

The Robert Wood Johnson Foundation
Annual Report 1991

A C C E S S



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

TABLE OF CONTENTS

Board of Trustees	2
The New Nemesis	3
Robert Wood Johnson	4
The Chairman's Statement	6
The President's Message: ACCESS	8
Goals Update	
Substance Abuse	22
Chronic Health Conditions	24
Cost Containment	25
1991 Activities: Statistical Analysis	26
Program Directors	28
1991 Grants	29
Selected Bibliography	54
Financial Statements	60
The Secretary's Report	66
Officers and Staff	68
Grant Application Guidelines	69



THERE IS NOTHING QUITE SO SHATTERING, politically or philosophically, as having one's nemesis inconveniently die — as this nation is beginning to discover upon the demise of the Soviet Union. It will be interesting to see whether we have the maturity and courage to look for a replacement archenemy within our own borders and souls.

There are plenty of worthy candidates: ignorance, crime, intolerance or any of a host of social inequities.

And every one of them — every moral, political and economic fault or failing — figures in our present health care crisis. Every problem a society experiences ultimately presents itself in some form at the hospital door.

A pessimist may find in that interconnectedness reason to despair of any solution to this crisis. But there might be equal reason to see it as an opportunity to learn how our society really works — or doesn't work.

If we are to solve the country's health care problems, we can't limit ourselves to dealing with them at the door of the emergency room or the doctor's office. We will be obliged to discover where they originate, how they mutate into medical problems, and how to stop the process. And stopping the process will mean solving those original problems or, at the very least, greatly reducing their effect.

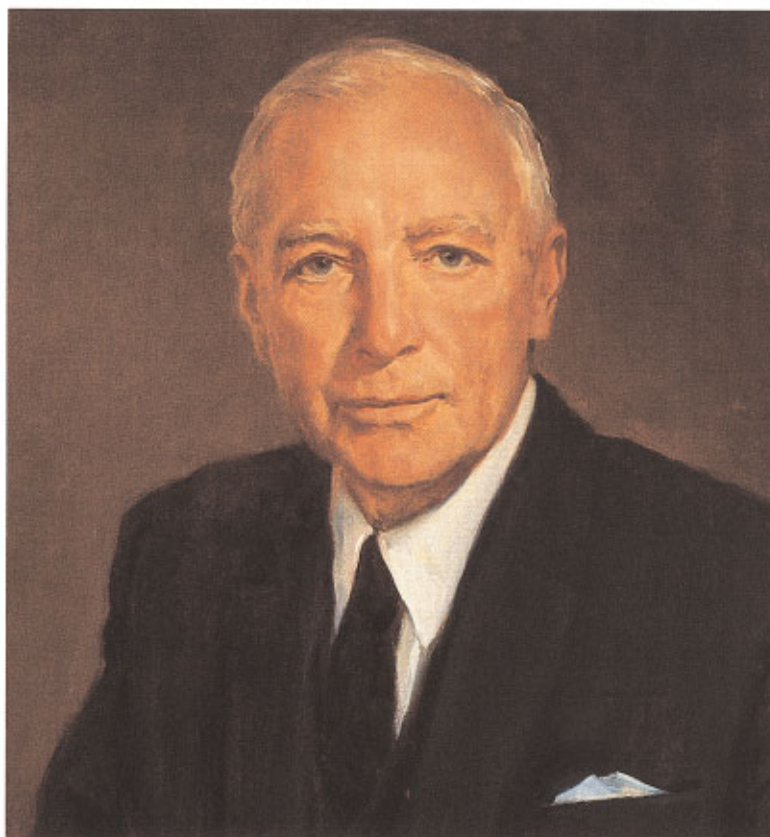
That would be a worthy undertaking for a great nation — and a sound approach to the myriad problems we confront as a society. The health care crisis is an ideal focal point for such an endeavor. It is acknowledged to be a matter of the utmost urgency by virtually every leader of every political persuasion; it leads back to the most diverse array of problems; it is an issue of great importance and cost to the nation; and the success or failure of its reform can be readily measured.

Moved that the forces depriving this nation of comprehensive, cost-effective health care be declared the New Nemesis.

Do we hear a second?

THE FOUNDER

Robert Wood Johnson
1893-1968



COMPOSER CHARLES IVES once described a work as being filled with the dissonances that made good music — and good men. Robert Wood Johnson could have served as the model for that afterthought.

General Johnson was an ardent egalitarian who ruled a world-girdling business empire; an industrialist fiercely committed to free enterprise who championed — and paid — a minimum wage even the unions of his day considered beyond expectation; a disciplined perfectionist who sometimes had to restrain himself from acts of reckless generosity.

The energy he expended in building the small but innovative family firm of Johnson & Johnson into the world's largest health and medical care products conglomerate would have exhausted most men. But over the course of his 74 years, General Johnson would also be a soldier, politician, writer, blue-water sailor, pilot, activist and philanthropist.

Perhaps the most characteristic of his strongly held opinions was his conviction that the term “common man” was disrespectful. “A man's character,” said this man of

great wealth, "should not be gauged by what he earns."

Two generations before it was fashionable, General Johnson advocated a larger role for women in politics and championed environmental concerns. In a political era in which the principal debate was whether big government or big business was to be society's salvation, Robert Wood Johnson openly distrusted both. His iconoclasm was so even-handed that he was simultaneously offered the Republican and Democratic nominations for the U.S. Senate — and so thoroughgoing that he declined both.

Like the dissonances Ives sprinkled through his music, the undoctinaire opinions of Robert Wood Johnson were part of a well-considered whole. He thought things through. He honed his own management system to ten words — "Delete, delegate, decentralize, and if necessary, delouse the central staff."

His philosophy of responsibility received its most enduring corporate 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. His 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.

That fortune grew from his own efforts. He entered the family business as a millhand at the age of 17. By 1932 he began, first as president and then as chairman of the board, to turn Johnson & Johnson into the dominant force in the medical products industry.

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.

Though he never attended college, there was much of the scholar in him. He thought deeply and wrote indefatigably on the ethics and philosophy of business. His most important book, *Or Forfeit Freedom*, won the American Political Science Association's Book of the Year Award (and greatly irritated his "bigger is better" industrialist contemporaries) in 1948. Two years later he served as co-author and chief architect of the study "Human Relations in

Modern Business," which the *Harvard Business Review* called "a Magna Carta for management and worker."

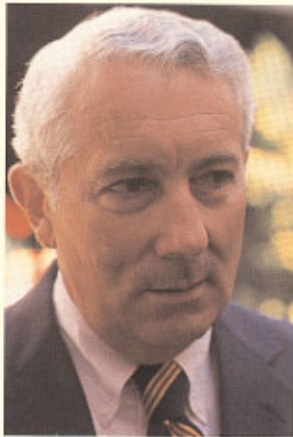
The constant element in his vision was his sensitivity to the needs of the people who staff and use the larger structures of a society. He proved that industrial plants need not be forbidding and ugly by building some of the most attractive manufacturing facilities in the world.

"We build not only structures in which men and women of the future will work, but also the patterns of society in which they will work," he said. "We are building not only frameworks of stone and steel, but frameworks of ideas and ideals."

Robert Wood Johnson was much like his factories — purposeful, well-considered and respectful of human needs. He was a man of integrity. All the pieces fit. His actions were in full accord with his ideals, and his ideals were rational and humane. The number of men with the vision, force of personality and understanding of human nature to amass a true fortune in their lifetime is small. Robert Wood Johnson belonged to an even smaller elite — those who could be trusted with it.

THE CHAIRMAN'S STATEMENT

Sidney F. Wentz
Chairman
Board of Trustees



I SOMETIMES THINK OF MY position here as Senior Layman in Residence. Every member of our professional staff is a specialist and an expert on at least some aspect of the nation's health care crisis. I'm the fellow who brings both curiosity and detachment to the table. I'm the stand-in for not only the Foundation's Board of Trustees, but for 250 million or so of my countrymen who are living with this crisis without any claim to fully understanding it.

That's not an inconsequential position, nor an easy one to maintain. The more you learn about the health care problems of this country, the more your sense of urgency grows. When nearly 35 million people have no health insurance and that many more are one trip to the hospital away from financial disaster, there is something badly in need of fixing.

But I'm also a realist, and I know the consequences of doing the wrong thing in important matters. It is certainly an exaggeration to say we have only one chance to come up with the right solution to the complex problem of

assuring all Americans access to competent, timely, affordable medical care.

Indeed, it is probably wishful thinking to imagine that the first attempt will be more than a limited success. But when we're spending two-thirds of a *trillion* dollars a year for a system no one thinks is very efficient or effective, we certainly can't afford many errors.

It will take several years, at the very least, to bring about reform in the way health care is delivered and financed in this country, and the public is already noticeably displeased with the status quo. Two or three years from now, public exasperation with the methodical, evolutionary approach may well have reached the boiling point, and those who now realize the need to make haste slowly and carefully on this issue may find themselves under great pressure to do something less than their most responsible work.

Still, they had better not waver. If they botch the job by acting too precipitously or too timidly, by doing too much or too little, the public may vote into office advocates of a system of care that might willingly sacrifice the relative few millions of Americans who have



slipped (or all but slipped) through the medical system's safety net in order to appease the majority coalition that elects them.

Am I being cynical? Maybe. But hard times favor populist politicians — politicians whose concept of leadership is to give voice and action to the wants and needs of their constituents, often to the deliberate detriment of some other group in society. So far, such voices of division and selfish parochialism have not been raised significantly in the debate over solving the health care crisis. But as public

frustration grows, those who benefit from dissension will begin to be heard.

When the Board approved The Robert Wood Johnson Foundation's new goals early last year, the health care crisis hadn't become the stuff of daily headlines that it is today. At that time, we announced that we would pursue these goals for the next decade.

For all the talk about the subject that has arisen since, I've heard nothing that makes me think our time frame was too long. Many election years

have come and gone while the health care crisis was building; several more will come and go before we've resolved it.

In the process we'll learn just how stern a stuff our leaders and lawmakers are made of these days — yes, and foundation trustees and chairmen and other ordinary citizens, too, I daresay.

A C C E S S

Steven A. Schroeder, MD
President

LAST YEAR The Robert Wood Johnson Foundation's Board of Trustees established three new program goals for our grantmaking in the 1990s:

- To assure that Americans of all ages have access to basic health care.
- To promote health and prevent disease by reducing harm caused by substance abuse.
- To improve the way services are organized and provided to people with chronic health conditions.

Because they interfere with the attainment of our primary goals, we have also undertaken to seek opportunities to help the nation address the problem of escalating medical care expenditures. And we remain receptive to significant new initiatives, especially those anticipating emerging health care problems.

The most comprehensive of these goals is access to basic health care, and it is upon this subject that my message this year will focus.

What is most astounding about this issue is that we lag so far behind the rest of the developed world in addressing it. Access to basic care is an accomplished fact in every other affluent nation — and at a far lower price than the 13 percent of Gross National Product we pay for medical care in this country.

Medicine in the United States is characterized by an impressive technological virtuosity and a profoundly flawed access mechanism. We have not, as a matter of policy, even agreed that access to basic health services for all is a reasonable goal.

If the nation does undertake that goal, how far are we from achieving it? How much progress have we made in the past year? And what is The Robert Wood Johnson Foundation doing to help?

The problem

There are three major factors contributing to the inadequate access to basic medical care in this country:

- **Inability to pay for care.** Nearly 35 million people — one of every nine working families — have no health insurance, and another 40 million are seriously underinsured. The result? Medical care becomes a luxury, and eight million children grow up without adequate medical and dental care,







and nearly one of every five Americans with diabetes and hypertension receives no treatment.

- *Uneven distribution of doctors and hospitals.* Many parts of the country suffer a serious shortage of generalist physicians, and specialty choices among medical students indicate that the situation will worsen. Many rural and inner-city hospitals are struggling for their very existence, besieged by problems of inadequate staffs, uncompensated care and, in the inner cities, the scourges of drugs, HIV infection and alcoholism.
- *Barriers to care deriving from sociocultural factors and dysfunctional organization.* Lack of access to care, real or perceived, is a major contributor to the category of unnecessary morbidity and death that place this nation a dismal 24th in the world in infant mortality and 19th in life expectancy from birth. Into that category falls every case of untreated angina pectoris, hypertension, diabetes mellitus and breast cancer. So, potentially, does every woman who goes without prenatal care in the first trimester of pregnancy and every child who doesn't receive immunization against vaccine-preventable disease. The number of people in each of these categories is growing.

National response to the access problem

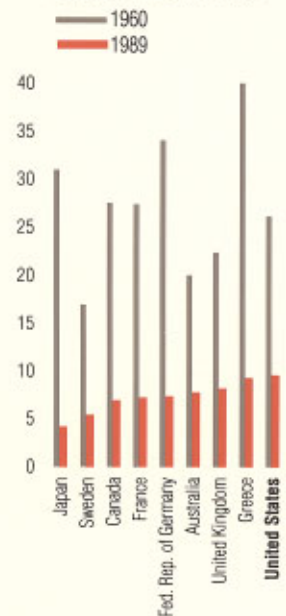
The good news is that more Americans in 1991 seemed to share the goal of universal basic health care. The bad news is that fewer of them enjoyed access to such care.

Health insurance in this country is largely tied to employment, and a very durable recession has raised the specter of joblessness and loss of health coverage for many working people. It also has reduced the public tolerance for tax increases at the state and local level, triggering a shrinkage in Medicaid and other state-level health funding. Consequently, many health care institutions — particularly large, inner-city facilities — are facing their own fiscal crises.

The atmosphere of economic pessimism, coupled with the rising cost of health insurance premiums, has increased public concern about adequacy of health care insurance coverage to the point that it even became a successful campaign issue in Pennsylvania's Senate race, which led the nation's pundits to declare health care access a viable political issue.

Whether or not this new concern translates into the enactment of major legislation within the next two years, it does suggest that the prospects for health care financing reform are brighter now than they have been at any time in the last two decades.

**Infant Mortality Rates—
Selected Countries**
Deaths per 1,000 live births



This growing public consensus that there should be all-inclusive health care coverage appears to have a parallel among health care professionals. *The Journal of the American Medical Association* devoted an entire issue in 1991 to various proposals for solving the problem of access to care.

Of course this isn't the first time that health care access has been on the nation's political mind. And it remains to be seen whether it will stay there long enough this time to lead to the enactment of legislation. But a rising perception of the need for universal basic care may be the silver lining in the dark cloud of the present recession.

Regrettably, no corresponding attention is given to the other two barriers to access — supply and sociocultural factors.

I suspect that stems from the relative difficulty most of the public has in relating to those problems as national issues. To a small town facing the closure of its only hospital or an inner-city mother trying to find a physician to examine her feverish baby, the issues of distribution of resources are very vivid indeed. But to the nation as a whole, they may appear to be more local than national issues, far less pressing than the 35 million people without health insurance and the prospect that any working American could join their ranks through loss of a job.

Every now and then one of the supply or sociocultural problems produces an event that brings that issue into momentary prominence, like the recent epidemic of measles that surprised the general public, who thought it was a childhood disease on the verge of eradication. But these events quickly drop out of the headlines and the barriers remain, for the most part, invisible to all but a few Americans.

Access-related programs of The Robert Wood Johnson Foundation

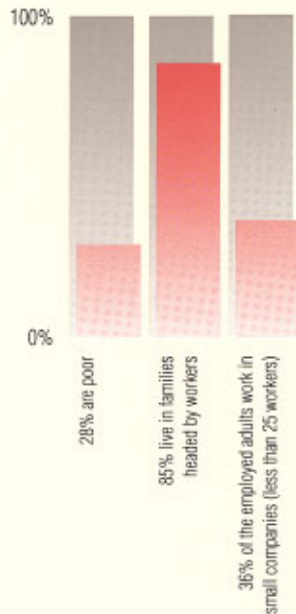
During 1991 the Foundation's Board of Trustees approved a number of programs intended to improve access to basic health services. Examples relating to each of the three access barriers include:

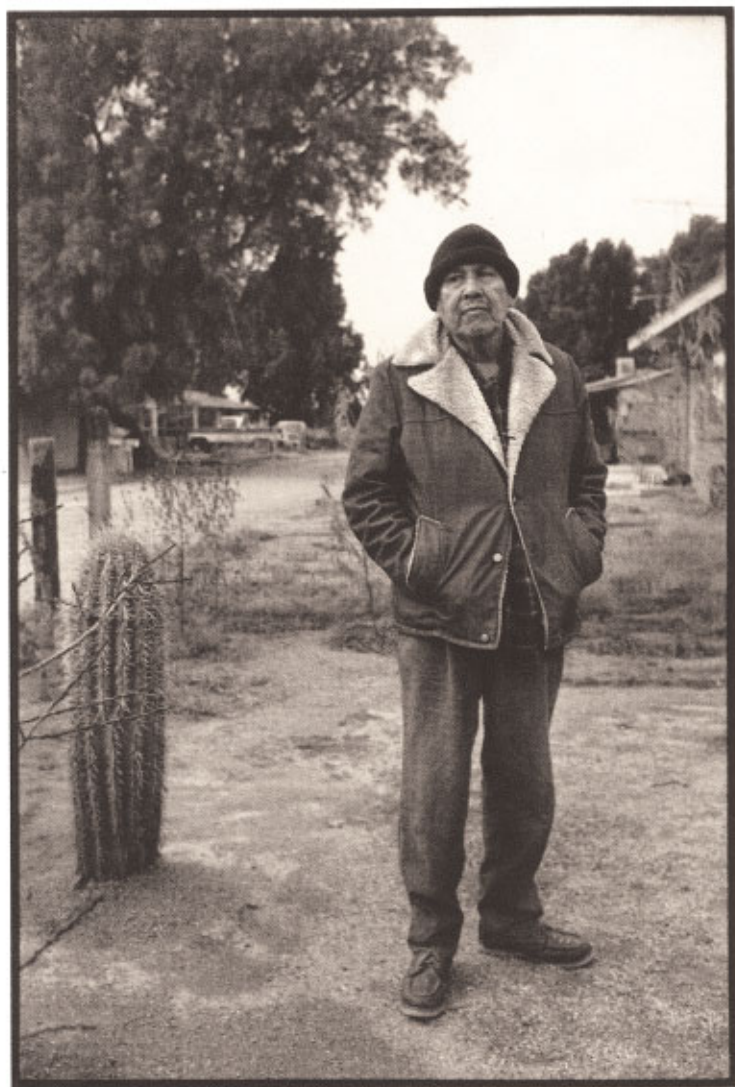
1. Programs to reduce financial barriers

- *State initiatives in health care financing reform*

This new \$28 million program will provide technical assistance and funding to states attempting to reform health care financing. The primary aim is to expand coverage for the uninsured and to improve Medicaid and other state programs providing access to care for the poor and unemployed. Ideally, of course, financing reform will ultimately occur at the national level. But, in the interim, state programs can serve as test models for the

Profile of the Uninsured Under Age 65
1990







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nation and, we hope, increase the pressure on Washington for a national initiative.

The grant funds will be awarded to up to 15 states to support work over a five-year period. In addition, the Foundation will establish a national program office and support other technical assistance activities for the states that will:

- provide trend analysis and simulation modeling to assess the effects of policy changes on the uninsured
- analyze the cost of proposed state options, and
- convene national forums to compare experiences and learn from each other's work.

- *Study of barriers to primary care leading to hospitalization*

Low Medicaid reimbursement rates and the long queues confronting patients seeking routine care in emergency rooms and clinics of urban hospitals may cause some people to delay or even forego care for potentially serious conditions.

Researchers working with the United Hospital Fund of New York City have found great geographical differences in the incidence of potentially avoidable hospitalizations. Neighborhoods in which it is difficult to obtain primary care were found to have much higher rates of avoidable hospitalization.

If it can be demonstrated that a lack of primary care contributes to expensive hospitalizations, this initiative may influence municipal health planning.

- *Report on the status of public hospitals in major cities*

Anecdotal accounts of understaffed facilities and patient overloads have been appearing with increasing frequency in large-city newspapers. The National Public Health and Hospital Institute will analyze just how widespread and severe these conditions are, in the expectation that the resulting information will focus on the need for attention to this problem and thereby improve the care of millions of people dependent upon these institutions for their health care.

2. Programs to reduce supply and distribution barriers

- *Increasing the supply of generalist physicians*

Any well-structured health care system must have at its core an adequate supply of well-trained generalist physicians. In every other developed nation, and in organized systems of care in this country, such as health maintenance organizations, at least half of all physicians are generalists — family physicians, general internists, general pediatricians,





and the like. Yet in the United States only 30 percent of physicians are generalists, and trend studies of the career choices of medical students indicate that this already low proportion is likely to decrease further.

This state of affairs derives from broad social and financial disincentives and from forces discouraging generalism within the medical education system.

The social and financial disincentives include:

- payment systems that disproportionately reward high-technology care
- the higher social status accorded specialists
- the wish to establish mastery over a specific, highly-valued body of knowledge
- lifestyle disadvantages and inconveniences associated with the responsibility to provide continuing care, and
- cost containment-driven administrative burdens that fall disproportionately upon office-based, high-volume physicians, such as generalists.

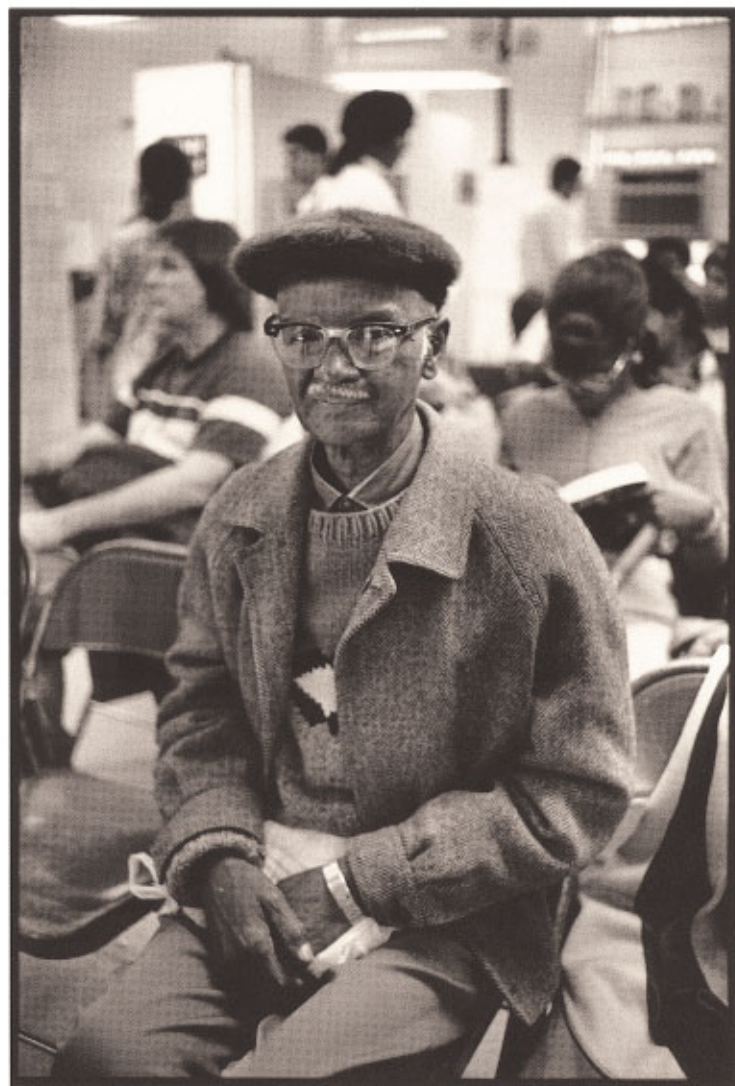
While these social and financial pressures to specialize are significant, there is persuasive evidence that the medical school experience is a major determinant in the student's choice of specialties.

The Foundation's \$32 million program challenges interested medical schools to increase their production of generalist physicians. Up to 18 planning grants and 12 implementation grants will be awarded to medical schools to develop comprehensive programs to intervene in four areas of medical student experience — admission policy, undergraduate medical education, residency training and practice entry and support.

Increasing the proportion of generalist physicians won't be accomplished overnight. Indeed, it probably won't occur at all unless some of the societal disincentives are reduced — particularly the payment structure that so heavily favors specialists. Nevertheless, the make-up of our physician population is so important to access to care, service coordination, cost-effectiveness and disease prevention that the Foundation has chosen it as a major area of concern.

- *State primary care provider initiative for underserved populations*

This \$16 million program focuses on improving the distribution of medical professionals to provide underserved populations with earlier and more convenient entry into the health care system. It will promote the development of statewide models to recruit, train and support generalist physicians, nurse practitioners, physician assistants and certified nurse midwives in medically deprived areas.





States participating in this program will undertake a three-part strategy:

1. Conduct a statewide assessment of needs.
2. Improve the capacity to recruit and train primary care practitioners in underserved areas.
3. Improve the financing and policy environment for these practitioners.

- *Programs to improve the supply of minority physicians*

Minority physicians are more likely to become generalist physicians and to serve medically deprived populations. Yet the proportion of African-American, Hispanic or Native American practitioners is substantially below the proportion of these groups in the U.S. population.

In 1991, the Foundation made two important grants designed to increase the supply of minority physicians. First we expanded the Minority Medical Faculty Development Program, which now provides 8 to 12 fellowship awards annually for minority medical school graduates. This program is intended to facilitate the development of successful minority role models on medical school faculties, so that more minority students are stimulated to consider medicine as a career.

Next we awarded \$5 million to National Medical Fellowships, Inc., to provide direct, need-based scholarships to minority medical students, thereby reducing their level of indebtedness, preserving their options for lower-paying generalist or public health careers, and encouraging students from low-income families to enter medicine.

3. Programs to reduce social and organizational barriers

- *All Kids Count: a program to increase immunizations for preschool children*

The immunization of children in the United States has undergone serious erosion over the past five years, leading to a resurgence of preventable diseases such as measles and mumps.

Although laws in all 50 states require that children be fully immunized by the time they enter school, far too few preschool children are immunized. In fact, an estimated 1.2 million children under the age of 2 have not received immunizations against vaccine-preventable diseases — a record far worse than that of most developed countries. There is no shortage of effective vaccines. The problem lies in identifying and immunizing these children in a timely manner.

This \$9 million national program will foster the development and implementation of community-based surveillance and follow-up systems to improve access to immunizations for preschool children. Up to 20



communities will receive one-year planning grants and as many as 12 of them will receive four-year implementation support.

Through these grants, we hope to encourage municipal and county governments or health agencies to collaborate with state health departments on solutions for their own jurisdictions. We also hope the program will stimulate those communities that apply for but do not receive Foundation funding to develop such systems on their own, as other community-directed Foundation programs have done in the past.

- *Planning for a citywide program to restructure school health services*

School health services are ubiquitous, expensive and — all too frequently — ineffective. This demonstration program, organized through the Los Angeles Educational Partnership, will undertake a fundamental restructuring of the entire Los Angeles school health system. Its ambitious goals include assuring access to basic health services for all students, improving the care of children and adolescents with chronic conditions, and providing systemwide health education. The planners envision a system that is not only high-quality but cost-effective — a suitable model for other big-city school systems.



Even if these programs and the many others described elsewhere in this report are successful beyond our wildest expectations, they will not suffice to solve the problem of assuring access to basic health services for all Americans. The Robert Wood Johnson Foundation's resources, substantial though they are, can make only a very small impact on so vast a need. It is our hope that our voice and efforts, joined by those of many others, will establish the validity of this need for the nation.

In many ways, the timing could not be better. For the first time in two generations, we are not fighting a Cold War bearing the threat of thermonuclear annihilation. Despite our current economic troubles, we are a nation of immense energy and resources, and our enormous present expenditure for health care, more efficiently used, is adequate to cover everyone.

What we must do now is put aside the differences that have stifled past efforts at health care reform and join together in this cause. For too many years, universal access to basic health care services has been "just around the corner."

Now is the time to turn that corner!



GOALS UPDATE

While the president's message addressed at some length the Foundation's 1991 grants and initiatives in the area of access to care, there was also significant grantmaking activity in our other areas of major focus.

Substance Abuse



A number of RWJF grants and initiatives in 1991 were directed at reducing the harm caused by substance abuse — many of them based on Fighting Back, a Foundation

program launched in early 1990.

Fighting Back is designed to help community coalitions reduce the demand for illegal drugs and alcohol through a continuum of coordinated services from prevention to treatment. Last year's broadened application of the concept included the authorization of a \$13.5 million initiative to develop analogous programs in conjunction with Native American tribes. This Initiative to Reduce Substance Abuse Among Native Americans will incorporate tribal values in the design and implementation of program activities.

Another 1991 program built on the Fighting Back model is Join Together, a national resource for communities fighting substance abuse. Through a grant to the Boston University School of Public Health, this support center for community coalitions, in coordination with other national groups, will offer a variety of technical assistance capabilities to community groups across the country.

The growing population of addicted pregnant women and their drug-exposed children is proving a major burden to our health care system, which is ill-prepared to provide the complex medical and social services they need. The Foundation awarded several grants in 1991 to help address the service needs and examine the policy issues made prominent by the increasing number of addicted women and drug-exposed babies in our society. A grant was awarded to the Family Health Center in Miami to develop a model financing and service

system for a comprehensive residential treatment program for drug-addicted women and their children.

Drug-exposed infants often require foster care. A grant to the Special Caretakers program, a model foster care program at Hahnemann University in Philadelphia in which hospital staff care for drug-exposed infants, supports the dissemination of the program to other interested hospitals.

Though it remains to be rendered conclusive, there are enough anecdotal reports from child care workers and teachers to suggest that drug-exposed infants may be putting an additional strain on the capabilities of formal care facilities and schools.

Two Foundation grants support the training of people who care for these children. The first provides training for early child care professionals serving high-risk youth in child care centers in Philadelphia. The second supports the training of public school kindergarten, pre-kindergarten and special education teachers in working with drug-exposed and other at-risk children. Another grant provides start-up funds for a study at Yale University of infants born to women who abused cocaine during pregnancy to determine the effects of exposure on infant development. Two other grants support the investigation of policy issues arising from maternal substance abuse and the analysis of public and private resources available nationwide to meet the needs of drug-exposed infants and their families.

Tobacco use among teenagers remains a significant problem in this country. The Foundation awarded a three-year, \$1.2 million grant to Stop Teenage Addiction to Tobacco (STAT), an organization devoted to the issue. The grant will finance the implementation of four community projects to reduce adolescent tobacco use, focusing on access to tobacco. The projects will involve

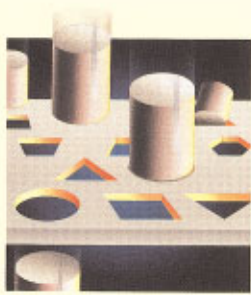
conducting surveys on the availability of tobacco to young people, organizing community forums on the findings, and working with local businesses to eliminate the sale of tobacco to underage youth.

Research can make an important contribution to this country's efforts to reduce the harm caused by substance abuse. The Foundation awarded a grant to the Harvard University School of Public Health to study modifiable factors in the workplace that contribute to alcohol abuse. Another research grant was awarded to Yale University to document and analyze American drug policy from 1960 to 1990.

Among the many problems associated with substance abuse is crime. For those convicted of crimes who want to reduce their dependence on illegal drugs and alcohol and are ready to take advantage of treatment, prisons provide an opportunity for rehabilitation. The Foundation awarded a grant to Hunter College in New York City to develop a program to help adolescent and adult female inmates at Riker's Island Prison while they remain in jail and after they return to their neighborhoods. This program will provide health education and case management for the inmates and help find needed services such as housing, health care, and other social services for up to a year after the participants return to the community.

The health problems caused by tobacco, alcohol and illegal drugs touch the lives of almost all Americans, either personally or through affected families or friends. We recognize that we have taken only the first steps on our chosen path of supporting studies, media activities and programs directed to reducing the harm caused by substance abuse, and we will continue to look for opportunities to foster change in this area.

Services for People with Chronic Health Conditions



There are an estimated 35 million people in the United States who are limited in their activities because of physical or mental impairments. The Foundation's focus is on

those with chronic health conditions so serious that they require a mixture of coordinated health and related services in order to achieve a maximum level of functioning and a minimum of institutional care.

The recognized service delivery problems for those with chronic health problems include a medical care system focused on costly treatment of symptoms rather than on improving functional abilities and well-being, inadequate supportive services to facilitate appropriate use of medical care, poor linkages between service and health care providers, and an underlying financing system that pays for high-technology acute medical care but not for equally vital basic health and related services.

As a result of the health system's focus on acute care, there are only limited data on the extent of the shortcomings in health and social services for those with chronic health conditions. The Foundation's own past programming in this area has been almost exclusively categorical, providing few lessons about building truly integrated systems of care for the chronically ill.

A broad-spectrum approach to improving systems of care is new and untried. While it has intuitive appeal and has been greeted enthusiastically by scholars, practitioners and other Foundation consultants, it runs counter to existing organizational and financing methods.

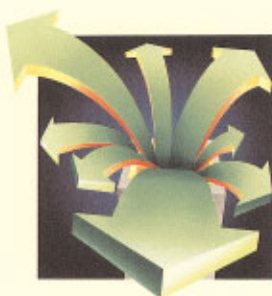
Because of the importance of sound information for program development, many of the Foundation's early efforts have been devoted to developing research and analysis projects to: (1) identify common problems in the service system;

(2) identify the pressure points for changing the system; and (3) offer a range of viable strategies to make services more rational and responsive to the needs of people. Among the initial grants in this area are one to Brown University's Center on Gerontology for the design of a survey to assess community-based chronic care services and consumer attitudes about gaps in the system, and another to the University of Colorado's Health Sciences Center for the evaluation of alternative approaches to rehabilitative care.

At the same time, Foundation staff have begun to search out exemplary models for organizing and providing services to those with chronic health conditions. Some of these models have been started with Foundation funding and we have opted to test whether the range of services offered or the populations served by them can be expanded. For instance, in the second phase of the successful Dementia Care and Respite Services Program, we will determine whether similar adult day care services can be provided simultaneously to others with chronic mental impairments.

While 1991 was, for the most part, a year of study, we expect very active grantmaking in the next year to test additional models involving, for example, the integration of acute and chronic care services among HMO populations and the development of community-wide chronic care networks to reduce inappropriate emergency room use by those with chronic medical conditions. In addition, it is likely that the Foundation will invest resources in the promotion of better clinical practice in chronic care. This may involve provider training efforts as well as the identification of financial and regulatory approaches for reordering health care priorities for the impaired.

Health Care Cost Containment



In addition to its three specifically enumerated goals, the Foundation is seeking opportunities to help the nation address, effectively and fairly, the overarching problem of escalating health care expenditures.

Cost containment is an area that warrants Foundation attention because:

- It is central to the debate over health care reform, and, if costs are not contained, expanding or even maintaining basic health care for vulnerable populations will become increasingly threatened.
- The financing of health care is a critical element in each of our chosen areas of emphasis, significantly affecting what can be achieved by our initiatives and grants.
- The Foundation is uniquely positioned as an objective participant in the health care cost debate, with prospects of serving as an impartial evaluator of cost-cutting approaches and the tradeoffs inherent in them.

The Robert Wood Johnson Foundation will look for opportunities to advance the debate on cost containment by supporting policy analysis, health services research and demonstration projects to inform the decision-making process. We will bring together experts to seek solutions and enhance the field's analytic capabilities to assess them.

Our 1991 efforts focused largely on research and capacity-building within the research community. The Changes in Health Care Financing and Organization (HCFO) initiative continues to solicit research, evaluation and demonstration projects that look at the impact of major changes in health care financing on costs, access and quality. During the year, 16 new awards were made under this initiative: three to evaluate the impact of recent changes in Medicaid eligibility and financing; three to study the effects of medical underwriting in the private insurance market; two assessing the cost

savings attributable to private employer-managed care initiatives; two examining physician payment reforms; and the rest addressing a broad range of financing issues.

In addition to the HCFO initiative, we sought to shed additional light on the potential benefits of health care reform in the United States by awarding a grant to the Economic and Social Research Institute to estimate the financial impact of health care spending controls on the U.S. economy, the government, the business sector and consumers over a 10-year period. The initial results of this study indicate enormous potential savings should the United States put spending controls in place.

As a way to build the analytic capacity of the health policy research field, two national programs were authorized in 1991:

- The Scholars in Health Policy Research Program is an effort to recruit postdoctoral talent in economics, social research and political science to the health field. This program will provide multidisciplinary training, experience in policy settings, and independent research with recognized mentors. The program should begin enrolling scholars in 1993.
- The Investigator Grants in Health Policy Research Program is intended to encourage career development of promising new investigators and to retain the intellectual talents of eminent scholars by providing general support for health policy research. This will be a highly competitive program enrolling up to 10 investigators each year, beginning in late 1992.

By building capacity within the field, these two programs encourage broader policy perspectives in the research community and encourage the development of potential "pathbreakers" essential to helping solve our health care problems. More funding of health services research and policy analysis initiatives is likely in 1992.

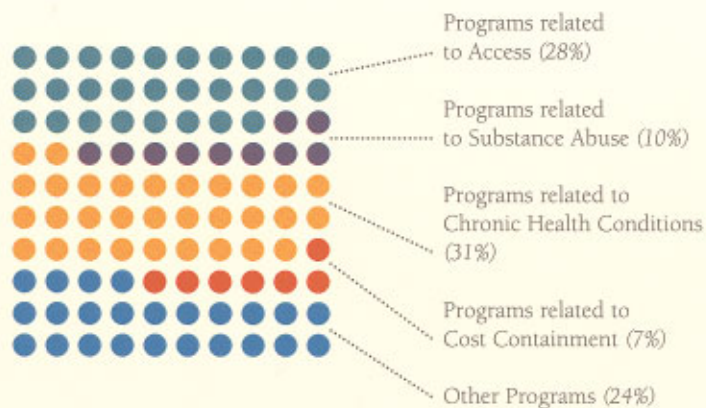
1991 ACTIVITIES: STATISTICAL ANALYSIS

DURING 1991, the Foundation made 370 grants totaling \$128.6 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:

- \$35.9 million, or 28 percent, for programs that assure that Americans of all ages have access to basic health care;
- \$12.3 million, or 10 percent, for programs that promote health and prevent disease by reducing harm caused by substance abuse;
- \$40.4 million, or 31 percent, for programs that improve the way services are organized and provided to people with chronic health conditions;
- \$8.4 million, or 7 percent, for programs that help the nation address the problem of escalating medical care expenditures; and
- \$31.6 million, or 24 percent,* for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

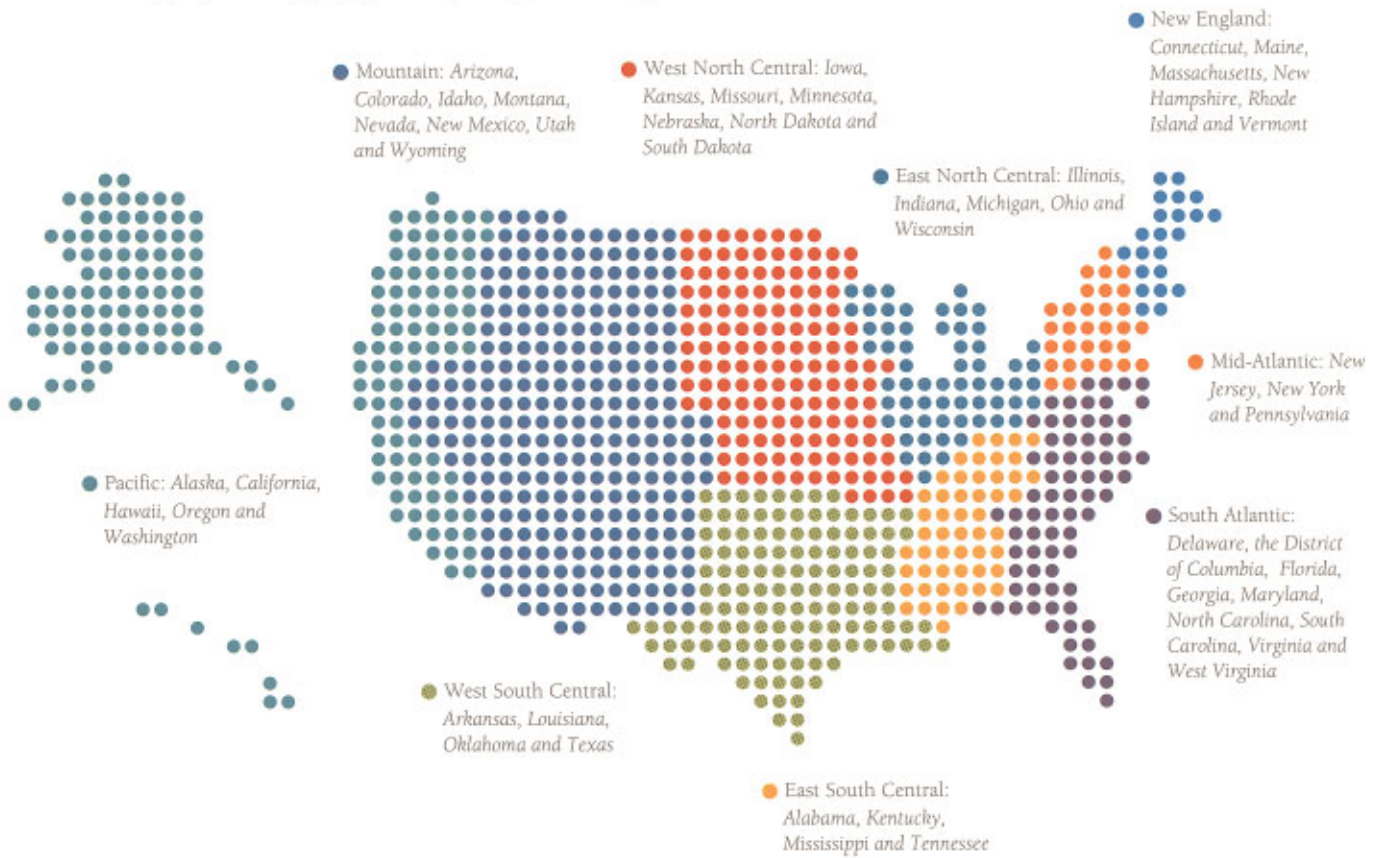
The distribution of these funds by areas of interest is charted below. Since becoming a national philanthropy in 1972, our appropriations have totaled \$1.2 billion. A chart depicting the geographic distribution of 1991 funds is diagrammed on the opposite page.

Distribution of the Grant Dollar, by Percent



*The Foundation's grantmaking agenda changed in mid-1991, causing some of its grant activity early in the year to fall outside its newly articulated goals.

1991 appropriations by geographical region (\$128.6 million)



Region	RWJF funds (%)	U.S. population (%)
Pacific	9%	16%
Mountain	5%	5%
West-South-Central	2%	11%
West-North-Central	2%	7%
East-North-Central	11%	17%
East-South-Central	2%	6%
New England	14%	5%
Middle Atlantic	33%	15%
South Atlantic	22%	18%

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

SUMMARY OF 1991 GRANTS

Authorized in the Year Ended December 31, 1991

ACCESS

DEMONSTRATION (AD HOCS)

American Academy of Pediatrics, Pennsylvania Chapter Bryn Mawr, PA \$150,007	Program linking children in daycare to health services (for 2 years). ID#16475
City of Beloit Beloit, WI \$320,715	Development of comprehensive service centers for high-risk families (for 3 years). ID#17090
The Children's Health Fund New York, NY \$417,715	Increasing the access to basic health care for medically needy children (for 2 years). ID#18206
The Children's Hospital Association Denver, CO \$24,919	Development of a management information system for school-based health centers (for 1 year). ID#18694
The Children's Hospital of Philadelphia Philadelphia, PA \$1,477,655	West Philadelphia collaborative program for child health (for 3 years). ID#17927
Children's National Medical Center Washington, DC \$556,945	Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#17793
Florida Healthy Kids Corporation Tallahassee, FL \$49,930	Development of a school enrollment-based health insurance model (for 3 months). ID#18244
University of Florida, College of Medicine Gainesville, FL \$212,318	Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#17478
Foundation of the University of Medicine and Dentistry of New Jersey Newark, NJ \$1,512,625	Community-based primary care program for needy families in New Brunswick (for 4 years). ID#19382
George Washington University Washington, DC \$265,757	Technical assistance and direction for the Local Initiative Funding Partners Program (for 1 year). ID#18513
Greater Southeast Community Hospital Corporation Washington, DC \$138,856	Planning for a hospital-led child health services effort (for 1 year). ID#17411
Harvard Medical School Boston, MA \$95,536	Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#17795
University of Illinois—Chicago, College of Nursing Chicago, IL \$965,490	Improving access to basic health care for children and their families (for 3 years). ID#17150

Judge Baker Children's Center Boston, MA \$108,900	<i>Planning reorganized mental health services for inner-city families (for 1 year). ID#17394</i>
Los Angeles Educational Partnership Los Angeles, CA \$181,155	<i>Planning for a citywide program to restructure school health services (for 1.5 years). ID#17977</i>
University of Maryland Baltimore, MD \$50,000	<i>Planning replication of the Choice Program for high-risk youth (for 4 months). ID#18871</i>
Maternity Center Association New York, NY \$278,255	<i>Planning collaborative maternity care services for low-income women (for 1 year). ID#18378</i>
Medcofund, Inc. New York, NY \$199,969	<i>Physician-led managed care program for underserved women and children (for 21 months). ID#18822</i>
The National Association of Community Health Centers, Inc. Washington, DC \$153,361	<i>Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#16760</i>
New York University, College of Dentistry New York, NY \$192,921	<i>Oral health services for homeless women and young children (for 2 years). ID#16783</i>
University of Oklahoma, College of Public Health Oklahoma City, OK \$381,928	<i>Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#17484</i>
Pendleton Community Care, Inc. Franklin, WV \$199,449	<i>Establishment of school-based health centers in rural West Virginia (for 3 years). ID#17926</i>
Puerto Rico Community Foundation, Inc. Hato Rey, PR \$470,482	<i>Program to improve health and reduce high-risk behavior in adolescents (for 2 years). ID#17638</i>
Rockingham County Community Action Program, Inc. Portsmouth, NH \$111,943	<i>Program of assistance to medically indigent children in New Hampshire (for 2 years). ID#18625</i>
St. Anthony's Health Care Foundation, Inc. St. Petersburg, FL \$210,198	<i>Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#16979</i>
The Task Force for Child Survival and Development, Inc. Atlanta, GA \$33,833	<i>Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 2 months). ID#19235</i>
Ware County Board of Health Waycross, GA \$300,000	<i>Regional school-based adolescent health care program in rural Georgia (for 2 years). ID#14541</i>

DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Community Care Funding Partners Program *Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for 3 years). ID#6397*

The Ounce of Prevention Fund
Chicago, IL
\$99,724

Hospital-Based Rural Health Care Program *Program to improve the access, quality, and cost-efficiency of health services in rural hospitals (for 1 year). ID#11262*

Montana Hospital Research and Education Foundation, Inc.
Helena, MT
\$157,548

Improving the Health of Native Americans *Support for innovative programs addressing health care needs of American Indians and Alaska Natives (for the periods indicated). ID#11184*

Aroostook Micmac Council, Inc.
Presque Isle, ME
(3 years)
\$139,799

Great Lakes Inter-Tribal Council, Inc.
Lac du Flambeau, WI
(3 years)
\$440,236

Blackfeet Tribe of the Blackfeet Indian Reservation of Montana
Browning, MT
(3 years)
\$169,935

Minnesota Safety Council
St. Paul, MN
(2 years)
\$118,893

Consolidated Tribal Health Project, Inc.
Ukiah, CA
(1.5 years)
\$166,267

St. Regis Band of Mohawk Indians of New York
Hogansburg, NY
(3 years)
\$131,615

Ganado Unified School District #20 Foundation
Ganado, AZ
(3 years)
\$129,433

Urban Indian Health Board, Inc.
Oakland, CA
(2 years)
\$181,494

Local Initiative Funding Partners Program—Phase 1 *Matching grants program to enable local foundations and corporations to sponsor innovative health service projects (for 2 years). ID#12033*

State of Idaho, Public Health District 3, Southwest District Health Department
Caldwell, ID
\$190,000

Lao Family Community of Minnesota, Inc.
St. Paul, MN
\$90,000

Youth Impact Centers of Dallas
Dallas, TX
\$150,000

Program to Strengthen Primary Care Health Centers*Initiative to improve the capacity for self-sufficiency of not-for-profit primary care health centers (for the periods indicated). ID#12904*

Athens Model Neighborhood Health Center, Inc.
Athens, GA
(2 years)
\$100,000

Ivor Medical Center
Ivor, VA
(3 years)
\$100,000

East Texas Community Health Services, Inc.
Nacogdoches, TX
(3 years)
\$100,000

Warwick Community Action, Inc.
Warwick, RI
(3 years)
\$100,000

Georgia Mountains Health Services, Inc.
Morganton, GA
(3 years)
\$100,000

EDUCATION & TRAINING (AD HOCs)

Harvard Medical School
Boston, MA
\$393,716

Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year). ID#17796

University of Missouri, Columbia, School of Medicine
Columbia, MO
\$516,592

Technical assistance and direction for The Generalist Physician Initiative (for 1 year). ID#18777

National Academy of Sciences—Institute of Medicine
Washington, DC
\$50,000

Workshops to reassess minority medical educational strategies (for 1 year). ID#18530

National Medical Fellowships, Inc.
New York, NY
\$5,000,000

Need-based scholarship program for minority medical students (for 5 years). ID#18335

New York Health Careers Center, Inc.
New York, NY
\$443,315

Expansion of a program to recruit people to careers in health care (for 14 months). ID#17916

New York University
New York, NY
\$50,000

Planning project to increase minority medical school enrollment (for 1 year). ID#17738

University of Oklahoma Health Sciences Center
Oklahoma City, OK
\$257,164

Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#17485

EDUCATION & TRAINING (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)**Minority Medical Education Program**

Summer enrichment program to help minority students successfully compete for medical school acceptance (for 2 years). ID#11878

Baylor College of Medicine
Houston, TX
\$399,942

United Negro College Fund, Inc.
New York, NY
\$399,112

Case Western Reserve University, School of Medicine
Cleveland, OH
\$399,950

University of Virginia, School of Medicine
Charlottesville, VA
\$400,000

Illinois Institute of Technology
Chicago, IL
\$399,928

University of Washington, School of Medicine
Seattle, WA
\$399,996

**Minority Medical Faculty
Development Program**

*Four-year program to provide two-year, biomedical, postdoctoral research fellowships
(for the periods indicated). ID#7854*

Baylor College of Medicine
Houston, TX
(2 years)
\$152,499

Louisiana State University Medical Center
New Orleans, LA
(2 years)
\$152,500

Case Western Reserve University, School of Medicine
Cleveland, OH
(2 years)
\$152,500

University of Michigan Medical Center
Ann Arbor, MI
(2 years)
\$152,500

Children's Hospital Corporation
Boston, MA
(2 years)
\$152,500

University of Michigan Medical School
Ann Arbor, MI
(2 years)
\$157,625

**University of Colorado Health Sciences Center,
School of Medicine**
Denver, CO
(2 years)
\$152,500

**University of Michigan, Mental Health Research
Institute**
Ann Arbor, MI
(2 years)
\$163,006

Emory University, School of Medicine
Atlanta, GA
(2 years)
\$155,878

**University of North Carolina at Chapel Hill,
School of Medicine**
Chapel Hill, NC
(2 years)
\$152,500

**The General Hospital Corporation—
Massachusetts General Hospital**
Boston, MA
(2 years)
\$152,500

**The University of Texas, Southwestern Medical School
at Dallas**
Dallas, TX
(2 years)
\$152,500

Harvard Medical School
Boston, MA
(2 years)
\$152,500

**University Anesthesiology and Critical Care
Medicine Foundation**
Pittsburgh, PA
(2 years)
\$152,500

The Johns Hopkins University, School of Medicine
Baltimore, MD
(31 months)
\$305,000

RESEARCH & POLICY ANALYSIS (AD HOC)

ABT Health Care Research Foundation
Cambridge, MA
\$416,690

*New techniques for measuring demand for health care providers (for 2 years).
ID#19140*

**A.C.N.M. Foundation, Inc.—
American College of Nurse-Midwives**
Washington, DC
\$211,256

Study on availability and cost of nurse-midwifery care (for 1.5 years). ID#18747

Alpha Center for Health Planning, Inc.
Washington, DC
\$757,773

*Technical assistance and direction for the State Initiatives in Health Care Financing
Reform (for 2 years). ID#18523*

American College of Nurse-Midwives Washington, DC \$9,560	Study on the availability and cost of nurse-midwifery care in the United States (for 3 months). ID#17000
American Enterprise Institute for Public Policy Research Washington, DC \$50,000	Study on integrating federal programs for children and families (for 2 years). ID#18742
Brigham and Women's Hospital, Inc. Boston, MA \$126,187	Study of the impact of hospitalization on low-income uninsured adults (for 1 year). ID#18859
University of California, Berkeley, School of Public Health Berkeley, CA \$48,762	Analysis of policy issues relating to physician supply and distribution (for 15 months). ID#18460
Center for Health Economics Research, Inc. Waltham, MA \$437,983	Racial differences in health care utilization among Medicare enrollees (for 2 years). ID#18488
Children's Defense Fund Washington, DC \$157,689	Survey of state Medicaid immunization policies and procedures (for 16 months). ID#18380
Children's Hospital Medical Center of Northern California Oakland, CA \$49,998	Study of factors affecting children's access to health care (for 1 year). ID#16659
University of Colorado Health Sciences Center Denver, CO \$41,729	Survey of student health activities of educational services agencies (for 6 months). ID#18883
George Washington University Washington, DC \$38,442	Study of state policies encouraging MDs to provide indigent care (for 7 months). ID#18339
Georgetown University, School of Medicine Washington, DC \$19,268	Study of link between health insurance coverage and heart disease death (for 6 months). ID#18129
University of Iowa, College of Medicine Iowa City, IA \$196,112	Evaluation of barriers to obtaining prenatal care for Iowa women (for 3 years). ID#18410
National Academy of Sciences—Institute of Medicine Washington, DC \$50,000	Developing indicators to monitor access problems in the United States (for 5 months). ID#18455
National Academy of Social Insurance Washington, DC \$50,000	Study of Medicare claims processing system (for 8 months). ID#18697
National Public Health and Hospital Institute Washington, DC \$247,797	Report on the status of public hospitals in major cities (for 1.5 years). ID#18634

The New York Hospital— Cornell Medical Center New York, NY \$50,000	<i>Pilot study of barriers to care for blacks and Latinos with arthritis (for 1 year).</i> ID#18746
The People-to-People Health Foundation, Inc. Chevy Chase, MD \$114,756	<i>Design of a 1992 RWJF national survey of access to health care (for 8 months).</i> ID#18693
Police Executive Research Forum Washington, DC \$190,589	<i>Program to improve police response to people with health problems (for 1.5 years).</i> ID#14985
Public Hospital Institute San Mateo, CA \$48,746	<i>Study of options for evaluating health care access for California's poor (for 3 months).</i> ID#18367
University of Rochester, School of Medicine and Dentistry Rochester, NY \$1,009,214	<i>Continuation of an urban nurse home visiting study (for 3 years).</i> ID#17934
United Hospital Fund of New York New York, NY \$864,549	<i>Study of barriers to primary care leading to unnecessary hospitalization (for 3 years).</i> ID#17488
United Way of the Bay Area San Francisco, CA \$84,421	<i>Analysis of health insurance information service for small businesses (for 1 year).</i> ID#18828
University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School Piscataway, NJ \$73,537	<i>Technical assistance to the Foundation on health statistics activities (for 1 year).</i> ID#19353

EVALUATIONS (AD HOCS)

Case Western Reserve University, Weatherhead School of Management Cleveland, OH \$506,722	<i>Evaluation of the Strengthening Hospital Nursing Program—Phase II (for 4.5 years).</i> ID#14492
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COMMUNICATIONS (AD HOCS)

Alaska Public Radio Network Anchorage, AK \$182,239	<i>Reporting on Native American health issues (for 3 years).</i> ID#16690
American Academy of Arts and Sciences Irvine, CA \$25,000	<i>Symposium on medical education and health care for the poor and underserved (for 1 year).</i> ID#17817
American Medical Association Chicago, IL \$17,700	<i>Preparation of monographs on adolescent health (for 6 months).</i> ID#18282
The Brookings Institution Washington, DC \$45,000	<i>Development of a layperson's guide to health care financing reform (for 3 months).</i> ID#18375
Community Renewal Society— Chicago Reporter Chicago, IL \$10,000	<i>Manuscript on problems in access to health care for the poor (for 1 year).</i> ID#18138

Health Services Foundation Chicago, IL \$50,000	Publication on private health insurance role in universal coverage (for 1 year). ID#18437
University of Minnesota Medical School, Minneapolis Minneapolis, MN \$40,000	Dissemination of results of health survey of Native American youth (for 1 year). ID#18382
NAACP Legal Defense and Educational Fund, Inc. New York, NY \$50,000	Conference on African-American health care advocacy (for 1 year). ID#18067
The New York Academy of Medicine New York, NY \$20,000	Conference on child poverty and health (for 7 months). ID#18613
Stanford University, School of Medicine Stanford, CA \$24,000	Compilation and editing of Infant Health and Development Program manuscript (for 4 months). ID#18914
University of Wisconsin Medical School Madison, WI \$197,306	Reducing sociocultural barriers to basic medical care (for 2 years). ID#18371

OTHER INTERVENTIONS (AD HOCs)

American Academy of Pediatrics, Inc. Elk Grove Village, IL \$799,587	Incorporating the Healthy Children Program within the Academy of Pediatrics (for 2 years). ID#14949
Foundation of the University of Medicine and Dentistry of New Jersey Newark, NJ \$3,000,000	Community health center facility for needy families in New Brunswick (for 2 years). ID#19383
National Governors' Association, Center for Policy Research Washington, DC \$268,353	Forums on state health care issues (for 2 years). ID#18716
Rand Corporation Santa Monica, CA \$621,033	Analysis of insurance coverage trends and simulation of reform options (for 2 years). ID#18712
The Urban Institute Washington, DC \$658,393	Analysis of insurance coverage trends and simulation of reform options (for 2 years). ID#18524

CHRONIC HEALTH CONDITIONS

DEMONSTRATION (AD HOCs)

AIDS Arms Network Dallas, TX \$50,000	Bridge funding for the AIDS Health Services Program (for 1 month). ID#19770
Association for Retarded Citizens, Monmouth Unit Tinton Falls, NJ \$250,032	Community-based health services for developmentally disabled adults (for 2 years). ID#17275
Benedictine Nursing Center, Benedictine Institute for Long Term Care Mt. Angel, OR \$400,248	Strategies to decrease the use of restraints in long-term care facilities (for 3 years). ID#17311

Boston University School of Public Health Boston, MA \$49,626	<i>Demonstration of managed care for people with AIDS or disabilities (for 4 months). ID#18576</i>
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, MA \$249,860	<i>Technical assistance and direction for the Supportive Services Program in Senior Housing (for 1 year). ID#16477</i>
University of California, San Francisco, Institute for Health Policy Studies San Francisco, CA \$225,856	<i>Technical assistance and direction for the AIDS Health Services Program (for 1 year). ID#17697</i>
Cathedral Healthcare System, Inc. Newark, NJ \$518,924	<i>Technical assistance and direction for the New Jersey Health Services Development Program (for 40 months). ID#18603</i>
Coordinating Council for the Handicapped Child of Delaware, Inc. Dover, DE \$211,488	<i>Development of a statewide tracking system for at-risk children (for 15 months). ID#16342</i>
Corporation for Supportive Housing New York, NY \$4,000,000	<i>National initiative to address housing needs of vulnerable populations (for 3 years). ID#18047</i>
CRG Corporation Washington, DC \$49,186	<i>Start-up funds for provider of capital financing for community agencies (for 5 months). ID#18952</i>
The General Hospital Corporation—Massachusetts General Hospital Boston, MA \$375,381	<i>Technical assistance and direction for the Homeless Families Program (for 1 year). ID#17479</i>
Harvard Medical School Boston, MA \$364,181	<i>Technical assistance and direction for the Program on Chronic Mental Illness (for 9 months). ID#16974</i>
The Institute for Rehabilitation and Research Houston, TX \$592,963	<i>Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#16975</i>
The Johns Hopkins University, Johns Hopkins Oncology Center Baltimore, MD \$50,000	<i>Developing a network to improve care for cancer patients (for 1 year). ID#18663</i>
Los Angeles Free Clinic Los Angeles, CA \$250,285	<i>Pilot day health program for adults with AIDS and the frail elderly (for 2 years). ID#16970</i>
University of Minnesota, School of Public Health Minneapolis, MN \$255,326	<i>Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (for 1 year). ID#18804</i>
Monmouth County Mental Health Association Red Bank, NJ \$48,000	<i>Establishment of a special needs housing program (for 1 year). ID#18043</i>

The National Council on the Aging, Inc. Washington, DC \$200,819	<i>Dissemination of the Family Friends Program model (for 2 years). ID#17422</i>
National Federation of Interfaith Volunteer Caregivers, Inc. Kingston, NY \$425,559	<i>Replication of interfaith volunteer caregiver programs for the elderly (for 5 years). ID#18389</i>
New York City Health and Hospitals Corporation—Bronx Municipal Hospital Bronx, NY \$200,000	<i>Continuation of a model pediatric AIDS daycare program (for 7 months). ID#19168</i>
University of Oklahoma, College of Medicine Oklahoma City, OK \$360,081	<i>Technical assistance and direction for the AIDS Prevention and Service Projects (for 1 year). ID#17483</i>
On Lok, Inc. San Francisco, CA \$676,396	<i>Consortium to strengthen On Lok replication efforts (for 3 years). ID#16762</i>
Self-Help for the Elderly San Francisco, CA \$50,000	<i>Residential health care information and referral service (for 1.5 years). ID#18376</i>
Trustees of Health and Hospitals of the City of Boston Boston, MA \$394,997	<i>Program to treat and reduce malnutrition among homeless children (for 3 years). ID#18177</i>
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC \$370,375	<i>Technical assistance and direction for the Dementia Care and Respite Services Program (for 9 months). ID#16980</i>
Washington Business Group on Health Washington, DC \$384,137	<i>Technical assistance and direction for the Mental Health Services Program for Youth (for 13 months). ID#17486</i>

DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Improving Child Health Services: Removing Categorical Barriers to Care	<i>Support for communities to restructure child health and social service systems (for 3 years). ID#13101</i>
Child Abuse Council of Sacramento Sacramento, CA \$496,539	Minneapolis Youth Coordinating Board Edina, MN \$498,295
Community Foundation of Greater Flint Flint, MI \$493,540	Seattle-King County Department of Public Health Seattle, WA \$498,026
Council on Children at Risk Moline, IL \$500,000	
Life-Care-At-Home Communities Demonstration	<i>Pilot projects to provide an affordable total package of medical and support services to people 65 years and older living at home (for 27 months). ID#11867</i>
Riverside Healthcare Association, Inc. Newport News, VA \$522,974	

Supportive Services Program in Senior Housing Colorado Housing and Financing Authority Denver, CO \$84,339	<i>Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for 1 year). ID#12422</i>
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EDUCATION & TRAINING (AD HOCs)

State of Florida Department of Insurance Tallahassee, FL \$9,500	<i>Logistical support for Florida long-term care advisory panel (for 9 months). ID#18977</i>
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Physicians Association for AIDS Care Chicago, IL \$15,000	<i>Television program on HIV case management for health care workers (for 6 months). ID#18027</i>
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Public Hospital Institute San Mateo, CA \$30,000	<i>National AIDS update conference (for 4 months). ID#17913</i>
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RESEARCH & POLICY ANALYSIS (AD HOCs)

Boston University School of Public Health Boston, MA \$97,976	<i>Planning new model programs for chronically ill Medicaid recipients (for 10 months). ID#19208</i>
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Brown University Center for Gerontology and Health Care Research Providence, RI \$197,076 and \$93,349	<i>Development of a study of services for people with chronic conditions (for 1 year). ID#19183</i> <i>Health problems of chronically ill adults in board and care homes (for 21 months). ID#16772</i>
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Cornell University College of Human Ecology Ithaca, NY \$39,300	<i>Technical support for research and development in chronic health care (for 6 months). ID#19481</i>
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Duke University Medical Center Durham, NC \$462,383	<i>Statistical methods for predicting outcomes of critical illness (for 3 years). ID#14955</i>
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East Boston Community Health Committee, Inc. East Boston, MA \$35,000	<i>Study of the feasibility of expanding the On Lok long-term care model in Massachusetts (for 9 months). ID#19490</i>
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Foundation at New Jersey Institute of Technology Newark, NJ \$107,873	<i>Improving home environments for Alzheimer's patients (for 16 months). ID#18089</i>
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Fund for the City of New York New York, NY \$200,000	<i>Development of policy options on the care of orphans of the AIDS epidemic (for 2 years). ID#17905</i>
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George Washington University Washington, DC \$388,990 and \$1,362,378	<i>Analysis of state policies affecting transition to work by the disabled (for 2 years). ID#17480</i> <i>Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 20 months). ID#18255</i>
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Georgetown University, School of Medicine Washington, DC \$44,197	<i>Developing a research strategy to improve systems of care (for 9 months). ID#18686</i>
Hall-Brooke Foundation Westport, CT \$40,000	<i>Development of private-pay comprehensive services for people with chronic mental illness (for 6 months). ID#18322</i>
International Development Enterprises Lakewood, CO \$24,143	<i>Study of consumer-run pharmacies for people with chronic mental illness (for 6 months). ID#18405</i>
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$393,252	<i>Study of the financing and structure of community mental health systems (for 2.5 years). ID#17805</i>
Marshfield Clinic, Marshfield Medical Research and Education Foundation Marshfield, WI \$239,163	<i>Continued study of non-hospitalized critically ill adults (for 3 years). ID#18319</i>
Medlantic Research Foundation Washington, DC \$93,720	<i>Feasibility of regional personal care attendants programs (for 9 months). ID#17800</i>
Mental Health Center of Dane County, Inc. Madison, WI \$49,779	<i>Development of a study on the course of chronic mental illness in high quality treatment systems (for 1 year). ID#19299</i>
4 0 • University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, NC \$50,000	<i>Planning an intervention for children with neurodevelopmental dysfunction (for 1 year). ID#19142</i>
Pasadena Hospital Association, Ltd.— Huntington Memorial Hospital Pasadena, CA \$90,959	<i>Feasibility of the Life-Care-at-Home model for low-income, high-risk people (for 1 year). ID#18334</i>
Rutgers University, Institute for Health, Health Care Policy and Aging Research New Brunswick, NJ \$899,049	<i>Study of New York's services system for mentally ill Medicaid patients (for 4 years). ID#17998</i>
Vanderbilt University, School of Medicine Nashville, TN \$180,222	<i>Research on the extent and impact of minimal hearing loss in children (for 2 years). ID#16692</i>
Veterans Administration Medical Center, Sepulveda Sepulveda, CA \$35,353	<i>Meta-analysis of controlled outcome studies of geriatric assessment (for 1 year). ID#17940</i>

RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Program on the Care of Critically Ill Hospitalized Adults	<i>National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated). ID#10559</i>
Beth Israel Hospital Association Boston, MA (43 months) \$2,775,756	Duke University Medical Center Durham, NC (41 months) \$3,290,249
University of California, Los Angeles, School of Medicine Los Angeles, CA (38 months) \$2,693,298	Marshfield Clinic, Marshfield Medical Research and Education Foundation Marshfield, WI (41 months) \$2,235,419
Case Western Reserve University, School of Medicine Cleveland, OH (3 months) \$127,846	MetroHealth Medical Center Cleveland, OH (38 months) \$2,083,474

EVALUATIONS (AD HOCS)

Biomedical Research Foundation of Colorado Denver, CO \$50,000	<i>Evaluation of one Enhancing Hospital Care of the Elderly project (for 6 months). ID#17191</i>
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, MA \$1,173,334	<i>Evaluation of the Mental Health Services Program for Youth—Phase III (for 3.5 years). ID#13613</i>
University of California, San Francisco, Institute for Health and Aging San Francisco, CA \$850,485	<i>Evaluation of Improving Service Systems for People with Disabilities (for 45 months). ID#14763</i>
University of California, San Francisco, Institute for Health Policy Studies San Francisco, CA \$587,054	<i>Evaluation of Improving Child Health Services: Removing Categorical Barriers to Care (for 3.5 years). ID#16641</i>
University of Colorado Health Sciences Center Denver, CO \$1,942,307	<i>Evaluation of alternative rehabilitation and critical dimensions of care (for 4 years). ID#18624</i>
Hebrew Home of Greater Washington, Inc. Rockville, MD \$25,070	<i>Study of nursing home use of drugs in patients not physically restrained (for 1 year). ID#18000</i>
Vanderbilt University Nashville, TN \$934,354	<i>Evaluation of the Homeless Families Program—Phase II (for 4.5 years). ID#18144</i>
Yale University New Haven, CT \$49,917	<i>Evaluation of a needle exchange program to prevent HIV transmission (for 6 months). ID#19227</i>

COMMUNICATIONS (AD HOCs)

AIDS Housing of Washington Seattle, WA \$120,000	<i>Program to disseminate information on the development of AIDS housing (for 21 months). ID#17873</i>
AIDS National Interfaith Network, Inc. Washington, DC \$40,500	<i>Support for 50 AIDS workers to attend National Skills-Building Conference (for 2 months). ID#18924</i>
Alzheimer's Disease and Related Disorders Association, Inc. Chicago, IL \$50,000	<i>Preparation and distribution of a directory on state Alzheimer's programs (for 20 months). ID#18887</i>
American National Red Cross Washington, DC \$48,000	<i>Video on improved disaster-preparedness services for the elderly and disabled (for 1 year). ID#17891</i>
Carmenta Foundation for Health Education, Inc. Jamaica Plain, MA \$12,000	<i>Documentary on health care for the homeless (for 2 months). ID#15831</i>
University of Florida Foundation, Inc. Gainesville, FL \$34,991	<i>Forum on legal, ethical and policy issues of home care (for 8 months). ID#18296</i>
George Washington University Washington, DC \$311,505	<i>Continuation of AIDS policy program for state and local officials (for 2 years). ID#17743</i>
Health Research, Inc. Albany, NY \$25,000	<i>Publication and distribution of a New York State report on adolescents and HIV (for 8 months). ID#18656</i>
Heather Hill, Inc. Chardon, OH \$136,575	<i>Dissemination of a dementia nursing home model (for 1.5 years). ID#18439</i>
Mental Health Association of Southeastern Pennsylvania Philadelphia, PA \$45,975	<i>Using volunteer mentors to help mentally ill people gain employment (for 1 year). ID#16989</i>
Mental Health Law Project Washington, DC \$536,296	<i>Increasing disabled children's access to Medicaid benefits (for 2 years). ID#18134</i>
National Rural Health Association Kansas City, MO \$86,425	<i>Symposium to develop a coordinated health policy on rural elders (for 1 year). ID#18100</i>
National Women's Health Network Washington, DC \$48,350	<i>Development of regional task forces on women and AIDS (for 1 year). ID#19192</i>
University of Washington, School of Medicine Seattle, WA \$49,846	<i>Public education to prevent falls among the elderly by wearing safe shoes (for 1 year). ID#18169</i>

SUBSTANCE ABUSE**DEMONSTRATION (AD HOCs)**

Albuquerque Public Schools Albuquerque, NM \$812,479	<i>Alternative high school for chemically dependent students in recovery (for 1.5 years). ID#17987</i>
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Corporation Against Drug Abuse Washington, DC \$685,835	<i>Establishing an Employee Assistance Program consortium for small businesses (for 3 years). ID#16480</i>
Hahnemann University Philadelphia, PA \$45,309	<i>Dissemination of a model foster care program for drug-addicted infants (for 1 year). ID#18881</i>
Prison Match Berkeley, CA \$49,998	<i>Addiction services for inmates and their families (for 1 year). ID#17571</i>
Research Foundation of the City University of New York—Hunter College New York, NY \$992,337	<i>Reducing substance abuse and infectious disease among jail inmates (for 2 years). ID#18331</i>
Stop Teenage Addiction to Tobacco Springfield, MA \$1,246,889	<i>Four-community project to reduce adolescent tobacco use (for 3 years). ID#18107</i>
United Way of Eastern Fairfield County, Inc. Bridgeport, CT \$622,769	<i>Community program to reduce youth substance abuse (for 23 months). ID#14539</i>
The Van Ost Institute for Family Living, Inc. Englewood, NJ \$25,000	<i>Substance abuse treatment program for the elderly (for 1 year). ID#17775</i>
Vanderbilt University, School of Medicine Nashville, TN \$436,320	<i>Technical assistance and direction for the Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#17804</i>

DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol	<i>Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for 1 year). ID#13375</i>
The Greater Kansas City Community Foundation Kansas City, MO \$50,000	Marshall Heights Community Development Organization Washington, DC \$50,000
Improving the Health of Native Americans	<i>Support for innovative programs addressing health care needs of American Indians and Alaska Natives (for the periods indicated). ID#11184</i>
Central Valley Indian Health Clovis, CA (3 years) \$306,120	Maniilaq Association Kotzebue, AK (3 years) \$304,360
Grand Traverse Band of Ottawa and Chippewa Indians of Michigan Suttons Bay, MI (3 years) \$293,080	Native American Community Services of Erie and Niagara Counties, Inc. Buffalo, NY (3 years) \$271,814
Hopi Tribe of Arizona Second Mesa, AZ (2 years) \$185,416	

EDUCATION & TRAINING (AD HOCS)

Philadelphia Mental Health Care Connection
Philadelphia, PA
\$166,187

Training early child care professionals serving high-risk children (for 2 years). ID#17672

RESEARCH & POLICY ANALYSIS (AD HOCS)

Brigham and Women's Hospital, Inc.
Boston, MA
\$413,592

Project to address conflicts in maternal-child health policy (for 3 years). ID#18325

Community Medical Alliance
Boston, MA
\$44,808

Planning for program to aid community substance abuse initiatives (for 5 months). ID#18312

Economic Opportunity Family Health Center, Inc.
Miami, FL
\$198,492

Financing model for residential treatment for pregnant addicts (for 3 years). ID#18483

George H. Gallup International Institute
Princeton, NJ
\$97,283

Survey of teenage attitudes and behaviors affecting tobacco use (for 1 year). ID#18299

George Washington University, Center for Health Policy Research
Washington, DC
\$228,354

Analysis of resources to aid drug-exposed infants and their families (for 2 years). ID#17295

Harvard University, School of Public Health
Boston, MA
\$98,100
and
\$1,111,234

Feasibility of using mass media to prevent tobacco and alcohol use among youth (for 9 months). ID#18192
Study to identify modifiable workplace factors affecting alcohol abuse (for 3.5 years). ID#18525

Mee Productions, Inc.
Philadelphia, PA
\$47,000

Message research among at-risk youth (for 3 months). ID#18762

Office of the District Attorney, Kings County
Brooklyn, NY
\$50,000

Assessment of drug treatment alternative to prosecution (for 1 year). ID#17874

Washington University, School of Medicine
Saint Louis, MO
\$107,846

Review and analysis of longitudinal research on substance abuse (for 6 months). ID#18052

Yale University, School of Medicine
New Haven, CT
\$110,098
and
\$327,000

Prospective study of infants born to cocaine-abusing mothers (for 1 year). ID#18409
Research for publication on the history of drug policy from 1960 to 1990 (for 3 years). ID#18219

EVALUATIONS (AD HOCS)

University of Connecticut Health Center
Farmington, CT
\$200,093

Assessment of a community program to reduce youth substance abuse (for 2 years). ID#18119

University of Wisconsin, Center for Health Policy and Program Evaluation Madison, WI \$175,380	Evaluation of a school for students recovering from chemical dependency (for 2 years). ID#18390
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COMMUNICATIONS (AD HOCS)

Hazelden Foundation Center City, MN \$37,068	Conference to spur action on substance abuse problems by black churches (for 4 months). ID#18017
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Hillsborough Educational Partnership Foundation, Inc. Tampa, FL \$303,216	Dissemination of a teacher training program on high-risk children (for 2 years). ID#18568
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University of Michigan Ann Arbor, MI \$49,944	Workshop to promote research use of substance abuse data collections (for 1 year). ID#19223
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Western Public Radio, Inc. Belmont, MA \$148,068	Distribution of an alcohol abuse prevention radio series to United States colleges (for 9 months). ID#19141
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OTHER INTERVENTIONS (AD HOCS)

Boston University School of Public Health Boston, MA \$1,931,002	National technical assistance project for substance abuse initiatives (for 1.5 years). ID#18713
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The Center on Addiction and Substance Abuse New York, NY \$50,000	Planning support for the Center on Addiction and Substance Abuse (for 8 months). ID#19157
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COST CONTAINMENT

DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Program to Promote Long-Term Care Insurance for the Elderly State of Indiana State Budget Agency Indianapolis, IN \$1,263,838	Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for 3 years). ID#12657
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EDUCATION & TRAINING (AD HOCS)

The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$289,813	Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 13 months). ID#17482
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EDUCATION & TRAINING (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Faculty Fellowships in Health Care Finance	Program of study and field experience in health care finance for university faculty from related specialties (for the periods indicated). ID#8584
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Arizona State University, College of Law
Tempe, AZ
(1.5 years)
\$15,000

Columbia University, College of Physicians and Surgeons
New York, NY
(1 year)
\$57,875

Emory University, School of Medicine
Atlanta, GA
(1.5 years)
\$14,959

The Pennsylvania State University
University Park, PA
(1.5 years)
\$14,998

University of Iowa, College of Nursing
Iowa City, IA
(1 year)
\$57,875

Saint Louis University, School of Public Health
Saint Louis, MO
(1.5 years)
\$14,827

The Johns Hopkins University, School of Medicine
Baltimore, MD
(1 year)
\$51,393

University of South Carolina, College of Nursing
Columbia, SC
(1.5 years)
\$15,000

University of Nebraska Medical Center
Omaha, NE
(1 year)
\$57,875

University of Washington, School of Public Health and
Community Medicine
Seattle, WA
(1.5 years)
\$14,934

University of North Carolina at Chapel Hill,
School of Public Health
Chapel Hill, NC
(1 year)
\$57,767

Widener University School of Management
Chester, PA
(1 year)
\$57,875

RESEARCH & POLICY ANALYSIS (AD HOCs)

American Law Institute
Philadelphia, PA
\$159,772

Study of medical malpractice and tort law (for 2.5 years). ID#12009

Association of Collegiate Schools of
Architecture, Inc.
Washington, DC
\$49,868

*Planning for research on cost implications of health facilities design (for 1 year).
ID#18929*

Cambridge Medical Care Foundation
Boston, MA
\$138,672

*Comparative study of health care personnel trends in the United States and Canada
(for 1 year). ID#18710*

Economic and Social Research
Institute
Reston, VA
\$590,114

Analysis of proposals for national health care reform (for 2 years). ID#18612

National Bureau of Economic
Research, Inc.
Stanford, CA
\$43,572
and
\$34,602

*Comparison of the cost of hospital care in the United States and Canada (for 1 year).
ID#18053
Trends in demand and use in health services by the elderly (for 1 year). ID#18054*

Stanford University, School of Medicine
Stanford, CA
\$44,666

*Impact of multiple contracts on hospital organization and efficiency (for 7 months).
ID#19096*

Tufts University, School of Medicine
Boston, MA
\$199,996

Study of impact of health care financing options on costs (for 2 years). ID#18791

RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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). ID#12590

The Alan Guttmacher Institute
New York, NY
(2 years)
\$245,799

University of North Carolina at Chapel Hill, School of Public Health
Chapel Hill, NC
(2.5 years)
\$405,633

University of California, Irvine, Graduate School of Management
Irvine, CA
(2 years)
\$285,819

The Pittsburgh Research Institute
Pittsburgh, PA
(2 years)
\$569,647

Center for Health Economics Research, Inc.
Needham, MA
(1.5 years)
\$195,745

Rutgers University, Institute for Health, Health Care Policy and Aging Research
New Brunswick, NJ
(1.5 years)
\$11,500

University of Colorado Health Sciences Center
Denver, CO
(1.5 years)
\$238,684

University of Southern Maine, Human Services Development Institute
Portland, ME
(33 months)
\$594,100

Greater New York Hospital Foundation, Inc.
New York, NY
(1.5 years)
\$256,612

The Urban Institute
Washington, DC
(34 months)
\$696,495

Harvard Medical School
Boston, MA
(4 months)
\$33,598

Vanderbilt University
Nashville, TN
(2.5 years)
\$306,442

EVALUATIONS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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). ID#12590

Georgetown University, School of Medicine
Washington, DC
(2 years)
\$623,482

Hospital Research and Educational Trust
Chicago, IL
(27 months)
\$398,433

OTHER PROGRAMS**DEMONSTRATION (AD HOCs)**

The Cooper Foundation
Haddonfield, NJ
\$50,000

Hospitalwide patient care improvement program (for 8 months). ID#18657

Cornell University, College of Human Ecology
Ithaca, NY
\$380,363

Technical assistance for the Improving the Quality of Hospital Care Program (for 2 years). ID#19220

George Washington University
Washington, DC
\$129,179

Technical assistance and direction for the Information for State Health Policy Program (for 13 months). ID#17848

Georgetown University Washington, DC \$90,226	Expansion of a counseling and mentoring program for teen girls (for 2 years). ID#17500
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$232,570	Technical assistance and direction for the Improving the Quality of Hospital Care Program (for 2 years). ID#17798
University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School Piscataway, NJ \$184,503	Technical assistance and direction for the Information for State Health Policy Program (for 1 year). ID#19221

DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Improving the Quality of Hospital Care	Development of initiatives by hospital consortia to identify and address areas for improvement in patient care quality (for 5 years). ID#13081
Interwest Quality of Care, Inc. Salt Lake City, UT \$983,875	Vermont Program for Quality in Health Care, Inc. Montpelier, VT \$997,269

EDUCATION & TRAINING (AD HOCs)

Massachusetts Health Research Institute, Inc. Boston, MA \$289,664	Technical assistance and direction for the RWJF Community Health Leadership Awards Program (for 1 year). ID#18536
University of Michigan Medical School Ann Arbor, MI \$45,461	Technical assistance for Preparing Physicians for the Future: A Program in Medical Education (for 6 months). ID#16976
National Academy of Sciences— Institute of Medicine Washington, DC \$325,000	Technical assistance and direction for the Health Policy Fellowships Program (for 1 year). ID#16978
The University of Pennsylvania, School of Nursing Philadelphia, PA \$24,031	Organization of final meeting of the Clinical Nurse Scholars Program (for 1 year). ID#18086
University of Washington, School of Medicine Seattle, WA \$41,731	Conference on ethical implications of procedure-based care rationing (for 13 months). ID#17956

EDUCATION & TRAINING (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Clinical Scholars Program	Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years). ID#5109
University of California, Los Angeles, School of Medicine Los Angeles, CA \$462,506	The University of Pennsylvania, School of Medicine Philadelphia, PA \$479,964
University of California, San Francisco, School of Medicine San Francisco, CA \$236,406	Stanford University, School of Medicine Stanford, CA \$107,620
University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, NC \$310,926	Yale University, School of Medicine New Haven, CT \$202,404

Health Policy Fellowships Program	<i>One-year fellowships with federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888</i>	
University of Colorado Health Sciences Center Denver, CO \$53,932	University of Nebraska Medical Center, College of Medicine Omaha, NE \$56,250	
University of Massachusetts Medical Center Worcester, MA \$57,111	University of Medicine and Dentistry of New Jersey— New Jersey Dental School Newark, NJ \$56,700	
University of Missouri, Columbia, School of Medicine Columbia, MO \$56,250	University of Washington, School of Medicine Seattle, WA \$53,879	

RESEARCH & POLICY ANALYSIS (AD HOCs)

Association of American Medical Colleges Washington, DC \$45,101	<i>Planning for a study of why physicians choose internal medicine (for 1 year). ID#17866</i>	
Baystate Medical Center, Inc. Springfield, MA \$57,311	<i>Technical assistance for Research and Demonstrations to Improve Long-Term and Ambulatory Care Quality (for 1 year). ID#16973</i>	
University of Chicago, Irving B. Harris School of Public Policy Studies Chicago, IL \$859,195	<i>Risks for sexually transmitted diseases—a pilot study (for 2 years). ID#18403</i>	
Columbia University, School of Public Health New York, NY \$240,000	<i>Research and preparation of a book on comparative health systems (for 2 years). ID#17918</i>	
George Washington University Washington, DC \$85,000	<i>Interim support for a state health policy tracking project (for 3 months). ID#19061</i>	
Georgetown University, School of Medicine Washington, DC \$32,493	<i>Survey of young osteopathic physicians (for 3 months). ID#19166</i>	
Harvard University, School of Public Health Boston, MA \$269,259	<i>Expansion of policy analysis of medical education reform (for 2 years). ID#18609</i>	
University of Maryland, School of Medicine Baltimore, MD \$48,512	<i>Analysis of data on health of children in foster care provided by family (for 1 year). ID#17312</i>	
The University of Pennsylvania, The Wharton School Philadelphia, PA \$49,993	<i>Analysis of medical injury compensation in Sweden and New Zealand (for 1 year). ID#18579</i>	

University of Medicine and Dentistry
of New Jersey—Robert Wood Johnson
Medical School
Piscataway, NJ
\$445,953

Preventing lead exposure in inner-city children (for 4 years). ID#18152

Yale University, School of Medicine
New Haven, CT
\$19,252

Study on the establishment of patient outcomes research teams (for 7 months). ID#19355

RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Research and Demonstrations to
Improve Long-Term and Ambulatory
Care Quality

Initiative to stimulate the development and testing of new methods for measuring and improving the quality of patient care in long-term and ambulatory care settings (for the periods indicated). ID#13606

Case Western Reserve University, School of Medicine
Cleveland, OH
(20 months)
\$428,116

University of Colorado Health Sciences Center
Denver, CO
(3.5 years)
\$749,786

EVALUATIONS (AD HOCs)

The General Hospital Corporation—
Massachusetts General Hospital
Boston, MA
\$188,094

Evaluation of the Health Policy Fellowships Program (for 15 months). ID#17995

Harvard Community Health Plan, Inc.
Cambridge, MA
\$246,969

Evaluation of Preparing Physicians for the Future Program—Phase I (for 1 year). ID#16640

Mount Sinai School of Medicine of the
City University of New York
New York, NY
\$88,766

Assessment of the Clinical Scholars Program (for 1 year). ID#18143

COMMUNICATIONS (AD HOCs)

American Medical Student
Association Foundation
Reston, VA
\$27,194

National conference on financing medical education (for 9 months). ID#17884

Center for Health Policy
Development—National Academy
for State Health Policy
Portland, ME
\$217,801

Aid for state governments in transition on health care policy issues (for 1.5 years). ID#17702

University of Chicago,
The Pritzker School of Medicine
Chicago, IL
\$25,000

Conference on the future of American medical education (for 6 months). ID#17864

The Citizens' Committee on
Biomedical Ethics, Inc.
Summit, NJ
\$50,000

Development of a statewide biomedical ethics education program (for 4 months). ID#18208

Council of Governors' Policy Advisors
Washington, DC
\$30,000

Collaborative effort by states and grantmakers to improve public policy (for 1 year). ID#18958

George Washington University
Washington, DC
\$2,181,979

Support for the National Health Policy Forum (for 5 years). ID#15938

National Public Radio, Inc. Washington, DC \$2,084,259	Reporting on health care policy issues (for 5 years). ID#16404
Recording for the Blind, Inc. Princeton, NJ \$65,000	Expansion of recorded textbook collection in the health sciences (for 1 year). ID#15486
The Research Foundation of the State University of New York at Albany Albany, NY \$49,750	Conference series on health policy implementation (for 2 years). ID#18090
Rutgers University New Brunswick, NJ \$43,105	Public television series on New Jersey health care issues (for 10 months). ID#18985
Rutgers University, Center for the American Woman and Politics New Brunswick, NJ \$19,800	Policy workshop on health care issues for women state legislators (for 1 month). ID#19144
WLIW—Long Island Public Television Plainview, NY \$28,476	Public television series on various health topics (for 3 months). ID#19019
Women and Foundations/Corporate Philanthropy New York, NY \$13,000	Conference for grantmakers on violence against women and children (for 5 months). ID#18020

COMMUNICATIONS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

Clinical Scholars Program University of Washington, School of Medicine Seattle, WA \$473,123	Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years). ID#5109
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OTHER INTERVENTIONS (AD HOCs)

Catholic Charities—Diocese of Metuchen East Brunswick, NJ \$55,570	Support of an indigent health care program in New Brunswick (for 2 years). ID#17704
Cerebral Palsy Association of Middlesex County Edison, NJ \$100,000	Facility expansion and improvement program (for 1 year). ID#18611
Grantmakers in Health New York, NY \$1,000,000	Educational program for staff and trustees in health philanthropy (for 3 months). ID#17794
Independent Sector Washington, DC \$500,000	Service-capacity expansion program (for 2 years). ID#19136
The John F. Kennedy Medical Center Foundation, Inc. Edison, NJ \$131,175	Equipment for the Robert Wood Johnson Jr. Rehabilitation Institute (for 7 months). ID#18064

Joint Commission on Accreditation of Healthcare Organizations Oakbrook Terrace, IL \$37,615	<i>Technical assistance for the Improving the Quality of Hospital Care Program grantees (for 13 months). ID#17871</i>
Massachusetts Health Research Institute, Inc. Cambridge, MA \$151,803	<i>Advisor to the Foundation on program development (for 1 year). ID#19345</i>
Matheny School, Inc. Peapack, NJ \$400,000	<i>Facility renovation and improvement (for 6 months). ID#18990</i>
Middlesex County Recreation Council Edison, NJ \$113,350	<i>Summer camp for children with health problems (for 1 year). ID#16977</i>
National Academy of Sciences—Institute of Medicine Washington, DC \$1,394,700	<i>The Gustav O. Lienhard Award (for 11 months). ID#18257</i>
New Brunswick Development Corporation New Brunswick, NJ \$750,000	<i>Redevelopment program for New Brunswick (for 1 year). ID#19457</i>
New Brunswick Tomorrow New Brunswick, NJ \$200,000	<i>Program to address the human service needs of the New Brunswick community (for 1 year). ID#17845</i>
Princeton Area Foundation, Inc. Princeton, NJ \$50,000	<i>Start-up costs of a community foundation for the Princeton area (for 1 year). ID#19599</i>
RWJ Property Holding Corporation New Brunswick, NJ \$11,221,813	<i>Property acquisition (for 63 months). ID#18749</i>
St. Vincent de Paul Society Metuchen, NJ \$48,000	<i>Program of assistance to the indigent (for 1 year). ID#17801</i>
The Salvation Army New Brunswick, NJ \$90,000	<i>Program of assistance to the indigent (for 1 year). ID#17487</i>
United Way of Central Jersey, Inc. Milltown, NJ \$250,000	<i>Support for the 1991 Campaign (for 1 year). ID#17802</i>
United Way—Princeton Area Communities Princeton Junction, NJ \$65,000	<i>Support for the 1991 Campaign (for 1 year). ID#17803</i>

Total 1991 grants	\$126,803,945
Refunds of prior years' grants net of transfers	(625,866)
Cancellations of prior years' grants net of transfers	(2,910,174)
Transfer of grants	
Balance unspent by original grantees	(1,827,193)
Transferred to new grantees	1,827,193
Grants net for 1991	<u>\$123,267,905</u>

FOR FURTHER INFORMATION

BRIEF, DESCRIPTIVE PROGRAM SUMMARIES are available for selected Foundation grants. When possible, requests should include the title of the grant, the institutional recipient and the grant ID number. The information on 1991 grants is available from the above listing. Address requests to:

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

Also available from the same address are non-periodic publications and/or films that describe the progress and outcomes of some of the programs assisted by the Foundation or explore areas of interest to the Foundation. Titles issued in 1991:

Challenges in Health Care: A Chartbook Perspective, 1991

Gaining Community Acceptance, by Michael Dear
(one in the Foundation's *Health Care Perspectives* series)

Mental Health Services in the United States and England: Struggling for Change

AIDS Health Services at the Crossroads: Lessons for Community Care

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EACH YEAR THE FOUNDATION'S GRANTEES report the publications and other information materials that have been produced as a direct or indirect result of their grants.

This bibliography is a sample of citations from the books, book chapters, journal articles and reports 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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FINANCIAL STATEMENTS

THE ANNUAL FINANCIAL STATEMENTS for the Foundation for 1991 appear on pages 62 through 65. A listing of grants authorized in 1991 begins on page 29.

Net grants, program contracts and a special contribution to the State of New Jersey totaled \$129,505,000. The Robert Wood Johnson Foundation funds a number of national programs involving multiyear grants to groups of grantees. Thus, the amounts awarded from year to year may differ significantly.

Program development and evaluation, administrative and investment expenses for the year came to \$15,942,000; and federal excise tax on investment income amounted to \$1,279,000, making a grand total of grant authorizations and expenditures of \$146,726,000. This total was \$17,112,000 more than gross investment income of \$129,614,000. In 1990, total grant authorizations and expenditures were \$23,715,000 less than gross revenue.

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 1991 and 1990 were approximately \$164,600,000 and \$132,000,000, respectively. The excess of the payout requirement over grant authorizations and expenditures has been covered by other qualifying distributions (e.g., program related investments and building and equipment additions).

A list of investment securities held at December 31, 1991, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.



Andrew R. Greene
Vice President and Treasurer

Report of Independent Certified Public Accountants

To the Trustees of
The Robert Wood Johnson Foundation:

We have audited the accompanying statements of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1991 and 1990 and the related statements of investment income, expenses, grants and changes in foundation principal 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, 1991 and 1990 and the investment income, expenses, grants and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.



Princeton, New Jersey
January 30, 1992

Statement of Assets, Liabilities and Foundation Principal

At December 31, 1991 and 1990

(Dollars in Thousands)

ASSETS

	1991	1990
Cash	\$ 2	\$ 2
Interest and dividends receivable	15,240	15,622
Federal excise tax refundable	—	1,859
Investments at market value (Note 2):		
Johnson & Johnson common stock	2,604,383	1,725,279
Other equity investments	167,934	143,043
Fixed income investments	1,267,793	1,003,241
Program related investments	13,904	12,078
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	12,132	13,059
	<u>\$4,081,388</u>	<u>\$2,914,183</u>

LIABILITIES AND FOUNDATION PRINCIPAL

Liabilities:

Accounts payable	\$ 162	\$ 140
Payable on pending security transactions	131,459	19,806
Unpaid grants (Note 1)	92,295	111,894
Federal excise tax payable	533	—
Deferred federal excise tax	49,181	30,052
Total liabilities	273,630	161,892
Foundation principal	3,807,758	2,752,291
	<u>\$4,081,388</u>	<u>\$2,914,183</u>

See notes to financial statements.

Statement of Investment Income, Expenses, Grants and Changes in Foundation Principal*For the years ended December 31, 1991 and 1990**(Dollars in Thousands)*

	<u>1991</u>	<u>1990*</u>
Investment income:		
Dividends	\$ 38,280	\$ 37,250
Interest	91,334	80,495
	<u>129,614</u>	<u>117,745</u>
Less: Federal excise tax	1,279	1,122
Investment expense	2,060	1,856
	<u>126,275</u>	<u>114,767</u>
 Expenses:		
Program development and evaluation	9,081	8,108
General administration	4,801	4,469
	<u>13,882</u>	<u>12,577</u>
 Income available for grants	112,393	102,190
Less: Grants, net of refunds and cancellations	123,268	76,760
Program contracts	3,004	1,715
Contribution to State of New Jersey	3,233	—
	<u>(17,112)</u>	<u>23,715</u>
 Adjustments to Foundation principal net of related federal excise tax:		
Realized gains on sale of securities (Note 2)	142,058	166,948
Unrealized appreciation on investments	930,521	122,930
	<u>1,072,579</u>	<u>289,878</u>
 Net increase in Foundation principal	1,055,467	313,593
 Foundation principal, beginning of year	<u>2,752,291</u>	<u>2,438,698</u>
Foundation principal, end of year	<u>\$3,807,758</u>	<u>\$2,752,291</u>

*Reclassified to conform to 1991 presentation.

See notes to financial statements.

Notes to Financial Statements

1. Summary of Significant Accounting Policies:

Investments represent securities traded on a national securities exchange which by their nature are subject to market fluctuations. Investments are valued at the last reported sales price on the last business day of the year.

Grants are recorded as a liability in the year the grant requests are authorized by the Board of Trustees. At December 31, 1991 unpaid grants are as follows:

<u>Year Grant Authorized</u>	<u>Amount Unpaid At December 31, 1991 (Dollars in Thousands)</u>
1987	\$ 586
1988	4,394
1989	10,767
1990	16,087
1991	60,461
	<u>\$ 92,295</u>

Depreciation of \$669,492 in 1991 and \$657,044 in 1990 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

The Foundation is a private foundation under IRS Section 501(c)(3).

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

2. Investments:

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

	1991		1990	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
Johnson & Johnson Common Stock 22,745,700 shares in 1991 and 24,045,700 shares in 1990	\$ 108,674	\$2,604,383	\$ 114,885	\$1,725,279
Other equity investments:				
Internally managed including temporary cash and U.S. Government instruments of \$61,938 and \$44,675 in 1991 and 1990, respectively	121,421	132,449	111,883	117,179
Externally managed	26,231	35,485	25,016	25,864
Fixed income investments	<u>1,206,422</u>	<u>1,267,793</u>	<u>992,066</u>	<u>1,003,241</u>
	<u>\$1,462,748</u>	<u>\$4,040,110</u>	<u>\$1,243,850</u>	<u>\$2,871,563</u>

The net realized gains (losses) on sales of securities for the years ended December 31, 1991 and 1990 were as follows (dollars in thousands):

	<u>1991</u>	<u>1990</u>
Johnson & Johnson common stock	\$101,883	\$181,811
Other securities, net	<u>40,175</u>	<u>(14,863)</u>
	<u>\$142,058</u>	<u>\$166,948</u>

3. Retirement Plan:

Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs incurred. Pension expense was \$790,036 and \$740,605 in 1991 and 1990, respectively.

THE FOUNDATION lost a valued counselor and friend in May 1991 with the death of Foster B. Whitlock, retired vice chairman of Johnson & Johnson. Mr. Whitlock was a trustee of the Foundation from April 1966 through April 1971 and from March 1979 through January 1991. He was elected trustee emeritus in January 1991. We are indebted to Mr. Whitlock for his loyal and distinguished service, and we already miss his leadership and dedication.

Staff changes

In late 1991, three new vice presidents were appointed to the staff of the Foundation. They are Paul S. Jellinek, PhD; Nancy J. Kaufman, RN, MS; and Lewis G. Sandy, MD.

Dr. Jellinek, a health economist, joined the Foundation staff in September 1983 and was appointed senior program officer in 1987. During his tenure at the Foundation, he has played a major role in developing the Foundation's programs in AIDS health services and prevention and the Fighting Back initiative to reduce demand for illegal drugs and alcohol. Dr. Jellinek also is active in many of the Foundation's programs in child and adolescent health, chronic care and public policy.

Ms. Kaufman comes to the Foundation from the Bureau of Community Health and Prevention in the Health Division of the Wisconsin Department of Health and Social Services, where she had served as deputy director since 1983. She earned her bachelor's degree in nursing from the University of Wisconsin and a master of science degree in administrative and preventive medicine from the University of Wisconsin School of Medicine.

Prior to joining the Foundation, Dr. Sandy was director of the Harvard Community Health Plan's health centers in Copley and Boston, Massachusetts, and was an instructor in medicine at Harvard Medical School. Dr. Sandy earned his undergraduate degree in biomedical science from the University of Michigan and his degree in medicine from the University of Michigan Medical School. He served his internship and residency at Beth Israel Hospital, Boston. Dr. Sandy also holds a

master's degree in business administration from Stanford University Graduate School of Business.

In July 1991, Catherine M. Dunham, EdD, was appointed special advisor to the president on program development. Dr. Dunham previously served as director of the Governor's Office of Human Resources in Massachusetts. Dr. Dunham received her doctorate from Clark University in Massachusetts.

In September 1991, Stuart H. Altman, PhD, was appointed special advisor to the president on issues related to cost containment and access to health care. Dr. Altman is dean of the Florence Heller Graduate School of Social Welfare at Brandeis University.

Allan R. Keith joined the Foundation as senior fixed income portfolio manager in January 1991. Prior to that time, Mr. Keith was vice president and senior fixed income portfolio manager at Alliance Capital Management in New York City. Mr. Keith earned a master's degree in business administration from the Harvard School of Business Administration.

In May 1991, Gregory S. Huning was appointed senior equity portfolio manager. Prior to joining the Foundation, Mr. Huning was vice president and director of research for Connecticut National Bank in Hartford. He received his master of science and business administration degrees from Bucknell University.

In February 1991, Rosemary McGreevy, CPA, joined the Foundation as financial officer. Prior to joining the staff, Ms. McGreevy was an auditor for Deloitte + Touche in Princeton, New Jersey. She received her bachelor's degree in accounting from Rider College.

In July 1991, Denise M. Inverso, assistant portfolio manager, was promoted to fixed income portfolio manager.

In October 1991, Stephen A. Somers, PhD, senior program officer, was promoted to associate vice president.

Also in October 1991, Robert G. Hughes, PhD, research fellow, was promoted to director of program research and senior program officer.

Effective January 1, 1992, the following promotions were made: Michael Beachler, program officer, was promoted to senior program officer; and Joan K. Hollendonner, communications assistant, was promoted to associate communications officer.

In July 1991, Carolyn H. Asbury, PhD, senior program officer, left the Foundation to become deputy director for health and human services at The Pew Charitable Trusts in Philadelphia. Dr. Asbury joined the Foundation in September 1984 as a program officer.

In November 1991, Andrea I. Kabcenell, senior program officer, left the Foundation to become deputy director of the RWJF-supported program, Improving the Quality of Hospital Care, at Cornell University College of Human Ecology in Ithaca, New York. Ms. Kabcenell joined the Foundation in September 1987.

Program directors

Jack M. Colwill, MD, was appointed program director to The Generalist Physician Initiative. Dr. Colwill is chairman of the Department of Family and Community Medicine at the University of Missouri — Columbia.

William H. Foege, MD, was appointed program director to the program, All Kids Count: Establishing Immunization Monitoring and Follow-up Systems. Dr. Foege is executive director of The Task Force for Child Survival and Development at The Carter Center in Atlanta, Georgia.

Ruth S. Hanft, PhD, and Ira Kaufman were appointed co-program directors to the program, Information for State Health Policy. Dr. Hanft is professor in the Department of Health Services Management and Policy at The George Washington University in Washington, D.C. Mr. Kaufman is clinical associate professor in the Department of Environmental and Community Medicine at the University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School, Piscataway, New Jersey.

Dr. Hanft was also appointed program director to the Local Initiative Funding Partners Program.

Stephen C. Joseph, MD, was appointed program director to the program, Improving Child Health Services: Removing Categorical Barriers to

Care. Dr. Joseph is dean of the School of Public Health at the University of Minnesota, Minneapolis.

Robert C. Rock, MD, was appointed program director to the program, Improving the Quality of Hospital Care. Dr. Rock is director of the Department of Laboratory Medicine at The Johns Hopkins Hospital, Baltimore, Maryland.

Judith Feder, PhD, completed her assignment as program director for data research and analysis. Dr. Feder was appointed to this position in 1986.

Ruth T. Gross, MD, completed her assignment directing the Foundation's Infant Health and Development Program. Dr. Gross was appointed to this position in 1982.

Anthony R. Kovner, PhD, completed his assignment directing the Foundation's Hospital-Based Rural Health Care Program. Dr. Kovner was appointed to this position in 1986.

Mervyn F. Silverman, MD, completed his assignment directing the Foundation's AIDS Health Services Program. Dr. Silverman was appointed to this position in 1985.

Leonard I. Stein, MD, completed his assignment directing the Foundation's Mental Health Services Development Program. Dr. Stein was appointed to this position in 1986.

Walter J. Wadlington, LLB, completed his assignment directing the Foundation's Medical Malpractice Program. Mr. Wadlington was appointed to this position in 1986.

Board activities

The Board of Trustees met five times in 1991 to conduct business, review proposals and appropriate funds. In addition, the Nominating and Compensation, Program Review, Program Monitoring, 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*

GRANT APPLICATION GUIDELINES

THE ROBERT WOOD JOHNSON FOUNDATION — a private, independent philanthropy not connected with any corporation—funds projects of several kinds:

- (1) projects that reflect an applicant's own interests. For such projects there are no formal application forms or deadlines because grants are made throughout the year.
- (2) projects, also investigator-initiated, that are developed in response to a Foundation Call for Proposals. The call describes the program area for which proposals are requested and specifies any necessary application steps or deadlines.
- (3) projects that are part of Foundation national programs. For these, the Foundation sets the program's goals, common elements that all projects should contain, eligibility criteria, timetables and application procedures.

Calls for Proposals are distributed widely to eligible organizations.

Institutions wishing to apply for funds *not* in response to a Foundation announcement are advised to submit a preliminary letter of inquiry, rather than a fully developed proposal. This minimizes the demand on the applicant's time, yet helps the Foundation staff determine whether a proposed project falls within the Foundation's current goals and interests. Such a letter should be no more than four pages long, should be written on the applicant institution's letterhead and should contain the following information about the proposed project:

- a brief description of the problem to be addressed
- a statement of the project's principal objectives
- a description of the proposed intervention (for research projects, the methodology)
- the expected outcome

- the qualifications of the institution and the project's principal personnel
- a timetable for the grant, an outline or estimate of the project's budget, other planned sources of support and the amount requested from the Foundation
- any plans for evaluation of the project's results
- any plans for communicating with the general public or targeted audiences about the project or for disseminating its results
- a plan for sustaining the project after grant funds expire, and
- the name of the primary contact person for follow-up.

Budgets and curricula vitae of key staff may be appended to the letter, as may other background information about the applicant institution, if desired.

Based on a review of these points, presented in the letter of inquiry, Foundation staff may request a full proposal. If so, instructions will be provided regarding what information to include and how to present it.

Limitations

Preference will be given to applicants that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and not private foundations as defined under Section 509(a). Public agencies also are given preference. Policy guidelines established by the Foundation's Board of Trustees usually preclude support for:

- ongoing general operating expenses or existing deficits

(Continued)

- endowment or capital costs, including construction, renovation or equipment
- basic biomedical research
- conferences, symposia, publications or media projects unless they are integrally related to the Foundation's program objectives or an outgrowth of one of its grant programs
- research on unapproved drug therapies or devices
- international programs and institutions, and
- direct support to individuals.

Preliminary letters of inquiry should be addressed to:

Edward H. Robbins
Proposal Manager
The Robert Wood Johnson Foundation
Post Office Box 2316
Princeton, New Jersey 08543-2316.

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THE
ROBERT WOOD
JOHNSON
FOUNDATION

U.S. Route 1 & College Road East
Post Office Box 2316
Princeton, New Jersey 08543-2316