



# The Robert Wood Johnson Foundation

Annual Report 1996

Today, as market forces fundamentally reshape the health care delivery system, The Robert Wood Johnson Foundation remains steady on its [mission](#) to improve the health and health care of all Americans.



<b>Trustees</b>	<b>Roles for Philanthropy</b>	<b>The Founder</b>	<b>Chairman's Statement</b>	<b>President's Message</b>	<b>1996 Activities</b>
<b>Distribution of 1996 Funds</b>	<b>1996 Grants and Contracts</b>	<b>Financial Statements</b>	<b>Secretary's Report</b>	<b>Officers and Staff</b>	

## Mission Statement

The Robert Wood Johnson Foundation was established as a national philanthropy in 1972 and today is the largest U.S. foundation devoted to health care. The Foundation's mission is to improve the health and health care of all Americans. The Foundation concentrates its grantmaking in three areas:

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

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## The Secretary's Report

**In June 1996, James R. Gavin, III, MD, PhD, and Gail L. Warden were elected to the Board of Trustees. Dr. Gavin is a senior scientific officer with the Howard Hughes Medical Institute, Chevy Chase, Maryland. He earned a PhD in biochemistry from Emory University, Atlanta, Georgia, and an MD from Duke University, Durham, North Carolina. Mr. Warden is president and chief executive officer of the Henry Ford Health System, Detroit, Michigan. He earned a master of hospital administration from the University of Michigan, Ann Arbor. At the January 1997 meeting of the Board, Norman Rosenberg, MD, trustee of the Foundation, was elected to the office of trustee emeritus. Dr. Rosenberg served as a trustee since 1958. At his election as trustee emeritus, Dr. Rosenberg was cited by the Board for his loyal, devoted, and valuable service to the Foundation.**

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### Staff Changes

On December 31, 1996, Richard C. Reynolds, MD, executive vice president, retired to Gainesville, Florida, where he continues to oversee The Robert Wood Johnson Clinical Scholars Program as chairperson of its National Advisory Committee; and, as a member of the University of Florida's Division of Internal Medicine, he will practice medicine, and teach medicine, ethics, and literature. Dr. Reynolds joined the Foundation in 1987 from the University of Medicine and Dentistry of New Jersey (UMDNJ) where he served as senior vice president (1984-1987) and dean of the UMDNJ-Robert Wood Johnson Medical School (1979-1987).

Lewis G. Sandy, MD, vice president since 1991, was appointed executive vice president of the Foundation, succeeding Richard C. Reynolds, MD. Dr. Sandy is an internist and former medical director at the Harvard Community Health Plan (now Harvard Pilgrim Health Care), Boston, Massachusetts. He received his MD degree from the University of Michigan and an MBA degree from Stanford University.

In April 1996, Ruby P. Hearn, PhD, vice president, was promoted to the position of senior vice president. Dr. Hearn joined the Foundation in 1976 as a program officer. She was promoted to senior program officer in March 1980 and assistant vice president in the fall of 1980. In January 1983, Dr. Hearn was appointed vice president.

In June 1996, Robert G. Hughes, PhD, senior program officer and director of program research, was promoted to vice president. Dr. Hughes joined the Foundation in October 1989 as a research fellow in the Office of Health Statistics and Analysis (at that time, a major in-house research initiative within the Research and Evaluation Unit). In October 1991, he was promoted to senior program officer and appointed director of program research.

Floyd K. Morris returned to the Foundation as program officer in April 1996. In March 1995, Mr. Morris left the position of senior financial officer to become assistant administrator at the Harvard Community Health Plan's Kenmore Health Center, Boston, Massachusetts. Mr. Morris received his MHA from the University of Pittsburgh.

In September 1996, Gina Stumpf joined the Foundation as assistant director of Human Resources. Ms. Stumpf previously worked for Alliance Capital Management, L.P., in New York City. Effective September 1, 1996, Rosemary Gibson was promoted to senior program officer. Ms. Gibson joined the Foundation in June 1993.

In October 1996, J. Michael McGinnis, MD, joined the Foundation on a 12-month assignment. Dr. McGinnis had a distinguished career in the U.S. Department of Human Services. He served as Assistant Surgeon General; Deputy Assistant Secretary for Health; and Director, Office of Disease Prevention and Health Promotion for over 15 years before retiring from the U.S. Public Health Service in 1995.

In January 1997, Pamela S. Dickson joined the Foundation as a senior program officer. Previously, she held several senior positions with the New Jersey Department of Health. Ms. Dickson received her Master's of Business Administration, Health Care Administration from The Wharton School of Business, University of Pennsylvania.

Rona Smyth Henry was promoted to senior financial officer effective January 1, 1997. Ms. Henry joined the Foundation in January 1995.

Robert H. Ebert, MD, former special advisor to the president, died on January 29, 1996. He was appointed special advisor in 1982 by then-RWJF president, David E. Rogers, MD, and served as a valued consultant to the Foundation's trustees and staff through 1988. Dr. Ebert had served as dean of the Harvard Medical School from 1965 to 1977 and founded the Harvard Community Health Plan. He served as a trustee of the Rockefeller Foundation and was later president of the Milbank Memorial Fund.

In May 1996, Eric P. (Tito) Coleman, program officer, left the Foundation to become vice president at the Community Anti-Drug Coalitions of America, Alexandria, Virginia. Mr. Coleman joined the

Foundation in October 1992.

In June 1996, Annie Lea Shuster, senior program officer, retired from the Foundation after more than 24 years of dedicated service. Ms. Shuster relocated to Little Rock, Arkansas, where she continues to serve as the program director of The Robert Wood Johnson Clinical Scholars Program, maintaining a program office at the University of Arkansas for Medical Sciences.

In June 1996, Paul W. Nannis, senior program officer, left the Foundation to return to the position of commissioner of the city of Milwaukee Health Department, a position that he held prior to joining the Foundation in December 1995.

### **Program Directors**

Thomas F. Babor, PhD, and John C. Higgins-Biddle, PhD, were appointed co-directors of the program, Screening and Brief Intervention for Alcohol Abuse in Managed Care. Dr. Babor is professor of Psychology, University of Connecticut Health Center Department of Psychiatry; Dr. Higgins-Biddle is assistant professor, University of Connecticut Health Center Department of Psychiatry.

Richard R. Clayton, PhD, was appointed program director of the Research Network Initiative on the Etiology of Tobacco Dependence. Dr. Clayton is director of the Center for Prevention Research, Lexington, Kentucky.

Penny H. Feldman, PhD, was appointed program director of the Home Care Research Initiative. Dr. Feldman is the director of the Center for Home Care Policy and Research, Visiting Nurse Service of New York, New York City.

James P. Firman, EdD, was appointed program director of Independent Choices: Enhancing Consumer Direction for People with Disabilities. Dr. Firman is president of the National Council on the Aging, Inc.

Jay S. Himmelstein, MD, MPH, was appointed program director of the Workers' Compensation Health Initiative. Dr. Himmelstein is assistant chancellor for Health Policy, University of Massachusetts Medical Center.

Bernard Lo, MD, was appointed program director for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative. Dr. Lo is director of the Program in Medical Ethics at the University of California, San Francisco, School of Medicine.

Kevin J. Mahoney, PhD, was appointed program director for

Independent Choices: Enhancing Consumer Direction for People with Disabilities-Cash and Counseling Demonstration and Evaluation. Dr. Mahoney is at the University of Maryland Center on Aging.

Mark R. Meiners, PhD, was appointed program director for The Medicare/Medicaid Integration Program. Dr. Meiners is director of the University of Maryland Center on Aging.

Rose M. Naff was appointed program director for the Healthy Kids Replication Program. Ms. Naff is executive director of the Florida Healthy Kids Corporation.

Thomas O. Nerney and Donald L. Shumway were appointed co-directors of the program, Self-Determination for Persons With Developmental Disabilities. Messrs. Nerney and Shumway are located at the Institute on Disability, University of New Hampshire.

William D. Novelli was appointed program director of the National Center for Tobacco-Free Kids. Mr. Novelli is president of the Campaign for Tobacco-Free Kids.

Gilbert S. Omenn, MD, PhD, was appointed program director of Turning Point: Collaborating for a New Century in Public Health. Dr. Omenn is dean of the University of Washington School of Public Health and Community Medicine.

David L. Rosenbloom, PhD, was appointed program director of Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. Dr. Rosenbloom is director of Join Together; and associate professor of Public Health, Boston University School of Public Health.

Richard A. Yoast, PhD, was appointed program director of the programs, A Matter of Degree: Reducing High-Risk Drinking Among College Students and Reducing Underage Drinking Through Coalitions. Dr. Yoast is department director of the Office of Alcohol and Other Substances at the American Medical Association.

James J. Callahan, Jr., PhD, completed his assignment directing the program, Supportive Services in Senior Housing. Dr. Callahan was appointed to this position in 1988.

Martin D. Cohen completed his assignment directing the Replication of the Foundation's Programs on Mental Illness. Mr. Cohen was appointed to this position in 1992.

Anne Doyle completed her assignment directing the program, Statewide System of Care for Chronically Ill Elderly in Massachusetts. Ms. Doyle was appointed to this position in 1995.

Lex Frieden completed his assignment directing the program, Improving Service Systems for People with Disabilities. Mr. Frieden was appointed to this position in 1989.

Maxine Hayes, MD, MPH, completed her assignment directing the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Hayes was appointed to this position in 1994.

Sol Levine, PhD, program director of the Investigator Awards in Health Policy Research, died in November 1996. Dr. Levine was appointed to this position in 1994.

James J. O'Connell, III, MD, completed his assignment directing the Homeless Families Program. Dr. O'Connell was appointed to this position in 1989.

### **Board Activities**

The Board of Trustees met six times in 1996 to conduct business, review proposals, and appropriate funds. In addition, the Nominating, Human Resources, Finance, and Audit Committees met as required to consider and prepare recommendations to the Board.

J. Warren Wood, III  
Vice President, General Counsel and Secretary

*This report covers the period through February 1, 1997.*

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## Financial Statements

The format for the financial statements was changed in 1995. These statements are presented in accordance with the Statement of Financial Accounting Standards (SFAS) No.117. Also in 1995, the Foundation adopted SFAS Nos.106 and 116 which establish the accounting standards for postretirement benefits other than pensions, and contributions made and received by the Foundation. These changes have not caused a material change in the Foundation's financial position.

In 1996 the net assets of the Foundation increased 9.7 percent. The Foundation awarded grants and contracts totalling \$267 million. Program development, evaluation, and general administration for the year were \$18.6 million or 7 percent of total awards. This modest percentage continues the Foundation's commitment to maximize the funds-93 cents of every dollar-available to our grant projects.

Investment expenses totalled \$8.2 million reflecting an increased use of outside investment managers. Federal excise tax amounted to \$4.2 million.

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. These distributions are to be made within a twenty-four month period. The Foundation has fulfilled its 1995 requirement (\$212.9 million). The 1996 requirement (\$267.1 million) will be met in mid-1997. A list of investment securities held at December 31, 1996 is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Peter Goodwin  
Vice President and Treasurer

### **Report of Independent Accountants**

To the Trustees of  
The Robert Wood Johnson Foundation:

We have audited the accompanying statements of financial position of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1996 and 1995 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our

responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1996 and 1995 and the changes in its net assets and cash flows for the years then ended, in conformity with generally accepted accounting principles.

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

### **Coopers & Lybrand L.L.P.**

*Princeton, New Jersey  
February 11, 1997*

### **Statements of Financial Position**

*At December 31, 1996 and 1995  
(Dollars in thousands)*

	<b>1996</b>	<b>1995</b>
<b>Assets:</b>		
Cash and cash equivalents	\$ 140,637	\$ 291,773
Interest and dividends receivable	13,057	16,104
Contributions receivable	9,523	6,391
Investments at fair value:		
Johnson & Johnson common stock	3,564,985	3,277,805
Other equity investments	1,029,618	624,822
Fixed income investments	804,195	1,005,654
Program related investments	13,304	14,378

Cash surrender value, net	2,281	1,834
Property and equipment, net	<u>13,087</u>	<u>14,100</u>
Total assets	<u>\$ 5,590,687</u>	<u>\$ 5,252,861</u>

**Liabilities and Net Assets:**

## Liabilities:

Accounts payable	\$ 1,598	\$ 1,258
Payable on pending security transactions	38,586	170,203
Unpaid grants	230,970	233,660
Deferred federal excise tax	69,977	63,510
Accumulated postretirement benefit obligation	<u>5,871</u>	<u>5,244</u>
Total liabilities	347,002	473,875
Net assets - unrestricted	<u>5,243,685</u>	<u>4,778,986</u>
Total liabilities and net assets	<u>\$ 5,590,687</u>	<u>\$ 5,252,861</u>

*See notes to financial statements.*

**Statements of Activities****Investment Income:**

Dividends	\$ 66,709	\$ 57,647
Interest	<u>64,177</u>	<u>79,091</u>
	130,886	136,738
Less: Federal excise tax	1,259	2,634
Investment expense	<u>8,245</u>	<u>5,632</u>
	121,382	128,472
<b>Contribution income</b>	<u>3,132</u>	<u>1,549</u>
	<u>124,514</u>	<u>130,021</u>

**Program costs and administrative expenses:**

Grants, net	224,103	157,756
Program contracts and related activities	27,331	8,153
Program development and evaluation	12,288	10,563
General administration	<u>6,269</u>	<u>6,355</u>
	<u>269,991</u>	<u>182,827</u>

Excess of program costs and expenses over income	(145,477)	(52,806)
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**Other changes to net assets, net of related federal excise tax:**

Realized gains on sale of securities	296,043	283,764
Unrealized appreciation on investments	314,133	1,100,037
Cumulative effect of change in accounting principles		<u>17,212</u>
	<u>610,176</u>	<u>1,401,013</u>
Change in net assets unrestricted	464,699	1,348,207
Net assets, beginning of year unrestricted	<u>4,778,986</u>	<u>3,430,779</u>
Net assets, end of year unrestricted	<u>\$ 5,243,685</u>	<u>\$ 4,778,986</u>

*See notes to financial statements.*

**Statements of Cash Flows**

*For the years ended December 31, 1996 and 1995  
(Dollars in thousands)*

	<b>1996</b>	<b>1995</b>
<b>Change in net assets</b>	\$464,699	\$1,348,207
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation	2,128	1,911
Decrease (increase) in interest and dividend receivables	3,047	(1,576)
Increase in contribution receivable	(3,132)	(6,391)
Net realized and unrealized gains on investments	(610,176)	(1,383,801)
Decrease in program related investments	1,074	5,066
(Increase) decrease in cash surrender value	(447)	487
Increase in accounts payable	352	805
(Decrease) increase in unpaid grants	(2,690)	49,212
Decrease in federal excise tax payable	--	(1,967)
Increase in accumulated postretirement benefit obligation	<u>627</u>	<u>5,244</u>
Net cash (used in) provided by operations	<u>(144,518)</u>	<u>17,197</u>
<b>Cash flows from investing activities:</b>		
Proceeds from security sales	3,651,465	2,732,214
Cost of security purchases	(3,656,893)	(2,717,373)
Acquisition of property and equipment	<u>(1,190)</u>	<u>(1,461)</u>
Net cash (used in) provided for investing activities	<u>(6,618)</u>	<u>13,380</u>

Net (decrease) increase in cash and cash equivalents	(151,136)	30,577
Cash and cash equivalents at beginning of year	<u>291,773</u>	<u>261,196</u>
Cash and cash equivalents at end of year	<u>140,637</u>	<u>\$ 291,773</u>
<b>Supplemental data:</b>		
Federal excise tax paid	<u>\$ 4,260</u>	<u>\$ 10,216</u>

*See notes to financial statements*

## Notes to Financial Statements

### 1. Organization:

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

The Foundation's mission is to improve the health and health care of all Americans. The Foundation concentrates its grantmaking in three areas:

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

### 2. Summary of Significant Accounting Policies:

Effective January 1, 1995, the Foundation adopted the provisions of Statement of Financial Accounting Standards ("SFAS") No. 116, "Accounting for Contributions Received and Contributions Made." The financial statements have also been prepared in accordance with SFAS No. 117, "Financial Statements of Not-for-Profit Organizations." Under this provision, net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor imposed restrictions.

Cash and cash equivalents represent cash and short term investments purchased with an original maturity of three months or less. The carrying value approximates fair value.

Marketable securities are reported on the basis of quoted market value as reported on the last business day of the year on securities

exchanges throughout the world. Realized gains and losses on investments in securities are calculated based on the first-in, first-out method. Investments in limited partnership interests are stated at the Foundation's equity interest in the underlying net assets of the Limited Partnerships which are stated at fair value as reported by the Partnerships.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of \$2,128,392 in 1996 and \$1,910,931 in 1995 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

The Internal Revenue Service provides that each year the Foundation must distribute within 12 months of the end of such year, approximately 5% of the average fair value of its assets not used in carrying out the charitable purpose of the Foundation. The distribution requirement for 1995 has been met and the 1996 requirement is expected to be met during 1997.

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

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

### **3. Contributions Receivable:**

The Foundation recorded as contributions receivable the present value of the estimated future benefit to be received as remaindermen in two trusts.

### **4. Investments:**

At December 31, 1996 and 1995, the cost and fair values of the investments are summarized as follows (dollars in thousands):

1996		1995	
<i>Cost</i>	<i>Fair Value</i>	<i>Cost</i>	<i>Fair Value</i>

Johnson & Johnson Common Stock 71,657,994 and 76,673,794 shares in 1996 and 1995, respectively	\$ 85,591	\$ 3,564,985	\$ 91,583	\$ 3,277,805
Other equity investment	825,741	937,551	558,779	617,441
Limited partnership interests	87,188	92,067	7,381	7,381
Fixed income investments	<u>804,086</u>	<u>804,195</u>	<u>975,023</u>	<u>1,005,654</u>
	<u>\$1,802,606</u>	<u>\$5,398,798</u>	<u>\$1,632,766</u>	<u>\$4,908,281</u>

Pursuant to its limited partnership agreements, as of December 31, 1996, the Foundation is committed to invest approximately \$119 million in additional capital over the next three years.

The net realized gains on sales of securities for the years ended December 31, 1996 and 1995 were as follows (dollars in thousands):

	<i>1996</i>	<i>1995</i>
Johnson & Johnson Common Stock	\$ 241,627	\$ 237,019
Other securities, net	<u>54,416</u>	<u>46,745</u>
	<u>\$ 296,043</u>	<u>\$ 283,764</u>

## 5. Property and Equipment:

At December 31, 1996 and 1995, property and equipment comprised (dollars in thousands):

	<i>1996</i>	<i>1995</i>	<i>Depreciable Life in Years</i>
Land and land improvements	\$ 2,774	\$ 2,774	15
Buildings	10,760	10,685	40
Furniture and equipment	<u>9,948</u>	<u>8,908</u>	3-15
Total	23,482	22,367	
Less, Accumulated depreciation	<u>(10,395)</u>	<u>(8,267)</u>	
Property, and equipment, net	<u>\$ 13,087</u>	<u>\$ 14,100</u>	

## 6. Unpaid Grants:

At December 31, 1996, the unpaid grant liability is expected to be paid over the next five years as follows (dollars in thousands):

1997	\$ 120,713
1998	75,072

1999	40,596
2000	17,536
2001	<u>3,543</u>
	257,460
Less, Discounted to present value	<u>(26,490)</u>
	<u>\$ 230,970</u>

SFAS No. 116 requires contributions made ("unpaid grants") to be recorded at the present value of estimated future cash flows. As of December 31, 1996, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 6% to 6 1/2% and an estimated cancellation rate of 4%.

## 7. Benefit Plans:

### Retirement Plan

Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through a combination of the purchase of individually-owned annuities and cash payout. The Foundation's policy is to fund costs incurred. Pension expense was \$1,071,203 and \$1,051,924 in 1996 and 1995, respectively.

### Postretirement Benefits Other than Pensions

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

Net periodic postretirement benefit cost for the years ended December 31, 1996 and 1995 included the following components (dollars in thousands):

	1996	1995
Service cost of benefits earned	\$ 656	\$ 544
Interest cost	210	206
Net amortization and deferral	<u>(14)</u>	<u>--</u>
Net periodic postretirement benefit cost	<u>\$ 852</u>	<u>\$ 750</u>



The following table sets forth the status of the plans, which are unfunded, as of December 31, 1996 and 1995:

Accumulated postretirement benefit obligation (dollars in thousands):	1996	1995
Retirees	\$ 2,022	\$ 1,803
Fully eligible active plan participants	261	98
Other active plan participants	<u>3,530</u>	<u>3,600</u>
	5,813	5,501
Add, prior service cost not yet recognized	221	-
Less, unrecognized losses	<u>(163)</u>	<u>(257)</u>
Accumulated postretirement benefit obligation	<u>\$ 5,871</u>	<u>\$ 5,244</u>

The discount rate used in determining the cumulative effect adjustment and 1995 expense was 7.5% with respect to the medical and dental plan and 6.5% with respect to the supplemental benefit plans. A discount rate of 7% with respect to the medical and dental plan and 6% with respect to the supplemental benefit plans were also used to determine the APBO as of December 31, 1995. The discount rate to determine the 1996 expense for all plans was 7%. A discount rate of 7% was also used to determine the APBO as of December 31, 1996. The assumed health care cost trend rate used was 10% for the medical portion and 7.5% for the dental portion of the health plans; the trend rate was assumed to decrease gradually to 5.5% and 4.5%, respectively, by the year 2005 and remain at that level thereafter. An increase in the assumed health care cost trend rates by 1% per year would increase the APBO at December 31, 1996 by \$606,000 and the net periodic post retirement benefit costs for 1996 by \$97,000. The Foundation paid net retireemedical and dental costs of \$108,500 and \$100,500 in 1996 and 1995, respectively and retiree supplemental benefit payments of \$116,900 in each of the years ended December 31, 1996 and 1995.

## 8. Cumulative Effect of Change in Accounting Principles:

Effective January 1, 1995, the Foundation adopted SFAS No. 106, Employers' Accounting for Postretirement Benefits Other Than Pensions and SFAS No. 116, Accounting for Contributions Received and Contributions Made. The cumulative effect of adopting these pronouncements on the 1995 Statement of Activities is as follows (dollars in thousands):

Postretirement benefits other than pensions	\$ (4,711)
SFAS 116, Present value adjustment:	

Unpaid grant liability	17,080
Contributions receivable	<u>4,843</u>
Total cumulative effect of change in accounting principle	<u>\$ 17,212</u>

### **9. Johnson & Johnson Stock Split:**

Johnson & Johnson common stock held at December 31, 1995 has been adjusted to reflect the two for one split on May 21, 1996.

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

The summary of 1996 grants and contracts is grouped according to the Foundation's goal that they address-access, chronic health conditions, cost containment\*, and substance abuse. Grants addressing more than one goal are included under cross-cutting, with the goal areas specified within each entry. Projects addressing purposes outside the Foundation's goal areas are included under "other programs."

The summary includes 875 grants and 71 contracts initiated in 1996. Contracts are used to purchase a variety of services and products in direct support of the Foundation's grant programs and goals.

In addition to the awards made in 1996, the Foundation continued to make payments on and monitor grants and contracts awarded in prior years. Together these two groups comprise the Foundation's active awards list totalling 1,975. A complete list of these projects is available on a 3.5 inch, high-density, IBM-compatible computer diskette. Address requests to:

Communications Office  
The Robert Wood Johnson Foundation  
Post Office Box 2316  
Princeton, New Jersey 08543-2316  
E-mail: [publications@rwjf.org](mailto:publications@rwjf.org)

\* In mid-1996, the cost containment goal area was folded into the other three Foundation goal areas.

Total Grants and Contracts Awarded: \$266,917,545

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Access Grants	Chronic Health Conditions Grants	Substance Abuse Grants	Cost Containment Grants	Cross-Cutting Grants	Other Programs Grants
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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

GOAL

Access

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

## Grants

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

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

#### **• The Task Force for Child Survival and Development**

Atlanta, GA

\$489,734

*Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (1 year). ID#27543*

\$77,218

*Supplement to the American Journal of Preventive Medicine on the All Kids Count program (1 year). ID#28761*

\$136,605

*Enlisting private physicians and managed care providers into immunization registries (1 year). ID#29936*

#### **Alpha Center for Health Planning, Inc. Washington, DC**

\$108,969

*National policy conference on the health care needs of rural areas (for 1 year). ID#29744*

#### **American Academy of Pediatrics, Inc.**

Elk Grove Village, IL

\$89,956

*Incorporating the Healthy Children Program (for 21 months). ID#29393*

#### **American Association for World Health, Inc.**

Washington, DC

\$49,595

*National program to strengthen the nation's leadership infrastructure in community health (for 1 year). ID#27919*

#### **American Enterprise Institute for Public Policy Research**

Washington, DC

\$398,747

*Research on the link between welfare and health care coverage (for 2 years). ID#27906*

#### **American Medical Association**

Chicago, IL

\$227,075

*Renewal of national survey of resident physician career opportunities (for 2 years). ID#26411*

**America's Promise**

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

**• University of Washington School of Public Health and Community Medicine**

Seattle, WA

\$546,190

*Technical assistance and direction for America's Promise (1 year). ID#28654*

\$602,976

*General technical assistance and communications technical assistance to America's Promise sites (9 months). ID#29729*

**The Aspen Institute, Inc.**

Queenstown, MD

\$140,000

*Roundtable on initiatives for children, families, and communities (for 2 years). ID#29079*

**The Association of State and Territorial Health Officials**

Washington, DC

\$36,000

*Inventory of current public and private sector public health initiatives (for 1 year). ID#29734*

**Bay Area Health Ministries**

San Francisco, CA

\$5,000

*Interfaith parish nursing training program (for 1 year). ID#29420*

**Boston University Medical Center**

Boston, MA

\$49,924

*Program for language and reading development (for 1 year). ID#30710*

**Boston University School of Public Health**

Boston, MA

\$42,052

*Conference on policy options for providing children with universal health insurance coverage (for 3 months).*

ID#29728

**Brandeis University,**

**Florence Heller Graduate School for Advanced Studies in Social Welfare**

Waltham, MA

\$108,462

*Conference on the Future of the U.S. Health Care System: Who Will Finance and Deliver Care for the Poor and Uninsured? (for 14 months).*

ID#29344

**University of California**

Oakland, CA

\$50,000

*Study of physician work force training, deployment, and performance in California (for 1 year).*

ID#29873

**Capital Area Training Foundation**

Austin, TX

\$50,000

*Building a comprehensive cross-sector initiative to improve the health of children (for 1 year).*

ID#23479

**The Carter Center, Inc.**

Atlanta, GA

\$1,500,000

*Development of the Interfaith Health Program-Phase Two (for 4 years).*

ID#27580

**Children Now**

Oakland, CA

\$150,000

*State options to expand access to health insurance for children (for 18 months).*

ID#28510

**Children's Hospital Foundation of Austin**

Austin, TX

\$50,000

*Planning for the privatization of a school-based health services program (for 1 year).*

ID#30612

**Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development**

*Program to support regional efforts to design a continuum of nursing education that will prepare entrants into the profession to work in the full spectrum of patient care settings and to serve in a variety of clinical and administrative roles (for the periods indicated).*

**• AZHHA Education Foundation**

Tempe, AZ

\$198,530

(3 years).

ID#29444

**• University of Alaska Anchorage School of Nursing and Health Sciences**

Anchorage, AK

\$199,861

(3 years).

ID#29443

**• University of California, Irvine, College of Medicine**

Irvine, CA

\$199,409

(3 years).

ID#29445

**• University of Colorado Health Sciences Center**

Denver, CO

\$200,000

(3 years).

ID#29446

• **Connecticut League for Nursing Inc.**

Wallingford, CT

\$198,773

(3 years).

ID#29448

• **East Tennessee State University College of Nursing**

Johnson City, TN

\$199,891

(3 years).

ID#29462

• **Georgetown University School of Nursing**

Washington, DC

\$199,592

(3 years).

ID#29447

• **MHA Health, Research and Educational Foundation, Inc.**

Jackson, MS

\$200,000

(3 years).

ID#29452

• **Maryland Nurses Foundation, Inc.**

Linthicum, MD

\$199,344

(3 years).

ID#29450

• **Minnesota State Colleges and Universities**

St. Paul, MN

\$200,000

(3 years).

ID#29451

• **University of Missouri-**

**Columbia, Charles and Josie Smith Sinclair School of Nursing**

Columbia, MO

\$198,777

(3 years).

ID#29455

• **University of Missouri-**

**Kansas City School of Nursing**

Kansas City, MO

\$200,000

(3 years).

ID#29456

• **University of New Mexico Health Sciences Center College of Nursing**

Albuquerque, NM

\$199,997  
(3 years).  
ID#29457

• **The Ohio Citizens League for Nursing**

Cleveland, OH  
\$199,861  
(3 years).  
ID#29458

• **Rutgers, The State University, College of Nursing**

Piscataway, NJ  
\$198,854  
(3 years).  
ID#29459

• **University of South Carolina College of Nursing**

Columbia, SC  
\$199,932  
(3 years).  
ID#29460

• **South Dakota Board of Nursing**

Sioux Falls, SD  
\$199,741  
(3 years).  
ID#29461

• **Texas A&M University-  
Corpus Christi**

Corpus Christi, TX  
\$200,000  
(3 years).  
ID#29463

• **University Health Care Associates**

Honolulu, HI  
\$186,671  
(3 years).  
ID#29449

• **West Virginia University Foundation, Inc.**

Morgantown, WV  
\$199,871  
(3 years).  
ID#29464

• **American Association of Colleges of Nursing**

Washington, DC  
\$316,742  
*Technical assistance and direction for Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development (1 year).*  
ID#27595

**University of Colorado Health Sciences Center**

Denver, CO  
\$659,767



*Follow-up study of Memphis home-visiting demonstration (for 30 months).*  
ID#27901

**Columbia University School of Nursing**

New York, NY

\$49,999

*Assessment of state health agencies' authorizing legislation (for 6 months).*

ID#27515

**Columbia University School of Public Health**

New York, NY

\$125,000

*National conference on children and society (for 1 year).*

ID#28907

**Department of Health & Human Services, Public Health Service, Bureau of Primary Health Care**

Bethesda, MD

\$25,000

*Campaign to stimulate community-based primary care models (for 1 year).*

ID#29385

**Edgewood Children's Center**

San Francisco, CA

\$50,000

*National conference on family caregivers (for 1 year).*

ID#30761

**Foundation of the University of Medicine and Dentistry of New Jersey**

Newark, NJ

\$250,000

*Development of a center to assess perinatal services and outcomes in New Jersey (for 30 months). ID#29553*

\$16,132

*Study of medically nonurgent pediatric visits to emergency departments (for 9 months).*

ID#30445

**The Fund for New Jersey**

New Brunswick, NJ

\$50,000

*Reorganizing Camden's health care delivery system and improving economic development opportunities (for 6 months).*

ID#28630

**Generalist Physician Faculty Scholars Program**

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

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

Los Angeles, CA

\$239,719

(4 years).

ID#29250

• **Case Western Reserve University School of Medicine**

Cleveland, OH

\$239,657

(4 years).

ID#29251

• **Children's Hospital Medical Center**

Cincinnati, OH

\$109,140

(2 years).

ID#29717

• **Children's Research Institute**

Washington, DC

\$240,000

(4 years).

ID#29253

• **Dartmouth Medical School**

Hanover, NH

\$182,978

(3 years).

ID#30677

• **Georgetown University Medical Center**

Washington, DC

\$238,825

(4 years).

ID#29252

• **Harvard Medical School**

Boston, MA

\$239,999

• **Memorial Hospital**

Pawtucket, RI

\$240,000

(4 years).

ID#29249

• **University of Michigan**

Ann Arbor, MI

\$240,000

(4 years).

ID#29255

• **Northwestern University Medical School**

Chicago, IL

\$239,994

(4 years).

ID#29256

• **University of Texas Health Science Center at San Antonio**

San Antonio, TX

\$239,155

(4 years).

ID#29257

• **University of Utah School**

of Medicine  
Salt Lake City, UT  
\$239,192  
(4 years).  
ID#29258

• **University of Washington School of Medicine**

Seattle, WA  
\$173,871  
(30 months).  
ID#29976

• **Yale University**

New Haven, CT  
\$240,000  
(4 years).  
ID#29259

• **Georgetown University School of Medicine**

Washington, DC  
\$361,593  
*Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year).*  
ID#27963

**Generalist Physician Initiative**

*Program to challenge schools of medicine-in collaboration with state governments, private insurers, HMOs, hospitals, and community health centers-to increase the supply of generalist physicians (for the period indicated).*

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

Columbia, MO  
\$550,553  
*Technical assistance and direction for the Generalist Physician Initiative (1 year).*  
ID#28564

**Generalist Provider Research Initiative**

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

• **Health Research, Inc.**

Albany, NY  
\$88,471  
(1 year).  
ID#29918

• **The Johns Hopkins University School of Hygiene and Public Health**

Baltimore, MD  
\$752,075  
(2 years).  
ID#28373

**Georgetown University Medical Center**

Washington, DC  
\$123,968

*Expansion of the Young Physician's Survey III (for 1 year).*

ID#28326

**Greater Cleveland Hospital Association**

Cleveland, OH

\$220,679

*Linking supply to demand: A long-range nursing work force project (for 2 years).*

ID#29883

**The Greater Kansas City Community Foundation**

Kansas City, MO

\$450,000

*Campaign to mobilize the community to address the needs of children (for 3 years).*

ID#30376

**Harvard Medical School**

Boston, MA

\$100,000

*Support of the Robert H. Ebert Fund (for 1 year).*

ID#30133

**Harvard Pilgrim Health Care, Inc.**

Boston, MA

\$1,093,088

*Attitudes and Choices in Medical Education and Training (ACMET) 1997 survey (for 37 months). ID#29699*

**Harvard University School of Public Health**

Boston, MA

\$74,708

*Development of a statistical model for predicting nursing work force demand (for 17 months). ID#28645*

\$198,811

*Evaluation of the New Jersey Access Program (for 18 months).*

ID#28732

**Healthy Kids Replication Program**

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

**• Florida Healthy Kids Corporation**

Tallahassee, FL

\$349,784

Technical assistance and direction for the Healthy Kids Replication Program (1 year).

ID#29608

**Healthy Mothers Healthy Babies Coalition Incorporated**

Washington, DC

\$19,395

*Support for perinatal outreach workers to attend national forum (for 1 month).*

ID#28312

**Howard University College of Nursing**

Washington, DC

\$9,300

*Community-wide health fair for the homeless (for 1 month).*

ID#30693

**Institute for Diversity in Health Management Inc.**

Atlanta, GA

\$90,000

*Database to match minority professionals with appropriate health care management positions (for 1 year).*

ID#27770

**The Johns Hopkins University School of Hygiene and Public Health**

Baltimore, MD

\$230,000

*Evaluation of the Community Access to Child Health (CATCH) Program (for 20 months).*

ID#29677

**Ladders in Nursing Careers Program**

*Program to replicate Project L.I.N.C., which demonstrated an effective strategy to help interested and qualified hospital employees advance into LPN and RN positions at the nursing school of their choice (for the period indicated).*

• **Greater New York Hospital Foundation, Inc.**

New York, NY

\$219,762

*Technical assistance and direction for the Ladders in Nursing Careers (L.I.N.C.) Program*

*(18 months).*

ID#26864

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

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

• **State of Louisiana Department of Health and Hospitals**

New Orleans, LA

\$1,614,238

(4 years).

ID#29321

• **State of Maryland Executive Department, Office for Children, Youth, and Families**

Baltimore, MD

\$1,448,844

(4 years).

ID#29322

• **State of North Carolina Department of Environment, Health, and Natural Resources**

Raleigh, NC

\$1,410,550

(4 years).

ID#30189

- **State of Oregon Department of Human Resources**

Salem, OR  
\$1,477,523  
(4 years).  
ID#29836

- **State of Vermont Agency of Human Services**

Waterbury, VT  
\$940,729  
(4 years).  
ID#29437

- **George Washington University**

Washington, DC  
\$618,884  
*Technical assistance and direction for Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (1 year).*  
ID#26442

**Marshall Heights Community Development Organization**

Washington, DC  
\$200,000  
*Local health care planning initiative (for 9 months).*  
ID#30480

**Massachusetts Health Research Institute, Inc.**

Boston, MA  
\$176,306  
*Analysis of whether non-profit hospitals are meeting community benefit standards (for 18 months).*  
ID#28427  
\$442,692  
*Development of a technical assistance structure for consumer helplines (for 2 years).*  
ID#29314  
\$168,016  
*Planning for a National Access to Care Resource Center (for 6 months).*  
ID#30634

**Massachusetts Institute of Technology**

Cambridge, MA  
\$87,793  
*Study of states' managerial capacity to sustain health care reform (for 1 year).*  
ID#28485

**Maternity Center Association**

New York, NY  
\$49,918  
*Planning a birthing center for low-income families in the District of Columbia (for 1 year).*  
ID#30174

**Minority Medical Education Program**

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

- **Association of American Medical Colleges**

Washington, DC

\$399,579

*Technical assistance and direction for the Minority Medical Education Program (1 year).*

ID#28032

• **United Hospital Fund of New York**

New York, NY

\$47,214

*Evaluation of the Minority Medical Education Program (1 year).*

ID#29560

**Minority Medical Faculty Development Program**

*A fellowship program for minority physicians interested in academic careers in biomedical research, clinical investigation, and health services research, who will encourage and foster the development of succeeding classes of minority physicians (for the periods indicated).*

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

Birmingham, AL

\$163,006

(2 years).

ID#30875

• **Baylor College of Medicine**

Houston, TX

\$315,505

(4 years). ID#30803

\$315,506

(4 years). ID#29212

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

Los Angeles, CA

\$315,506

(4 years). ID#30807

\$162,996

(2 years). ID#30801

\$315,506

(4 years). ID#29213

\$163,006

(2 years). ID#30924

\$163,006

(2 years). ID#29236

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

La Jolla, CA

\$163,006

(2 years). ID#29237

\$314,403

(4 years). ID#30808

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

San Francisco, CA

\$314,367

(4 years). ID#29214

\$315,426

(4 years). ID#30877

\$162,978  
(2 years). ID#29238  
\$163,006  
(2 years). ID#30874

• **Emory University School of Medicine**

Atlanta, GA  
\$163,006  
(2 years). ID#30876

• **The General Hospital Corporation-Massachusetts General Hospital**

Boston, MA  
\$315,490  
(4 years). ID#29215  
\$315,506  
(4 years). ID#30810

• **The Johns Hopkins University School of Medicine**

Baltimore, MD  
\$315,503  
(4 years). ID#29216

• **University of Maryland at Baltimore School of Medicine**

Baltimore, MD  
\$163,006  
(2 years). ID#29240

• **University of Mississippi Medical Center**

Jackson, MS  
\$163,006  
(2 years). ID#29176

• **University of North Carolina at Chapel Hill School of Medicine**

Chapel Hill, NC  
\$315,506  
(4 years). ID#29217

• **Oregon Health Sciences University School of Medicine**

Portland, OR  
\$161,515  
(2 years). ID#29239

• **University of Pennsylvania School of Medicine**

Philadelphia, PA  
\$315,025  
(4 years). ID#29218

• **University of Pittsburgh**

Pittsburgh, PA  
\$315,506  
(4 years). ID#29219

• **Stanford University School of Medicine**

Stanford, CA  
\$163,006  
(2 years). ID#29241

• **University of Texas Southwestern Medical Center at Dallas**



Dallas, TX  
\$315,506  
(4 years). ID#30814

• **Vanderbilt University School of Medicine**

Nashville, TN  
\$163,004  
(2 years). ID#30802

• **University of Virginia Health Sciences Center**

Charlottesville, VA  
\$163,006  
(2 years). ID#29242  
\$163,006  
(2 years). ID#29243

• **Washington University School of Medicine**

Saint Louis, MO  
\$315,505  
(4 years). ID#29222  
\$315,506  
(4 years). ID#29221

• **University of Washington School of Medicine**

Seattle, WA  
\$315,494  
(4 years). ID#29220

• **George Washington University Medical Center**

Washington, DC  
\$456,415  
*Technical assistance and direction for the Minority Medical Faculty Development Program (1 year).*  
ID#28187

**Montana Community Foundation Inc.**

Helena, MT  
\$20,995  
*Strategic planning for the Montana Frontier Medical Care Initiative (for 8 months).*  
ID#29244

**National Academy of Sciences-Institute of Medicine**

Washington, DC  
\$349,199  
*Study of children, health insurance, and access to care (for 1 year).*  
ID#30365

**National Association of School Nurses, Inc.**

Scarborough, ME  
\$196,240  
*Development of video-illustrated professional development materials for school nurses (for 3 years).*  
ID#27295

**National Public Health and Hospital Institute**

Washington, DC

\$199,988

*Dissemination of cultural competence self-assessment tool to health care organizations (for 1 year).*

ID#23299

\$470,593

*Expanded analysis of health and sociodemographic factors in urban areas (for 16 months).* ID#29644

**The New York Academy of Medicine**

New York, NY

\$749,774

*Convening of professionals in public health and medicine: partnering to improve community health in the 21st century (for 18 months).*

ID#28618

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

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

• **University of New Mexico Health Sciences Center**

Albuquerque, NM

\$77,170

(2 years). ID#28351

• **George Washington University Medical Center**

Washington, DC

\$411,641

*Expanded technical assistance and direction for the Opening Doors Program (1 year).*

ID#26981

**Oral Health America, America's Fund for Dental Health**

Chicago, IL

\$25,000

*Publication of proceedings from Oral Health 2000 National Consortium's fourth public forum (for 6 months).*

ID#30578

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

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

• **University of Colorado Health Sciences Center**

Denver, CO

\$1,300,000

(73 months).

ID#30882

• **University of Minnesota School of Nursing**

Minneapolis, MN

\$1,300,000

(73 months).

ID#30883

- **University of Wisconsin-Madison**

Madison, WI

\$1,300,000

(73 months).

ID#30884

- **Association of Academic Health Centers, Inc.**

Washington, DC

\$761,052

*Technical assistance and direction for Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants (2 years).*

ID#28569

- **People-to-People Health Foundation, Inc.**

Millwood, VA

\$457,000

*Survey on undocumented Hispanic immigrants' access to health care services (for 2 years). ID#26618*

\$200,000

*Oral history of medical generalism in America (for 3 years). ID#27985*

\$49,814

*Trends in Access to Care for Vulnerable Populations: Findings from four RWJF National Access Surveys (for 1 year). ID#28570*

- **Planned Parenthood Association of Mercer Area, Inc.**

Trenton, NJ

\$30,000

*Program to improve social and medical services for Hispanic women (for 1 year).*

ID#28590

- **Practice Sights: State Primary Care Development Strategies**

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

- **North Carolina Foundation for Alternative Health Programs, Inc.**

Raleigh, NC

\$357,207

*Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (1 year). ID#27176*

- **Primary Care Development Corporation**

New York, NY

\$300,000

*New York City-State partnership to accelerate the development of primary care facilities (for 3 years).*

ID#28538

- **Project 3000 by 2000: Health Professions Partnership Initiative**

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

- **Allegheny University of the Health Sciences**

Philadelphia, PA  
\$348,825  
(5 years). ID#28706

• **University of Connecticut Health Center**  
Farmington, CT  
\$349,990  
(5 years). ID#28699

• **Medical College of Georgia**  
Augusta, GA  
\$349,990  
(5 years). ID#28700

• **University of Louisville Research Foundation, Inc.**  
Louisville, KY  
\$349,998  
(5 years). ID#28701

• **University of Massachusetts Medical Center**  
Worcester, MA  
\$350,000  
(5 years). ID#28702

• **University of Nebraska Medical Center**  
Omaha, NE  
\$350,000  
(5 years). ID#28703

• **University of North Carolina at Chapel Hill**  
Chapel Hill, NC  
\$349,955  
(5 years). ID#28704

• **Oregon Health Sciences Foundation**  
Portland, OR  
\$350,000  
(5 years). ID#28705

• **The Medical University of South Carolina**  
Charleston, SC  
\$350,000  
(5 years). ID#28707

• **University of Wisconsin-Madison Medical School**  
Madison, WI  
\$349,966  
(5 years). ID#28708

• **Association of American Medical Colleges**  
Washington, DC  
\$258,243  
*Technical assistance and direction for Project 3000 by 2000 (1 year). ID#26976*

• **Public Health Foundation Enterprises, Inc.**  
City of Industry, CA  
\$100,000  
Providing wellness care at worksites in Central Los Angeles (for 1 year).

ID#29922

**Reach Out: Physicians' Initiative to Expand Care to Underserved Americans**  
*Program to challenge private physicians, working with health departments, hospitals, mid-level practitioners, state agencies, and others, to expand their role in the provision of care to the underserved in their communities (for the periods indicated).*

• **Arizona Chapter of the American Academy of Pediatrics, Inc.**

Phoenix, AZ

\$200,000

(3 years). ID#29989

• **County of Beaverhead, Barrett Memorial Hospital**

Dillon, MT

\$199,170

(3 years). ID#30032

• **CLECO Primary Care Network**

Shelby, NC

\$200,000

(3 years). ID#29990

• **Cedars-Sinai Medical Center**

Los Angeles, CA

\$200,000

(3 years). ID#29991

• **Children's Hospital of Pittsburgh**

Pittsburgh, PA

\$199,894

(3 years). ID#29992

• **Church Health Center of Memphis Inc.**

Memphis, TN

\$199,999

(3 years). ID#29993

• **Health Care Access Network**

Des Moines, IA

\$199,892

(3 years). ID#29994

• **Medalia HealthCare, LLC**

Seattle, WA

\$200,000

(3 years). ID#30033

• **MetroEast Program for Health**

Saint Paul, MN

\$199,925

(3 years). ID#29995

• **Miami Baptist Association**

Miami, FL

\$199,296

(3 years). ID#29996

• **New Song Urban Ministries Inc.**

Baltimore, MD  
\$198,440  
(3 years). ID#29997

• **The Primary Care Coalition of Montgomery County, Maryland Inc.**

Rockville, MD  
\$199,281  
(3 years). ID#29998

• **Rotacare International, Inc.**

Morgan Hill, CA  
\$200,000  
(3 years). ID#29999

• **SSJ Mercy Health System, Inc.**

Miami, FL  
\$199,996  
(3 years). ID#30000

• **Stanley Street Treatment and Resources, Inc.**

Fall River, MA  
\$200,000  
(3 years). ID#30001

• **West Virginia University Foundation, Inc.**

Morgantown, WV  
\$200,000  
(3 years). ID#30002

• **Worcester District Medical Society**

Worcester, MA  
\$200,000  
(3 years). ID#30003

• **Memorial Hospital**

Pawtucket, RI  
\$613,675  
*Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans*  
(1 year). ID#27959

• **Western Consortium for Public Health**

Berkeley, CA  
\$217,049  
*Evaluation of Reach Out: Physicians' Initiative to Expand Care to Underserved Americans-Phase II (2 years). ID#24341*

**Rochester Health Commission**

Rochester, NY  
\$50,000  
*Creation of a Rochester, New York, Regional Health Commission (for 1 year). ID#24485*

**Rutgers University Foundation**

New Brunswick, NJ  
\$753,500  
*Family support center in a charter school in Camden, New Jersey (for 5 years).*

ID#29436

\$50,000

*Planning for a primary care health center (for 1 year). ID#30405*

**University of Southern Mississippi**

Hattiesburg, MS

\$162,571

*Technical assistance for a community health advisor network in the southeastern United States (for 1 year).*

ID#29271

**Spectrum Publishers, Inc.**

New Orleans, LA

\$14,864

*Expanded distribution of the Journal for Minority Medical Students (for 1 year).*

ID#27607

**University of Texas Health Science Center at Houston**

Houston, TX

\$141,700

*Funding for The Medicine/Public Health Initiative (for 18 months).*

ID#28650

**The Tides Center**

San Francisco, CA

\$175,000

*Monitoring public and private efforts to increase children's access to health insurance (for 1 year).*

ID#29635

**Turning Point: Collaborating for a New Century in Public Health**

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

**• University of Washington School of Public Health and Community  
Medicine**

Seattle, WA

\$257,367

*Technical assistance and direction for Turning Point: Collaborating for a New Century in Public Health (7 months). ID#28589*

**United Way of San Diego County**

San Diego, CA

\$400,000

*The Children's Initiative, a collaborative effort to improve the health and safety of children (for 5 years).*

ID#28587

**The Urban Institute**

Washington, DC

\$250,000

*Assessing the new federalism in New Jersey (for 2 years). ID#30554*

**Volunteers in Medicine Institute Inc.**

Hilton Head Island, SC

\$99,480

*Development of technical assistance materials for free clinics (for 1 year).*

ID#30334

**Western Consortium for Public Health**

Berkeley, CA

\$45,840

*Funding for the third National Primary Care Conference (for 6 months).*

ID#29569

**University of Wisconsin-Madison Medical School**

Madison, WI

\$197,783

*Implementation of an inter-tribal managed care system (for 1 year).*

ID#28719

**Contracts**

**America's Promise**

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

**• Louis Harris & Associates, Inc.**

New York, NY

\$22,800

*Survey on Health and Safety Issues Affecting Children and Youth (2 months).*

ID#29073

**Communications Projects**

Multiple Contractors

\$203,500

*National Access Survey dissemination (for 1 year). ID#29151*

\$20,000

*Publication of volume covering options in providing children with universal health insurance coverage (for 3 months). ID#29743*

\$26,365

*Invitational conference and publication on cultural diversity, end-of-life care, and bioethics (for 6 months). ID#30406*

**Mathematica Policy Research, Inc.**

Washington, DC

\$171,908

*Research symposium on measuring access in a managed care environment (for 1 year). ID#29562*

**Research/Strategy/Management Inc.**

Lanham, MD

\$69,397

*Research on attitudes about public health (for 4 months). ID#29937*

\$19,000

*Research on attitudes about public health (for 1 month). ID#31144*

**Sucherman Consulting Group, Inc.**

New York, NY

\$12,474

*Technical assistance for a conference on the future of the U.S. health care system*



*(for 2 months).*

ID#29497

**Turning Point: Collaborating for a New Century in Public Health**

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

**• The Association of State and Territorial Health Officials**

Washington, DC

\$60,333

*Advisory activities for Turning Point (2 years). ID#30095*

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

## GOAL

## Chronic Health Conditions

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

### Grants

**AIDS National Interfaith Network Inc.**

Washington, DC

\$25,000

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

ID#28727

**American Dental Association Health Foundation**

Chicago, IL

\$23,500

*National strategic planning conference on the prevention and control of oral cancer (for 4 months).*

ID#29232

**Atlanta Interfaith AIDS Network Inc.**

Atlanta, GA

\$50,000

*Emergency funding during fiscal restructuring (for 3 months).*

ID#29329

**Benedictine Nursing Center**

Mt. Angel, OR

\$48,335

*Demonstration of improved wheelchair seating for nursing home residents (for 9 months).* ID#29269

**Brandeis University,**

**Florence Heller Graduate School for Advanced Studies in Social Welfare**

Waltham, MA

\$18,385

*Supportive services for low-income older people: a feasibility study (for 7 months).* ID#28983

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

Providence, RI

\$304,050

*Springfield Study of Populations with Disabilities, Phase II (for 18 months).*

ID#28141

**University of California,**

**Los Angeles, School of Public Policy and Social Research**

Los Angeles, CA

\$136,794

*Study of children with disabilities using personal assistance services (for 1 year).*

ID#28871

**The Carter Center, Inc.**

Atlanta, GA

\$50,000

*Symposium on mental health and mental illness in the workplace (for 8 months).*

ID#30526

**The Center School**

Highland Park, NJ

\$20,000

*Summer therapy program for high-risk learning disabled students (for 3 months).*

ID#27469

**Children's Hospital Corporation**

Boston, MA

\$50,000

*Feasibility of a follow-up evaluation of the Brookline Early Education Project (for 9 months).* ID#29535

**Chronic Care Initiatives in HMOs**

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

• **University of Colorado Health Sciences Center**

Denver, CO

\$203,069

(18 months). ID#28183

• **Henry Ford Health System**

Detroit, MI

\$176,205

(17 months). ID#30800

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

Portland, OR

\$525,732

(3 years). ID#29070

• **University of Minnesota Medical School**

Minneapolis, MN

\$530,371

(4 years). ID#28824

• **AAHP Foundation**

Washington, DC

\$266,871

*Technical assistance and direction for Chronic Care Initiatives in HMOs (8 months).* ID#28596

**University of Colorado Foundation**

Denver, CO

\$48,451

*Conference to stimulate discussion on end-of-life care (for 1 year).*

ID#30689

**Community Health Law Project**

East Orange, NJ

\$20,000

*Program to assist elderly and disabled people prepare advance directives (for 15 months).*

ID#28531

**Consumers Union of United States, Inc.**

Yonkers, NY

\$459,600

*Consumer guide on health care for senior citizens (for 18 months).*

ID#26782

**Delaware-Raritan Girl Scout Council**

East Brunswick, NJ

\$6,000

*AIDS education and service program for Girl Scout troops in Central New Jersey (for 2 years).*

ID#29284

**Education Development Center, Inc.**

Newton, MA

\$297,600

*Improving care at the end of life for Medicare patients in managed care (for 18 months). ID#28037*

**Educational Broadcasting Corporation**

New York, NY

\$639,705

*Multi-media curriculum on end-of-life issues for grassroots organizations (for 1 year). ID#29469*

**Faith in Action: Replication of The Interfaith Volunteer Caregivers Program**

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

• **ACCORD**

Battle Creek, MI

\$25,000

(18 months). ID#29453

• **AIDS Community Services of Western New York, Inc.**

Buffalo, NY

\$25,000

(18 months). ID#28847

• **AIDS Interfaith Network Inc.**

New Haven, CT

\$25,000

(18 months). ID#29892

• **AIDS Interfaith Network of Savannah Inc.**

Savannah, GA

\$25,000

(18 months). ID#28980

- **AIDS Volunteers of Lexington Inc.**  
Lexington, KY  
\$25,000  
(18 months). ID#30549
- **Absolutely Positive + Inc.**  
Roswell, GA  
\$25,000  
(18 months). ID#30630
- **Adult Care Services, Inc.**  
Prescott, AZ  
\$25,000  
(18 months). ID#30228
- **Alive Hospice, Inc.**  
Nashville, TN  
\$25,000  
(18 months). ID#28904
- **Aloysius Home Inc.**  
Memphis, TN  
\$25,000  
(18 months). ID#29670
- **Alzheimer's Disease and Related Disorders Association, Inc., Greater Washington, DC Chapter**  
Washington, DC  
\$25,000  
(18 months). ID#28729  
\$25,000  
(18 months). ID#28730
- **Alzheimer's Disease and Related Disorders Association, Inc., Greater Miami Chapter**  
Miami, FL  
\$25,000  
(18 months). ID#30057
- **Alzheimer's Disease and Related Disorders Association, Inc., Mid-Willamette Chapter**  
Salem, OR  
\$25,000  
(18 months). ID#29862
- **Any Baby Can, Inc.**  
Austin, TX  
\$25,000  
(18 months). ID#30166
- **Associated Catholic Charities of East Tennessee, Inc.**  
Knoxville, TN  
\$25,000  
(18 months). ID#29751
- **Athens Mental Health, Inc.**  
Athens, OH

\$25,000  
(18 months). ID#30932

• **Bayview Hunters Point Network for Elders Inc.**  
San Francisco, CA  
\$25,000  
(18 months). ID#28851

• **Bethany Lutheran Church**  
Ashtabula, OH  
\$25,000  
(18 months). ID#29669

• **Bethlehem Lutheran Church**  
Longmont, CO  
\$25,000  
(18 months). ID#30529

• **Blue Valley Community Action Inc.**  
Fairbury, NE  
\$25,000  
(18 months). ID#28833

• **The Boyle County Senior Citizens, Inc.**  
Danville, KY  
\$25,000  
(18 months). ID#29846

• **The Brooklyn Hospital Center**  
Brooklyn, NY  
\$25,000  
(18 months). ID#29306

• **COPE/IVC, Interfaith Volunteer Caregivers**  
Denver, CO  
\$25,000  
(18 months). ID#29126

• **C.S.S. of Washtenaw County**  
Ann Arbor, MI  
\$25,000  
(18 months). ID#30771

• **California Pacific Medical Center Foundation**  
San Francisco, CA  
\$25,000  
(18 months). ID#28784

• **Cancer Services, Inc.**  
Winston-Salem, NC  
\$25,000  
(18 months). ID#29154

• **County of Cass**  
Atlantic, IA  
\$25,000  
(18 months). ID#28688

- **Catalina Helping Hands**

Catalina, AZ  
\$25,000  
(18 months). ID#28969

- **Catholic Charities**

Buffalo, NY  
\$25,000  
(18 months). ID#28832

- **Catholic Charities**

Pittsburgh, PA  
\$25,000  
(18 months). ID#30507

- **Catholic Charities and Community Services Northern**

Fort Collins, CO  
\$25,000  
(18 months). ID#30364

- **The Catholic Charities of the Diocese of Buffalo**

Buffalo, NY  
\$25,000  
(18 months). ID#30494

- **Catholic Charities of the Diocese of Yakima**

Yakima, WA  
\$25,000  
(18 months). ID#28971

- **Catholic Charities of Hampton Roads, Inc.**

Virginia Beach, VA  
\$25,000  
(18 months). ID#29030

- **Catholic Charities, Inc.**

Fort Worth, TX  
\$25,000  
(18 months). ID#30301

- **Catholic Charities of**

Los Angeles, Inc.  
Los Angeles, CA  
\$25,000  
(18 months). ID#29878

- **Catholic Charities of the Southern Tier**

Elmira, NY  
\$25,000  
(23 months). ID#28960

- **Catholic Family Service, Inc.**

Lubbock, TX  
\$25,000  
(18 months). ID#29584

- **Catholic Human Services**

Gaylord, MI

\$25,000  
(18 months). ID#30510

• **Central Oregon Council on Aging, Inc.**

Redmond, OR  
\$25,000  
(18 months). ID#28970

• **Cerebral Palsy of Northeastern Minnesota**

Duluth, MN  
\$25,000  
(18 months). ID#30866

• **The Charles Albert Tindley Community Development Corporation**

Philadelphia, PA  
\$25,000  
(18 months). ID#30739

• **Chattanooga C.A.R.E.S. Inc.**

Chattanooga, TN  
\$25,000  
(18 months). ID#30086

• **The Children's Hospital**

Columbus, OH  
\$25,000  
(18 months). ID#29647

• **Chippewa County**

Montevideo, MN  
\$25,000  
(18 months). ID#30470

• **Christian Associates of Southwest Pennsylvania**

Pittsburgh, PA  
\$25,000  
(18 months). ID#28990

• **Christians United Outreach Center**

Asheboro, NC  
\$25,000  
(18 months). ID#29112

• **The Church of the Good Shepherd**

Watertown, MA  
\$25,000  
(18 months). ID#29601

• **Clearfield County Area Agency on Aging, Inc.**

Clearfield, PA  
\$25,000  
(18 months). ID#30770

• **Clifton Heights Neighborhood Association**

St. Louis, MO  
\$25,000  
(18 months). ID#29778



- **Coastal Caregivers**

Brick, NJ  
\$25,000  
(18 months). ID#29859

- **Collier/McDew Health Promotion Coalition, Inc.**

Savannah, GA  
\$25,000  
(18 months). ID#28834

- **Columbia University**

New York, NY  
\$25,000  
(18 months). ID#29877

- **Community Family Life Service, Inc.**

Washington, DC  
\$25,000  
(18 months). ID#30628

- **Como Park Living at Home Block Nurse Program**

St. Paul, MN  
\$25,000  
(18 months). ID#30283

- **Compassionate Hands Inc.**

Yukon, OK  
\$25,000  
(18 months). ID#30498

- **Compeer, Inc.**

Pittsford, NY  
\$25,000  
(18 months). ID#30546

- **Compeer of North Iowa Inc.**

Mason City, IA  
\$25,000  
(18 months). ID#29534

- **Concordia Lutheran Church**

Triangle, VA  
\$25,000  
(18 months). ID#30227

- **The Congress of National Black Churches, Inc., Southern California Affiliate**

Los Angeles, CA  
\$25,000  
(18 months). ID#29602

- **Conscious Contact**

San Rafael, CA  
\$25,000  
(18 months). ID#29032

- **Cottage Grove Community Chest Inc.**

Cottage Grove, OR

\$25,000  
(18 months). ID#29199

• **Council on Aging for Southeastern Vermont, Incorporated**  
Brattleboro, VT  
\$25,000  
(18 months). ID#29578

• **County of Pickaway**  
Circleville, OH  
\$25,000  
(18 months). ID#31035

• **Covenant Senior Day Program**  
Portage, MI  
\$25,000  
(18 months). ID#29749

• **Dakota Area Resources and Transportation for Seniors**  
West St. Paul, MN  
\$25,000  
(18 months). ID#29860

• **Developmental Opportunities**  
Canon City, CO  
\$25,000  
(18 months). ID#30592  
\$25,000  
(18 months). ID#30610

• **The Diocesan Council, Inc.**  
Wilmington, DE  
\$25,000  
(18 months). ID#29943

• **The Disability Connection**  
Ft. Collins, CO  
\$25,000  
(18 months). ID#30474

• **Disc Village, Inc.**  
Tallahassee, FL  
\$25,000  
(18 months). ID#30591

• **Don Bosco Community Centers**  
Kansas City, MO  
\$25,000  
(18 months). ID#29587

• **Earth Care Ministry**  
Conyers, GA  
\$25,000  
(18 months). ID#29779  
\$25,000  
(18 months). ID#29844  
\$25,000  
(18 months). ID#28731

- **Earth Care Ministry**

Oxford, GA  
\$25,000  
(18 months). ID#29074

- **Easter Seal Society For Disabled Children and Adults Inc.**

Washington, DC  
\$25,000  
(18 months). ID#28849  
\$25,000  
(18 months). ID#28785

- **El Paso Fountain Valley Senior Citizens Program**

Fountain, CO  
\$25,000  
(18 months). ID#30115

- **Faith in Action in Northwest Florida Inc.**

Pensacola, FL  
\$25,000  
(18 months). ID#30422

- **Faith in Serving Humanity Inc.**

Monroe, GA  
\$25,000  
(18 months). ID#29845

- **Diocese of Fall River, Office of AIDS Ministry, Inc.**

Fall River, MA  
\$25,000  
(18 months). ID#28764

- **Family Friends of Eastern Nebraska**

Omaha, NE  
\$8,698  
(18 months). ID#28936

- **First United Methodist Church**

Norfolk, NE  
\$25,000  
(18 months). ID#29198

- **Frame Memorial Presbyterian Church**

Stevens Point, WI  
\$25,000  
(18 months). ID#28866

- **Francis House Inc.**

Tampa, FL  
\$25,000  
(18 months). ID#30402

- **Frankford Group Ministry Inc.**

Philadelphia, PA  
\$25,000  
(18 months). ID#29552

- **Franklin Memorial Primary Health Center**

Mobile, AL  
\$25,000  
(18 months). ID#29850

• **Friends In Need Inc.**  
Kingsport, TN  
\$25,000  
(18 months). ID#30155

• **Friendship Haven Inc.**  
Fort Dodge, IA  
\$25,000  
(18 months). ID#28883

• **Friendship, Inc.**  
Fargo, ND  
\$25,000  
(18 months). ID#29923

• **Full Circle: AIDS Hospice Support**  
Norfolk, VA  
\$25,000  
(18 months). ID#28716

• **G. T. Services, Incorporated**  
Monroe, LA  
\$25,000  
(18 months). ID#30074

• **The Gabriel Foundation Inc.**  
Fort Myers, FL  
\$25,000  
(18 months). ID#29107

• **Gila Mountain United Methodist Church**  
Yuma, AZ  
\$25,000  
(18 months). ID#29893

• **Good Ground Full Gospel Fellowship Ministries**  
Cedar Rapids, IA  
\$25,000  
(18 months). ID#30284

• **Good Neighbor Services Foundation**  
Roseville, MN  
\$25,000  
(18 months). ID#30495

• **Good Samaritan Project**  
Kansas City, MO  
\$25,000  
(18 months). ID#28916

• **Grace Church**  
Utica, NY  
\$25,000  
(18 months). ID#30031

• **The Greater Baton Rouge Federation of Churches and Synagogues Inc.**

Baton Rouge, LA  
\$25,000  
(18 months). ID#30773

• **HPC Foundation for Hospice Care**

Ft. Smith, AR  
\$25,000  
(18 months). ID#30970

• **Hastings Family Service**

Hastings, MN  
\$25,000  
(18 months). ID#29588

• **Haywood County Council on Aging**

Waynesville, NC  
\$25,000  
(22 months). ID#28979

• **Health-Care and Rehabilitation Services of Southeastern Vermont, Inc.**

Bellows Falls, VT  
\$25,000  
(18 months). ID#30354

• **Highlands Community Ministries, Inc.**

Louisville, KY  
\$25,000  
(18 months). ID#29582

• **Hollywood Lutheran Church**

Los Angeles, CA  
\$25,000  
(19 months). ID#28991

• **Hollywood-Beverly Christian Church**

Hollywood, CA  
\$25,000  
(18 months). ID#30157

• **Hope Hospice, Inc.**

Rib Lake, WI  
\$25,000  
(18 months). ID#28966

• **Horizon Health Inc.**

Pierz, MN  
\$25,000  
(18 months). ID#30471

• **Hospice Dwelling Place Inc.**

Jamesville, VA  
\$25,000  
(18 months). ID#28963

• **Hospice For Communities, Inc.**

Flint, MI

\$25,000  
(18 months). ID#29049

• **Hospice San Antonio**  
San Antonio, TX  
\$25,000  
(18 months). ID#28850

• **House of T.I.M.E. Incorporated**  
Columbus, GA  
\$25,000  
(18 months). ID#28748

• **Houston County Group Home, Inc.**  
Caledonia, MN  
\$25,000  
(18 months). ID#28848

• **Human Resources Authority Inc.**  
Escanaba, MI  
\$25,000  
(18 months). ID#30385

• **Interfaith Caregiving Network**  
Brookfield, WI  
\$25,000  
(18 months). ID#29260

• **Interfaith Elderly Assistance of Greater Chattanooga Inc.**  
Chattanooga, TN  
\$25,000  
(18 months). ID#29861

• **Interfaith Ministries of Hawaii Inc.**  
Honolulu, HI  
\$25,000  
(18 months). ID#28885

• **Interfaith Program for the Elderly, Incorporated**  
Milwaukee, WI  
\$25,000  
(18 months). ID#29307

• **Irving Park United Methodist Church**  
Chicago, IL  
\$25,000  
(18 months). ID#30497

• **The Janet Wattles Mental Health Center, Inc.**  
Rockford, IL  
\$25,000  
(18 months). ID#30611

• **Jewish Family and Childrens Service of Southern Arizona Inc.**  
Tucson, AZ  
\$25,000  
(18 months). ID#28870

- **Jewish Family Service of**  
Los Angeles  
Los Angeles, CA  
\$25,000  
(18 months). ID#30637
- **Jewish Family Service of Orange County Inc.**  
Middletown, NY  
\$25,000  
(18 months). ID#29586
- **John XXIII AIDS Ministry**  
Monterey, CA  
\$25,000  
(18 months). ID#29127
- **Josephine Sunset Home**  
Stanwood, WA  
\$25,000  
(18 months). ID#28981
- **Kauai Interfaith Council**  
Lihue, HI  
\$25,000  
(18 months). ID#29801
- **Kenosha Area Family and Aging Services Inc.**  
Kenosha, WI  
\$25,000  
(18 months). ID#30496
- **Lafayette Catholic Service Centers, Inc.**  
Lafayette, LA  
\$25,000  
(18 months). ID#30515
- **Lexington Richland Alcohol and Drug Abuse Council, Inc.**  
Columbia, SC  
\$25,000  
(18 months). ID#30440
- **Lilly Ministries**  
Mackinaw, IL  
\$25,000  
(18 months). ID#30969
- **Lincoln-Lancaster Seniors Foundation**  
Lincoln, NE  
\$25,000  
(18 months). ID#30401
- **Lincoln Lutheran of Racine, Wisconsin, Inc.**  
Racine, WI  
\$25,000  
(18 months). ID#28867
- **Little Brothers-Friends of the Elderly**  
Hancock, MI

\$25,000  
(18 months). ID#28934

• **Living Independence for Everyone (LIFE), Incorporated**

Jackson, MS

\$25,000  
(18 months). ID#30569

• **Living Independently Through Volunteers for the Elderly of Cleveland County, Inc.**

Shelby, NC

\$25,000  
(18 months). ID#29849

• **Livingston County Catholic Social Services**

Brighton, MI

\$25,000  
(18 months). ID#29454

• **Long Island Association for AIDS Care Inc.**

Huntington Station, NY

\$25,000  
(18 months). ID#30506

• **University of Louisville Research Foundation, Inc.**

Louisville, KY

\$25,000  
(18 months). ID#29847

• **Love INC of Bedford County**

Bedford, PA

\$25,000  
(18 months). ID#30545

• **Love INC of Lafayette Inc.**

Lafayette, LA

\$25,000  
(18 months). ID#29703

• **Love INC of Northeast**

San Gabriel Valley

Covina, CA  
\$25,000  
(18 months). ID#29851

• **Lovejoy Hospice, Inc.**

Grants Pass, OR

\$25,000  
(18 months). ID#28982

• **Lutheran Homes of Oshkosh, Inc.**

Oshkosh, WI

\$25,000  
(18 months). ID#30511

• **Lutheran Social Service of Minnesota**

Crookston, MN

\$25,000



(18 months). ID#30449

• **Lutheran Social Services of South Central Pennsylvania**

York, PA

\$25,000

(18 months). ID#30931

• **Marin AIDS Interfaith Network**

San Anselmo, CA

\$25,000

(18 months). ID#29075

• **County of Marquette**

Marquette, MI

\$25,000

(18 months). ID#29027

• **Martin Luther Homes of Beatrice Inc.**

Beatrice, NE

\$25,000

(18 months). ID#30608

• **Martin Luther**

Homes of Iowa Inc.

Waukon, IA

\$25,000

(18 months). ID#29581

• **Martin Luther Homes of Nebraska Inc.**

Auburn, NE

\$25,000

(18 months). ID#30963

• **Martin Luther Hospital Foundation**

Anaheim, CA

\$25,000

(18 months). ID#28643

• **The Memorial Hospital of Salem County Inc.**

Salem, NJ

\$25,000

(2 years). ID#29369

• **Mental Health Association in Hamilton County**

Webster City, IA

\$25,000

(18 months). ID#29649

• **Mental Health Association, Inc. North Carolina**

Raleigh, NC

\$25,000

(18 months). ID#29316

• **Mental Health Association Residential Care, Inc.**

Wichita, KS

\$25,000

(18 months). ID#30274

• **Mental Health Association in Tuscaloosa County, Incorporated**

Tuscaloosa, AL

\$25,000

(18 months). ID#30300

• **Mental Health Association of York County**

York, PA

\$25,000

(18 months). ID#30469

• **Mental Health Services of Cranston, Johnston and Northwestern Rhode Island**

Johnston, RI

\$25,000

(18 months). ID#29668

• **Mesa Senior Center, Inc.**

Mesa, AZ

\$25,000

(18 months). ID#29671

• **Messiah Lutheran Church**

Eugene, OR

\$25,000

(18 months). ID#28836

• **Missouri Association for Social Welfare**

Jefferson City, MO

\$25,000

(18 months). ID#29580

• **Mobile AIDS Support Services**

Mobile, AL

\$25,000

(18 months). ID#30473

• **Monongalia County**

Morgantown, WV

\$25,000

(18 months). ID#29066

• **Mount Zion African Methodist Episcopal Church**

Battle Creek, MI

\$25,000

(18 months). ID#29848

• **Muhlenberg Regional Medical Center, Inc.**

Plainfield, NJ

\$25,000

(18 months). ID#28914

• **Mulberry Lutheran Home, Inc.**

Mulberry, IN

\$25,000

(18 months). ID#30509

• **Network AIDS Inc.**

Columbus, GA

\$25,000  
(18 months). ID#29843

• **New Beginning Enterprises**

Independence, KS

\$25,000  
(18 months). ID#30355

• **New Bethlehem Free Will Baptist Church, Inc.**

Baltimore, MD

\$25,000  
(18 months). ID#29406

• **North Presbyterian Church**

Denver, CO

\$25,000  
(18 months). ID#29155

• **Northeast Kansas Area Agency on Aging Inc.**

Hiawatha, KS

\$25,000  
(18 months). ID#30636

• **Northwest Aging Association**

Spencer, IA

\$25,000  
(18 months). ID#29371

• **Northwest Assistance Ministries**

Houston, TX

\$25,000  
(18 months). ID#29704

• **OASIS Inc.**

Albemarle, NC

\$25,000  
(18 months). ID#28917

• **Oak Grove United Methodist Church**

Milwaukie, OR

\$25,000  
(18 months). ID#29626

• **Oklahomans for Independent Living**

McAlester, OK

\$25,000  
(18 months). ID#28918

• **PRODUCIR Inc.**

Canovanas, PR

\$25,000  
(18 months). ID#28939

• **Partnerships for People Inc.**

Short Hills, NJ

\$25,000  
(18 months). ID#30508

- **Pathways Volunteer Hospice**

Long Beach, CA  
\$25,000  
(18 months). ID#31005

- **Petersburg District, United Methodist Church**

Petersburg, VA  
\$25,000  
(18 months). ID#29323

- **Presbyterian Outreach**

Omaha, NE  
\$25,000  
(18 months). ID#28868

- **Presbytery of the Palisades**

Paramus, NJ  
\$25,000  
(18 months). ID#30153

- **Pretera Center for Mental Health Services, Inc.**

Huntington, WV  
\$25,000  
(18 months). ID#28938

- **Prince William Interfaith Volunteer Caregivers Program**

Manassas, VA  
\$25,000  
(18 months). ID#28835

- **Progressive Training Associates Inc.**

Bridgeport, CT  
\$25,000  
(18 months). ID#30930

- **Providence Health Care Foundation**

Anchorage, AK  
\$25,000  
(18 months). ID#29518

- **Range Helping Hands Inc.**

Hibbing, MN  
\$25,000  
(18 months). ID#28962

- **Range Respite Project**

Virginia, MN  
\$25,000  
(18 months). ID#30056

- **Rapides Station Community Ministries**

Alexandria, LA  
\$25,000  
(18 months). ID#30403

- **Reaching Out to Senior Adults Inc.**

Atlanta, GA  
\$25,000

(18 months). ID#28749

• **Real Services Inc.**

South Bend, IN

\$25,000

(18 months). ID#29308

• **Regional Aids Interfaith Network (RAIN) of Pennsylvania**

Lancaster, PA

\$25,000

(18 months). ID#28641

• **Religious Effort to Assist and Care for the Homeless Inc.**

Hagerstown, MD

\$25,000

(18 months). ID#30609

• **Rochester Area Alliance for the Mentally Ill**

Rochester, MN

\$25,000

(18 months). ID#28935

• **Rum River Health Services Inc.**

Princeton, MN

\$25,000

(18 months). ID#29372

• **Rural AIDS Action Network**

Minneapolis, MN

\$25,000

(18 months). ID#30583

• **St. Camillus Provincialate**

Wauwatosa, WI

\$25,000

(18 months). ID#29057

• **St. Francis' Medical Center**

Peoria, IL

\$25,000

(18 months). ID#28915

• **St. Francis' Medical Center**

Trenton, NJ

\$25,000

(18 months). ID#30165

• **St. Joan of Arc Church**

Kokomo, IN

\$25,000

(18 months). ID#30772

• **St. Mark's Church**

Brunswick, GA

\$25,000

(18 months). ID#29589

• **St. Rose Dominican Hospital**

Henderson, NV  
\$25,000  
(18 months). ID#30516

• **St. Stephen's Episcopal Church**

Culpeper, VA  
\$25,000  
(18 months). ID#29516

• **San Diego Interfaith Caregivers Volunteer Program for the Kumeyaay and Pai Pai Band of Indians**

Alpine, CA  
\$25,000  
(18 months). ID#30404

• **Diocese of Santa Rosa, Catholic Charities**

Santa Rosa, CA  
\$25,000  
(18 months). ID#29780

• **Scheurer Hospital**

Pigeon, MI  
\$25,000  
(18 months). ID#30635

• **Self-Help, Inc.**

Riverside, RI  
\$25,000  
(18 months). ID#29622

• **Seneca County Commission on Aging Inc.**

Tiffin, OH  
\$25,000  
(18 months). ID#30026

• **Senior Citizens Coordinating Council of Riverbay Community**

Bronx, NY  
\$25,000  
(18 months). ID#30468

• **The Senior Citizens Council of Greater Augusta and the CSRA, Georgia, Inc.**

Augusta, GA  
\$25,000  
(18 months). ID#30154

• **Senior Coastsiders Inc.**

Half Moon Bay, CA  
\$25,000  
(18 months). ID#30156

• **Seniors Interfaith Resource Center Inc.**

Bethesda, MD  
\$25,000  
(21 months). ID#29028

• **Shenendehowa Senior Citizens Inc.**

Clifton Park, NY

\$25,000  
(18 months). ID#30073

• **Shepherds Center of Raytown**

Kansas City, MO  
\$25,000  
(18 months). ID#29750

• **Shepherds Center of Harrisonburg Rockingham County Inc.**

Harrisonburg, VA  
\$25,000  
(18 months). ID#28901

• **Sisters of St. Francis Foundation-Sacred Heart Province**

Denver, CO  
\$25,000  
(18 months). ID#28884

• **Social Concerns Inc.**

St. Louis, MO  
\$25,000  
(18 months). ID#29776  
\$25,000  
(18 months). ID#30400

• **South Austin Caregivers**

Austin, TX  
\$25,000  
(18 months). ID#30550

• **State of South Carolina Department of Mental Health**

Columbia, SC  
\$25,000  
(18 months). ID#29031

• **South Central Alabama Coalition for Citizens with Disabilities**

Andalusia, AL  
\$25,000  
(18 months). ID#29485

• **South County Senior Services, Inc.**

San Clemente, CA  
\$25,000  
(18 months). ID#28718

• **South East Community Organization Inc.**

Baltimore, MD  
\$25,000  
(18 months). ID#29153

• **Southeastern Arizona Volunteer/Elder Services**

Safford, AZ  
\$25,000  
(18 months). ID#29625

• **Southern Tier Environments for Living, Inc.**

Jamestown, NY  
\$25,000

(18 months). ID#30399

• **Southwest Regional Development Commission**

Slayton, MN

\$25,000

(18 months). ID#29648

• **Stillwater Area Community Services Center Inc.**

Stillwater, NY

\$25,000

(18 months). ID#29192

• **The Summit Medical Center Foundation**

Oakland, CA

\$25,000

(18 months). ID#30285

• **Sunnyside Community Services, Inc.**

Sunnyside, NY

\$25,000

(18 months). ID#30152

• **Temple University**

Philadelphia, PA

\$25,000

(18 months). ID#29775

• **Texoma Senior Citizens Foundation**

Sherman, TX

\$25,000

(18 months). ID#28717

• **Town of Coventry**

Coventry, RI

\$25,000

(18 months). ID#30030

• **Town of Natick**

Natick, MA

\$25,000

(18 months). ID#29842

• **Township of Islip Interfaith Volunteer Caregivers Inc.**

Islip, NY

\$25,000

(18 months). ID#29193

• **Tri-Valley Elder Services, Inc.**

Webster, MA

\$25,000

(18 months). ID#29181

• **Triniteam, Inc.**

Eau Claire, WI

\$25,000

(18 months). ID#29370

• **Ulster Community College Foundation**



Stone Ridge, NY  
\$25,000  
(18 months). ID#30273

• **United Community Independence Programs, Inc.**  
Franklin, PA  
\$25,000  
(18 months). ID#29634

• **United Hospital District**  
Blue Earth, MN  
\$25,000  
(18 months). ID#30276

• **United Senior Services Corporation, Incorporated**  
New Bern, NC  
\$25,000  
(18 months). ID#30547

• **United Way of Bennington County Inc.**  
Bennington, VT  
\$25,000  
(18 months). ID#29933

• **United Way of Santa Rosa County, Inc.**  
Milton, FL  
\$25,000  
(18 months). ID#29505

• **United Way and Volunteer Services of Greater Yankton**  
Yankton, SD  
\$25,000  
(18 months). ID#30087

• **Urban Ministry of Greater Waterloo**  
Waterloo, IA  
\$25,000  
(18 months). ID#29777

• **Virginia Park Citizens Service Corporation**  
Detroit, MI  
\$25,000  
(18 months). ID#30740

• **Voluntary Action Center of Montgomery County**  
Blacksburg, VA  
\$25,000  
(18 months). ID#30629

• **Volunteer Action Center of the Mid-Ohio Valley Inc.**  
Parkersburg, WV  
\$25,000  
(18 months). ID#30548

• **Volunteer Caregivers Program, Inc.**  
Poughkeepsie, NY  
\$25,000  
(18 months). ID#29981

- **Washington County Elder Care Inc.**  
Bartlesville, OK  
\$25,000  
(18 months). ID#28919
- **Washington Regional Medical Foundation**  
Fayetteville, AR  
\$25,000  
(18 months). ID#28968
- **Washington-Hancock Community Agency**  
Milbridge, ME  
\$25,000  
(18 months). ID#30607
- **Wesley Health Care Center Inc.**  
Saratoga Springs, NY  
\$25,000  
(18 months). ID#29579
- **West Virginia University Hospitals, Inc.**  
Morgantown, WV  
\$25,000  
(21 months). ID#28964
- **Westbay Community Action, Inc.**  
Warwick, RI  
\$25,000  
(18 months). ID#29623
- **Westerly Area Rest Meals WARM Inc.**  
Westerly, RI  
\$25,000  
(18 months). ID#29748
- **Western North Carolina AIDS Project Inc.**  
Asheville, NC  
\$25,000  
(18 months). ID#30472
- **Westside CARES Inc.**  
Colorado Springs, CO  
\$25,000  
(18 months). ID#30934
- **The Woodlands Religious Community, Inc.**  
The Woodlands, TX  
\$25,000  
(18 months). ID#29624
- **Worcester County Ecumenical Council, Inc.**  
Worcester, MA  
\$25,000  
(18 months). ID#29305
- **Worcester County Interfaith Volunteer Caregivers Inc.**  
Bishopville, MD

\$25,000  
(18 months). ID#30025

• **The Young Christian Ambassadors of Oklahoma Incorporated**

Chandler, OK  
\$25,000  
(18 months). ID#28965

• **Your Health America, Inc.**

Atlanta, GA  
\$25,000  
(18 months). ID#30920

• **Kingston Hospital**

Kingston, NY  
\$850,451  
*Technical assistance and direction for Faith in Action: Replication of The Interfaith Volunteer Caregivers Program (1 year).* ID#27303

**Family Voices**

Algodones, NM  
\$489,307  
*Resources for families with special needs children (for 3 years).*  
ID#30036

**Florida Commission on Aging with Dignity Inc.**

Tallahassee, FL  
\$398,690  
*Public education to promote a health and long-term care system to allow aging with dignity (for 18 months).* ID#29110

**Funders Concerned About AIDS, Inc.**

New York, NY  
\$30,000  
*Helping funders address AIDS issues (for 1 year).* ID#23798

**George Washington University**

Washington, DC  
\$45,049  
*Developing a toolkit to help hospitals measure quality of care at the end of life (for 1 year).* ID#29719

**Group Health Cooperative of Puget Sound**

Seattle, WA  
\$197,045  
*Planning for a program of chronic disease management in organized health systems (for 11 months).* ID#30104

**Harvard Pilgrim**

Health Care, Inc.  
Boston, MA  
\$43,975  
*National consensus conference on medical education for care near the end of life (for 1 year).* ID#29360

**Home Care Research Initiative**

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

- **University of Massachusetts Boston**

Boston, MA  
\$385,447  
(30 months). ID#30870

- **Visiting Nurse Service of New York**

New York, NY  
\$540,500  
*Concept papers on home care policy and practice (29 months). ID#31099*  
\$348,144  
*Research on state options for allocating resources to home and community-based care (2 years). ID#30172*

- **Hospital Research and Educational Trust**

Chicago, IL  
\$25,000  
*Eighth national HIV/AIDS update conference (for 4 months). ID#29113*

- **Independent Choices: Enhancing Consumer Direction for People with Disabilities**

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

- **Arkansas Department of Human Services**

Little Rock, AR  
\$448,294  
(3 years). ID#30280

- **State of Florida Department of Elder Affairs**

Tallahassee, FL  
\$159,582  
(1 year). ID#30840

- **Health Research, Inc.**

Albany, NY  
\$498,738  
(3 years). ID#30279

- **State of New Jersey Department of Human Services**

Trenton, NJ  
\$167,626  
(1 year). ID#30839

- **University of Maryland Center on Aging**

College Park, MD  
\$324,390  
*Technical assistance and direction for the demonstration and evaluation component (1 year). ID#28431*

- **National Council on the Aging Inc.**

Washington, DC  
\$272,726  
*Technical assistance and direction for the consumer empowerment demonstration and research component (1 year). ID#28432*

- **University of Maryland Center on Aging**

College Park, MD

\$180,000

*Focus groups and surveys for Independent Choices demonstration and evaluation program (1 year). ID#30555*

\$230,000

*Focus groups and surveys for Independent Choices demonstration and evaluation-supplement (1 year). ID#30861*

- **The Johns Hopkins University Institute for Policy Studies**

Baltimore, MD

\$50,000

*Study of living conditions of Americans with disabilities (for 18 months).*

ID#29078

- **Junior League of Elizabeth- Plainfield, NJ Inc.**

Cranford, NJ

\$5,000

*Fundraising program for children with AIDS (for 3 months). ID#30393*

- **Mental Health Services Program for Youth**

*Program to improve mental health services for seriously mentally ill children and youth through the*

*development of comprehensive service systems under the aegis of multi-agency, state-community partnerships that can make major changes in financing, organization, and delivery of services (for the periods indicated).*

- **City and County of San Francisco**

San Francisco, CA

\$911,622

(2 years). ID#29391

- **Washington Business Group on Health**

Washington, DC

\$475,570

*Technical assistance and direction for the Mental Health Services Program for Youth*

*(18 months). ID#27374*

- **Mental Health Services Program for Youth Replication**

*Program to help additional states and communities improve services for seriously mentally ill children through a program of technical assistance, training, dissemination, and small start-up grants in 10 states (for the periods indicated).*

- **State of Indiana Office of the Secretary of Family and Social Services**

Indianapolis, IN

\$75,000

(1 year). ID#28620

- **Commonwealth of Massachusetts Executive Office of Health and Human Services**

Boston, MA

\$75,000

(1 year). ID#28828

- **State of Mississippi Department of Mental Health**

Jackson, MS

\$100,000  
(1 year). ID#30408

• **Puget Sound Educational Service District No. 121**

Burien, WA  
\$75,000  
(1 year). ID#28673

• **State of South Carolina Department of Health and Human Services**

Columbia, SC  
\$51,000  
(1 year). ID#28810

• **University of South Florida, Florida Mental Health Institute**

Tampa, FL  
\$75,000  
(1 year). ID#28658

• **State of Texas, Texas Department of Mental Health and Mental Retardation**

Austin, TX  
\$75,000  
(1 year). ID#28619

**National Academy of Sciences-Institute of Medicine**

Washington, DC  
\$75,000  
*Study of care at the end of life (for 1 year). ID#29725*

**National Council on the Aging Inc.**

Washington, DC  
\$50,000  
*Linking the Family Friends intergenerational model with the teen pregnancy prevention program (for 1 year). ID#30780*

**National Federation of Interfaith Volunteer Caregivers, Inc.**

Kingston, NY  
\$399,933  
*Development of a national system of statewide interfaith networks (for 3 years). ID#29774*

**National Hospice Organization, Inc.**

Arlington, VA  
\$113,280  
*Project to train residents in end-of-life care (for 6 months). ID#30077*

**National Multiple Sclerosis Society**

New York, NY  
\$355,703  
*Syndicated radio program on chronic health conditions (for 2 years). ID#29548*

**State of New Jersey Department of Health**

Trenton, NJ  
\$712,195  
*Test of a data-driven quality improvement program for nursing homes (for 2 years). ID#29680*

**New Jersey Institute of Technology Foundation**

Newark, NJ

\$184,998

*Manual to assist parents of children with disabilities create a supportive home environment (for 20 months). ID#30206*

**University of North Carolina at Chapel Hill School of Nursing**

Chapel Hill, NC

\$100,000

*Monograph for nurses on care of the dying (for 2 years). ID#30101*

**Park Ridge Center**

Chicago, IL

\$26,343

*Conference on rituals and end-of-life care in institutional settings (for 3 months). ID#29559*

**Self-Determination for Persons with Developmental Disabilities**

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

• **University of New Hampshire**

Durham, NH

\$91,971

*Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (2 months). ID#28790*

**University of Southern Mississippi Institute for Disability Studies**

Hattiesburg, MS

\$379,954

*Improving systems of care for chronically ill Mississippians (for 3 years). ID#27393*

**Vanderbilt University Institute for Public Policy Studies**

Nashville, TN

\$45,487

*Evaluation of the Family Unification Program (for 7 months). ID#29267*

**University of Virginia Health Sciences Center**

Charlottesville, VA

\$110,068

*National survey of hospice volunteers and staff (for 1 year). ID#30116*

**Yale University School of Medicine**

New Haven, CT

\$144,657

*Study of the impact of managed care on workers with chronic illnesses or functional limitations (for 18 months). ID#28955*

**Contracts**

**Barksdale Ballard & Co.**

Vienna, VA

\$181,000

*Multi-media curriculum on end-of-life issues for grassroots organizations (for 1 year). ID#29929*

**Chronic Care Initiatives in HMOs**

*Program to identify, nurture, and evaluate innovations in the delivery of services*

*to chronically ill patients in prepaid managed care organizations (for the period indicated).*

**• Group Health Cooperative of Puget Sound**

Seattle, WA  
\$29,978  
(1 year). ID#28681

**Fleishman-Hillard, Inc.**

Washington, DC  
\$105,502  
*Media briefing on chronic care issues (for 1 month).* ID#30232

**Mary K. Uyeda, Ph.D.**

Washington, DC  
\$22,800  
*Analysis of local government efforts to integrate services for the chronically ill and other vulnerable populations (for 3 months).* ID#29737

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

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

**• Communications Projects**

Multiple Contractors  
\$31,000  
*Purchase and distribution of "The Sourcebook on Dying" (3 years).* ID#29935  
\$50,000  
*Additional SUPPORT study products for dissemination to professional audiences (1 year).* ID#29190

**Service Credit Banking In Managed Care**

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

**• General Physics Corporation**

Columbia, MD  
\$41,450  
Conversion of service-credit banking software to Windows format  
(3 years). ID#28932

**Stewart Communications**

Chicago, IL  
\$283,847  
*Task force management, outreach, and continuing communications activities for Last Acts (for 18 months).* ID#30257

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

## GOAL

## Substance Abuse

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

### Grants

#### **Alcohol and Drug Abuse Self-Help Network, Inc.**

Willoughby Hills, OH

\$49,650

*Start-up of a national secular substance abuse self-help recovery program (for 1 year). ID#27460*

#### **Allina Health System**

Minneapolis, MN

\$48,171

*Evaluation of the implementation of the AHCPR smoking cessation guideline (for 16 months). ID#30499*

#### **American Bar Association Fund for Justice and Education**

Washington, DC

\$482,219

*Development of unified family courts to assist families with substance abuse problems (for 2 years). ID#29319*

#### **American Lung Association**

Washington, DC

\$200,000

*Education about preemption of local laws and its impact on tobacco regulation (for 1 year). ID#28494*

#### **American Medical Association**

Chicago, IL

\$14,400

*Dissemination of physician guidelines on alcoholism in older Americans (for 3 months). ID#28874*

\$29,855

*Planning for the 11th World Conference on Tobacco and Health (for 6 months). ID#29398*

#### **American Society of Addiction Medicine, Inc.**

Chevy Chase, MD

\$197,884

*Workshop and policy panel on alternative nicotine delivery systems (for 1 year). ID#30691*

#### **Boston University School of Public Health**

Boston, MA

\$50,000

*Development of a National Tobacco Control World Wide Web Site (for 1 year).*

ID#28367

\$383,523

*Community effects of local substance abuse initiatives (for 18 months).* ID#29585

\$138,404

*Coordinating community coalition participation outreach activities around HBO substance abuse specials (for 7 months).* ID#30686

**University of California,**

San Diego

La Jolla, CA

\$597,012

*A longitudinal study of tobacco marketing and other antecedents to smoking initiation (for 2 years).* ID#28042

**Center for the Advancement of Health**

Washington, DC

\$49,699

*Managed care performance indicators for prevention and treatment of tobacco use and addiction (for 6 months).* ID#28757

**Center for Science in the Public Interest**

Washington, DC

\$78,000

*Development of a community resource guide to address off-campus binge drinking (for 1 year).* ID#27965

**Community Anti-Drug Coalitions of America**

Alexandria, VA

\$50,000

*Planning for rebuilding the national parent movement to prevent drug abuse (for 6 months).* ID#28819

\$499,067

*National Youth Awareness Campaign (for 1 year).* ID#30058

**Creighton University School of Medicine**

Omaha, NE

\$182,399

*Interactive videos on smoking cessation for pregnant women and their families (for 20 months).* ID#28495

**Dana-Farber Cancer Institute, Inc.**

Boston, MA

\$49,981

*Dissemination of the federal AHCPR Guideline on Smoking Cessation to organized labor (for 6 months).* ID#29471

**Drug Strategies**

Washington, DC

\$350,078

*Continued pilot development of state profiles on substance abuse problems and policies (for 2 years).* ID#24326

**Education Development Center, Inc.**

Newton, MA

\$1,546,689

*Higher education center for alcohol and other drug prevention (for 4 years).*  
ID#28911

**Educational Broadcasting Corporation**

New York, NY

\$4,380,107

*Production, promotion, and outreach for a public television series on addiction and recovery (for 19 months).* ID#28644

**Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol**

*Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the periods indicated).*

• **East Bay Community Recovery Project**

Oakland, CA

\$853,446

(14 months). ID#28484

• **Mecklenburg County, Mecklenburg County Area Mental Health, Developmental Disabilities, and Substance Abuse Authority**

Charlotte, NC

\$1,009,275

(17 months). ID#28482

• **Newark Fighting Back Partnership Inc.**

Newark, NJ

\$538,908

(1 year). ID#29274

\$542,160

(9 months). ID#28483

• **Vanderbilt University School of Medicine**

Nashville, TN

\$614,793

*Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1 year).* ID#28568

**Free To Grow: Head Start Partnerships to Promote Substance-Free Communities**

*Program to develop and implement models for the Head Start Program to increase its capacity to strengthen the family and neighborhood environment for high-risk preschool children to reduce their vulnerability to substance abuse and related problems (for the periods indicated).*

• **Aspira Inc. of Puerto Rico**

Rio Piedras, PR

\$620,871

(3 years). ID#29043

• **Audubon Area Community Services, Inc.**

Owensboro, KY

\$649,970

(3 years). ID#29046

• **Charles R. Drew University of Medicine and Science**

Los Angeles, CA  
\$608,936  
(3 years). ID#29047

• **Community Partnership for Child Development**

Colorado Springs, CO  
\$252,924  
(1 year). ID#29044

• **Columbia University School of Public Health**

New York, NY  
\$483,881  
*Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (1 year). ID#28684*

**Genesis Counseling Center Inc.**

Collingswood, NJ  
\$50,000  
*Alternative sentencing program to provide rehabilitation to substance abuse offenders (for 8 months). ID#30315*

**Girl Scouts of the United States of America**

New York, NY  
\$17,500  
*Girls Scouts against smoking (for 6 months). ID#29386*

**Harvard Medical School**

Boston, MA  
\$198,459  
*Further dissemination of an anti-alcohol abuse theatre project (for 2 years). ID#28585*

**Harvard University School of Public Health**

Boston, MA  
\$908,579  
*National study of college drinking patterns and practices, Phase II (for 28 months). ID#29870*

**Harvey J. Weiss and Associates Inc.**

Austin, TX  
\$449,344  
*Support for the National Inhalant Prevention Coalition (for 2 years). ID#28635*

**Healthy Nations: Reducing Substance Abuse Among Native Americans**

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

• **Central Council of the Tlingit & Haida Indian Tribes**

Juneau, AK  
\$899,915  
(4 years). ID#28263

• **Cheyenne River Sioux Tribe of the Cheyenne River Reservation**

Eagle Butte, SD  
\$803,689  
(4 years). ID#28251

• **Confederated Salish & Kootenai Tribes of the Flathead Reservation**

Pablo, MT  
\$472,572  
(4 years). ID#28253

• **Confederated Tribes of the Colville Reservation**

Nespelem, WA  
\$600,740  
(4 years). ID#28254

• **Confederated Tribes of the Warm Springs Reservation**

of Oregon  
Warm Springs, OR  
\$661,203  
(4 years). ID#28255

• **Eastern Band of Cherokee Indians of North Carolina**

Cherokee, NC  
\$778,073  
(4 years). ID#28256

• **Minneapolis American Indian Center**

Minneapolis, MN  
\$900,000  
(4 years). ID#28259

• **Seattle Indian Health Board**

Seattle, WA  
\$863,678  
(4 years). ID#28262

• **United Indian Health Services**

Trinidad, CA  
\$800,002  
(4 years). ID#28264

• **University of Colorado Health Sciences Center**

Denver, CO  
\$444,471  
*Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (1 year).* ID#28031

**Hedrick Smith Productions, Inc.**

Bethesda, MD  
\$150,000  
*Outreach for a PBS series using the tobacco lobby as an example of systemic problems facing government (for 8 months).* ID#28040

**University of Illinois at Chicago**

Chicago, IL  
\$54,858  
*Analysis of multiple data sets for predictors of different stages of tobacco use among adolescents (for 9 months).* ID#28676

**Jacksonville Jaguars Foundation Inc.**

Jacksonville, FL  
\$332,802  
*National Football League program to educate youth about the health risks of tobacco use (for 2 years).* ID#29514

**University of Kansas Institute for Life Span Studies**

Lawrence, KS

\$200,000

*The Community Tool Box: A Computer Information Database and Exchange Network (for 2 years). ID#28793*

**Legal Services for Prisoners with Children**

San Francisco, CA

\$185,023

*Peer support program for custodial grandparents of at-risk children (for 2 years). ID#24619*

**Lehigh Valley Hospital, Inc.**

Allentown, PA

\$50,000

*Community-foundation partnership to plan for increased collaboration on youth alcohol and tobacco policy (for 1 year). ID#29558*

**The Marin Institute for the Prevention of Alcohol and Other Drug Problems**

San Rafael, CA

\$37,009

*Expanded dissemination of the Institute's Alcohol Industry Database (for 1 year). ID#27128*

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

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

• **University of Colorado at Boulder**

Boulder, CO

\$860,769

(5 years). ID#30197

• **University of Delaware**

Newark, DE

\$699,677

(5 years). ID#30198

• **The University of Iowa**

Iowa City, IA

\$59,985

(1 year). ID#30425

• **Lehigh University**

Bethlehem, PA

\$821,180

(5 years). ID#30199

• **University of Vermont**

Burlington, VT

\$700,000

(5 years). ID#30200

• **University of Wisconsin-Madison**

Madison, WI

\$59,678

(1 year). ID#30426

• **American Medical Association**

Chicago, IL

\$473,849

*Technical assistance and direction for A Matter of Degree: Reducing High-Risk Drinking Among College Students (1 year). ID#28436*

• **Harvard University School of Public Health**

Boston, MA

\$497,962

*Evaluation of A Matter of Degree: Reducing High-Risk Drinking Among College Students-Phase I (2 years). ID#28190*

\$126,657

*Supplemental funding for the evaluation of A Matter of Degree: Reducing High-Risk Drinking Among College Students-Phase I (2 years). ID#29432*

**The Miriam Hospital**

Providence, RI

\$46,816

*Development of a guide for nurses to implement smoking cessation guidelines within home health care (for 1 year). ID#29050*

**Mothers Against Drunk Driving**

Irving, TX

\$50,000

*Rating alcohol policies and the use environment on college campuses (for 7 months). ID#28597*

**National Bureau of Economic Research, Inc.**

New York, NY

\$86,940

*Conference and publication on economic studies of substance use and abuse (for 1 year). ID#29421*

**The National Center on Addiction and Substance Abuse at Columbia University**

New York, NY

\$199,858

*Survey of Americans' Attitudes on Substance Abuse (for 1 year). ID#28061*

\$15,656

*Communicators' workshop to develop new ways of addressing adolescent marijuana use (for 4 months). ID#29732*

\$95,050

*Survey of Californians' Understanding of Proposition 215: Medical Use of Marijuana (for 1 month). ID#30762*

**National Center for Tobacco-Free Kids**

*Program to support a national campaign to reduce youth tobacco use through the establishment of a center to develop a national strategy, serve as a media center, provide technical assistance, and broaden organizational support to reduce youth tobacco use (for the periods indicated).*

• **American Cancer Society, Inc.**

Atlanta, GA

\$489,890

(4 months). ID#28989

• **National Center for Tobacco-Free Kids**

Washington, DC  
\$19,510,110  
(5 years). ID#29600

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

Atlanta, GA  
\$451,185  
*Research on racial and gender differences in teen smoking (for 1 year).* ID#30145

**University of New Mexico**

Albuquerque, NM  
\$50,000  
*Evaluation of a drunk driving prevention program for first offenders (for 1 year).*  
ID#29417

**One Church-One Addict Inc.**

Washington, DC  
\$498,961  
*Church-based support group to assist recovering addicts (for 3 years).* ID#24900

**Oral Health America, America's Fund for Dental Health**

Chicago, IL  
\$767,986  
*National Spit Tobacco Education Program's Major League Baseball Initiative (for 9 months).* ID#28191

**Partnership for a Drug-Free America, Inc.**

New York, NY  
\$10,499,534  
*Continuation of a media campaign to reduce demand for illegal drugs (for 3 years).* ID#23957

**Pinney Associates, Inc.**

Bethesda, MD  
\$72,000  
*Conference on policy issues related to implementation of AHCPR's smoking clinical practice guidelines on smoking cessation (for 9 months).* ID#27474

**Reducing Underage Drinking Through Coalitions**

*Program to reduce underage drinking problems using strategies that include youth leadership development, coalition enhancement, alcohol policy development, and public awareness campaigns (for the periods indicated).*

• **Aspira Inc. of Puerto Rico**

Rio Piedras, PR  
\$945,117  
(4 years). ID#30822

• **DC Community Prevention Partnership Inc.**

Washington, DC  
\$562,474  
(4 years). ID#30823

• **Ecumenical Ministries of Oregon**

Portland, OR  
\$841,303



(4 years). ID#30824

• **Governors Institute on Alcohol and Substance Abuse Inc.**

Research Triangle Park, NC

\$941,570

(4 years). ID#30832

• **Governors Partnership to Protect Connecticut's Workforce Inc.**

Hartford, CT

\$826,021

(4 years). ID#30825

• **Indiana Communities for Drug-Free Youth, Inc.**

Zionsville, IN

\$840,143

(4 years). ID#30826

• **Metropolitan Atlanta Council on Alcohol and Drugs, Inc.**

Atlanta, GA

\$926,315

(4 years). ID#30828

• **Minnesota Institute of Public Health**

Anoka, MN

\$840,000

(4 years). ID#30829

• **Missouri Association of Community Task Forces**

Columbia, MO

\$939,359

(4 years). ID#30830

• **Mothers Against Drunk Driving, Louisiana State Organization**

Baton Rouge, LA

\$839,198

(4 years). ID#30827

• **Pennsylvania Liquor Control Board**

Harrisburg, PA

\$844,428

(4 years). ID#30833

• **American Medical Association**

Chicago, IL

\$435,935

*Technical assistance and direction for the Reducing Underage Drinking Through Coalitions program (1 year). ID#28435*

**Research Foundation of the City University of New York**

New York, NY

\$1,831,801

*Implementation of a community reintegration model to reduce substance abuse among jail inmates - Phase III (for 5 years). ID#29583*

**Research Network Initiative on the Etiology of Tobacco Dependence**

*Program to bring together leading researchers from a variety of perspectives and disciplines to work collaboratively in the study of the etiology of tobacco dependence in an effort to increase understanding of the development of tobacco*

*dependence (for the period indicated).*

• **University of Kentucky Research Foundation**

Lexington, KY

\$235,347

(1 year). ID#29015

**St. Peter's Medical Center**

New Brunswick, NJ

\$46,531

*Development of a loaner service for exhibits and related materials about tobacco products and promotions (for 1 year). ID#27123*

\$27,883

*Meeting to explore public health implications of alternative nicotine delivery devices (for 1 year). ID#28627*

**Screening and Brief Intervention for Alcohol Abuse in Managed Care**

*An intervention research study to identify the costs and benefits of screening and brief intervention in primary care managed care settings (for the period indicated).*

• **University of Connecticut Health Center School of Medicine**

Farmington, CT

\$3,834,373

(51 months). ID#29620

**Sikora Center Inc.**

Camden, NJ

\$20,000

*Drug treatment and after-care for pregnant and parenting women and their infants (for 2 months). ID#29318*

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

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

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

Birmingham, AL

\$484,167

*Technical assistance and direction for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy (1 year). ID#27375*

• **Foundation for State Legislatures**

Denver, CO

\$19,137

*Survey of state Medicaid and health insurance policies regarding reimbursement for smoking cessation treatment (3 months). ID#30695*

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

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

• **American Cancer Society, Inc., Georgia Division, Inc.**

Atlanta, GA

\$500,000

(3 years). ID#30066

• **American Heart Association Inc., Oregon Affiliate, Inc.**

Portland, OR

\$1,063,392

(3 years). ID#29549

• **American Lung Association Kentucky**

Louisville, KY

\$900,000

(4 years). ID#30065

• **Health Education Inc.**

Lincoln, NE

\$782,317

(4 years). ID#30067

• **Medical and Chirurgical Faculty of Maryland**

Baltimore, MD

\$823,476

(4 years). ID#30068

• **Minnesota Coalition for a Smoke-Free Society 2000**

Minneapolis, MN

\$1,199,987

(4 years). ID#30069

• **University of Virginia School of Medicine**

Charlottesville, VA

\$749,992

(4 years). ID#30070

• **Washington DOC**

Seattle, WA

\$649,967

(3 years). ID#30072

• **American Medical Association**

Chicago, IL

\$748,595

*Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (1 year). ID#28189*

• **University of Arizona College of Medicine**

Tucson, AZ

\$146,061

*Evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ, Phase I*

*(1 year). ID#28946*

\$792,565

*Evaluation of the comprehensive effort to reduce tobacco use among youth in Tucson, AZ, Phase II (54 months). ID#29273*

• **George Washington University Medical Center**

Washington, DC

\$37,615

*Evaluation of coalition activities in the Tucson, AZ Youth Tobacco Project (5 years). ID#29718*

- **Institute for Public Policy Advocacy**

Washington, DC

\$147,529

*Technical assistance to the SmokeLess States Program (1 year). ID#26857*

- **Substance Abuse Policy Research Program**

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

- **Brown University**

Providence, RI

\$349,984

(3 years). ID#28797

- **California Public Health Foundation**

Berkeley, CA

\$99,994

(8 months). ID#30792

- **University of California, Berkeley**

Berkeley, CA

\$225,137

(30 months). ID#28800

- **University of California, Los Angeles**

Los Angeles, CA

\$166,564

(2 years). ID#28802

\$186,026

(1 year). ID#28801

- **Center for Health Economics Research, Inc.**

Waltham, MA

\$141,268

(2 years). ID#28803

- **Center for Media Education Inc.**

Washington, DC

\$96,829

(1 year). ID#28804

- **University of Colorado Health Sciences Center**

Denver, CO

\$250,842

(3 years). ID#28805

- **The Florida State University Research Foundation, Inc.**

Tallahassee, FL

\$99,988

(1 year). ID#30730

- **George Washington University**

Washington, DC

\$101,773

(1 year). ID#30650

- **Harvard Medical School**  
Boston, MA  
\$64,843  
(1 year). ID#30791
- **Harvard University School of Public Health**  
Boston, MA  
\$94,711  
(1 year). ID#30481
- **Health Research, Inc.**  
Buffalo, NY  
\$183,133  
(2 years). ID#28806
- **University of Kentucky Research Foundation**  
Lexington, KY  
\$37,826  
(1 year). ID#28807
- **Louisiana State University Medical Center**  
New Orleans, LA  
\$94,970  
(1 year). ID#28808
- **University of Massachusetts at Boston Center for Survey Research**  
Boston, MA  
\$220,152  
(18 months). ID#28809
- **University of Michigan School of Social Work**  
Ann Arbor, MI  
\$291,058  
(22 months). ID#28811
- **University of Minnesota School of Public Health**  
Minneapolis, MN  
\$196,691  
(2 years). ID#28813  
\$349,779  
(2 years). ID#28812
- **University of Missouri-Columbia School of Medicine**  
Columbia, MO  
\$99,999  
(10 months). ID#30482
- **National Bureau of Economic Research, Inc.**  
Cambridge, MA  
\$86,323  
(2 years). ID#29967
- **RAND Corporation**  
Santa Monica, CA  
\$224,501  
(19 months). ID#28814
- **Rutgers, The State University, Center of Alcohol Studies**

Piscataway, NJ  
\$32,093  
(1 year). ID#28815

• **The Medical University of South Carolina**  
Charleston, SC  
\$99,404  
(18 months). ID#30790

• **Treatment Research Institute Inc.**  
Philadelphia, PA  
\$312,142  
(1 year). ID#28816

• **University of Washington**  
Seattle, WA  
\$99,993  
(15 months). ID#30793

• **Western Consortium for Public Health**  
Berkeley, CA  
\$349,626  
(33 months). ID#28817

• **Women and Infants Hospital of Rhode Island**  
Providence, RI  
\$92,187  
(3 years). ID#28878

• **Wake Forest University, The Bowman Gray School of Medicine**  
Winston-Salem, NC  
\$367,765  
*Technical assistance and direction for the Substance Abuse Policy Research Program (1 year). ID#28791*

**Teachers College, Columbia University, Center for Young Children and Families**  
New York, NY  
\$81,660  
*Literature review on the effectiveness of youth development programs in substance abuse prevention (for 6 months). ID#29884*

**Treatment Research Institute Inc.**  
Philadelphia, PA  
\$96,991  
*Research on the effects on employers of covering substance abuse services (for 1 year). ID#30169*

**Western Consortium for Public Health**  
Berkeley, CA  
\$11,427  
*Summary of public opinion surveys on alcohol (for 2 months). ID#30290*

**University of Wisconsin-Madison Medical School**  
Madison, WI  
\$45,699  
*Dissemination of the AHCPR clinical practice guideline on smoking cessation (for 1 year). ID#29389*

## **Contracts**

### **American Medical Association**

Chicago, IL

\$95,300

*Media briefing on the hazards of tobacco use (for 1 month). ID#28586*

\$70,893

*Primary care practitioners' pocket guide on AHCPR smoking cessation guideline (for 3 months). ID#29466*

### **Battelle Memorial Institute**

Baltimore, MD

\$105,870

*Evaluation of laws restricting minors' access to tobacco products (for 1 year).*

ID#27340

### **Burness Communications**

Bethesda, MD

\$17,000

*Communications support for a conference on AHCPR's smoking cessation guidelines (for 4 months). ID#30308*

\$5,000

*Media resource guide on tobacco (for 1 month). ID#29527*

### **Capital Consulting Corporation**

Rockville, MD

\$30,276

*National conference on drug abuse prevention research (for 6 months).*

ID#30076

### **Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol**

*Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the period indicated).*

#### **• Development Communications Associates, Inc.**

Boston, MA

\$386,230

*Completion of resource development assistance for Fighting Back grantees (18 months). ID#28862*

### **The Fortune Society**

New York, NY

\$3,150,000

*Implementation of a community reintegration model to reduce substance abuse among jail inmates-Phase III (for 5 years). ID#30132*

### **Hayes, Domenici & Associates**

McLean, VA

\$65,522

*Conference on women and smoking (for 8 months). ID#29283*

### **James A. Inciardi, Ph.D.**

Miami, FL

\$30,700

*Analyses of increases in adolescent drug use (for 6 months). ID#30961*

**Nance Guilmartin**

Newbury, MA

\$73,680

*Planning a communication campaign on community substance abuse coalitions (for 5 months). ID#28647*

**New Jersey Nets**

East Rutherford, NJ

\$164,000

*National Basketball Association program to educate youth about the health risks of tobacco use (for 1 year). ID#30531*

**New Sounds Inc.**

New York, NY

\$27,000

*Production and distribution of radio spots on tobacco (for 3 months). ID#30298*

**Pinney Associates, Inc.**

Bethesda, MD

\$36,750

*Working group on tobacco dependence treatment policy (for 5 months). ID#29354*

\$35,500

*Preparation of proceedings from the conference on AHCPR's Smoking Cessation Guideline (for 1 year).*

ID#30465

**Pyramid Communications**

Seattle, WA

\$197,843

*Conference on the Science of Preventing Tobacco Use (for 10 months). ID#30055*

**Roswell Park Cancer Institute**

Buffalo, NY

\$23,309

*Technical assistance on RWJF tobacco control policy and program initiatives and evaluations (for 1 year). ID#29060*

**Scholastic Inc.**

New York, NY

\$20,000

*Formation of teacher panels to assist in the development of tobacco education materials for children (for 2 months). ID#30235*

**Strategic Consulting Services**

Portage, WI

\$12,175

*Facilitator for the RWJF Science Conference on the prevention of tobacco use (for 8 months). ID#30735*

**Substance Abuse Policy Research Program**

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

**• The Lewin Group, Inc.**

Fairfax, VA

\$83,830



*Assessment of the Tobacco and Substance Abuse Policy Research Programs (2 months). ID#31072*

**Tobacco Policy Research and Evaluation Program**

*Program to provide support for investigators to conduct policy research on projects aimed at helping public and private policymakers adopt policies to reduce tobacco use in this country, especially among children and youth (for the period indicated).*

• **Miller & Associates**

Oakland, CA

\$8,000

*Review of econometric model that estimates the costs of smoking (1 month).*

ID#29831

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

## GOAL

## Cost Containment

To help the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation.

### Grants

#### **University of Alabama at Birmingham School of Health Related Professions**

Birmingham, AL

\$69,883

*Study of retirees who have lost employer-sponsored health benefits (for 1 year).*

ID#29205

#### **Changes in Health Care Financing and Organization**

*Program for research, demonstration, and evaluation projects examining major changes in health care financing (for the periods indicated).*

#### • **University of Alabama at Birmingham**

Birmingham, AL

\$366,142

(2 years). ID#29014

\$421,487

(2 years). ID#29388

#### • **Boston University School of Public Health**

Boston, MA

\$153,911

(2 years). ID#28054

#### • **University of California, Irvine, Graduate School of Management**

Irvine, CA

\$294,527

(2 years). ID#30561

#### • **Duke University Medical Center**

Durham, NC

\$497,634

(30 months). ID#28864

#### • **Duquesne University**

Pittsburgh, PA

\$57,040

(1 month). ID#29720

#### • **Economic and Social Research Institute**

Washington, DC

\$499,992

(2 years). ID#30996

\$270,836  
(1 year). ID#29909

• **University of Florida Research Foundation Inc.**  
Gainesville, FL  
\$563,488  
(2 years). ID#30096

• **Hospital Research and Educational Trust**  
Chicago, IL  
\$232,394  
(18 months). ID#28525

• **Institute for Research and Education**  
Minneapolis, MN  
\$112,649  
(1 year). ID#29202

• **The Johns Hopkins University School of Medicine**  
Baltimore, MD  
\$365,863  
(3 years). ID#28863

• **Palo Alto Institute for Research and Education Inc.**  
Palo Alto, CA  
\$375,314  
(30 months). ID#30562

• **University of Pennsylvania**  
Philadelphia, PA  
\$456,196  
(2 years). ID#29674

• **University of Pittsburgh Graduate School of Public Health**  
Pittsburgh, PA  
\$424,424  
(2 years). ID#29673

• **Stanford University Graduate School of Business**  
Stanford, CA  
\$56,517  
(4 months). ID#28765

• **The Urban Institute**  
Washington, DC  
\$174,396  
(18 months). ID#29201

• **Wake Forest University,**  
The Bowman Gray School  
of Medicine  
Winston-Salem, NC  
\$510,058  
(3 years). ID#30159

• **Alpha Center for Health Planning, Inc.**  
Washington, DC  
\$1,323,841

*Technical assistance and direction for Changes in Health Care Financing and Organization (2 years). ID#29018*

\$142,203

*Technical assistance and direction for Changes in Health Care Financing and Organization (6 months). ID#27135*

**Columbia University**

New York, NY

\$298,170

*Tracking changes for academic health centers and health care for New York City's low-income population (for 30 months).*

ID#29087

**ConsumerFirst**

Danville, CA

\$40,086

*Meeting of business leaders on issues in computerizing patient records (for 2 months). ID#29871*

**George Washington University Center for Health Policy Research**

Washington, DC

\$236,067

*Study of the cost and feasibility of alternative models for a national poison control system (for 1 year).*

ID#28503

**Group Health Foundation**

Minneapolis, MN

\$2,500

*Conduct Researchers Network Conference (for 2 months).*

ID#29347

**Harvard Medical School**

Boston, MA

\$200,000

*Establishment of a managed care industry research center (for 2 years).*

ID#28646

**IMPACS: Improving Malpractice Prevention and Compensation Systems**

*Program for states, health care organizations, and researchers for the development, demonstration, and evaluation of innovative mechanisms for compensating persons injured by medical care (for the periods indicated).*

**• Brigham and Women's Hospital**

Boston, MA

\$197,123

(1 year). ID#29907

**• Copic Medical Foundation**

Englewood, CO

\$19,320

(3 months). ID#29969

**• RAND Corporation**

Santa Monica, CA

\$177,225

(1 year). ID#29968

• **Georgetown University School of Medicine**

Washington, DC

\$255,155

*Technical assistance and direction for Improving Malpractice Prevention and Compensation Systems (1 year). ID#26979*

**The Lewin Group, Inc.**

Fairfax, VA

\$96,245

*Options for public-private collaboration in technology assessment (for 6 months). ID#29131*

**Main Line Health, Inc.**

Bryn Mawr, PA

\$50,000

*Development of a model for integrated health care systems to evaluate their community health programs (for 6 months). ID#29266*

**The Medicare/Medicaid Integration Program**

*A ten-state demonstration to test the operation and design of delivery systems that integrate long-term and acute care services under combined Medicare and Medicaid capitation payments for elderly patients (for the period indicated).*

• **University of Maryland Center on Aging**

College Park, MD

\$492,942

*Technical assistance and direction for The Medicare/Medicaid Integration Program (1 year). ID#30255*

**University of Minnesota School of Public Health**

Minneapolis, MN

\$154,941

*Development of managed care plan performance measures from the provider's perspective (for 1 year). ID#27481*

**National Committee for Quality Assurance**

Washington, DC

\$137,000

*Developing criteria for information systems for managed care organizations (for 8 months). ID#29663*

**National Conference of State Legislatures**

Denver, CO

\$203,018

*Education for state policymakers on workers' compensation health reform issues (for 2 years). ID#30451*

**National Health Foundation**

Los Angeles, CA

\$142,433

*Planning a low-cost ambulatory managed care insurance product for uninsured Los Angeles residents (for 6 months). ID#29119*

**The National Leadership Coalition on Health Care**

Washington, DC

\$248,670

*Health care seminars for business leaders (for 1 year). ID#29513*

**Oregon Health Sciences University**

Portland, OR

\$899,825

*Evaluation of the Healthwise Communities Self-Care Demonstration Project (for 39 months). ID#27929*

**People-to-People Health Foundation, Inc.**

Millwood, VA

\$20,000

*Conference on the future of health policy research (for 2 months).ID#30723*

**The Picker Institute, Inc.**

Boston, MA

\$66,449

*Merging information on patient-reported quality of care and clinician-reported outcomes for home health services (for 5 months). ID#30639*

**Program to Promote Long-Term Care Insurance for the Elderly**

*Program to stimulate private/public partnerships at the state level for the development of long-term care insurance for the elderly (for the periods indicated).*

• **State of California Health and Welfare Agency**

Sacramento, CA

\$408,085

(20 months). ID#13883

• **University of Maryland Center on Aging**

College Park, MD

\$183,678

*Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (1 year). ID#28429*

**Research Foundation of the City University of New York**

New York, NY

\$95,697

*Development and dissemination of methods to evaluate changes in workers' compensation systems (for 1 year). ID#28089*

**Scholars in Health Policy Research Program**

*Program to provide postdoctoral training targeted to the most promising graduates of programs in the three disciplines of economics, political science, and sociology to advance their involvement in health policy (for the periods indicated).*

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

Berkeley, CA

\$1,499,468

(3 years). ID#30160

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

Ann Arbor, MI

\$1,369,245

(3 years). ID#30146

• **Yale University School of Management**

New Haven, CT  
\$1,499,972  
(3 years). ID#30147

• **Boston University School of Management**

Boston, MA  
\$383,739  
*Technical assistance and direction for the Scholars in Health Policy Research Program (1 year). ID#28278*

**State Initiatives in Long-Term Care**

*Program to promote the development of state reform of long-term care financing and delivery systems and development of strategies to broaden access to long-term care coverage (for the period indicated).*

• **University of Maryland Center on Aging**

College Park, MD  
\$358,821  
*Technical assistance and direction for State Initiatives in Long-Term Care (1 year). ID#28430*

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

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

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

San Francisco, CA  
\$325,000  
*Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative (1 year). ID#29739*

**Workers' Compensation Health Initiative**

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

• **American College of Occupational and Environmental Medicine**

San Francisco, CA  
\$121,560  
(1 year). ID#30517

• **University of California, Los Angeles, School of Public Health**

Los Angeles, CA  
\$458,994  
(3 years). ID#27125

• **Electrical Employers Self-Insurance Safety Plan**

Flushing, NY  
\$374,094  
(3 years). ID#30651

• **Foundation for Health Care Evaluation**

Bloomington, MN  
\$386,708

(2 years). ID#30652

• **Institute for Research and Education**

Minneapolis, MN

\$254,270

(2 years). ID#30318

• **Mid-America Coalition on Health Care Inc.**

Kansas City, MO

\$270,439

(2 years). ID#30518

• **State of New York Department of Civil Service**

Albany, NY

\$253,282

(2 years). ID#30317

• **Union of Needletrades Industrial and Textile Employees**

New York, NY

\$263,138

(2 years). ID#30519

• **University of Washington**

Seattle, WA

\$252,768

(2 years). ID#30319

• **University of Massachusetts Medical Center**

Worcester, MA

\$349,105

*Technical assistance and direction for Workers' Compensation Health Initiative (1 year). ID#28434*

**Contracts**

**Communications Project**

Multiple Contractors

\$221,000

*Communications products related to the RWJF Health Care Costs Goal Development Work Group (for 1 year). ID#29150*

**Kalkines, Arky, Zall & Bernstein LLP**

New York, NY

\$93,510

*Study of state-level HMO user legislation (for 4 months). ID#29522*

**Scholars in Health Policy Research Program**

*Program to provide postdoctoral training targeted to the most promising graduates of programs in the three disciplines of economics, political science, and sociology to advance their involvement in health policy (for the periods indicated).*

• **Stephen M. Shortell, Ph.D.**

Evanston, IL

\$28,314

*Assessment of the Scholars in Health Policy Research Program (6 months). ID#30081*

• **Burton A. Weisbrod, Ph.D.**



Evanston, IL

\$25,311

Assessment of the Scholars in Health Policy Research Program  
(6 months). ID#30054

**State Initiatives in Long-Term Care**

*Program to promote the development of state reform of long-term care financing and delivery systems and development of strategies to broaden access to long-term care coverage (for the period indicated).*

**• University of Massachusetts Medical Center**

Worcester, MA

\$100,000

*Data processing for Medicare and Medicaid files for grantees under State Initiatives in Long-Term Care (1 year). ID#29880*

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

## Cross-Cutting Programs

Grants addressing more than one goal area.

### Grants

#### **The Alliance for Health Reform**

Washington, DC

\$188,804

*Issue briefings on managed care and vulnerable populations for Washington-based policymakers and the media (for 1 year).*

ID#29298 Access, Chronic Health Conditions

#### **American Communications Foundation**

Mill Valley, CA

\$84,797

*Coverage of health care issues for a national radio network (for 1 year).*

ID#28371 Access, Chronic Health Conditions, Substance Abuse, Cost

#### **Association of American Medical Colleges**

Washington, DC

\$206,759

*Long-range planning for Academic Medicine (for 2 years). ID#28234*

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

#### **Association of Schools of Public Health Inc.**

Washington, DC

\$49,017

*Conversion of Public Health Reports to a public/private venture (for 1 year).*

ID#28886

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

#### **Best Friends Foundation**

Washington, DC

\$1,200,000

*National replication for a health-risk prevention program for girls (for 4 years).*

ID#24704

*Substance Abuse, Other*

#### **University of California, Los Angeles, Center for Health Sciences**

Los Angeles, CA

\$2,215,002

*Increase understanding of changes in substance abuse and mental health care (for 2 years).*

ID#30407 Chronic Health Conditions, Substance Abuse

#### **California Medical Association Foundation**

San Francisco, CA

\$40,000

*"The Western Journal of Medicine", April 1996 Issue (for 3 months). ID#29225  
Access, Chronic Health Conditions, Substance Abuse, Cost, Other*

### **Clinical Scholars Program**

*Program to allow young physicians committed to clinical medicine to acquire new skills and training in the non-biological sciences important to medical care systems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse*

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

Los Angeles, CA

\$668,871

(2 years). ID#29036

- **University of Chicago, The Pritzker School of Medicine**

Chicago, IL

\$419,976

(2 years). ID#29037

- **The Johns Hopkins University School of Medicine**

Baltimore, MD

\$838,984

(2 years). ID#29038

- **University of Michigan Medical School**

Ann Arbor, MI

\$339,999

(2 years). ID#29039

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

Chapel Hill, NC

\$559,984

(2 years). ID#29040

- **University of Washington School of Medicine**

Seattle, WA

\$756,771

(2 years). ID#29041

- **Yale University School**

of Medicine

New Haven, CT

\$242,987

(2 years). ID#29042

- **University of Arkansas for Medical Sciences**

Little Rock, AR

\$444,878

*Technical assistance and direction for the Clinical Scholars Program (1 year).*

ID#29343

\$20,350

*Technical assistance and direction for the Clinical Scholars Program (2 months).*

ID#29337

### **Community Health Leadership Program**

*Program to provide recognition for the contributions community health leaders make to achieving RWJF's mission and goals and to enhance the capacity of these*

*individuals to have a more permanent and widespread impact on health care problems (for the period indicated). Access, Chronic Health Conditions, Substance Abuse*

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

Boston, MA

\$3,000,000

(3 years). ID#26375

\$351,456

*Technical assistance and direction for the Community Health Leadership Program (1 year). ID#26866*

**Family Care International, Inc.**

New York, NY

\$226,148

*Support for a publication of findings from Robert Wood Johnson Foundation initiatives and programs (for 1 year). ID#28640*

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

**Foundation For New Jersey Public Broadcasting, Inc.**

Trenton, NJ

\$50,000

*Television series on health care issues (for 9 months). ID#30396*

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

**Freedom Foundation of New Jersey Inc.**

West Orange, NJ

\$26,065

*Pilot project to expand Newark Best Friends program (for 1 year). ID#30358*

*Substance Abuse, Other*

**George Washington University**

Washington, DC

\$699,375

*The changing market and Medicare reform (for 2 years). ID#30390*

*Access, Chronic Health Conditions, Cost*

\$1,939,973

*National Health Policy Forum (for 3 years). ID#19312*

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

**Harvard University School of Public Health**

Boston, MA

\$233,692

*Synthesis of public opinion research in areas of Foundation interest (for 2 years).*

*ID#28733*

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

\$19,978

*Nurse Executive Leadership Conference (for 1 year). ID#28370*

*Access, Chronic Health Conditions, Cost, Other*

**Health Policy Fellowships Program**

*Program to help extend the public policy horizons of health professional schools in the U.S. and improve the capabilities of their faculty to study health policy and assume leadership roles in health activities at all levels (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse*

• **Duke University Medical Center**

Durham, NC  
\$61,035  
(1 year). ID#29502

• **Harvard Medical School**

Boston, MA  
\$63,700  
(1 year). ID#29501

• **Harvard University School of Dental Medicine**

Boston, MA  
\$62,225  
(1 year). ID#29500

• **Tulane University School of Medicine**

New Orleans, LA  
\$58,649  
(1 year). ID#29504

• **Virginia Commonwealth University**

Richmond, VA  
\$63,600  
(1 year). ID#29503

• **Yale University School of Medicine**

New Haven, CT  
\$66,750  
(1 year). ID#29499

• **National Academy of Sciences-Institute of Medicine**

Washington, DC  
\$474,480  
*Technical assistance to the Health Policy Fellowships Program (1 year).*  
ID#28188

**Health Tracking**

*Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated). Access, Chronic Health Conditions, Cost*

• **University of Minnesota School of Public Health**

Minneapolis, MN  
\$588,056  
*Monitoring and assessing the impact of reform on rural health networks (21 months).* ID#23911

• **RAND Corporation**

Washington, DC  
\$1,355,925  
*Tracking employment-based health insurance and evaluating public policy to maximize private coverage (2 years).* ID#28651

**Hospital Research and Educational Trust**

Chicago, IL  
\$799,999  
*Evaluation of the Community Care Network Demonstration program (for 4 years).*  
ID#29519  
*Access, Cost*

### **Improving the Health of Native Americans**

*Program to encourage American Indians and Alaska Natives to develop innovative, culturally relevant projects to address their major health care needs (for the period indicated). Access, Chronic Health Conditions, Substance Abuse*

- **The Lovelace Institutes**

Albuquerque, NM

\$151,961

*Evaluation of Improving the Health of Native Americans (18 months). ID#28994*

### **Information for State Health Policy**

*Program to improve the capacity of state health statistics systems to support health policymaking and program management (for the period indicated). Access, Chronic Health Conditions, Substance Abuse*

- **Foundation of the University of Medicine and Dentistry of New Jersey**

Newark, NJ

\$354,944

*Technical assistance and direction for Information for State Health Policy (1 year). ID#28787*

### **Investigator Awards in Health Policy Research Program**

*Program to produce major works from senior and new investigators that would add to the health policy field's knowledge base (for the period indicated). Cost, Other*

- **University of Michigan**

Ann Arbor, MI

\$200,000

(30 months). ID#30444

- **University of Southern California**

Los Angeles, CA

\$157,956

(17 months). ID#30442

- **The Association for Health Services Research Inc.**

Washington, DC

\$407,779

*Technical assistance and direction for the Investigator Awards in Health Policy Research Program (1 year). ID#27542*

\$231,759

*Dissemination of the Investigator Awards in Health Policy Research Program projects (1 year). ID#29914*

### **Local Initiative Funding Partners Program**

*Matching grant program to help agencies and institutions identified by local philanthropies that are undertaking innovative solutions to major community health problems (for the periods indicated). Access, Chronic Health Conditions, Substance Abuse*

- **Apoyo Empresarial para la Peninsula de Cantera Inc.**

San Juan, PR

\$499,733

(4 years). ID#29804

- **Baystate Health Systems, Inc.**

Springfield, MA  
\$50,000  
(1 year). ID#29805

• **Chicago Health Connection**

Chicago, IL  
\$327,410  
(4 years). ID#29806

• **Erie County, Erie County Medical Center**

Buffalo, NY  
\$153,740  
(3 years). ID#29808

• **I.M. Sulzbacher Center for the Homeless, Inc.**

Jacksonville, FL  
\$456,000  
(3 years). ID#29809

• **Indiana University School of Medicine**

Indianapolis, IN  
\$122,958  
(3 years). ID#29812  
\$350,000  
(4 years). ID#29811

• **The Johns Hopkins University School of Medicine**

Baltimore, MD  
\$480,000  
(4 years). ID#29813

• **Kahuku Hospital**

Kahuku, HI  
\$194,273  
(3 years). ID#29814

• **Maricopa Health System Outreach Training Research and Patient Welfare Foundation**

Phoenix, AZ  
\$75,500  
(1 year). ID#29815

• **Morrison Center**

Portland, OR  
\$480,000  
(4 years). ID#29816

• **New River Health Association, Inc.**

Scarbro, WV  
\$350,000  
(3 years). ID#29822

• **City of Santa Fe**

Santa Fe, NM  
\$350,000  
(4 years). ID#29820

• **Texas Tech University Health Sciences Center School of Medicine**

Lubbock, TX  
\$479,583  
(3 years). ID#29821

• **Visiting Nurse Association of the Capital Region, Inc.**

Troy, NY  
\$149,150  
(3 years). ID#29807

• **Wilmington Health Access for Teens, Inc.**

Wilmington, NC  
\$455,374  
(3 years). ID#29819

• **Health Research and Educational Trust of**

New Jersey  
Princeton, NJ  
\$449,763  
*Technical assistance and direction for the Local Initiative Funding Partners Program (1 year). ID#27961*

**Medical Pathfinders Inc.**

Anchorage, AK  
\$498,640  
*Development of a computerized patient support network for people with chronic illnesses (for 3 years). ID#28675*  
*Access, Chronic Health Conditions*

**Medicare Beneficiaries Defense Fund Inc.**

New York, NY  
\$76,101  
*Consumer information service for Medicare beneficiaries (for 9 months).*  
ID#27253  
*Access, Chronic Health Conditions, Cost*

**University of Michigan Institute for Social Research**

Ann Arbor, MI  
\$196,660  
*Archiving of Foundation-supported data collections (for 2 years). ID#27796*  
*Access, Chronic Health Conditions, Substance Abuse, Cost, Other*

**National Association of County and City Health Officials**

Washington, DC  
\$37,000  
*Strategic planning retreat for the National Association of County and City Health Officials (for 10 months). ID#28940*  
*Access, Chronic Health Conditions, Substance Abuse, Cost, Other*

**National Association of Health Data Organizations**

Falls Church, VA  
\$49,850  
*Electronic Health Information Resource Center (for 9 months). ID#28466*  
*Access, Chronic Health Conditions, Substance Abuse, Cost*

**National Conference of State Legislatures**

Washington, DC  
\$311,307



*Expanded information program for state health policy (for 7 months). ID#30342  
Access, Chronic Health Conditions, Substance Abuse, Cost, Other*

**National Public Radio, Inc.**

Washington, DC

\$1,779,977

*Reporting on health care policy issues (for 3 years). ID#19315  
Access, Chronic Health Conditions, Substance Abuse, Cost*

**New England Medical Center Hospitals, Inc.**

Boston, MA

\$37,517

*Child health services research consortium-planning meeting (for 3 months).  
ID#28464  
Access, Chronic Health Conditions*

**New Jersey Health Initiatives**

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

**• Alzheimer's Disease and Related Disorders Association, Inc., Northern New  
Jersey Chapter**

Parsippany, NJ

\$217,202

(2 years). ID#29374

**• Catholic Charities**

East Brunswick, NJ

\$240,000

(3 years). ID#30432

**• Children's Specialized Hospital Foundation Inc.**

Mountainside, NJ

\$230,000

(3 years). ID#30433

**• The Cooper Health System**

Camden, NJ

\$249,996

(3 years). ID#29375

**• Enable Inc.**

Princeton, NJ

\$150,032

(3 years). ID#29376

**• Holy Name of Camden/Jesuit Urban Service Team, Inc.**

Camden, NJ

\$80,604

(3 years). ID#29377

**• Matheny School and Hospital Inc.**

Peapack, NJ

\$50,000

(1 year). ID#29378

• **State of New Jersey Department of Education**

Trenton, NJ  
\$235,000  
(3 years). ID#30435

• **Samaritan Hospice**

Moorestown, NJ  
\$230,078  
(3 years). ID#29379

• **Seton Hall University**

South Orange, NJ  
\$235,000  
(2 years). ID#30434

• **Stageworks Touring Company**

Glassboro, NJ  
\$58,000  
(33 months). ID#30437

• **Unified Vailsburg Services**

Newark, NJ  
\$100,000  
(2 years). ID#30436

• **Health Research and Educational Trust of**

New Jersey  
Princeton, NJ  
\$270,150  
*Technical assistance and direction for New Jersey Health Initiatives (1 year).*  
ID#28029

**New Jersey Primary Care Association Inc.**

Princeton, NJ  
\$50,000  
*Planning for a membership-wide approach to managed care (for 6 months).*  
ID#29879 *Access, Cost*

**University of North Carolina at Chapel Hill**

Chapel Hill, NC  
\$199,880  
*Initial dissemination of the results from the National Longitudinal Study of Adolescent Health (for 8 months).* ID#29632  
*Access, Chronic Health Conditions, Substance Abuse*

**Oregon Health Sciences University**

Portland, OR  
\$49,684  
*Supplement to the evaluation of the Healthwise Communities Project (for 1 year).*  
ID#29783  
*Access, Chronic Health Conditions*

**Partnership for Prevention**

Washington, DC  
\$50,000  
*Assessing insurance coverage of preventive services by private employers (for 15 months).* ID#29975

*Access, Cost*

**University of Pennsylvania Health System**

Philadelphia, PA

\$75,000

*Planning for the West Philadelphia Prevention of Blindness project (for 1 year).*

ID#28437

*Access, Chronic Health Conditions*

**University of Pennsylvania School of Arts and Sciences**

Philadelphia, PA

\$159,025

*Assessment of Philadelphia's school-based AIDS prevention program (for 15 months). ID#30162*

*Access, Chronic Health Conditions*

**University of Pittsburgh Graduate School of Public and International Affairs**

Pittsburgh, PA

\$49,866

*Conference on changes in health care politics, policy, and markets in the nation, states, and communities (for 27 months). ID#27482*

*Access, Cost*

**Public/Private Ventures**

Philadelphia, PA

\$30,733

*Report on youth crime, delinquency, and substance abuse (for 3 months).*

ID#30696

*Substance Abuse, Other*

**The Research Foundation of State University of New York**

Albany, NY

\$110,676

*Conference to assess the impact of budget cuts and structural changes in Medicaid (for 11 months). ID#26917*

*Access, Chronic Health Conditions, Cost*

**State Initiatives in Health Care Reform**

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

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

Washington, DC

\$2,953,729

*Technical assistance and direction under the State Initiatives in Health Care Reform program (3 years). ID#22463*

• **National Governors' Association Center for**

Policy Research

Washington, DC

\$468,214

*Technical assistance to grantees under the State Initiatives in Health Care Reform program (2 years). ID#24672*

**Strengthening The Safety Net: The Medicaid Managed Care Program**

*Program to work with states and managed care providers to improve access and*

*care for vulnerable populations covered under Medicaid managed care (for the periods indicated). Access, Chronic Health Conditions*

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

Denver, CO  
\$142,998  
(1 year). ID#30750

• **Health Partners of Philadelphia, Inc.**

Philadelphia, PA  
\$164,201  
(1 year). ID#30751

• **State of Minnesota Department of Human Services**

St. Paul, MN  
\$500,000  
(18 months). ID#30752

• **Tennessee Opportunity Programs Inc.**

Smyrna, TN  
\$175,000  
(18 months). ID#30753

• **Commonwealth of Virginia Department of Medical Assistance Services**

Richmond, VA  
\$194,955  
(9 months). ID#30754

**The Technical Assistance Collaborative, Inc.**

Boston, MA  
\$19,020  
*Technical assistance manual for RWJF national program offices (for 5 months).*  
ID#30685  
*Access, Chronic Health Conditions, Substance Abuse, Cost*

**University of Texas at Austin, Lyndon B. Johnson School of Public Affairs**

Austin, TX  
\$27,250  
*Symposium to mark the 30th anniversary of Medicare (for 7 months).* ID#28829  
*Access, Chronic Health Conditions*

**The Tides Center**

San Francisco, CA  
\$8,000  
*Dissemination of information on extending health insurance coverage to uninsured children (for 6 months).* ID#28307  
*Access, Cost*

**Treatment Research Institute Inc.**

Philadelphia, PA  
\$47,195  
*Review of research progress and needs on behavioral health care and managed care (for 6 months).* ID#29691  
*Chronic Health Conditions, Substance Abuse*

**University of Wisconsin-Madison Medical School**

Madison, WI  
\$421,957

*Cost-benefit study of a brief intervention treatment for problem drinkers in a primary care setting (for 3 years). ID#27204*  
*Substance Abuse, Cost*

### **Contracts**

#### **The Center for Health and Social Policy**

Pelham, NY

\$318,411

*Information-gathering, analysis, documentation, and reporting on health-related topics (for 1 year). ID#29974*  
*Access, Chronic Health Conditions, Substance Abuse*

#### **Communications Projects**

Multiple Contractors

\$73,000

*Pilot project to improve end-of-grant reports (for 2 months). ID#30213*  
*Access, Chronic Health Conditions, Substance Abuse*

\$50,000

*Technical assistance for RWJF in establishing a World Wide Web site (for 8 months). ID#28245*

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

\$15,969

*Assistance with preparation of report on information technology (for 6 months). ID#29194*

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

\$8,000

*Development of an initiative for local public radio programming and outreach (for 6 months). ID#29712*

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

\$300,000

*Continued development and marketing of the RWJF World Wide Web site (for 1 year). ID#29752*

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

\$37,640

*Communications Workshop for RWJF National Program Staff (for 1 year). ID#30201*

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

\$135,500

*Dissemination of the Dartmouth Atlas of Health Care in the United States (for 1 year). ID#29152*

*Access, Cost*

#### **DesignWrite, Incorporated**

Princeton, NJ

\$41,000

*Timeline of the Foundation's major programs (for 6 months). ID#30484*

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

#### **Dianne C. Barker**

Topanga, CA

\$48,316

*Technical assistance to the Foundation on public-health-related initiatives and evaluations (for 5 months). ID#30195*

*Access, Substance Abuse*

#### **Health Tracking**

*Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated). Access, Chronic Health Conditions, Cost*

• **Center for Studying Health System Change**

Washington, DC

\$17,860,150

(2 years). ID#28796

\$1,567,409

(19 months). ID#29916

• **Communications Projects**

Multiple Contractors

\$208,350

*Health Tracking communications activities (5 months). ID#29187*

\$280,000

*Project to educate the media about local marketplace reform of the health care system (4 months). ID#29085*

• **Research Triangle Institute**

Research Triangle Park, NC

\$2,600,062

*1996 Employer Health Insurance Survey (1 year). ID#29533*

**The Lewin Group, Inc.**

Fairfax, VA

\$47,900

*Assessment of RWJF's Community Health in Focus program (for 6 months).*

ID#29487

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

**Louis Harris & Associates, Inc.**

New York, NY

\$75,021

*Survey on information sources for staffs of Washington policymakers (for 3 months). ID#29687*

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

**Sheehan Associates, Inc.**

Washington, DC

\$50,000

*Media Training for RWJF Staff and Grantees (for 2 years). ID#30097*

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

**Simon & Schuster**

New York, NY

\$65,840

*Supplement to funds for distribution of On Doctoring (for 31 months). ID#29982*

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

**State Initiatives in Health Care Reform**

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

• **Mathematica Policy**

Research, Inc.

Princeton, NJ

\$259,912

*State Initiatives in Health Care Reform survey of families in Washington State (7 months). ID#30167*

**Video News International**

Philadelphia, PA

\$37,128

*Production of a video on health care in Miami (for 2 months). ID#29064  
Access, Chronic Health Conditions, Substance Abuse, Cost*

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# 1996 Grants and Contracts

Authorized in the year ended December 31, 1996.

## Other Programs

Projects addressing purposes outside  
the Foundation's goal areas.

### Grants

#### **Academy of Medicine of New Jersey**

Princeton Junction, NJ

\$10,186

*Continuing physician education program on domestic violence (for 1 year).*

ID#29479

#### **American Academy of Pediatrics, Inc.**

Elk Grove Village, IL

\$124,929

*Development of a training network to prevent firearm injuries among children (for 2 years). ID#28762*

#### **American Association for the Advancement of Science**

Washington, DC

\$50,000

*Conference on key issues relating to errors that occur in health care organizations (for 1 year). ID#29013*

#### **American Nurses Foundation Inc.**

Kansas City, MO

\$50,000

*Establishment of the National Coalition for Health Professional Education in Genetics (for 8 months). ID#30764*

#### **Annenberg Center for Health Sciences at Eisenhower**

Rancho Mirage, CA

\$42,960

*Support for the second annual Consumer Health Infomatics Conference (for 2 months). ID#28943*

#### **The Arnold Gold Foundation**

Englewood, NJ

\$50,000

*Assistance for medical schools in establishing "White Coat" ceremonies for entering students (for 10 months). ID#28556*

#### **Aspira Inc. of Puerto Rico**

Rio Piedras, PR

\$237,533

*Emergency assistance for the victims of Hurricane Hortense in Puerto Rico (for 6 months). ID#30605*



**Association of Academic Health Centers, Inc.**

Washington, DC

\$200,000

*Study of the organizational structures of academic health centers (for 1 year).*

ID#29330

**Association of State and Territorial Directors of Health Promotion and Public Health Education**

Boise, ID

\$5,000

*National conference on the economic issues of health education and promotion (for 1 month).* ID#29166

**California Public Health Foundation**

Berkeley, CA

\$42,120

*Forum on leadership training for the public health work force (for 3 months).*

ID#30456

**Cenacle Retreat House**

Highland Park, NJ

\$45,398

*Facility repairs and renovations (for 1 year).* ID#28428

**Columbia University School of Nursing**

New York, NY

\$30,109

*Meeting on the need to prepare public health nurses for changes in public health systems (for 4 months).* ID#28690

**Council on Foundations, Inc.**

Washington, DC

\$38,000

*Identification and development of message to effectively convey the contributions of philanthropy to the public good (for 4 months).* ID#29465

**Delaware & Raritan Greenway Inc.**

Princeton, NJ

\$50,000

*Contribution to the preservation of open land in the Princeton area (for 1 year).*

ID#30716

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

New Brunswick, NJ

\$100,000

*Improvement of facilities and grounds of Raritan Valley Workshop (for 1 year).*

ID#28880

**Foundation of the University of Medicine and Dentistry of New Jersey**

Newark, NJ

\$2,000,000

*Endowment of the Richard C. Reynolds Chair in Internal Medicine (for 3 months).*

ID#30164

**George Washington University Medical Center**

Washington, DC

\$196,823

*Health policy and program information activities (for 2 years). ID#27373*

**Harvard Law School**

Cambridge, MA

\$50,000

*Case studies of cities' approaches to reduce youth violence (for 6 months).*

ID#28959

\$230,000

*Research to develop policy models aimed at assuring that children grow up in nurturing homes (for 2 years). ID#29782*

**Health Services Research Foundation of Northern California, Inc.**

Pleasanton, CA

\$50,000

*Survey of research initiatives within health systems (for 1 year). ID#26941*

**Hospital Research and Educational Trust**

Chicago, IL

\$21,800

*Public-private sector forum to foster collaboration to improve community health (for 7 months).*

ID#29435

**Independent Sector**

Washington, DC

\$500,000

*General support to strengthen the effectiveness of the nation's private, nonprofit charitable institutions (for 3 years). ID#29506*

**Institute for the Arts of Democracy**

Brattleboro, VT

\$351,228

*Expansion of a news service on civic engagement (for 2 years). ID#30234*

**Judge Baker Children's Center**

Boston, MA

\$50,000

*Development of a pilot children's television series promoting healthy behavior (for 1 year). ID#29486*

**Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)**

Edison, NJ

\$258,050

*Camping program for health-impaired children (for 1 year). ID#27432*

**University of Minnesota-Duluth School of Medicine**

Duluth, MN

\$38,276

*Reassessing the medical sociology's potential to understand current health policy issues (for 1 year).*

ID#28843

**National Academy of Sciences**

Washington, DC

\$35,000

*Preparation of guides for advising undergraduate and graduate science and*

*engineering students (for 6 months). ID#29908*

\$125,000

*Study of the health and safety implications of child labor (for 1 year). ID#30461*

**National Academy of Sciences-Institute of Medicine**

Washington, DC

\$425,000

*Study of injuries in the U.S. and the response of public and private agencies (for 18 months).*

ID#30188

\$450,000

*Health and Behavior: research, practice, and policy (for 2 years). ID#30324*

**National Center for Lead-Safe Housing Inc.**

Columbia, MD

\$498,893

*State and local strategies in lead poisoning prevention (for 2 years). ID#27964*

**National Council of the Churches of Christ in the U.S.A.**

New York, NY

\$250,000

*Support for the Burned Churches Fund (for 3 months). ID#30121*

**New Brunswick Cultural Center**

New Brunswick, NJ

\$50,000

*Support of 1996-97 performance and educational programs (for 1 year).*

ID#30106

**New Brunswick Development Corporation**

New Brunswick, NJ

\$100,000

*Revitalization program for the City of New Brunswick, New Jersey (for 1 year).*

ID#28242

**New Brunswick Tomorrow**

New Brunswick, NJ

\$350,000

*City-wide program to strengthen human services and resources (for 1 year).*

ID#26936

**New Jersey HealthDecisions, Inc.**

Princeton, NJ

\$250,000

*Helping New Jersey residents engage in the health care policy process (for 27 months). ID#27383*

**University of New Mexico Health Sciences Center**

Albuquerque, NM

\$49,594

*Implementation of a community dispute resolution program (for 1 year).*

ID#28412

**The New York Academy of Medicine**

New York, NY

\$499,944

*Defining and measuring community benefit in managed health care (for 2 years).*

ID#28634

**Occupational Physicians Scholarship Fund**

Arlington Heights, IL

\$50,000

*Scholarships for occupational and environmental medicine residents (for 2 years).*

ID#28559

**Old Disease, New Challenge: Tuberculosis in the 1990s**

*Program to stimulate effective collaborations between state and local health departments and other public and private agencies serving people at risk of tuberculosis exposure and infection to develop and test new approaches to the problem of tuberculosis (for the period indicated).*

• **University of California,**

San Francisco, School of Medicine

San Francisco, CA

\$298,002

*Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (1 year). ID#27228*

**University of Pennsylvania, The Annenberg School for Communication**

Philadelphia, PA

\$440,011

*Improving educational television opportunities for children (for 1 year).*

ID#30349

**Township of Plainsboro**

Plainsboro, NJ

\$11,200

*Expanded information technology capabilities (for 5 months). ID#29021*

**Plainsboro Volunteer Fire Company No. 1, Inc.**

Plainsboro, NJ

\$55,000

*Equipment for the volunteer fire company (for 6 months). ID#28692*

**Preparing Physicians for the Future: A Program in Medical Education**

*Program to demonstrate that medical schools can substantially change the basic science and clinical education of medical students (for the period indicated).*

• **University of New Mexico School of Medicine**

Albuquerque, NM

\$21,800

*Academic Medicine supplement on the experiences of grantees in Preparing Physicians for the Future program (1 year). ID#29874*

**Research America**

Alexandria, VA

\$25,000

*Campaign to increase public understanding and support for medical research (for 1 year). ID#30107*

**St. Vincent de Paul Societies**

Metuchen, NJ

\$90,550

*Annual support of program for the indigent (for 1 year). ID#28788*

**The Salvation Army**

New Brunswick, NJ

\$99,500

*Support services for the indigent and distressed (for 11 months). ID#26205*

\$150,250

*Support services for the indigent and distressed (for 11 months). ID#30467*

**Sun Valley Forum on National Health, Inc.**

Potomac, MD

\$37,500

*Support for a conference on the therapeutic implications of advances in genetic and molecular medicine (for 1 year). ID#30194*

**The United Way of Central Jersey, Inc.**

Milltown, NJ

\$350,000

*Support for the 1995 campaign (for 1 year). ID#26530*

\$350,000

*Support for the 1996-1997 campaign (for 1 year). ID#29135*

**United Way of Greater Mercer County, Inc.**

Lawrenceville, NJ

\$110,000

*Support for 1995 Campaign (for 1 year). ID#26863*

**The Urban Institute**

Washington, DC

\$295,565

*A national campaign to reduce teenage pregnancy (for 2 years). ID#29111*

**University of Washington**

Seattle, WA

\$49,305

*Review of child injury prevention interventions (for 1 year). ID#28231*

**Women Aware**

New Brunswick, NJ

\$10,000

*On-site nursing service in a battered women's shelter (for 1 year). ID#28897*

**Contracts**

**American Political Network, Inc.**

Alexandria, VA

\$39,100

*Purchase of subscriptions to American HealthLine (for 1 year). ID#28913*

**Center for Strategic Communications, Inc.**

New York, NY

\$133,072

*Development and publication of communications guides (for 23 months). ID#27361*

**Communications Project**

Multiple Contractors

\$27,704

*Production of an RWJF Staff Directory (for 2 months). ID#29191*

**J. Michael McGinnis, M.D.**

Washington, DC

\$42,200

*Special consultant on behavioral health (for 1 year). ID#30291*

**Katharine S. Pinneo**

Princeton, NJ

\$50,000

*Feasibility study of replicating the New Jersey Capitol Forums on Health and Medical Care (for 1 year). ID#29577*

**Preparing Physicians for the Future: A Program in Medical Education**

*Program to demonstrate that medical schools can substantially change the basic science and clinical education of medical students (for the period indicated).*

• **Joseph E. Johnson, III, M.D.**

Philadelphia, PA

\$32,875

*Technical assistance for Preparing Physicians for the Future: A Program in Medical Education (1 year). ID#27427*

**Wirthlin Worldwide**

New York, NY

\$200,000

*Environmental scan (for 5 months). ID#30459*

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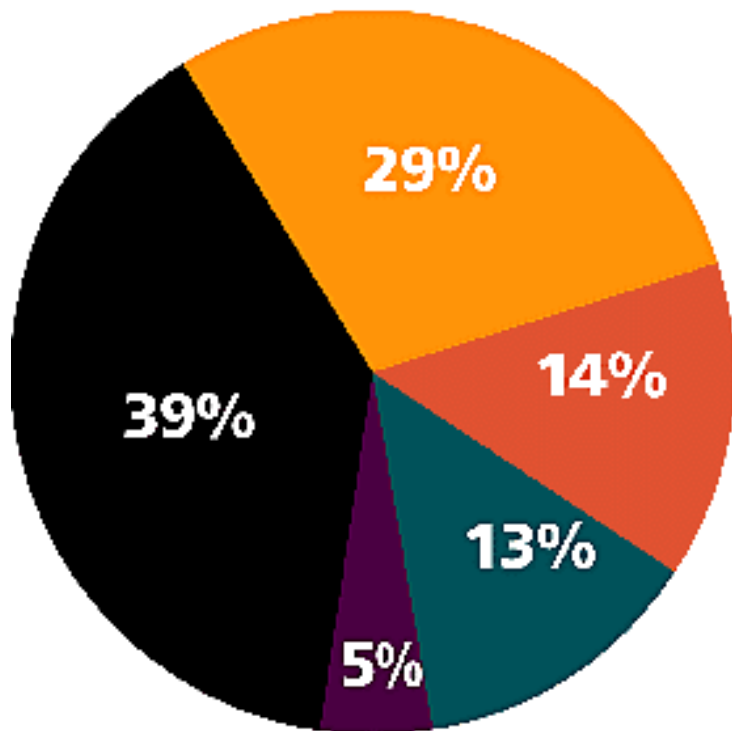
# Distribution of 1996 Funds

## Statistical Analysis

During 1996, the foundation made 875 grants and 71 contracts totalling \$266.92 million in support of programs and projects to improve health and health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

### Distribution of 1996 awards by areas of interest

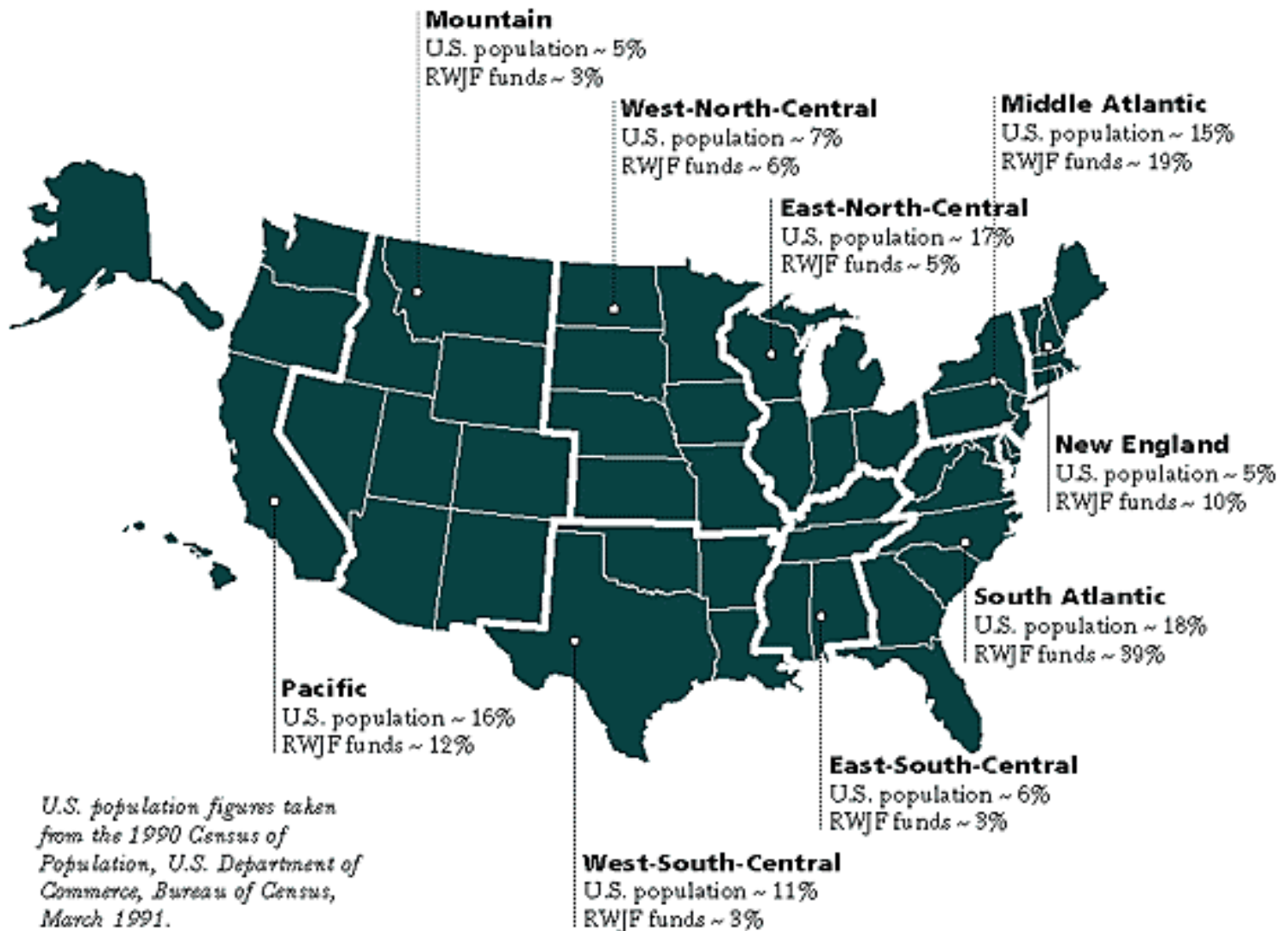
(\$266.92 million)



- \$103.26 million for programs that promote health and reduce the personal, social, and economic harm caused by substance abuse -- tobacco, alcohol, and illicit drugs
- \$75.93 million for programs that assure that all Americans have access to basic health care at reasonable cost
- \$37.84 million for programs that improve the way services are organized and provided to people with chronic health conditions
- \$35.86 million for programs that help the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation.
- \$14.03 million for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated.

# 1996 Awards by Geographical Region

(\$266.92 million)



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## 1996 Activities

## GOAL

## Access

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

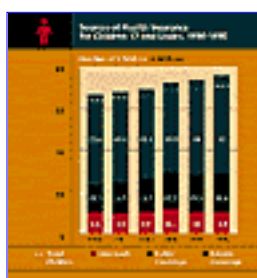
**Since ensuring that all Americans have access to basic health care became an explicit goal of the Foundation, our efforts have focused on overcoming the barriers to care experienced by so many people. We have worked on barriers that resulted from work force distribution issues, financial limitations, sociocultural problems, and institutional structures. Our approach assumed that the care was there, if we could just get around the barriers.**

Over the past two years, the country has seen market forces become significantly more influential, combining with cost concerns from government purchasers of health care to demand more efficiency from our delivery system. While many of these efficiencies are needed, the changes threaten to unravel the informal web of providers, clinics, and hospitals that takes care of millions of disadvantaged Americans. There is significant concern that one result of the current restructuring, at least in the short run, will be that for many of our most vulnerable citizens care is even harder to get.

In 1996, we began work designed to preserve the functions of that informal web of care, known as the safety net. We made a number of small grants designed to explore the nature and extent of the erosion of the safety net and we anticipate that these findings will help shape our thinking and focus our subsequent efforts.

We placed particular emphasis on the health and health care needs of children. We made grants to The Tides Center to monitor public and private efforts to increase children's access to health insurance; to Children Now to develop state options to expand access to health insurance for children; and to four sites-George Washington University Center for Health Policy Research; the Hudson Institute, Inc.; the University of Kansas Institute for Life Span Studies; and McManus Health Policy, Inc.-to develop policy options on providing universal health insurance coverage to children.

## Sources of Health Insurance for Children 17 and Under



We authorized a new national program designed to help states develop comprehensive, affordable health insurance products for uninsured children. **Healthy Kids Replication Program** is a \$3 million competitive grants program based on a successful model in Florida that helps families that do not qualify for government aid-but that cannot afford private health insurance-to buy health insurance through schools for their children.

Because of the amount and pace of restructuring occurring in the health care delivery system, we are continuing our efforts to monitor those changes in 1996. The Center for Studying Health System Change received a two-year, \$17.86 million grant to track selected health and health care indicators in 60 communities across the country, including 12 communities to be followed intensively. The information gathered from this work will be used to inform both the nation at large and our future grantmaking.

Related projects include a \$1.35 million grant to The RAND Corporation to track trends in employment-based health insurance and evaluate state policy efforts to maximize the provision of private coverage, and a grant to the University of Minnesota School of Public Health to study the impact of restructuring on rural health care systems.

One result of the restructuring under way in health care delivery is a fresh opportunity for public health. The Foundation has a long history of working on public health issues, but because of the changes that have occurred, we initiated efforts to strengthen the public health system. **Turning Point: Collaborating for a New Century in Public Health** is a new competitive national program co-funded by the W. K. Kellogg Foundation. The goal is to help states, local communities, and their public health agencies respond to the challenge to protect and improve the public's health in the 21st century. The \$24.25 million program provides money for up to 20 states and up to 60 local communities to work together to strengthen their public health infrastructures.

The Foundation also awarded nearly \$750,000 to The New York Academy of Medicine to work in collaboration with the American Medical Association and the American Public Health Association to develop and disseminate a monograph on the changing roles and responsibilities of medicine and public health in the 21st century.

We reauthorized a number of programs in 1996, including the **Minority Medical Faculty Development Program** for \$19 million over five years, and the **State Initiatives in Health Care Reform** program for \$7.5 million for four years. The Carter Center,

Inc., in Atlanta also received an additional \$1.5 million to continue developing its Interfaith Health Program. The current funding will support efforts to foster community-wide initiatives that encompass the population-based principles of public health.

The forces at work on remodeling our health care delivery system will not abate. Whether the ultimate result will be increased access for all Americans is unclear. In 1997, we will continue to give the country accurate information about the changes and strive to ensure access in the areas of greatest need.

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GOALS  
UPDATE

## 1996 Activities

Perspectives...

*"We were approached by a managed care organization to assist with outreach into the Latino community. We are now in conversations with a number of managed care companies to sell our "product." Through this non-traditional product, we are helping low-income Latinos have access to preventive health services."*



**America Bracho,  
MD, MPH**  
CEO Latino  
Health Access  
Santa Ana, Calif.

Working on a grant to help Latinos understand and address their chronic health conditions through education and community activities.

GOAL

### Chronic Health Conditions

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

**As managed care unfolds across America, it is not yet clear whether the promise it holds for people with chronic health conditions and disabilities will be realized. In theory, managed care can provide more rational care, integrating primary, preventive, and specialty care, coordinating medical care with home and community-based services, and including the patient in decision making. But for many, the reality falls short because managed care, like fee-for-service, is predominantly structured around acute care, not on meeting the long-term needs of the chronically ill.**

The extent to which the current system is out of sync with the needs of chronic care patients was highlighted in the Foundation's new chartbook, *Chronic Care in America: A 21st Century Challenge*. The report brought together for the first time statistics about the prevalence of chronic conditions and who is at risk for them, what chronic care costs and how it is financed, and where imbalances of care and financing exist.

In 1996, the Foundation continued to explore strategies by which managed care entities can improve care for people with chronic health conditions. As more states move their Medicare and Medicaid populations into managed care arrangements, the elderly who qualify for both programs-and the providers who care for them-often find the differences between the two programs frustrating.

To address the fragmentation of care and financing that occurs for these dually eligible people, the Foundation authorized **The Medicare/Medicaid Integration Program** in 1996. This six-year, \$8 million national program will help states integrate Medicare's acute care services and Medicaid's long-term care services in managed care plans, and create health plan accountability for costs and outcomes.

As managed care penetrates more markets, it is changing

The Number of

## Americans with Chronic Conditions is Expected to Rise



relationships across the whole field of medicine. **The Strengthening the Patient-Provider Relationship in a Changing Health Care Environment Initiative** is a new, \$5 million effort that will support research and convening activities to highlight issues, identify exemplary practices, and generally better understand the dynamics between market forces and the patient-provider relationship.

Several of the Foundation's previously funded programs involving managed care made significant strides this year. As part of the **Chronic Care Initiatives in HMOs** program, a working group of representatives from Medicaid managed care organizations developed a mathematical model to identify enrollees who are at high risk for hospitalization in the next twelve months. Already being adopted by major managed care organizations, the model enables plans to proactively provide case management and preventive measures rather than wait for the actual onset of disease or costly visits to the emergency room.

Managed care arrangements are also being used by the Foundation's **Mental Health Services Program for Youth Replication**, which awarded nine states planning grants totaling \$676,000 to replicate the community-based systems of care developed in our original program. Under the program, states pool existing funds to permit capitated financing of care for children with serious mental illness.

The fastest growing component of national health expenditures is home- and community-based services, which are vital to many with chronic illness or disability. The new **Home Care Research Initiative** provides \$4.8 million to support research and analysis to improve the knowledge base underlying home care policy and practice.

Following last year's widely publicized **SUPPORT** study on care at the end of life, the Foundation continued to fund projects to improve such care. One effort, being conducted by the Education Development Center, Inc., is identifying both barriers to improving end-of-life care and opportunities to address them in Medicare managed care plans.

Expanding the principles and practices of hospice care is the goal of the Foundation's new, \$15 million **Program to Increase Access to Hospice Care**. The program will introduce the option of hospice-type care to a broader range of terminally ill patients, and help to integrate hospice practices into managed care organizations.

The **SUPPORT** study indicated that a major barrier to good



end-of-life care is our culture's difficulty in confronting death and dying. A grant of nearly \$400,000 to the Florida Commission on Aging with Dignity, Inc., will support five public forums in that state to examine how health and long-term care services could be structured to safeguard the dignity of people as they age. More broadly, in order to help more people have discussions about end-of-life issues, the Foundation has provided more than \$639,000 in funding for a multimedia curriculum on the subject. The centerpiece for this effort is a television special entitled, *Before I Die: Medical Care and Personal Choices*, scheduled to be broadcast on the PBS network in April 1997.

As the health care system continues to evolve, it will not be able to ignore the need for cost-effective, coordinated health care for the growing number of Americans who have chronic health conditions. The Foundation is now devoting considerable resources to help the system understand and meet the needs of this constantly increasing population.

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GOALS  
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## 1996 Activities

### Perspectives...

*“Managed care allowed us to take a non-traditional approach to providing care using a “physician extender.” The wave of the future is using more para-professionals, non-MDs, and still getting reimbursed. We are working to improve the level of reimbursement.”*



**Chip Baker, MHA**

Administrator of  
Development and  
Community Partnership  
Erlanger Health System  
Chattanooga, Tenn.

Working on a grant to  
establish a  
neighborhood-based  
primary care center  
serving low-income  
residents.

Trends in  
Cigarette Smoking  
by Age Group,  
1985-1995

### GOAL

## Substance Abuse

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

**The nation's health care system continued its dramatic transformation during 1996 as it responded to powerful marketplace influences and government budget cuts. Some of the changes created special opportunities for grantmaking in the substance abuse area. The explosive growth of managed care, with its interest in maintaining health in order to contain costs matched by its ability to institutionalize change, gave rise to new program authorizations.**

To take advantage of the opportunities managed care has to offer, we authorized **Addressing Tobacco Within Managed Care Organizations**, a new \$6.76 million national program, to help plans define and implement tobacco intervention as a part of basic health care. Along the same lines, we awarded \$3.83 million to the University of Connecticut Health Center School of Medicine to conduct a research and training effort to identify the costs and benefits of using an early identification procedure for at-risk drinkers in primary-care managed care settings.

The changes in our health care system are also affecting the system of care for alcohol, drug, and mental health disorders. In 1996, we awarded the University of California, Los Angeles, Center for Health Sciences \$2.21 million for a research initiative to assess the effects of these changes on access to services and their utilization, cost, and quality.

1996 was also a very important year for tobacco control. Tobacco was a significant issue in presidential politics and federal regulations were approved to curtail children's access to tobacco products and reduce their appeal. Our grantmaking to reduce the harm caused by tobacco use was ambitious and substantial. The Foundation, in partnership with the American Cancer Society and other foundations, created the **National Center for Tobacco-Free Kids** in Washington, D.C. A free-standing, communications-oriented organization that focuses anti-smoking



efforts on reducing tobacco use among youth, the Center was seeded with a \$20 million grant from RWJF. We also supported a unique partnership with Oral Health America, America's Fund for Dental Health, and Major League Baseball. Together they are conducting a high-visibility campaign that uses baseball's imagery and players to deliver anti-spit tobacco (moist snuff) messages.

Other investments included \$8 million to bring together a network of leading researchers from a variety of disciplines to study the development of dependence on tobacco; a \$597,017 grant to the University of California, San Diego, to study the influence of tobacco marketing and promotion on use; and, because of the initial success of **SmokeLess States: Statewide Tobacco Prevention and Control Initiatives**, the authorization of an additional \$20 million to support 21 new four-year implementation grants.

Continuing our efforts to communicate that substance abuse is the nation's leading health problem, we approved \$4.38 million in funding for a public television series by Bill Moyers on addiction and recovery, slated to air in 1997. The Foundation also renewed its long-standing support of the Partnership for a Drug-Free America, Inc.'s national media campaign to reduce the demand for illegal drugs with a three-year, \$10.49 million grant.

We awarded the Education Development Center, Inc., \$1.54 million to conduct a variety of activities addressing the re-emerging tide of alcohol and other drug use on college campuses. We also made a renewal grant of \$908,579 to the Harvard University School of Public Health to repeat a national survey of alcohol use and abuse on college campuses, and examine college and community countermeasures. **Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol** was renewed with \$20.8 million to support additional work in up to eight sites.

The Research Foundation of the City University of New York also received renewal funding of nearly \$5 million to implement a model program that links jail inmates with substance abuse treatment, case management, and other health and social services and continues these support mechanisms after they are released back into the community.

A number of projects are under consideration for the year ahead. They include setting up a surveillance system to track and analyze major policy and environmental influences on youth use of alcohol, tobacco, and other drugs; developing models for states and communities to help young mothers with substance abuse problems

who are on public assistance to make the transition from welfare to work; tracking the effects of the liquor industry's decision to reverse a 48-year voluntary ban on radio and television advertising; and determining why rates of youth use of alcohol, tobacco, and other drugs are climbing.

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GOALS  
UPDATE

# 1996 Activities

## Perspectives...

*“Managed care is a two-edged sword for a public hospital. Revenue we took for granted is now attractive to other people. But it has made us look at how we interact with patients. And it’s a positive to require people to participate proactively in their own care.”*



**Max Michael, MD**  
CEO/Medical  
Director  
Cooper Green Hospital  
Birmingham, Ala.

Working on a grant to establish a network of community-based primary care practices with membership fees based on income.

Medical Price Index  
vs.  
Consumer Price Index,  
1985-1995

### GOAL

## Cost Containment

To help the nation address, effectively and fairly, the overarching problem of escalating health care costs and resource allocation.

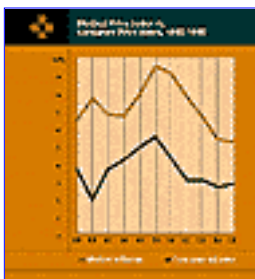
**The Foundation's programmatic focus on health care costs had an evolutionary five-year course. We had been of two minds about it from the start. Experience had shown that foundations have little leverage over health costs, and past initiatives in this area had been disappointing. Yet controlling costs was clearly an essential prerequisite for our other goals of assuring access to care, improving services for people with chronic illnesses, and expanding efforts to prevent and treat the harm caused by substance abuse. Should cost control remain a separate goal? Or should it be woven into our other activities?**

In 1996, the argument that it should be woven in prevailed, and that is what we have been doing since mid-year. Nonetheless, several interesting activities took place last year under the specific cost rubric. Four grant awards totaling \$1.06 million were made under the IMPACS: Improving Malpractice Prevention and Compensation Systems program and the Workers' Compensation Health Initiative awarded grants totaling \$1.62 million to six sites; and 18 grants totaling \$5.83 million were started under the Changes in Health Care Financing and Organization program. These programs will continue, with their activities subsumed in the other three goal areas.

Additionally, the ongoing work of The Council on the Economic Impact of Health System Change, led by Stuart H. Altman, Ph.D. at Brandeis University, continued to bear fruit. Its conference, The Future of the U.S. Health Care System: Who Will Finance and Deliver Care for the Poor and Uninsured? was a notable success.

The Dartmouth Atlas of Health Care in the United States, prepared partly with Foundation support, was published by American Hospital Publishing, Inc., in both national and regional editions. The atlas is the first national report on where populations receive care, and on the differences in the distribution and utilization of health care resources.





We continued support for the Investigator Awards in Health Policy Research and Scholars in Health Policy Research programs, in order to build the capacity of the field. Several of the researchers in the former program have started to publish some of their results, including David Mechanic, Ph.D. (on the issue of the loss of trust between physician and patient in a managed care environment) and Theda Skocpol, Ph.D. (with her favorably reviewed book, *Boomerang: Clinton's Health Security Effort and the Turn Against Government in U.S. Politics*).

Other support in 1996 included nearly \$900,000 to evaluate the Healthwise Communities Self-Care Demonstration Project, an innovative community education effort in southern Idaho; \$69,883 for a study being conducted at the University of Alabama at Birmingham School of Health Related Professions to research the important problem of retirees who have lost employer-sponsored health benefits; and \$137,000 to the National Committee for Quality Assurance to develop criteria for information systems for managed care organizations. We also contributed \$200,000 to the Alfred P. Sloan Foundation's effort to establish a managed-care industry research center at Harvard Medical School under the direction of Joseph P. Newhouse, Ph.D.

These and dozens of other projects, mentioned in the grants list on pages 53 and 54, provided a satisfying conclusion for the staff team working specifically in this area. They now are continuing to raise the vital issues of cost, cost-effectiveness, and financing in the Foundation's discussions of its other goals.

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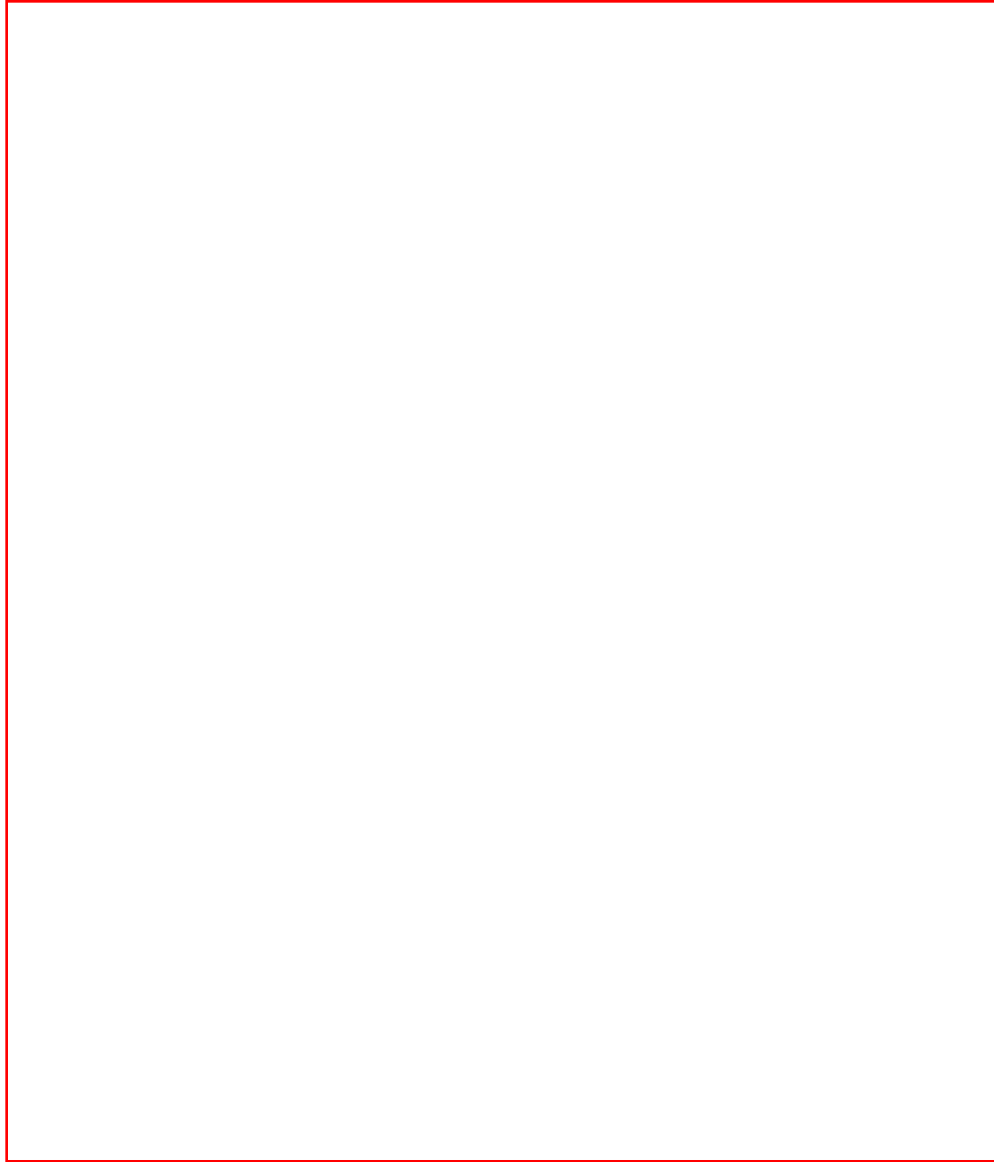
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## The Triumph of the Market

What does it bode for health and health care?



Steven A. Schroeder,  
MD

**If there is one lesson to be drawn from the 1994 failure of national health reform, it is that the United States has opted for the market, not government, as a way to address escalating medical costs. Indeed, the story of medical care for the past two years could be labeled the triumph of the market. Enrollment in managed care plans is surging; for-profit hospitals and health plans are expanding at a much greater rate than their not-for-profit competitors; and federal, state, and local politicians of both parties promote managed care as the best way to control Medicare and Medicaid costs.**

Yet the managed care industry, far from basking in a triumphant glow, is reeling from uncoordinated but persistent attacks that show up in editorial cartoons, polling results, talk show discussions, and cocktail party banter. How can we explain the paradox that managed care—the instrument of market reform—is both triumphant and unloved?

### Why Has the Market Triumphed?

The explanation starts with understanding why the market has emerged as our de facto national health policy. One reason was the long-standing concern about runaway medical costs, which finally catalyzed action by both business and government. As criticism of fee-for-service payment escalated, market solutions—specifically, managed care—seemed logical. Substituting capitation for fee-for-service payment could reverse the incentives for ever-greater consumption of medical care. In effect, managed care urges patients to be more conscious of prices and lets physicians profit when they do less, not more. Cutting prices turned out to be easy, because we simply had too many hospital beds, too much capacity in diagnostic and therapeutic technologies, and too many physician specialists. Insurance administrators used this clout aggressively, controlling utilization as well as prices.

Another reason for the surge in market-based solutions is the message that Democrats sent to investors and to the health care field during the health care reform debate. By embracing managed competition, they endorsed market principles, implicitly approving a shakeup in the organization of medical care. When the federally led health reform effort failed, a governmental remedy was no longer politically possible. Yet changes in health care delivery and financing were still



*Perspectives...*

*"We are introducing managed care organizations to our program and helping them envision a role providing services for the homeless. They are at the table with us, but we don't know yet whether we are going to convert them."*



**Julie Reid, BSN**  
Associate Director  
I.M. Sulzbacher Center  
for  
the Homeless  
Jacksonville, Fla.  
Working on a grant to  
coordinate volunteer  
medical services to the  
homeless.

needed. Where else was there to go other than the market?

### **Why Is Managed Care Held in Low Esteem?**

One reason most people don't understand managed care is that it comes in so many varieties. Most managed care is organized around three models: health maintenance organizations; systems designed to influence utilization patterns; and systems that use their purchasing power to negotiate low payments to hospitals and doctors. Each managed care company has a distinctive organizational fingerprint in how it uses some or all of these three techniques. The result is an almost infinite number of overlapping forms.

For example, a managed care organization can be not-for-profit or for-profit; its physicians can be independent or in group practices; they may work exclusively with patients from one organization or have contracts with scores of different managed care companies; the organization may be local or part of a national chain; it may concentrate patients in a few local hospitals-or even own them-or work with many.

There is one thing everybody does understand about managed care: it has replaced open-ended indemnity insurance with plans that limit their choices. This, people don't like. Further, consumers' concerns, especially about physicians' services and motivations in this new environment, have been fueled by the news media.

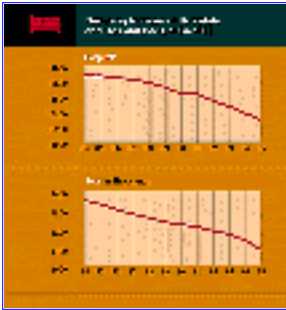
For decades, broadcasters and newspapers have paid little attention to the prevailing defects within the traditional fee-for-service system or the plight of the medically uninsured. Recently, however, they have been running a stream of managed care horror stories. Why? First, the change from one system to another is news in itself, and its impact is easily captured by dramatic stories of restricted choices and denied benefits. Second, the nationwide shift to managed care has closed an important gap between journalists and their audiences. For the first time in their lives, many journalists, as well as their friends and family members, are facing restrictions in their choices of medical care. For this relatively well-educated and privileged group, the conditions of managed care appear new, relevant, and alarming in a way that problems of the uninsured or of substandard fee-for-service medicine never did.

The reality, as reflected in data collected by the Foundation's recent Community Snapshots Project, conducted by the Center for Studying Health System Change, is more complex. In many communities with a high penetration of managed care, people are more satisfied with their medical care than are people in communities with low penetration. Nevertheless, recent polling data show that the public's trust in managed care continues to decline.

## Potential Advantages of Managed Care and the Market

The potential advantages of managed care have been widely advertised, especially those of the health maintenance organization, with its capitation payments to physicians and hospitals. Compared with fee-for-service, capitation theoretically could produce a more rational system, permitting greater flexibility in the range of services provided to sick patients, integrating services for people with chronic illnesses, and emphasizing prevention. It also curbs the fee-for-service incentives to overuse costly services.

Declining Number of Hospitals and Hospital Beds, 1984-1995



Market-based managed care has other possible advantages, beyond those that derive from capitation. In a nation encumbered with excess medical care capacity, the market can force closures, consolidations, and income reductions in a way that would be impossible for our government to accomplish. If federal officials tried to scale back the health care system, for instance, every affected legislator would seek exceptions for hometown institutions, special interests would appeal to the legislative and executive branches to give preference to their services, and the media would be filled with alarmist reports. Yet, the market-initiated downsizing of nearly 600 hospitals between 1984 and 1995—a loss of 260,000 beds—has occurred almost without a peep.

[\(Chart Graphic\)](#)

Changes in Private and Public Companies' Health Insurance Premiums



The market also may have curtailed runaway medical expenditures. It seems that employer health insurance premiums have leveled off, and in some instances actually declined. [\(Chart Graphic\)](#) Likewise, Medicaid expenditures have moderated, although costs of Medicare continue to climb. Some analysts attribute this trend to managed care; others suggest that these changes are merely a shift from insurance expenditures to out-of-pocket costs.

## Pitfalls and Perils for Managed Care as a National Health Policy

The market and its principal instrument, managed care, face problems on two major fronts. One set flows from the market's successes, the other from its inheritance of past market failures.

The market is relentless in its pursuit of efficiency. It can impose enormous pressure for change on the institutions that provide medical care. As hospitals merge, consolidate, or even close, the communities they serve are threatened by decreases in vital services, as well as by loss of jobs. Especially in small towns and in the inner cities, hospitals are the largest local employer, and there is no obvious way to compensate for their layoffs. We may not usually think of health care as providing employment for less skilled workers, but in reality it does. So the blame for the loss of jobs and institutions will be laid at the feet of managed care.

The efficient market is also having an impact on nursing professionals. The surplus of jobs of a few years ago has disappeared, and nursing assistant jobs have actually declined. New graduates from nursing schools are having a tough time finding hospital-based jobs, and many hospitals are replacing nurses with advanced training with ancillary health care workers. While there are new opportunities for nurses to practice in community-based settings, the majority of nurses need retraining to do this work.

Physicians are feeling the pinch of market pressures, too. In the days when a doctor simply found a neighborhood and hung out a shingle, the nation could absorb seemingly endless numbers. Now, doctors must find a managed care plan to hire them, and the plans fill up fast. In 1994, the average physician income declined for the first time since 1968, when the AMA began monitoring physician income, though it crept back up in 1995. And there are clearly too many specialists in fields such as anesthesiology and cardiology in many regions. Many physicians bitterly resent the loss of control that comes with market consolidation. Many must report to corporate bosses for the first time. [\(Chart Graphic\)](#) Fundamental choices, such as whether to hospitalize their patients and when to discharge them, are now being dictated by a stranger at the end of an 800 telephone number. And as market changes intensify, physicians will become even more unhappy.

Many experts see these consumer and provider complaints as signals that discipline is finally being brought to a previously overheated medical care market. In their view, it is high time that insured consumers stop treating medical care as a free good and that health professionals face the same competitive pressures as other businesses.

But the practice of medicine is not just another business. On the wall in my office, opposite my desk, hangs a copy of "The Doctor," a famous 19th century painting by Sir Luke Fildes. It depicts a weary physician brooding over the form of a feverish child asleep on two kitchen chairs in a tiny room. In the background, dimly viewed, are the distraught parents. I display "The Doctor" not out of nostalgia for the practice of house calls, but to remind me and my colleagues of what is special about the healing professions. Even the most hardened cynics hope that in the sanctity of their own doctor's office the specter of financial risk will take a back seat to healing. As caregivers, our challenge is to resist swapping gains in efficiency for losses in compassion.

Proportion of Physicians  
Who Were Employees





*Perspectives...*

*"Approximately 25 percent of Missoula's population was uninsured in 1992. The best solution was a local solution. Eighty percent of our doctors volunteered to provide services—dentists and mental health providers soon followed. Our two hospitals, along with city and county governments provided additional support."*



**Jeanne Sheils Twohlg,  
MPA**

Executive Director  
Partnership Health  
Center, Missoula City-  
County Health  
Department  
Missoula, Mont.

Working on a grant to  
establish a centralized  
intake and referral  
system for volunteer  
care providers helping  
the uninsured.

Managed care's other set of problems comes from its being saddled with past market failures. The most obvious is that many millions of Americans lack health insurance. Estimates of the actual number vary, depending on the research methods used and how "Americans" are defined; most figure that from 39 to 42 million people are uninsured at any given time, and as many as 60 million are uninsured at some time during a calendar year. Even if the economy stays strong, the numbers of uninsured Americans will probably continue to rise; if the economy sours, the situation will be even worse.

Clearly, market economies do not provide goods for free. But we have always been unwilling to explicitly deny needed medical care to those who cannot afford to pay for it. So the unresolved problem of how to pay for the care of the medically uninsured is now squarely in the lap of managed care.

There are only two ways to pay for care for the uninsured—either subsidize their insurance or subsidize their care. Thus far, it has not been acceptable to subsidize coverage for the uninsured, even though estimates of the additional costs of such subsidy amount only to some \$20 billion out of a total annual health care expenditure of \$1 trillion. Nor is society willing to ration medical care according to a person's ability to pay, although we do tolerate a considerable amount of implicit rationing.

So the needs of the uninsured typically are addressed by subsidizing indigent care. In some instances care is given by mainstream providers, who then pass on these costs to their patients who are insured. In other cases the care is obtained at institutions that have traditionally provided a safety net—institutions such as public hospitals and tax-supported clinics. Between them, the two sources have provided a substantial, though insufficient, amount of indigent care. The system is suboptimal, however, because compared with people who have private health insurance, the uninsured have less access to care, use fewer services, cannot obtain certain services at all, are twice as likely to be hospitalized for conditions that could have been avoided, and die sooner.

But market forces are making it harder to finance even this amount of indigent care. Hospitals and physicians can no longer cross-subsidize such care by inflating charges to their paying patients. Now that private insurers are aggressively shopping for the lowest priced hospitals and physicians, charging extra in order to cover indigent care risks losing business. With these changes taking place on the private side, Medicare now stands as the most reliable source of subsidies for indigent care. But its cross-subsidies also will dwindle with the impending Medicare cost crisis and Congress's efforts to reduce the

federal budget deficit.

While fiscal pressures are making it less possible for most community hospitals to care for the uninsured, the safety net public hospitals and clinics are also having to retrench. Many of these institutions depend heavily on revenues from Medicaid patients. Now that most states are developing Medicaid managed care contracts, hospitals and physician groups that previously avoided serving Medicaid patients have started seeking them out aggressively. Many Medicaid patients will be moving into private settings for the first time. But the resulting loss of Medicaid patients leaves the safety net providers with rising proportions of uninsured patients among their clientele.

City and county officials worry about tax increases and health care budgets, too. They are cutting the services offered by public hospitals and clinics. Some previously public hospitals are being sold to private, for-profit corporations. On top of all this, some states-notably California-are considering to refuse to reimburse public hospitals for the care of non-citizen immigrants.

The overall result is that access to medical care for the uninsured is a constantly worsening problem: On the one hand, the already large population of medically uninsured is expanding; on the other, market pressures are squeezing out the subsidies previously used for charity care.

These trends have evoked scenarios rivaling Dickens's depictions of misery and depression. The reality is likely to be more subtle. In my experience, the reality often surprises both the doomsayers and the cheerleaders. Not only the pace of change, but sometimes even its direction, can be unexpected.

As our medical care system adjusts to the new dynamics of the market, its behavior will vary from region to region and changes will be incremental. To the extent that calamitous scenarios are forecast and do not occur, this may distract us from the subtler, potentially more important changes that will evolve in the next decade. The impact of changes in access may not be evident for some time, and certain segments of the poor, such as those receiving Medicaid, may find their access improved under managed care systems. The population most in jeopardy would seem to be the uninsured immigrants in border states-California, Texas, Arizona, and Florida-and in major cities.

Finally, indigent care is not the only social good threatened by market forces, the erosion of cross-subsidization, and tighter public funds. These trends also jeopardize medical education, clinical research, and some aspects of public health. Although all have other sources of support, each is subsidized to some degree by clinical revenues. The

market is unlikely to allow this to continue. Without new sources of income, we will begin to erode the foundation of this country's medical enterprise.

### Legislative and Regulatory Responses

Not surprisingly, politicians are responding to the widespread criticism of managed care. Some examples include: the spate of state laws requiring that health insurance plans cover 48-hour hospitalizations for normal deliveries; resistance to the performance of outpatient mastectomies; and the requirements for mental health coverage in recent federal legislation. Even legislators who staunchly support market principles could not resist the political appeal of the "drive-by delivery" issue. [\(Chart Graphic\)](#) Certain to follow are proposals to mandate coverage for certain services such as screening tests for breast and prostate cancer, bone marrow transplantation for metastatic breast cancer, and to pay for care by certain categories of providers.

These legislative and regulatory actions will not be confined to expanding covered benefits. Legislators are bound to propose marketing standards (in response to past scandals), as well as new laws regarding physician "gag clauses" in HMO contracts, [\(Chart Graphic\)](#) disclosures of physicians' financial conflicts of interest, and maybe even allowable profit margins for health plans.

Legislators also may be tempted by certain inevitabilities into additional areas of law and regulation. As managed care's domination of health care expands, there will be excesses to curb. Health plans' utilization management will be increasingly aggressive. And, also inevitably, consumers and providers won't like it. So far, health plans and health systems have tackled the relatively easy cost-cutting targets, such as reducing excess hospital capacity and redundant services. In effect, this has been taking the fat out of the system, yet it has accustomed these corporations to high profit levels—levels that will be difficult to sustain without ever more extensive cuts.

But once the fat is gone, further cuts can only be made in areas that potentially harm patient care. At this point, public pressure to "do something" to regulate the industry will be intense. Regulators will have difficulty in maintaining a balance between free market principles that unleash entrepreneurial energy and consumer protection principles, traditional in a field where lives are at stake.

#### Inpatient Care After Childbirth Legislation



#### Gag Clause Legislation



*Perspectives...*

*"Our kids are very difficult to deal with. It is hard to remember to take your pills three times a day when you live under a bridge. The medical system is just not set up to deal with them and probably won't change soon."*



**Michael Cronin, MPH**

Executive Director  
Justice Resource  
Institute  
Boston, Mass.

Working on a grant to  
develop and implement  
a program of health  
maintenance and  
promotion for high-risk  
adolescents.

This balancing act is not unique to medical care. The precise balance point depends on the commodity in question, moving more toward regulation when safety is at issue—such as with air travel or the food supply—and toward market principles when it is not. Setting the balance point for medical care ideally should involve open debates about the tradeoffs among costs, quality, and convenience. Unfortunately, because we lack good measures of these variables, no one—neither marketeers nor politicians—has been eager to engage in such discussions.

But these debates would cover only the people and activities currently "in the system." What about the people and activities left out? Would it really cost too much to fund basic health care for the uninsured, to pay for graduate medical education, or to underwrite the missing piece for clinical research? We haven't been able to identify fresh sources of funding to expand health insurance coverage, and there is no reason to assume the task will be any easier for education or research. So far, innovations at the state level are few and help only a limited population.

### **Roles for Philanthropy**

At The Robert Wood Johnson Foundation, we focus our grantmaking on improving the health and health care of the American people. The triumph of the market poses new challenges for us because the actions of business and government are changing so rapidly.

In what many people around the nation now believe were the "good old days" of health care, philanthropy also had it easier. In those expansionist times, we supposed that if we funded a promising approach to delivering health care, someone—often government—would adopt the new model and make it widely available. Now that the federal role is shrinking and state and local governments are financially pressed, existing programs must scramble to retain funding. New ventures are even less likely to find sponsors and dollars. Similarly, in the past, foundations could attract the attention of potential grantees with relatively small grants. Today, so many of them are fighting for survival that they cannot take on a foundation's project.

Yet the turbulent triumph of the market still creates fresh philanthropic opportunities. More than ever, we need clear measures of what is happening in health and health care, at both the local and national levels. This need arises just when the federal government's capacity to monitor changes has been cut back. Thus one important role for RWJF will be to determine and describe, carefully and rigorously, the events over time. We are attempting to do this with our Health Tracking project, administered by the Center for Studying Health System

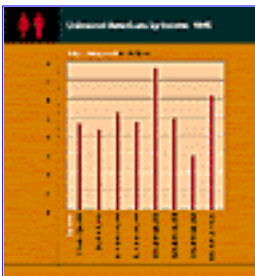


Change. Health Tracking is collecting data on important outcomes that affect patients, health professionals, and institutions. Other foundations also are planning to invest in monitoring activities. Ongoing information from all these sources will help our nation gauge the impact of the market, recognize its accomplishments, and identify areas for improvement.

By supporting research and service demonstrations, philanthropy can help managed care, the market's chosen mechanism, work better for more people. One area where research is needed is on ways to adjust health insurance premiums according to risk. Today, the market rewards health plans that avoid people who are likely to require expensive care. These individuals could become attractive to the market if fair and accurate risk adjusters were used. Better access to higher quality care would surely follow. A working group under our Chronic Care Initiatives in HMOs program has done some interesting work in this area.

Another area where philanthropy can play a role is in the preservation of the caring ethic of health providers. As managed care penetrates more markets, we have begun to see more clashes between the traditional ethics of medical care and market-driven business practices. Helping business people and health care providers understand and navigate these issues can ultimately improve the quality of patient care.

Uninsured Americans by  
Income, 1995



As efficient as markets are at distributing goods, they are limited in that not everyone has the wherewithal to purchase the goods being sold. By working to expand health care coverage to more people, philanthropy can help more people participate in the market. Thus far, both the business and the public sectors have been reluctant to pursue major expansions, so another role for philanthropy is to try to address the health and health care needs of people who financially cannot participate in the market. [\(Chart Graphic\)](#) This foundation has a history of programmatic efforts dating back to our earliest days that focus on the needs of the uninsured and the underinsured. Currently, we are exploring ways to preserve the functions of the safety net, the informal web of providers and institutions across the country that has provided care to millions of disadvantaged Americans.

Some health and health care issues can be addressed by people with no qualifications other than an interest in helping. A caring adult can mentor a child at risk for substance abuse, a neighbor can help an elderly shut-in with shopping and other activities. These are areas where the formal health care system will always come up short. But such help, usually by a volunteer, can have an impact on people equal to all the medical system has to offer. The Foundation has been working to promote volunteering and volunteerism. These efforts



include such programs as Faith in Action, Service Credit Banking in Managed Care, and our support of One Church-One Addict, a project to get churches nationwide to help recovering substance abusers through job counseling, spirituality, and referral to treatment centers.

Finally, we can educate the public about how to avoid health risks and how to use the health care delivery system better. Much of our work in the substance abuse area uses education to promote prevention and cessation. And our grant to Healthwise, Inc., is helping people in four Idaho counties become better health care consumers providing people with a state-of-the-art self care manual, supporting a toll-free advice line staffed by nurse counselors, and community health education.

## Conclusion

As a nation, we have staked our health care future, for better or worse, on a market-based approach. This development has at least one salutary indirect effect: it has finally unmasked fundamental unresolved dilemmas that we in the United States have for so long ignored. Should everyone have the right to basic health care? To what extent should the healthy subsidize the sick or the wealthy subsidize the poor? What is government's role in health care? Is medicine merely a business like any other? Should there be limits on the profits obtained from providing health care services? How do we best invest in medicine's future-in research and training? To the extent that we are now confronting directly these problems that have smoldered for so long, the market has helped us in more ways than merely by increasing the efficiency of the health care sector. If we choose to avoid them, or to resolve them in a partisan manner, we will have lost an enormous opportunity.

Steven A. Schroeder, MD  
President

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## Maintaining a Balance

Managing Growth and Maximizing Effectiveness

**For any organization to thrive, it must manage its growth and maintain its focus simultaneously. This balance is a mark of effectiveness. In 1996, we asked and began to address the question of how we keep our balance now and for the future.**

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Sidney F. Wentz

Our endowment has grown steadily and significantly during the 1990s, thanks in part to the second longest bull stock market in history. Through productive and principled management of our assets, we closed 1996 with an endowment of \$5.59 billion. As our endowment has grown, so have our annual payouts.

To meet our required payout increases, we have developed new programs and made more grants. We now have about twice as many active national programs and grants as we had 10 years ago. While we have doubled our output, the number of people involved in developing and monitoring programs has remained about the same. This increase in productivity is a tribute to the professionalism and dedication of the RWJF staff.

By the year 2000, we estimate we could be making \$360 to \$400 million in grants each year. For comparison, in 1995 we made grants and awards totaling \$180 million. Our projected payout opens up many new possibilities for the Foundation; it also raises questions about how we can maintain the quality of our grants and national programs, and still continue with the level of monitoring we have exercised thus far.

In anticipation, we have begun to review our staffing levels and grantmaking practices and processes. We are considering testing some new approaches to our work, including additional outsourcing of activities. But these next few years will hold some very interesting challenges for the Foundation—challenges that will require some of our most creative thinking to date.

As part of our efforts to maintain our balance point, the Board of Trustees and senior staff held a retreat this past June to take stock of the Foundation. At our last retreat just over five years ago, we ratified the Foundation's mission and established the four goal areas that have organized our grantmaking to date. In June, we moved to consolidate our goals by folding one-to help the nation address, effectively and fairly, the overarching problem of escalating health care costs and



resource allocation-into the others.

We are far from solving the problem of rising health costs, and we have not abandoned it. But there was a sense among the Board and staff that controlling costs was so integral to the success of many of our efforts that we should not treat it separately. We believe it is more realistic to incorporate the concept of controlling costs into each goal area.

The Board officially affirmed this change at its October meeting, along with this restatement of our remaining goals: to assure that all Americans have access to basic health care at reasonable cost; to improve the way services are organized and provided to people with chronic health conditions; and to promote health and reduce the personal, social, and economic harm caused by substance abuse-tobacco, alcohol, and illicit drugs.

At that June meeting, we also developed a new framework for analyzing our grantmaking. This framework, which classifies grants as targeted, core, or exploratory, will be used internally to develop a clearer overall picture of the Foundation's programming, to track our long-term commitments more effectively, and to improve our ability to balance risk and payoff across our portfolio of grants.

Targeted grants, which comprise most of our grantmaking, support projects that are related to our goals and have clear objectives and five-to-ten year horizons.

These include such programs as SmokeLess States: Statewide Tobacco Prevention and Control Initiatives and the Chronic Care Initiatives in HMOs.

Exploratory grants, which we expect to be a small share of our portfolio, will underwrite explorations of areas for potential future activity. Staff members have discussed a number of possibilities, including health and behavior, violence, genetic services, and new information technology in health care.

Core grants will support a number of solid, low-risk, long-term activities that will never be self-sustaining, but which we view as central to the mission of the Foundation. These include our Clinical Scholars Program, the Local Initiative Funding Partners Program, and the Community Health Leadership Program.

We also had a change in our management team at the end of 1996 with the retirement of Dr. Richard C. Reynolds, who had been executive vice president of the Foundation since 1987. In his nine years in that position, Dick served under two presidents, providing both continuity and perspective. His gentle humor, wisdom, and

patient determination will be greatly missed. In recognition of Dick's significant contributions, the Foundation has established the Richard C. Reynolds, M.D., Chair in General Internal Medicine at the University of Medicine and Dentistry of New Jersey, where he served as dean before he joined RWJF. We wish Dick well in his retirement.

Dick's successor is Lewis G. Sandy, M.D., M.B.A. Lew joined the Foundation in 1991 as a vice president for program. In recent years, he has led our chronic care goal development work group and distinguished himself as a thoughtful, organized innovator. We welcome Lew to his new role and look forward to his future contributions.

I expect that America's health care system will continue to remake itself at a dizzying pace for the foreseeable future. While change is unsettling, it also brings with it opportunity. Our challenge is to seize the opportunities to improve health and health care and to make the most of them. I am confident that we are well positioned-and well balanced-to do just that.

Sidney F. Wentz  
Chairman, Board of Trustees

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THE  
FOUNDER

## Robert Wood Johnson

1893-1968

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

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Robert Wood Johnson

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

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

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

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

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

Despite the intensity and determination he displayed in his role as a business leader, General Johnson had a warmth and compassion for those less privileged than he. He was always keenly aware of the need to help others, and during his lifetime, he helped many quietly and

without fanfare.

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

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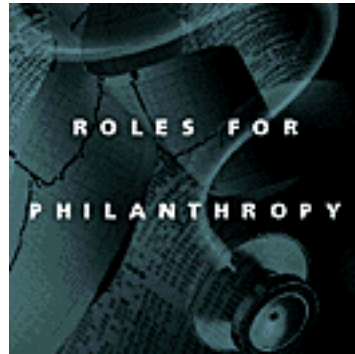
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This Annual Report explores the Foundation's role in a market-driven health care system:

### **Tracking Delivery System Changes**

As part of our Health Tracking project, the Center for Studying Health System Change is conducting a study of health and health care in 60 communities.

### **Expanding Health Care Coverage**

The Healthy Kids Replication Program is designed to help states develop affordable health insurance products for sale through schools to cover uninsured children.

### **Promoting volunteerism**

The Faith in Action program helped to establish more than 500 community networks of interfaith volunteer caregivers who help the elderly and the disabled people.

### **Helping Managed Care Work Better**

Chronic Care Initiatives in HMOs has funded 22 projects exploring ways to improve services for people with chronic conditions who are enrolled in managed care plans.

### **Ensuring Care for the Underserved**

Reach Out: Physicians' Initiative to Expand Care to Underserved Americans has funded 39 projects that help private physicians provide reduced-cost or free care to poor people.

### **Public Education**

Oral Health America, America's Fund for Dental Health received a grant to work with Major League Baseball and the National Spit Tobacco Education Program to teach young athletes about the dangers of chewing tobacco.

### **Preserving Professional Ethics**

The Woodstock Theological Center received funding to hold leadership seminars and produce a monograph that helps providers and

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institutions navigate ethical issues in the business aspects of patient care.

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