The Robert Wood Johnson Foundation Annual Report 1986

The Robert Wood Johnson Foundation

Annual Report 1986

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The Robert Wood Johnson Foundation
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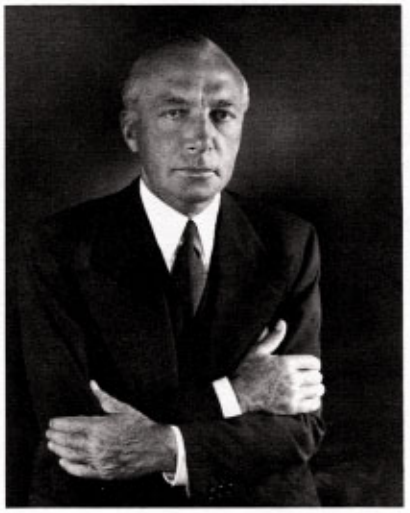
Contents

Introduction 4
The chairman's statement 5
Trustees and staff 6
The president's statement 9
The 1986 grant program 17
  Summary of grants 33
Bibliography 55
Financial statements 61
Secretary's report 67
Application for grants 71



The Robert Wood Johnson Foundation is an independent philanthropy interested in improving health care in the United States. It was established in 1936 by General Robert Wood Johnson, who died in 1968.

Robert Wood Johnson devoted his life to public service and to building a family-owned business into a major international corporation. An astute businessman, a statesman, soldier, and patriot, General Johnson devoted much of his life to improving the world around him. He had a tenacity of spirit that enabled him to accomplish many of his goals, but he also planned for the long-range fulfillment of other objectives that could not be achieved in one man's lifetime.

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

The true measure of General Johnson's deep concern for the needs of others was his decision to leave virtually his entire estate to The Robert Wood Johnson Foundation. With the settlement of this bequest in December 1971, the Foundation began its transition from a local institution active primarily in New Brunswick, New Jersey, to a national philanthropy.

The chairman's statement

Fifty years ago—in December 1936—Robert Wood Johnson incorporated a foundation to continue his untiring efforts to help others. First known as the Johnson New Brunswick Foundation, and finally called The Robert Wood Johnson Foundation, this philanthropy in its first half-century has made grants totaling $748.4 million. Most of these monies have gone to improve health care in the United States, and all but $7.8 million has been appropriated in the 15 years since the Foundation received General Johnson's bequest.

In this latter, more active period, a team of two led in the shaping of this foundation. One, Gustav O. Lienhard, the first board chairman, retired last year. I am privileged to succeed him and, in the 1985 report, paid tribute to his leadership. The other is David E. Rogers, M.D., who stepped down this year as president.

It was the genius of David Rogers that attracted a small but extraordinary staff and inspired it to accomplish so much more than anyone would have thought possible in the first years of a foundation's arrival on the national scene.

Together, David and the staff put the Foundation on the leading edge of some of the country's most pressing problems in health care. Program evaluation and the dissemination of information became hallmarks, and new approaches to grantmaking were developed and refined, including the invitational, competitive, multisite grant program. Institutions and organizations around the country responded to the opportunities embedded in the Foundation's philanthropic programs. In these few years, the Foundation's grantees and others inspired by their example have become a potent force for improving people's access to health care and for making the health system more effective and affordable.

The task of building the Foundation as an institution, however, is not completed—and it will never be if the Foundation is to remain a vital, vibrant institution. Fortunately, David's legacy includes an outstanding staff to carry on this work under his former colleague, fellow physician, and capable successor, Leighton E. Cluff. All of us are dedicated to the same vision of excellence, and we are determined to continue and persevere in what our predecessors have begun.

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The president's statement

The continuity of change

Helping others who are trying to improve people's health is the mission of The Robert Wood Johnson Foundation. In this sense of helping to make things better, change is the main business of the Foundation.

In this annual report, I would like to examine the changes that have brought the Foundation to this point, and how the future directions of this institution and its grantmaking will continue to be shaped by changes on the American scene.

Change is rooted in what has gone before. In terms of the Foundation and its grantmaking, we shall see that change and continuity are inseparably intertwined.

When Robert Wood Johnson died in 1968, he left virtually his entire estate to the Foundation. In December 1971, when the Foundation received his bequest, it was valued at $1.2 billion. Established in 1936 as a small local philanthropy in New Brunswick, New Jersey, the Foundation now had to respond to this dramatic change in its grantmaking resources. The Foundation decided to venture onto the national scene, and the trustees, all previously selected by General Johnson, chose to focus the Foundation's grantmaking on health care.

Within an overall goal of improving personal health care in the United States, the first staff members helped the trustees consider objectives for a grants program addressing people's health care needs that were important and relatively neglected, and against which the Foundation's anticipated expenditures of $50 million a year might have significant effect. From this process, in 1972, the trustees chose an initial agenda of three objectives: (1) the need to improve people's access to general medical care; (2) the need to improve the performance of health care services in order to ensure quality care; and (3) the need to develop mechanisms for the objective analysis of public policies in health.

Since these beginnings, the Foundation has sought to support projects that contribute to resolving this nation's most pressing health care problems. Foundation appropriations from 1972-1980 totaled $378 million and assisted the establishment of primary care group practices in underserved rural and urban areas of the country. Many of these practices were sponsored by community hospitals, some by municipal health departments, and still others were independent, community-based health centers. Regional emergency medical service systems and systems of perinatal care were pioneered with Foundation assistance. New arrangements of medical, dental, and nursing care meeting the special needs of other at-risk populations—particularly the frail elderly and the disabled of all ages—

were also funded. So, too, was the largest preventive dental care study ever undertaken, involving nearly 30,000 children, and the development and implementation of a national survey instrument to measure people's access to care.

Grants helped many of the country's leading medical schools to give new emphasis to the training of generalist physicians in internal medicine and pediatrics; fellowships were established to train needed faculty in family medicine; and a national cadre of young physicians also well-trained in non-biological disciplines important to understanding and improving the health care system began to emerge from the Robert Wood Johnson Clinical Scholars Program on the campuses of selected universities.

In mid-1979, the trustees and staff began a re-inquiry into the country's health care needs and the Foundation's grantmaking directions. The original objectives were modified over the next year in light of changes in health problems and the health care system to become the three objectives that guide our grantmaking today:

- improving access to personal health care for the most underserved population groups;
- making health care arrangements more effective and care more affordable; and
- helping people maintain or regain maximum attainable function in their everyday lives.

Since the adoption of these new guidelines in 1981, Foundation appropriations have totaled $362.6 million. Thus, from the time the Foundation emerged on the national scene in 1972, appropriations have totaled nearly three-quarters of a billion dollars. However, during this same period, 1972-1986, inflation has reduced the value of the dollar by 61.8 percent. This has been offset, in part, by an increase in the Foundation's annual level of grantmaking, from $50 million to the current and anticipated levels of more than $90 million.

During this period, grants have helped community institutions and organizations to develop and test a variety of approaches to the care of populations with new, special needs: low birthweight infants, children, adolescents, the frail elderly living in nursing homes as well as those in the community, people with AIDS, the chronically mentally ill, people without health insurance and unable to pay for care, and the homeless. Emphases in the projects and programs were sometimes access to care, sometimes cost containment, sometimes improving people's functional abilities, and sometimes two or even all three of these objectives.

The Foundation's funding of activities to increase minority opportunities in medical education—a special focus since 1972—totaled $48.7 million at the end of 1986. These efforts included: the provision of student aid; major assistance to Meharry Medical College; counseling, tutorial, and other types of educational assistance for minority students in high schools,

colleges, and medical schools; and the Minority Medical Faculty Development Program, which offers postdoctoral research fellowships to assist outstanding young physicians to launch careers in academic medicine.

The pace of change has quickened, in the Foundation itself and in the overall health of Americans. At the Foundation, Mr. Lienhard retired as chairman of the board and in 1986 Dr. Rogers resigned as president to return to academic medicine. Robert H. Myers, a trustee since 1983, was elected chairman and retired from his Washington law practice to take up his new duties. I, as the new president, had only to move down the hall, having been vice president and then executive vice president for the previous 10 years.

Many events have improved the health of Americans, but also have been accompanied by a number of different and increasing health problems. Social, economic, scientific, and technologic progress has occurred with great rapidity, and together these changes have affected the life, health, perspective, and future of Americans. Even more rapid change lies ahead. How Americans, especially health professionals, understand this historical sequence, deal with today's problems, and adapt and prepare for the future will have an enormous influence on the provision of medical care and on people's health.

A series of concerns are now challenging the health care system. The situation is becoming ripe for a possible re-emergence of epidemic diseases that are preventable or controllable. From 1970 to 1983, the proportion of white and all other children four years and less immunized against polio decreased 26 and 40 percent, respectively, and against DPT decreased 14 and 20 percent, respectively. Greater infant mortality among particular groups of the population related to racial, social, and economic disparities has not been eliminated. In 1982, there was a 66 percent and 71 percent disparity between the neonatal and infant death rates of white and black newborns, respectively. There has been illogical deployment of medical technology and other resources. Suicide, homicide, dementia, drug abuse, alcoholism, chronic illnesses and disabilities, child abuse, "imprisonment" of dependent elderly in nursing homes, and unacceptable increases in the costs of health care have become problems that will extend into the future.

Many health problems faced by Americans are not solely medical. They have social underpinnings and consequences. Medicine is essential to the final resolution of many of these pressing health problems, but they must be dealt with in a social context. Some health problems will be responsive as much to social change as to medical interventions. These should go hand in hand, but health professionals must help lead the way and not only follow.

Changes in society are most rapidly affected by technologic developments, economic advancement or decline, and major natural or induced disasters. Social change can be imposed or enforced by government or cultural constraints. However, the character and well-being of people are rooted in values they collectively endorse. If medicine is to contribute productively to the nation's health, therefore, it must promote and support those values that are important to the health of individuals and of society.

At the beginning of this century, in fact, medicine served the nation in precisely this way, promoting, supporting, and endorsing values and programs that assured everyone of clean water, safe food, sewage disposal, and other measures that advanced the health of all Americans. There were inequities in personal medical care, but these public health efforts were more egalitarian and served everyone. Now is the time for a similar effort —more difficult perhaps—but equally important, and directed towards the promulgation of values and programs dealing with health problems of emerging and growing national concern that have human and social as well as medical aspects.

Many who are grandparents and great-grandparents, or at the beginning of the line in four generation families, have witnessed changes accelerating at a pace never previously experienced. Even though most of us live in circumscribed geographic, social, economic, and cultural settings, we have become aware of other people, places, and conditions in the world about which not many years ago we knew little or nothing.

The health of Americans, and the medical problems they may experience, have changed significantly. Most young Americans today are in good health, unless illness is self-inflicted. Many of them view death as remote and largely a problem for the very old. The fear of regularly occurring major epidemic infections, indiscriminately affecting many young persons, has largely passed.

Almost everyone today anticipates living a long life without serious illness. Indeed, young people tend to believe, despite its improbability, that they will remain physically active and able until at least the eighth or ninth decade, and will then die quickly without disability, prolonged pain, or suffering. Efforts to be physically fit are now the rage, especially for young and older adults, and the middle and upper socioeconomic classes. No longer is Mark Twain's admonition to lie down whenever faced with the urge to exercise an acceptable behavior. Nevertheless, the physical fitness of the nation's youth generally has been found to be poor.

Not much more than 50 years ago women generally were confined to the home, raising children, caring for husbands and parents, and few were employed. Today, both single and married women, with and without children, are economically oriented to work. Their work outside of the home is increasing, and almost a quarter of all children are in single-parent —usually the mother's—residences. Tellingly, the proportion of young women physicians now approaches that of young men. These changes, directly or indirectly, affect people's health and the care they receive when sick. As a clear example, working women and mothers have difficulty obtaining personal medical care for themselves and their children during most doctor's office hours.

Many grandparents and some older parents can recall what was once considered to be the daring flight of Lindbergh across the Atlantic Ocean, or even the short flight of the Wright brothers. Some will even remember the horse and buggy, or at least the rough riding, mechanical brakes, noise, and weather exposure of automobiles in years past. How this contrasts with

landing men on the moon, exploring the heavens and the ocean depths, flying to New York from London and arriving at an hour preceding that in London upon departure! Americans now often move from one community to another each year. No longer is it considered a novelty or unusual experience to fly anywhere in the world, and even to regularly fly back and forth across the country for pleasure or business. The diminished ethic of settling down and establishing a family and community involvement leaves more families without roots, and communities with less stability. The movement of people from other countries into the United States and the movement of Americans in and out of the country are creating new health problems and affecting where and from whom individuals receive medical care. Developing a long-term relationship with a physician or medical institution becomes impossible, and some have no one to turn to in seeking and finding personal medical care. It is not surprising that hospital emergency services and urgi/emergicenters have been established and grown.

William Stewart Halsted, the pioneer of scientific surgery who is credited with establishing the first surgical school in the United States at The Johns Hopkins University, became addicted to cocaine over 80 years ago while experimenting on himself with this drug as a local anesthetic. Alcohol abuse dates to antiquity, but only in recent times has abuse of pharmacologic agents become commonplace. A whole new set of problems has congealed around "substance" abuse. Death on the highway, suicide, homicide, dementia, damage to newborn infants, and probably child abuse, spouse abuse, and other forms of violence have been spawned by or increased along with drug and alcohol abuse.

Elderly persons once were respected and honored members of families and communities. Most did not reach the advanced, old-old age of over 80 years. Now the elderly population is growing more rapidly than any other segment of the population. Their longevity, as welcomed as it is, also has contributed new issues. Fewer working persons are providing the resources to assure the societal support of retired people. The nation's burden of illness has shifted from the young to the old, and today health professionals and institutions are more and more serving a geriatric population. A larger and larger proportion of the nation's expenditures for medical care now is allocated to meet the needs of those who are elderly, disabled, and chronically ill.

The science and technology of medicine were quixotic earlier in this century, but today are powerful and will become even more extensive, unless the nation is foolhardy and reduces its commitment to biomedical research, or regulates medical technology enterprises out of existence. The direction of biomedical science should and is directed to improve understanding of human biology and disease, and to the discovery and development of ways to prevent or cure those diseases that are medical problems for many Americans, especially ones responsible for chronic disabling illness.

Biomedical science and technology as they have developed and been supported during the past 30 years, however, will be inadequate to the task

of addressing the health problems of Americans that have social as well as medical ingredients. There are good reasons to believe that medical research directed only towards human biology and pathobiology is unlikely to unravel, provide understanding, and develop systems for preventing or curing health problems that have important social roots. These health problems require emphasis by those who provide health care, medical scientists, those who support medical research, and those responsible for health systems.

Some may bemoan the medicalization of social problems, but as long as socioeconomic and environmental circumstances impact on people's health, result in illness, and are responsible for increasing health problems of Americans, medicine cannot avoid them. Medicine's responsibility is to organize and provide services for these health problems, and to conduct, participate in, and lead in providing the understanding and knowledge necessary to design ways and systems to prevent and effectively treat these problems.

For the most part, health systems today are organized in much the same way as they were in years past. Despite changes in the financing of medical care, the development of physician groups, and the formation of proprietary and non-proprietary medical systems, physicians,in general, seem to adhere to practice patterns like those of years ago—having office hours only during the time when people are at work, avoiding house calls, caring for acute and chronic illnesses on an episodic basis, having separate and sequestered medical records, and increasingly confining their practices to particular sets of clinical problems. The mobility of much of the nation's population, the specialization of physicians, dependency on hospital emergency services for "off-duty" medical care, multigenerational families with no employment history and having limited access to health care, working mothers (many of whom head single-parent households), placement of infants and young children in daycare centers while parents work, school children whose parents are at work during the day or night—all of these and more have not been dealt with effectively by systems of health care in assuring the availability of medical services when, where, and for what they are needed.

Physicians pride themselves on their "self-denying," altruistic services to individual patients and their families. But medicine has not adapted its services to the changing character of the lives of individuals and of society. Medicine must begin directing its attention to these issues and find ways to better serve patients, communities, and the nation. There is no one solution. For example, what will be required in New York City as compared to Osceola, Iowa? What should be done to better meet the health needs of divorced, single, married, and working women and their children? What should be done to meet the needs of minorities? How are the needs of the inner city or rural poor to be met? What should be done for the homeless and deinstitutionalized mentally ill and mentally retarded? How can handicapped people be better served? What needs to be done for the disabled old and demented? All of these complex issues will have to be

managed in ways consistent with each community's interests, resources, and health services. It is time, now, however, to address these issues in better ways.

I have described only some of the problems within the wide arena of health and health care. Countless other problems and needs are just as great or greater. At the trustees' request, the staff's activities for the first part of 1987 have been expanded to include a re-examination of the current and anticipated health problems in this country, with the goal of defining a range of program objectives for the board to consider. We are being assisted in this effort by a number of expert consultants and with the advice of a representative number of national figures offering a variety of perspectives on the domestic and international health scenes. With this information as a base, the trustees plan to set the Foundation's broad program directions for the foreseeable future.

In every instance, however, this foundation, or any other grantmaking foundation, can only be a facilitator for those who would more directly pit their intellect and spirit against worthy problems. Whatever paths the Foundation takes in the future as a result of the current and all subsequent deliberations, the Foundation will always be dependent upon the ideas, insights, and energies of those who come to us for funds.

The quality and durability of the partnership between grantmaker and grant recipient is arguably the single most important determinant of a foundation's success. It is assuredly the ultimate thread of continuity in The Robert Wood Johnson Foundation's time of change.

The 1986 grant program

The 1986 grant program

During 1986 the Foundation made 260 grants totaling $94.6 million in support of programs and projects to improve health care in the United States. The types of activities supported were:

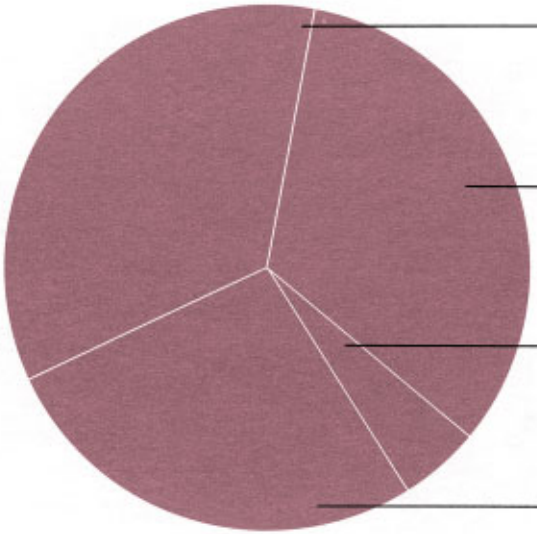
- developing and testing new ways of providing health care services, $53.1 million, or 56 percent of the 1986 grant funds;
- helping health professionals acquire new skills needed to make health care more accessible, affordable, and effective, $19.1 million, or 20 percent;
- conducting studies and evaluations to improve health care, $21.9 million, or 23 percent; and
- other projects, $0.5 million, or 1 percent.

These same grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

- $19.7 million, or 21 percent, for programs to improve access to personal health care for the most underserved population groups;
- $33.7 million, or 36 percent, for programs to make health care arrangements more effective and care more affordable;
- $38.3 million, or 40 percent, for programs to help people maintain or regain maximum attainable function in their everyday lives; and
- $2.9 million, or 3 percent, for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated.

Appropriations totaling $362.6 million have been made since 1981 when the Foundation changed its principal areas of interest to those stated above. The distribution of these funds by types of activities supported as well as by areas of interest is charted on the facing page. Since becoming a national philanthropy in 1972, our appropriations have totaled $740.6 million. A chart depicting the geographic distribution of these funds is on page 20.

Appropriations by RWJF objectives and types of activities funded, 1981-1986



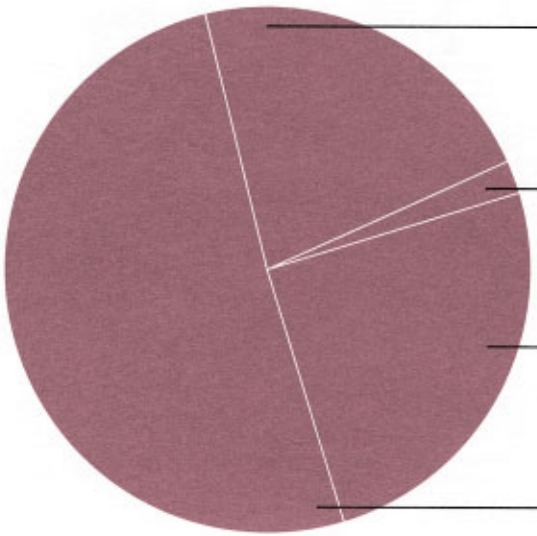
Underserved access 35%

Effectiveness and affordability 33%

New Jersey & other projects 5%

Functional ability 27%

RWJF 6-year appropriations: $362.6 million



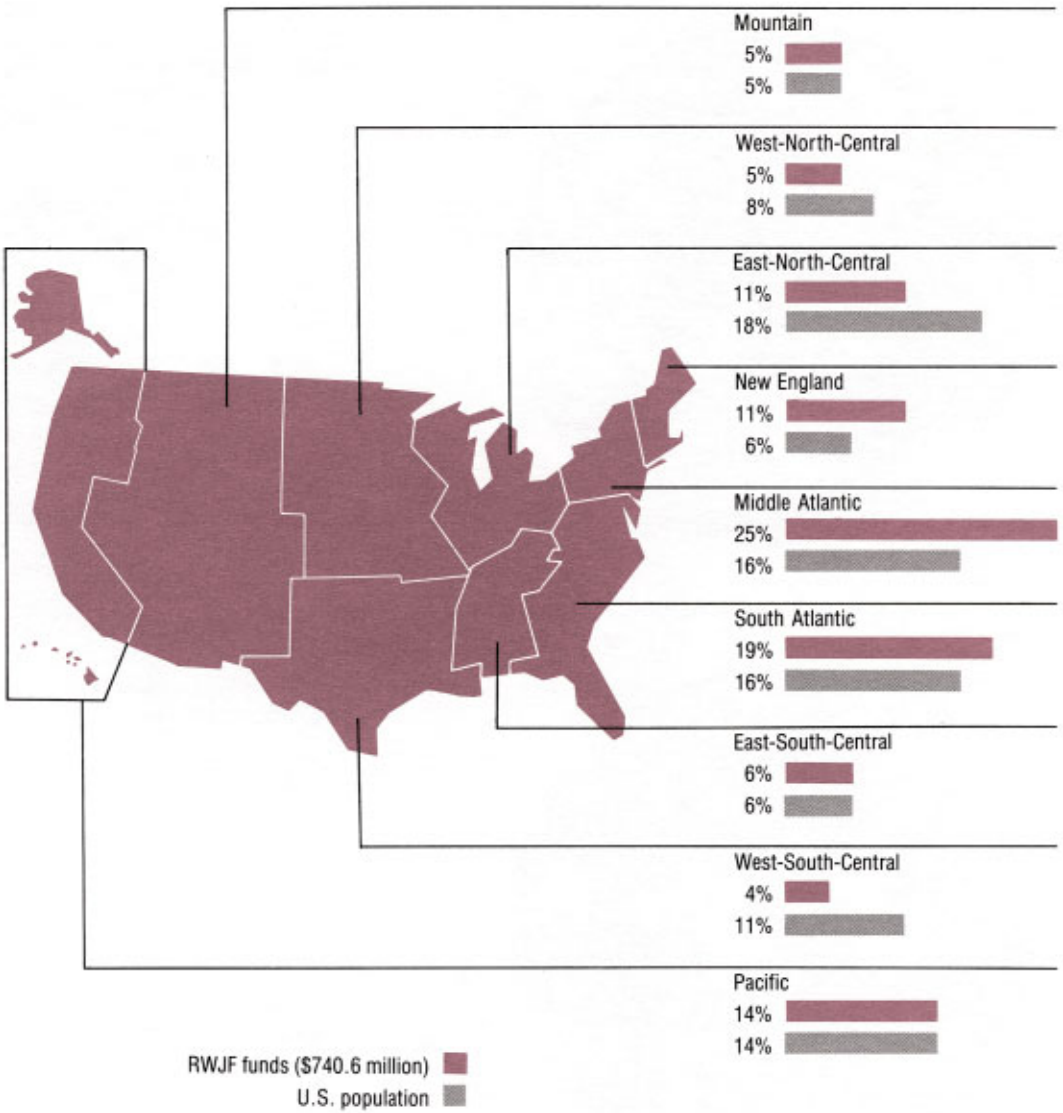
Education and training 22%

Other 2%

Research and evaluation 25%

Expansion of health services 51%

Appropriations by geographical region compared to population, 1972-1986



U.S. population figures taken from the 1980 Census of Population, Supplementary Reports, U.S. Department of Commerce, Bureau of Census, May 1981.

MAJOR DEVELOPMENTS IN THE 1986 GRANT PROGRAM

The grant-supported projects and programs described in the first part of this section were selected to illustrate the Foundation's 1986 grant program. A complete list of grants made in this year begins on page 33.

In addition to the activities funded during 1986, staff of the Foundation continued to monitor and provide technical assistance to projects and programs supported by 664 other grants authorized in previous years.

Also involved in this process were 21 senior program consultants and their staffs at medical schools, teaching hospitals, and other institutions providing technical assistance and direction for the Foundation's multi-grant national programs.

ACCESS TO CARE

A significant number of people in the United States today continue to face serious obstacles in obtaining health care because of the nature of their illnesses, where they live, their social and economic circumstances, or the level of their impairment. As one of its grantmaking objectives, the Foundation assists projects seeking to break down these barriers impeding people's access to care.

Care for people with AIDS

Acquired Immune Deficiency Syndrome, or AIDS, has been called the nation's number one public health priority. Characterized by a virus-induced breakdown in the body's defenses against disease and infection, AIDS at present has no cure.

For a person with AIDS, the emotional and physical impact of having this disease has been exacerbated by the difficulty in obtaining long-term, affordable, compassionate care.

The Foundation launched its $17.2 million AIDS Health Services Program earlier this year, and announced the selection of nine grantees in October. Conceived as a means of supporting projects that emphasize community-based and in-home care, the Program is intended to bring needed medical and other support services to people with AIDS or AIDS-Related Complex (a debilitating syndrome marked by fever, weight loss, and multiple complications that in itself can prove fatal). With such care, affected individuals can then remain as long as possible in familiar settings. Moreover, many urban hospitals can be relieved of the overwhelming burden of care that they have carried in the absence of alternative services.

The nine grantees were selected from the 23 metropolitan areas with the highest AIDS caseloads in the country. While projects are designing their own programs of care, all will include comprehensive, AIDS-specific ambulatory services, as well as inpatient services, a range of home health and supportive services, nursing facility and hospice care, case management, and innovative education and prevention activities aimed at people whose behavior puts them at high risk of infection. Ambulatory clinics will also serve as settings for needed research on the treatment of AIDS. Technical assistance and direction for the Program is being provided by the University of California, San Francisco.

Although researchers have made significant strides in identifying various clinical aspects of AIDS, the only weapon thus far against this deadly disease is accurate and current information. In this regard, two grants this year are enabling health professionals to disseminate information on AIDS. A separate grant to the University of California, San Francisco, will help public health administrators, health professionals, and community agency directors teach others in communities across the country how to develop and implement programs of prevention and treatment for AIDS. The city

of San Francisco has been a leader in marshalling medical and community groups in confronting the AIDS crisis. Also, a grant to Georgetown University's School of Medicine provided partial support for a teleconference—held this year—that offered information to primary care physicians, nurses, dentists, and social workers concerning the diagnosis and management of AIDS.

Children with AIDS

Children are also casualties of AIDS, acquiring the virus intrauterinely from mothers already infected, or intravenously from contaminated blood products. Not surprisingly, family members usually are overwhelmed by the presence of this catastrophic illness.

In an effort to assist these children and their families, staff at the Albert Einstein College of Medicine, with Foundation support, are implementing the medical services component of a new multiservice center for children with AIDS. With additional support from the National Institutes of Health (NIH) and the city and state of New York, the College of Medicine currently is expanding its existing pilot project into a major program that will offer inpatient and outpatient medical services; day care; on-site, full-day classroom education; and counseling and psychosocial support for children and their families. This program will form the basis for a $3.25-million pediatric AIDS clinical research program funded by NIH.

Care for chronically mentally ill individuals

Over the past 30 years, there has been a dramatic shift in the locus of care for the chronically mentally ill from institutional to community settings. Among the factors underlying this shift were the advent of psychotropic drugs, an expansion of the concept of patients' civil liberties, concerns about the escalating costs of institutional care, and especially, a belief that the "warehousing" of patients was an ineffective solution to a complex medical and social problem. Unfortunately, communities were not prepared for this influx of people and have lacked adequate resources to attend to their multifaceted needs.

Two Foundation initiatives are supporting efforts aimed at improving care for people with chronic mental illness. Over the next two years, under the Mental Health Services Development Program, up to $10 million will be available for as many as 20 projects committed to assuring the availability of a broad range of health and other services for the chronically mentally ill. Specifically, projects will develop and implement state and local demonstrations focusing on promising new financing and service delivery arrangements. A minimum of a one-third match in public, corporate, or philanthropic funding is required. Grants will be made in three waves of funding, with grants in the first series to be announced in mid-1987.

This year, nine grants were announced under the Program for the Chronically Mentally Ill, a national initiative by the Foundation, the U.S. Department of Housing and Urban Development (HUD), and the U.S. Department of Health and Human Services (HHS). The nation's 60 largest cities were eligible to apply under this program. The Foundation is providing approximately $29 million in grants and loans over five years. Each project is developing a citywide mental health authority, under whose aegis a broad spectrum of community services and supervised housing specifically for the chronically mentally ill will be coordinated. The cities also will be eligible for federal rent subsidies valued at approximately $85 million over a 15-year period.

Health Care for the Uninsured Program

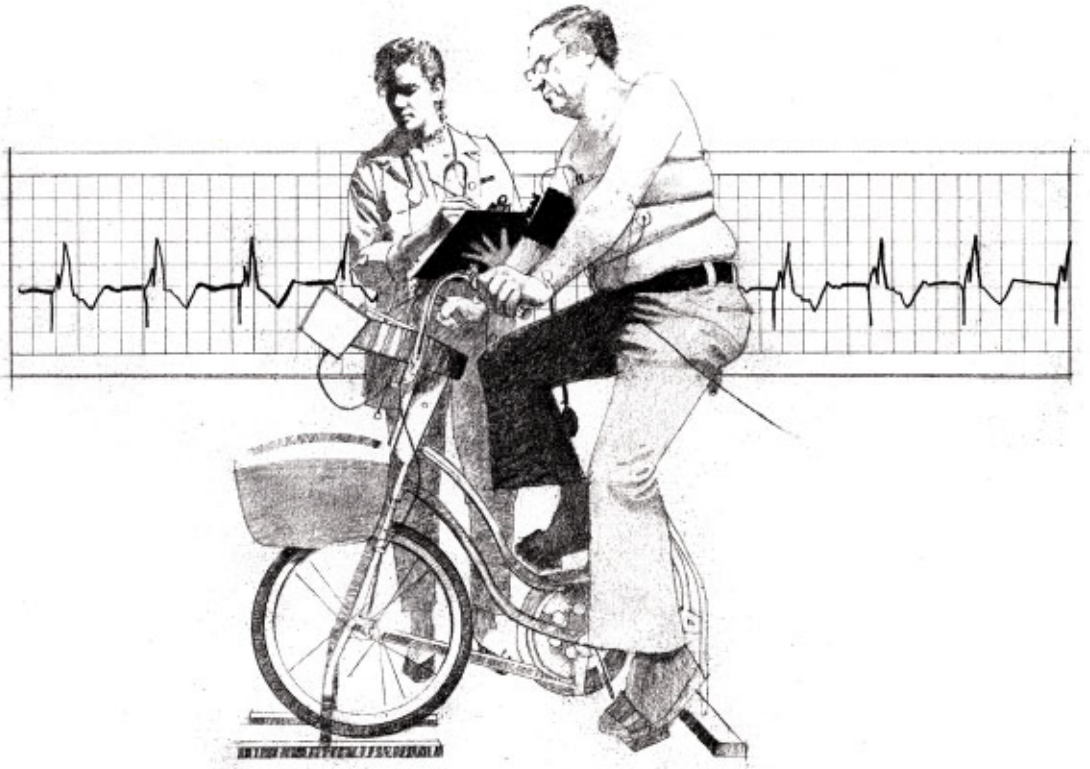
Six projects under the first round of the Health Care for the Uninsured Program were announced this year. These state and local demonstration projects are bringing health services to people who lack health insurance and cannot afford care.

The projects are unique in design and in how they address the needs of specific populations at risk. For example, one project involves a statewide network of prepaid health plans for people who are medically indigent. Another project, a statewide insurance plan, will enable small businesses to use a multiple-employer trust as a means of affording employee coverage. As many as 20 projects will be funded for periods of up to three years under the Program, for a total funding for both rounds of approximately $6.5 million. A minimum of a one-third match in public, corporate, or other philanthropic funding is required by each project to help support development and implementation.

Improving health center management

The Primary Care Health Center Management Program, announced this year, is a matching grants initiative aimed at strengthening the management capabilities of not-for-profit primary care health centers located in communities lacking adequate medical resources.

Each year, more than five million people receive medical care in these centers. Since 1981, however, more than a third have closed



their doors because of decreasing public funding. The Primary Care Health Center Management Program was created to help centers develop strategies that will enable them to survive in this austere economic environment.

This year, seven centers received grants under the first round of this program. The Foundation is providing grants of up to $75,000 each over a three-year period, matching three-for-one every dollar raised by the centers from other sources.

Changing patterns of care

As hospitals increasingly lose their ability to cross-subsidize operating losses through charges to paying patients, the provision of care to the indigent has become an issue of national concern. Because the responsibility for offering such care is unevenly distributed—10 percent of hospitals carry 40 percent of the burden—many hospitals are threatened with closure. With nowhere else to go, people unable to pay for care forgo treatment, often with dire consequences. To understand the forces that are jeopardizing the availability of care, researchers at the Center for Health Policy Studies at Georgetown University's School of Medicine are analyzing hospital survey data to track patterns of services, particularly for uncompensated care, and examining the hospitals' financial structures.

Rural health care

Rural hospitals are often the mainstays of health care in their communities, and their viability is critical in ensuring that people continue to have a source of medical care. In 1984, the Kansas Hospital Association (KHA) completed an extensive study of rural hospitals in Kansas and determined that their traditional financial base of inpatient acute care is eroding. With support this year, KHA will develop new approaches for hospitals to increase their revenue bases by diversifying their services and reducing their overall operating costs.

Two other grants this year are underwriting projects that are reaching out to bring needed assistance to people in rural areas. First, the St. Croix Health Center will continue to offer supportive services to elderly individuals living in a predominantly farming community in Wisconsin. The Center's PEER (Partnership to Extend Elderly Resources) model enables local retirees, 55 years of age and older, to provide elderly people with such services as personal care, transportation, and companionship. Also, the Center for Health Services at Vanderbilt University, with previous support, developed a network of more than two dozen small clinics throughout rural Appalachia. Six of these clinics now have a home-visiting program bringing care to high-risk mothers and their children. A renewal grant is helping to establish the home visiting service as a permanent and affordable component by: (1) training local women to serve as home visitors, and (2) identifying state and local funding sources to ensure the continuation of the program.

Adolescent health care

Announced in 1986, the School-Based Adolescent Health Care Program is a $16.8 million national effort designed to confront the multiple health and health-related problems that commonly affect adolescents. Under the Program, hospitals, neighborhood health centers, health departments, and other qualified medical providers in as many as 20 cities of more than 100,000 people will receive six-year grants of up to $600,000 each. Guided by a broadly representative community advisory committee, and with additional support locally from public and other private sources, each funded project will develop and sustain comprehensive medical and health services for young people in one or more secondary schools with a combined total enrollment of at least 1,000 students. This care must include prevention and treatment, on-site or by referral, for a full range of chronic and acute disorders, and effective

programs for dealing with unintentional pregnancy, sexually transmitted diseases, and high-risk conditions (e.g., injuries and drug and alcohol abuse). Technical assistance and direction for the Program is provided by Harvard Medical School. Grants will be announced in 1987.

The Foundation's Community Care Funding Partners Program joins project leaders with local foundations and corporations—which match Foundation funds over an eight-year period—to establish primary care health centers in medically underserved areas of the community. This year, two school-based adolescent health center projects, one in New York City and the other in West Side Chicago, received grants. Thus far, seven adolescent health projects have received support under the Community Care Funding Partners Program.

Finally, a grant to the Manpower Demonstration Research Corporation is providing partial support for the planning of a large multisite experimental health and educational program for teenage mothers and their children. Entitled New Chance, the program is to be targeted on first-time mothers between the ages of 17 and 21. The program will make available maternal and child health services, job skills training and placement, remedial education, day care, and family planning and counseling.

Family Friends

Eight grantees were announced in 1986 under the Family Friends program, directed by the National Council on the Aging (NCOA). This model program—launched originally by NCOA as a single-site project in Washington, D.C.—pairs volunteers 55 years and older with children with disabling conditions and their parents. Working with both the children and their families, the volunteers provide a range of services, including personal care, tutoring, and social and emotional support. Each project is co-sponsored by an organization representing children and one representing the elderly. The eight-site program will test the feasibility of the original model in different geographic locations under a variety of institutional auspices.

COST CONTAINMENT

While some limited advances have been made in recent years to curtail soaring health care rates, the burden of cost still weighs heavily on the people of this country. The Foundation supported a number of projects this last year that specifically sought to devise ways of managing costs without impairing the quality of care or access to services.

Community Programs for Affordable Health Care

Community Programs for Affordable Health Care was launched by the Foundation in 1982. The Program supports community coalitions—composed of representatives from local hospitals, health insurers, business, labor, and other groups—in developing and implementing their own strategies for moderating health care costs. This year, 7 of 11 implementation grants were announced.

Research and development on health care costs

Designed to attract projects that develop or evaluate innovative approaches to reducing costs, the Program for Research and Development on Health Care Costs had 11 grants announced under its third round of funding in 1986. Of the projects funded, five emphasize changes in the organization and delivery of medical services, three seek to evaluate the cost-effectiveness of specific changes in clinical practice, and the remainder are looking at new approaches to financing health services.

Also this year, a call for proposals under the fourth round of the Program was issued. This round marks an expansion of the Program to include larger-scale demonstration projects. It has been retitled the Program for

Demonstration and Research on Health Care Costs. While grant funds remain available up to $300,000 each for research projects, up to $600,000 each has been allocated for the larger-scale demonstrations. Since 1983, the Foundation has made 33 grants totaling $7.4 million under this program.

Prepaid care

For much of the last decade, expenditures have been growing by greater than 13 percent a year in the nation's Medicaid program, the joint federal-state health care benefits program for the poor. In recent years, health care providers have focused greater attention on the feasibility of using prepaid arrangements as a means of offering necessary care while capping costs.

A grant to the Hartford Health Network is supporting the implementation of a prepaid health care system for 30,000 Medicaid beneficiaries in Connecticut. The organizations involved in the Network constitute a broad-based business, health care, government, and community coalition involving leaders in many Hartford-area public and private groups. The new prepaid system seeks to reorganize and improve three major hospitals, strengthen the cooperation among community health centers, and attract the participation of more private practice physicians in serving the Medicaid population.

A renewal grant to the National Foundation for Dentistry for the Handicapped (NFDH) is enabling NFDH to implement its program to provide coordinated, prepaid dental care under Medicaid for developmentally disabled individuals in New York and New Jersey. The program stresses the delivery of quality dental care coupled with a preventive dentistry component. NFDH also has developed an evaluation methodology to assess the program's effectiveness. Previous Foundation support aided in the design of this program.

Social health maintenance organizations

Social health maintenance organizations (S/HMOs) combine health and social services for the elderly into a single system of delivery and financing. While S/HMOs hold much promise, their operational problems need to be better understood before such organizations can be successfully implemented on a wider scale. A grant this year to Brandeis University's Florence Heller Graduate School for Advanced Studies in Social Welfare will enable researchers to work with four S/HMOs to identify key management problems involved in running such operations.

Medical malpractice

Ten years ago a malpractice "crisis" arose based on the decreasing availability of professional liability insurance for health care practitioners and hospitals. Today, high insurance premiums and other malpractice-related factors are further complicating health care delivery and financing in this country, threatening access to care in certain locales and for certain high-risk specialties. There also is concern that increased premiums are driving up health care costs. This year the Foundation announced its Medical Malpractice Program, a nationwide research and demonstration initiative. Funded projects will advance the state of basic knowledge about what constitutes legally and medically acceptable medical practice, and test the effectiveness of proposed legal, insurance, and health care practice reforms. Over the next two years as many as 24 grants, up to a total of $6 million, will be made. Grants are to be announced in 1987.

Similarly, a grant to The American Law Institute (ALI), whose elected membership is composed of leading judges, practicing attorneys, and legal scholars, is underwriting a study on relevant legal, economic, medical, and societal issues relating to malpractice. ALI will evaluate the present tort system and propose a set of law reforms or alternatives to tort adjudication. The Foundation's grant is supporting those activities specifically pertaining to health-related negligence, especially medical malpractice.

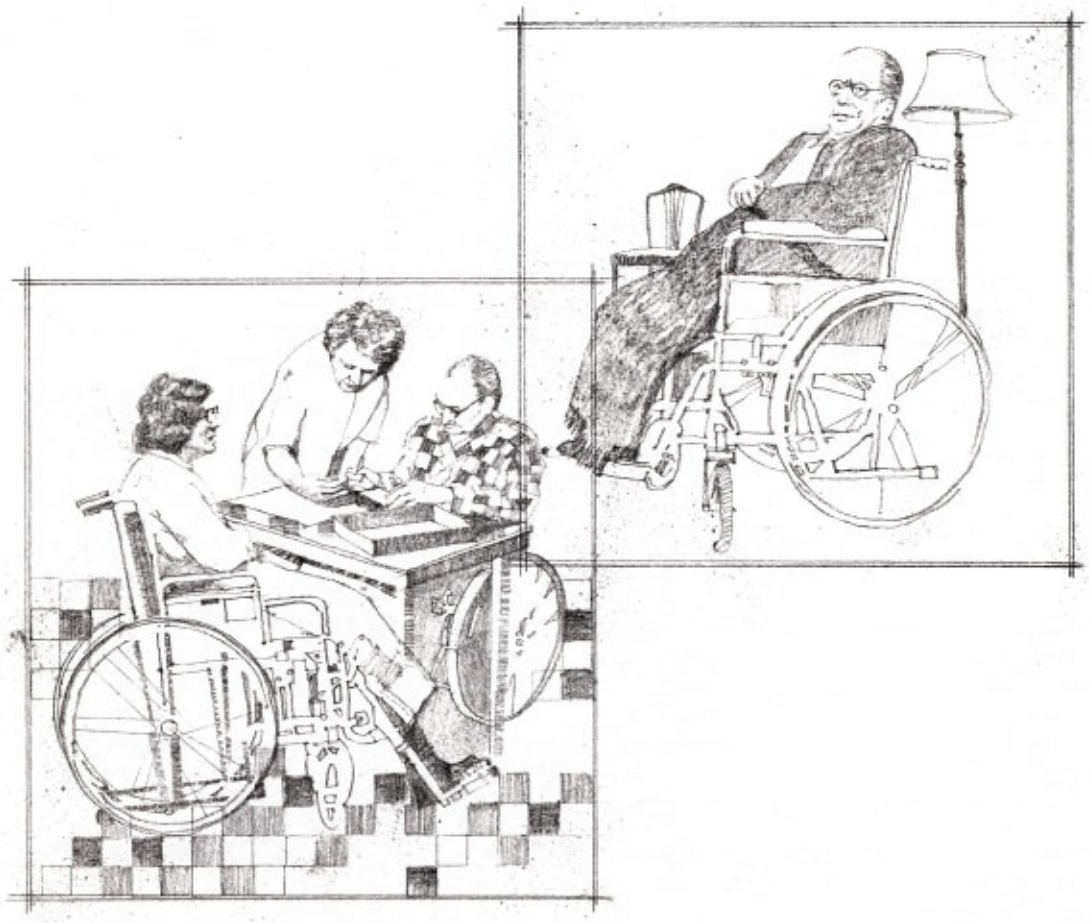
FUNCTIONAL ABILITY

The inability to perform simple daily tasks directly imperils a person's capacity to live as productively and independently as possible. As another funding objective, the Foundation supports projects committed to helping people regain or maintain their functional abilities.

Helping children

More than one million children in this country have severe mental and/or physical impairments such as cerebral palsy and Down's Syndrome. Because of their disabilities, these children frequently are deprived of the stimulation necessary for their intellectual growth. A grant to the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School is supporting a demonstration and evaluation measuring the therapeutic effects of providing special computer-assisted play environments for children with handicaps.

Half of the deaths of children under 21 in the United States occur in the first year of life, at a rate exceeding those of other countries with comparable levels of medical technology. A previous grant to the Infant Mortality Task



Force of the Southern Governors' Association (SGA) assisted the task force in producing a report on ways to reduce infant mortality. This report galvanized interest in the infant mortality problem in the 19 members of the Association, and generated a broad consensus that the problem should be promptly addressed. With funding this year, the SGA is working with state officials and health professionals in the implementation of the task force's recommendations.

Research and Development Program to Improve Patient Functional Status

The fifth round of grants was announced this year under the Foundation's Research and Development Program to Improve Patient Functional Status. The Program provides up to $150,000, over a one- to three-year period, for innovative approaches to improving functional outcomes for patients debilitated by disease or injury. Among the 20 projects funded are a model training program for caregivers of people with Alzheimer's disease; an assessment of new pulmonary therapy for adolescents with cystic fibrosis; and a demonstration using specialized technology to rehabilitate disabled patients. Since 1981, approximately $15 million has been allocated to support 105 projects under this program.

Also this year, a call was issued for proposals under a sixth round of the Program, broadened to include larger demonstrations eligible for up to $400,000 in funding. Through such expanded efforts, investigators will now have opportunities to rigorously test innovations that have been shown to be promising in limited settings. Grants are to be announced in early 1987.

Programs to help the elderly and disabled

Under the Interfaith Volunteer Caregivers Program, 25 ecumenical groups of volunteers across the nation and in Guam are providing support services in the community to frail elderly people and those who are disabled—people who without assistance might otherwise be institutionalized. In addition, some 100 grant applicants not funded under this national program have been able to implement projects, and on their own are currently serving frail elderly people seeking to live independently in the community. This year, a grant to Benedictine Hospital, which provides technical assistance and direction to the Foundation's grantees, will enable staff to provide technical assistance to these 100 projects.

The life-care community is the single setting in the United States today that uses insurance principles to guarantee older people all the health and personal care services they may need. However, because these communities are based on residential campuses serving relatively small numbers of people, they involve sizeable entry fees as well as monthly premiums, which often are prohibitive to many of this country's retired people. With previous Foundation support, Brandeis University designed a program that provides older people living in their own homes with equivalent services. Having a larger enrollment than the campus-based arrangement, this model seeks to spread the risk and thus reduce costs. This year Brandeis's Florence Heller Graduate School received a grant to identify up to six sites where such life-care at home plans could be successfully established, and to conduct the initial planning studies.

Similarly, a renewal grant this year to Ohio Presbyterian Homes continues support for a project involving off-site care through three of its member communities. The project builds on the experience of a Foundation-supported outreach project at one of the participating life-care communities, which showed that the capacity of life-care services to enhance and maintain the functional status of elderly people can be extended to households in surrounding areas. The outreach program also showed that there is a significant market for these off-site services.

In another project, The Society of the New York Hospital, in conjunction with Selfhelp Community Services, a voluntary

home care organization that provides housing and other services for the elderly, is developing a comprehensive set of health and health-related services for a targeted population in New York City. The program links and coordinates a full array of community-based and institutional services for over 2,000 senior citizens living in housing for the elderly in Queens and its environs. Services range from meals and in-home help to case management and tertiary care.

A previous grant to the Center for Health Research (CHR) of Kaiser Foundation Hospitals enabled the development and evaluation of a program designed to reduce falls among the elderly. The CHR program teaches elderly individuals to recognize conditions leading to falls (e.g., medication-related dizziness and distress, or safety hazards in the home), and assists them in "falls-proofing" their homes. A grant to CHR this year is enabling them to: (1) augment the educational component of their program, and (2) help more low-income elderly falls-proof their homes.

Finally, over the last 10 years, a number of successful approaches have been developed to enable frail elderly people to improve their capacity for independent living. Unfortunately, replication of these projects has been limited. With assistance this year, the National Association of Area Agencies on Aging (NAAAA) is working with a marketing firm to promote the adoption by local community organizations of strategies proven to enhance the functional status and independence of frail elderly people. These programs will be identified by the NAAAA, an organization that includes within its network virtually all the country's publicly-financed agencies for the elderly as well as those funded by the voluntary sector.

Caring for the critically ill

The care of the critically ill presents patients and families with a series of complex and emotion-laden decisions, especially in the use of extraordinary measures to prolong life. Often as a consequence, a family's financial resources are exhausted and functioning impaired with little appreciable change in the patient's prognosis or outcome. Two grants this year are assisting projects to gather information on how to help individuals confronting such dilemmas.

A renewal grant to Oregon Health Decisions is helping to continue a model statewide program to broaden and assess public understanding of problems and issues in medical care. Using a "citizen process" method in which information is provided to citizens through a series of public meetings, the project is bringing to the public a discussion of the medical, legal, economic, and ethical issues involving care of the critically ill. The project also is disseminating information on the "citizen process" to other groups across the country seeking advice on replicating the Oregon program.

Building upon Oregon's model, The Rose Foundation is sponsoring a program designed to ascertain the level of public awareness, the areas of public concern, and the range of public opinion on policy issues in critical care medicine. This information will in turn be synthesized and distributed to health professionals, state agencies, insurers, lawyers, and other relevant groups in the state.

TRAINING

A series of programs was supported this year aimed at expanding minority representation in the health professions. In addition, the Foundation continued support under a number of its fellowship programs.

Increasing the number of minority health professionals

Eight young physicians were selected under the fourth round of the Foundation's Minority Medical Faculty Development Program. This program provides four-year postdoctoral research fellowships with leading biomedical

mentors to young minority physicians committed to academic careers. The Program seeks to increase the number of outstanding minority faculty who can assume leadership positions in academic medical centers, and who in turn can encourage and foster the development of minority medical students in the years to come. To date, 32 fellows have participated in this program.

Renewal grants to Baylor College of Medicine, the University of Utah, and The Bowman Gray School of Medicine of Wake Forest University are underwriting educational enrichment programs for talented minority high school students committed to pursuing careers in the health professions.

In cooperation with the Houston public schools, Baylor annually provides research apprenticeships for 25 seniors enrolled in the city's High School for Health Professions. Utah conducts a special summer program starting in the tenth grade for students drawn from Hispanic and Native American populations in four states. And Bowman Gray recruits top students from throughout North Carolina for a summer series of learning

experiences — including clinical research, classroom instruction, and guest lectures — that expose them to the field of medicine.

Other training programs
Six other Foundation training programs received support this year:

- the Clinical Scholars Program, which enables young physicians to study and conduct research in non-biological disciplines related to medicine and health affairs;
- the Health Policy Fellowships Program, a one-year experience in Washington, D.C., for mid-career faculty who wish to develop expertise in major health policy issues and how they are addressed by Congress and the federal executive branch;
- the Clinical Nurse Scholars Program, designed to prepare a cadre of leaders able to combine practice, research, service, and teaching to meet the expanding clinical responsibilities in nursing;
- the Dental Services Research Scholars Program, which enables dental faculty to acquire the research skills to study the financing, organization, and delivery of dental health services in the United States;
- the General Pediatrics Academic Development Program, which seeks to prepare pediatric faculty for research on common childhood problems; and
- the Program for Faculty Fellowships in Health Care Finance, which provides specialized training to bolster the knowledge and skills of faculty members committed to teaching the intricacies of financing health services.

LOCAL AND OTHER GRANTS

Each year the Foundation supports a limited number of grants in New Jersey, where the Foundation is located. As in former years, the Foundation provided grants to The Salvation Army and the United Way to enable them to continue their community activities.

The Foundation also made a challenge grant this year to the Institute of Medicine (IOM). Since its establishment in 1970, the IOM has completed more than 50 major studies — many in areas directly related to the Foundation's interests — and contributed to the national debate on a variety of health-related subjects.

FOR FURTHER INFORMATION

A brief, descriptive *Program Summary* is available without charge for most of the Foundation's 1986 grants, as well as for those made in prior years. When possible, requests should include the title of the grant, the institutional recipient, and the grant ID number. The information on 1986 grants is available from the listing beginning on the next page. Address requests to:

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

Also available without charge from the same address is the Foundation's *Special Report,* a non-periodic publication that describes the progress and outcomes of some of the programs assisted by the Foundation. Titles issued in 1986 were:

- The Municipal Health Services Program
- The Rural Infant Care Program

Summary of grants
authorized in the year ended December 31, 1986

		1986 grants authorized
AIDS Health Services Program	*Establishment of specialized comprehensive out-of-hospital health and supportive services for patients with AIDS and AIDS-related disorders (for 2 years). ID# 10907*	
AID Atlanta, Inc. Atlanta, Georgia		$ 800,000
Associated Catholic Charities of New Orleans, Inc. New Orleans, Louisiana		769,609
Community Council of Greater Dallas Dallas, Texas		751,343
Health Research, Inc. Albany, New York		972,275
Hospice of Palm Beach County, Inc. West Palm Beach, Florida		812,543
New Jersey State Department of Health Trenton, New Jersey		1,590,872
Nassau County Medical Center East Meadow, New York		667,587
Public Health Trust of Dade County, Florida Miami, Florida		1,493,750
Seattle-King County Department of Public Health Seattle, Washington		740,883
Albert Einstein College of Medicine of Yeshiva University New York, New York	*Model family care center for the treatment of children with AIDS (for 3 years). ID# 10810*	1,004,236
Alpha Center for Health Planning, Inc. Washington, D.C.	*Technical assistance for the Health Care for the Uninsured Program and the Program for Demonstration and Research on Health Care Costs (for 1 year). ID# 10942*	453,897

		1986 grants authorized
American Association of Homes for the Aging Washington, D.C.	*Technical assistance program for nonprofit homes for the aging (for 3 years). ID# 10591*	$ 321,086
The American Law Institute New Haven, Connecticut	*Study of medical malpractice and tort law (for 4 years). ID# 11214*	207,400
American Medical Association Education and Research Foundation Chicago, Illinois	*Study of the practice patterns of young physicians—Phase I (for 1 year). ID# 10974*	262,040
Association of American Medical Colleges Washington, D.C.	*Preparation and publication of information on minorities in medical education (for 4 years). ID# 11025*	50,000
Baylor College of Medicine Houston, Texas	*High school program to encourage minorities to enter the health professions (for 2 years). ID# 8894*	150,000
Benedictine Hospital Kingston, New York	*Consulting services and technical assistance and direction for the Interfaith Volunteer Caregivers Program (for 1 year). ID# 10585*	281,060
	Program replication project—Interfaith Volunteer Caregivers Program (for 2 years). ID# 10956	119,964
Brandeis University Waltham, Massachusetts	*Design study for continuing care retirement community off-site programs (for 4 months). ID# 11021*	22,121
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, Massachusetts	*Evaluation of the Program for Hospital Initiatives in Long-Term Care—Phase II (for 2 years). ID# 10459*	448,247
	Planning for a demonstration of life-care at home communities (for 1 year). ID# 11520	139,516
	Study to identify key management issues in social health maintenance organizations (for 6 months). ID# 11453	50,000
Brigham and Women's Hospital, Inc. Boston, Massachusetts	*Multi-hospital study of variations in medical practice and clinical outcomes (for 25 months). ID# 10934*	742,170

		1986 grants authorized
University of California, Berkeley Berkeley, California	*Continuation of a follow-up study of the chronically mentally ill (for 40 months). ID# 10902*	$ 480,895
University of California, San Francisco, Institute for Health Policy Studies San Francisco, California	*Technical assistance and direction for the AIDS Health Services Program (for 1 year). ID# 10908*	296,097
University of California, San Francisco, School of Medicine San Francisco, California	*Dissemination of information on the San Francisco AIDS program (for 3 years). ID# 10978*	600,000
Catholic Charities, Diocese of Metuchen East Brunswick, New Jersey	*Services program for low-income minorities in New Brunswick, New Jersey area (for 3 years). ID# 11430*	56,240
The Center for Help in Time of Loss River Vale, New Jersey	*Support program for patients and families experiencing catastrophic illness (for 3 years). ID# 11431*	45,000
Program for the Chronically Mentally Ill	*Support for community-wide projects aimed at consolidating and expanding services for chronically mentally ill people (for 2 years). ID# 10446*	
City of Baltimore, Department of Health Baltimore, Maryland		966,188
City and County of Denver, Department of Health and Hospitals Denver, Colorado		1,036,654
Franklin County Mental Health Board Columbus, Ohio		847,479
Hamilton County Community Mental Health and Retardation Board Cincinnati, Ohio		241,978
University of Hawaii, John A. Burns School of Medicine Honolulu, Hawaii		860,989
Lucas County Mental Health Board Toledo, Ohio		444,516
Mecklenburg County Area Mental Health/ Mental Retardation Authority Charlotte, North Carolina		908,146

		1986 grants authorized
Mental Health—Mental Retardation Center of Austin—Travis County Austin, Texas		$ 799,085
City of Philadelphia, Department of Public Health Philadelphia, Pennsylvania		1,399,234
Clinical Nurse Scholars Program	*Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 3 years). ID#7514*	
University of California, San Francisco, School of Nursing San Francisco, California		1,046,964
The University of Pennsylvania, School of Nursing Philadelphia, Pennsylvania		982,277
University of Rochester, School of Nursing Rochester, New York		1,003,007
Clinical Scholars Program	*Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 3 years). ID#5109*	
University of California, Los Angeles, School of Medicine Los Angeles, California		1,039,031
University of California, San Francisco, School of Medicine San Francisco, California		577,227
University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, North Carolina		1,117,434
The University of Pennsylvania, School of Medicine Philadelphia, Pennsylvania		1,008,807
Stanford University, School of Medicine Stanford, California		569,146
University of Washington, School of Medicine Seattle, Washington		948,571
Yale University, School of Medicine New Haven, Connecticut		1,017,176
University of Colorado, Health Sciences Center Denver, Colorado	*Supplement to the evaluation of the Teaching Nursing Home Program (for 25 months). ID#11133*	392,053

		1986 grants authorized
Community Care Funding Partners Program	*Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated). ID#6397*	
The Ounce of Prevention Fund Chicago, Illinois *(5 years)*		$ 400,000
The Presbyterian Hospital in the City of New York New York, New York *(5 years)*		400,000
Urban Affairs Corporation Houston, Texas *(3 years)*		100,000
Community Foundation of Greater Washington Washington, D.C.	*Planning of a training project for health professionals working with the homeless (for 6 months). ID#11268*	36,560
Community Programs for Affordable Health Care	*Implementation of local projects to slow the rate of health care cost increases (for 2 years). ID#6748*	
Allegheny Conference on Community Development Pittsburgh, Pennsylvania		186,061
Clark University, Graduate School of Management Worcester, Massachusetts		749,242
Greater Detroit Area Health Council, Inc. Detroit, Michigan		269,551
Health Action Forum of Greater Boston, Inc. Boston, Massachusetts		953,587
Health Policy Corporation of Iowa Des Moines, Iowa		583,479
Stormont-Vail Health Services Corporation Topeka, Kansas		696,602
Tulsa Business Health Group, Inc. Tulsa, Oklahoma		619,460

		1986 grants authorized
Cornell University Medical College New York, New York	*Exploration of the role of medicine in contemporary society (for 3 years). ID# 11831*	$ 200,000
	Technical assistance and direction for the General Pediatrics Academic Development Program (for 1 year). ID# 10588	99,102
	The Walsh McDermott Distinguished Professorship of Medicine (for 3 months). ID# 11795	1,500,000
Corporation for Public-Private Ventures, Inc. Philadelphia, Pennsylvania	*Health component of a program to improve the opportunities for disadvantaged youth (for 2 years). ID# 10674*	300,000
The Council of State Governments—Southern Governors' Association Lexington, Kentucky	*Development of a program to reduce infant mortality (for 7 months). ID# 10593*	120,700
Program for Demonstration and Research on Health Care Costs. ID#7867		
Boston University, School of Medicine Boston, Massachusetts	*Utilization management system to assure quality care (for 2 years).*	272,966
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, Massachusetts	*Evaluation of a case-management program for high-cost illness (for 2 years).*	297,414
University of California, San Francisco San Francisco, California	*Life care facilities: study of health care costs and utilization (for 1.5 years).*	265,763
Children's Hospital National Medical Center Washington, D.C.	*Critical care cost containment: impact of risk assessment on resource use (for 1.5 years).*	136,628
Columbia University New York, New York	*Evaluation of the New York prospective hospital reimbursement methodology (for 2 years).*	44,452
Duke University Medical Center Durham, North Carolina	*Cost-benefit comparison of coronary bypass surgery and angioplasty (for 2.5 years).*	236,053
Harvard University, School of Public Health Boston, Massachusetts	*Comparative evaluation of the New York prospective hospital reimbursement system (for 14 months).*	150,880
Indiana University Foundation Indianapolis, Indiana	*Assessment of increasing ambulatory care to reduce hospitalization (for 1 year).*	22,985

		1986 grants authorized
Kaiser Foundation Hospitals—Kaiser Foundation Research Institute Portland, Oregon	*Evaluation of a hospital emergency decision unit (for 2.5 years).*	$ 290,671
The University of Texas at Austin, Lyndon B. Johnson School of Public Affairs Austin, Texas	*Design of cost-reduction strategies for emergency medical service systems (for 1.5 years).*	71,642
The Urban Institute Washington, D.C.	*Analysis of the effects of nursing home reimbursement changes (for 2 years).*	265,485
Dental Services Research Scholars Program	*Dental faculty fellowships in health services research (for 2 years). ID#6720*	
Trustees of Health and Hospitals of the City of Boston, Inc. Boston, Massachusetts		97,600
University of California, Los Angeles, School of Dentistry Los Angeles, California		308,864
Harvard University, School of Dental Medicine Boston, Massachusetts		124,703
University of Illinois, College of Dentistry Chicago, Illinois		89,624
University of Iowa, College of Dentistry Iowa City, Iowa		96,000
University of Michigan, School of Dentistry Ann Arbor, Michigan		100,000
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*	
Cornell University Ithaca, New York *(10 months)*		15,000
University of Houston Houston, Texas *(1 year)*		38,636
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, Maryland *(1 year)*		15,000

	1986 grants authorized
Lawrence University Appleton, Wisconsin *(1 year)*	$ 41,165
University of Maryland Catonsville, Maryland *(1 year)*	46,475
University of Michigan, School of Public Health Ann Arbor, Michigan *(1 year)*	15,000
University of New Orleans New Orleans, Louisiana *(1 year)*	40,633
New York University Medical Center New York, New York *(10 months)*	15,000
North Texas State University Denton, Texas *(1 year)*	49,940
Seton Hall University South Orange, New Jersey *(1 year)*	15,000
Tulane University, School of Medicine New Orleans, Louisiana *(1 year)*	14,808
University of Wisconsin, Madison Madison, Wisconsin *(1 year)*	48,600

Family Friends

Program directed by the National Council on the Aging to support community projects that match older volunteers with chronically ill or disabled children and their families (for 2 years). ID# 10571

Capitol Region Conference of Churches Hartford, Connecticut	227,288
Catholic University of America Washington, D.C.	256,534
Cuyahoga County Hospital System Cleveland, Ohio	217,044
Eastern Nebraska Regional Agency on Human Services Omaha, Nebraska	206,058
Easter Seal Society for Crippled Children and Adults of Utah Salt Lake City, Utah	235,684

		1986 grants authorized
Jewish Family Service of Los Angeles Los Angeles, California		$ 231,218
Metropolitan Dade County, Florida, Community Action Agency Miami, Florida		216,330
Santa Rosa Medical Center San Antonio, Texas		225,072
Fox Chase Cancer Center Philadelphia, Pennsylvania	*Technical assistance for the Minority Medical Faculty Development Program (for 1 year). ID#11198*	103,212
Geisinger Foundation Danville, Pennsylvania	*Development of a physician management training institute (for 2.5 years). ID#10546*	266,248
The General Hospital Corporation—Massachusetts General Hospital Boston, Massachusetts	*Technical assistance and direction for the Program for Prepaid Managed Health Care (for 1 year). ID#10198*	256,804
General Pediatrics Academic Development Program	*Projects to expand research and training for academic careers in general pediatrics (for 1 year). ID#4610*	
Duke University Medical Center Durham, North Carolina		124,935
The Johns Hopkins University, School of Medicine Baltimore, Maryland		125,000
Medical Associates Research and Education Foundation Philadelphia, Pennsylvania		125,000
University of Rochester, School of Medicine and Dentistry Rochester, New York		123,899
Stanford University, School of Medicine Stanford, California		125,000
Yale University, School of Medicine New Haven, Connecticut		124,999
George Washington University Washington, D.C.	*Support for the National Health Policy Forum (for 3 years). ID#11072*	439,848

		1986 grants authorized
Georgetown University, School of Medicine Washington, D.C.	*Analysis of health policy issues (for 1 year). ID# 10710*	$ 353,586
	National survey on changing patterns in hospital care (for 2.5 years). ID# 11250	382,705
	Teleconference for health professionals on the diagnosis/ treatment of AIDS (for 7 months). ID# 11026	197,900
Hartford Health Network, Inc. Hartford, Connecticut	*Community program for prepaid managed health care for low-income persons (for 2 years). ID# 10737*	565,020
Harvard Medical School Boston, Massachusetts	*Local initiatives to address children's health needs (for 2 years). ID# 9793*	648,208
	Technical assistance and direction for the School-Based Adolescent Health Care Program (for 10 months). ID# 10526	262,661
	Technical assistance and direction for the Program for the Chronically Mentally Ill (for 1 year). ID# 10712	402,563
Health Care for the Uninsured Program	*Development and implementation of state and local initiatives to assure the availability of health care services for those who cannot afford care and lack health insurance (for the periods indicated). ID# 10393*	
University of Alabama in Birmingham Medical Center Birmingham, Alabama *(3 years)*		414,802
Arizona Health Care Cost Containment System Phoenix, Arizona *(1 year)*		346,261
Puget Sound Health Systems Agency Seattle, Washington *(2 years)*		318,949
San Diego Council of Community Clinics San Diego, California *(3 years)*		324,660
Tennessee Association of Primary Health Care Centers, Inc. Nashville, Tennessee *(2 years)*		448,427

		1986 grants authorized
State of Wisconsin Department of Health and Social Services Madison, Wisconsin *(3 years)*		$ 450,000
Health Policy Fellowships Program	*One-year fellowships with the federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888*	
University of Alabama, School of Medicine Birmingham, Alabama		50,400
Emory University, School of Medicine Atlanta, Georgia		46,800
George Washington University, School of Medicine Washington, D.C.		47,040
University of Miami, School of Medicine Miami, Florida		50,400
Pennsylvania State University—The Milton S. Hershey Medical Center Hershey, Pennsylvania		52,120
The University of Texas at Austin, School of Nursing Austin, Texas		49,600
Hospital Research and Educational Trust Chicago, Illinois	*Technical assistance and direction for the Community Programs for Affordable Health Care (for 1 year). ID#10946*	253,140
Infant Health and Development Program	*National collaborative study to test the efficacy of combining early childhood development services with pediatric care in reducing the incidence of health and developmental problems among low birthweight infants (for the periods indicated). ID#7891*	
Albert Einstein College of Medicine of Yeshiva University New York, New York *(31 months)*		2,304,531
University of Arkansas, College of Medicine Little Rock, Arkansas *(28 months)*		1,762,995
Children's Hospital Corporation Boston, Massachusetts *(2.5 years)*		2,713,229

		1986 grants authorized
Medical Associates Research and Education Foundation Philadelphia, Pennsylvania *(2.5 years)*		$ 2,271,937
University of Miami, School of Medicine Miami, Florida *(29 months)*		1,827,467
The University of Texas Health Science Center at Dallas Dallas, Texas *(29 months)*		2,132,049
University of Washington, School of Medicine Seattle, Washington *(26 months)*		2,077,961
Yale University, School of Medicine New Haven, Connecticut *(29 months)*		2,135,538
The John F. Kennedy Medical Center Foundation, Inc. Edison, New Jersey	*Equipment for the Robert Wood Johnson Jr. Rehabilitation Institute (for 7 months). ID# 10595*	68,713
Kaiser Foundation Hospitals Oakland, California	*Expansion of a demonstration study to prevent falls among the elderly (for 9 months). ID# 11249*	96,740
Kansas Hospital Association Topeka, Kansas	*Technical assistance on restructuring operations for small rural hospitals (for 1 year). ID# 10632*	97,826
MCOSS Foundation, Inc. Red Bank, New Jersey	*Mobile clinics for chronically disabled boarding home residents (for 3 years). ID# 10977*	322,009
MG Property Holding Corporation New Brunswick, New Jersey	*Property acquisition (for 1 year). ID# 10466*	498,380
Manpower Demonstration Research Corporation New York, New York	*Program of targeted health care and education for teenage mothers and their children (for 15 months). ID# 10339*	109,900
University of Massachusetts Amherst, Massachusetts	*Medical management information system for the Health Care for the Homeless Program (for 2 years). ID# 10346*	543,092
	Study of the homeless in Chicago (for 4 months). ID# 10968	134,802

		1986 grants authorized
University of Michigan, School of Public Health Ann Arbor, Michigan	*Evaluation of Community Programs for Affordable Health Care—Phase II (for 2 years). ID# 10597*	$ 415,548
Middlesex County College Edison, New Jersey	*Registered nurse refresher course (for 2 months). ID# 10598*	11,989
Middlesex County College Foundation Edison, New Jersey	*Design of a geriatric care program for associate degree RNs (for 1 year). ID# 10621*	60,877
Middlesex County Recreational Council Edison, New Jersey	*Summer camp for children with health problems (for 5 months). ID# 10353*	24,700
Minority Medical Faculty Development Program	*Four-year program to provide two-year, biomedical, postdoctoral research fellowships (for the periods indicated). ID# 7854*	
Emory University, School of Medicine Atlanta, Georgia *(2 years)*		120,000
Foundation for Advanced Education in the Sciences, Inc. Bethesda, Maryland *(3 years)*		119,715
Sloan-Kettering Institute for Cancer Research New York, New York *(2 years)*		119,911
Stanford University, School of Medicine Stanford, California *(2 years)*		120,000
University of Washington, School of Medicine Seattle, Washington *(2 years)*		119,685
Yale University, School of Medicine New Haven, Connecticut *(2 years)*		119,720
University of Missouri, Columbia, School of Medicine Columbia, Missouri	*Technical assistance for the Research and Development Program to Improve Patient Functional Status (for 1 year). ID# 10906*	95,024

		1986 grants authorized
Montefiore Medical Center Bronx, New York	*Technical assistance and direction for the Program for Hospital Initiatives in Long-Term Care (for 1 year). ID# 10718*	$ 259,662
National Academy of Sciences—Institute of Medicine Washington, D.C.	*Support for the 1986 Gustav O. Lienhard Award for the advancement of health care (for 1 year). ID# 10992*	41,160
	Support for the Institute of Medicine (for 5 years). ID# 9794	5,000,000
National Association of Area Agencies on Aging Washington, D.C.	*Dissemination of successful health-related community programs for the frail elderly (for 3 years). ID# 10790*	150,000
National Association of Community Health Centers, Inc. Washington, D.C.	*Technical assistance for the Primary Care Health Center Management Program (for 1.5 years). ID# 11568*	89,177
National Association of School Nurses, Inc. Scarborough, Maine	*National in-service training program to improve the patient care skills of school nurses (for 3 years). ID# 10747*	331,331
National Foundation for Dentistry for the Handicapped Denver, Colorado	*A prepaid dental program for the developmentally disabled (for 2 years). ID# 9408*	293,830
National Public Radio, Inc. Washington, D.C.	*Reporting of health care financing, organization, and delivery (for 14 months). ID# 10888*	136,388
New York University New York, New York	*Technical assistance and direction for the Rural Hospital Program of Extended-Care Services and program planning for a hospital-based rural health care program (for 1 year). ID# 11264*	366,007
University of North Carolina at Chapel Hill, Health Services Research Center Chapel Hill, North Carolina	*Technical assistance and direction for the Dental Services Research Scholars Program (for 1 year). ID# 10600*	228,822

		1986 grants authorized
Northwestern University, J.L. Kellogg Graduate School of Management Evanston, Illinois	*Study of factors influencing hospital provision of ambulatory care (for 1 year). ID#11451*	$ 68,153
Ohio Presbyterian Homes Columbus, Ohio	*Multisite demonstration of home services for the elderly (for 3.5 years). ID#10590*	577,034
Oregon Health Decisions, Inc. Salem, Oregon	*Approach for consideration of issues affecting the critically ill (for 2 years). ID#11009*	99,750
The University of Pennsylvania, School of Nursing Philadelphia, Pennsylvania	*Production and distribution of a film on the Teaching Nursing Home Program (for 1.5 years). ID#11278*	161,896
	Technical assistance and direction for the Teaching Nursing Home Program (for 1 year). ID#10720	217,781
The People-to-People Health Foundation, Inc. Millwood, Virginia	*Addition of a section on private philanthropy in "Health Affairs" (for 3 years). ID#10994*	69,845
Program for Prepaid Managed Health Care	*Collaboration of medical institutions with state and federal government and private insurers in projects offering health care by combining patient care management by primary care physicians with a capitated payment arrangement (for the periods indicated). ID#7862*	
Chesapeake Health Plan, Inc. Baltimore, Maryland *(2 years)*		576,300
City of Cincinnati, Board of Health Cincinnati, Ohio *(1 year)*		244,100
The Johns Hopkins Hospital Baltimore, Maryland *(2 years)*		265,505
Lutheran Medical Center Brooklyn, New York *(6 months)*		140,431
The Medical College of Pennsylvania Philadelphia, Pennsylvania *(2 years)*		337,012
Public Health Trust of Dade County, Florida Miami, Florida *(1 year)*		458,165

		1986 grants authorized
University Health Care, Inc. Madison, Wisconsin *(2 years)*		$ 657,844
University of Utah, College of Medicine Salt Lake City, Utah *(2 years)*		344,748
Watts Health Foundation, Inc. Los Angeles, California *(1 year)*		204,696
West Alabama Health Services, Inc. Eutaw, Alabama *(2 years)*		504,140
Primary Care Health Center Management Program	*Matching grants initiative aimed at strengthening the management of not-for-profit primary care health centers located in communities with inadequate medical resources (for the periods indicated). ID# 10366*	
Charter Oak Terrace Health Center, Inc. Hartford, Connecticut *(3 years)*		75,000
Fair Haven Community Health Clinic, Inc. New Haven, Connecticut *(3 years)*		75,000
Linda Vista Health Care Center San Diego, California *(3 years)*		75,000
Neighborhood Health Centers of Seattle Seattle, Washington *(3 years)*		74,440
Regional Medical Center at Lubec Lubec, Maine *(3 years)*		75,000
Society of St. Vincent de Paul of Orange County Orange, California *(3 years)*		65,699
Venice Family Clinic Venice, California *(3 years)*		75,000
Rand Corporation Santa Monica, California	*Evaluation of the Program for Prepaid Managed Health Care—Phase II (for 45 months). ID# 10356*	1,926,110

		1986 grants authorized
Research and Development Program to Improve Patient Functional Status. ID#6329		
Albert Einstein College of Medicine of Yeshiva University New York, New York	*Clinical trial of educational computer game for children with asthma (for 3 years).*	$ 150,000
University of Arizona, College of Medicine Tucson, Arizona	*Model training program for caregivers of Alzheimer's disease patients (for 3 years).*	149,866
Boston University, School of Medicine Boston, Massachusetts	*Epidemiologic cohort study of risk factors for hip fracture (for 2 years).*	149,775
University of California, Los Angeles, School of Medicine Los Angeles, California	*Translation of functional status data into plans for therapy (for 2 years).*	149,152
Creighton University, School of Nursing Omaha, Nebraska	*Role of social support on functional status of physically impaired elderly (for 2 years).*	76,012
University of Iowa, College of Medicine Iowa City, Iowa	*Comparison of anesthesias on postoperative functioning (for 1.5 years).*	149,981
University of Miami, School of Nursing Coral Gables, Florida	*Evaluation of specific training for severely demented patients (for 2 years).*	150,000
University of Missouri, Columbia, School of Medicine Columbia, Missouri	*Test counseling/education for chronic obstructive pulmonary disease patients (for 3 years).*	149,983
New York City Health and Hospitals Corporation—Goldwater Memorial Hospital New York, New York	*Use of technology to rehabilitate physically disabled patients (for 2 years).*	138,772
University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, North Carolina	*Study of family support factors in school performance of high-risk children (for 3 years).*	150,000
University of Oklahoma, College of Medicine Oklahoma City, Oklahoma	*Evaluation of family factors as predictors of function after cardiac surgery (for 2 years).*	149,248

		1986 grants authorized
The University of Pennsylvania, School of Medicine Philadelphia, Pennsylvania	*Nursing intervention to reduce delirium in hospitalized elderly patients (for 1 year).*	$ 147,075
Research Foundation for Mental Hygiene, Inc. New York, New York	*Development and evaluation of counseling for persons tested for Huntington's disease (for 3 years).*	149,965
University of Rochester, School of Medicine and Dentistry Rochester, New York	*Study of mobility aids on children with meningomyelocele (for 2 years).*	149,956
	Testing of a psychosocial intervention on functional recovery from hip surgery (for 3 years).	149,800
St. Vincent's Hospital and Medical Center of New York New York, New York	*Assessment of a new pulmonary therapy for adolescents with cystic fibrosis (for 2 years).*	149,938
Veterans Administration of Birmingham—Birmingham VA Medical Center Birmingham, Alabama	*Evaluation of social support after coronary artery bypass surgery (for 3 years).*	149,580
University of Vermont, College of Medicine Burlington, Vermont	*Community-based intervention for failure-to-thrive: a controlled study (for 3 years).*	149,951
University of Washington, School of Nursing Seattle, Washington	*Development of a self-management strategy for chronically ill children (for 1.5 years).*	124,514
Yale University, School of Medicine New Haven, Connecticut	*Study of whether excess disability is attributable to depression as a consequence of back injury (for 2 years).*	150,000
The Rose Foundation Denver, Colorado	*Statewide program on legal and ethical issues in care of the critically ill (for 2 years). ID#11016*	79,587
Rutgers University, College of Nursing Newark, New Jersey	*Joint nursing program with Robert Wood Johnson—University Hospital (for 3 years). ID#10818*	679,051
St. Croix Health Center New Richmond, Wisconsin	*Outreach program to assist the rural frail elderly (for 1.5 years). ID#10796*	75,000

		1986 grants authorized
St. Peter's Medical Center, School of Nursing New Brunswick, New Jersey	*Support for a nurse training program (for 10 months). ID# 10724*	$ 10,000
St. Vincent's Hospital and Medical Center of New York New York, New York	*Technical assistance and direction for the Health Care for the Homeless Program (for 1 year). ID# 10725*	278,452
The Salvation Army New Brunswick, New Jersey	*Program of assistance to the indigent (for 1 year). ID# 10723*	68,000
The Society of the New York Hospital New York, New York	*Comprehensive health and social services program for the frail elderly (for 4 years). ID# 11139*	400,651
Stanford University, School of Medicine Stanford, California	*National collaborative study of the Infant Health and Development Program (for 15 months). ID# 10207*	1,244,366
	Documentation of the first phase of the Infant Health and Development Program (for 1 year). ID# 11320	20,000
United Way of Central Jersey, Inc. Milltown, New Jersey	*Support of 1986 Campaign (for 1 year). ID# 10949*	150,000
University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School Piscataway, New Jersey	*Program to improve the functional status of handicapped children (for 4 years). ID# 10170*	654,425
University of Utah Salt Lake City, Utah	*Premedical enrichment program for minority high school students (for 3 years). ID# 10209*	532,076
Vanderbilt University, Center for Health Services Nashville, Tennessee	*Rural clinic home visiting service program (for 40 months). ID# 10626*	289,149
University of Virginia Law School Foundation Charlottesville, Virginia	*Technical assistance for the Medical Malpractice Program (for 1 year). ID# 10922*	111,747

		1986 grants authorized
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, North Carolina	*Awareness program of medicine as a career for minority high school students (for 2 years). ID#9128*	$ 197,866
University of Washington, School of Nursing Seattle, Washington	*Technical assistance and direction for the Clinical Nurse Scholars Program (for 1 year). ID#11087*	200,678

PRESIDENT'S GRANTS

Arlington Community Access Corporation Arlington, Virginia	*Program to improve access to care for non-English speaking immigrants (for 1 year). ID#10935*	9,993
Association of American Indian Physicians, Inc. Oklahoma City, Oklahoma	*Exploration of Native American health issues (for 9 months). ID#11059*	8,902
	Development of options to increase number of Native Americans in health professions (for 7 months). ID#11917	47,462
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, Massachusetts	*Conference on marketing health and support services to the elderly (for 2 months). ID#11071*	5,998
Brigham and Women's Hospital, Inc. Boston, Massachusetts	*Study of the association of hematocrit and prematurity (for 1 year). ID#10715*	47,260
The Brookings Institution Washington, D.C.	*Publication of "Swing Beds: Experience and Future Direction" (for 9 months). ID#11385*	19,765
Brown University, Program in Medicine Providence, Rhode Island	*Exploration of a collaborative approach to primary care training (for 10 months). ID#10851*	24,525
University of California, Los Angeles, Institute for Social Science Research Los Angeles, California	*Survey of food bank users' access to health care (for 6 months). ID#11370*	49,740
Child Trends, Inc. Washington, D.C.	*Comparison study of high-risk adolescents and their children (for 1 year). ID#11599*	28,297

		1986 grants authorized
Children's Hospital Corporation Boston, Massachusetts	*Development of a medical program for children with impaired function (for 6 months). ID#11044*	$ 12,546
Council of Medical Specialty Societies Lake Forest, Illinois	*Conference on the uniform emergency medical abstract (for 10 months). ID#11351*	47,333
Executive Service Corps of Chicago Chicago, Illinois	*Program to reduce teen pregnancy and infant deaths in Chicago (for 1 year). ID#9996*	50,000
The Foundation of the American Academy of Ophthalmology San Francisco, California	*National eye care project (for 1 year). ID#8835*	49,575
The Foundation Center New York, New York	*Film on grantmaking foundations (for 7 months). ID#11160*	40,000
Georgetown University, School of Medicine Washington, D.C.	*Assessment of access to medical technologies (for 1 year). ID#11117*	19,797
	Conference on graduate medical education (for 2 months). ID#11248	10,786
University of Massachusetts Amherst, Massachusetts	*Experience of the Chicago homeless with the public welfare system (for 1 year). ID#11753*	14,372
National Foundation for Dentistry for the Handicapped Denver, Colorado	*Publication of a guide on the use of fluorides with handicapped patients (for 11 months). ID#10381*	50,000
National Opinion Research Center Chicago, Illinois	*Dissemination of the findings from a study of the homeless in Chicago (for 1 month). ID#11768*	22,314
Pacific Presbyterian Medical Center, Inc. San Francisco, California	*National teleconference on ethical issues in caring for the critically ill (for 9 months). ID#11103*	35,000
The University of Pennsylvania Philadelphia, Pennsylvania	*Study of voluntary hospital governance (for 8 months). ID#10814*	23,435
Township of Plainsboro Plainsboro, New Jersey	*Development of an integrated public safety radio network (for 8 months). ID#11164*	40,099

		1986 grants authorized
Public Health Trust of Dade County, Florida Miami, Florida	*Study of AIDS patient care in public and teaching hospitals (for 1 year). ID# 11346*	$ 32,000
The University of Texas at Austin, Lyndon B. Johnson School of Public Affairs Austin, Texas	*Implementation of a screen program to identify high-risk pregnancies (for 1 year). ID# 11298*	15,750
	Report on maternal and child health in the U.S.-Mexican border region (for 1 year). ID# 11108	9,490
University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School Piscataway, New Jersey	*Planning for alliance of RWJ Medical School with New Brunswick hospitals (for 1 year). ID# 11626*	26,000
Yale University, School of Medicine New Haven, Connecticut	*Conference on measuring the quality of life and functional status (for 1 year). ID# 10975*	29,575
	Total 1986 grants	$94,605,533
	Refunds of prior years' grants	(322,593)
	Cancellations of prior years' grants	(2,645,451)
	Transfer of grants	
	Balance unspent by original grantees	(49,046)
	Transferred to new grantees	49,046
	Grants net for 1986	$91,637,489

Bibliography

Bibliography

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.

In 1986 these reports cited 26 books, 88 book chapters, 601 journal articles, 279 reports, and 33 films, tapes, and other audiovisual products.

This bibliography is a sample of citations from the categories reported in 1986, and from among the publications of the Foundation's staff. These publications are available through medical libraries and/or the publishers. Copies are not available from the Foundation.

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Andersen, Ronald M., and Lu Ann Aday. *Community Hospital Program (CHP) Access Impact Evaluation Surveys, 1978-1979, 1981* (ICPSR #8245).

Freeman, Howard, and Robert J. Meeker. *National School Health Services Program Evaluation, 1981-1982* (ICPSR #8302).

Klein, Stephen P., and Harry M. Bohannan. *National Preventive Dentistry Demonstration Program, 1977-1981* (ICPSR #8494).

Shapiro, Sam, *et al. Evaluation of Regionalized Networks of High-Risk Pregnancy Care* (ICPSR #8469).

Financial statements

Introduction to financial statements

The annual financial statements for the Foundation for 1986 appear on pages 64 through 66. A listing of grants authorized in 1986 begins on page 33.

Grants authorized in 1986, net of cancellations and refunds of prior years' grants totaled $91,637,489. Program development, evaluation, administrative and investment expenses for the year came to $8,590,444; and federal excise tax on income amounted to $832,292, making a grand total of expenditures of $101,060,225. This total was $17,295,241 more than gross investment income of $83,764,984. In 1985, total expenditures were $4,637,618 less than gross revenue.

A list of investment securities held at December 31, 1986 is available upon request to the Executive Vice President — Finance, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

William R. Walsh, Jr.
Executive Vice President — Finance

Opinion of certified public accountants

To the Trustees of
The Robert Wood Johnson Foundation:

We have examined the statement of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation as of December 31, 1986 and 1985 and the related statement of investment income, expenses, grants and changes in foundation principal for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1986 and 1985 and the investment income, expenses, grants and changes in foundation principal for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Coopers & Lybrand

Newark, New Jersey,
January 23, 1987

The Robert Wood Johnson Foundation
Statement of assets,
liabilities and Foundation principal
at December 31, 1986 and 1985

	1986	1985
Assets		
Cash	$ 107,767	$ 162,646
Investments (at cost, or market value on dates of gifts) (Note 2):		
Johnson & Johnson common stock 16,984,000 shares in 1986, 18,284,000 shares in 1985 (quoted market value $1,114,575,000 and $962,195,500)	162,291,512	174,713,727
Fixed income investments (quoted market value $619,524,122, and $572,265,640)	573,991,753	526,371,177
Stock portfolio including temporary cash investments of $54,702,659 (quoted market value $59,587,759)	59,550,957	–0–
Program related investments	2,675,000	2,675,000
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	5,982,540	6,117,963
	$804,599,529	$710,040,513
Liabilities and Foundation principal		
Liabilities:		
Unpaid grants (Note 1)	$123,603,291	$104,779,201
Federal excise tax payable	1,641,942	2,291,174
Total liabilities	125,245,233	107,070,375
Foundation principal	679,354,296	602,970,138
	$804,599,529	$710,040,513

See notes to financial statements.

The Robert Wood Johnson Foundation
Statement of investment income, expenses, grants and changes in Foundation principal
for the years ended December 31, 1986 and 1985

	1986	1985
Investment income (Note 1):		
Dividends	$ 23,951,600	$ 23,992,300
Interest	59,813,384	53,771,650
	83,764,984	77,763,950
Less: Federal excise tax	832,292	1,546,997
Investment expense	535,740	414,106
	82,396,952	75,802,847
Expenses:		
Program development and evaluation	5,632,215	5,154,397
General administration	2,422,489	2,047,362
	8,054,704	7,201,759
Income available for grants	74,342,248	68,601,088
Grants, net of refunds and cancellations	91,637,489	63,963,470
	(17,295,241)	4,637,618
Adjustments to Foundation principal:		
Capital gains on sale of securities less related federal excise tax (Note 3)	93,679,149	43,913,223
Contributions received	250	15
	93,679,399	43,913,238
Net increase in Foundation principal	76,384,158	48,550,856
Foundation principal, beginning of year	602,970,138	554,419,282
Foundation principal, end of year	$679,354,296	$602,970,138

See notes to financial statements.

1. Summary of significant accounting policies:

   Grants are recorded as payable in the year the grant requests are authorized by the Board of Trustees. At December 31, 1986 unpaid grants are as follows:

Year grant authorized	Amount unpaid at December 31, 1986
1982	$ 1,686,951
1983	5,371,645
1984	11,976,154
1985	25,744,513
1986	78,824,028
	$123,603,291

   Depreciation of $368,867 in 1986 and $288,176 in 1985 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

   Interest and dividend income is recorded when received and expenses are recorded, except for federal excise taxes, when paid. The difference between the cash and accrual basis for such amounts is considered to be immaterial.

2. The quoted market value of the sizeable investment in Johnson & Johnson common stock does not necessarily represent the realizable value of such investment.

3. The net capital gains on sales of securities for the years ended December 31, 1986 and 1985 were as follows:

	1986	1985
Johnson & Johnson common stock	$66,562,129	$26,587,963
Other securities, net	27,117,020	17,325,260
	$93,679,149	$43,913,223

4. 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 expenses were $490,061 and $425,604 in 1986 and 1985, respectively.

5. Federal excise tax was 1 percent in 1986 and 2 percent in 1985.

Secretary's report

Secretary's report *

The Foundation lost a valued trustee with the death of Philip B. Hofmann in December 1986. Mr. Hofmann, a close personal friend of the Foundation's founder, General Robert Wood Johnson, served on the board for 32 years and, in particular, helped to shape the Foundation since it became a national philanthropy. We are indebted to Mr. Hofmann for his leadership and distinguished service to the Foundation.

In December 1986, Lawrence G. Foster was elected trustee of the Foundation. Mr. Foster is corporate vice president of public relations for Johnson & Johnson. Prior to joining Johnson & Johnson in 1957, Mr. Foster was a reporter and editor with the *Newark News,* then New Jersey's largest daily paper. He is a founding trustee of the Robert Wood Johnson-University Hospital Foundation and helped organize the Johnson & Johnson-Wharton Fellows Program in Management for Nurses at The University of Pennsylvania. Mr. Foster is a graduate of Pennsylvania State University and served as trustee of his alma mater for three terms. In 1979, he received the University's highest honor, the Distinguished Alumnus Award.

In May 1986, William R. Walsh, Jr., the Foundation's executive vice president — finance and treasurer, was elected trustee of the Foundation. Prior to joining the Foundation in 1972, Mr. Walsh was vice president for finance and administration at Middlesex County College.

In November 1986, David E. Rogers, M.D., president of the Foundation, announced his plans to retire from that post after 15 years to return to academic medicine. Dr. Rogers, a physician and former dean of The Johns Hopkins University School of Medicine, accepted an appointment as the first Walsh McDermott Professor of Medicine at the Cornell University Medical College in New York City. Dr. Rogers was responsible for setting overall direction and then guiding the Foundation's grantmaking during the crucial period after The Robert Wood Johnson Foundation emerged on the national scene as a major philanthropic institution.

Leighton E. Cluff, M.D., executive vice president of the Foundation, was elected president, succeeding Dr. Rogers. Dr. Cluff was also elected trustee of the Foundation. Prior to joining the staff in 1976, Dr. Cluff served for 10 years as professor and chairman of the University of Florida School of Medicine's department of medicine. For 12 years prior to that, he

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**To present as up-to-date a picture of staff changes as possible, this report covers the period through February 6, 1987.*

was a member of The Johns Hopkins University medical faculty, leaving in 1966 as a professor of medicine.

Staff changes

In May 1986, the board elected Jeffrey C. Merrill, assistant vice president of the Foundation, to vice president. In January 1987, Alan B. Cohen, Sc.D., Paul S. Jellinek, Ph.D., and Stephen A. Somers, Ph.D., were promoted to senior program officers. Victoria D. Weisfeld was promoted to senior communications officer.

In November 1986, Samuel P. Martin III, M.D., a professor of medicine and director of the Foundation's Clinical Scholars Program at The University of Pennsylvania, joined the Foundation staff as special program consultant. Dr. Martin is the former director of the Leonard Davis Institute at The University of Pennsylvania.

In January 1987, John P. Morrill joined the staff as equity portfolio manager. He has a master's degree in business administration from the University of Chicago Graduate School of Business. Prior to coming to the Foundation, Mr. Morrill had worked at the Bank of Boston as a treasury specialist and founded an investment management company, John Morrill Company, in Framingham, Massachusetts.

Nancy L. Barrand joined the staff in September 1986 as program officer. Ms. Barrand is a graduate of the Kennedy School of Government at Harvard University. Before that time, she had worked as a legislative aide on health issues in the office of Senator Alan Cranston in Washington, D.C.

Linda S. Orgain joined the staff in July 1986 as communications associate. Ms. Orgain is a graduate of Douglass College and had worked as a senior public relations administrator at Ortho Pharmaceutical Corporation.

Frank Karel III, vice president for communications, left the Foundation in January 1987 to become vice president for communications of The Rockefeller Foundation in New York City. Mr. Karel had been a member of the staff for over 12 years and created and managed a communications activity that has become an integral part of the Foundation's programmatic mission.

Drew E. Altman, Ph.D., vice president, left the Foundation in the summer of 1986 to become Commissioner of Human Services for the State of New Jersey. Dr. Altman joined the Foundation in 1981 and initiated such programs as the AIDS Health Services Program, the Health Care for the Homeless Program, and the Health Care for the Uninsured Program.

Saul M. Kilstein, program officer, who joined the Foundation in 1983, left in the summer of 1986 to work with Dr. Altman as the Special Assistant to the Commissioner. Mr. Kilstein was involved in our grant programs in long-term care and health care financing.

Andrew I. Burness, communications officer, who joined the staff in 1983, left in March 1986 to begin a communications business in Washington, D.C. While at the Foundation, Mr. Burness was active in assisting grantees to make their demonstration programs known and understood within the appropriate health care and policy worlds.

Shirley K. Gazsi, communications officer, left the Foundation in early 1987 to become Communications Manager for the Gannett Center for Media Studies at Columbia University School of Journalism in New York City. Ms. Gazsi joined the Foundation in 1982 and was responsible for communications activities related to national programs and for the annual report.

Senior program consultants

Linda Hill-Chinn was appointed a senior program consultant to direct the Foundation's Community Programs for Affordable Health Care. Ms. Hill-Chinn is executive director for policy at the Blue Cross/Blue Shield Association in Chicago.

Judith Feder, Ph.D., was appointed a senior program consultant for data research and analysis. Dr. Feder is director at the Center for Health Policy Studies at Georgetown University.

William A. Knaus, M.D., was appointed a senior program consultant to assist in developing a program addressing the care of critically ill hospitalized adults. Dr. Knaus is director of intensive care research at George Washington University Medical Center.

Leonard I. Stein, M.D., was appointed a senior program consultant to direct the Foundation's Mental Health Services Development Program. Dr. Stein is professor in the department of psychiatry at the University of Wisconsin Medical School and formerly director of Dane County Mental Health Center in Madison, Wisconsin.

Donald R. Cohodes, Sc.D., resigned as senior program consultant directing the Foundation's Community Programs for Affordable Health Care. He was appointed a senior program consultant in 1985.

Jack Hadley, Ph.D., resigned as senior program consultant for data research and analysis. He was appointed a senior program consultant in 1984.

Board activities

The Board of Trustees met seven times in 1986 to conduct business, review proposals, and appropriate funds. In addition, the Executive, Nominating and Compensation, Program Review, 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

Application for grants

Application for grants

The Robert Wood Johnson Foundation is a private philanthropy interested in improving health in the United States. We are concentrating our resources on three well-defined needs in health:

- the need to improve access to personal health care for the most underserved population groups;
- the need to make health care arrangements more effective and care more affordable; and
- the need to help people maintain or regain maximum attainable function in their everyday lives.

To increase the potential impact of our grant funds within our three areas of interest, we have further defined our role to assist:

- development and testing of new and previously untried approaches to health care problems;
- demonstrations to objectively assess the operational effectiveness and value of selected new health care arrangements and approaches that have been shown to be effective in more limited settings; and
- projects designed to promote the broader diffusion of programs that have been objectively shown to improve health status or to make health care more affordable.

We give priority to proposed programs and projects that address regional or national problems. The one exception to this and our other guidelines is support for a small number of activities in New Brunswick, New Jersey, where the Foundation originated.

Policy guidelines established by our board of trustees will normally preclude support for the following types of activities: (1) ongoing general operating expenses; (2) endowment, construction, or equipment; (3) basic biomedical research; (4) international activities or programs and institutions in other countries; and (5) direct support to individuals.

Also, we do not support programs concerned solely with a specific disease or with broad public health problems, except as they might relate to our three areas of interest. The decision not to support such programs, worthy though they are, in no way implies a failure to recognize their importance. It is simply a consequence of the conviction that progress in the areas we have selected depends in large measure on our ability to

concentrate our funds. Unfortunately, even within our program interests and guidelines, requests have always exceeded our resources, and thus we are unable to support many deserving proposals.

There are no formal grant application forms. Applicants should prepare a letter that states briefly and concisely the proposed project as well as its objectives and significance; the qualifications of the organization and the individuals concerned; the mechanisms for evaluating results; and a budget. This letter should be accompanied by a copy of the applicant institution's tax exempt status under the Internal Revenue Code. Ordinarily, preference will be given to organizations that have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code, and that are not "private foundations" as defined under Section 509(a). Public instrumentalities performing similar functions are also eligible.

Proposal letters should be addressed to:

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

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