National Academy of Social Insurance

Washington, DC

\$194,671 -- *Measuring progress toward cost containment and quality care in workers' compensation (for 3 years)*. ID#30118

\$998,542 -- *Analysis of long-term policy issues surrounding Medicare restructuring (for 2 years)*. ID#32799

National Center for Learning Disabilities

New York, NY

\$48,059 -- *National initiative to assist parents and preschool teachers to identify learning disabilities in young children (for 1 year)*. ID#32120

National Chronic Care Consortium

Bloomington, MN

\$176,175 -- *Feasibility study for establishing a formal collaboration among health care delivery systems to develop disease management programs (for 9 months).* ID#32613

National Coalition for Cancer Survivorship

Silver Spring, MD

\$14,500 -- *Preparation of an updated book on surviving cancer (for 1 year).* ID#32702

National Conference of State Legislatures

Washington, DC

\$149,486 -- *Research and information services for state policymakers in end-of-life care issues (for 1 year).* ID#32334

National Minority AIDS Council Inc.

Washington, DC

\$20,000 -- *United States Conference on AIDS (for 1 month).* ID#32691

State of North Dakota Department of Health

Bismarck, ND

\$187,058 -- *Study of sentinel health conditions associated with North Dakota flooding (for 15 months).* ID#32720

Occupational Training Center of Morris County, Inc.

Cedar Knolls, NJ

\$5,000 -- *Partial funding for an employment specialist (for 1 year).* ID#31229

Oregon Pacific Research Institute

Eugene, OR

\$111,340 -- *Research on chronic disease management for managed care patients (for 1 year).* ID#30103

University of Pennsylvania School of Medicine

Philadelphia, PA

\$50,000 -- *Workshop on collaboration among providers to ensure mental health care for children (for 1 year).* ID#32503

Princeton Project 55 Inc.

Princeton, NJ

\$32,500 -- *Increasing public support for an effective tuberculosis control program (for 1 year).* ID#31993

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

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

● **Beth Israel Deaconess Medical Center, Inc.**

Boston, MA

\$193,326 -- *Study of the role of advanced patient age on decision making, outcomes, and cost effectiveness (2 years).* ID#31083

● **Brown University Center for Gerontology & Health Care Research**

Providence, RI

\$244,985 -- *Study of regional variation in intensive care unit use (3 years).* ID#32557

● **University of California, Los Angeles, School of Medicine**

Los Angeles, CA

\$240,384 -- *Research on medical decision making for elderly hospitalized patients (2 years).* ID#31241

● **Dartmouth-Hitchcock Medical Center**

Hanover, NH

\$171,511 -- *Analysis of narrative data from the SUPPORT study (2 years).* ID#31101

- **George Washington University, The Center to Improve Care of the Dying**
Washington, DC
\$475,733 -- *Study to Understand Prognosis and Preferences for Outcomes and Risks of Treatment (SUPPORT): Follow-up Analyses (3 years)*. ID#30168

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 period indicated).

- **Health Research, Inc.**
Albany, NY
\$383,104 -- (2 years). ID#32434

Promoting Excellence in End-of-Life Care

Program to increase the availability of hospice care for a larger portion of dying patients who will benefit from better management of pain, more control over the course of their death, and more satisfactory closure to their lives (for the period indicated).

- **University of Montana**
Missoula, MT
\$481,672 -- *Technical assistance and direction for Promoting Excellence in End-of-Life Care (1 year)*. ID#30256

The Prudential Center for Health Care Research Foundation, Inc.

Atlanta, GA
\$100,000 -- *Determining patient illiteracy in managed care plans (for 1 year)*. ID#30763

Sage Services of Connecticut, Inc.

New Haven, CT
\$297,843 -- *Expansion and replication of a volunteer public guardian program for frail, low-income seniors (for 27 months)*. ID#27822

St. Mary's Foundation for Children

Bayside, NY
\$50,000 -- *Home care program for HIV-infected children in high-risk NYC neighborhoods (for 1 year)*. ID#32711

Self-Advocates Becoming Empowered Inc.

Nashville, TN
\$74,393 -- *Building self-determination capacity among people with disabilities (for 2 years)*. ID#30917

Self-Determination for Persons with Developmental Disabilities

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

- **Arizona Department of Economic Security**
Phoenix, AZ
\$200,139 -- (2 years). ID#31168
- **State of Connecticut Department of Mental Retardation**
Hartford, CT
\$200,000 -- (2 years). ID#31169
- **State of Florida Department of Children and Family Services**
Tallahassee, FL
\$100,000 -- (2 years). ID#31170
- **State of Hawaii Department of Health**
Honolulu, HI

- \$400,000 -- (3 years). ID#31171
- **State of Iowa Department of Human Services**
Des Moines, IA
\$200,000 -- (2 years). ID#31172
- **State of Kansas Department of Social and Rehabilitation Services**
Topeka, KS
\$400,000 -- (3 years). ID#31173
- **State of Maryland Department of Health and Mental Hygiene**
Baltimore, MD
\$390,000 -- (3 years). ID#31174
- **Commonwealth of Massachusetts Department of Mental Retardation**
Boston, MA
\$100,000 -- (2 years). ID#31175
- **State of Michigan Department of Community Health**
Lansing, MI
\$397,000 -- (3 years). ID#31176
- **State of Minnesota Department of Human Services**
St. Paul, MN
\$400,000 -- (3 years). ID#31177
- **State of Ohio Department of Mental Retardation and Developmental Disabilities**
Columbus, OH
\$394,998 -- (3 years). ID#31178
- **Oregon Technical Assistance Corp.**
Salem, OR
\$200,000 -- (29 months). ID#31179
- **Commonwealth of Pennsylvania Department of Public Welfare**
Harrisburg, PA
\$100,000 -- (18 months). ID#31180
- **State of Texas, Texas Department of Mental Health and Mental Retardation**
Austin, TX
\$394,825 -- (3 years). ID#31181
- **State of Utah Department of Human Services**
Salt Lake City, UT
\$200,000 -- (2 years). ID#31182
-
- **State of Vermont Agency of Human Services**
Waterbury, VT
\$400,000 -- (3 years). ID#31183
- **State of Washington Department of Social and Health Services**
Olympia, WA
\$100,000 -- (1 year). ID#31184
- **State of Wisconsin Department of Health and Family Services**
Madison, WI
\$399,379 -- (3 years). ID#31185
- **University of New Hampshire**
Concord, NH
\$725,000 -- *Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (1 year)*. ID#31531
\$696,733 -- *Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (11 months)*. ID#30914

Service Credit Banking in Managed Care

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

- **University of Maryland Center on Aging**

College Park, MD

\$164,220 -- *Technical assistance and replication of service credit banking programs (1 year).* ID#32747

Sisters of the Third Franciscan Order

Syracuse, NY

\$50,000 -- *Expanding a home for the terminally ill (for 2 years).* ID#33124

University of Texas Southwestern Medical Center at Dallas

Dallas, TX

\$1,807,422 -- *Development and evaluation of the impact of medication algorithms for people with chronic mental illnesses (for 3 years).* ID#31023

The Tides Center

San Francisco, CA

\$25,000 -- *Publication of a book on community volunteer service (for 1 year).* ID#32847

Vanderbilt University Institute for Public Policy Studies

Nashville, TN

\$478,870 -- *Cost-effectiveness study of supportive housing for people living with HIV/AIDS -- Phase I (for 2 years).* ID#31874

Medical College of Wisconsin

Madison, WI

\$750,000 -- *Evaluation about ways state regulatory practices affect clinical pain management (for 2 years).* ID#31461

University of Wisconsin-Madison Medical School

Madison, WI

\$1,601,991 -- *Supporting quality improvement and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standard setting for pain management in hospitals (for 3 years).* ID#32037

Workers' Compensation Health Initiative

Program of demonstrations and evaluations to help state government policymakers, private-sector reformers, and health care providers explore solutions to this cost crisis (for the period indicated).

- **University of Massachusetts Medical Center**

Worcester, MA

\$357,104 -- *Technical assistance and direction for the Workers' Compensation Health Initiative (1 year).* ID#30849

[Grants, Contracts](#)

1997 Grants and Contracts

CHRONIC HEALTH CONDITIONS

CONTRACTS

Barksdale Ballard & Co.

Vienna, VA

\$3,053,824 -- *Last Acts Campaign -- Phase II (for 3 years)*. ID#32261

Burness Communications

Bethesda, MD

\$110,900 -- *Media activities for the RWJF Last Acts Campaign: Improving Care and Caring at the End of Life (for 1 year)*. ID#30941

\$35,000 -- *Communications assistance for national conference on medical education for care at the end of life (for 6 months)*. ID#32250

Sidney S. Chernick, PhD

Chevy Chase, MD

\$94,879 -- *Tracking current trends in pain research for the terminally ill (for 5 months)*. ID#31709

Cine Information, Inc.

New York, NY

\$77,254 -- *Advertising support for televised seminar on end-of-life issues (for 2 months)*. ID#31734

\$491,758 -- *Print advertising for televised seminar on end-of-life issues (for 1 month)*. ID#31929

Faith in Action: Replication of The Interfaith Volunteer Caregivers Program

Program to help support the establishment of up to 1,000 new interfaith volunteer caregiver projects for all ages with chronic health conditions (for the period indicated).

- **The Riehl Company**

Mahopac, NY

\$40,672 -- *Research to develop network television drama in support of interfaith volunteer caregiving (3 months)*. ID#32650

Innovative Medical Research, Inc.

Stamford, CT

\$199,913 -- *Improving quality of care among asthmatics in managed care (for 1 year)*. ID#31669

KPMG Peat Marwick LLP

Washington, DC

\$77,245 -- *Survey of employer benefits regarding terminal illness (for 9 months)*. ID#31192

The Naylor Group

Shepherdstown, WV

\$25,000 -- *Organizational audit of the National Federation of Interfaith Volunteer Caregivers (for 3 months)*. ID#31952

Program on Chronic Mental Illness

Joint program with the US Department of Housing and Urban Development to strengthen the potential of the chronically mentally ill to live independently (for the period indicated).

- **The Technical Assistance Collaborative, Inc.**

Boston, MA

\$23,996 -- *Monitoring the housing loan component of the Program on Chronic Mental Illness (3 years).*
ID#31442

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 period indicated).

- **Laguna Research Associates, Inc.**

San Francisco, CA

\$197,761 -- *Continued evaluation of the Program to Promote Long-Term Care Insurance for the Elderly (2 years).* ID#31571

Radio and Television News Directors Foundation

New York, NY

\$39,900 -- *Journalists' resources on end-of-life issues (for 6 months).* ID#31975

John M. Stanley, PhD

Appleton, WI

\$25,000 -- *Consultant to help plan public engagement initiative in end-of-life care (for 6 months).* ID#32576

[Grants](#), [Contracts](#)

1997 Grants and Contracts

SUBSTANCE ABUSE

GRANTS

Addressing Tobacco in Managed Care

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

- **University of Massachusetts Medical Center**
Worcester, MA
\$49,814 -- *Study of the feasibility of a randomized trial to determine cost-effective strategies for smoking cessation among HMO enrollees (1 year).* ID#31460
- **AAHP Foundation**
Washington, DC
\$350,000 -- *Technical assistance and resource center for Addressing Tobacco in Managed Care (1 year).* ID#30703
- **University of Wisconsin-Madison Medical School**
Madison, WI
\$417,941 -- *Technical assistance and direction for Addressing Tobacco in Managed Care (1 year).* ID#30704

University of Alabama at Birmingham School of Medicine

Birmingham, AL

\$49,992 -- *Analysis of data from the CDC Tobacco Prevention Network (for 9 months).* ID#32020

Alcohol Research Information Service

Lansing, MI

\$145,958 -- *Building capacity to provide practitioners with information on alcohol and drug issues (for 2 years).* ID#31593

American Academy of Pediatrics, Inc.

Elk Grove Village, IL

\$50,000 -- *Dissemination of the AHCPR smoking cessation guideline (for 1 year).* ID#30329

The American College of Obstetricians and Gynecologists

Washington, DC

\$49,946 -- *Dissemination of the AHCPR smoking cessation guideline (for 1 year).* ID#30520

American Medical Association

Chicago, IL

\$494,068 -- *Hosting the 11th World Conference on Tobacco and Health (for 42 months).* ID#29689

\$37,775 -- *International conference on physician health (for 1 year).* ID#32047

\$98,065 -- *National Alcohol Policy XI Conference (for 1 year).* ID#32190

American Medical Womens Association Inc.

Alexandria, VA

\$49,902 -- *Dissemination of AHCPR smoking cessation guideline (for 1 year).* ID#30375

American Nurses Foundation Inc.

Washington, DC

\$50,185 -- *Dissemination of the AHCPR smoking cessation guideline (for 1 year).* ID#30254

University of Arizona

Tucson, AZ

\$32,270 -- *Follow-up study on adolescent girls' tobacco use (for 14 months).* ID#31890

Boston University Medical Center

Boston, MA

\$190,009 -- *National conference on the creation of statewide tobacco control programs using tobacco tax funds (for 18 months).* ID#31814

Brigham and Women's Hospital

Boston, MA

\$215,561 -- *Substance use in relation to weight patterns in adolescence (for 3 years).* ID#31079

Brown University Center for Alcohol and Addiction Studies

Providence, RI

\$196,085 -- *Motivational interviewing for adolescent smokers in an emergency department (for 2 years).*

ID#30330

\$46,000 -- *Study of youth alcohol diagnostic screening tools (for 2 years).* ID#32502

\$134,348 -- *Consensus building and public awareness activities for a more rational national drug policy (for 18 months).* ID#33233

University of California, Berkeley, School of Public Health

Berkeley, CA

\$449,239 -- *Randomized controlled trial to assess comprehensive smoking cessation treatment benefits for smokers in IPA model HMOs (for 2 years).* ID#29117

\$296,044 -- *Research on the use of rap music in alcohol advertising and the portrayal of drug use and violence (for 2 years).* ID#30127

Center for Media Education Inc.

Washington, DC

\$130,520 -- *Tracking and analyzing online marketing of tobacco and alcohol products (for 1 year).* ID#32436

Center for Science in the Public Interest

Washington, DC

\$185,032 -- *Technical assistance and training to support community alcohol policy development (for 1 year).*

ID#31866

Chicago Preparatory Charter High School

Chicago, IL

\$172,256 -- *Charter high school for students recovering from substance abuse (for 1 year).* #I30431D

Community Anti-Drug Coalitions of America

Alexandria, VA

\$499,716 -- *Development and assessment of an interactive video to prevent substance abuse among youth (for 1 year).* ID#31397

Creighton University

Omaha, NE

\$30,553 -- *Dissemination of the AHCPR smoking cessation guideline (for 1 year).* ID#30525

Drug Strategies

Washington, DC

\$357,949 -- *Development of statistical profiles of substance abuse in three cities (for 18 months)*. ID#31036

Education Development Center, Inc.

Newton, MA

\$89,779 -- *Video on recommendations regarding campus substance abuse (for 6 months)*. ID#32621

The Evan B. Donaldson Adoption Institute, Inc.

New York, NY

\$49,600 -- *Review of research and practice on adoption of substance exposed infants (for 3 months)*. ID#30841

FACCT, Inc.

Portland, OR

\$48,600 -- *Development of measures of health system performance in the early identification and reduction of alcohol-related problems (for 1 year)*. ID#30715

Family Support Services Program

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 support service centers (for the periods indicated).

- **Cornell University College of Human Ecology**

Ithaca, NY

\$382,858 -- *Statewide training and credentialing system in family support practice for front-line health and human service staff (42 months)*. ID#30560

- **Family Resource Coalition**

Chicago, IL

\$9,950,564 -- *Development of state-community family services support systems (4 years)*. ID#32884

\$190,266 -- *Bridge grant for the Family Support Services Program (2 months)*. ID#24759

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).

- **Council on Alcoholism and Drug Abuse**

Santa Barbara, CA

\$1,954,067 -- *(3 years)*. ID#32562

- **Fighting Back Initiative of Milwaukee, Inc.**

Milwaukee, WI

\$468,570 -- *(18 months)*. ID#32372

- **Marshall Heights Community Development Organization**

Washington, DC

\$1,697,623 -- *(32 months)*. ID#32964

\$153,880 -- *(4 months)*. ID#31928

- **Newark Fighting Back Partnership Inc.**

Newark, NJ

\$1,799,766 -- *(34 months)*. ID#32956

\$119,082 -- *(2 months)*. ID#32648

- **Northwest New Mexico Fighting Back, Inc.**

Gallup, NM

\$50,000 -- *(2 months)*. ID#31824

- **Project Neighbor - H. O. O. D.**

Kansas City, MO

\$1,861,889 -- *(3 years)*. ID#31965

- **United Way of San Antonio and Bexar County**
San Antonio, TX
\$623,720 -- (1 year). ID#31941
- **City of Vallejo**
Vallejo, CA
\$2,016,604 -- (3 years). ID#31966
- **Boston University School of Public Health**
Boston, MA
\$583,141 -- *Technical assistance and direction for the Fighting Back Program (1 year)*. ID#31537
\$199,592 -- *Technical assistance and direction for the Fighting Back Program (11 months)*. ID#31233
- **Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**
Waltham, MA \$1,385,749 -- *Evaluation of Fighting Back -- The Second Phase of Program Implementation (17 months)*. ID#30512

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 periods indicated).

- **Community Partnership for Child Development**
Colorado Springs, CO
\$457,014 -- (2 years). ID#29694
- **Columbia University School of Public Health**
New York, NY
\$559,408 -- *Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (1 year)*. ID#31285

Healthy Nations: Reducing Substance Abuse Among Native Americans

Initiative to help Native Americans reduce the harm caused by substance abuse in their communities (for the periods indicated).

- **Northwest New Mexico Fighting Back, Inc.**
Gallup, NM
\$930,001 -- (3 years). ID#31835
- **University of Colorado Health Sciences Center**
Denver, CO
\$500,000 -- *Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (1 year)*. ID#30242

JSI Research & Training Institute, Inc.

Boston, MA
\$196,397 -- *Dissemination of a study on worksite prevention of alcohol problems (for 1 year)*. ID#31314

JusticeWorks Community

Brooklyn, NY
\$25,118 -- *National public education campaign to encourage voter and policymaker support of alternative sentencing for drug-addicted women (for 1 year)*. ID#30572

A Matter of Degree: Reducing High-Risk Drinking Among College Students

Program to develop model approaches to reduce student binge drinking on campus and in the surrounding community by developing college/community partnerships (for the periods indicated).

- **The University of Iowa**
Iowa City, IA

\$699,431 -- (5 years). ID#30844

University of Wisconsin-Madison

Madison, WI

\$699,900 -- (5 years). ID#30845

● **American Medical Association**

Chicago, IL

\$450,934 -- *Technical assistance and direction for A Matter of Degree: Reducing High-Risk Drinking Among College Students (1 year)*. ID#31284

Michigan State University

East Lansing, MI

\$370,931 -- *Effects of television liquor advertising (for 2 years)*. ID#31704

University of Michigan Substance Abuse Research Center

Ann Arbor, MI

\$28,350 -- *Conference on reducing societal harm from substance abuse (for 6 months)*. ID#31813

Mothers Against Drunk Driving

Irving, TX

\$20,000 -- *Radio booking program for national youth alcohol summit delegates (for 3 months)*. ID#31977

National Association of Drug Court Professionals

Alexandria, VA

\$54,520 -- *Study of barriers that hinder collaboration between drug courts and the substance abuse treatment system (for 1 year)*. ID#30487

National Association of State Alcohol and Drug Abuse Directors, Inc.

Washington, DC

\$200,000 -- *Helping state drug and alcohol agencies respond to the growth of managed care treatment (for 18 months)*. ID#31135

National Black Women's Health Project Inc.

Dorchester, MA

\$496,641 -- *Building partnerships in substance abuse prevention between historically black colleges and their communities (for 2 years)*. ID#30743

The National Center on Addiction and Substance Abuse at Columbia University

New York, NY

\$471,306 -- *Planning a multi-site program to help low-income women with substance abuse problems (for 1 year)*. ID#30586

\$5,998,963 -- *The Center on Addiction and Substance Abuse (for 3 years)*. ID#31515

\$100,000 -- *Study of the impact of substance abuse on state budgets (for 1 year)*. ID#32338

National Committee for Responsive Philanthropy

Washington, DC

\$195,000 -- *Corporate grantmaking to ethnic/racial organizations (for 1 year)*. ID#31066

National Conference of State Legislatures

Washington, DC

\$121,824 -- *Monitoring state policy changes regarding the medical use of marijuana (for 2 years)*. ID#31752

The National Education Association Health Information Network

Washington, DC

\$499,980 -- *Teacher, youth, and parent tobacco control advocacy program (for 2 years)*. ID#32193

National Medical Association Inc.

Washington, DC

\$58,082 -- *Project to mobilize existing tobacco control support systems in the African-American community (for 1 year)*. ID#30028

National Urban League Inc.

New York, NY

\$495,000 -- *Building a national youth development campaign to prevent substance abuse (for 2 years)*. ID#31826

Northeastern University

Boston, MA

\$62,193 -- *National conference on reducing youth substance abuse through participation in sports (for 5 months)*. ID#30940

Oral Health America, America's Fund for Dental Health

Chicago, IL

\$146,182 -- *National Spit Tobacco Education Program's Major League Baseball Initiative (for 3 months)*.

ID#29682

\$246,000 -- *Communications and television production support for the National Spit Tobacco Education Program (for 2 months)*. ID#31418

\$3,528,024 -- *National Spit Tobacco Education Program's Major League Baseball Initiative (for 31 months)*.

ID#31540

Oregon Pacific Research Institute

Eugene, OR

\$74,060 -- *Planning for a program to promote cessation of spit tobacco use by professional baseball players (for 6 months)*. ID#33450

Philadelphia Theatre Caravan

Philadelphia, PA

\$50,000 -- *Development, production, and tour of an anti-smoking play for children and youth (for 10 months)*.

ID#30683

Population Communication International, Inc.

New York, NY

\$50,000 -- *Conference on health issues for soap opera writers and producers (for 3 months)*. ID#32840

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).

● **Latino Council on Alcohol and Tobacco**

Washington, DC

\$489,223 -- *(39 months)*. ID#32881

● **Texas Medical Association Foundation**

Austin, TX

\$854,070 -- *(4 years)*. ID#31690

● **American Medical Association**

Chicago, IL

\$412,209 -- *Technical assistance and direction for Reducing Underage Drinking through Coalitions (1 year)*. ID#31283

● **University of Minnesota School of Public Health**

Minneapolis, MN

\$810,223 -- *Evaluation of Reducing Underage Drinking through Coalitions (2 years)*. ID#30732

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).

- **University of Kentucky Research Foundation**

Lexington, KY
\$658,315 -- (1 year). ID#29681

Rutgers, The State University, Center of Alcohol Studies

Piscataway, NJ
\$84,587 -- *Research on the psychosocial risk factors for regular tobacco use (for 2 years).* ID#31925

Sacred Heart School

Jersey City, NJ
\$20,855 -- *Sports camp for youth with an emphasis on substance abuse prevention and academics (for 1 month).* ID#32331

St. Peter's Medical Center

New Brunswick, NJ
\$79,849 -- *Continued development and maintenance of an exhibit of tobacco products and promotions (for 2 years).* ID#30912

The Science and Public Policy Institute

Washington, DC
\$25,000 -- *Support for Advisory Committee on Tobacco Policy and Public Health (for 1 month).* ID#32417

SmokeFree Educational Services Inc.

New York, NY
\$50,000 -- *Smokefree advertising campaign on New York City taxi cabs (for 6 months).* ID#30799

Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy

A multi-component strategy to improve current clinical practice and advance the field into the next generation of smoking cessation techniques for childbearing women (for the periods indicated).

- **Emory University, The Rollins School of Public Health**

Atlanta, GA
\$264,164 -- *Development of software to analyze maternal and child health mortality, morbidity, and economic cost attributable to smoking (1 year).* ID#22247

- **Oregon State University**

Corvallis, OR
\$49,941 -- *Follow-up study of the Smoke-Free Families Significant Other Supporter Program (9 months).* ID#33285

- **University of Alabama at Birmingham School of Medicine**

Birmingham, AL
\$497,241 -- *Technical assistance and direction for the Smoke-Free Families Program (1 year).* ID#29690
\$499,244 -- *Evaluation of the Smoke-Free Families Program (13 months).* ID#32822

SmokeLess States: Statewide Tobacco Prevention and Control Initiatives

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

- **American Cancer Society, Inc., District of Columbia Division, Inc.**

Washington, DC
\$705,000 -- (4 years). ID#31372

- **American Cancer Society, Inc., Hawaii Pacific Division, Inc.**
Honolulu, HI
\$799,091 -- (3 years). ID#31373
- **American Cancer Society, Inc., Heartland Division, Inc.**
Kansas City, MO
\$717,888 -- (4 years). ID#31374
- **American Cancer Society, Inc., Iowa Division, Inc.**
Des Moines, IA
\$600,000 -- (3 years). ID#31375
- **American Cancer Society, Inc., New York State Division, Inc.**
East Syracuse, NY
\$1,000,000 -- (4 years). ID#31384
- **American Cancer Society, Inc., North Carolina Division, Inc.**
Raleigh, NC
\$600,000 -- (3 years). ID#31376
- **American Cancer Society, Inc., Ohio Division, Inc.**
Dublin, OH
\$1,100,000 -- (4 years). ID#31377
- **American Cancer Society, Inc., Utah Division, Inc.**
Salt Lake City, UT
\$750,000 -- (4 years). ID#31382
- **American Cancer Society, Inc., Wisconsin Division, Inc.**
Pewaukee, WI
\$900,000 -- (3 years). ID#31383
- **American Lung Association of Delaware**
Wilmington, DE
\$793,552 -- (4 years). ID#31385
- **American Medical Association Education and Research Foundation**
Chicago, IL
\$2,801,442 -- (3 years). ID#32097
- **American Nonsmokers' Rights Foundation**
Berkeley, CA
\$186,608 -- *Improving state and local coalitions' knowledge about tobacco industry strategies (2 years)*. ID#30837
- **Capital Area Substance Abuse**
Avon, CT
\$966,736 -- (4 years). ID#31387
- **Medical Society of New Jersey**
Lawrenceville, NJ
\$198,208 -- (7 months). ID#32098
- **Progreso Latino, Inc.**
Central Falls, RI
\$200,000 -- (1 year). ID#31388
- **Public Health Institute**
Berkeley, CA
\$250,000 -- (1 year). ID#31386
- **American Medical Association**
Chicago, IL
\$946,732 -- *Technical assistance and direction for the SmokeLess States Program (16 months)*. ID#30243
- **George Washington University Medical Center**

Washington, DC

\$267,808 -- *Lessons learned from the SmokeLess States Evaluation, Phase II --assessment of the role of coalitions (1 year)*. ID#26977

- **Institute for Public Policy Advocacy**

Washington, DC

\$157,855 -- *Technical assistance to the SmokeLess States Program (1 year)*. ID#29134

Substance Abuse Policy Research Program

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

- **Boston University School of Public Health**

Boston, MA

\$311,920 -- (2 years). ID#31587

- **Brown University Center for Alcohol and Addiction Studies**

Providence, RI

\$348,611 -- (3 years). ID #31595

\$99,910 -- (1 year). ID#33384

- **University of California, San Francisco**

San Francisco, CA

\$99,983 -- (2 years). ID#31597

- **University of Chicago**

Chicago, IL

\$9,515 -- (1 year). ID#32079

- **Colorado State University**

Fort Collins, CO

\$304,910 -- (30 months). ID#31600

- **Columbia University School of Public Health**

New York, NY

\$282,205 -- (3 years). ID#31675

- **Friends Research Institute, Inc.**

Baltimore, MD

\$203,644 -- (18 months). ID#31601

- **University of Illinois at Chicago**

Chicago, IL

\$346,604 -- (2 years). ID#31602

\$37,682 -- (1 year). ID#33372

- **Louisiana State University Medical Center**

New Orleans, LA

\$263,711 -- (2 years). ID#31603

- **University of Maryland**

College Park, MD

\$90,528 -- (15 months). ID#31673

- **University of Massachusetts Medical Center**

Worcester, MA

\$99,999 -- (3 years). ID#31604

University of Michigan

Ann Arbor, MI

\$239,593 -- (2 years). ID#31672

\$297,203 -- (2 years). ID#31605

- **The Morehouse School of Medicine, Inc.**
Atlanta, GA
\$70,947 -- (1 year). ID#33026
- **The National Center on Addiction and Substance Abuse at Columbia University**
New York, NY
\$350,000 -- (22 months). ID#31606
- **National Council on Crime and Delinquency, Inc.**
San Francisco, CA
\$212,302 -- (2 years). ID#31671
-
- **National Development and Research Institutes Inc.**
New York, NY
\$298,799 -- (2 years). ID#31607
\$99,679 -- (1 year). ID#33027
- **National Opinion Research Center**
Chicago, IL
\$185,559 -- (18 months). ID#31608
\$93,188 -- (1 year). ID#31626
- **The New York Academy of Medicine**
New York, NY
\$97,890 -- (1 year). ID#33176
- **New York University, Robert F. Wagner Graduate School of Public Service**
New York, NY
\$84,255 -- (15 months). ID#31862
- **Public Health Institute**
Berkeley, CA
\$344,203 -- (31 months). ID#31596

- Southern Illinois University at Carbondale School of Law**
Carbondale, IL
\$97,324 -- (3 years). ID#32455
- **Stanford University Center for Research in Disease Prevention**
Stanford, CA
\$342,071 -- (2 years). ID#31609

- Tobacco Control Resource Center, Inc.**
Boston, MA
\$259,723 -- (2 years). ID#31610
- **Trauma Foundation Inc.**
San Francisco, CA
\$261,541 -- (2 years). ID#31611
- **The Urban Institute**
Washington, DC
\$224,641 -- (16 months). ID#31612
- **Wake Forest University, The Bowman Gray School of Medicine**
Winston-Salem, NC
\$627,848 -- *Technical assistance and direction for the Substance Abuse Policy Research Program (1 year).*
ID#31279

Surveillance of Youth Alcohol, Tobacco, and Other Drug Use

Program to improve the understanding of the role of policy and environmental factors in youth substance abuse (for the periods indicated).

- **University of Illinois at Chicago**
Chicago, IL
\$13,467,454 -- (5 years). ID#33009
\$32,546 -- (1 month). ID#32771
- **University of Michigan Institute for Social Research**
Ann Arbor, MI
\$7,000,000 -- (5 years). ID#32769
- **National Bureau of Economic Research, Inc.**
New York, NY
\$253,030 -- *The impact of environmental factors on youth and young adult tobacco use (2 years).*
ID#32910

Teachers College, Columbia University, Center for Young Children and Families

New York, NY

\$100,435 -- *Study of improved ways to design model youth substance abuse prevention programs (for 6 months).*
ID#32701

Tobacco Control Resource Center, Inc.

Boston, MA

\$198,533 -- *Assisting state policymakers in reducing youth access to tobacco (for 18 months).* ID#30776

Trauma Foundation Inc.

San Francisco, CA

\$406,844 -- *Project to prevent alcohol-related injury and violence (for 18 months).* ID#31935

USA Track & Field, Inc.

Indianapolis, IN

\$99,491 -- *Track-club based substance abuse prevention program for youth (for 1 year).* ID#30623

Vanderbilt University Medical Center

Nashville, TN

\$349,970 -- *Early intervention for physicians and dentists who misprescribe controlled drugs (for 2 years).*
ID#31804

Yeshiva University, Albert Einstein College of Medicine

New York, NY

\$200,000 -- *Preparation of a case study on the FDA's decision to regulate tobacco (for 1 year).* ID#31147

[Grants, Contracts](#)

1997 Grants and Contracts

SUBSTANCE ABUSE

CONTRACTS

Battelle Centers for Public Health Research and Evaluation

Seattle, WA

\$40,000 -- *Research on tobacco use among teenagers and young adults (for 7 months)*. ID#31933

\$74,912 -- *Documentation and distribution of data on smoking and tobacco use among young people (for 1 year)*. ID#33001

Communications Project

Multiple Contractors

\$412,780 -- *Preparation of second editions of RWJF's substance abuse chartbook and data book and production of web site (for 13 months)*. ID#31776

Karyn L. Feiden

New York, NY

\$11,925 -- *Writer for the RWJF science conference on the prevention of tobacco use (for 13 months)*. ID#31887

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).

- **Schulman, Ronca, & Bucuvalas, Inc.**

New York, NY

\$522,516 -- *General population survey for the Fighting Back Program Evaluation -- Phase II (6 months)*. ID#31187

\$335,610 -- *General population survey for the Fighting Back Program Evaluation -- Phase II supplement (5 months)*. ID#31484

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 periods indicated).

- **Guede Films, Inc.**

Hato Rey, PR

\$92,749 -- *Film depicting the Aspira Free to Grow Compay Project (3 months)*. ID#33243

- **Mathematica Policy Research, Inc.**

Princeton, NJ

\$643,463 -- *Evaluation of the Free to Grow Program -- Phase II (30 months)*. ID#32204

Health Research, Inc.

Albany, NY

\$8,648 -- *Technical assistance on RWJF tobacco control policy and program initiatives and evaluations (for 5 months)*. ID#32003

James A. Inciardi, PhD

Miami, FL

\$18,400 -- *Developing research designs for projects on adolescent drug use (for 3 months)*. ID#32126

Investor Responsibility Research Center

Washington, DC

\$424,479 -- *Tracking the tobacco stock divestment issue (for 2 years)*. ID#29765

Mathematica Policy Research, Inc.

Princeton, NJ

\$49,673 -- *Preparation for Evaluation of Health Link (for 4 months)*. ID#30226

\$3,117,548 -- *Evaluation of Health Link, Phase III, a community integration model to reduce substance abuse among jail inmates.*

(for 73 months). ID#31735

New Jersey Nets

East Rutherford, NJ

\$191,500 -- *"Smoking is an offensive foul" NJ Nets anti-tobacco media and education program (for 1 year)*.

ID#33175

Prospect Associates

Rockville, MD

\$51,588 -- *Feasibility of involving Major League Soccer in preventing tobacco use by youth (for 7 months)*.

ID#30913

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 period indicated).

- **Mathematica Policy Research, Inc.**

Princeton, NJ

\$1,802,474 -- *Household surveys on alcohol control issues (5 years)*. ID#30755

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 tobacco dependence (for the period indicated).

- **Strategic Consulting Services**

Portage, WI

\$25,600 -- *Assistance in developing a research network on the development of tobacco dependence (1 year)*. ID#31423

Judith Schector

Madison, WI

\$10,804 -- *Facilitator for the RWJF science conference on the prevention of tobacco use (for 4 months)*. ID#31794

Schlegel & Associates

Chevy Chase, MD

\$14,704 -- *Assistance for the RWJF science conference on the prevention of tobacco use (for 4 months)*. ID#31272

SmokeLess States: Statewide Tobacco Prevention and Control Initiatives

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

- **Mathematica Policy Research, Inc.**

Princeton, NJ

\$1,510,391 -- *Surveys of public views on tobacco control issues for SmokeLess States grantees (3 years)*. ID#32284

- **Prospect Associates**

Rockville, MD

\$53,200 -- *1997 national conference of state-level tobacco prevention professionals (4 months)*. ID#32163

Strategy Communication Action, Ltd.

New York, NY

\$50,000 -- *Communications support for a project to track the portrayal of alcohol, tobacco and illegal drugs in entertainment television (for 6 months)*. ID#32416

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).

- **Miller & Associates**

Berkeley, CA

\$97,590 -- *(6 months)*. ID#31286

[Grants](#), [Contracts](#)

1997 Grants and Contracts

CROSS-CUTTING PROGRAMS

GRANTS

American Youth Work Center

Washington, DC

\$200,000 -- *Adding a health focus and expanding circulation for a youth services newspaper (for 2 years).* ID#32882 *Access, Chronic Conditions, Substance Abuse*

Blanton-Peale Institute

New York, NY

\$351,295 -- *Expansion and replication of mental health training for inner-city Hispanic clergy (for 4 years).* ID#31479 *Access, Chronic Conditions, Substance Abuse*

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$109,862 -- *Conference on the future of the Medicare Program (for 11 months).* ID#30394 *Access, Chronic Conditions*

\$151,151 -- *Project to explore collaboration between advocates for tobacco control and children's health (for 1 year).* ID#30463 *Access, Substance Abuse*

\$143,341 -- *Research on changes in mental health and substance abuse services (for 3 years).* ID#31213 *Chronic Conditions, Substance Abuse*

Brown University School of Medicine

Providence, RI

\$49,993 -- *Smoking and cancer screening: chronic disease prevention for older women (for 1 year).* ID#30879 *Chronic Conditions, Substance Abuse*

University of California, Los Angeles, School of Medicine

Los Angeles, CA

\$162,084 -- *Study of risk sharing's effect on access and quality of care for Medicare managed care patients with diabetes (for 21 months).* ID#32072 *Access, Chronic Conditions*

Caucus Educational Corporation Inc

Bloomfield, NJ

\$100,052 -- *Health care series on public television's CAUCUS: NEW JERSEY (for 1 year).* ID#32917 *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).

- **Boston University School of Public Health**

Boston, MA

\$72,619 -- (1 year). ID#32501 *Access*

- **University of California, San Diego, School of Medicine**

La Jolla, CA

\$588,050 -- (2 years). ID#31293 *Access*

Institute for Health Policy Solutions

Washington, DC
\$563,099 -- (18 months). ID#31417 Access

- **Kaiser Foundation Hospitals, KaiserFoundation Research Institute**
Portland, OR
\$848,065 -- (3 years). ID#33039 Access, *Chronic Conditions*
- **University of Minnesota School of Public Health**
Minneapolis, MN
\$654,297 -- (3 years). ID#32227 Access
- **University of Pennsylvania School of Medicine**
Philadelphia, PA
\$487,189 -- (2 years). ID#33038 Access
- **University of Pennsylvania, The Wharton School**
Philadelphia, PA
\$321,084 -- (19 months). ID#31351 Access
- **University of Southern California School of Public Administration**
Los Angeles, CA
\$303,958 -- (2 years). ID#32104 Access
- **Tulane University Medical Center**
New Orleans, LA
\$363,959 -- (2 years). ID#30898 Access
- **United Hospital Fund of New York**
New York, NY
\$813,190 -- (3 years). ID#33204 Access
- **The Urban Institute**
Washington, DC
\$601,431 -- (3 years). ID#32105 Access
- **University of Washington School of Public Health and Community Medicine**
Seattle, WA
\$480,089 -- (2 years). ID#32494 Access

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
\$639,997 -- (2 years). ID#31946 Access, *Chronic Conditions, Substance Abuse*
- **University of Chicago, The Pritzker School of Medicine**
Chicago, IL
\$290,000 -- (2 years). ID#31943 Access, *Chronic Conditions, Substance Abuse*
- **The Johns Hopkins University School of Medicine**
Baltimore, MD
\$514,023 -- (2 years). ID#31944 Access, *Chronic Conditions, Substance Abuse*
- **University of Michigan Medical School**
Ann Arbor, MI
\$640,000 -- (2 years). ID#31948 Access, *Chronic Conditions, Substance Abuse*
- **University of North Carolina at Chapel Hill School of Medicine**
Chapel Hill, NC
\$362,491 -- (2 years). ID#31945 Access, *Chronic Conditions, Substance Abuse*
- **University of Washington School of Medicine**
Seattle, WA

\$784,533 -- (2 years). ID#31947 Access, Chronic Conditions, Substance Abuse

- **Yale University School of Medicine**

New Haven, CT

\$205,003 -- (2 years). ID#31942 Access, Chronic Conditions, Substance Abuse

- **University of Arkansas for Medical Sciences**

Little Rock, AR

\$463,211 -- *Technical assistance and direction for the Clinical Scholars Program (1 year)*. ID#29901 Access, Chronic Conditions, Substance Abuse

University of Colorado Health Sciences Center

Denver, CO

\$1,425,423 -- *Assisting home care providers in using patient outcome data to improve care (for 4 years)*.

ID#31950 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).

- **University of Richmond**

Richmond, VA

\$49,864 -- *Monograph on the Community Health Leadership Program (19 months)*. ID#31077 Access, Chronic Conditions, Substance Abuse

- **Massachusetts Health Research Institute, Inc.**

Boston, MA

\$400,549 -- *Technical assistance and direction for the Community Health Leadership Program (1 year)*. ID#29138 Access, Chronic Conditions, Substance Abuse

- **Alpha Center for Health Planning, Inc.**

Washington, DC

\$61,270 -- *Evaluation of the Community Health Leadership Program (5 months)*. ID#32260 Access, Chronic Conditions, Substance Abuse

Council of Better Business Bureaus' Foundation

Arlington, VA

\$167,698 -- *Strengthening performance standards and accountability of local voluntary organizations (for 3 years)*. ID#30443 Access, Chronic Conditions, Substance Abuse

University of Florida College of Journalism and Communications

Gainesville, FL

\$49,150 -- *Interim support for baseline analysis of newspaper coverage of health care topics (for 1 year)*.

ID#32010 Access,

Chronic Conditions, Substance Abuse

\$108,809 -- *Analysis of daily newspaper health coverage in 1996 (for 16 months)*. ID#32728 Access, Chronic Conditions, Substance Abuse

The Foundation Center

New York, NY

\$16,056 -- *Trend analysis and report on foundation funding in health policy research (for 6 months)*. ID#32866 Access, Chronic Conditions, Substance Abuse

George Washington University

Washington, DC

\$773,644 -- *Assessing the implementation of health-related provisions of the Welfare Reform Act (for 29 months)*. ID#30734 Access, Chronic Conditions

\$1,182,365 -- *Community Health in Focus (for 3 years)*. ID#31640 Access, Chronic Conditions, Substance Abuse

University of Georgia, Henry W. Grady College of Journalism and Mass Communication

Athens, GA

\$481,473 -- *Funding to create the Peabody/RWJF award for excellence in health care coverage (for 3 years).*

ID#32410 *Access, Chronic Conditions, Substance Abuse*

Harvard University School of Public Health

Boston, MA

\$28,651 -- *Nurse Executive Leadership Conference (for 1 year).* ID#31421 *Access, Chronic Conditions, Other*

Health Policy Fellowships Program

Program to help extend the public policy horizons of health professional schools in the US and improve the capabilities of their faculty to study health policy and assume leadership roles in health activities at all levels (for the periods indicated).

- **University of Alabama at Birmingham School of Medicine**
Birmingham, AL
\$62,000 -- (1 year). ID#32090 *Access, Chronic Conditions, Substance Abuse*
- **University of Arkansas for Medical Sciences**
Little Rock, AR
\$61,000 -- (1 year). ID#32091 *Access, Chronic Conditions, Substance Abuse*
- **Children's Research Foundation of Cleveland**
Cleveland, OH
\$62,000 -- (1 year). ID#32092 *Access, Chronic Conditions, Substance Abuse*
- **Duke University Medical Center**
Durham, NC
\$10,283 -- (2 months). ID#32832 *Access, Chronic Conditions, Substance Abuse*
- **Harvard University School of Dental Medicine**
Boston, MA
\$10,233 -- (2 months). ID#32833 *Access, Chronic Conditions, Substance Abuse*
- **Howard University**
Washington, DC
\$59,500 -- (1 year). ID#32093 *Access, Chronic Conditions, Substance Abuse*
- **University of Louisville Research Foundation, Inc.**
Louisville, KY
\$62,000 -- (1 year). ID#32094 *Access, Chronic Conditions, Substance Abuse*
- **University of Missouri-Columbia School of Medicine**
Columbia, MO
\$62,500 -- (1 year). ID#32095 *Access, Chronic Conditions, Substance Abuse*
- **Yale University School of Medicine**
New Haven, CT
\$10,750 -- (2 months). ID#32834 *Access, Chronic Conditions, Substance Abuse*
- **National Academy of Sciences-Institute of Medicine**
Washington, DC
\$472,481 -- *Technical assistance to the Health Policy Fellowships Program (1 year).* ID#30660 *Access, Chronic Conditions, Substance Abuse*
\$52,995 -- *Leadership training for RWJF Health Policy Fellows and program staff (2 months).* ID#32885 *Access, Chronic Conditions, Substance Abuse*

Health Tracking

Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated).

- **University of Minnesota School of Public Health**
Minneapolis, MN
\$81,512 -- *Publication and dissemination of chartbooks on changes in rural health care delivery and financing (1 year)*. ID#29069 *Access, Chronic Conditions*
- **RAND Corporation**
Santa Monica, CA
\$512,898 -- *(5 months)*. ID#32809 *Access, Chronic Conditions*

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).

- **Beth Israel Deaconess Medical Center, Inc.**
Boston, MA
\$235,757 -- *(3 years)*. ID#30982 *Chronic Conditions*
- **Brown University, Center for Gerontology and Health Care Research**
Providence, RI
\$216,640 -- *(30 months)*. ID#30983 *Chronic Conditions*
- **Georgetown University Law Center**
Washington, DC
\$248,918 -- *(3 years)*. ID#30984 *Access, Chronic Conditions, Substance Abuse*
- **Harvard University School of Public Health**
Boston, MA
\$249,850 -- *(3 years)*. ID#30985 *Access, Chronic Conditions, Substance Abuse*
- **University of Michigan**
Ann Arbor, MI
\$199,415 -- *(3 years)*. ID#30986 *Access, Chronic Conditions, Substance Abuse*
\$245,146 -- *(3 years)*. ID#30987 *Chronic Conditions, Other*
- **University of Michigan School of Public Health**
Ann Arbor, MI
\$25,490 -- *(3 months)*. ID#33262 *Access*
- **The New York Academy of Medicine**
New York, NY
\$249,028 -- *(2 years)*. ID#30988 *Access, Chronic Conditions, Substance Abuse*
- **Stanford University**
Stanford, CA
\$167,186 -- *(21 months)*. ID#30989 *Other*
- **The Association for Health Services Research Inc.**
Washington, DC
\$683,886 -- *Technical assistance and direction for the Investigator Awards in Health Policy Research Program (1 year)*. ID#29945 *Access, Chronic Conditions, Substance Abuse*

The Johns Hopkins University School of Hygiene and Public Health

Baltimore, MD

\$352,436 -- *Evaluation of a capitated health care system for low-income elderly Baltimore residents (for 27 months)*. ID#32370 *Access, Chronic Conditions*

Local Initiative Funding Partners Program

Matching grant program to help agencies and institutions identified by local philanthropies that are undertaking innovative solutions to major community health problems (for the periods indicated).

- **Berkshire Taconic Community Foundation, Inc.**
Salisbury, CT

\$425,000 -- (4 years). ID#32299 *Access*

- **The Cleveland Clinic Foundation**
Cleveland, OH
\$425,000 -- (4 years). ID#32300 *Chronic Conditions*
- **University of Colorado Health Sciences Center**
Denver, CO
\$109,000 -- (4 years). ID#32306 *Access*
- **Family Health Council, Inc.**
Pittsburgh, PA
\$425,000 -- (3 years). ID#32301 *Access*
- **Health and Hospital Corporation of Marion County**
Indianapolis, IN
\$300,026 -- (4 years). ID#32304 *Substance Abuse*

Healthy Futures Inc.

Winthrop, ME
\$400,000 -- (4 years). ID#32302 *Access*

- **Jefferson County Medical Society Outreach Program Inc.**
Louisville, KY
\$295,000 -- (3 years). ID#32303 *Substance Abuse*
- **Maternal Child Health Consortium of Chester County Inc.**
West Chester, PA
\$86,000 -- (1 year). ID#32305 *Access*
- **Napa County Council for Economic Opportunity**
Napa, CA
\$295,000 -- (3 years). ID#32307 *Substance Abuse*
- **Partners for a Healthier Community, Inc.**
Springfield, MA
\$350,000 -- (4 years). ID#32308 *Access*
- **RAIN (The Regional AIDS Interfaith Network) of the Southern Piedmont**
Charlotte, NC
\$350,000 -- (3 years). ID#32311 *Chronic Conditions*
- **University of Rochester Medical Center**
Rochester, NY
\$269,129 -- (4 years). ID#32312 *Chronic Conditions, Substance Abuse*
- **St. Joseph Health Services of Rhode Island**
North Providence, RI
\$325,000 -- (3 years). ID#32313 *Access*
- **Southcentral Foundation**
Anchorage, AK
\$20,000 -- (1 year). ID#32314 *Substance Abuse*
- **Stone Soup Group**
Anchorage, AK
\$350,000 -- (4 years). ID#32315 *Chronic Conditions*
- **United Way Community Services, Inc.**
Provo, UT
\$20,000 -- (1 year). ID#32316 *Access*
- **Vanderbilt University Center for Health Services**
Nashville, TN
\$290,321 -- (4 years). ID#32317 *Access*

- **Victim Services Inc.**
New York, NY
\$295,000 -- (3 years). ID#32309 *Other*
- **Health Research and Educational Trust of New Jersey**
Princeton, NJ
\$555,131 -- *Technical assistance and direction for the Local Initiative Funding Partners Program (1 year).*
ID#30246 *Access, Chronic Conditions, Substance Abuse*

Medicaid Managed Care Program

Program to work with states and managed care providers to improve access and care for vulnerable populations covered under Medicaid managed care (for the period indicated).

- **Center for Health Care Strategies Supporting Organization, Inc.**
Princeton, NJ
\$8,273,101 -- (56 months). ID#31046 *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).

- **State of Colorado Department of Health Care Policy and Financing**
Denver, CO
\$300,000 -- (2 years). ID#30922 *Chronic Conditions*
- **State of Connecticut Department of Social Services**
Hartford, CT
\$105,740 -- (2 years). ID#33443 *Access, Chronic Conditions*
- **State of Florida Department of Elder Affairs**
Tallahassee, FL
\$304,857 -- (2 years). ID#31205 *Chronic Conditions*
- **State of Maine Department of Human Services**
Augusta, ME
\$907,056 -- (2 years). ID#32641 *Access, Chronic Conditions*
- **University of Massachusetts Medical Center**
Worcester, MA
\$25,000 -- (2 years). ID#33520 *Access, Chronic Conditions*
- **State of New Hampshire Department of Health and Human Services**
Concord, NH
\$33,865 -- (2 years). ID#33485 *Access, Chronic Conditions*
- **State of Rhode Island Department of Human Services**
Cranston, RI
\$153,218 -- (2 years). ID#33560 *Access, Chronic Conditions*
- **State of Texas, Texas Health and Human Services Commission**
Austin, TX
\$292,844 -- (2 years). ID#32107 *Access, Chronic Conditions*
- **State of Vermont Agency of Human Services, Department of Social Welfare**
Waterbury, VT
\$242,849 -- (2 years). ID#33445 *Access, Chronic Conditions*

National Academy of Sciences-Institute of Medicine

Washington, DC
\$120,000 -- *Workshops and a publication on public accountability and informed purchasing in Medicare managed care (for 10 months).* ID#31002 *Access, Chronic Conditions*

National Association of Health Data Organizations

Falls Church, VA

\$323,189 -- *Expansion of an electronic health information resource center and national registry of state data sources (for 2 years).* ID#32995 *Access, Chronic Conditions, Substance Abuse*

National Conference of State Legislatures

Washington, DC

\$720,000 -- *Expanded information program for state health policy leaders (for 2 years).* ID#31569 *Access, Chronic Conditions, Substance Abuse*

\$479,262 -- *Health policy tracking service for state legislatures and RWJF national program offices (for 2 years).* ID#32662 *Access, Chronic Conditions, Substance Abuse*

University of Nebraska Medical Center

Omaha, NE

\$67,005 -- *Analysis of capitation rate for Medicare beneficiaries in rural areas (for 7 months).* ID#31869 *Access, Chronic Conditions*

New Jersey Health Initiatives

Phase III of New Jersey Health Services Development Program. Program to support projects that develop new approaches to resolving the state's health care needs, focusing on the Foundation's goal areas (for the periods indicated).

- **Babyland Family Services, Inc.**
Newark, NJ
\$225,000 -- (2 years). ID#32485 *Access*
- **The Beth Health Care Foundation, Inc.**
Newark, NJ
\$200,000 -- (3 years). ID#32486 *Access*
- **Beth Israel Hospital Association**
Passaic, NJ
\$50,000 -- (1 year). ID#32489 *Chronic Conditions*
- **Carrier Foundation**
Belle Mead, NJ
\$200,000 -- (3 years). ID#33495 *Substance Abuse*
- **Foundation of the University of Medicine and Dentistry of New Jersey**
Newark, NJ
\$228,232 -- (3 years). ID#33500 *Access, Chronic Conditions*
- **Monmouth Health Care Foundation**
Long Branch, NJ
\$231,999 -- (3 years). ID#33499 *Chronic Conditions*
- **New Jersey Association for Retarded Citizens Ocean County Unit**
Lakewood, NJ
\$225,000 -- (3 years). ID#32484 *Chronic Conditions*
- **Our Lady of Lourdes Association Foundation**
Camden, NJ
\$200,000 -- (3 years). ID#32487 *Access*
- **Our Lady of Providence Church**
Neptune, NJ
\$70,000 -- (3 years). ID#32488 *Access*
- **Sikora Center, Inc.**
Camden, NJ
\$220,000 -- (3 years). ID#32490 *Substance Abuse*

- **Health Research and Educational Trust of New Jersey**

Princeton, NJ

\$268,827 -- *Technical assistance and direction for New Jersey Health Initiatives (1 year). ID#30247 Access, Chronic Conditions, Substance Abuse*

Rutgers, The State University, Institute for Health, Health Care Policy, and Aging Research

New Brunswick, NJ

\$149,998 -- *Research on changes in mental health and substance abuse services (for 3 years). ID#31194 Chronic Conditions, Substance Abuse*

\$100,000 -- *Planning the establishment of a center for state health policy in New Jersey (for 1 year). ID#32101 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).

- **University of California, Berkeley, School of Public Health**

Berkeley, CA

\$699,999 -- (2 years). ID#32263 *Access, Chronic Conditions, Substance Abuse*

- **University of Michigan Institute for Social Research**

Ann Arbor, MI

\$699,608 -- (2 years). ID#32264 *Access, Chronic Conditions, Substance Abuse*

- **Yale University**

New Haven, CT

\$696,424 -- (2 years). ID#32265 *Access, Chronic Conditions, Substance Abuse*

- **Boston University School of Management**

Boston, MA

\$377,273 -- *Technical assistance and direction for the Scholars in Health Policy Research Program (1 year). ID#30664 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 periods indicated).

- **Benton Foundation**

Washington, DC

\$1,000,000 -- (1 year). ID#31656 *Access, Chronic Conditions, Substance Abuse*

\$175,584 -- *Bridge grant for launch of Sound Partners for Community Health (1 year). ID#31265 Access, Chronic Conditions, Substance Abuse*

\$724,371 -- *Technical assistance and direction for Sound Partners for Community Health (1 year). ID#31655 Access, Chronic Conditions, Substance Abuse*

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).

- **University of California, San Francisco, School of Medicine**

San Francisco, CA

\$333,110 -- *Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment (1 year). ID#30663 Access, Chronic Conditions*

\$218,660 -- *Convening and disseminating activities for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment (13 months). ID#31575 Access, Chronic Conditions*

Syracuse University Center for Policy Research

Syracuse, NY

\$49,654 -- *Analysis of alternatives to payroll tax funding of Medicare (for 5 months)*. ID#30585 *Access, Chronic Conditions*

Treatment Research Institute Inc.

Philadelphia, PA

\$149,971 -- *Research on changes in mental health and substance abuse services (for 3 years)*. ID#31212 *Chronic Conditions, Substance Abuse*

[Grants, Contracts](#)

1997 Grants and Contracts

CROSS-CUTTING PROGRAMS

CONTRACTS

American Journal of Health Promotion

Lawrence, KS

\$18,240 -- *Art and science of health promotion conference (for 7 months)*. ID#32212 Access, Chronic Conditions

Audits & Surveys Worldwide

New York, NY

\$52,000 -- *National telephone survey on health care issues (for 8 months)*. ID#30537

Access, Chronic Conditions, Substance Abuse Barker Bi-Coastal Health Consultants

Topanga, CA

\$49,810 -- *Technical assistance to the Foundation on public health-related initiatives and evaluations (for 9 months)*. ID#32361 Access, Chronic Conditions, Substance Abuse

Susan Basalla, PhD

Kansas City, MO

\$39,184 -- *Special Report on Foundation efforts in children's health (for 6 months)*. ID#33258 Access, Chronic Conditions, Substance Abuse

Communications Projects

Multiple Contractors

\$62,100 -- *Publication of papers on Medicare reform (for 8 months)*. ID#31827 Access, Chronic Conditions

\$500,000 -- *Announcement of new RWJF programs (for 1 year)*. ID#31211 Access, Chronic Conditions, Substance Abuse

\$19,380 -- *Communications workshop for RWJF National Program Staff (for 1 year)*. ID#30659 Access, Chronic Conditions, Substance Abuse

\$390,040 -- *Project to improve end-of-grant reports (for 10 months)*. ID#31396 Access, Chronic Conditions, Substance Abuse

\$16,956 -- *Follow-up assessment of electronic media opportunities (for 1 year)*. ID#32096 Access, Chronic Conditions, Substance Abuse

\$108,000 -- *Publication of the RWJF Anthology, 1997 (for 6 months)*. ID#32335

Access, Chronic Conditions, Substance Abuse Community Partners

Los Angeles, CA

\$276,496 -- *Communications training program for RWJF grantees (for 8 months)*. ID#33277 Access, Chronic Conditions, Substance Abuse

Development Communications Associates, Inc.

Boston, MA

\$10,419 -- *Study and report on options for RWJF 25th Anniversary special grant award program (for 6 months)*. ID#31667 Access, Chronic Conditions, Substance Abuse

Harvard University Press

Cambridge, MA

\$22,000 -- *Dissemination of RWJF-funded book: "State of the Nation" (for 6 months)*. ID#31289 Access, Chronic Conditions, Substance Abuse, Other

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).

- **Mark A. Goldberg**

New Haven, CT

\$12,800 -- *Communications technical assistance for the Center for Studying Health System Change (3 months)*. ID#32213 *Access, Chronic Conditions*

James Management Associates

Nashville, TN

\$50,000 -- *Small non-profit cash flow project (for 2 months)*. ID#33490 *Access, Chronic Conditions, Substance Abuse*

Medicare/Medicaid Integration Program

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

- **Mark R. Meiners, PhD**

North Potomac, MD

\$41,376 -- *Consulting and technical assistance services for RWJF long-term care grantees (6 months)*. ID#32218 *Access, Chronic Conditions*

New Directions for Policy

Washington, DC

\$29,564 -- *Assessment of the National Health Policy Forum (for 3 months)*. ID#31131 *Access, Chronic Conditions, Substance Abuse, Other*

Renie Schapiro

Princeton, NJ

\$50,000 -- *RWJF Special Writing Project (for 1 year)*. ID#31415 *Access, Chronic Conditions, Substance Abuse*

[Back](#)

1997 Grants and Contracts

OTHER PROGRAMS

GRANTS

Academy of Medicine of New Jersey

Princeton Junction, NJ

\$49,455 -- *Physician seminars on domestic violence, child abuse and elder abuse (for 1 year).* ID#31849**The American College of Preventive Medicine, Inc.**

Washington, DC

\$10,000 -- *Partial support for the 14th Annual National Preventive Medicine Conference (for 2 months).* ID#31287**American Federation for Medical Research Foundation**

Washington, DC

\$49,886 -- *Pilot project to encourage managed care plans and their beneficiaries to contribute medical research funds (for 1 year).* ID#32594**American National Red Cross**

Washington, DC

\$100,000 -- *Disaster relief for the Midwest floods and tornadoes (for 1 month).* ID#31820**American Public Health Association, Inc.**

Washington, DC

\$1,195,619 -- *Cooperative actions for health program (for 2 years).* ID#31706**The Arnold Gold Foundation**

Englewood, NJ

\$90,000 -- *Project assisting medical schools in establishing "White Coat" ceremonies (for 1 year).* ID#31979**Association of American Medical Colleges**

Washington, DC

\$91,142 -- *Publication of information on minorities in medical education (for 5 years).* ID#31967**The Carter Center, Inc.**

Atlanta, GA

\$899,375 -- *Developing community responses to youth firearm violence (for 3 years).* ID#30871**Center for Research in Ambulatory Health Care Administration, Inc.**

Englewood, CO

\$414,165 -- *Continuing medical education in the group practice setting (for 30 months).* ID#31427**Clemson University School of Nursing**

Clemson, SC

\$281,925 -- *Residency program to transition new nurse graduates into changing practice systems (for 2 years).* ID#31620**The Cooper Institute for Aerobics Research**

Dallas, TX

\$10,000 -- *Conference on physical activity interventions (for 6 months).* ID#32054**Delaware-Raritan Girl Scout Council**

East Brunswick, NJ

\$5,000 -- *Preventing eating disorders in pre-teen and adolescent girls (for 18 months)*. ID#30991

English Speaking Union of the United States, Washington, DC Branch

Washington, DC

\$50,000 -- *Study of adult responses to the developmental challenges of early adolescence (for 3 months)*.

ID#32209

Esperanza Community Housing Corporation

Los Angeles, CA

\$50,000 -- *Mobilizing trained community health promoters in a medically under-served community (for 1 year)*.

ID#29793

Families and Work Institute, Inc.

New York, NY

\$495,455 -- *Early Childhood Public Engagement Campaign (for 14 months)*. ID#30977

Forums Institute for Public Policy

Princeton, NJ

\$499,746 -- *Capitol Forums on Health and Medical Care (for 3 years)*. ID#27229

The Foundation for Medical Excellence

Lake Oswego, OR

\$50,000 -- *Study of the long-term effects of medical oaths on physicians' ethical norms (for 1 year)*. ID#27020

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$400,000 -- *Planning for the Child Health Institute of New Jersey (for 1 year)*. ID#33549

Friends of the National Library of Medicine

Washington, DC

\$92,555 -- *Support for the 3rd Annual Networked Consumer Health Information Conference (for 3 months)*.

ID#30953

The Greater Kansas City Community Foundation

Kansas City, MO

\$375,000 -- *Foundation consortium to support the empowerment zone initiative (for 18 months)*. ID#29481

Harvard Law School

Cambridge, MA

\$80,000 -- *Research to develop policy models aimed at assuring that children grow up in nurturing homes -- supplemental support (for 21 months)*. ID#31323

Health Research and Educational Trust of New Jersey

Princeton, NJ

\$123,582 -- *Medical and social management of care for victims of domestic violence in New Jersey (for 1 year)*.

ID#31840

IMPACS: Improving Malpractice Prevention and Compensation Systems

Program for states, health care organizations, and researchers for the development, demonstration, and evaluation of innovative mechanisms for compensating persons injured by medical care (for the periods indicated).

● **Brigham and Women's Hospital**

Boston, MA

\$114,078 -- *(9 months)*. ID#32865

● **University of California, San Francisco, Institute for Health Policy Studies**

San Francisco, CA

\$324,401 -- *(18 months)*. ID#33501

● **Harvard University School of Public Health**

Boston, MA

\$147,928 -- *(8 months)*. ID#31969

● **Northwestern University**

Evanston, IL

\$322,111 -- *(1 year)*. ID#33494

● **Private Adjudication Center**

Durham, NC

\$132,732 -- *(11 months)*. ID#31124

● **Vanderbilt University Medical Center**

Nashville, TN

\$717,983 -- *(4 years)*. ID#33572

● **Wake Forest University School of Law**

Winston-Salem, NC

\$14,510 -- *(6 months)*. ID#32057

● **Georgetown University School of Medicine**

Washington, DC

\$331,305 -- *Technical assistance and direction for Improving Malpractice Prevention and Compensation Systems (IMPACS)*

(1 year). ID#29139

In Loving Memory

Reston, VA

\$7,800 -- *Conference for parents whose children have died (for 5 months)*. ID#32055

\$10,000 -- *Conference for parents whose children have died (for 1 year)*. ID#33496

Innovation Network Inc.

Washington, DC

\$28,966 -- *Program evaluation in the non-profit sector (for 1 year)*. ID#30220

The Institute for the Future

Menlo Park, CA

\$473,101 -- *Conference on critical factors that will influence health care in the coming decade (for 1 year)*.

ID#31614

\$977,811 -- *Conference on critical factors that will influence health care in the coming decade (for 1 year)*.

ID#32511

Judge Baker Children's Center

Boston, MA

\$99,733 -- *Development of children's television series and outreach plan (for 9 months)*. ID#31865

The University of Maryland Foundation, Inc.

Adelphi, MD

\$100,500 -- *Teleconferences to train child-serving professionals to recognize and report abuse and neglect (for 2 years)*. ID#30720

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)

Edison, NJ

\$304,821 -- *Camping program for health-impaired children (for 1 year)*. ID#29899

The National Campaign to Prevent Teen Pregnancy

Washington, DC

\$499,910 -- *National Campaign to Reduce Teen Pregnancy (for 17 months)*. ID#31008

National Health Council, Inc.

Washington, DC

\$137,669 -- *Commissioned papers and conference on the role of voluntary agencies in community health improvement (for 13 months).* ID#30455

New Brunswick Development Corporation

New Brunswick, NJ

\$150,000 -- *Revitalization program for the City of New Brunswick, New Jersey (for 1 year).* ID#29902

New Brunswick Tomorrow

New Brunswick, NJ

\$350,000 -- *City-wide program to strengthen human services and resources (for 1 year).* ID#29210

\$34,695 -- *Planning for strengthening New Brunswick Tomorrow's Leadership Initiative at the neighborhood level (for 6 months).* ID#31924

University of New Mexico Health Sciences Center

Albuquerque, NM

\$23,594 -- *Dissemination of a community dispute resolution program on health care issues (for 1 year).* ID#31870

Ohio State University Research Foundation

Columbus, OH

\$34,839 -- *Revised and updated edition of Historical Statistics of the United States (for 1 year).* ID#31625

Old Disease, New Challenge: Tuberculosis in the 1990s

Program to stimulate effective collaborations between state and local health departments and other public and private agencies serving people at risk of tuberculosis exposure and infection to develop and test new approaches to the problem of tuberculosis (for the periods indicated).

● **Mission Neighborhood Health Center**

San Francisco, CA

\$14,000 -- *Tuberculosis prevention education campaign for the Latino community (6 months).* ID#31700

● **University of California, San Francisco, School of Medicine**

San Francisco, CA

\$125,868 -- *Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (1 year).* ID#29431

\$127,659 -- *Supplement to the evaluation of Old Disease, New Challenge: Tuberculosis in the 1990s (1 year).* ID#31676

Parents as Teachers National Center Inc.

St. Louis, MO

\$449,001 -- *Multi-site evaluation of school-sponsored home visiting program for low-income families and infants (for 4 years).* ID#28329

Partnership for Prevention

Washington, DC

\$312,678 -- *Encouraging business community participation in the development of Healthy People 2010 objectives (for 2 years).* ID#31920

University of Pennsylvania Medical Center

Philadelphia, PA

\$25,007 -- *Research on physician participation on the governing of publicly-traded managed care companies (for 1 year).* ID#30868

Township of Plainsboro

Plainsboro, NJ

\$150,000 -- *Expansion of computer system (for 1 year).* ID#29208

Plainsboro Rescue Squad, Inc.

Plainsboro, NJ

\$15,379 -- *Purchase of protective clothing for volunteer squad members (for 2 months).* ID#33144

Plainsboro Volunteer Fire Company No. 1 Inc.

Plainsboro, NJ

\$50,639 -- *Equipment for the Volunteer Fire Company (for 6 months).* ID#32062

Points of Light Foundation

Washington, DC

\$475,000 -- *The Citizens Service Summit: Connecting Americans To Get Things Done for the Next Generation (for 5 months).* ID#30843

Religion in American Life Inc.

Princeton, NJ

\$49,966 -- *Invite a Friend Project (for 1 year).* ID#30935

Renaissance Community Development Corporation

New Brunswick, NJ

\$169,235 -- *Planning for a neighborhood family support services center (for 1 year).* ID#28582

Replication and Program Strategies, Inc.

Philadelphia, PA

\$25,003 -- *Conference for funders of early childhood on identifying and replicating successful projects (for 11 months).* ID#28416

The Rock Brook School Foundation Inc.

Blawenburg, NJ

\$50,000 -- *Completion of new facility (for 1 year).* ID#33267

St. Vincent de Paul Societies

Metuchen, NJ

\$99,560 -- *Annual support for program for the indigent (for 1 year).* ID#31527

The Salvation Army

New Brunswick, NJ

\$172,000 -- *Assistance to needy and indigent families (for 1 year).* ID#30974

Student PUGWASH USA Inc.

Washington, DC

\$50,000 -- *Student conference on science and social responsibility (for 8 months).* ID#33226

The United Way of Central Jersey, Inc.

Milltown, NJ

\$375,000 -- *Support for the 1997-1998 campaign (for 1 year).* ID#31526

United Way of Greater Mercer County, Inc.

Lawrenceville, NJ

\$110,000 -- *Support for 1997 campaign (for 1 year).* ID#29136

Washington Regional Association of Grantmakers

Washington, DC

\$50,000 -- *Support for the Association's host activities for the 1998 Council on Foundation's Annual Conference (for 6 months).* ID#32619

Women Aware

New Brunswick, NJ

\$10,000 -- *On-site nursing service in battered women's shelter (for 1 year).* ID#29209

Woodstock Theological Center

Washington, DC

\$269,894 -- *Ethical issues in the corporate governance of managed care (for 2 years)*. ID#30910

[Grants, Contracts](#)

1997 Grants and Contracts

OTHER PROGRAMS

CONTRACTS

American Political Network, Inc.

Alexandria, VA

\$40,596 -- *Subscriptions to American HealthLine for RWJF program offices (for 1 year). ID#31361*

Cadwalader, Wickersham & Taft

Washington, DC

\$30,000 -- *Amici curiae brief in support of the National Academy of Sciences (for 2 months). ID#32592*

Gardner Associates

Cherry Hill, NJ

\$144,400 -- *RWJF Archives and Oral History Project (for 2 years). ID#27084*

Health Systems Research, Inc.

Washington, DC

\$145,774 -- *National conference on privacy and confidentiality and the changing health care market (for 7 months). ID#31508*

Cheryl Ulmer

McLean, VA

\$12,000 -- *Preparation of manuscripts on health and behavior (for 9 months). ID#32740*

[Grants, Contracts](#)

Financial Statements

In 1997 the net assets of the Foundation increased 20.6 percent. The Foundation awarded grants, contracts and program-related investments totaling \$331 million. Program development, evaluation and general administration for the year were \$20.2 million or 6 percent of total awards. This modest percentage continues the Foundation's commitment to maximize the funds (\$.94 of every dollar) available to our grant projects.

Investment expenses totaled \$12.5 million reflecting an increased use of outside investment managers. Federal excise tax amounted to \$5.1 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 1996 requirement (\$267.1 million). The 1997 requirement (\$305.1 million) will be met in mid-1998.

A list of investment securities held at December 31, 1997, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Peter Goodwin
Vice President and Treasurer

Report of Independent Accountants

To the Trustees of
The Robert Wood Johnson Foundation:

We have audited the accompanying statements of financial position of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1997 and 1996 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1997 and 1996 and the changes in its net assets and cash flows for the years then ended, in conformity with generally accepted accounting principles.

Coopers & Lybrand L.L.P.

Princeton, New Jersey

February 13, 1998

STATEMENTS OF FINANCIAL POSITION

<i>At December 31, 1997 and 1996 (in thousands)</i>	1997	1996
Assets:		
Cash equivalents	\$ 191,412	\$ 140,637
Interest and dividends receivable	17,113	13,057
Contribution receivable	9,655	9,523
Investments at fair value:		
Johnson & Johnson common stock	4,403,447	3,564,985
Other equity investments	1,246,057	1,029,618
Fixed in come investments	826,800	804,195
Program-related investments	19,216	13,304
Other assets	16,085	15,368
	<u>\$6,729,785</u>	<u>\$5,590,687</u>
Total Assets		
Liabilities and Net Assets:		
Liabilities:		
Accounts payable	\$ 2,482	\$ 1,598
Payable on pending security transactions	22,755	38,586
Unpaid grants	286,096	230,970
Deferred federal excise tax	88,507	69,977
Accumulated postretirement benefit obligation	6,449	5,871
Total liabilities	406,289	347,002
Net assets--unrestricted	6,323,496	5,243,685
Total liabilities and net assets	<u>\$6,729,785</u>	<u>\$5,590,687</u>

STATEMENTS OF ACTIVITIES

<i>For the years ended December 31, 1997 and 1996 (in thousands)</i>	1997	1996
Investment income:		
Dividends	\$ 72,590	\$ 66,709
Interest	69,059	64,177
	<u>141,649</u>	<u>130,886</u>
Less: Federal excise tax	1,255	1,259
Investment expense	12,494	8,245
	<u>127,900</u>	<u>121,382</u>

Contribution income	1,624	3,132
	<u>129,524</u>	<u>124,514</u>
Program costs and administrative expenses:		
Grants, net	294,645	224,103
Program contacts and related activities	18,084	27,331
Program development and evaluation	13,034	12,288
General administration	7,156	6,269
	<u>332,919</u>	<u>269,991</u>
Excess of program costs and expenses over income	(203,395)	(145,477)
Other changes to net assets, net of related federal excise tax:		
Realized gains on sale of securities	386,302	296,043
Unrealized appreciation on investments	896,904	314,133
	<u>1,283,206</u>	<u>610,176</u>
Change in net assets -- unrestricted	1,079,811	464,699
Net assets, beginning of year -- unrestricted	5,243,685	4,778,986
Net assets, end of year -- unrestricted	<u>\$ 6,323,496</u>	<u>\$ 5,243,685</u>

STATEMENTS OF CASH FLOWS

For the years ended December 31, 1997 and 1996 (in thousands)

	1997	1996
Change in net assets	\$1,079,811	\$ 464,699
Adjustments to reconcile change in net assets : to net cash used in operating activities		
Depreciation	1,854	2,128
(Increase) decrease in interest and dividends receivable	(4,056)	3,047
Increase in contribution receivable	(132)	(3,132)
Net realized and unrealized gains on investments	(1,283,206)	(610,176)
(Increase) decrease in program-related investments	(5,912)	1,074
Increase in accounts payable	884	352
Increase (decrease) in unpaid grants	55,126	(2,690)
Increase in accumulated postretirement benefit obligation	578	627
Other	(448)	(447)
Net cash used in operations	<u>(155,501)</u>	<u>(144,518)</u>
Cash flows from investing activities:		
Proceeds from security sales	1,790,476	3,651,465

Cost of security purchases	(1,582,122)	(3,656,893)
Acquisition of property and equipment	(2,078)	(1,190)
Net cash provided by (used in) investing activities	206,276	(6,618)
Net increase (decrease) in cash equivalents	50,775	(151,136)
Cash equivalents at beginning of year	140,637	291,773
Cash equivalents at end of year	\$ 191,412	\$ 140,637
Supplemental data:		
Federal excise tax paid	\$ 5,000	\$ 4,260

Notes to Financial Statements

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 the way services are organized and provided to people with chronic health conditions; and
- to promote health and reduce the personal, social and economic harm caused by substance abuse —tobacco, alcohol and illicit drugs.

Summary of Significant Accounting Policies:

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

Marketable securities are reported on the basis of quoted market value as reported on the last business day of the year on securities exchanges throughout the world. Realized gains and losses on investments in securities are calculated based on the first-in, first-out method. Investments in limited partnership interests are stated at the Foundation's equity interest in the underlying net assets of the limited partnerships which are stated at fair value as reported by the partnerships.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of \$1,853,728 in 1997 and \$2,128,392 in 1996 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 1996 has been met and the 1997 requirement is expected to be met during 1998.

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

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

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. The interest rate used to discount the receivable to present value was 6.5%.

Investments:

At December 31, 1997 and 1996, the cost and fair values of the investments are summarized as follows (in thousands):

	1997		1996	
	Cost	Fair Value	Cost	Fair Value
Johnson & Johnson Common Stock 66,845,494 and 71,657,994 shares in 1997 and 1996, respectively	\$ 79,843	\$4,403,447	\$ 85,591	\$ 3,564,985
Other equity investments	921,709	1,070,851	825,741	937,551
Limited partnership interests	152,757	175,206	87,188	92,067
Fixed income investments	810,452	826,800	804,086	804,195
	<u>\$1,964,761</u>	<u>\$6,476,304</u>	<u>\$1,802,606</u>	<u>\$5,398,798</u>

Pursuant to its limited partnership agreements, as of December 31, 1997, the Foundation had unfunded commitments of approximately \$323 million which is expected to be funded over the next three years.

Unrealized appreciation on investments is presented net of deferred tax of \$18,446,967 and \$5,533,004 in 1997 and 1996, respectively.

The net realized gains on sales of securities for 1997 and 1996 were as follows (in thousands):

	1997	1996
Johnson and Johnson Common Stock	\$294,272	\$244,002
Other securities, net	95,869	54,966
Less, Federal excise tax	<u>(3,839)</u>	<u>(2,925)</u>
	<u>\$386,302</u>	<u>\$296,043</u>

Property and Equipment:

At December 31, 1997, the unpaid grant liability is expected to be paid over the next five years as follows (in thousands):

	1997	1996	Depreciable Life in Yrs
Land and Land Improvements	\$ 2,776	\$ 2,774	15
Buildings	11,784	10,760	40
Furniture and Equipment	11,045	9,948	3-15
Total	<u>25,605</u>	<u>23,482</u>	
Less, Accumulated depreciation	<u>(12,249)</u>	<u>(10,395)</u>	
Property and equipment, net	<u><u>\$13,356</u></u>	<u><u>\$13,087</u></u>	

Unpaid Grants:

At December 31, 1997, the unpaid grant liability is expected to be paid over the next five years as follows (in thousands):

1998	\$ 122,264
1999	106,407
2000	59,244
2001	21,539
2002	10,692
	<u>320,146</u>
Less, Discounted to present value	<u>(34,050)</u>
	<u><u>\$ 286,096</u></u>

At December 31, 1996, the unpaid grant liability was discounted to present value by \$26,490,194.

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, 1997, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 6-1/4% to 6-1/2% and an estimated cancellation rate of 3%.

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 \$1,117,361 and \$1,071,203 in 1997 and 1996, respectively.

Postretirement Benefits Other than Pensions

The Foundation provides postretirement medical and dental benefits to all employees who meet eligibility requirements. In addition, the Foundation has adopted supplemental benefit plans to provide additional retirement benefits for certain key employees who meet certain requirements.

	<u>1997</u>	<u>1996</u>
Net periodic postretirement benefit cost for 1997 and 1996 included the following components (in thousands):		
Service cost of benefits earned	\$ 966	\$ 656
Interest cost	232	210
Net amortization and deferral	(14)	(14)
Net periodic postretirement benefit cost	<u>\$ 1,184</u>	<u>\$ 852</u>

The following table sets forth the status of the plans, which are unfunded, as of December 31, 1997 and 1996:

	<u>1997</u>	<u>1996</u>
Accumulated postretirement benefit obligation (in thousands)		
Retirees	\$ 1,624	\$ 2,022
Fully eligible active plan participants	280	261
Other active plan participants	4,853	3,530
	<u>6,757</u>	<u>5,813</u>
Add, prior service cost not yet recognized	207	221
Less, unrecognized losses	(515)	(163)
Accumulated postretirement benefit obligation	<u>\$6,449</u>	<u>\$5,871</u>

The discount rate used in determining the 1996 expense was 7% with respect to the medical and dental plan and the supplemental benefit plans. A discount rate of 7% was also used to determine the APBO as of December 31, 1996, for all plans. The discount rate to determine the 1997 expense for the medical and dental plans was 7% and 6% with respect to the supplemental benefit plan. A discount rate of 6.5% was used to determine the APBO for medical and dental plans and 6% for the supplemental benefit plan as of December 31, 1997. The assumed health care cost trend rate used was 9% for the medical portion and 7.5% for the dental portion of the health plans; the trend rate was assumed to decrease gradually to 5.5% and 4.5%, respectively, by the year 2005 and remain at that level thereafter. An increase in the assumed health care cost trend rates by 1% per year would increase the APBO at December 31, 1997, by \$757,000 and the net periodic postretirement benefit costs for 1997 by \$108,000. The Foundation paid net retiree medical and dental costs of \$137,300 and \$108,500 in 1997 and 1996, respectively, and retiree supplemental benefit payments of \$468,100 and \$116,900 in 1997 and 1996, respectively.

The Secretary's Report

In April 1997, former US Senator, Nancy Kassebaum Baker, was elected to the Board of Trustees. Senator Kassebaum Baker, a leading voice in Congress on health care issues, served in the Senate from 1978—1997. She was also chairman of the Senate Committee on Labor and Human Resources.

Staff Changes

In February 1997, Seth L. Emont, PhD, joined the Foundation as senior program officer. Prior to joining the Foundation, Dr. Emont served as chief epidemiologist and director of research and evaluation at the Eugene du Pont Preventive Medicine and Rehabilitation Institute at the Medical Center of Delaware. Dr. Emont received his BS from Michigan State University, his MS from Bucknell University, and his PhD from the State University of New York at Buffalo.

In May 1997, Jack C. Ebeler joined the Foundation as special consultant. Mr. Ebeler came to the Foundation from the US Department of Health and Human Services in Washington, DC, where he served as deputy assistant secretary for health policy and as acting assistant secretary for planning and evaluation. Mr. Ebeler received his BA in liberal arts from Dickinson College and his MPA from Harvard University.

In July 1997, Doriane C. Miller, MD, joined the Foundation as program vice president. Previously, Dr. Miller served as medical director of the Maxine Hall Health Center of the San Francisco Department of Health, while also serving as assistant clinical professor of medicine in the department of medicine at San Francisco General Hospital. Dr. Miller was trained in internal medicine at the University of Chicago and at the University of California, San Francisco.

In August 1997, Hinda Greenberg joined the Foundation as director of the Information Center. Ms. Greenberg previously directed the Information Center at the Carnegie Foundation for the Advancement of Teaching in Princeton. Ms. Greenberg received her BA in English from Temple University and her master's degree in library sciences from Rutgers University.

In August 1997, Susan B. Hassmiller, PhD, RN, joined the Foundation as senior program officer. Previously, Dr. Hassmiller was executive director and core faculty at the US Public Health Service Primary Care Policy Fellowship in Rockville, Md. Dr. Hassmiller received her AS in nursing from Broward Community College, her BS in nursing and her MS in education from Florida State University, her MS in nursing from the University of Nebraska Medical Center, and her PhD in nursing from George Mason University.

In September 1997, Sue A. Kaplan, JD joined the Foundation as project director for the Primary Care Assessment and Improvement Project, a project to advise the Foundation about options for improving access to care. Ms. Kaplan continues as associate professor for New York University at the Robert F. Wagner Graduate School of Public Service. Ms. Kaplan received her AB from Wesleyan University and her JD from Harvard Law School.

In November 1997, Marsha C. Tinguely joined the Foundation as private equity portfolio manager. Ms. Tinguely previously worked as a private investment consultant assisting private investment funds and advisors with product construction and analytical services. Ms. Tinguely received her BS in finance and economics from the University of Texas.

In January 1998, Marian E. Bass joined the Foundation as special program officer. Ms. Bass began with the Foundation as a consultant on the Foundation's end-of-grant reporting program and will continue this work as special program officer. Prior to her time at the Foundation, Ms. Bass worked at the Rockefeller Foundation as a senior program advisor for evaluation. Ms. Bass received her AB in American studies from Brandeis University and her master of city planning from the University of Pennsylvania.

Also in January 1998, David C. Colby, PhD, joined the Foundation as senior program officer—research and evaluation unit. Prior to joining the Foundation, Dr. Colby served as deputy director with the Physician Payment Review Commission. Dr. Colby received his BA in politics and government from Ohio Wesleyan University, his MA in government from Ohio University, and his PhD in political science from the University of Illinois.

Also in January 1998, Gregory Pogue, DBA, was appointed vice president of administration at the Foundation. Dr. Pogue previously served as assistant vice president for administration at Drew University. Dr. Pogue received his BS in business administration from Nichols College, his MBA in management/marketing from Wagner College, and his DBA in management/education from the University of Sarasota.

In December 1997, Richard J. Toth, assistant director of the Office of Proposal Management, was promoted to director of the Office of Proposal Management; and Katherine J. Parker, proposal manager, was promoted to deputy director of the Office of Proposal Management. Mr. Toth joined the Foundation in April 1978, and Ms. Parker joined the Foundation in June 1979.

In March 1997, Linda T. Curran, director of human resources and administrative services, left the Foundation to relocate in Atlanta, Ga. Ms. Curran joined the Foundation in 1978.

In August 1997, Denise M. Inverso, fixed income portfolio manager, left the Foundation. Ms. Inverso joined the Foundation in July 1985.

In September 1997, Michael P. Beachler, senior program officer, left the Foundation to become director of the Rural Health Policy Center with PennState Geisinger Health System in Hershey, Pa. Mr. Beachler joined the Foundation in July 1987.

Also in September 1997, Andrea S. Gerstenberger, ScD, program officer, left the Foundation to become senior program officer at the California Health-care Foundation in Oakland, Calif. Dr. Gerstenberger joined The Robert Wood Johnson Foundation in January 1994.

In November 1997, Terri G. Appel, program officer, left the Foundation to relocate to Hong Kong. Ms. Appel joined the Foundation in January 1996.

In November 1997, Marc S. Kaplan, senior communications officer, left the Foundation to become director of public information for Consumer's Union, Yonkers, N.Y. Mr. Kaplan joined the Foundation in January 1991.

In December 1997, Marjorie A. Gutman, PhD, senior program officer, left the Foundation to become director of the division of prevention research at the Treatment Research Institute Inc., Philadelphia, Pa., where she will co-direct the Foundation's Substance Abuse Policy Research Program. Dr. Gutman joined the Foundation in October 1988.

In December 1997, Edward H. Robbins, director of the Office of Proposal Management, retired from the Foundation after 25 years of service.

Program Directors

Michael P. Beachler was appointed program director of the Southern Rural Access Program. Mr. Beachler is director of the Rural Health Policy Center with PennState Geisinger Health System, Hershey, Pa.

Bobbie Berkowitz, PhD, was appointed program director of Turning Point: Collaborating for a New Century in Public Health. Dr. Berkowitz is senior lecturer, Department of Health Services, and adjunct senior lecturer, Department of Psychosocial and Community Health Nursing, University of Washington School of Public Health and Community Medicine.

Ira R. Byock, MD, was appointed program director of Promoting Excellence in End-of-Life Care. Dr. Byock is director, Palliative Care Service, Missoula, Mont.

Frank J. Chaloupka, IV, PhD, was appointed director of the program, Surveillance of Youth Alcohol, Tobacco, and Other Drug Use. Dr. Chaloupka is associate professor, University of Illinois at Chicago.

Marilyn Chow, DNSc, RN, FAAN, was appointed program director of the RWJ Executive Nurse Fellows Program. Dr. Chow is program director, University of California, San Francisco, Center for the Health Professions.

Catherine M. Dunham, EdD, was appointed program director of The Access Project. Dr. Dunham is program director, Massachusetts Health Research Institute, Inc.

Michael C. Fiore, MD, MPH, and Susan J. Curry, PhD, were appointed program co-directors of Addressing Tobacco in Managed Care. Dr. Fiore is director, Center for Tobacco Research and Intervention, University of Wisconsin Medical School. Dr. Curry is associate director, Center for Health Studies, Group Health Cooperative of Puget Sound, Seattle, Wash.

Kevin J. Mahoney, PhD, was appointed program director of the program, Cash and Counseling Demonstration and Evaluation. Dr. Mahoney is program manager at the University of Maryland Center on Aging.

Virginia L. Mason was appointed program director of the Family Support Services Program. Ms. Mason is executive director, Family Resource Coalition, Chicago, Ill.

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

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

Mark A. Sachs was appointed program director of Sound Partners for Community Health. Mr. Sachs is program director, Benton Foundation, Washington, DC.

Sarah C. Shuptrine was appointed program director of Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children. Ms. Shuptrine is president, Southern Institute on Children and Families Inc., Columbia, S.C.

Alvin R. Tarlov, MD, was appointed program director of the Investigator Awards in Health Policy Research program. Dr. Tarlov is executive director, The Health Institute, New England Medical Center Hospitals Inc., Boston, Mass.

William C. Watson, Jr., was appointed program director of All Kids Count: Establishing Immunization Monitoring and Follow-Up Systems. Mr. Watson is associate executive director, The Task Force for Child Survival and Development, Atlanta, Ga.

Kathleen A. Buckley completed her assignment directing the program, Developing Local Infant Mortality Review Committees. Ms. Buckley was appointed to this position in 1994.

William H. Foege, MD, completed his assignment directing All Kids Count: Establishing Immunization Monitoring and Follow-Up Systems. Dr. Foege was appointed to this position in 1991.

Gilbert S. Omen, MD, PhD, completed his assignment directing Turning Point: Collaborating for a New Century in Public Health. Dr. Omen was appointed to this position in 1996.

W. Anderson Spickard, Jr., MD, completed his assignment directing Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. Dr. Spickard was appointed to this position in 1988.

Board Activities

The Board of Trustees met five times in 1997 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 January 31, 1998.

Officers and Staff

Sidney F. Wentz
Chairman, Board of Trustees

Evann S. Gleeson
Administrative Assistant

Steven A. Schroeder, MD
President

Sara E. Wilkinson
Administrative Assistant

Judith A. Famulare
Secretary

Lewis G. Sandy, MD
Executive Vice President

Gerri E. Brown
Administrative Assistant

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

Sharon E. Krauss
Administrative Assistant

May C. Wagner
Administrative Assistant

Marybeth Tamayo
Secretarial Floater

Ruby P. Hearn, PhD
Senior Vice President

Lois Shevlin
Administrative/Program Assistant

Paul S. Jellinek, PhD
Vice President

Rush L. Russell
Senior Program Officer and Convener, Access Goal Development Working Group

Floyd K. Morris
Program Officer

Linda N. Bernstein
Program Associate

Dale A. Alloway
Administrative/Program Assistant

Helen Dundas
Program Assistant

Joy Neath
Administrative/Program Assistant

Liz A. O'Neill
Administrative Assistant

Dolores V. Slayton
Program Assistant

Jeanette L. Wattley
Secretary

Nancy J. Kaufman
Vice President

Marilyn Aguirre-Molina, EdD
*Senior Program Officer and
Convener, Substance Abuse Goal
Development Working Group*

Susan B. Hassmiller, PhD
Senior Program Officer

Terrance Keenan
Special Program Consultant

Janet Heroux
Program Consultant

Neal Brandes
Program Associate

Charlotte L. Hallacher
Program Assistant

Cynthia L. Kiely
Administrative/Program Assistant

Mary R. Marrone
Administrative Assistant

Barbara A. McCourt
Program Assistant

Sallie A. Petrucci
Administrative Assistant

Mary L. Quinn
Administrative/Program Assistant

Scott Sanoff
Program Intern

James R. Knickman, PhD
*Vice President for Evaluation and Research and Convener, Chronic Health Conditions Goal
Development Working Group*

David C. Colby, PhD
Senior Program Officer

Seth Emont, PhD
Senior Program Officer

C. Tracy Orleans, PhD
Senior Program Officer

Beth A. Stevens, PhD
Senior Program Officer

Nancy Fishman
Program Associate

Maureen Michael
Program Associate

Phyllis L. Kane
Program Assistant

Pamela K. LaPata
Administrative Assistant

Deborah A. Malloy
Administrative Assistant

Christine M. Phares
Administrative/Program Assistant

Ann P. Pomphrey
Program Assistant

Curtis R. Trimble
Research Assistant

Sherry M. Georgianna
Secretary

Helen Levy
Research Economist

Robert G. Hughes, PhD
Vice President

Nancy L. Barrant
*Senior Program Officer and Director,
Health Policy Group*

Pamela S. Dickson
Senior Program Officer

Judith Y. Whang
Program Officer

Barbara Maticera-Barr
Program Associate

Dolores A. Colello
Program Assistant

Diane Montagne
Program Assistant

Corinne T. Kelley
Administrative Assistant

Jeniffer S. Wilkinson

Secretary

Doriane Miller, MD

Vice President

Rosemary Gibson

Senior Program Officer

Linda L. Manning

Program Assistant

Jeanne M. Stives

Secretary

Sue J. Weidner

Secretary

Jack C. Ebeler

Special Consultant

Sue A. Kaplan, JD

*Project Director, Primary Care Assessment
and Improvement Project*

J. Michael McGinnis, MD

Special Consultant

Gail R. Wilensky, PhD

Special Advisor to the President

Frank Karel

Vice President for Communications

Joseph F. Marx

Senior Communications Officer

Victoria D. Weisfeld

Senior Communications Officer and Convener, Communications Development Working Group

Joan K. Hollendonner

Communications Officer

Paul A. Tarini

Communications Officer

Ann E. Searight

Communications Associate

Jeanne M. Weber

Production Manager

Hope A. Woodhead

Production Associate

Linda B. Potts

*Administrative Coordinator
for Communications*

Diane Bowering

Communications Assistant

Mary P. Huber

Communications Assistant

Dale W. Englebert
Communications Assistant

David E. Gray
Secretary

Vinod T. Das
Webmaster

Barbara A. Sherwood
Publications Aide

Hinda F. Greenberg
Director of the Information Center

Kathryn W. Flatley
Information Specialist

Marybeth Kren
Information Assistant

Marian Bass
Special Program Officer

Christina Miliano
Administrative Coordinator

Cheryl Thomas
Secretary

Peter Goodwin
Vice President and Treasurer

E. Tina Murphy
Administrative Assistant

Janice A. Opalski
Director of Financial Monitoring

Rona Smyth Henry
Senior Financial Officer

Marco Navarro
Financial Officer

Gail I. Benish
Financial Analyst

Milton R. Ellis, Jr.
Financial Analyst

Jonathan D. LaCrosse
Financial Analyst

Spencer L. Lester
Financial Analyst

Karen J. Newton
Financial Analyst

Benjamin J. Warner
Financial Analyst

Joseph Wechselberger

Financial Analyst

Marianne Brandmaier

Administrative Coordinator

Lorraine M. Conway

Administrative Assistant

Stacey A. Sandrey-Groman

Administrative Assistant

Francine A. Belardo

Secretary

JoAnn O'Dwyer

Secretary

G. Russell Henshaw, Jr.

Controller

Roy F. Chiorello

Assistant Controller

Carolyn D. Scholer

Portfolio/Accounting Assistant

Ellen Coyote

Accounting Assistant

Carol A. Owle

Accounting Assistant

Christina M. Reiger

Director of Information Systems

Kim M. Lavan

Assistant Manager of Information Systems

Kristine Nasto

Assistant Manager of Information Systems

Robert Pierrot

LAN Administrator

Helen G. Gerry

Systems Analyst

Debra Heyn Sheil

Systems Analyst

Joy E. Scacetti

Help Desk/Software Support Consultant

Awilda Marquez

Secretary

John D. Gilliam

Chief Investment Officer

Karen J. Candelori

Fixed Income Portfolio Manager

Marsha C. Tinguely

Private Equity Portfolio Manager

Jill Posluszny
Supervisor of Operations

Heather C. Kilgariff
Operations Assistant

Lydia A. Ryba
Secretary

Gregory Pogue, DBA
Vice President of Administration

Gina A. Stumpf
Assistant Director of Human Resources

Nancy A. Paulick
Benefits Coordinator

Mayra C. Saenz
Secretary

Patricia Kuntz
Secretarial Floater

Richard J. Toth
Director, Office of Proposal Management

Katherine J. Parker
Deputy Director, Office of Proposal Management

Eleanor Mattison
Program Assistant

Julia E. Painter
Administrative/Program Assistant

Linda J. Gabryszewski
Data Coordinator

Peggy L. Lucas
Secretary

Anthony D. Freda
Manager, Purchasing/Receiving

Heidi N. Tucci
Assistant Manager, Duplicating/Supplies

Amy K. Brand
Mail Services Coordinator

David M. Finkelstein-Moore
Foundation Services Assistant

Sandra A. Georgeanni
Records Supervisor

Vicky J. Coveleski
Records Assistant

Barbara J. Tretola
Manager, Travel/Conference Services

Barbara Sergeant
Receptionist

Staff as of February 2, 1998.

Selected Bibliography

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

Books

Altman, Stuart, Uwe Reinhardt, Alexandra Shields. *The Future US Healthcare System: Who Will Care for the Poor and Uninsured?* Chicago, IL: Health Administration Press, 1997.

Durch, Jane S., Linda A. Bailey, Michael A. Stoto, eds. *Improving Health in the Community: A Role for Performance Monitoring.* Washington, DC: National Academy Press, 1997.

Lantos, John D. *Do We Still Need Doctors?* New York, NY: Routledge, 1997.

Mechanic, David. *Improving Inpatient Psychiatry Treatment in an Era of Managed Care.* San Francisco, CA: Jossey-Bass Publishers, 1997.

Weissman, Ellen, ed. *Using Performance Monitoring to Improve Community Health: Conceptual Framework and Community Experience.* Washington, DC: National Academy Press, 1996.

Wilkerson, John D., Kelly J. Devers, Ruth S. Given, eds. *Competitive Managed Care: The Emerging Health Care System.* San Francisco, CA: Jossey-Bass Publishers, 1997.

Chapters

Given, Ruth S. "Ensuring Competition in the Market for HMO Services." *In Competitive Managed Care: The Emerging Health Care System*, edited by John D. Wilkerson, et al. San Francisco, CA: Jossey-Bass Publishers, 1997.

Jacobs, Lawrence. "The Politicization of Public Opinion: The Battle for the Pulpit." *In The Social Divide: Political Priorities and Social Policy Making in the 1990s*, edited by Margaret Weir. Washington, DC: Brookings Institution, 1997.

Jekel, James. "Public Health." *In The New Book of Knowledge, Health and Medicine.* Danbury, CT: Grolier, 1997.

Manow, Philip and Susan Giaimo. "Institutions and Ideas into Politics: Health Care Reform." *In Britain and Germany in Health Policy Reform: National Variations and Globalization*, edited by Christa Altenstetter and James Warner Bjorkman. New York, NY: St. Martin's, 1997.

Mashaw, Jerry L. "Disability: Why Does the Search for Good Programs Continue?" *In Social Security in the 21st Century*, edited by Eric R. Kingson and James H. Schulz. New York, NY: Oxford University Press, 1997.

Walkup, James. "Family Involvement in General Hospital Inpatient Care." *In Improving Inpatient Psychiatry Treatment in an Era of Managed Care*, edited by D. Mechanic. San Francisco, CA: Jossey-Bass Publishers, 1997.

Wilkerson, John D., et al. "Conclusion. The Potential and Limits of Competitive Managed Care." *In Competitive Managed Care: The Emerging Health Care System*, edited by John D. Wilkerson, et al. San Francisco, CA: Jossey-Bass Publishers, 1997.

Articles

- Aldeman, E., et al.** "Five-Year Clinical and Functional Outcome Comparing Bypass Surgery and Angioplasty in Patients with Multivessel Coronary Disease. A Multicenter Randomized Trial." *Journal of the American Medical Association*, 277(9): 715-721, 1997.
- Bindra, R., et al.** "The Use of Routine Wrist Radiography in the Evaluation of Patients with Carpal Tunnel Syndrome." *Journal of Hand Surgery*, 22(1): 115-119, 1997.
- Bogardus, Sidney, et al.** "Molecular Genetic Tests: Are They Ready for Use in Clinical Practice." *Journal of Investigative Medicine*, 45(3): 205A, 1997.
- Brownson, R., et al.** "Environmental Tobacco Smoke: Health Effects and Policies to Reduce Exposure." *Annual Review of Public Health*, 18: 163-185, 1997.
- Burns, D., et al.** "What Should Be the Elements of Any Settlement with the Tobacco Industry?" *Tobacco Control*, 6(1):1-4, 1997.
- Carlisle, D., et al.** "Race and Ethnicity Disparities in the Use of Cardiovascular Procedures: Associations with Type of Health Insurance." *American Journal of Public Health*, 87(2): 263-267, 1997.
- Cassard, S. D., et al.** "Physician Gender and Women's Preventative Services." *Journal of Women's Health*, 6: 199-207, 1997.
- Concato, John and Alvan Feinstein.** "Asking Patients What They Like: Overlooked Attributes of Patient Satisfaction with Primary Care." *American Journal of Medicine*, 102(4): 399-406, 1997.
- Crooks, K., et al.** "An Earlier Approach to Increase Awareness of Primary Care Careers." *Academic Medicine*, 72(5): 414, 1997.
- Cummings, P., et al.** "The Association Between the Purchase of a Handgun and Homicide or Suicide." *American Journal of Public Health*, 87(6): 974-978, 1997.
- Davidson, S.** "Politics Matters! Health Care Policy and the Federal System." *Journal of Health Politics, Policy and Law*, 22(3): 879-896, 1997.
- Desbiens, Norman, et al.** "Pain During Hospitalization is Associated with Continued Pain Six Months Later in Survivors of Serious Illness." *American Journal of Medicine*, 102(3): 269-276, 1997.
- Deyo, R., et al.** "The Messenger Under Attack: Intimidation of Researchers by Special-Interest Groups." *New England Journal of Medicine*, 336(18): 1176-1180, 1997.
- Elmore, J., et al.** "The Impact of Clinical History on Mammographic Interpretations." *Journal of the American Medical Association*, 277(1): 49-52, 1997.
- Fama, Teresa and Amy Bernstein.** "A Comparison of Physician and Hospital Use Among the Non-Elderly Covered by HMOs and Indemnity Insurance." *Managed Care Research and Review*, 54(2): 239-254, 1997.
- Flocke, S., et al.** "The Impact of Insurance Type and Forces of Discontinuity on the Delivery of Primary Care." *Journal of Family Practice*, 45(2): 129, 1997.
- Gilpin, E., et al.** "Adult Smokers Who Do Not Smoke Daily." *Addiction*, 92(4): 473-480, 1997.
- Gleason, P., et al.** "Medical Outcomes and Antimicrobial Costs with the Use of the American Thoracic Society Guidelines for Outpatient with Community-Acquired Pneumonia." *Journal of the American Medical Association*,

278(1): 39, 1997.

Goldzweig, C., et al. "Variations in Cataract Extraction Rates in Prepaid and Fee-For-Service Settings." *Journal of the American Medical Association*, 277(22): 1765-1768, 1997.

Grossman, D., et al. "The Effectiveness of Violence Prevention Curriculum Among Children in Elementary Schools." *Journal of the American Medical Association*, 277(20): 1602-1611, 1997.

Grumbach, K., et al. "Physician Supply and Access to Care in Urban Communities." *Health Affairs*, 16(1): 71-86, 1997.

Gupta, Anu, et al. "Incorporating Multiculturalism into a Doctor-Patient Course." *Academic Medicine*, 72(5): 428, 1997.

Hanson, L., et al. "Can Clinical Interventions Change Care at the End of Life?" *Annals of Internal Medicine*, 129(5): 381-388, 1997.

Hlatky, H., et al. "Medical Care Costs and Quality of Life After Randomization to Coronary Angioplasty or Coronary Bypass Surgery." *New England Journal of Medicine*, 336(2): 92-99, 1997.

Hueston, W. "Antibiotics: Neither Cost Effective or 'Cough' Effective." *Journal of Family Practice*, 44(3): 261-265, 1997.

Humphrey, H. J., et al. "Institutional Change: Experience in Two Departments." *Journal of General Internal Medicine*, 12(2): 79-82, 1997.

Jacoby, J., et al. "Retraining Physicians for Primary Care: A Study of Physician Perspectives and Program Development." *Journal of the American Medical Association*, 277(19): 1469-1473, 1997.

Jaen, C., et al. "Effectiveness of a Free Nicotine Patch Program for Medicaid and Uninsured Patients." *Journal of the National Medical Association*, 89(5): 325-328, 1997.

Johnston, C. "The Nursing Work Force: Beyond 2000 Project." *Journal of Nursing Administration*, 27(6): 4-6, 1997.

Keating, S. "Developing a Strategic Plan for the Nursing Work Force: the California Experience." *Home Care Provider*, 2(2): 52-53, 1997.

Kessler, R., et al. "Difference in the Use of Psychiatric Outpatient Services Between the United States and Ontario." *New England Journal of Medicine*, 336(8): 551-557, 1997.

Krumholz, Harlan. "Cardiac Procedures, Outcomes, and Accountability." *New England Journal of Medicine*, 336(21): 1522-1523, 1997.

Krumholz, Harlan, et al. "Thrombolytic Therapy for the Treatment of Eligible Elderly Medicare Beneficiaries with Acute Myocardial Infarction." *Journal of the American Medical Association*, 277(21): 1683-1688, 1997.

Lawlor, E. F., et al. "The State of Geriatrics Training Programs: Findings from the National Study of Internal Medicine Manpower." *Journal of the American Geriatric Society*, 45(1): 108-111, 1997.

Leider, P., et al. "Family Physician Perceptions of Economic Incentives for the Provision of Office Procedures." *Family Medicine*, 29(5): 318-320, 1997.

Levinson, W., et al. "Physician-Patient Communications: The Relationship with Malpractice Claims Among Primary Care Physicians and Surgeons." *Journal of the American Medical Association*, 277(7): 553-559, 1997.

Libby, Donald, et al. "Will Minority Physician Supply Meet US Needs?" *Health Affairs*, 16(4): 205-214, 1997.

Lynch, D. and T. Whitley. "Standardized Examination Performance and Specialty Choice." *Family Medicine*, 29(6): 421-423, 1997.

- Maciaszek, J., et al.** "Interleukin-16 Represses HIV-1 Promoter Activity." *Journal of Immunology*, 158(1): 5-8, 1997.
- Magid, D., et al.** "Absence of Association Between Insurance Co-payments and Delays in Seeking Emergency Care Among Patients with Myocardial Infarction." *New England Journal of Medicine*, 336(24): 1722-1729, 1997.
- McCarton, C., et al.** "Results at Age 8 Years of Early Intervention for Low-Birth-Weight Premature Infants." *Journal of the American Medical Association*, 277(2): 126-132, 1997.
- McGuire, V., et al.** "Occupational Exposures and Amyotrophic Lateral Sclerosis: A Population-Based Case-Control Study." *American Journal of Epidemiology*, 145(12): 1076-1088, 1997.
- Nesbitt, T., et al.** "Access to Maternity Care in Rural Washington: Its Effect on Neonatal Outcomes and Resource Use." *American Journal of Public Health*, 87(1): 85-90, 1997.
- Oliver, T. R. and P. Paul-Shaheen.** "Translating Ideas into Actions: Entrepreneurial Leadership in State Health Care Reforms." *Journal of Health Politics, Policy and Law*, 22(3): 721-788, 1997.
- Pathman, Donald, et al.** "Rural Physician Satisfaction: Its Sources and Relationship to Retention." *Journal of Rural Health*, 12(5): 366-377, 1997.
- Peterson, Mark.** "The Policy Process in Health Care." *American Behavioral Scientist*, 40(3): 341-353, 1997.
- Powell, I., et al.** "The Predictive Factor of Race as a Clinical Prognostic Factor Among Patients with Clinically Localized Prostate Cancer." *Urology*, 49(5): 726-731, 1997.
- Psaty, B., et al.** "Health Outcomes Associated with Antihypertensive Therapies Used as First-Line Agents: A Systematic Review and Meta-Analysis." *Journal of the American Medical Association*, 277(9): 739-745, 1997.
- Rudberg, M., et al.** "Developing and Implementing Measures of Quality of Care at the End of Life: A Call for Action." *Journal of the American Geriatrics Society*, 45(4): 528-530, 1997.
- Schwartz, R. W., et al.** "Residents' Evaluation of a Problem-Based Learning Curriculum in a General Surgery Residency Program." *American Journal of Surgery*, 173(4): 334-341, 1997.
- Teno, J., et al.** "The Illusion of End-of-Life Resource Savings with Advance Directives." *Journal of the American Geriatrics Society*, 45(4): 513-518, 1997.
- Warner, Kenneth.** "Cost-Effectiveness of Smoking Cessation Therapies: Interpretation of the Evidence and Implications for Coverage." *Pharmacoeconomics*, 11(6): 538-549, 1997.
- Wenrich, M., et al.** "HIV Risk Screening in the Primary Care Setting: Assessment of Physicians' Skills." *Journal of General Internal Medicine*, 12(2): 107-113, 1997.
- Winker, M., ed.,** "Clinical Crossroads." *Series in Journal of the American Medical Association*.
- Reports**
- American Association of Healthcare Professionals Foundation.** *Planning Care for High-Risk Medicare HMO Members*. Washington, DC: The American Association of Healthcare Professionals Foundation, July 1997.
- American College of Obstetricians and Gynecologists.** *Fetal-Infant Mortality Review: A Report of Seven Demonstration Projects*. Washington, DC: American College of Obstetricians and Gynecologists, 1997.
- Center for Children with Chronic Illness and Disability.** *Brave New Partnerships: Children with Disabilities, Families and Managed Care*. Washington, DC: Center for Children with Chronic Illness and Disability, April 1997.
- Center for Media Education.** *Alcohol and Tobacco on the Web: New Threats to Youth*. Washington, DC: Center for Media Education, 1997.

Center for Science in the Public Interest. *Last Call for High-Risk Bar Promotions that Target College Students.* Washington, DC: Center for Science in the Public Interest, March 1997.

Department of Health Care Policy and Financing. *Colorado Government Agency Purchasing Pool: Pricing of Standard Benefits for HMO and POS Plans for Active Employees and Early Retirees.* Denver, CO: Department of Health Care Policy and Financing, 1997.

Family Resource Coalition. *From Communities to Capitols: State Experiences with Family Support.* Chicago, IL: Family Resource Coalition, Chicago, 1996.

Lovelace Respiratory Research Institute. *Native American Health on the Internet.* Albuquerque, NM: Lovelace Respiratory Research Institute, 1997.

Oregon Health Plan Administrator's Office. *A Preliminary Evaluation of the Impact of Insurance Reforms on the Purchasing Behavior of Small Employers.* Salem, OR: Oregon Health Plan Administrator's Office, July 1997.

State of Nebraska Department of Health, Bureau of Health Planning and Data Management. *The Feasibility of Developing Insurance Pooling Groups in Nebraska - A Report to the Governor and the Legislature.* Lincoln, NE: State of Nebraska Department of Health, Bureau of Health Planning and Data Management, 1997.

Audiovisual Materials

Alcohol Industry Database (CD-ROM). Marin Institute for the Prevention of Alcohol & Other Drug Problems, San Rafael, CA, 1997.

For Your Health: Screening Mammography Series (18 minute videocassette). Ford Communications Network, Dearborn, MI, 1997.

Healthy Schools-Healthy Children: The Challenge We Face (25 minute videocassette). Department of Human Resources, Oregon Health Division, Center for Child and Family Health, Portland, OR, 1997.

Tobacco and Health Symposium: Both Sides of the Coin (40 minute videocassette). Institute for Quality Health, Charlottesville, VA, 1997.