

THE ROBERT WOOD JOHNSON FOUNDATION

ANNUAL REPORT FOR 1995



ON DYING IN AMERICA

THE ROBERT WOOD JOHNSON FOUNDATION was established as a national philanthropy in 1972 and today is the largest U.S. foundation devoted to health care. The Foundation's mission is to improve the health and health care of all Americans.

The Foundation concentrates its grantmaking in four areas:

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

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ON DYING IN AMERICA

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## THE FOUNDER

ROBERT WOOD JOHNSON 1893-1968

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

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

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

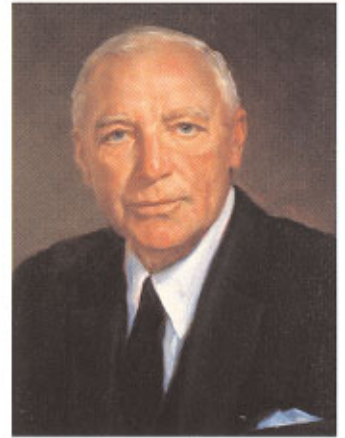
His interest in hospitals led him to conclude that hospital administrators needed specialized training. So he joined with Dr. Malcolm Thomas MacEachern, then president of the American College of Surgeons, in a movement that led to the founding at Northwestern University of one of the first schools of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

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

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

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

General Robert Wood Johnson's sense of personal responsibility toward society was expressed imperishably in the disposition of his own immense fortune. He left virtually all of it to the foundation that bears his name, creating one of the world's largest private philanthropies.



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

The Robert Wood Johnson Foundation arrived on the national scene in 1972 with an endowment of about \$1 billion and the

mission of improving health and health care for all Americans. Turning that potential into programs and momentum was the first order of business. The process began with the assembly of a professional staff that

continues to evolve. Initial goals were defined—improving access to medical care services for underserved Americans was paramount—and grantmaking began.

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

evaluations so that it could be used by others.

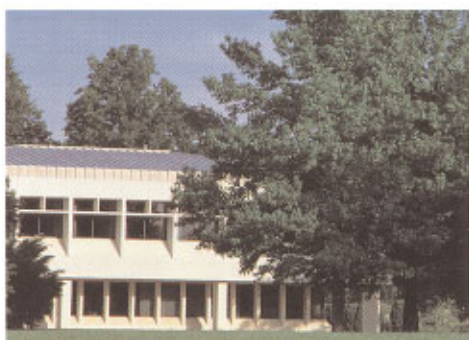
In 1980, we modified our goals. The access goal was more tightly focused on personal care for America's underserved and two new goals were defined: making health care arrangements more effective and care more affordable, and helping people to maintain or regain maximum attainable function in their daily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

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

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

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

As I write this, the organization and financing of health care are undergoing fundamental change. And our nation is undertaking a profound self-examination, debating the role of government in our society and the role of, and relationships among, its public, business, and nonprofit sectors. As part of that questioning,





some members of Congress have been critical of the work and practices of nonprofit organizations and institutions. RWJF has been criticized specifically. And legislation has been proposed which, if enacted, would seriously limit the actions of many of our grantees.

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

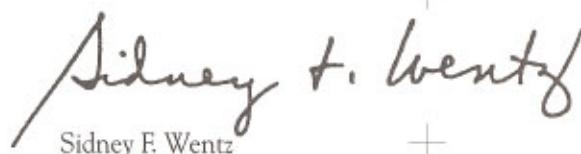
Let me cite just four examples of programs in areas of great need and great risk that we launched in 1995. Perhaps the most ambitious is our ten-year initiative to try to improve the health and safety of children in distressed urban areas. Dedicated, determined people in eight cities—Baltimore; Chicago;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

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

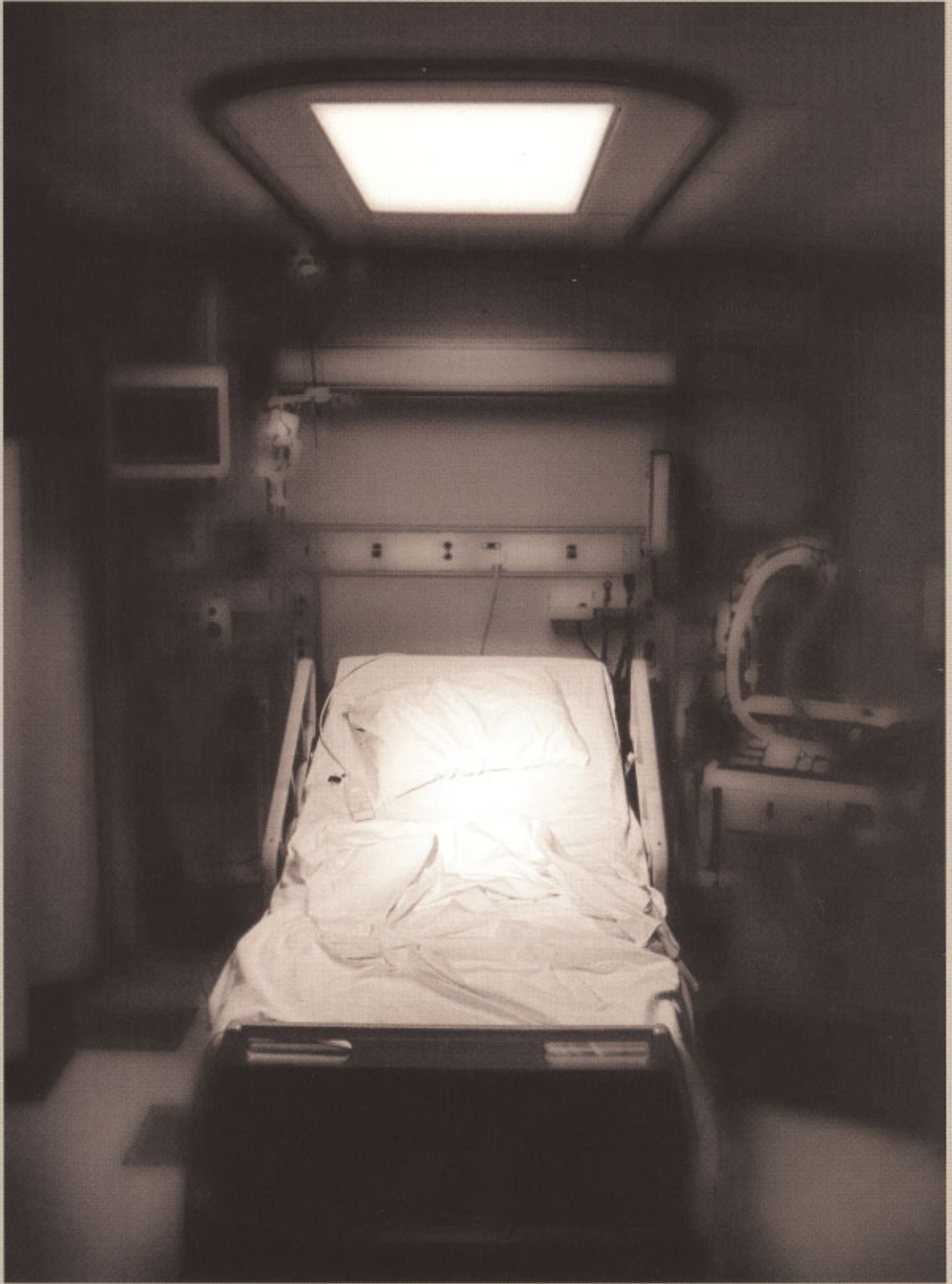
Cigarette smoking accounts for more than 400,000 U.S. deaths annually, and virtually all adult smokers today began smoking before age 18. Curbing youth smoking—an estimated 3,000 young people begin smoking daily—is critical to bringing the country's tobacco problem under control. To intensify these efforts,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

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

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



Sidney F. Wentz  
Chairman, Board of Trustees





O N D Y I N G I N A M E R I C A

*Catch a physician in a boastful mood and you are likely to hear about brilliant diagnoses, complicated procedures performed under the most trying circumstances, the relief of seemingly intractable symptoms, or the gratitude of devoted patients. Seldom, if ever, have I heard physicians tell stories about the successful management of death.*

YET, MANAGING DYING PATIENTS IS AN IMPORTANT PART OF MOST MEDICAL PRACTICES. Each year more than two million people die in the United States, half of them in hospitals. All of us know painful stories about “bad deaths,” where hopelessly ill patients are kept attached to machines long after any chance of recovery, often with suffering by both the patients and their families.

Occasionally we hear about a different way of dying. The recent well publicized deaths of former President Richard Nixon and Jacqueline Kennedy Onassis were two notable examples. Each died in the presence of loved ones, Ms. Onassis at home, and Mr. Nixon in a quiet hospital room. Each had earlier expressed wishes to avoid heroic care when recovery seemed unlikely, and each had



meticulous attention to comfort and pain control as the prime goal of terminal care. Why were these “good deaths” so unusual? After all, the final, lasting image we have of our loved ones is at their deaths. How can we explain the often grisly final hours and days of many Americans? Do we really want our loved ones—or ourselves—to die alone, in pain, and connected to complicated life support machinery?

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





own experiences and echoes the stories we tell each other at parties, over coffee, at family gatherings, and at work every day.



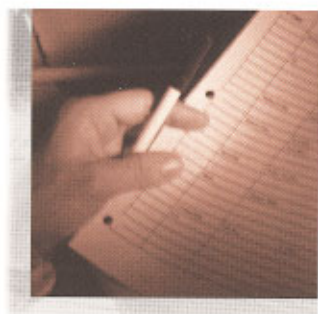
*DOCTORS OFTEN  
FAIL TO HEED  
WISHES OF THE  
DYING PATIENT*  
—NEW YORK TIMES  
November 22, 1995

*BREAKING THE  
SILENCE ON DEATH*  
—USA TODAY  
November 22, 1995

*THE GRACE OF  
A GOOD DEATH  
ESCAPES MANY*  
—WASHINGTON POST  
December 5, 1995

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

The report summarized the research findings of the eight-year, \$28-million **Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments**, known by its acronym, **SUPPORT**.<sup>1</sup> **SUPPORT** was conducted by Drs. William Knaus and Joanne Lynn at the George



Washington Medical Center, in association with colleagues at five major teaching hospitals. **SUPPORT** had two phases. Phase one involved 4,301 patients hospitalized with common, life-threatening medical conditions so severe that half of the patients were expected to die within six months. During the period 1989–91, researchers documented the kind of care these patients received at the five

hospitals, as well as how closely the wishes of the patients and their families were followed.

#### PHASE ONE FINDINGS

Phase one produced important and sobering findings. Doctors didn't seem to know what kind of care their patients wanted. For example, if patients did not want to undergo cardiopulmonary resuscitation (CPR), doctors were unaware of that preference in about half the cases. Furthermore, in cases where orders not to resuscitate the patient were written, this occurred only a day or two before death in half the cases, suggesting little advance planning. Even more disturbing, severe pain—a treatable symptom in the conditions these patients had—was common<sup>2</sup>: according to their families, half the patients who were able to communicate were in severe pain in their last three days of life. Doctors know there is sometimes a tradeoff between relieving pain and alertness, but what would be their patients' choice? Only thorough, sensitive discussions will uncover these preferences.



Confronted with these findings, the lead researchers and their colleagues at the five hospitals developed an intervention they believed would improve these outcomes. At the time, the physician community was saying that uncertainty over outcomes (prognosis) and inadequate understanding of patients' wishes—and the time needed to learn them—were the key barriers to improving

end-of-life care. Attacking these aspects of this very complicated issue seemed just the approach that would make things better. So, the research team designed an intervention to fix these problems. Unfortunately, it didn't work.

Their remedy was tested in phase two, between 1992 and 1994, and consisted of three kinds of special help. First, detailed, validated and accurate prognostic models were developed for each critically ill patient to let physicians know, with unprecedented precision, the likelihood their patient would die or become seriously disabled. Second, a specially trained nurse was



employed to talk to patients and families about their concerns and wishes and to facilitate their communicating this information to their physicians and the hospital staff. Third, physicians were provided with detailed written instructions about the patient and family's wishes regarding treatment, including pain control and "heroic" measures such as resuscitation.

#### PHASE TWO RESULTS

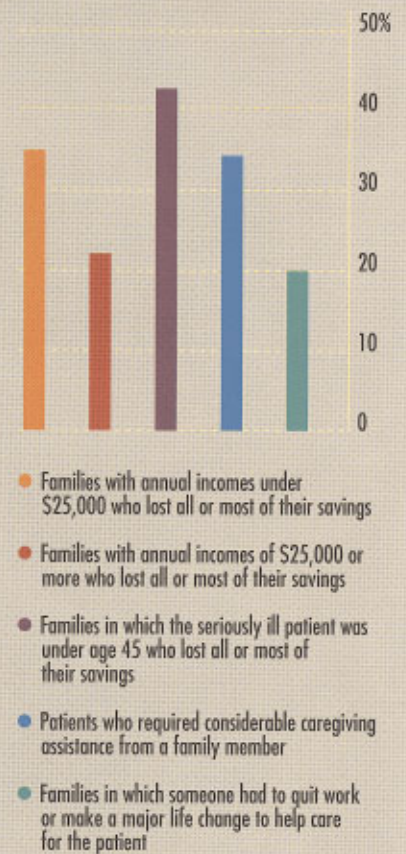
The investigators were stunned to find that the circumstances of dying for the 2,652 seriously ill patients receiving the special help were no better than for a similarly sized control group. Specifically, the amount of time they spent in the intensive care unit, in a coma or on an artificial breathing machine before death were no different. Physicians often didn't know what their patients' preferences for care were, but patients and families didn't raise these issues either. Perhaps most disturbing, reports of severe pain were no better in the experimental group than in control



patients. As you might expect, the costs of care were not decreased for the experimental group, either. And these costs were high: even with hospitalization insurance, nearly a third of the study's families lost most of all of their savings.

When the SUPPORT investigators learned the disappointing results of phase two, they cast about for explanations. One obvious theory was that the five hospitals involved—all prestigious teaching institutions—were not representative of the way that medicine is generally practiced in this country. To test this possibility, the Foundation commissioned a survey of 502 families who had recently lost a loved one. About 13% had died in major medical centers similar to the five SUPPORT institutions, and about 45% died in other kinds of hospitals. The teaching hospitals generally came out about the same as other hospitals, and on some key measures—explaining treatment options, giving patients and families the opportunity to influence treatment, and, notably, pain control—teaching hospitals performed better than other hospitals. Thus, results of SUPPORT's phase two seem broadly applicable to dying in America.

SERIOUS ILLNESSES CARRY HIGH COSTS FOR FAMILIES  
Percent of SUPPORT Families Affected



Source: SUPPORT study data.

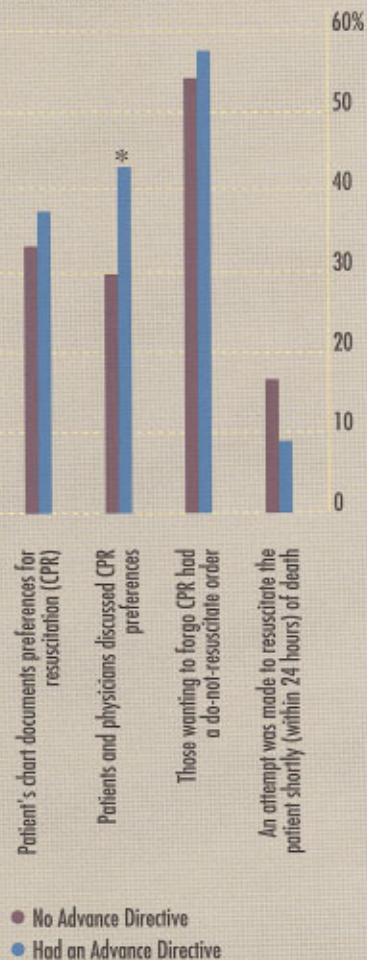
#### INTERPRETING THE FINDINGS

In an effort to understand better what these disturbing results mean and how the patterns of care they reflect could be improved, the Foundation asked the Hastings Center to commission a series of



commentaries about SUPPORT. These were published in a special supplement to the November–December 1995 *Hastings Center Report* under the title, “Dying Well in the Hospital: The Lessons of SUPPORT.”<sup>3</sup> The 11 commentaries reflect the thinking of experts from a broad range of disciplines—medicine, law, ethics, and education. Not surprisingly, interpretations differ.

ADVANCE DIRECTIVES DIDN'T CHANGE THE CARE SERIOUSLY ILL PATIENTS RECEIVED



Note: \* Statistically significant ( $P < .05$ ); other results in this chart are not statistically significant.

Source: SUPPORT study data.

In general, the analysts fall into two camps. Some wonder if the interventions were too modest, believing that more aggressive attempts to ensure communication among patients, families, and physicians might have been more effective. Others pinpoint the problems within the health care system itself, focusing on its professional culture and incentives. For example, a legal expert contends that the hospital-based medical culture unilaterally decides what is in the patient's best interest, asserting that "... if dying patients want to retain some control over their dying process, they must get out of the hospital if they are in, and stay out of the hospital if they are out." But Hastings Center Director Daniel C. Callahan cautions that a third powerful force also is at play, one that parallels in importance the problems in communication surrounding individual patients, or the problems in the medical and hospital environment. That force is our "fundamental ambivalence about the

place of death in human life, pervading both American medicine and American culture."

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

I must confess that the SUPPORT results did not surprise me, although I hoped for a more positive outcome. Why was I not surprised? I was very aware of the intractability of the problem based





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



#### DEALING WITH DEATH



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

Culturally, we are a nation in love with technology and its applications.<sup>4</sup> Moreover, our youth-oriented culture places high value on vitality and the avoidance of death and disability. At their best, these values are reflected in such popular movements as parent and youth groups mobilized against drunk driving and the public anti-smoking movement, which has made airplanes, most offices, and many restaurants smoke-free. But these values also contribute to our unwillingness to accept the inevitability of death and to guilt among relatives if everything possible is not done for—and to—their dying father, mother, sibling, or child.



Feelings of ambiguity and guilt are compounded by tenuous relationships. One contributing factor is the unique dispersion of families across our huge nation. Another could be the high rate of alcohol and substance abuse that tears families apart and hinders effective decision-making (and, I would add, increases the likelihood of serious illnesses in the first place). Another is the increasing prevalence of estrangement, separation, and divorce that again separates family members from each other. As a result, people are often asked to share in making difficult ethical decisions about relatives from whom they have been separated both emotionally and geographically and whom they no longer really know. The common tendency is to err on the side of overtreatment.

The culture of American medicine differs from that of other developed countries with respect to our great investment in highly specialized personnel and the medical technologies they employ. In addition to leading the world in the use of such varied technologies as endoscopy, cardiac catheterization, sophisticated imaging, and coronary artery bypass surgery, we also have invested heavily in intensive care. In medicine, supply often dictates use, so it is not surprising that these intensive care units are usually full.<sup>5</sup>



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

The natural professional instinct of physicians and other intensive care personnel is to do everything possible for their patients. The medical culture teaches us to view death as a defeat. With this attitude ingrained early, the physician must spare no resource that could sustain life!

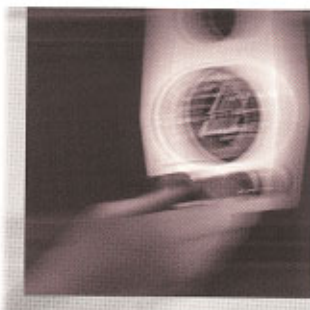


Finally, physicians also are influenced by the possibility of malpractice litigation, as well as the censure of their peers, that can turn on the answer to a single, deceptively simple question: "Doctor, did you do *everything* that could be done to preserve your patient's life?"

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

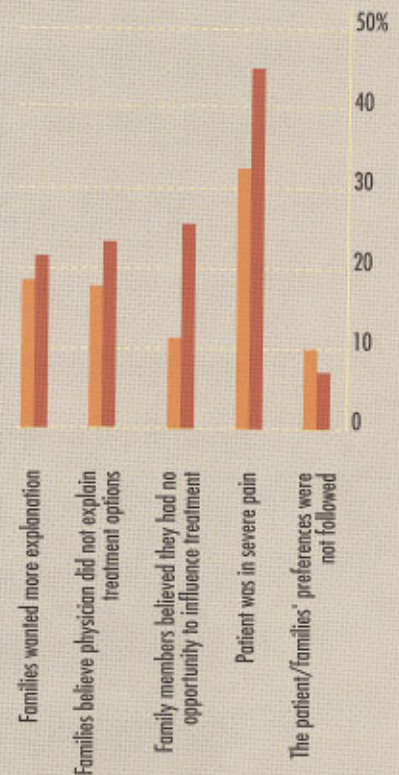
The public reaction to **SUPPORT**, plus the nature of its results, have convinced us at the Foundation that the issue of how we die is of major importance and of concern to a great many Americans. As a society, we need to find ways to help patients control the manner and circumstances of their dying to the extent they wish to do so, to improve the control of pain and other distressing symptoms, to provide care settings that allow families to stay near and necessary health services for those who wish to

die at home, and yet to cherish those clinical opportunities that can extend meaningful life whenever possible. Some of the Foundation's experiences in supporting model chronic care programs may offer insights in how to improve end-of-life care. Two examples: continuum-of-care



programs allow patients to receive care in more appropriate settings than the hospital, whether home or hospice; and projects that give careful attention to functional status provide early warning signals of uncontrolled pain. Nevertheless, the **SUPPORT** results underscore how difficult it will be to change prevailing practices at the end of life. I wish that I or my

## PROBLEMS WITH CARE OF THE DYING ARE PREVALENT



**TYPE OF HOSPITAL:**  
 ● Major Medical Center  
 ● Other Hospital

Source: From a national survey of 502 U.S. families who had participated in the end-of-life care of a family member within the last two years, conducted by the Harvard Program on Public Opinion and Health Care.

colleagues could see an easy solution to this problem, but we do not. We do, however, propose some next steps.

#### THE FOUNDATION'S RESPONSE

These steps will include sponsoring conferences among leaders of organizations representing a broad range of constituencies—medicine, nursing, hospitals, law, ethics, religion, and consumer interests—to address the implications of SUPPORT's results for society and for the health care enterprise. We also will explore alternative ways to care for dying patients, such as palliative care and an expansion of hospice care, that will include identifying better ways to control pain and, perhaps, developing experiential standards for pain control. We contemplate assisting other appropriate groups—including



the clergy—to address personal decision-making with respect to death and dying. We propose working with consumer groups so that they can help their members understand better the options for care at the end of life. And we will employ our new **Health Tracking** program to monitor and report progress on this issue.

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

*Steven A Schroeder*

STEVEN A. SCHROEDER, MD

President

<sup>1</sup>The SUPPORT Principal Investigators. “A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients,” *JAMA*, Vol. 274, No. 20, November 22/29, 1995, pp. 1591-1598.

<sup>2</sup>This is consistent with other studies. For example, Ann Alpers and Bernard Lo, of the University of California at San Francisco, in a Letter to the Editor, *JAMA*, Vol. 274, No. 24, December 27, 1995, p. 1912, cite findings that 42% of outpatients with metastatic cancer were not given adequate analgesia; as reported by Cleeland, C.S., et al., “Pain and its Treatment in Outpatients with Metastatic Cancer,” *New England Journal of Medicine*, Vol. 330, No. 9, March 3, 1994, pp. 592-596.

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

<sup>4</sup>This is a central message specific to end-of-life care in O'Brien, L.A., et al., “Nursing Home Residents' Preferences for Life-Sustaining Treatments,” *JAMA*, Vol. 274, No. 22, December 13, 1995, pp. 1775-1779.

<sup>5</sup>Wennberg, J. *The Dartmouth Atlas of Health Care in the United States*. Chicago: American Hospital Publishing, Inc., Spring 1996 (in press).







**TO ASSURE THAT AMERICANS OF ALL AGES HAVE ACCESS TO BASIC HEALTH CARE**

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

Once an interesting alternative to fee-for-service medicine, managed care now dictates the terms of health care delivery in America. And it's not just in the private sector. By the end of

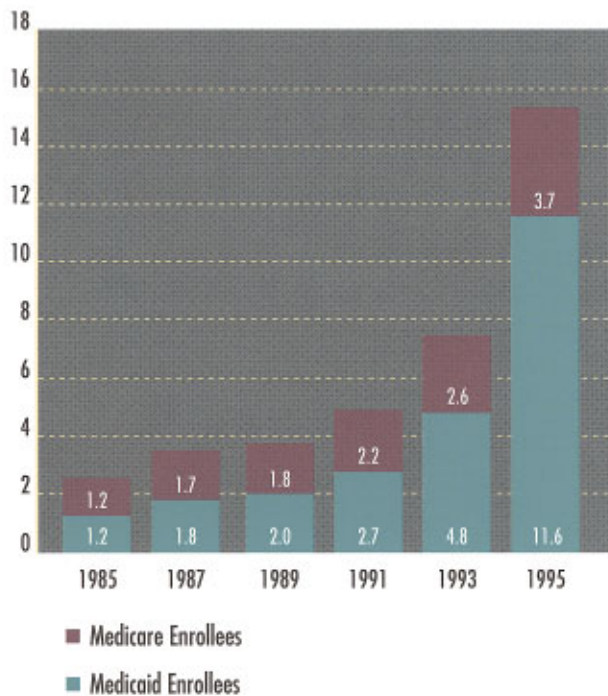
1995, all of the states except Wyoming were moving, or considering moves, to managed care for some portion of their Medicaid recipients.

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

A major new investment in 1995 was the creation of a program focusing on the health and safety of children in distressed urban areas. This program, **Ensuring the Health and Safety of Children in Economically Distressed Urban Areas**, challenges eight cities to develop broad-based collaboratives—groups that might include neighborhood organizations, business, city agencies, churches, the media, suburban groups, and, notably, youth—to try to institute state-of-the-art interventions chosen locally to improve conditions for the most vulnerable children. Letters of invitation were sent to a range of representatives in 20 cities. Ultimately, the cities of Baltimore, Chicago, Detroit, Miami, Oakland, Philadelphia, Richmond, and Sacramento were each given two-year planning grants of \$400,000. In recognition of the depth of the problems and the complexities of broad-based collaboratives, subsequent funding under the initiative will be for a longer term than most other Foundation programs. Up to five cities with planning grants will receive additional grants for a five-year implementation phase, with another three years of funding available for those cities needing more time to secure advances made.

MEDICARE AND MEDICAID MANAGED CARE ENROLLMENT, 1985-1995

Enrollees in millions



Source: Health Care Financing Administration, 1996.

Recognizing that evolution underway in the health system may come at the expense of the safety net, the last-resort source of health care for millions of Americans, the Foundation made a number of grants in 1995 to explore the extent of the threat to the safety net and develop policy options to preserve its functions in some form. Among these are four separate grants to look at feasibility of ensuring health insurance coverage for all children and one to conduct a comprehensive study of Medicare to analyze options to ensure financial access to health care by elderly and disabled Americans.

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

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

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

professionals in underserved communities.

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

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

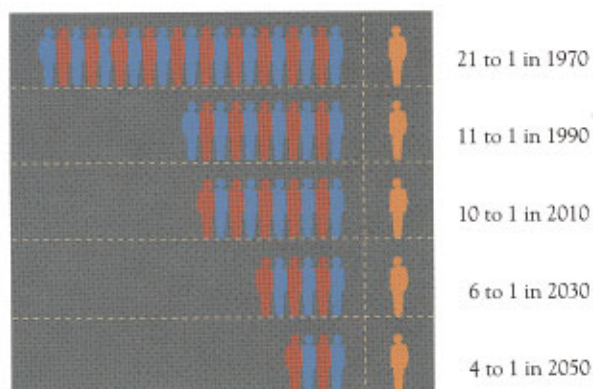
#### *TO IMPROVE THE WAY SERVICES ARE ORGANIZED AND PROVIDED TO PEOPLE WITH CHRONIC HEALTH CONDITIONS*

The lessons from the SUPPORT study, reported in the President's Message, beginning on page 7, demonstrate how difficult it is to change systems of care for people with chronic health conditions. The impediments to change lie at the very bedrock of the society and culture. The same society that is uncomfortable with the notions of death and dying also isolates those who are old, infirm, and frail. The conventions that ignore a patient's wishes about end-of-life care are the same forces that remove a person with disabilities or chronic health conditions from the locus of decision-making for their own care. The Foundation's research and demonstration projects in the area of chronic care over the past few years have laid the groundwork on which to change systems of care for this vulnerable population.



## THE SHRINKING POOL OF CAREGIVERS

Ratio of potential caregivers (age 50-64) to very elderly (age 85 and older)



Sources: 1) U.S. Bureau of the Census. *Statistical Abstract of the United States: 1993 (113th edition)*, Washington DC, 1993 (1970 & 1990). 2) U.S. Bureau of the Census. *Current Population Reports, P25-1092, Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1992-2050*. U.S. GPO, Washington DC, 1992 (2010-2050).

One such area is in consumer-directed care. Efforts to involve people in decisions that affect their own health care is becoming an increasingly prominent element of Foundation grantmaking. As part of its 1992 program, **Building Health Systems for People with Chronic Illnesses**, the Foundation supported a project in New Hampshire to help people with severe mental disabilities have a say in the kind of care they receive. Based on this experience, which has demonstrated per capita cost savings and high satisfaction ratings among its participants, the Foundation has authorized a grants program to replicate this consumer-directed approach to care in at least ten states.

The new major Foundation initiative, **Independent Choices: Enhancing Consumer Direction for Persons with Disabilities**, continued this theme. The program is based on the principle that consumers—with the counsel of health care professionals, friends, and family—are better able to select the care they need, and do so more effectively and less expensively than if care services were simply selected for them.

Medicaid is the nation's major public program providing health and long-term care coverage to millions of the nation's poor and vulnerable populations. As the marketplace continues to transform the landscape of the American health care system, states are turning to managed care strategies as a way to contain costs and improve services of their Medicaid programs. **Strengthening the Safety Net: The Medicaid Managed Care Program** was established this year to help bring consumers together with health care providers, managed care organizations, and state agencies to make managed care more responsive to people covered by Medicaid.

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

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

Trends indicate that while the number of people with chronic conditions requiring informal, non-medical care is increasing, the pool of caregivers—often family and friends—is shrinking. In order to address the need for informal care, including assistance to perform such activities as shopping and cooking, the



Foundation continues to build successfully on its **Faith in Action: Replication of the Interfaith Volunteer Caregivers Program** that stimulates communities of faith to establish volunteer caregiving networks for people with disabilities, the HIV virus, and the frail elderly. By adding 184 new sites this year, there has been progress toward reaching the goal of 800 by the year 1997. In addition, the Foundation combined its interest in managed care with its efforts to stimulate informal care through its **Service Credit Banking in Managed Care** program, which seeks to assist HMOs in creating a cadre of volunteers among enrollees that provide supportive services in

**T**he SUPPORT study's findings were clear and compelling. They raised questions; however, they did not provide answers. The findings did not point us toward any specific solutions; indeed they served to underscore how complex this issue is. The Foundation's continuing effort, therefore, is directed toward keeping those questions visible and encouraging development of new approaches. We have launched a campaign to motivate and mobilize professional and consumer organizations around end-of-life issues that has several components: media activities, to keep the issue visible; conferences for leaders of professional and consumer groups to discuss what we, singly and collectively, should do next; and information resources for groups that want to raise and discuss end-of-life issues among their members or affiliates. Individual organizations are developing a wide variety of worthwhile projects. In short, the response so far has been enormously gratifying.

exchange for credits that can be redeemed for similar services in the future.

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

#### **TO PROMOTE HEALTH AND PREVENT DISEASE BY REDUCING HARM CAUSED BY SUBSTANCE ABUSE**

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

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

- communicating substance abuse as the nation's number one health problem;
- reducing the harm caused by tobacco;

- understanding the causes (etiology) of substance abuse;
- prevention and early intervention;
- reducing demand through community initiatives; and
- substance abuse and the criminal justice system.

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

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

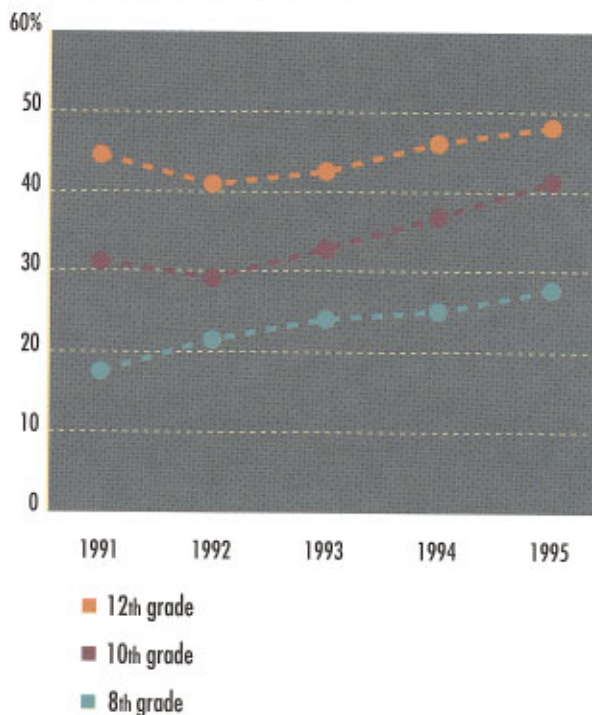
It is unlikely that the devastating problem of substance abuse will be fully addressed until there is a better understanding of both its extent and ramifications. So, communicating substance abuse as the nation's number one health problem continued to be a cornerstone of the Foundation's substance abuse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

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

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

#### ILLICIT DRUG USE ON THE RISE AMONG YOUTH

Percent who have used any illicit drugs in lifetime



Source: Johnston, Lloyd D. "Monitoring the Future Study," press release. The University of Michigan, Ann Arbor. December 11, 1995.



widespread dissemination to women of childbearing age before, during, and after pregnancy.

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

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

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

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

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

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

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

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

How health system changes affect the distribution of expenditures within the health sector will be as important as their effects on overall costs. Academic medical centers and public hospitals are the hardest hit when managed care organizations shift more patient care to lower-cost institutions. These organizations provide a disproportionate

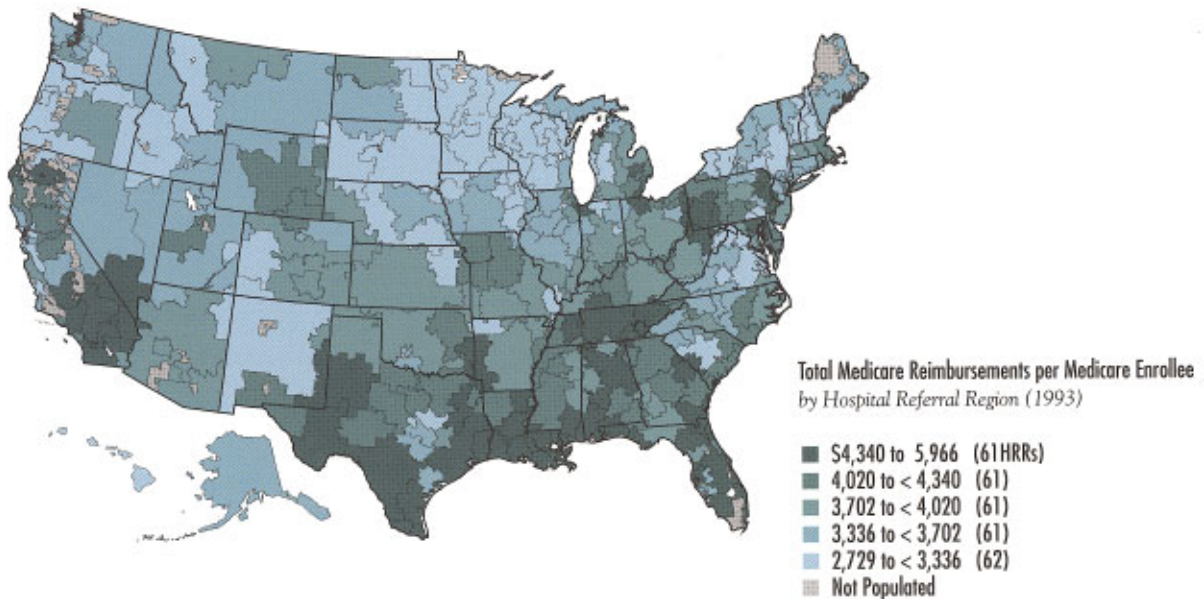
amount of care to the uninsured and they support medical training and biomedical research. As the implicit subsidies that have supported these loss-leading, but socially necessary functions disappear, just how they will be funded is unclear. Expected reductions in Medicare and Medicaid revenues and in direct contributions from state and local government are likely to make matters worse for these institutions.

Government also continues to play a role in addressing what some perceive as problems arising out of the rapid change. For example, in response to managed care organizations limiting length of hospital stay for normal baby deliveries, several states have enacted laws

requiring minimum stays. There is debate about whether such laws stifle innovation in the marketplace or whether they protect people from excesses of the market. Most, however, would agree that government regulation and public financing programs will need to adjust to marketplace changes. Much of the work that the Foundation initiated under the cost goal this year is intended to improve the knowledge used in making private- and public-sector decisions.

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

#### MEDICARE REIMBURSEMENTS FOR ALL SERVICES



Source: Wennberg, J. *The Dartmouth Atlas of Health Care in the United States*. Chicago: American Hospital Publishing, Inc., Spring 1996 (in press).



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

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

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

In addition to these analytic and convening activities that address the broad questions of how society can best organize and finance the health care system, during 1995,

the Foundation continued to initiate work in areas where the distribution of resources is particularly problematic. We announced the **Workers’ Compensation Health Initiative**, a \$6 million call for demonstration and evaluation projects to help make the health care part of workers’ compensation system more effective and efficient.

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

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

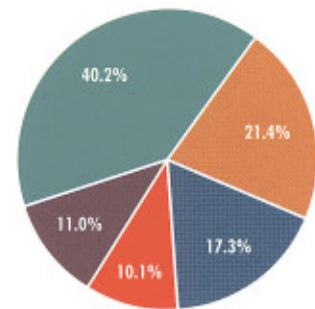
# DISTRIBUTION OF 1995 FUNDS

## STATISTICAL ANALYSIS

During 1995, the Foundation made 700 grants totaling \$170.84 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

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

DISTRIBUTION OF 1995 GRANTS BY AREAS OF INTEREST  
(\$170.84 million)



1995 GRANTS BY GEOGRAPHICAL REGION  
(\$170.84 million)



U.S. population	Region	RWJF funds
16%	Pacific	16.3%
5%	Mountain	6.8%
11%	West-South-Central	2.0%
7%	West-North-Central	2.9%
17%	East-North-Central	8.4%
6%	East-South-Central	3.3%
5%	New England	16.1%
15%	Middle Atlantic	20.7%
18%	South Atlantic	23.5%

U.S. population figures taken from the 1990 Census of Population, U.S. Department of Commerce, Bureau of Census, March 1991.



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

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

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

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

*Internet address:*

<publications@rwjf.org>

## ACCESS

**AMC CANCER RESEARCH CENTER**  
DENVER, CO  
\$199,998

Research to improve breast cancer screening among urban American Indian women (for 1 year).  
ID#026400

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

Support for projects to develop and implement systems that improve and sustain access to immunizations for preschool children (for the periods indicated).

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

**CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH AND WELFARE**  
CLEVELAND, OH  
\$111,033  
(2 years)

**MEDICAL AND HEALTH RESEARCH ASSOCIATION OF NEW YORK CITY, INC.**  
NEW YORK, NY  
\$119,732  
(2 years)

**CITY OF MILWAUKEE HEALTH DEPARTMENT**  
MILWAUKEE, WI  
\$224,058  
(2 years)

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**  
JACKSON, MS  
\$140,274  
(2 years)

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

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

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

**STATE OF RHODE ISLAND DEPARTMENT OF HEALTH**  
PROVIDENCE, RI  
\$268,322  
(2 years)

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

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

**COUNTY OF SNOHOMISH, SNOHOMISH HEALTH DISTRICT**  
EVERETT, WA  
\$106,912  
(2 years)

**THE TASK FORCE FOR CHILD SURVIVAL AND DEVELOPMENT**  
ATLANTA, GA  
\$486,110  
Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (1 year).  
ID#024149

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

**AMERICAN MEDICAL STUDENT ASSOCIATION FOUNDATION**  
RESTON, VA  
\$49,998  
Project to promote peer education regarding primary care among medical students (for 3 years).  
ID#027363

**ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC.**  
WASHINGTON, DC  
\$25,000  
Study of gender shift in the physician work force (for 11 months).  
ID#026510

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

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

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

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

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

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

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

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

**ESPERANZA HEALTH CENTER, INC.**  
PHILADELPHIA, PA  
\$50,000  
Supplemental support for program operations (6 months). ID#028150

**ECONOMIC AND SOCIAL RESEARCH INSTITUTE**  
WASHINGTON, DC  
\$150,847  
Survey of business leaders' opinions on health care (for 6 months).  
ID#028052

**EDUCATIONAL BROADCASTING CORPORATION**  
NEW YORK, NY  
\$424,852  
Public television seminar on managed care (for 5 months).  
ID#027259

**EDUCATIONAL BROADCASTING CORPORATION**  
NEW YORK, NY  
\$10,981  
Internet information on RWJF-funded television program (for 3 months). ID#027810

**EDUCATIONAL BROADCASTING CORPORATION**  
NEW YORK, NY  
\$49,881  
Print promotion for RWJF-funded television program (for 3 months).  
ID#027851

**GENERALIST PHYSICIAN FACULTY SCHOLARS PROGRAM**  
Offers four-year career development awards to strengthen the research capacity of faculty committed to family practice, general internal medicine, and general pediatrics (for the periods indicated).

**BOSTON UNIVERSITY SCHOOL OF MEDICINE**  
BOSTON, MA  
\$239,699  
(4 years)

**UNIVERSITY OF CALIFORNIA, LOS ANGELES, SCHOOL OF MEDICINE**  
LOS ANGELES, CA  
\$239,820  
(4 years)

**CORNELL UNIVERSITY MEDICAL COLLEGE**  
NEW YORK, NY  
\$239,999  
(4 years)



**DUKE UNIVERSITY MEDICAL CENTER**  
DURHAM, NC  
\$239,755  
(4 years)

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

**INDIANA UNIVERSITY SCHOOL OF MEDICINE**  
INDIANAPOLIS, IN  
\$240,000  
(4 years)

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

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

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

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

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

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

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

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

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

**GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE**  
WASHINGTON, DC  
\$318,723  
Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year). ID#024729

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

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

**UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE**  
COLUMBIA, MO  
\$419,423  
Technical assistance and direction for the Generalist Physician Initiative (1 year). ID#026407

**GEORGE WASHINGTON UNIVERSITY CENTER FOR HEALTH POLICY RESEARCH**  
WASHINGTON, DC  
\$25,000  
Assessment of immunization practices under Medicaid managed care (for 9 months). ID#026582

**GEORGE WASHINGTON UNIVERSITY CENTER FOR HEALTH POLICY RESEARCH**  
WASHINGTON, DC  
\$49,997  
Development of policy options to ensure health insurance coverage for all children (for 5 months). ID#028477

**GRANTMAKERS IN HEALTH**  
WASHINGTON, DC  
\$50,000  
Helping local funders and communities respond to health system changes (for 1 year). ID#027470

**HARVARD MEDICAL SCHOOL**  
BOSTON, MA  
\$1,379,859  
Study of the role of social factors in differences in access to care (for 32 months). ID#023625

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

**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, ROBERT WOOD JOHNSON MEDICAL SCHOOL**  
PISCATAWAY, NJ  
\$14,470  
Evaluation of Health of the Public: An Academic Challenge (3 months). ID#028211

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

**COUNCIL OF STATE GOVERNMENTS**  
LEXINGTON, KY  
\$199,458  
Maternal and infant health care seminars for southern policymakers (9 months). ID#028369

**HUDSON INSTITUTE, INC.**  
INDIANAPOLIS, IN  
\$49,771  
Development of policy options to ensure health insurance coverage for all children (for 5 months). ID#028478

**THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH**  
PITTSBURGH, PA  
\$20,000  
Conference on vulnerable populations and managed care (for 1 year). ID#026871

**UNIVERSITY OF KANSAS INSTITUTE FOR LIFE SPAN STUDIES**  
LAWRENCE, KS  
\$50,000  
Development of policy options to ensure health insurance coverage for all children (for 5 months). ID#028479

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

**GREATER NEW YORK HOSPITAL FOUNDATION, INC.**  
NEW YORK, NY  
\$231,906  
Technical assistance and direction for Ladders In Nursing Careers (1 year). ID#023937

**GREATER NEW YORK HOSPITAL FOUNDATION, INC.**  
NEW YORK, NY  
\$36,226  
Supplement to the technical assistance and development for Ladders in Nursing Careers (8 months). ID#027324

**MAKING THE GRADE: STATE AND LOCAL PARTNERSHIPS TO ESTABLISH SCHOOL-BASED HEALTH CENTERS**  
Promotes the increased availability of school-based health services for children and youth with unmet health care needs (for the periods indicated).

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

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

**HEALTH RESEARCH, INC.**  
ALBANY, NY  
\$913,799  
(2 years)



- STATE OF LOUISIANA**  
DEPARTMENT OF HEALTH AND HOSPITALS  
NEW ORLEANS, LA  
\$99,775  
(1 year)
- STATE OF MARYLAND**  
EXECUTIVE DEPARTMENT,  
OFFICE FOR CHILDREN,  
YOUTH, AND FAMILIES  
BALTIMORE, MD  
\$100,000  
(1 year)
- STATE OF NORTH CAROLINA**  
DEPARTMENT OF  
ENVIRONMENT, HEALTH, AND  
NATURAL RESOURCES  
RALEIGH, NC  
\$100,000  
(1 year)
- STATE OF OREGON**  
DEPARTMENT OF HUMAN  
RESOURCES  
SALEM, OR  
\$100,000  
(1 year)
- STATE OF RHODE ISLAND**  
DEPARTMENT OF HEALTH  
PROVIDENCE, RI  
\$99,629  
(1 year)
- STATE OF VERMONT AGENCY**  
OF HUMAN SERVICES  
WATERBURY, VT  
\$100,000  
(1 year)
- MASSACHUSETTS HEALTH**  
RESEARCH INSTITUTE, INC.  
BOSTON, MA  
\$15,450  
*Assessment of options for funding  
health care for the uninsured (for 4  
months). ID#027991*
- McMANUS HEALTH POLICY, INC.**  
CHEVY CHASE, MD  
\$50,000  
*Development of policy options to  
ensure health insurance coverage for  
all children (for 5 months).  
ID#028480*
- MINORITY MEDICAL EDUCATION**  
PROGRAM  
*Summer enrichment program to help  
minority students successfully  
compete for medical school  
acceptance (for the periods  
indicated).*
- UNIVERSITY OF ALABAMA AT**  
BIRMINGHAM SCHOOL OF  
MEDICINE  
BIRMINGHAM, AL  
\$1,000,000  
(4 years)
- RUSH-PRESBYTERIAN-ST.**  
LUKE'S MEDICAL CENTER  
CHICAGO, IL  
\$1,000,000  
(4 years)
- UNITED NEGRO COLLEGE**  
FUND, INC.  
FAIRFAX, VA  
\$1,000,000  
(4 years)
- YALE UNIVERSITY**  
NEW HAVEN, CT  
\$1,000,000  
(4 years)
- ASSOCIATION OF AMERICAN**  
MEDICAL COLLEGES  
WASHINGTON, DC  
\$363,866  
*Technical assistance and direction  
for the Minority Medical  
Education Program (1 year).  
ID#024808*
- MINORITY MEDICAL FACULTY**  
DEVELOPMENT PROGRAM  
*Program to provide four-year  
postdoctoral fellowships for minority  
physicians interested in academic  
careers in biomedical research,  
clinical investigation, and health  
services research (for the periods  
indicated).*
- BAYLOR COLLEGE OF**  
MEDICINE  
HOUSTON, TX  
\$162,989  
(2 years)
- BOSTON UNIVERSITY SCHOOL**  
OF MEDICINE  
BOSTON, MA  
\$163,006  
(2 years)
- BRIGHAM AND WOMEN'S**  
HOSPITAL, INC.  
BOSTON, MA  
\$162,948  
(2 years)
- UNIVERSITY OF CALIFORNIA,**  
LOS ANGELES, SCHOOL OF  
MEDICINE  
LOS ANGELES, CA  
\$315,506  
(4 years)
- CEDARS-SINAI MEDICAL**  
CENTER  
LOS ANGELES, CA  
\$162,839  
(2 years)
- CHILDREN'S HOSPITAL**  
MEDICAL CENTER  
CINCINNATI, OH  
\$163,006  
(2 years)
- DUKE UNIVERSITY MEDICAL**  
CENTER  
DURHAM, NC  
\$163,006  
(2 years)
- EMORY UNIVERSITY SCHOOL**  
OF MEDICINE  
ATLANTA, GA  
\$315,506  
(4 years)
- THE JOHNS HOPKINS**  
UNIVERSITY SCHOOL OF  
MEDICINE  
BALTIMORE, MD  
\$315,458  
(4 years)
- NEW YORK UNIVERSITY**  
MEDICAL CENTER  
NEW YORK, NY  
\$155,898  
(2 years)
- UNIVERSITY OF PENNSYLVANIA**  
SCHOOL OF MEDICINE  
PHILADELPHIA, PA  
\$163,006  
(2 years)
- UNIVERSITY OF TEXAS HEALTH**  
SCIENCE CENTER AT  
SAN ANTONIO  
SAN ANTONIO, TX  
\$313,913  
(4 years)
- GEORGE WASHINGTON**  
UNIVERSITY MEDICAL CENTER  
WASHINGTON, DC  
\$430,352  
*Technical assistance and direction  
for the Minority Medical Faculty  
Development Program (1 year).  
ID#024518*
- NATIONAL ACADEMY OF**  
SCIENCES-INSTITUTE OF  
MEDICINE  
WASHINGTON, DC  
\$50,000  
*Public health roundtable (for 1  
year). ID#026604*
- NATIONAL ACADEMY OF SOCIAL**  
INSURANCE  
WASHINGTON, DC  
\$666,667  
*Policy options to ensure financial  
access to health care by elderly and  
disabled Americans (for 2 years).  
ID#028060*
- NATIONAL CONFERENCE OF**  
STATE LEGISLATURES  
DENVER, CO  
\$61,834  
*Conference for state policymakers  
on 24-hour health coverage issues  
(for 6 months). ID#023029*
- NATIONAL CONFERENCE OF**  
STATE LEGISLATURES  
DENVER, CO  
\$165,281  
*Information for state policymakers  
on immigrant health care issues (for  
1 year). ID#023269*
- NATIONAL COUNCIL OF STATE**  
BOARDS OF NURSING, INC.  
CHICAGO, IL  
\$499,995  
*Implementation of a national nurse  
information system (for 2 years).  
ID#021666*
- NATIONAL GOVERNORS'**  
ASSOCIATION CENTER FOR  
POLICY RESEARCH  
WASHINGTON, DC  
\$49,658  
*Research and policy analysis  
regarding children's health care  
services (for 1 year). ID#026239*
- THE NATIONAL PRESS**  
FOUNDATION, INC.  
WASHINGTON, DC  
\$8,135  
*Media seminar on the consequences  
of managed care (for 3 months).  
ID#027260*
- NEW YORK UNIVERSITY, ROBERT**  
F. WAGNER GRADUATE SCHOOL  
OF PUBLIC SERVICE  
NEW YORK, NY  
\$1,528,090  
*Research on primary care in areas  
for low-income urban residents (for  
2 years). ID#026673*
- UNIVERSITY OF NORTH**  
CAROLINA AT CHAPEL HILL  
SCHOOL OF MEDICINE  
CHAPEL HILL, NC  
\$49,422  
*Monograph on school-based clinics  
in middle schools (for 1 year).  
ID#026413*



**OPENING DOORS: A PROGRAM TO REDUCE SOCIOCULTURAL BARRIERS TO HEALTH CARE**  
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the periods indicated).

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

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

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

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

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

**LATINO HEALTH INSTITUTE, INC.**  
BOSTON, MA  
\$137,729  
(2 years)

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

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

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

**SHOALWATER BAY TRIBE OF THE SHOALWATER BAY INDIAN RESERVATION**  
TOKELAND, WA  
\$133,518  
(3 years)

**WESTSIDE HEALTH AUTHORITY**  
CHICAGO, IL  
\$153,711  
(2 years)

**GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER**  
WASHINGTON, DC  
\$429,764  
Expanded technical assistance and development for Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care (1 year). ID#023840

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

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

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

**UNIVERSITY OF DETROIT MERCY COLLEGE OF HEALTH PROFESSIONS**  
DETROIT, MI  
\$300,000  
(2 years)

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

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

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

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

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

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

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

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

**UNIVERSITY OF WISCONSIN-MADISON**  
MADISON, WI  
\$199,995  
(15 months)

**ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC.**  
WASHINGTON, DC  
\$325,382  
Technical assistance and direction for Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants (1 year). ID#026405

**PLANNED PARENTHOOD ASSOCIATION OF MERCER AREA, INC.**  
TRENTON, NJ  
\$41,622  
Nurse practitioner training for clinic staff (for 1 year). ID#026587

**PRACTICE SIGHTS: STATE PRIMARY CARE DEVELOPMENT STRATEGIES**  
Challenges states to improve the distribution of primary care providers in medically underserved areas (for the periods indicated).

**NORTH CAROLINA FOUNDATION FOR ALTERNATIVE HEALTH PROGRAMS, INC.**  
RALEIGH, NC  
\$392,332  
Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (1 year). ID#024139

**VIRGINIA HEALTH CARE FOUNDATION**  
RICHMOND, VA  
\$700,000 (PROGRAM RELATED INVESTMENT)  
For the purchase of equipment, working capital, renovation/expansion of facilities, and practitioner recruitment packages to increase primary care providers in underserved areas (121 months). ID#028752

**PROJECT 3000 BY 2000: HEALTH PROFESSIONS PARTNERSHIP INITIATIVE**  
Challenges the health professions schools to partner with local schools and colleges to increase the number of underrepresented minorities interested in and qualified to pursue careers in the health professions. (for the periods indicated).

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**  
WASHINGTON, DC  
\$267,782  
Technical assistance and direction for Project 3000 by 2000: Health Professions Partnership Initiative (1 year). ID#026122

**PUBLIC POLICY & EDUCATION FUND OF NEW YORK, INC.**  
ALBANY, NY  
\$38,000  
Preparation of a consumer guide to managed care (for 5 months). ID#026804

<b>RADIO BILINGUE, INC.</b> FRESNO, CA \$568,400 <i>Health care news on Spanish-language radio (for 3 years).</i> ID#021202	<b>CAPITAL MEDICAL SOCIETY FOUNDATION INC.</b> TALLAHASSEE, FL \$187,711 (3 years)	<b>KLAMATH COMPREHENSIVE CARE, INC.</b> KLAMATH FALLS, OR \$196,055 (3 years)	<b>ROTACARE SOUTH BAY, INC.</b> SAN JOSE, CA \$100,000 (1 year)
<b>REACH OUT: PHYSICIANS' INITIATIVE TO EXPAND CARE TO UNDERSERVED AMERICANS</b> <i>Supports development and implementation by private physicians of innovative models to expand their role in caring for the medically underserved (for the periods indicated).</i>	<b>CEDARS-SINAI MEDICAL CENTER</b> LOS ANGELES, CA \$100,000 (1 year)	<b>LANCASTER COUNTY MEDICAL SOCIETY</b> LINCOLN, NE \$200,000 (3 years)	<b>SSJ MERCY HEALTH SYSTEM, INC.</b> MIAMI, FL \$99,190 (1 year)
<b>THE ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY</b> TOLEDO, OH \$200,000 (2 years)	<b>CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE</b> LOS ANGELES, CA \$200,000 (3 years)	<b>LANE COUNTY MEDICAL SOCIETY</b> EUGENE, OR \$199,960 (3 years)	<b>SACRAMENTO-EL DORADO MEDICAL SOCIETY</b> SACRAMENTO, CA \$200,000 (3 years)
<b>AMBULATORY SURGERY ACCESS COALITION</b> SAN FRANCISCO, CA \$199,719 (3 years)	<b>CHILDREN'S HOSPITAL OF PITTSBURGH</b> PITTSBURGH, PA \$98,860 (1 year)	<b>MEDALIA HEALTHCARE, LLC</b> SEATTLE, WA \$99,750 (1 year)	<b>ST. VINCENT DE PAUL VILLAGE INC.</b> SAN DIEGO, CA \$200,000 (3 years)
<b>ARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, INC.</b> PHOENIX, AZ \$39,842 (1 year)	<b>CHURCH HEALTH CENTER OF MEMPHIS INC.</b> MEMPHIS, TN \$97,131 (1 year)	<b>METROEAST PROGRAM FOR HEALTH</b> SAINT PAUL, MN \$91,298 (1 year)	<b>SEACOAST HEALTHNET, INC.</b> EXETER, NH \$199,820 (3 years)
<b>COUNTY OF BEAVERHEAD, BARRETT MEMORIAL HOSPITAL</b> DILLON, MT \$96,545 (1 year)	<b>COLORADO CHAPTER OF THE ACADEMY OF PEDIATRICS</b> ENGLEWOOD, CO \$199,999 (3 years)	<b>MIAMI BAPTIST ASSOCIATION</b> MIAMI, FL \$99,648 (1 year)	<b>SOUTH CAROLINA INSTITUTE FOR MEDICAL EDUCATION AND RESEARCH</b> COLUMBIA, SC \$199,971 (2 years)
<b>BLUE HILL MEMORIAL HOSPITAL, INC.</b> BLUE HILL, ME \$193,090 (3 years)	<b>GIFT OF LIFE FOUNDATION</b> MONTGOMERY, AL \$200,000 (3 years)	<b>MULTICULTURAL PRIMARY CARE MEDICAL GROUP</b> SAN DIEGO, CA \$199,963 (3 years)	<b>STANLEY STREET TREATMENT AND RESOURCES, INC.</b> FALL RIVER, MA \$99,206 (1 year)
<b>BUNCOMBE COUNTY MEDICAL SOCIETY</b> ASHEVILLE, NC \$200,000 (3 years)	<b>HEALTH CARE ACCESS NETWORK, INCORPORATED</b> DES MOINES, IA \$98,860 (1 year)	<b>NEW SONG URBAN MINISTRIES INC.</b> BALTIMORE, MD \$95,922 (1 year)	<b>WEST VIRGINIA UNIVERSITY FOUNDATION, INC.</b> MORGANTOWN, WV \$95,134 (1 year)
<b>CLECO PRIMARY CARE NETWORK</b> SHELBY, NC \$100,000 (1 year)	<b>HOWARD UNIVERSITY HOSPITAL INC.</b> WASHINGTON, DC \$199,970 (3 years)	<b>PALMETTO PROJECT INC.</b> CHARLESTON, SC \$200,000 (3 years)	<b>WORCESTER DISTRICT MEDICAL SOCIETY</b> WORCESTER, MA \$96,690 (1 year)
<b>THE C.V. ROMAN FOUNDATION</b> DALLAS, TX \$192,927 (21 months)	<b>JEFFERSON COUNTY MEDICAL SOCIETY OUTREACH PROGRAM INC.</b> LOUISVILLE, KY \$200,000 (3 years)	<b>THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND INC.</b> ROCKVILLE, MD \$80,509 (1 year)	<b>MEMORIAL HOSPITAL</b> PAWTUCKET, RI \$537,062 <i>Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (1 year).</i> ID#024806
	<b>KALAMAZOO ACADEMY OF MEDICINE</b> PORTAGE, MI \$199,466 (3 years)	<b>REACH OUT OF MONTGOMERY COUNTY</b> DAYTON, OH \$200,000 (3 years)	<b>RECONCILE INC.</b> POOLESVILLE, MD \$15,000 <i>Production of a video on the lifesaving principles of bystander emergency care (for 6 months).</i> ID#028397
		<b>ROCK COUNTY MEDICAL SOCIETY</b> JANESVILLE, WI \$97,592 (1 year)	



UNIVERSITY OF ROCHESTER  
SCHOOL OF MEDICINE AND  
DENTISTRY  
ROCHESTER, NY  
\$46,080

*Follow-up survey of General  
Academic Pediatric Development  
Program Fellows and pediatric  
Clinical Scholars to determine their  
career paths and compare outcomes  
(for 1 year). ID#026842*

**SECURING THE HEALTH AND  
SAFETY OF URBAN CHILDREN**

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

BALTIMORE COMMUNITY  
FOUNDATION, INC.  
BALTIMORE, MD  
\$400,000  
(2 years)

CHILDREN AND YOUTH 2000  
CHICAGO, IL  
\$400,000  
(2 years)

GREATER DETROIT AREA  
HEALTH COUNCIL, INC.  
DETROIT, MI  
\$394,980  
(2 years)

THE EAST BAY COMMUNITY  
FOUNDATION  
OAKLAND, CA  
\$400,000  
(2 years)

THE METROPOLITAN BUSINESS  
FOUNDATION  
RICHMOND, VA  
\$396,916  
(2 years)

THE MIAMI COALITION FOR A  
SAFE AND DRUG-FREE  
COMMUNITY, INC.  
MIAMI, FL  
\$400,000  
(2 years)

CITY OF PHILADELPHIA  
PHILADELPHIA, PA  
\$395,974  
(2 years)

SIERRA HEALTH FOUNDATION  
SACRAMENTO, CA  
\$400,000  
(2 years)

UNIVERSITY OF WASHINGTON  
SCHOOL OF PUBLIC HEALTH  
AND COMMUNITY MEDICINE  
SEATTLE, WA  
\$99,171

*Technical assistance and direction  
for Securing the Health and  
Safety of Urban Children  
(2 months). ID#027930*

NEW YORK UNIVERSITY,  
ROBERT F. WAGNER  
GRADUATE SCHOOL OF PUBLIC  
SERVICE

NEW YORK, NY  
\$499,504  
*Technical assistance for grantees  
in Securing the Health and Safety  
of Urban Children (2 years).  
ID#027648*

NEW YORK UNIVERSITY,  
ROBERT F. WAGNER  
GRADUATE SCHOOL OF PUBLIC  
SERVICE  
NEW YORK, NY  
\$73,376  
*Research to aid Securing the  
Health and Safety of Urban  
Children (4 months).  
ID#027025*

**STATE INITIATIVES IN HEALTH  
CARE REFORM**

*Supports state efforts to plan and  
develop reforms that improve the  
delivery and financing of health care  
(for the periods indicated).*

STATE OF COLORADO  
DEPARTMENT OF HEALTH  
CARE POLICY AND FINANCING  
DENVER, CO  
\$308,199  
(1 year)

STATE OF MINNESOTA  
DEPARTMENT OF HEALTH  
MINNEAPOLIS, MN  
\$968,504  
(3 years)

STATE OF NEW MEXICO, NEW  
MEXICO HEALTH POLICY  
COMMISSION  
SANTA FE, NM  
\$279,355  
(1 year)

STATE OF OREGON,  
DEPARTMENT OF  
ADMINISTRATIVE SERVICES  
PORTLAND, OR  
\$355,931  
(16 months)

RAND CORPORATION  
SANTA MONICA, CA  
\$3,687,691  
*Analysis of options and  
implications of state health care  
reform (4 years). ID#026935*

THE URBAN INSTITUTE  
WASHINGTON, DC  
\$996,198  
*Analysis of insurance coverage  
trends and simulation of reform  
options (2 years). ID#023416*

STRENGTHENING HOSPITAL  
NURSING: A PROGRAM TO  
IMPROVE PATIENT CARE  
*Supports efforts to improve patient  
care by institution-wide restructuring  
of hospital nursing services (for the  
periods indicated).*

CHILDREN'S RESEARCH  
INSTITUTE, INC.  
SAINT PETERSBURG, FL  
\$216,776  
*Technical assistance and direction  
for Strengthening Hospital  
Nursing: A Program to Improve  
Patient Care (1 year).  
ID#024050*

THE TASK FORCE FOR CHILD  
SURVIVAL AND DEVELOPMENT  
ATLANTA, GA  
\$50,000  
*Children First: A Global Forum  
(for 1 year). ID#028105*

TEMPLE UNIVERSITY SCHOOL OF  
MEDICINE  
PHILADELPHIA, PA  
\$325,000  
*Community outreach project to  
reduce infant morbidity and  
mortality (for 3 years). ID#024266*

THOMAS JEFFERSON UNIVERSITY,  
JEFFERSON MEDICAL COLLEGE  
PHILADELPHIA, PA  
\$197,926  
*Development of a statewide system  
to track medical students and  
residents (for 2 years). ID#027143*

FOUNDATION OF THE UNIVERSITY  
OF MEDICINE AND DENTISTRY OF  
NEW JERSEY  
NEWARK, NJ  
\$189,954  
*Program to increase minority  
physician supply in New Jersey (for  
3 years). ID#027709*

FOUNDATION OF THE UNIVERSITY  
OF MEDICINE AND DENTISTRY OF  
NEW JERSEY  
NEWARK, NJ  
\$10,867

*Emergency department visits by  
children: parents' vs. providers'  
perspectives on urgency (for 6  
months). ID#028214*

THE URBAN INSTITUTE  
WASHINGTON, DC  
\$150,000  
*Project to monitor health care  
market changes in Washington, DC  
and their implications (for 1 year).  
ID#026208*

WESTERN CONSORTIUM FOR  
PUBLIC HEALTH  
BERKELEY, CA  
\$50,000  
*Multi-future strategies for public  
health in a managed care  
environment (for 1 year).  
ID#027904*

WESTERN ORGANIZATION OF  
RESOURCE COUNCILS EDUCATION  
PROJECT  
BILLINGS, MT  
\$150,000  
*Health care news on rural public  
radio (for 3 years). ID#022514*

UNIVERSITY OF WISCONSIN-  
MADISON MEDICAL SCHOOL  
MADISON, WI  
\$49,500  
*Interdisciplinary training in  
community-based primary care  
(for 1.5 years). ID#026629*

WOODROW WILSON NATIONAL  
FELLOWSHIP FOUNDATION  
PRINCETON, NJ  
\$39,663  
*Strengthening a community service  
project's capacity to improve health  
and safety (for 3 months).  
ID#027650*

YESHIVA UNIVERSITY, ALBERT  
EINSTEIN COLLEGE OF MEDICINE  
NEW YORK, NY  
\$30,650  
*Feasibility study for follow-up of  
Infant Health and Development  
Program enrollees in adolescence  
(for 6 months). ID#028127*

SEVEN PROJECTS PROVIDING A  
VARIETY OF SUPPORT SERVICES  
FOR FOUNDATION PROGRAMS TO  
ASSURE THAT AMERICANS OF ALL  
AGES HAVE ACCESS TO BASIC  
HEALTH CARE.  
\$305,075 (CONTRACTS)



## CHRONIC HEALTH CONDITIONS

**AIDS NATIONAL INTERFAITH NETWORK INC.**  
WASHINGTON, DC  
\$25,000

*Support for AIDS workers to attend national skills-building conference (for 1 month). ID#028537*

**AMERICAN GERIATRICS SOCIETY, INC.**  
NEW YORK, NY  
\$50,000

*Conference on the ethics of managed care (for 1 year). ID#028153*

**BETH ISRAEL HOSPITAL ASSOCIATION**  
BOSTON, MA  
\$58,625 (for 4 months)  
ID#024308  
\$405,969 (for 2 years)  
ID#026983

*Clinical practice case studies for the Journal of the American Medical Association (JAMA) in a new monthly series entitled "Clinical Crossroads."*

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

*Supports models of caring for people with chronic illnesses aimed at improving the organization, delivery, and financing of services (for the periods indicated).*

**CORPORATION FOR SUPPORTIVE HOUSING**  
OAKLAND, CA  
\$740,001  
(3 years)

**COUNCIL ON AGING OF THE CINCINNATI AREA**  
CINCINNATI, OH  
\$438,940  
(2.5 years)

**HOME CARE ASSOCIATES TRAINING INSTITUTE INC.**  
BRONX, NY  
\$149,485  
(1 year)

**STATE OF MICHIGAN, DEPARTMENT OF PUBLIC HEALTH**  
LANSING, MI  
\$286,771  
(1 year)

**CAHSAH (CALIFORNIA ASSOCIATION FOR HEALTH SERVICES AT HOME) FOUNDATION**

SACRAMENTO, CA  
\$280,000  
*Development of a uniform home health database and patient classification system — Phase II (for 1.5 years). ID#024045*

**UNIVERSITY OF CALIFORNIA, LOS ANGELES, SCHOOL OF PUBLIC HEALTH**  
LOS ANGELES, CA  
\$38,399

*Evaluation of health care for the homeless projects (for 10 months). ID#026971*

**THE CARTER CENTER, INC.**  
ATLANTA, GA  
\$50,000

*Symposium on mental health policy and managing care in the public interest (for 8 months). ID#027848*

**THE CENTER SCHOOL**  
HIGHLAND PARK, NJ  
\$15,000

*Summer therapy program for children with learning disabilities (for 3 months). ID#024705*

**CHRONIC CARE INITIATIVES IN HMOs**

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

**CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION**  
SAN FRANCISCO, CA  
\$434,255  
(3 years)

**GEISINGER CLINIC**  
DANVILLE, PA  
\$41,970  
(15 months)

**GROUP HEALTH FOUNDATION**  
MINNEAPOLIS, MN  
\$86,765  
(1 year)

**HARVARD PILGRIM HEALTH CARE, INC.**  
BOSTON, MA  
\$59,262  
(1 year)

**KAISER FOUNDATION HOSPITALS, KAISER FOUNDATION RESEARCH INSTITUTE**  
PORTLAND, OR  
\$101,864  
(1 year)

**LEGACY GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER**  
PORTLAND, OR  
\$112,046  
(1 year)

**NATIONAL COMMITTEE FOR QUALITY ASSURANCE**  
WASHINGTON, DC  
\$636,893  
(1.5 years)

**RUSH PRUDENTIAL HMO**  
CHICAGO, IL  
\$49,880  
(1 year)

**SANTA BARBARA REGIONAL HEALTH AUTHORITY**  
SANTA BARBARA, CA  
\$48,672  
(6 months)

**GROUP HEALTH FOUNDATION**  
WASHINGTON, DC  
\$361,967  
*Technical assistance and direction for Chronic Care Initiatives in HMOs (1 year). ID#026408*

**GROUP HEALTH FOUNDATION**  
WASHINGTON, DC  
\$78,342  
*Technical assistance for Chronic Care Initiatives in HMOs (1 year). ID#026625*

**DOLE FOUNDATION**  
WASHINGTON, DC  
\$25,000  
*Grantmakers' forum on disability policy (for 1 year). ID#026765*

**FAITH IN ACTION: REPLICATION OF THE INTERFAITH VOLUNTEER CAREGIVERS PROGRAM**  
*Supports the development of interfaith caregiving projects for people of all ages with chronic health conditions (for the periods indicated).*

**AIDS PASTORAL CARE NETWORK**  
CHICAGO, IL  
\$25,000  
(1.5 years)

**AIDS TASK FORCE OF ALABAMA INC.**  
BIRMINGHAM, AL  
\$25,000  
(1.5 years)

**AIDS VOLUNTEERS OF LEXINGTON INC.**  
LEXINGTON, KY  
\$25,000 (1.5 years)  
\$25,000 (1.5 years)

**AGING MATTERS INC.**  
SAINT PETERSBURG, FL  
\$25,000  
(1.5 years)

**ALL SAINTS LUTHERAN PARISH**  
BRONX, NY  
\$25,000  
(1.5 years)

**ALTAMONT REFORMED CHURCH**  
ALTAMONT, NY  
\$25,000  
(1.5 years)

**ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC., CENTRAL NEW YORK CHAPTER**  
SYRACUSE, NY  
\$25,000 (1.5 years)  
\$25,000 (1.5 years)

**ARDEN HILL LIFE CARE CENTER, INC.**  
GOSHEN, NY  
\$25,000  
(1.5 years)

**ARKANSAS DELTA FOUNDATION, INC.**  
STUTTGART, AR  
\$25,000  
(1.5 years)

**ASIAN-AMERICAN COMMUNITY SERVICES**  
COLUMBUS, OH  
\$25,000  
(1.5 years)

**ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY**  
TACOMA, WA  
\$25,000  
(1.5 years)

**ATLANTA INTERFAITH AIDS NETWORK, INC.**  
ATLANTA, GA  
\$25,000  
(1.5 years)



AUSTIN METROPOLITAN  
MINISTRIES  
AUSTIN, TX  
\$25,000  
(1.5 years)

BONE LAKE LUTHERAN  
CHURCH  
LUCK, WI  
\$25,000  
(1.5 years)

BROOME COUNTY COUNCIL OF  
CHURCHES, INC.  
BINGHAMTON, NY  
\$25,000  
(1.5 years)

BROWN'S MEMORIAL CHURCH  
OF GOD IN CHRIST  
EUFULA, AL  
\$25,000  
(1.5 years)

THE CALEB FOUNDATION,  
INC.  
SWAMPSCOTT, MA  
\$25,000  
(1.5 years)

CALVARY UNITED METHODIST  
CHURCH  
BROWNSBURG, IN  
\$25,000  
(1.5 years)

CAPITOL AREA FOSTER  
PARENT ASSOCIATION  
Austin, TX  
\$25,000  
(1.5 years)

THE CARING COMMUNITY,  
INC.  
INDIANAPOLIS, IN  
\$25,000  
(1.5 years)

CARING HEARTS MINISTRY  
HADDONFIELD, NJ  
\$25,000  
(1.5 years)

CARING TOGETHER, INC.  
DETROIT, MI  
\$25,000  
(1.5 years)

CATAWBA COMMUNITY  
MENTAL HEALTH  
FOUNDATION INC.  
ROCK HILL, SC  
\$25,000  
(1.5 years)

CATHOLIC CHARITIES  
WORCESTER, MA  
\$25,000  
(1.5 years)

CATHOLIC CHARITIES AND  
COMMUNITY SERVICES  
NORTHERN  
FORT COLLINS, CO  
\$25,000  
(1.5 years)

CATHOLIC CHARITIES,  
DIOCESE OF YOUNGSTOWN  
YOUNGSTOWN, OH  
\$25,000  
(1.5 years)

CATHOLIC CHARITIES, INC.  
WILMINGTON, DE  
\$25,000  
(1.5 years)

CATHOLIC SOCIAL SERVICES  
COLUMBUS, OH  
\$25,000  
(1.5 years)

CENTER FOR MULTICULTURAL  
HUMAN SERVICES  
FALLS CHURCH, VA  
\$25,000  
(1.5 years)

CHANNELS OF LOVE  
MINISTRIES, INC.  
CHATTANOOGA, TN  
\$25,000  
(1.5 years)

CHRISTIAN SERVICE CENTER  
FOR CENTRAL FLORIDA INC.  
ORLANDO, FL  
\$25,000  
(1.5 years)

CITY OF HOPE NATIONAL  
MEDICAL CENTER  
DUARTE, CA  
\$25,000  
(1.5 years)

COLUMBIA UNITED CHURCH  
OF CHRIST  
COLUMBIA, MO  
\$25,000  
(1.5 years)

COMMUNITY CARE CENTER OF  
NORTHEAST  
PHILADELPHIA, PA  
\$25,000  
(1.5 years)

COMMUNITY COUNSELING  
CENTER  
LAS VEGAS, NV  
\$25,000  
(1.5 years)

COMMUNITY VISIONS, INC.  
HOUSTON, TX  
\$25,000  
(1.5 years)

COMPANIONS INC.  
WHEATON, IL  
\$25,000  
(1.5 years)

CONCORDIA LUTHERAN  
CHURCH  
SUPERIOR, WI  
\$25,000  
(1.5 years)

CONGREGATIONAL CHURCH OF  
NEEDHAM  
NEEDHAM, MA  
\$25,000  
(1.5 years)

CONGREGATIONS IN MINISTRY  
WITH THE ELDERLY INC.  
ROCHESTER, NY  
\$25,000  
(1.5 years)

COUNCIL OF CHURCHES AND  
SYNAGOGUES  
STAMFORD, CT  
\$25,000  
(1.5 years)

COUNCIL OF CHURCHES OF  
GREATER BRIDGEPORT, INC.  
BRIDGEPORT, CT  
\$25,000  
(1.5 years)

COVENANT HOUSE  
CHARLESTON, WV  
\$25,000  
(1.5 years)

DAVIDSON COUNTY  
DEPARTMENT OF SENIOR  
SERVICES  
LEXINGTON, NC  
\$25,000  
(1.5 years)

GREATER DAYTON CHRISTIAN  
COUNCIL  
DAYTON, OH  
\$25,000  
(1.5 years)

DOUGHERTY COUNTY  
COMMUNITY COALITION INC.  
ALBANY, GA  
\$25,000  
(1.5 years)

DUNN COUNTY INTERFAITH  
VOLUNTEER CAREGIVERS INC.  
MENOMONIE, WI  
\$25,000  
(1.5 years)

EARTH CARE MINISTRY  
CONYERS, GA  
\$25,000  
(1.5 years)

ELIJAH'S PROMISE, INC.  
NEW BRUNSWICK, NJ  
\$25,000  
(1.5 years)

EMMAUS SERVICES FOR THE  
AGING, INC.  
WASHINGTON, DC  
\$25,000  
(1.5 years)

FAITH HOUSE INTERNATIONAL  
INC.  
BOCA RATON, FL  
\$25,000  
(1.5 years)

FAMILY ELDERCARE, INC.  
AUSTIN, TX  
\$25,000  
(1.5 years)

FIRST MENNONITE CHURCH  
BERNE, IN  
\$25,000  
(1.5 years)

FIRST UNITED METHODIST  
CHURCH  
LAWRENCE, KS  
\$25,000  
(1.5 years)

FOUNDATION FOR INTERFAITH  
RESEARCH AND MINISTRY  
HOUSTON, TX  
\$25,000  
(1.5 years)

GARFIELD COUNTY SENIOR  
CITIZENS CENTER, INC.  
ENID, OK  
\$25,000  
(1.5 years)

GOOD SAMARITAN HOSPITAL  
FOUNDATION  
KEARNEY, NE  
\$25,000  
(1.5 years)

GOOD SHEPHERD LUTHERAN  
CHURCH  
ALBANY, OR  
\$25,000  
(1.5 years)

GREENE COUNTY FAMILY  
VIOLENCE COUNCIL, INC.  
GREENSBORO, GA  
\$25,000  
(1.5 years)

GREATER LAKEWOOD  
SHEPHERD CENTER  
DALLAS, TX  
\$25,000  
(1.5 years)

**H.I.G.H. PLACES INC.**  
PORTLAND, ME  
\$25,000  
(1.5 years)

**HERMANOS FRANCISCANOS DE LA PROVIDENCIA INC.**  
MANATI, PR  
\$25,000  
(1.5 years)

**HIGH DESERT INTERFAITH VOLUNTEER CAREGIVERS PROGRAM**  
PALMDALE, CA  
\$25,000  
(1.5 years)

**HOLY NAME OF JESUS CHURCH INDIALANTIC, FL**  
\$25,000  
(1.5 years)

**HOLY REDEEMER VISITING NURSE AGENCY, INC.**  
SWAINTON, NJ  
\$25,000  
(1.5 years)

**THE HOSPICE, INC.**  
GLEN RIDGE, NJ  
\$25,000  
(1.5 years)

**HOSPICE CARE INC.**  
WAYNESBURG, PA  
\$25,000  
(1.5 years)

**HOSPICE OF CENTRAL FLORIDA, INC.**  
MAITLAND, FL  
\$25,000  
(1.5 years)

**HOSPICE OF HOPE, INC.**  
MAYSVILLE, KY  
\$25,000  
(1.5 years)

**HOSPICE OF KITSAP COUNTY BREMERTON, WA**  
\$25,000  
(1.5 years)

**HOSPICE OF McDOWELL COUNTY INC.**  
MARION, NC  
\$25,000  
(1.5 years)

**HOSPICE PARTNERS INC.**  
SOUTH SAINT PAUL, MN  
\$25,000  
(1.5 years)

**HOSPICE SUPPORT SERVICES OF THE LENOWISCO AREA INC.**  
DUFFIELD, VA  
\$25,000  
(1.5 years)

**IMMANUEL UNITED METHODIST CHURCH**  
LAFAYETTE, LA  
\$25,000  
(1.5 years)

**INHOME RESPITE CARE SERVICE**  
BETHLEHEM, PA  
\$25,000  
(1.5 years)

**INTERFAITH COALITION OF HERNANDO COUNTY INC.**  
BROOKSVILLE, FL  
\$25,000  
(1.5 years)

**INTERFAITH COALITION OF ST. CROIX INC.**  
FREDERIKSTED, VI  
\$25,000  
(1.5 years)

**INTER-FAITH COUNCIL OF GREATER HOLLYWOOD, INC.**  
HOLLYWOOD, FL  
\$25,000  
(1.5 years)

**INTERFAITH RESIDENCE**  
ST. LOUIS, MO  
\$25,000  
(1.5 years)

**INTERFAITH VOLUNTEER CAREGIVERS OF FAULKNER COUNTY INC.**  
CONWAY, AR  
\$25,000  
(1.5 years)

**INTERFAITH VOLUNTEER CARING COMMUNITY INC.**  
HAVERSTRAW, NY  
\$25,000 (1.5 years)  
\$25,000 (1.5 years)

**INTERRELIGIOUS COUNCIL OF CENTRAL NEW YORK, INC.**  
SYRACUSE, NY  
\$25,000 (1.5 years)  
\$25,000 (1.5 years)

**JEFFERSON COUNTY AREA AGENCY ON AGING**  
BROOKVILLE, PA  
\$25,000  
(1.5 years)

**JEFFERSON COUNTY COMMUNITY CENTER FOR DEVELOPMENTAL DISABILITIES INC.**  
LAKEWOOD, CO  
\$25,000  
(1.5 years)

**JENNINGS COUNTY COORDINATING COUNCIL**  
NORTH VERNON, IN  
\$25,000  
(1.5 years)

**JESSAMINE COUNTY HOSPICE**  
NICHOLASVILLE, KY  
\$25,000  
(1.5 years)

**KALKASKA UNITED METHODIST CHURCH**  
KALKASKA, MI  
\$25,000  
(1.5 years)

**KANAWHA VALLEY SENIOR SERVICES**  
CHARLESTON, WV  
\$25,000  
(1.5 years)

**KANSAS WESLEYAN UNIVERSITY**  
SALINA, KS  
\$25,000  
(1.5 years)

**KINGSTON HOSPITAL**  
KINGSTON, NY  
\$25,000  
(1.5 years)

**LAKE GOGEBIC SENIOR CITIZENS CLUB**  
BERGLAND, MI  
\$25,000  
(1.5 years)

**LIVINGSTON COUNTY COALITION OF CHURCHES, INC.**  
LIVONIA, NY  
\$25,000  
(1.5 years)

**LOUDOUN VOLUNTEER CAREGIVERS, INC.**  
LEESBURG, VA  
\$25,000  
(1.5 years)

**LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA**  
WASHINGTON, DC  
\$25,000  
(1.5 years)

**MARTIN LUTHER KING JR. COORDINATING COMMITTEE OF WEST PALM BEACH INC.**  
WEST PALM BEACH, FL  
\$25,000  
(1.5 years)

**MARYGROVE NONPROFIT HOUSING CORPORATION**  
DETROIT, MI  
\$25,000  
(1.5 years)

**MEALS ON WHEELS OF LEE COUNTY, FLORIDA, INC.**  
FT. MYERS, FL  
\$25,000  
(1.5 years)

**MEDICAL CENTER OF BOWMAN GRAY SCHOOL OF MEDICINE & NORTH CAROLINA BAPTIST HOSPITAL**  
WINSTON-SALEM, NC  
\$25,000  
(1.5 years)

**MERCY HOSPITAL**  
WILKES-BARRE, PA  
\$25,000  
(1.5 years)

**MESSIAH PRESBYTERIAN CHURCH**  
NORFOLK, VA  
\$25,000  
(1.5 years)

**MODEL CITIES HEALTH CENTER INC.**  
SAINT PAUL, MN  
\$25,000  
(1.5 years)

**MONROE COUNTY OPPORTUNITY PROGRAM**  
MONROE, MI  
\$25,000  
(1.5 years)

**MOUNT MORIAH AFRICAN METHODIST EPISCOPAL CHURCH**  
ANNAPOLIS, MD  
\$25,000  
(1.5 years)

**MULTIFAITH AIDS PROJECT OF SEATTLE**  
SEATTLE, WA  
\$25,000  
(1.5 years)

**NASHVILLE CARES**  
NASHVILLE, TN  
\$25,000  
(1.5 years)



THE NORTH CAROLINA  
COUNCIL OF CHURCHES  
RALEIGH, NC  
\$25,000  
(1.5 years)

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

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

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

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

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

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

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

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

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

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

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

PENINSULA-HARBOR ADULT  
DAY CARE CENTER INC.  
SAN PEDRO, CA  
\$25,000  
(1.5 years)

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

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

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

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

PRESBYTERIAN SENIORCARE  
OAKMONT, PA  
\$25,000  
(1.5 years)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SAINT FRANCIS MEDICAL  
CENTER FOUNDATION  
GRAND ISLAND, NE  
\$25,000  
(1.5 years)

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

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

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

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

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

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

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

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

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

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

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

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

SELMA AIR INC.  
SELMA, AL  
\$25,000  
(1.5 years)

SENIOR ACTION, INC.  
GREENVILLE, SC  
\$25,000  
(1.5 years)

SHEPHERD MINISTRIES, INC.  
ALEXANDRIA, LA  
\$25,000  
(1.5 years)

SHREVEPORT COMMUNITY  
RENEWAL, INC.  
SHREVEPORT, LA  
\$25,000  
(1.5 years)

SIETE DEL NORTE  
COMMUNITY DEVELOPMENT  
CORPORATION  
EMBUDO, NM  
\$25,000 (1.5 years)  
\$25,000 (1.5 years)

SIUSLAW AREA WOMEN'S  
CENTER INC.  
FLORENCE, OR  
\$25,000  
(1.5 years)

SOCIAL CONCERNS INC.  
SAINT LOUIS, MO  
\$25,000  
(1.5 years)

SOCIAL SERVICES  
INTERAGENCY COUNCIL OF  
LAKE HAVASU CITY, INC.  
LAKE HAVASU CITY, AZ  
\$25,000  
(1.5 years)

SOUTHEAST AUSTIN  
CAREGIVERS  
AUSTIN, TX  
\$25,000  
(1.5 years)

THE SPARTANBURG COUNTY  
FOUNDATION  
SPARTANBURG, SC  
\$25,000  
(1.5 years)

STANFORD HEALTH SERVICES  
STANFORD, CA  
\$25,000  
(1.5 years)

SUN LAKES COMMUNITY  
CHURCH INC.  
SUN LAKES, AZ  
\$25,000  
(1.5 years)

SWEETLAKE UNITED  
METHODIST CHURCH  
LAKE CHARLES, LA  
\$25,000  
(1.5 years)

TARRANT AREA COMMUNITY  
OF CHURCHES  
FT. WORTH, TX  
\$25,000  
(1.5 years)

TOPEKA AIDS PROJECT INC.  
TOPEKA, KS  
\$25,000  
(1.5 years)

TRI-CITIES CHAPLAINCY  
KENNEWICK, WA  
\$25,000  
(1.5 years)

TRINITY CHURCH  
TROY, OH  
\$25,000  
(1.5 years)

TRINITY HOSPITAL  
MINOT, ND  
\$25,000  
(1.5 years)

TURNER COUNTY HEALTH  
COALITION  
ASHBURN, GA  
\$25,000  
(1.5 years)

TUSCARAWAS COUNTY  
COUNCIL FOR CHURCH &  
COMMUNITY  
NEW PHILADELPHIA, OH  
\$25,000  
(1.5 years)

THE UNITED CARING  
SHELTERS, INC.  
EVANSVILLE, IN  
\$25,000  
(1.5 years)

UNITED COLLEGE MINISTRIES  
IN NORTHERN VIRGINIA  
ALEXANDRIA, VA  
\$25,000  
(1.5 years)

UNITED SAMARITANS MEDICAL  
CENTER  
DANVILLE, IL  
\$25,000  
(22 months)

VINCENT HOUSE  
SAINT LOUIS, MO  
\$25,000  
(1.5 years)

VISITING NURSE SERVICE OF  
ROCHESTER AND MONROE  
COUNTY, INC.  
WEBSTER, NY  
\$25,000  
(1.5 years)

VOLUNTARY ACTION CENTER  
OF MONTGOMERY COUNTY  
BLACKSBURG, VA  
\$25,000  
(1.5 years)

VOLUNTEER CAREGIVERS  
ASSOCIATION OF AUSTIN  
AUSTIN, TX  
\$25,000  
(1.5 years)

VOLUNTEER JACKSONVILLE,  
INC.  
JACKSONVILLE, FL  
\$25,000  
(1.5 years)

WASECA AREA MEMORIAL  
HOSPITAL, INC.  
WASECA, MN  
\$25,000  
(1.5 years)

WATAUGA MEDICAL CENTER  
INC.  
BOONE, NC  
\$25,000  
(1.5 years)

WE CARE HEALTH SERVICES  
INC.  
EVANSVILLE, IN  
\$25,000  
(1.5 years)

YORK COUNTY COUNCIL OF  
CHURCHES  
YORK, PA  
\$25,000  
(1.5 years)

KINGSTON HOSPITAL  
KINGSTON, NY  
\$644,106  
Technical assistance and direction  
for Faith in Action: Replication of  
the Interfaith Volunteer  
Caregivers Program (1 year).  
ID#023938

NATIONAL COUNCIL ON THE  
AGING INC.  
WASHINGTON, DC  
\$199,662  
Communications support for  
Faith In Action (1 year).  
ID#027830

HMO-BASED SERVICE CREDIT  
BANKING FOR THE ELDERLY AND  
DISABLED  
Supports demonstration projects of  
service credit banking programs  
within a managed care setting (for  
the periods indicated).

CAREAMERICA HEALTH PLANS  
WOODLAND HILLS, CA  
\$124,996  
(3 years)

GROUP HEALTH COOPERATIVE  
OF PUGET SOUND  
SEATTLE, WA  
\$119,220  
(3 years)

MEDICA  
MINNEAPOLIS, MN  
\$122,073  
(3 years)

OXFORD HEALTH PLANS, INC.  
NORWALK, CT  
\$125,000  
(3 years)

SENTARA LIFE CARE  
CORPORATION  
NORFOLK, VA  
\$124,957  
(3 years)

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

HARVARD UNIVERSITY SCHOOL  
OF PUBLIC HEALTH  
BOSTON, MA  
\$49,999  
Survey of recent participants in end-  
of-life decision-making (for 8  
months). ID#027301

HOMELESS FAMILIES PROGRAM  
Initiative to help homeless families  
obtain needed health and supportive  
services, including permanent  
housing (for the periods indicated).

THE GENERAL HOSPITAL  
CORPORATION-  
MASSACHUSETTS GENERAL  
HOSPITAL  
BOSTON, MA  
\$83,118  
Technical assistance and direction  
for the Homeless Families  
Program (5 months).  
ID#024875



**HOSPITAL RESEARCH AND EDUCATIONAL TRUST**  
CHICAGO, IL  
\$25,000  
Seventh National HIV/AIDS Update Conference (for 6 months). ID#024370

**IMPROVING CHILD HEALTH SERVICES: REMOVING CATEGORICAL BARRIERS TO CARE**  
Support for communities to restructure child health and social service systems (for the periods indicated).

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

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

**IMPROVING SERVICE SYSTEMS FOR PEOPLE WITH DISABILITIES**  
Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for the periods indicated).

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

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

**UNIVERSITY OF MARYLAND CENTER ON AGING**  
COLLEGE PARK, MD  
\$232,440  
Technical assistance and direction for the demonstration and evaluation component (1 year). ID#028106

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

**UNIVERSITY OF MARYLAND CENTER ON AGING**  
COLLEGE PARK, MD  
\$1,587,211  
Evaluation of demonstration projects (4 years). ID#028110

**NATIONAL COUNCIL ON THE AGING INC.**  
WASHINGTON, DC  
\$399,995  
Technical assistance and direction for the education and training component (4 years). ID#028109

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

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

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

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

**STATE OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
SPRINGFIELD, IL  
\$75,000  
(1 year)

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

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

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

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

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

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

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

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

**OLD DISEASE, NEW CHALLENGE: TUBERCULOSIS IN THE 1990S**  
Focusing on public health systems, supports projects that develop and test new approaches to the problem of tuberculosis among people at risk (for the periods indicated).

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

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

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

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

**POINT SEBAGO CAMP SUNSHINE, INC.**  
CASCO, ME  
\$100,000  
Respite camp for critically ill children and their families (for 1 year). ID#028151

**PROGRAM ON THE CARE OF CRITICALLY ILL HOSPITALIZED ADULTS**

*National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated).*

**BETH ISRAEL HOSPITAL ASSOCIATION**  
BOSTON, MA  
\$100,806  
(1 year)

**COMMUNICATIONS PROJECT**  
\$1,262,682 (CONTRACTS)  
Campaign to mobilize professional and consumer groups to improve care near the end of life (2 years). ID#027513

**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE**  
CHARLOTTESVILLE, VA  
\$752,783  
Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (14 months). ID#027234

**PROGRAM TO IMPROVE THE LONG-TERM CHRONIC CARE SYSTEM FOR DEVELOPMENTALLY DISABLED PEOPLE**

*Helps states reform policy and implement cost-effective pilot programs to allow persons with disabilities and their families more choice in determining the services they receive (for the periods indicated).*

**UNIVERSITY OF NEW HAMPSHIRE**  
DURHAM, NH  
\$469,606

*Technical assistance and direction for the Program to Improve the Long-Term Chronic Care System for Developmentally Disabled People (1 year). ID#028532*

**RESEARCH INITIATIVE IN HOME AND COMMUNITY-BASED CARE**

*Support for researchers and policy analysts to explore key issues in home and community-based care for the chronically ill (for the periods indicated).*

**VISITING NURSE SERVICE OF NEW YORK**  
NEW YORK, NY  
\$263,767  
*Technical assistance and direction for the Research Initiative in Home and Community-Based Care (1 year). ID#027526*

**STATEWIDE SYSTEM OF CARE FOR CHRONICALLY ILL ELDERLY IN MASSACHUSETTS**

*Initiative seeks to replicate the PACE (Program for All-inclusive Care for the Elderly) model in six sites in Massachusetts (for the periods indicated).*

**CAMBRIDGE HOSPITAL PROFESSIONAL SERVICES CORPORATION INC.**  
SOMERVILLE, MA  
\$200,000  
(1 year)

**ELDER SERVICE PLAN OF THE NORTH SHORE, INC.**  
LYNN, MA  
\$200,000  
(1 year)

**FALLON COMMUNITY HEALTH PLAN, INC.**  
WORCESTER, MA  
\$200,000  
(1 year)

**HARBOR HEALTH SERVICES INC.**  
DORCHESTER, MA  
\$199,542  
(15 months)

**UPHAMS CORNER HEALTH COMMITTEE, INC.**  
DORCHESTER, MA  
\$200,000  
(1 year)

**URBAN MEDICAL GROUP ELDER SERVICES, INC.**  
BROOKLINE, MA  
\$200,000  
(1 year)

**FOUNDATION OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY**

NEWARK, NJ  
\$102,902  
Planning for a Central New Jersey Gerontology Consortium (for 1 year). ID#027329

**VANDERBILT UNIVERSITY INSTITUTE FOR PUBLIC POLICY STUDIES**

NASHVILLE, TN  
\$85,013  
*Testing feasibility of a study of supportive housing costs (for 7 months). ID#027390*

**WELLSPRING FOUNDATION OF NEW ENGLAND, INC.**

LYME, NH  
\$75,000  
*Promoting patient self-management of chronic illnesses (for 2 years). ID#027407*

**FIVE PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS TO IMPROVE THE WAY SERVICES ARE ORGANIZED AND PROVIDED TO PEOPLE WITH CHRONIC HEALTH CONDITIONS.**  
\$207,266 (CONTRACTS)



## SUBSTANCE ABUSE

- UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF EDUCATION**  
BIRMINGHAM, AL  
\$42,039  
*Determining predictors of smoking cessation in pregnant Medicaid recipients (for 8 months).*  
ID#027783
- AMERICAN CANCER SOCIETY, INC.**  
ATLANTA, GA  
\$499,900  
*Public education campaign on the health benefits of tobacco product taxes (for 1.5 years).* ID#026698
- AMERICAN MEDICAL ASSOCIATION**  
CHICAGO, IL  
\$35,500  
*Dissemination of physician guidelines on alcoholism in older Americans (for 6 months).*  
ID#024224
- AMERICAN MEDICAL ASSOCIATION**  
CHICAGO, IL  
\$453,154  
*Coordinating committee to prevent tobacco use by youth (for 6 months).* ID#028086
- AUDITS & SURVEYS**  
NEW YORK, NY  
\$673,300 (CONTRACT)  
*National study in support of youth anti-tobacco programs (for 1 year).*  
ID#027603
- BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
BOSTON, MA  
\$5,499,212  
*National resource for community substance abuse initiatives (for 3 years).* ID#026942
- UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF PUBLIC HEALTH**  
BERKELEY, CA  
\$75,002  
*Monitoring tobacco and alcohol use abatement programs for youth (for 6 months).* ID#027668
- CAUCUS EDUCATIONAL CORPORATION INC.**  
NEWARK, NJ  
\$60,000  
*Television series on efforts to reduce substance abuse among New Jersey youth (for 1 year).* ID#028444
- CENTER FOR SUSTAINABLE SYSTEMS INC.**  
BEREA, KY  
\$28,500  
*Dissemination of results of a tobacco farmers survey (for 4 months).*  
ID#028090
- CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY**  
NEW YORK, NY  
\$2,000,000  
*Continued funding for the Center on Addiction and Substance Abuse (for 2 years).* ID#019792
- COMMUNITY ANTI-DRUG COALITIONS OF AMERICA**  
ALEXANDRIA, VA  
\$4,099,998  
*National support center for community substance abuse coalitions (for 46 months).*  
ID#026903
- COMMUNITY ANTI-DRUG COALITIONS OF AMERICA**  
ALEXANDRIA, VA  
\$150,000  
*Establishment of a national organization of community anti-drug coalitions (for 3 months).*  
ID#027047
- UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
FARMINGTON, CT  
\$46,916  
*Screening for risky drinking in managed care settings: program development grant (for 5 months).*  
ID#026073
- THE CULTURAL ENVIRONMENT MOVEMENT**  
PHILADELPHIA, PA  
\$491,273  
*Alcohol, tobacco, and illegal drugs in the media mainstream: trends and content (for 2 years).* ID#026443
- DEVELOPMENT COMMUNICATIONS ASSOCIATES, INC.**  
BOSTON, MA  
\$270,000 (CONTRACT)  
*Resource development for a national public education effort to reduce tobacco use by youth (for 1 year).*  
ID#027066
- DEVELOPMENTAL STUDIES CENTER**  
OAKLAND, CA  
\$325,000  
*Demonstration program for primary prevention of substance abuse through elementary schools (for 2 years).* ID#027098
- FIGHTING BACK: COMMUNITY INITIATIVES TO REDUCE DEMAND FOR ILLEGAL DRUGS AND ALCOHOL**  
*Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the periods indicated).*
- BOYS' AND GIRLS' CLUBS OF NEWARK, INC.**  
NEWARK, NJ  
\$571,641  
(6 months)
- EAST BAY COMMUNITY RECOVERY PROJECT**  
OAKLAND, CA  
\$694,595  
(1 year)
- SCHULMAN, RONCA, & BUCUVALAS, INC.**  
NEW YORK, NY  
\$707,074 (CONTRACTS)  
*Survey work in support of the program evaluation for Fighting Back (2 months).*
- VANDERBILT UNIVERSITY SCHOOL OF MEDICINE**  
NASHVILLE, TN  
\$776,909  
*Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1 year).* ID#024751
- BRANDEIS UNIVERSITY, FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE**  
WALTHAM, MA  
\$2,799,652  
*Evaluation of Fighting Back - Phase V (3 years).* ID#024789
- FREE TO GROW: HEAD START PARTNERSHIPS TO PROMOTE SUBSTANCE-FREE COMMUNITIES**  
*Model development and implementation for the Head Start Program to work with families of preschool children and neighborhoods to prevent substance abuse (for the periods indicated).*
- FT. GEORGE COMMUNITY ENRICHMENT CENTER INC.**  
NEW YORK, NY  
\$378,418  
(2 years)
- COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
NEW YORK, NY  
\$429,504 (1 year) ID#026865  
\$377,070 (10 months) ID#023897  
*Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities.*
- FRIENDS MEDICAL SCIENCE RESEARCH CENTER, INC.**  
LUTHERVILLE, MD  
\$124,912  
*Additional analyses in a study of the development of narcotics addiction among urban youth (for 1 year).*  
ID#026256
- HMO GROUP, INC.**  
NEW BRUNSWICK, NJ  
\$199,793  
*Collaborative HMO effort to reduce tobacco use among youth (for 2 years).* ID#027459
- HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
BOSTON, MA  
\$89,798  
*Technical assistance to college administrators on binge drinking issues (for 5 months).* ID#026774
- HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
BOSTON, MA  
\$50,000  
*Research on the tobacco industry's 35-year public relations strategy (for 1 year).* ID#027106
- HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
BOSTON, MA  
\$9,864  
*First National Alcohol and Drug Abuse Symposium for College Newspaper Journalists and Journalism Awards (for 6 months).*  
ID#027396
- HEALTHY NATIONS: REDUCING SUBSTANCE ABUSE AMONG NATIVE AMERICANS**  
*Supports community-wide efforts of Native Americans to combat substance abuse (for the periods indicated).*



- CHEROKEE NATION OF OKLAHOMA**  
TAHLEQUAH, OK  
\$998,583  
(4 years)
- THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS, INC.**  
SAN FRANCISCO, CA  
\$969,353  
(4 years)
- JICARILLA APACHE TRIBE OF THE JICARILLA APACHE INDIAN RESERVATION**  
DULCE, NM  
\$46,469  
(6 months)
- NORTON SOUND HEALTH CORPORATION**  
NOME, AK  
\$677,556  
(4 years)
- WHITE MOUNTAIN APACHE TRIBE OF THE FORT APACHE INDIAN RESERVATION**  
WHITERIVER, AZ  
\$889,894  
(4 years)
- UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER**  
DENVER, CO  
\$495,572  
Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (1 year). ID#024792
- JACKSONVILLE JAGUARS FOUNDATION INC.**  
JACKSONVILLE, FL  
\$137,000  
Using professional sports to educate youth about the health risks of tobacco use (for 1 year). ID#027813
- A MATTER OF DEGREE: REDUCING HIGH-RISK DRINKING AMONG COLLEGE STUDENTS**  
Supports model approaches to reduce high-risk drinking by students on campus and in the surrounding communities through college/community partnerships (for the periods indicated).
- AMERICAN MEDICAL ASSOCIATION**  
CHICAGO, IL  
\$262,627  
Technical assistance and direction for A Matter of Degree: Reducing High-Risk Drinking Among College Students (1 year). ID#028008
- MICHIGAN PUBLIC HEALTH INSTITUTE**  
OKEMOS, MI  
\$22,563  
Media briefing on moist snuff research (for 2 months). ID#027141
- MORSE ENTERPRISES, INC.**  
SILVER SPRING, MD  
\$59,256  
Conference on sustaining African-American organizations without tobacco industry support (for 5 months). ID#028046
- NATIONAL FAMILIES IN ACTION**  
ATLANTA, GA  
\$100,000  
Conference to mobilize mayors against substance abuse (for 3 months). ID#026760
- REDUCING UNDERAGE DRINKING THROUGH COMMUNITY AND STATE COALITIONS**  
Supports statewide and local coalitions' comprehensive efforts to decrease underage drinking and, thus, reduce alcohol-related problems among youth, focusing proven interventions on environmental factors that influence alcohol use among youth (for the periods indicated).
- AMERICAN MEDICAL ASSOCIATION**  
CHICAGO, IL  
\$287,943  
Technical assistance and direction for State and Local Coalitions for the Reduction of Alcohol-Related Problems Among Underage Youth (1 year). ID#027256
- ST. PETER'S MEDICAL CENTER**  
NEW BRUNSWICK, NJ  
\$398,000  
Statewide model on treating tobacco addiction in drug and alcohol treatment settings (for 2 years). ID#027022
- SHEPHERDSTOWN YOUTH CENTER, INC.**  
SHEPHERDSTOWN, WV  
\$40,000  
Rural youth substance abuse prevention program (for 2 years). ID#026581
- SIKORA CENTER INC.**  
CAMDEN, NJ  
\$50,000  
Drug treatment and after-care for pregnant and parenting women and their infants (for 7 months). ID#028440
- SMOKE-FREE FAMILIES: INNOVATIONS TO STOP SMOKING DURING AND BEYOND PREGNANCY**  
Challenges researchers to develop innovative smoking cessation interventions to increase the number of childbearing women who quit smoking and stay smoke-free (for the periods indicated).
- DANA-FARBER CANCER INSTITUTE, INC.**  
BOSTON, MA  
\$218,358  
(2 YEARS)
- DARTMOUTH MEDICAL SCHOOL**  
HANOVER, NH  
\$230,396  
(2 years)
- KAISER FOUNDATION HOSPITALS**  
OAKLAND, CA  
\$263,670  
(2 years)
- UNIVERSITY OF MICHIGAN**  
ANN ARBOR, MI  
\$279,046  
(2 years)
- OREGON HEALTH SCIENCES UNIVERSITY**  
PORTLAND, OR  
\$222,451  
(2 years)
- OREGON STATE UNIVERSITY FOUNDATION**  
CORVALLIS, OR  
\$238,446  
(2 years)
- SAN DIEGO STATE UNIVERSITY FOUNDATION**  
SAN DIEGO, CA  
\$299,802  
(2 years)
- UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON SCHOOL OF PUBLIC HEALTH**  
HOUSTON, TX  
\$257,731  
(2 years)
- UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER**  
HOUSTON, TX  
\$224,662  
(2 years)
- UNIVERSITY OF VERMONT COLLEGE OF MEDICINE**  
BURLINGTON, VT  
\$243,797  
(2 years)
- UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF MEDICINE**  
BIRMINGHAM, AL  
\$422,951 (1 year) ID#024048  
\$244,944 (14 months) ID#022249  
Technical assistance and direction for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy.
- SMOKELESS STATES: STATEWIDE TOBACCO PREVENTION AND CONTROL INITIATIVES**  
Supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the periods indicated).
- AMERICAN CANCER SOCIETY, INC., ARIZONA DIVISION, INC.**  
PHOENIX, AZ  
\$3,175,823  
(5 years)
- AMERICAN MEDICAL ASSOCIATION**  
CHICAGO, IL  
\$472,070  
Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (1 year). ID#026096
- GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER**  
WASHINGTON, DC  
\$499,087  
Evaluation of SmokeLess States - Phase II (2.5 years). ID#023714



UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE  
TUCSON, AZ  
\$35,508

*Planning for the evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ (5 months).*  
ID#028139

INSTITUTE FOR PUBLIC POLICY  
ADVOCACY  
WASHINGTON, DC  
\$140,000

*Technical assistance for SmokeLess States (1 year).*  
ID#023844

**SUBSTANCE ABUSE POLICY  
RESEARCH PROGRAM**

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

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

WAKE FOREST UNIVERSITY,  
THE BOWMAN GRAY SCHOOL  
OF MEDICINE  
WINSTON-SALEM, NC  
\$208,872

*Technical assistance and direction for the Substance Abuse Policy Research Program (1 year).*  
ID#026680

TOBACCO CONTROL RESOURCE  
CENTER, INC.  
BOSTON, MA  
\$92,650

*Meeting for state attorneys general and public health commissioners on tobacco control among youth (for 6 months).* ID#027931

**TOBACCO POLICY RESEARCH AND  
EVALUATION PROGRAM**

*Supports projects that will produce policy-relevant information about ways to reduce tobacco use in the United States (for the periods indicated).*

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

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

STANFORD UNIVERSITY  
SCHOOL OF LAW  
STANFORD, CA  
\$110,714

*Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (1 year).* ID#026681

FOUNDATION OF THE UNIVERSITY  
OF MEDICINE AND DENTISTRY OF  
NEW JERSEY  
NEWARK, NJ  
\$50,000

*Substance abuse prevention for Latino youth in Perth Amboy (for 14 months).* ID#027918

VALLEJO COMMUNITY  
CONSORTIUM  
VALLEJO, CA  
\$137,829

*Dissemination of an analytic tool for community environmental planning to prevent substance use (for 23 months).* ID#026796

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

## COST CONTAINMENT

**THE ALLIANCE FOR HEALTH REFORM**  
WASHINGTON, DC  
\$89,458  
Production and distribution of a Medicare and Medicaid sourcebook for journalists (for 6 months). ID#027649

**ALPHA CENTER FOR HEALTH PLANNING, INC.**  
WASHINGTON, DC  
\$79,396  
National invitational conference on the impact of price competition on the health care system (for 7 months). ID#027409

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

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

**GEORGE WASHINGTON UNIVERSITY**  
WASHINGTON, DC  
\$55,470  
Study of laws protecting consumers from loss of health benefits (for 5 months). ID#027193

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

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

**HASTINGS CENTER, INC.**  
BRIARCLIFF MANOR, NY  
\$75,068  
Study of resource allocation by managed care organizations (for 1 year). ID#023805

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

**IMPACS: IMPROVING MALPRACTICE PREVENTION AND COMPENSATION SYSTEMS**  
Supports development, demonstration, and evaluation of innovative mechanisms for compensating people injured by medical care (for the periods indicated).

**DUKE UNIVERSITY MEDICAL CENTER**  
DURHAM, NC  
\$526,013  
(2 years)

**VANDERBILT UNIVERSITY MEDICAL CENTER**  
NASHVILLE, TN  
\$667,291  
(3 years)

**WAKE FOREST UNIVERSITY SCHOOL OF LAW**  
WINSTON-SALEM, NC  
\$98,446  
(19 months)

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

**INSTITUTE FOR LAW AND POLICY PLANNING, INC.**  
BERKELEY, CA  
\$150,353  
Study of the integration of corrections and community health systems (for 1 year). ID#024726

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

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

**NORTHWESTERN UNIVERSITY**  
EVANSTON, IL  
\$97,465  
Survey of Changes in Medical R&D and long-term health care cost implications (for 14 months). ID#027799

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

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

**PROGRAM TO PROMOTE LONG-TERM CARE INSURANCE FOR THE ELDERLY**  
Supports public/private partnerships at the state level for the development of affordable long-term care insurance for the elderly (for the periods indicated).

**STATE OF INDIANA OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES**  
INDIANAPOLIS, IN  
\$785,061  
(3 years)

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

**BOBBIE BOWDEN COMMUNICATIONS**  
SCHENECTADY, NY  
\$279,000 (CONTRACT)  
Communications support for the New York State Partnership Program (3 years).

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

**SCHOLARS IN HEALTH POLICY RESEARCH PROGRAM**  
Offers two-year postdoctoral training to recent graduates in economics, political science, and sociology to advance their involvement in health policy research (for the periods indicated).

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

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

**YALE UNIVERSITY**  
NEW HAVEN, CT  
\$591,354  
(2 years)

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

**STATE INITIATIVES IN LONG-TERM CARE**  
Supports state reform of long-term care financing and service delivery systems and development of comprehensive strategies to broaden access to long-term care coverage (for the periods indicated).

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

**THREE PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS TO HELP THE NATION ADDRESS, EFFECTIVELY AND FAIRLY, TWO OVERARCHING PROBLEMS: RISING HEALTH CARE COSTS AND RESOURCE ALLOCATION.**  
\$156,062 (CONTRACTS)



**AMERICAN COMMUNICATIONS FOUNDATION**  
MILL VALLEY, CA  
\$139,655  
*Dissemination of health care issues on a national radio network (for 1 year). ID#024653*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

**ANNOUNCEMENT OF NEW PROGRAMS**  
\$500,000 (CONTRACTS)  
*Announcement of new Foundation national programs (for 1 year). ID#027579*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**  
WASHINGTON, DC  
\$134,972  
*The David E. Rogers Award (for 5 years). ID#026780*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

**CENTER FOR STRATEGIC COMMUNICATIONS, INC.**  
NEW YORK, NY  
\$1,444,626 (CONTRACT)  
*Communications training for Foundation grantees (for 3 years). ID#026975*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

**CHANGES IN HEALTH CARE FINANCING AND ORGANIZATION**  
Support for projects to examine and test how changes in the financing and organization of health services affect health care costs, quality, and access (for the periods indicated).

**ECONOMIC AND SOCIAL RESEARCH INSTITUTE**  
WASHINGTON, DC  
\$299,090  
(15 months)  
Cost Containment

**HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
BOSTON, MA  
\$274,644  
(1.5 years)  
Access

**JSI RESEARCH & TRAINING INSTITUTE, INC.**  
BOSTON, MA  
\$99,123  
(15 months)  
Cost Containment

**PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.**  
MILLWOOD, VA  
\$374,625  
(2 years)  
Cost Containment

**STANFORD UNIVERSITY**  
STANFORD, CA  
\$183,865  
(2 years)  
Cost Containment

**UNIVERSITY OF WASHINGTON**  
SEATTLE, WA  
\$624,228  
(21 months)  
Cost Containment

**UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE**  
SEATTLE, WA  
\$1,031,851  
(29 months)  
Cost Containment

**ALPHA CENTER FOR HEALTH PLANNING, INC.**  
WASHINGTON, DC  
\$471,955  
*Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (1 year). ID#024049*  
Cost Containment

**CHILD WELFARE LEAGUE OF AMERICA, INC.**  
WASHINGTON, DC  
\$99,271  
*Preparation of managed care guidebooks for caseworkers and foster parents (for 1 year). ID#026945*  
Access, Other

**THE CITIZENS' TENNCARE REVIEW COMMISSION**  
NASHVILLE, TN  
\$50,000  
*Analysis of implementation issues for Medicaid managed care in Tennessee (TennCare) (for 2 years). ID#027230*  
Access, Chronic Health Conditions

**CLASSROOM INC.**  
NEW YORK, NY  
\$129,803  
*Development of teacher materials for a computer-based health care curriculum for school-children (for 1 year). ID#027094*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

**CLINICAL SCHOLARS PROGRAM**  
Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated).  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

**UNIVERSITY OF CALIFORNIA, LOS ANGELES, SCHOOL OF MEDICINE**  
LOS ANGELES, CA  
\$1,200,000 (3 years)  
\$600,000 (2 years)

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDICINE**  
SAN FRANCISCO, CA  
\$145,000  
(1 year)

**UNIVERSITY OF CHICAGO, THE PRITZKER SCHOOL OF MEDICINE**  
CHICAGO, IL  
\$997,867 (3 years)  
\$539,628 (2 years)

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**  
BALTIMORE, MD  
\$1,000,000 (3 years)  
\$540,000 (2 years)

**UNIVERSITY OF MICHIGAN MEDICAL SCHOOL**  
ANN ARBOR, MI  
\$999,233 (3 years)  
\$464,999 (2 years)

**UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDICINE**  
CHAPEL HILL, NC  
\$1,200,000 (3 years)  
\$674,942 (2 years)

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE**  
PHILADELPHIA, PA  
\$195,083  
(1 year)

**STANFORD UNIVERSITY SCHOOL OF MEDICINE**  
STANFORD, CA  
\$129,303  
(1 year)

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE**  
SEATTLE, WA  
\$1,199,932 (3 years)  
\$464,228 (2 years)

**YALE UNIVERSITY SCHOOL OF MEDICINE**  
NEW HAVEN, CT  
\$1,200,000 (3 years)  
\$465,000 (2 years)

**COMMUNITY HEALTH LEADERSHIP PROGRAM**  
*Recognizes individuals for contributions to the RWJF mission and seeks to enhance their capacity for more permanent and widespread impact on our nation's health care problems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other*

**MASSACHUSETTS HEALTH RESEARCH INSTITUTE, INC.**  
BOSTON, MA  
\$324,993  
*Technical assistance and direction for the Community Health Leadership Program (1 year). ID#023936*

**ECONOMIC POLICY INSTITUTE**  
WASHINGTON, DC  
\$199,973  
*Role of work organizations, human resources practices, and industrial relations in hospitals' adjustment to a competitive health care market (for 2 years). ID#024683*  
Access, Chronic Health Conditions, Cost Containment

**UNIVERSITY OF FLORIDA COLLEGE OF JOURNALISM AND COMMUNICATIONS**  
GAINESVILLE, FL  
\$67,894  
*Baseline analysis of newspaper coverage of health care topics (for 1 year). ID#026642*  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment



**GENERALIST PROVIDER  
RESEARCH INITIATIVE**

*Supports projects to analyze determinants of the current generalist/specialist physician distribution and investigates possible mechanisms for altering this distribution (for the periods indicated).*

**UNIVERSITY OF CHICAGO  
CENTER FOR HEALTH  
ADMINISTRATION STUDIES**  
CHICAGO, IL

\$33,424  
(10 months)  
Access

**DARTMOUTH MEDICAL  
SCHOOL**

HANOVER, NH

\$271,658  
(2 years)

Cost Containment

**HARVARD PILGRIM HEALTH  
CARE, INC.**

BOSTON, MA

\$96,302  
(1 year)

Access

**MICHIGAN STATE UNIVERSITY**

EAST LANSING, MI

\$114,235  
(20 months)

Access

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING**

PITTSBURGH, PA

\$200,655  
(1.5 years)

Access

**SOCIETY OF GENERAL  
INTERNAL MEDICINE**

WASHINGTON, DC

\$414,329  
(2 years)

Access

**UNIVERSITY OF WASHINGTON  
SCHOOL OF MEDICINE**

SEATTLE, WA

\$425,822  
(2 years)

Cost Containment

**GEORGE WASHINGTON  
UNIVERSITY**

WASHINGTON, DC

\$331,519

*Community Health in Focus  
(for 21 months). ID#024589*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment*

**GEORGE WASHINGTON  
UNIVERSITY**

WASHINGTON, DC

\$582,681

*Expanded information program on  
state health policy (for 2 years).*

*ID#020033*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*

**GEORGE WASHINGTON  
UNIVERSITY**

WASHINGTON, DC

\$8,350

*Dissemination of a "Policymaker's  
Guide to Medical Malpractice"*

*(for 8 months). ID#026736*

*Access, Cost Containment*

**GEORGE WASHINGTON  
UNIVERSITY MEDICAL CENTER**

WASHINGTON, DC

\$87,618

*Washington policy and program  
information for RWJF staff (for 1*

*year). ID#026856*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*

**GRANTMAKERS IN HEALTH**

WASHINGTON, DC

\$47,985

*Meeting on volunteerism and  
informal systems and tracking health*

*systems changes (for 1 month).*

*ID#028271*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*

**HEALTH POLICY FELLOWSHIPS  
PROGRAM**

*One-year fellowships with the federal  
government in Washington, DC, for*

*faculty from academic health science  
centers (for the periods indicated).*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*

**CASE WESTERN RESERVE  
UNIVERSITY SCHOOL OF  
MEDICINE**

CLEVELAND, OH

\$62,000  
(1 year)

**UNIVERSITY OF CONNECTICUT  
HEALTH CENTER**

FARMINGTON, CT

\$61,000  
(1 year)

**UNIVERSITY OF ILLINOIS AT  
CHICAGO COLLEGE OF  
NURSING**

CHICAGO, IL

\$60,135  
(1 year)

**THE JOHNS HOPKINS  
UNIVERSITY SCHOOL OF  
MEDICINE**

BALTIMORE, MD

\$64,500  
(1 year)

**UNIVERSITY OF MARYLAND AT  
BALTIMORE SCHOOL OF  
MEDICINE**

BALTIMORE, MD

\$15,000  
(3 months)

**UNIVERSITY OF UTAH SCHOOL  
OF MEDICINE**

SALT LAKE CITY, UT

\$66,500  
(1 year)

**UNIVERSITY OF WASHINGTON**

SEATTLE, WA

\$61,000  
(1 year)

**NATIONAL ACADEMY OF  
SCIENCES-INSTITUTE OF  
MEDICINE**

WASHINGTON, DC

\$428,000

*Technical assistance for the  
Health Policy Fellowships*

*Program (14 months).*

*ID#024673*

**HEALTH TRACKING**

*Initiative to track and report on  
changes in the US health care system*

*(for the periods indicated).*

*Access, Chronic Health Conditions,  
Cost Containment*

**ALPHA CENTER FOR HEALTH  
PLANNING, INC.**

WASHINGTON, DC

\$197,778

*Conduct analyses of local health  
systems change for Community*

*Snapshots Study (1 year).*

*ID#026726*

**UNIVERSITY OF CALIFORNIA,  
SAN FRANCISCO, SCHOOL OF  
MEDICINE**

SAN FRANCISCO, CA

\$202,960

*Conduct analyses of local health  
systems change for Community*

*Snapshots Study (1 year).*

*ID#026723*

**CENTER FOR STUDYING  
HEALTH SYSTEM CHANGE**

WASHINGTON, DC

\$2,285,425 (CONTRACTS)

*Start-up and initial support for  
Center activities and planning*

*(12 months). ID#026721,  
ID#027085, ID#026841*

**COMMUNICATIONS PROJECT**

\$350,000 (CONTRACTS)

*Initial Health Tracking  
dissemination activities (1 year)*

*ID#027277*

**PEOPLE-TO-PEOPLE HEALTH  
FOUNDATION, INC.**

MILLWOOD, VA

\$1,082,160

*Support for GrantWatch and  
Health Tracking section in Health*

*Affairs (for 3 years).*

*ID#027415*

**UNIVERSITY OF WASHINGTON  
SCHOOL OF PUBLIC HEALTH  
AND COMMUNITY MEDICINE**

SEATTLE, WA

\$167,613

*Conduct analyses of local health  
systems change for Community*

*Snapshots Study (1 year).*

*ID#026722*

*\$32,000*

*Prepare additional analyses and  
activities for Community*

*Snapshots Study (5 months).*

*ID#028035*

**HOSPITAL RESEARCH AND  
EDUCATIONAL TRUST**

CHICAGO, IL

\$42,252

*Public-private sector forum to foster  
collaboration to improve community*

*health (for 4 months). ID#028038*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*

**INFORMATION FOR STATE  
HEALTH POLICY**

*Support to help states strengthen  
their health statistics systems needed*

*for policymaking (for the periods  
indicated).*

*Access, Chronic Health Conditions,  
Substance Abuse, Cost*

*Containment, Other*



**FOUNDATION OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY**  
NEWARK, NJ  
\$353,286  
Technical assistance and direction for Information for State Health Policy Program (1 year).  
ID#026682

**INVESTIGATOR AWARDS IN HEALTH POLICY RESEARCH**  
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the periods indicated).

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

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

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

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

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

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH**  
BALTIMORE, MD  
\$249,997  
(3 years)  
Other

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

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

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

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

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

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

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

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

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

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

**KOAHNIC BROADCAST CORPORATION**  
ANCHORAGE, AK  
\$491,915  
Health care reporting on National Native News (for 3 years).  
ID#026995  
Access, Substance Abuse

**LEAGUE OF WOMEN VOTERS OF NEW JERSEY EDUCATION FUND**  
TRENTON, NJ  
\$175,500  
New Jersey health policy forums (for 2 years). ID#023538  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

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

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

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

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

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

**ERLANGER MEDICAL CENTER**  
CHATTANOOGA, TN  
\$295,234  
(4 years)  
Access

**FAMILY SERVICES WOODFIELD INC.**  
BRIDGEPORT, CT  
\$349,148  
(3 years)  
Access

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

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

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

**ILLINOIS PRIMARY HEALTH CARE ASSOCIATION**  
CHICAGO, IL  
\$218,900  
(1 year)  
Access

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

**ST. MARY'S FOUNDATION**  
RENO, NV  
\$452,508  
(3 years)  
Access

- COUNTY OF SAN MATEO**  
SAN MATEO, CA  
\$446,718  
(3 years)  
Access
- TUBA CITY FOR FAMILY HARMONY INC.**  
TUBA CITY, AZ  
\$179,712  
(3 years)  
Access
- HEALTH RESEARCH AND EDUCATIONAL TRUST OF NEW JERSEY**  
PRINCETON, NJ  
\$414,915  
Technical assistance and direction for the Local Initiative Funding Partners Program (1 year). ID#024755  
Access
- MASSACHUSETTS HEALTH RESEARCH INSTITUTE, INC.**  
BOSTON, MA  
\$129,483  
Advisor to the Foundation on program development (for 1 year). ID#026409  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment
- UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH**  
ANN ARBOR, MI  
\$110,491  
Archiving of Foundation-supported data collections (for 1 year). ID#020032  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment
- THE MOREHOUSE SCHOOL OF MEDICINE, INC.**  
ATLANTA, GA  
\$100,000  
Comprehensive strategic planning for Morehouse's future (for 16 months). ID#024529  
Access, Other
- NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.**  
CAMBRIDGE, MA  
\$75,000  
Research on health economics and policy (for 3 years). ID#027410  
Access, Chronic Health Conditions, Cost Containment
- NEW JERSEY HEALTH INITIATIVES - PHASE III**  
Promotes the development of innovative, community-based health services in New Jersey (for the periods indicated).
- COMMUNITY HEALTH CARE INC.**  
BRIDGETON, NJ  
\$245,337  
(3 years)  
Access
- HYACINTH FOUNDATION**  
NEW BRUNSWICK, NJ  
\$232,792  
(3 years)  
Chronic Health Conditions
- JERSEY CITY DAY CARE ONE HUNDRED, INC.**  
JERSEY CITY, NJ  
\$25,000  
(1 year)  
Access
- MORRIS COUNTY ORGANIZATION FOR HISPANIC AFFAIRS, INC.**  
DOVER, NJ  
\$240,583  
(3 years)  
Access
- THE NEW JERSEY CHAPTER OF THE NATIONAL COMMITTEE FOR THE PREVENTION OF CHILD ABUSE**  
NEWARK, NJ  
\$249,086  
(3 years)  
Access
- HEALTH RESEARCH AND EDUCATIONAL TRUST OF NEW JERSEY**  
PRINCETON, NJ  
\$190,269  
Technical assistance and direction for New Jersey Health Initiatives (1 year). ID#027510  
Access
- UNIVERSITY OF PENNSYLVANIA, THE ANNENBERG SCHOOL FOR COMMUNICATION**  
PHILADELPHIA, PA  
\$54,788  
Dissemination of multimedia summary materials from the Foundation's 1994 Health Care Reform Media Tracking Project (for 5 months). ID#026814  
Access, Cost Containment
- PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.**  
MILLWOOD, VA  
\$74,953  
Market research for health affairs (for 7 months). ID#027308  
Access, Cost Containment
- SIMON & SCHUSTER**  
NEW YORK, NY  
\$314,160 (CONTRACT)  
Distribution of the book On Doctoring to entering US medical students (for 4 years). ID#CP086  
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other
- STRENGTHENING THE SAFETY NET: THE MEDICAID MANAGED CARE PROGRAM**  
Assists in the design, demonstration and evaluation of new models of managed care to better serve the vulnerable populations covered by Medicaid (for the periods indicated).  
Access, Chronic Health Conditions
- CENTER FOR HEALTHCARE STRATEGIES**  
PRINCETON, NJ  
\$12,592,865  
Technical assistance and direction for Strengthening the Safety Net: The Medicaid Managed Care Program and Building Health Systems for People with Chronic Illness (5 years). ID#027327  
\$49,962  
Organization and start-up costs of the Center for HealthCare Strategies (2 months). ID#027669
- TIDES FOUNDATION**  
SAN FRANCISCO, CA  
\$49,893  
Audit of activities and opportunities to extend health insurance coverage to uninsured children (for 4 months). ID#027800  
Access, Cost Containment
- THE URBAN INSTITUTE**  
WASHINGTON, DC  
\$399,999  
Trends in medical malpractice risk and defensive medicine (for 2 years). ID#023656  
Access, Cost Containment, Other
- WORKERS' COMPENSATION HEALTH INITIATIVE**  
Supports innovative demonstration and evaluation projects in the delivery and financing of the medical care portion of workers' compensation programs (for the periods indicated).  
Access, Cost Containment
- STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**  
AUGUSTA, ME  
\$250,000  
(2 years)
- UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER**  
WORCESTER, MA  
\$327,351  
Technical assistance and direction for the Workers' Compensation Health Initiative (1 year). ID#027831
- TWELVE PROJECTS PROVIDING A VARIETY OF SUPPORT SERVICES FOR FOUNDATION PROGRAMS CROSS-CUTTING THE PRINCIPAL GRANTMAKING GOALS.**  
\$944,423 (CONTRACTS)



## OTHER PROGRAMS

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

**THE ASPEN INSTITUTE, INC.**  
 QUEENSTOWN, MD  
 \$46,325  
 Initiating a national video archive of philanthropy (for 1 year). ID#024664

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

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

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

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

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

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

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

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

**HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH**  
 BOSTON, MA  
 \$297,967  
 Comprehensive community-based programs to prevent youth violence (for 2 years). ID#027706

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

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

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

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

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

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

**MIDDLESEX COUNTY RECREATION COUNCIL (JOHN E. TOOLAN KIDDIE KEEP WELL CAMP)**  
 EDISON, NJ  
 \$250,056  
 Camping program for children with health problems (for 1 year). ID#024432

**MIDDLESEX COUNTY RECREATION COUNCIL (JOHN E. TOOLAN KIDDIE KEEP WELL CAMP)**  
 EDISON, NJ  
 \$100,000  
 Renovation and expansion of a camp for low-income children with health problems (for 7 months). ID#026248

**NATIONAL PARENTING ASSOCIATION INC.**  
 NEW YORK, NY  
 \$40,000  
 Development and dissemination of youth violence prevention strategies (for 2 years). ID#026701

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

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

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

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

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

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

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

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

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

**WOODSTOCK THEOLOGICAL CENTER**  
 WASHINGTON, DC  
 \$43,325  
 Publication of a consensus report on ethical issues in the business aspects of patient care (for 1 year). ID#026709

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

**TOTAL GRANTS, CONTRACTS, AND PROGRAM-RELATED INVESTMENTS AWARDED:**  
 \$179,922,068



Each year the Foundation's grantees report to us the publications and other information materials that have been produced as a direct or indirect result of their grants.

This bibliography presents a sampling of citations from the books, book chapters, journal articles, reports, and audiovisual materials that have been produced and reported to us by Foundation grantees. The publications are available through medical libraries and/or the publishers. We regret that copies are not available from the Foundation.

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The annual financial statements for the Foundation for 1995 appear on pages 56 through 61. A listing of awards in 1995 begins on page 28.

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

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

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

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. The amounts required to be paid out for 1995 and 1994 were approximately \$212.9 million and \$170.5 million, respectively.

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



Peter Goodwin

Vice President and Treasurer



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, 1995 and 1994 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1995 and 1994 and their activities and cash flows for the years then ended in conformity with generally accepted accounting principles.

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

Coopers & Lybrand L.L.P.

Princeton, New Jersey  
February 7, 1996

STATEMENT OF FINANCIAL POSITION  
at December 31, 1995 and 1994  
(Dollars in thousands)

	<u>1995</u>	<u>1994</u>
ASSETS		
Cash and cash equivalents	\$ 291,773	\$ 261,196
Interest and dividends receivable	16,104	14,528
Contributions receivable	6,391	
Investments at market value:		
Johnson & Johnson common stock	3,277,805	2,287,011
Other equity investments	624,822	51,335
Fixed income investments	1,005,654	1,098,573
Program related investments	14,378	19,444
Cash surrender value, net	1,834	2,321
Property and equipment, net	<u>14,100</u>	<u>14,611</u>
Total Assets	<u>\$5,252,861</u>	<u>\$3,749,019</u>
LIABILITIES AND NET ASSETS		
Liabilities:		
Accounts payable	\$ 1,258	\$ 514
Payable on pending security transactions	170,203	90,427
Unpaid grants	233,660	184,448
Federal excise tax payable		1,967
Deferred federal excise tax	63,510	40,884
Accumulated postretirement benefit obligation	<u>5,244</u>	
Total Liabilities	473,875	318,240
Net Assets	<u>4,778,986</u>	<u>3,430,779</u>
Total Liabilities and Net Assets	<u>\$5,252,861</u>	<u>\$3,749,019</u>

See notes to financial statements.



STATEMENT OF ACTIVITIES

for the years ended December 31, 1995 and 1994

(Dollars in thousands)

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

See notes to financial statements.

STATEMENT OF CASH FLOWS  
for the years ended December 31, 1995 and 1994  
(Dollars in thousands)

	<u>1995</u>	<u>1994</u>
Change in net assets	\$1,348,207	\$ 264,940
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,911	1,333
Increase in interest and dividend receivables	( 1,576)	( 344)
Increase in contribution receivable	( 6,391)	
Net realized and unrealized gain on investments	( 1,383,801)	( 338,166)
Decrease in program related investments	5,066	1,244
Decrease (increase) in cash surrender value	487	( 914)
Increase in accounts payable	805	78
Increase in unpaid grants	49,212	15,358
Increase (decrease) in federal excise tax payable	( 1,967)	1,909
Increase in accumulated postretirement benefit obligation	<u>5,244</u>	
Net cash provided by (used in) operations	<u>17,197</u>	<u>( 54,562)</u>
Cash flows from investing activities:		
Proceeds from security sales	2,732,214	3,378,270
Cost of security purchases	( 2,717,373)	( 3,188,287)
Acquisition of property and equipment	<u>( 1,461)</u>	<u>( 3,174)</u>
Net cash provided from investing activities	<u>13,380</u>	<u>186,809</u>
Net increase in cash and cash equivalents	30,577	132,247
Cash and cash equivalents at beginning of year	<u>261,196</u>	<u>128,949</u>
Cash and cash equivalents at end of year	<u>\$ 291,773</u>	<u>\$ 261,196</u>
Supplemental data:		
Federal excise tax paid	<u>\$ 10,216</u>	<u>\$ 826</u>

See notes to financial statements.



NOTES TO FINANCIAL STATEMENTS  
December 31, 1995 and 1994

1. *Summary of Significant Accounting Policies:*

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

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

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

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

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of \$1,910,931 in 1995 and \$1,332,511 in 1994 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

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

2. *Contributions Receivable:*

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

3. *Investments:*

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

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

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

3. *Investments, continued:*

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

	1995	1994
Johnson & Johnson common stock	\$ 237,019	\$ 189,141
Other securities, net	<u>46,745</u>	<u>( 32,005)</u>
	<u>\$ 283,764</u>	<u>\$ 157,136</u>

4. *Property and Equipment:*

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

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

5. *Unpaid Grants:*

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

1996	\$ 137,626
1997	75,040
1998	29,011
1999	11,250
2000	3,373
2001	<u>57</u>
	256,357
Less: discounted to present value	<u>( 22,697)</u>
	<u>\$ 233,660</u>

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

6. *Benefit Plans:*

*Retirement Plan:*

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



6. *Benefit Plans, continued:*

*Postretirement Benefits Other Than Pensions:*

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

Net periodic postretirement benefit cost for year ended December 31, 1995 included the following components ( <i>dollars in thousands</i> ):	
Service cost of benefits earned	\$ 544
Interest cost	<u>206</u>
Net periodic postretirement benefit cost	<u>\$ 750</u>

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

Accumulated postretirement benefit obligation ( <i>dollars in thousands</i> ):	
Retirees	\$ 1,803
Fully eligible active plan participants	98
Other active plan participants	<u>3,600</u>
	5,501
Less: unrecognized losses	( <u>257</u> )
Accumulated postretirement benefit obligation	<u>\$ 5,244</u>

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

7. *Cumulative Effect of Change in Accounting Principles:*

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

Postretirement Benefits Other Than Pensions	\$ (4,711)
SFAS No. 116, present value adjustment:	
Unpaid grant liability	17,080
Contributions receivable	<u>4,843</u>
Total cumulative effect of change in accounting principle	<u>\$ 17,212</u>

At the January 1996 meeting of the Board, John J. Horan, trustee of the Foundation, was elected to the office of trustee emeritus. Mr. Horan served as a trustee since 1985. At his election as trustee emeritus, Mr. Horan was cited by the Board for his faithful, distinguished, and valuable service to the Foundation.

*STAFF CHANGES*

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

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

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

In June 1995, C. Tracy Orleans, PhD, joined the Foundation as senior program officer. Prior to joining the Foundation, she was vice president at Johnson & Johnson Advanced Behavioral

Technologies, Inc., in New Brunswick, New Jersey. She received her BA summa cum laude from Wellesley College and her PhD from the University of Maryland.

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

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

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

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

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

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



the Foundation in June 1992. Marguerite Johnson Rountree, senior program officer, relocated to Denver, Colorado. She joined the Foundation in July 1990.

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

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

#### PROGRAM DIRECTORS

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

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

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

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

Pauline M. Seitz was appointed program director of the Local Initiative Funding Partners Program and New Jersey Health Initiatives.

Ms. Seitz is located at the Health Research and Educational Trust which is part of the New Jersey Hospital Association.

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

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

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

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

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

#### BOARD ACTIVITIES

The Board of Trustees met five times in 1995 to conduct business, review proposals, and appropriate funds. In addition, the Nominating, Human Resources, Finance, and Audit Committees met as required to consider and prepare recommendations to the Board.



J. WARREN WOOD, III  
Vice President, General Counsel  
and Secretary

*This report covers the period through March 1, 1996.*

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*Help Desk/Software Support  
Consultant*

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*Receptionist/Operator*

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*Office Services Assistant*

BERNADINE REIN  
*Travel Assistant*

JAMES ROHMANN  
*Chauffeur*

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SANDRA A. GEORGEANNI  
*Records Supervisor*

VICKY J. COVELESKI  
*Records Assistant*

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*Staff as of March 1, 1996.*

## NATIONAL PROGRAM OFFICES AND DIRECTORS

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

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

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

WILLIAM H. FOEGE, MD  
Executive Director  
The Task Force for Child Survival  
and Development  
The Carter Center  
Emory University  
One Copenhill  
Atlanta, GA 30307-1406

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

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

### *CHANGES IN HEALTH CARE FINANCING AND ORGANIZATION*

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

### *CHRONIC CARE INITIATIVES IN HMOs*

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

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

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

### *COMING HOME*

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

### *COMMUNITY HEALTH LEADERSHIP PROGRAM*

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

### *DEVELOPING LOCAL INFANT MORTALITY REVIEW COMMITTEES*

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

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

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

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

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

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

CHARLES ROYER  
Director  
Ensuring the Health and Safety of  
Children in Economically  
Distressed Urban Areas  
University of Washington  
1107 NE 45th Street, Suite 410  
Seattle, WA 98150

### *FAITH IN ACTION: REPLICATION OF THE INTERFAITH VOLUNTEER CAREGIVERS PROGRAM*

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

### *FAMILY SUPPORT SERVICES PROGRAM*

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

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

W. ANDERSON SPICKARD, JR., MD  
Professor of Medicine  
Vanderbilt University School of  
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- how the project relates to current work in this field
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- plan for assessing the project's results
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