

The Robert Wood Johnson Foundation

Annual Report 2004

Holding
the Needle on
True North



LEADING THE QUEST FOR QUALITY CARE

President's Message



RISA LAVIZZO-MOUREY, M.D., M.B.A.

President and Chief Executive Officer

THE ROBERT WOOD JOHNSON FOUNDATION has energized and inspired me for more than three years now. It has been the most noble, challenging and satisfying work I've ever known—with one exception. Deep in my heart I am still a physician, a geriatrician, and few things fulfill me more than pulling on my old white lab coat, picking up my stethoscope, sitting down in front of a real patient and asking, "OK, tell me what's bothering you."

This past summer I returned to the front lines of patient care at a community health clinic in downtown New Brunswick, about 25 hectic minutes up Route 1 from RWJF's peaceful campus outside Princeton. The clinic provides health care for thousands of our area's most vulnerable low-income or uninsured families who turn to the clinic's doctors and nurses for a full life cycle of medical help, from prenatal to elder care.

These patients present a daunting array of cultural and social problems that, taken together, relentlessly conspire against their own good health. Many are poor, illiterate, living in terrible housing or no housing at all.

Their illnesses are chronic and multiple. They advocate fiercely for their own individual care, but in languages many in the health care system do not comprehend. This is a world of medicine that is gritty, intense and intimidating—the kind of medicine I was trained in while in Boston. If what you want to do is help and to heal, this is where you belong.

Sometimes on Wednesday afternoons at the clinic I supervise medical residents who take my breath away because of their wonderful qualities: young, eager, hungry for answers, and totally immersed in the flow of patients streaming in the door. The residents' experience is mixed. Their hands-on clinical education is as valuable as it gets, but

the obstacles thrown in their way by our fractured health care system are frustrating and infuriating.

Here's an example. My very first day, I discovered that the clinic follows the same chronic illness care model for treating diabetes patients that Ed Wagner, M.D., developed at Seattle's MacColl Institute for Healthcare Innovation through our national program *Improving Chronic Illness Care*. I thought, "This is great!"



The clinic's doctors have the model down cold: they cluster diabetes patients in a special registry, they track real-time key indicators and they proactively manage each patient's care, one-on-one.

Working as a team, getting up-to-the-minute hard data, focusing on the patient—what these residents and attending physicians do *inside* the clinic's self-contained world is how our entire health care system should work. But when these same doctors reach *outside* the clinic, too often there is no matching place to plug into. And the outcome? Much of the clinic's good work is stymied because there are too few health care professionals responding to patients' needs the way that the clinic does.

After watching one resident spend a half-hour on the phone trying to get just one patient one appointment with one specialist, I thought: "Nothing's changed in all these years. How in the world can these doctors take care of patients if so much of their time and energy is chewed up fighting a system that seems hell-bent on making their job harder, not easier?"

Irritated, I got in my car and drove back down Route 1 more committed than ever to the bedrock principle that guides everything the Robert Wood Johnson Foundation does. This principle tells us that we are the

stewards of private resources that must be used in the public's interest—particularly to help the most vulnerable in our society. This is our moral compass; it helps keep our mission, our ethics and our passions on True North.

Nothing exemplifies the Foundation's powerful commitment to the public's interest more than how we invest our resources to change America's troubled health care system until it finally—and reliably—delivers a level of quality care that meets the public's expectations of what they need and deserve.

In other words, the next time that resident picks up the phone, someone will answer who actually knows what to do and how to do it, and together they can improve the health of that patient by delivering the right health care at the right time in the right way.

For the doctors, nurses and patients at the clinic in New Brunswick—and for me—that would be a pretty good definition of "quality" health care that most certainly would stand the test of time.

But how do we get there? How do we move from the system we have to the system we need? What obstacles stand in the way? How do we overcome them? And what will health care look like when we remove them?

President's Message

THE BARRIERS TO CHANGE are as formidable as they are familiar. They are systemic, mostly of our own making, and have long blocked serious attempts to bring about needed change. In fact, we have become so used to them we act as if they are normal. But when you pile the barriers all in one place it is easy to see just how imposing a roadblock they make. When we talk about “quality,” this is the context from 30,000 feet above the roadway:

- **The system is unequal.** Racial and ethnic minorities tend to receive lower-quality health care than whites do, even when insurance, income, age and medical conditions are comparable.
- **The system isn't fair or equitable.** More than 44 million people go without any health insurance coverage at all—and then some providers charge the uninsured more than they charge anyone else.
- **The system isn't safe.** Remember when the Institute of Medicine estimated that as many as 98,000 patients a year die from medical errors? Recent studies¹ suggest the actual number of fatalities is so much higher that medical mistakes may now rank as the third leading cause of death, next to heart disease and cancer.
- **The system isn't trusted.** Public confidence in the leaders of health care institutions has fallen drastically in the past generation—from nearly 80 percent in 1966 to less than 30 percent in 2004.² A majority of Americans now say they are afraid something bad will happen to them if they have to be admitted to the hospital. In a national poll,³ more than 55 percent said they worried about getting the wrong treatment or a serious infection. And 62 percent say they believe the health care system will get worse in coming years.⁴
- **The system doesn't know what it knows.** Despite all our sophisticated scientific and diagnostic technology, health care doesn't have its own integrated IT system.



For instance, do you consistently get a postcard from your doctor reminding you to come in for a mammogram or colonoscopy? Jiffy Lube does a better job of managing its customer information.

- **The system doesn't teach the right things.** Medical education reinforces process and procedure with more vigor than it promotes cutting-edge quality of care, teamwork and demonstrably positive patient outcomes.
- **The system's costs keep rising.** Although the rate of health care spending finally slowed in 2003,⁵ overall costs in the health care system have steadily increased over time.

Health insurance premiums have jumped 10 to 20 percent each year. The cost of prescription drugs is up nearly 30 percent over three years, five and six times the annual rate of inflation. At least 25 percent of hospital spending is on administrative costs, more than twice that of Canadian hospitals.⁶

- **The system is voracious.** Overshadowing all else, health care's share of our gross domestic product—now about 15 percent—will push to at least 18 percent by 2012 if nothing changes.

With deepening federal deficits and an inconsistent economy, the burden already falls heavily on families and employers.

COMPOUNDING THE CHALLENGE: Major public and private sector players over the past decade have failed to fulfill the country's hopes for meaningful change. Instead, they have settled into a no-fault zone in which everyone is responsible and no one is accountable. This is the quality context much closer to the ground:

- **The purchasers of health care** in government and business are confounded by a payment system that fixates on curtailing care and saving money. The high price of such shortsightedness: the big health purchasers fail to recognize and reward what it takes to improve the health industry itself—superior safety and overall value for the care that is delivered.

15

Percentage of America's gross domestic product spent on health care

44,000,000

Americans who have no health insurance coverage

The
Barriers
to Change

98,000

Patients who die each year from medical errors

30

Percentage of increase in the cost of prescription drugs over three years, well above the annual rate of inflation

62

Percentage of Americans who believe the health care system will get worse in coming years⁴

Transforming our health care system to benefit *all* participants—patients as well as those who deliver care—is a significant challenge. Systemic problems encompassing everything from safety issues to cost pressures require a far-reaching, long-term commitment to improvement.

30 Percentage of kids with ear infections who are given excessive antibiotics⁷

20-50 Percentage of surgeries that are unnecessary⁸

Percentage of health care costs attributable to poor patient care¹⁴

30 Overuse, Underuse, Misuse 40

Percentage of people with chronic illnesses like diabetes or hypertension who don't get the recommended care

1 out of 1,000 Encounters with the U.S. health care system that are fatal¹³

Despite remarkable advances in medicine over the past half-century, our health care system doesn't always allow for the full or appropriate use of opportunities for improved care. The wrong procedures may be performed, or the wrong medications prescribed. Sometimes, no care at all is delivered, despite urgent need.

See page 104 for endnotes.

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- **The providers of health care** prize their own autonomy and reimbursement rates more highly than the need to consistently deliver high-quality care to a wide range of populations and individuals. They seem blind to the case for re-engineering the system and reluctant to collaborate in a search for common ground.
- **The payers of health care** are captive to an ever-urgent business model that encourages both purchasers and providers of care to be more cost-conscious than caring. Lost along the way are better patient outcomes, improved community health and the trust of the public.
- **The consumers of health care** do not distinguish between the quantity and the quality of their own care. More is always better, so long as the co-pay is no more than 20 percent.

Closer to home is where the quality context becomes most real for patients and their families—when they go to the doctor, the hospital, the pharmacy. Here, the system is most puzzling, most disturbing and most harmful to the most people. Why? Because this is where our quality deficit is on full display and often obscures much of the actual good performed by the system and the people working in it. I'm sure each of our own families has experienced symptoms of this quality deficit.

For example, we provide too much care that is *not* necessary: 30 percent of kids with ear infections are given excessive antibiotics;⁷ 20 to 50 percent of surgeries are not needed;⁸ 50 percent of X-rays for back pain are unnecessary.⁹ Or we provide too little of the care that is necessary: 45 percent of patients do not get the recommended care;¹⁰ 40 percent who need care for chronic illnesses like diabetes or hypertension don't get it; 50 percent of the elderly fail to receive the pneumococcal vaccine; 50 percent of heart attack victims fail to receive beta-blockers.¹¹ And too much health care is misused: 7 percent of hospital patients experience a serious medication error;¹² 1 of every 1,000 health system encounters is fatal—more

than in driving or flying;¹³ poor care accounts for 30 percent of all health care costs.¹⁴

The data confirm what patients already know—that few important things in their lives seem to go so wrong so often as health care. I see it at the clinic in New Brunswick where our patients are as worried about what the system is going to do to them as what it is going to do for them.

Independent national public opinion polls show the rest of the country shares their concerns. For the first time in more than a decade a majority of Americans question the system's overall quality.¹⁵ The numbers who believe the health system is meeting

their needs declined 28 percent over the past five years.¹⁶ In 2004 nearly 60 percent questioned if their hospital would do the right thing for patients. Just as many said they worry that if admitted to the hospital they will receive the wrong treatment or get a serious infection.¹⁷



HERE IS WHAT ALL THIS SUGGESTS TO ME: The public is worried about the true *value* of health care and whether the

system that delivers it reflects their *personal values*. In the patient's world, quality is not a policy or a product but an individual and social value. We agree.

Our own research makes it clear that people want the peace of mind that comes from knowing that they and their loved ones are well cared for. They want a sense of confidence in their own financial security and that they have some control over how health care affects their lives. They want evidence that those making health care decisions know what they are doing. And they want to see the people running the system working tenaciously for good outcomes that serve the health and well-being of all of us.

Americans clearly expect to be served by an interdependent health care system that connects all of us through shared values—equality, compassion, shared obligations, social responsibility and accountability. This potent mix of common sense interdependence and shared values is the glue the public expects to be used to bind the system together. This is where we come in.

President's Message

THE INSTITUTE OF MEDICINE not long ago laid out what has become a manifesto for reform of the American health care delivery system. The IOM told us:

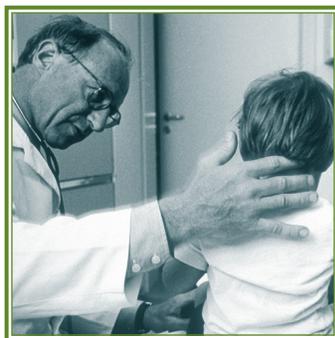
The current system cannot do the job.

Trying harder will not work.

Changing systems will.

At the Robert Wood Johnson Foundation, we translate this into our own vision of what is necessary to change health care's multiple and entrenched "systems:"

- **First, we the patients** at long last will be in control of our own care, in a system that respects our individuality, values, ethnicities, and, yes, even our sense of social justice.
- **Second, the treatment we receive** will be based on the best and most up-to-the-minute scientific and clinical evidence.
- **Third, the new system** will dissolve the old system's hardened silos so that paramount *value* can attach to cooperation, interconnection and putting the patient first.



Our vision validates the IOM blueprint and informs our stewardship of the private resources we dedicate to the public's interest. Our vision is patient-centered, knowledge-based, systems-minded. Translating it into reality is a tall order that makes demands across political, economic, education and provider spectrums. Each player has a role: hospitals and health systems; physicians, nurses, all the health professions; the payers, public and private; employers and government purchasers; educators. And, we as patients, because in the new health care reality each of us will bear more responsibility for managing our own care.

VISION, OF COURSE, IS AN IDLE EXERCISE WITHOUT ACTION. One of my heroes, Eleanor Roosevelt, cautioned: "The things you refuse to meet today always come back to you later on, usually under circumstances which make the

decision twice as difficult as it originally was."¹⁸ So, we are acting now, strategically investing to raise the quality of the country's health care by (1) inspiring revolutionary and innovative approaches to health care excellence, (2) supporting a matrix of high-impact, systems-changing portfolios, and (3) turning what works into models for others to follow.

How our programs and grantees perform two jobs is what ultimately will determine how well we meet our goals:

- **Job One** is to reduce continually the affliction of illness, the suffering from injury and the burden of disability experienced by patients, their families, friends, co-workers and neighbors.

- **Job Two** is to improve continually the health status and function of all our people, no matter who they are or how much they make or where they live.

Tough jobs? Yes. Worth tackling? Absolutely. Attainable? They're already being done. Programs we sponsor across the country right now are achieving strong, transforming outcomes, making us increasingly—and realistically—optimistic that the system can

indeed become more patient-centered and knowledge-based, with leaders who are willing and able to spearhead wide-scale transforming change. Their results are verifiable and are making a positive difference not only in patient care but in systemic effectiveness and efficiency. For example:

Pursuing Perfection®, our national program to pioneer how provider organizations can successfully reinvent their major care processes, is directed by Donald M. Berwick, M.D., of Boston's Institute for Healthcare Improvement. After only two years, sample results include a medical center in New Jersey reducing its adverse drug events by 75 percent; a public care health system in Boston cutting in half the number of emergency department visits for children with implemented asthma action plans; and a medical center in South Carolina driving down its mortality rates for acute myocardial infarction to less than half the national average.¹⁹

1

We the patients will be in control of our own care, in a system that respects our individuality, values, ethnicities, and sense of social justice.

2

The treatment we receive will be based on the best and most up-to-the-minute scientific and clinical evidence.

Our
Vision for
the Future

3

The new system will dissolve the old system's hardened silos so that paramount value can attach to cooperation, interconnection and putting the patient first.

The Institute of Medicine laid out what has become a manifesto for reforming our health care delivery system: "The current system cannot do the job. Trying harder will not work. Changing systems will." We have translated this into a three-tiered vision.

75 90

Percentage of increase in palliative care programs in the past five years, many inspired by *The Center to Advance Palliative Care* at Manhattan's Mount Sinai School of Medicine²¹

Percentage of reduction in adverse drug events at a New Jersey medical center participating in our *Pursuing Perfection* national program¹⁹

Achieving Success

4

Dollars saved for every dollar invested in the program—a measure of success for the *Nurse-Family Partnership* in setting up home nurse visitation programs for low-income mothers and their children²⁰

420,000

Dollars saved from one nursing procedural change at a single medical center—the type of innovation facilitated by our *Transforming Care at the Bedside* national program²⁴

The activities of the Foundation and the organizations we support have made a positive difference in improving patient care and in making our health care system more effective and efficient. These transformations are verifiable and in many cases quantifiable, underscoring the importance of our mission and the dedication of our colleagues and partners.

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The Nurse-Family Partnership at the University of Colorado's National Center for Children, Families and Communities shows communities across the country how to set up a home nurse visitation program for low-income mothers and their children. Long-term trials by Director David Olds, Ph.D., and his staff show that families in the program benefit from remarkable reductions in child abuse and neglect and in mothers' use of alcohol and other drugs, plus lower rates of arrests and convictions among both mothers and adolescents—and \$4 saved for every \$1 invested in the program.²⁰

The Center to Advance Palliative Care at the Mount Sinai School of Medicine in Manhattan is teaching academic, community and faith-based hospitals how to establish palliative care programs to relieve suffering and improve the quality of life for patients with advanced illness and their families. As a result, the American Hospital Association reports a 90 percent increase in palliative care programs in the past five years;²¹ today one in five hospitals has a program.²² *U.S. News & World Report* now considers palliative care as a criterion in its annual ranking of the country's top hospitals.²³ These are significant outcomes for Director Diane E. Meier, M.D., and the Center's partners.

Transforming Care at the Bedside, managed by the Institute for Healthcare Improvement, is redesigning how hospitals can better meet the expectations of their patients. For example, when a nurse arrives for work at the University of Pittsburgh Medical Center's Shadyside hospital, the first thing she does is pick up her noncellular, personal phone. Until recently, the prime communications device available to a nurse was her own footpower, as she raced up and down halls to fulfill her job duties. According to the hospital, the use of a personal phone saved each nurse 20 minutes each shift by allowing him or her to immediately respond to issues as they came up. Hospital-wide, this provided \$420,000 worth of time that could be diverted back to patient care.²⁴



Such successes signal us that enlightened leadership and inspired organizations are discovering new ways to serve patients better, and improve health outcomes and the well-being of entire communities. Now the question is: How will we know when the new ways of doing business are really working? The answer: We will know because tomorrow will be profoundly different from today. We'll see the differences in both big and little ways.

For example, today, our care is based on office visits. Tomorrow, our care will be determined by what kind of care we need, when we need it and how we need it—in the office, on the phone or over the Internet.

Today, the autonomy of the professionals rules our care. Tomorrow, it will be our needs, values and choices as patients that predominate. And we will have all the information necessary as patients to make the right choices.

Today, our medical and health care information is for others to know and for us to wonder about. “Knowledge is power” and much of the knowledge about us is kept secret from us. Tomorrow, no more secrets; knowledge will be a power tool that is shared freely. We're finally going to know as much about our health care as the system knows so we'll be able to make informed health care decisions for ourselves and our families.

Today, the ancient Hippocratic admonition to “do no harm” is left up to the individual practitioner. Tomorrow, the safety of each patient will be the responsibility of the entire system. This is as basic a patient right as there can be. It will be the job of each component of the system, in tandem with the others, to ensure that we are safe from harm.

Today, cost reduction is the mantra—cut jobs, services, care. Tomorrow, it will be the tremendous waste of time and material that is cut, freeing valuable resources for what is truly important.

Today's system reacts too often with a knee jerk and only after an avoidable crisis. Tomorrow's system will anticipate what

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we need before we need it. We will be proactive, tracking what works and what doesn't, heading off crises before they occur.

OBVIOUSLY, OUR AMBITIONS ARE HIGH, as they must be; our goals are grand, as they should be; and we are absolutely certain, as we must be, that we will meet them—because patients themselves tell us that we will. We asked one patient, why pursue perfection?

*“Because,” he said, “that way you will achieve as much as you possibly can. If you aim for the top and get halfway there, you’ve got something which will still make an enormous difference to patients. If you only aim halfway and don’t get there, patients are going to lose out.”*²⁵

These words echo the Foundation's pledge to use its resources in the public's interest. This principle tells us who we are and what we stand for. For myself and my colleagues at the Foundation, these are words to live for and words to live up to. After all, delivering on the promise of better health and better health care for all Americans is what we devote our skills and energies to every day.

Yet, we realize there is more to it than merely showing up for work. Fidelity to principle requires perspective, conduct and action. As our purpose and mission are more evident to us—as we, in fact, pursue our own perfection—we continually learn in

new ways how principle shapes our strategies and informs our decisions. It demands persistence and perseverance. And it presents a pathway to a better future. To follow that pathway, this is what we pledge to do:

- *We will step forward.*
- *We will be faithful to our common cause.*
- *We will seek out diverse partners with the expertise and the will to forge sound new solutions.*
- *We will not shy away from the difficult or the controversial.*
- *We will stay on mission until solutions are clear, momentum is generated and progress is secured.*

And, finally, we pledge that we will make a difference in our lifetime and yours. This is the Robert Wood Johnson Foundation's promise. It graces our work, just like the young doctors in that clinic up Route 1. Helping and healing; this too, is what fires the hearts and minds of our staff, our grantees, our funding partners and our family of stakeholders. The reason is as simple as one of my favorite African proverbs:

*“Disease and disasters come and go like rain,
but health is like the sun
that illuminates the entire village.”*

We are blessed, indeed, to be following that sun.



Risa Lavizzo-Mourey, M.D., M.B.A.

President and Chief Executive Officer



Targeted Portfolio

Addressing specific improvements
in eight targeted health and health care challenges
within a defined time period.

Addiction Prevention and Treatment



Reducing the harmful effects of drug and alcohol addictions and related disorders by improving the quality of care available for the estimated 22.2 million Americans age 12 and older who need treatment.

For more on RWJF's work in this area, see www.rwjf.org/addiction

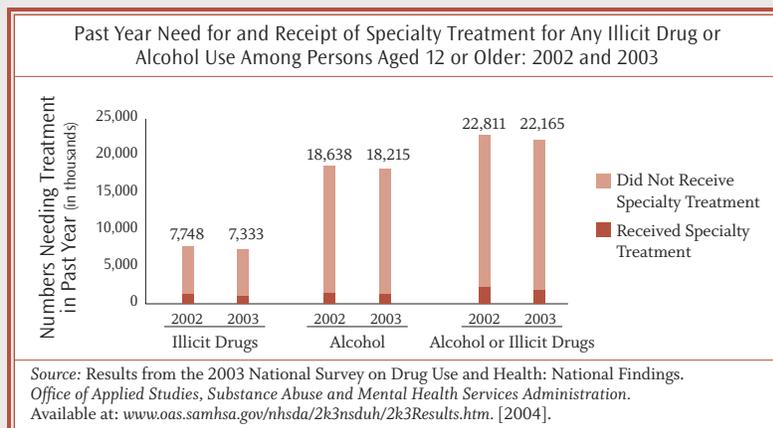
EACH YEAR, addiction or misuse of alcohol and other drugs in the United States costs over \$275 billion and causes approximately 120,000 deaths. According to the Substance Abuse and Mental Health Services Administration, just over 8 percent of the estimated 22.2 million Americans age 12 and older who need treatment for substance use disorders actually receive treatment. While effective treatments for addictions exist, they are not readily accessible or routinely used. According to a broad-based study that appeared in the *New England Journal of Medicine*, only 11 percent of recommended care is provided for those with alcohol dependence. Recommended treatment for substance use addictions requires detoxification and medical stabilization, rehabilitation, continued monitoring and aftercare.

The Foundation’s investments in treatment of substance use in 2004 were focused on increasing the number of providers using evidence-based, proven practices. The RWJF national program *Paths to Recovery*® increased the number of care providers adopting quality improvement practices, thus improving patients’ ability to access and stay in appropriate treatment. A sister program, *Resources for Recovery*, continued encouraging states to expand treatment capacity within existing financial constraints, and contributed to the establishment of the Alabama Commission for the Prevention and Treatment of Substance Abuse. Examples of the work of *Reclaiming Futures*®, an RWJF initiative that promotes integrated systems of care to treat youth suffering from addictions, were presented on the Emmy Award-winning program “*Choose or Lose: 20 Million Loud*” on MTV. The program sought to broaden public understanding of addiction as a public health issue.

Improving the quality of treatment is of national importance and is often best addressed through productive collaborations. To that end, RWJF and the National Quality Forum, the Washington Circle Group and the Carter Center will develop indices that reflect appropriate timing of treatment, optimal medications, clinical therapies and systems supports.

The Foundation also convened leading addiction treatment stakeholders, researchers and innovators to gain insight for future program investments. In one such effort, the Center for Health Care Strategies and the Legal Action Center brought together state purchasing and licensing authorities to determine the most effective leverage points for improving treatment quality. The Foundation supported the White House Office of National Drug Control Policy’s Leadership Conference on Medical Education in Substance Abuse, a forum in which leaders in medical education, research and patient care developed plans to ensure that medical school curricula include courses on treating addictions using evidenced-based approaches. To complement these efforts to improve treatment quality, RWJF hosted an inaugural “Treatment Visioning” meeting of addiction specialists, people in recovery from addictions, communications experts, engineers and others to map future frameworks for addiction care.

In 2005 RWJF’s programming in addiction prevention and treatment will be directed toward: (1) supporting provider-based demonstration projects that can overcome barriers to providing quality treatment, (2) encouraging purchasers and payers to use performance and quality as a basis for reimbursement and to assist licensing and accrediting bodies in adopting quality standards for treatment programs, and (3) engaging consumers to advocate for better quality treatment for addictions.





**Addiction Prevention and Treatment
2004 Grants and Contracts**

The American Visionary Art Museum Inc.
BALTIMORE INNER HARBOR, MD
\$21,591—Creating and disseminating a CD-ROM to raise awareness of addiction (for 8 months). ID 49817

Boston University School of Public Health
BOSTON, MA
\$65,271—Leadership to Keep Children Alcohol Free—Phase III (for 32 months). ID 48921

**Brown University
Center for Alcohol and Addiction Studies**
PROVIDENCE, RI
\$75,024—Expanding outreach to policy-makers to advance public health and medical approaches to drug policy (for 1 year). ID 50410

**Center for Healthcare Strategies
Supporting Organization Inc.**
PRINCETON, NJ

\$79,958—Promoting the use of evidence-based practice in substance abuse disorder treatment among states (for 1 year). ID 49910

Center for Public Interest Research Inc.
BOSTON, MA
\$50,000—Special episode of MTV’s “Choose or Lose” program focusing on substance use and addiction among young adults (for 6 months). ID 51671

Community Anti-Drug Coalitions of America
ALEXANDRIA, VA
\$50,000—National support center for community substance abuse coalitions (for 6 months). ID 52526

Council of State Governments
NEW YORK, NY
\$50,000—Dissemination of a report of consensus policies on community re-entry from the criminal justice system (for 4 months). ID 51877

Drug Strategies
WASHINGTON, DC
\$124,989—Nancy Dickerson Whitehead Awards for excellence in reporting on drug and alcohol abuse (for 3 years). ID 50358

\$250,026—Expanding quality addiction treatment for teens (for 18 months). ID 52014

**Entertainment Industries Council
Incorporated**
RESTON, VA
\$250,000—Development plan for self-sustainability for the PRISM Awards, which encourage accurate depictions of substance abuse and addiction (for 1 year). ID 51027

Family Justice Inc.
NEW YORK, NY
\$75,000—Strategic communications project to improve the health of families and the recovery of addicts (for 1 year). ID 51786

Howard University School of Law
WASHINGTON, DC
\$81,750—Business planning for a national coalition that promotes health-oriented drug policy alternatives (for 1 year). ID 50797

\$81,750—National African American Drug Policy Coalition national summit (for 5 months). ID 52028

Inside Out Media Inc.
OAKLAND, CA
\$220,000—Support for a documentary on California’s Proposition 36, a diversion program for nonviolent, drug-possession offenders (for 2 years). ID 52314

**Legal Action Center
of the City of New York Inc.**
NEW YORK, NY
\$390,000—Strengthening the Faces and Voices of Recovery coalition whose mission is to reduce the stigma of addiction and spur changes in public policy (for 2 years). ID 51965

**A Matter of Degree: Reducing High-Risk
Drinking Among College Students**
Program to develop model approaches to reduce student high-risk drinking on campus and in the surrounding community by developing college/ community partnerships.

Program Sites

- **Florida State University
Research Foundation Inc.**
TALLAHASSEE, FL
\$468,000—(4 years). ID 42702

- **Georgia Tech Research Corporation**
ATLANTA, GA
\$468,000—(4 years). ID 42701

Other Program Activities

- **American Medical Association**
CHICAGO, IL
\$762,797—Technical assistance and direction for A Matter of Degree (1 year). ID 46706

- \$542,214—Technical assistance and direction for A Matter of Degree (1 year). ID 48361

- **Harvard University
School of Public Health**
BOSTON, MA
\$811,049—Evaluation of A Matter of Degree—Phase IV (21 months). ID 51879

National Conference of State Legislatures
WASHINGTON, DC
\$48,403—Printing, marketing and distributing a guidebook, *Treatment of Substance Use Disorders: What Legislators Need to Know* (for 7 months). ID 52027

\$301,034—Providing technical assistance to state legislators on the issue of substance abuse (for 2 years). ID 50793

National Quality Forum
WASHINGTON, DC
\$102,451—Consensus-building to identify indicators of evidence-based substance abuse treatment (for 10 months). ID 49909

**Paths to Recovery®: Changing the Process of
Care for Substance Abuse Programs**
Initiative to strengthen the addiction treatment system’s ability to successfully use process improvement techniques toward increasing patients’ access to and retention in addiction treatment programs.

Program Sites

- **Asian Counseling and Referral Service**
SEATTLE, WA
\$111,000—(18 months). ID 52370

- **Central New York Services Inc.**
SYRACUSE, NY
\$110,890—(18 months). ID 52379

- **Comprehensive Options for
Drug Abusers Inc.**
PORTLAND, OR
\$110,905—(18 months). ID 52371

- **Cornerstone Counseling Center**
SALT LAKE CITY, UT
\$111,327—(18 months). ID 52437

- **Fayette Companies**
PEORIA, IL
\$110,239—(18 months). ID 52438

- **Gateway to Prevention
and Recovery Inc.**
SHAWNEE, OK
\$110,737—(18 months). ID 52372

- **Mid-Eastern Council on Chemical Abuse**
IOWA CITY, IA
\$111,686—(18 months). ID 52373

- **Palladia Inc.**
NEW YORK, NY
\$110,700—(18 months). ID 52374

- **Signal Behavioral Health Network**
DENVER, CO
\$110,804—(18 months). ID 52375

- **Southwest Florida
Addiction Services Inc.**
FORT MYERS, FL
\$110,354—(18 months). ID 52376

- **Stanley Street Treatment and
Resources Inc.**
FALL RIVER, MA
\$111,298—(18 months). ID 52377

- **STEPS at Liberty Center Inc.**
WOOSTER, OH
\$111,428—(18 months). ID 52378

- **Women’s Recovery Association of
San Mateo County Inc.**
BURLINGAME, CA
\$111,414—(18 months). ID 52449

Other Program Activities

- **State of Oklahoma Department of Mental Health and Substance Abuse Services**
OKLAHOMA CITY, OK
\$200,021—Testing if process improvement techniques can be applied to state systems to improve access and retention in addiction services (18 months). ID 52431
- **Oregon Health and Science University**
PORTLAND, OR
\$97,359—Evaluation of additional sites under Paths to Recovery (3 years). ID 50165
- **University of Wisconsin–Madison College of Engineering**
MADISON, WI
\$877,814—Technical assistance and direction for Paths to Recovery (1 year). ID 48364
\$130,745—Alternate model of the Paths to Recovery program (18 months). ID 52450

Pilot Program of Research to Integrate Substance Abuse Issues into Mainstream Medicine

Initiative to test the feasibility and effectiveness of developing a large national effort to build a cadre of researchers who integrate substance abuse issues into mainstream medicine.

Program Sites

- **University of Alabama at Birmingham School of Medicine**
BIRMINGHAM, AL
\$90,000—Studying the impact of alcohol use on coronary artery risk development in young adults (9 months). ID 51890
- **Kaiser Foundation Hospitals, Kaiser Foundation Research Institute**
OAKLAND, CA
\$96,572—Studying the correlates and consequences of alcohol-associated hypertension (1 year). ID 51512
- **The Mailman School of Public Health at Columbia University**
NEW YORK, NY
\$99,171—Potential modification of the effect of alcohol on breast cancer risk by variation in genes involved in alcohol metabolism (10 months). ID 51536
- **Wake Forest University Health Sciences**
WINSTON-SALEM, NC
\$65,008—Studying alcohol consumption and the incidence of hypertension and type 2 diabetes among U.S. adults (1 year). ID 51537
- **University of Wisconsin–Madison Medical School**
MADISON, WI
\$89,091—Examining the association of alcohol consumption and sleep disturbances (1 year). ID 51511

Reclaiming Futures®: Communities Helping Teens Overcome Drugs, Alcohol & Crime

Initiative to build community solutions to substance abuse and delinquency by developing the systems infrastructure necessary to deliver comprehensive care within the juvenile justice system.

Program Sites

- **Great Lakes Recovery Centers Inc.**
MARQUETTE, MI
\$100,000—(2 years). ID 50825
- **Kentucky River Community Care Inc.**
JACKSON, KY
\$99,975—(2 years). ID 50824
- **Montgomery County Juvenile Court**
DAYTON, OH
\$100,000—(2 years). ID 50867
\$750,000—(3 years). ID 50868
- **Multnomah County**
PORTLAND, OR
\$100,000—(2 years). ID 50820
- **New Hampshire District Court**
CONCORD, NH
\$100,000—(2 years). ID 50895
- **County of Santa Cruz Probation Department**
SANTA CRUZ, CA
\$100,000—(2 years). ID 50749
- **Sinte Gleska University, Sicangu Policy Institute**
ROSEBUD, SD
\$100,000—(2 years). ID 50866
- **United Way of Anchorage**
ANCHORAGE, AK
\$99,900—(2 years). ID 50827
- **Superior Court of the State of Washington for the County of King**
SEATTLE, WA
\$100,000—(2 years). ID 50826
- **Youth Outreach Services Inc.**
Northwest Youth Outreach
CHICAGO, IL
\$99,827—(2 years). ID 50896

Other Program Activities

- **Barwell Communications LLC**
CONCORD, NH
\$50,000—Communications activities for Reclaiming Futures (17 months). ID 51883
- **Raina L. Beavers**
PORTLAND, OR
\$50,000—Communications activities for Reclaiming Futures (17 months). ID 51882

- **Farrell Strategies, Inc.**
PORTLAND, OR
\$42,400—Communications activities for Reclaiming Futures (6 months). ID 50678
- **Fleishman Hillard, Inc.**
PORTLAND, OR
\$78,360—Communications activities for Reclaiming Futures (6 months). ID 50640
- **Portland State University Graduate School of Social Work**
PORTLAND, OR
\$349,986—Technical assistance and direction for Reclaiming Futures (3 months). ID 46707
\$950,439—Technical assistance and direction for Reclaiming Futures (9 months). ID 48359
\$49,595—Communications activities for Reclaiming Futures (1 year). ID 51210
- **United Way of Anchorage**
ANCHORAGE, AK
\$50,000—Communications activities for Reclaiming Futures (17 months). ID 51881

Reducing Underage Drinking Through Coalitions

Program to raise awareness and support strategies to decrease underage drinking and thus reduce alcohol-related problems among youth.

- **American Medical Association**
CHICAGO, IL
\$695,238—Technical assistance and direction for Reducing Underage Drinking Through Coalitions (1 year). ID 46704
\$700,000—Technical assistance and direction for Reducing Underage Drinking Through Coalitions (1 year). ID 48360
- **University of Florida College of Medicine**
GAINESVILLE, FL
\$595,785—Evaluation of Reducing Underage Drinking Through Coalitions (2 years). ID 51779
- **University of Minnesota School of Public Health**
MINNEAPOLIS, MN
\$151,563—Evaluation of Reducing Underage Drinking Through Coalitions (2 years). ID 49276

Resources for Recovery: State Practices that Expand Treatment Opportunities

Program for states to learn about, analyze and implement established strategies to expand available treatment resources and/or the populations eligible for services within existing expenditure levels.

- **Technical Assistance Collaborative Inc.**
BOSTON, MA
\$175,000—Technical assistance for the Alabama Resources for Recovery Project (10 months). ID 51992

Substance Abuse Policy Research Program

Program to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology, and other behavioral and policy sciences to address issues related to substance abuse.

Program Sites

- **Amherst Drug Court and Therapeutic Foundation Inc.**
AMHERST, NY
\$399,422—Improving therapeutic justice courts to effectively identify and treat co-occurring substance abuse and mental illness (3 years). ID 51534
- **Behavioral Health Research Center of the Southwest**
ALBUQUERQUE, NM
\$50,499—Study of the effects of a methadone maintenance treatment program on inmates in a large New Mexico detention center (18 months). ID 50621
- **University of California, Berkeley, School of Social Welfare**
BERKELEY, CA
\$100,000—Analyzing state policies related to the treatment of prenatally drug-exposed newborns and their mothers (1 year). ID 51604
- **Children’s Hospital Corporation**
BOSTON, MA
\$99,997—Parental alcohol screening during pediatric office visits for their children (18 months). ID 51109
- **Dartmouth Medical School**
HANOVER, NH
\$80,921—Improving treatment for Medicaid beneficiaries with co-occurring disorders (28 months). ID 52199
- **University of Florida Center for Health Policy Research**
GAINESVILLE, FL
\$284,252—Analyzing the effects of changes in state drunk driving policies (2 years). ID 51809
- **HBSA Inc.**
CALVERTON, MD
\$319,552—Studying the impact of new federal education legislation on school-based substance abuse prevention programs (3 years). ID 49921
\$99,895—Alcohol use in pregnancy: state responses to fetal alcohol syndrome (18 months). ID 50437
\$29,980—Assessing state readiness to act on alcohol tax research findings (7 months). ID 51352
\$100,000—Evaluating alcohol ignition interlock restricted driving privileges in New Mexico (2 years). ID 52251

- **University of Maryland, College Park, Center for Substance Abuse Research**
COLLEGE PARK, MD
\$99,769—Determining the policy implications of reducing drunk driving recidivism through treatment (1 year). ID 50499
- **University of Missouri–Columbia, Truman School of Public Affairs**
COLUMBIA, MO
\$46,320—Evaluating whether state campaign finance regulations affect tax policy on tobacco and alcoholic beverages (1 year). ID 51528
- **Oregon Health and Science University School of Medicine**
PORTLAND, OR
\$99,561—Monitoring implementation of Oregon Senate Bill 267 which mandates evidence-based practices for substance abuse treatment programs (14 months). ID 52198
- **Public Health Institute**
OAKLAND, CA
\$47,216—Implementing welfare reform: changing strategies for managing substance abuse at the local level (17 months). ID 51096
- **Rand Corporation**
SANTA MONICA, CA
\$299,366—Study of the relationship between alcohol consumption and neighborhood outlets (3 years). ID 49922
\$380,688—Understanding the impacts of funding volatility on substance abuse treatment in California (2 years). ID 51531
\$99,478—Evaluating programs of care for individuals with co-occurring substance-related and mental disorders (1 year). ID 51601
- **Research Triangle Institute**
RESEARCH TRIANGLE PARK, NC
\$109,405—Studying racial and ethnic disparities in opioid treatment programs (2 years). ID 51532
\$93,596—Examining the influence of market characteristics on point-of-purchase promotions and sales of beer (1 year). ID 52446
- **RMC Research Corporation**
PORTLAND, OR
\$379,594—Studying the effects of Oregon Health Plan coverage reductions in substance abuse and mental health services (2 years). ID 51530

- **Texas A&M Research Foundation**
CORPUS CHRISTI, TX
\$64,792—Studying the relationship between cash assistance and the monthly cycle in drug abuse (1 year). ID 52165
- **Women & Infants Hospital of Rhode Island**
PROVIDENCE, RI
\$99,996—Evaluating outcomes of the Rhode Island Family Treatment Drug Court (3 years). ID 52166

University of Wisconsin–Madison Center for Health Systems Research and Analysis
MADISON, WI
\$98,793—Developing a blueprint for the addiction treatment system of the future (for 9 months). ID 49911

 **Addiction Prevention and Treatment Grant Results Reporting**

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF’s grantmaking. Visit the Foundation’s Web site www.rwjf.org for more Grant Results Reports.

Risky Business: When People Drink Too Much, Some of the Time

While studies have found that brief interventions such as counseling are helpful in curbing the alcohol consumption of people who drink too much but are not alcoholics, they have never been adequately tested. In 1994, RWJF launched a national initiative called *Cutting Back®: Managed Care Screening and Brief Intervention for Risky Drinking* to determine the effectiveness of interventions in clinical settings. Researchers at the Alcohol Research Center, University of Connecticut Health Center, conducted a seven-year study of low-cost screening and intervention to address risky drinking by patients at five managed care clinics. The research team reported that the interventions produced a modest but statistically significant reduction in at-risk drinking, and that interventions by non-physician specialists proved as effective as those provided by physicians in the course of a routine medical visit, at 40 percent lower cost. See the National Program Report at www.rwjf.org/reports/npreports/cuttingback.htm.

Help for Teen Drug Abusers— and Their Parents

Out of the 1 million youngsters ages 12 to 17 who were drug dependent in 1998, only 175,000 received treatment. One problem is that very little information has been available on adolescent treatment choices. From 2001 to 2003, Drug Strategies, a Washington-based nonprofit research institute, developed and published *Treating Teens: A Guide to Adolescent Drug Programs*, a 60-page guide designed to help parents and caregivers assess treatment programs. It contains summary profiles of 144 adolescent treatment programs that feature elements of effective treatment. It also lists hotline numbers and Web site addresses for teen treatment centers in each state. Drug Strategies also created a Web site www.drugstrategies.org/teens. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=039051.htm.



Addiction Prevention and Treatment Materials Available

RWJF produces *ADVANCES*[®], a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Appel P, Ellison A, et al. “Barriers to Enrollment in Drug Abuse Treatment and Suggestions for Reducing Them: Opinions of Drug Injecting Street Outreach Clients and Other Stakeholders.” *American Journal of Drug and Alcohol Abuse*, 30(1): 129–153, 2004. Available at: www.journalonline.tandf.co.uk.

Alcohol and other drug abuse (AOD) treatment is a major means of HIV/AIDS prevention, yet clients of street outreach programs who are injection drug users, and outreach workers and staff, report various obstacles to enrolling clients in AOD programs. This study assessed the barriers to AOD enrollment facing high-risk street outreach clients and provides suggestions for reducing them.

Center on Alcohol Marketing and Youth. *Alcohol Advertising on Television, 2001 to 2003: More of the Same*. Washington: Georgetown University, 2004. Available at: <http://camy.org/research>.

This study finds that alcohol industry advertising on television maintained a steady growth path between 2001 and 2003.

Center on Alcohol Marketing and Youth. *Clicking with Kids: Alcohol Marketing and Youth on the Internet*. Washington: Georgetown University, 2004. Available at: <http://camy.org/research>.

This report finds that young people under the drinking age were responsible for nearly 700,000 in-depth visits to alcohol company Web sites in the last six months of 2003 alone, despite alcohol industry marketing codes promising to limit access to only legal-age adults.

Center on Alcohol Marketing and Youth. *Sex Differences in Adolescent Exposure to Alcohol Advertising in Magazines*. Washington: Georgetown University, 2004. Available at: <http://camy.org/research>.

This study finds that underage youth saw more alcohol advertising in magazines in 2002 than adults, on a per capita basis, and that girls were even more overexposed to such advertising than boys. These findings come at a time when public health surveys have found for the first time that teenage girls are drinking more than teenage boys.

Choose or Lose: 20 Million Loud Celebrity Issue on “Drug Wars,” a 22-minute DVD. New York: Music Television Network, 2004.

MTV's news correspondent Sway meets with experts on drug control and the justice system, and talks about what drug and justice policies mean for the health of young adults addicted to drugs.

Hart P and Teeter R. *Faces and Voices of Recovery Public Survey*. Washington: Peter D. Hart Research Associates, Inc., 2004. Available at: http://facesandvoicesofrecovery.org/pdf/2004_hart_survey_analysis.pdf.

This bipartisan team conducted the first-ever comprehensive public survey on stigma, discrimination and other barriers to recovery from addiction to alcohol and other drugs.

Levy S, VanHook S, et al. “A Review of Internet-Based Home Drug Testing Products for Parents.” *Pediatrics*, 113(4): 720–726, 2004. Available at: <http://pediatrics.aappublications.org/cgi/content/abstract/113/4/720>.

This study reviewed Internet-based home drug testing products and recommendations intended for parents. A variety of drug-testing products were available, including breath and saliva tests for alcohol, a multidrug panel hair test, and a variety of laboratory and instant urine tests.

Tremper C and Mosher JF. *Assessing State Readiness to Act on Alcohol Tax Research Findings*. Greensboro: Substance Abuse Policy Research Program, 2004.

Research has played a key role in raising the minimum legal drinking age and reducing limits of blood alcohol concentrations for drivers. Research has also shown that an increase in alcohol taxes can reduce consumption and reduce negative consequences, especially among youth and those with the least disposable income. This report examines public health benefits and state-level conditions that might affect alcohol tax policies.

Weitzman E, Nelson T, et al. “Reducing Drinking and Related Harms in College: Evaluation of the A Matter of Degree Program.” *American Journal of Preventive Medicine*, 27(3): 187–196, 2004.

This Harvard School of Public Health evaluation of a 10-campus effort to reduce high-risk alcohol consumption found reductions in drinking rates and alcohol-related harms at colleges that most fully implemented the program model.

Wielawski I. “The Fighting Back Program.” In *To Improve Health and Health Care, Vol. VII*, Isaacs S and Knickman J (eds.). San Francisco: Jossey-Bass, 2004. Available at: www.rwjf.org/files/publications/books/2004/chapter_01.html.

The author recounts the story of *Fighting Back*[®], and provides a case study of tension and difficulties in mounting, implementing and evaluating complex community-based initiatives to reduce drug and alcohol use.

Childhood Obesity



Helping to halt the rise in childhood obesity
by promoting healthy eating and physical activity in schools
and communities throughout the nation.

For more on RWJF's work in this area, see www.rwjf.org/obesity

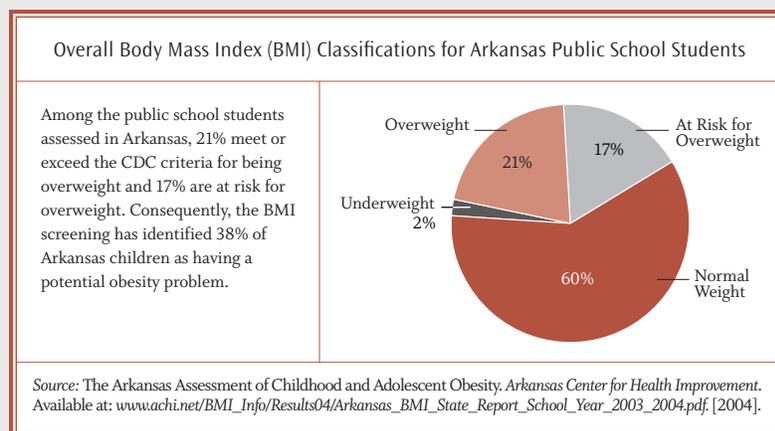
CHILDHOOD OBESITY in the United States has grown into a public health epidemic. Over the past 30 years, obesity has more than doubled in children ages 2–5 and 12–19, and more than tripled among those ages 6–11. Overweight children are at higher risk of becoming overweight adults who face a battery of diseases—diabetes, osteoarthritis, heart disease, cancer. The United States must act now to reverse the alarming trend of childhood obesity or risk raising the first generation of American children who will live sicker and die younger than previous generations.

We are placing special emphasis on children ages 3 to 12, focusing on low-income minority communities that suffer disproportionately high rates of obesity. We plan to help those children primarily by targeting the environments, programs and policies that promote healthy eating and physical activity in schools and communities nationwide. Foundation programs in 2004 advanced three main strategies:

- **Building the Evidence.** Programs and policies addressing childhood obesity are being implemented across the nation, but there is little evidence yet to indicate which approaches most effectively help kids and families eat healthier and get more physical activity. To this end, the Foundation supported a variety of research initiatives, including an evaluation of efforts in Arkansas to implement Act 1220 of 2003, a law requiring Arkansas schools to take explicit steps to combat childhood obesity. This evaluation should inform other school-based efforts across the nation. The Foundation also helped fund the Institute of Medicine’s report, *Preventing Childhood Obesity: Health in the Balance*, a thorough analysis of the nation’s childhood obesity epidemic that provides a set of recommendations on how to reverse it.

- **Promoting Healthy Changes in Schools and Communities.** The Foundation aims to increase the number of schools and communities that provide access to healthy foods and opportunities for physical activity. For example, in Philadelphia, we supported efforts to survey food and activity environments surrounding schools in low-income areas. RWJF funds helped the Philadelphia-based Food Trust encourage corner store owners to stock and promote healthy snacks; work with local recreation centers to expand physical activity programs; and collaborate on a curriculum that teaches students about healthy eating and active lifestyles. RWJF also helped the Plainfield, N.J. public school district create four vegetable gardens at two middle schools in economically and racially diverse communities. Students oversee the gardens and use them as “outdoor classrooms.” Their produce will supplement the standard lunch program and be distributed to community groups.

- **Focusing Efforts and Attention on Childhood Obesity.** RWJF was the principal sponsor of the TIME/ABC News Summit on Obesity, a three-day event in June that convened more than 400 leaders to forge solutions to America’s obesity epidemic. *TIME* published a special issue, and ABC and many local affiliates devoted a week of broadcast news to the topic. We also supported efforts to broaden the base of leaders and advocates committed to driving down obesity rates and improving children’s health. For example, our *Active Living Leadership* program educated state and local government leaders throughout the United States about the health, economic and quality-of-life benefits of activity-friendly communities.





Childhood Obesity
2004 Grants and Contracts

Active for Life®: Increasing Physical Activity Levels in Adults Age 50 and Older

Program to increase the number of American adults age 50 and older who engage in regular physical activity.

- **University of South Carolina Research Foundation**
COLUMBIA, SC
\$499,247—Evaluation of Active for Life (3 years). ID 46322

Active Living by Design

Initiative designed to establish and evaluate innovative approaches that support active living.

Program Sites

- **Alliance for Community Choice in Transportation**
CHARLOTTEVILLE, VA
\$10,000—Researching and implementing a social marketing plan to increase physical activity (1 year). ID 51973
- **Chinatown Community Development Center Inc.**
SAN FRANCISCO, CA
\$10,000—Creating and maintaining interdisciplinary partnerships to increase active living opportunities (1 year). ID 52005
- **Town of Jackson**
JACKSON, WY
\$10,000—Promoting healthy lifestyles through the creation of community biking and walking trails (1 year). ID 52007
- **City of San Diego**
SAN DIEGO, CA
\$10,000—Creating a pedestrian pathways master plan (1 year). ID 52008
- **To Our Children's Future With Health**
PHILADELPHIA, PA
\$10,000—Increasing physical activity and promoting active living in urban communities (1 year). ID 52000
- **Washington Regional Network for Livable Communities**
WASHINGTON, DC
\$10,000—Creating a pedestrian-friendly business district (1 year). ID 52006

Other Program Activities

- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$1,561,230—Technical assistance and direction for Active Living by Design (1 year). ID 48404

Active Living Leadership

Program to educate and assist state and local officials to understand the connections among community design, physical activity and health.

Program Sites

- **American Association of School Administrators**
ARLINGTON, VA
\$20,000—Creating awareness and action among school administrators to address youth obesity through improved school policies and practice (4 months). ID 52291
- **Council of State Governments**
LEXINGTON, KY
\$20,000—Investigating opportunities to foster and support state leadership on youth obesity issues (4 months). ID 51775
- **International City/County Management Association**
WASHINGTON, DC
\$131,582—Developing local government leaders for active living (8 months). ID 51668
- **Local Government Commission**
SACRAMENTO, CA
\$114,500—Developing local leaders for active living by community design (7 months). ID 51669
- **National Conference of State Legislatures**
DENVER, CO
\$73,440—Educating state legislators about active living (7 months). ID 51670
- **National Governors Association Center for Best Practices**
WASHINGTON, DC
\$94,479—Educating state leaders on active living issues (5 months). ID 49805
- **National League of Cities Institute Inc.**
WASHINGTON, DC
\$20,000—Investigating opportunities to foster and support local leadership on youth obesity issues (4 months). ID 51774

Other Program Activities

- **San Diego State University Foundation**
SAN DIEGO, CA
\$172,906—Active Living Leadership Coordination Center (6 months). ID 49856

Active Living Research

Program to stimulate and support research to identify environmental factors and policies that influence physical activity.

Program Sites

- **American Foundation for the Blind Inc.**
NEW YORK, NY
\$100,000—Assessing the impact of urban community features on physical activities among persons with motor and visual impairments (18 months). ID 52337
- **University of California, Berkeley, College of Environmental Design**
BERKELEY, CA
\$20,000—Studying children's travel patterns to school and developing policies to promote nonmotorized transport (17 months). ID 50840
- **University of California, Berkeley, School of Public Health**
BERKELEY, CA
\$525,000—Examining the environmental correlates of walking among older adults (2 years). ID 52515
- **University of California, Davis, College of Agriculture & Environmental Sciences**
DAVIS, CA
\$20,000—Studying the transportation and pedestrian patterns of urban residents (1 year). ID 51596
- **Case Western Reserve University School of Medicine**
CLEVELAND, OH
\$99,992—Studying the use of modified school grounds as community parks to increase adolescent physical activity (17 months). ID 51590
- **University of Colorado Health Sciences Center**
DENVER, CO
\$50,000—Planning a longitudinal study of the built environment and physical activity (1 year). ID 52092
- **Cornell University College of Human Ecology**
ITHACA, NY
\$100,000—Examining the impact of neighborhood design on physical activity (2 years). ID 50311
- **University of Florida College of Health and Human Performance**
GAINESVILLE, FL
\$225,000—Studying diverse communities and the effects of environmental factors on leisure-time physical activities in public parks (2 years). ID 52433

- **Georgia Tech Research Corporation**
ATLANTA, GA
\$24,720—Studying environmental factors that predict voluntary stair use (10 months). ID 50841
\$25,000—Identifying environmental factors that encourage physical activity in senior housing (9 months). ID 51712
\$125,000—Studying the effects of stair design on physical activity (2 years). ID 51713
- **Harvard University**
School of Public Health
BOSTON, MA
\$100,000—Studying the effect of neighborhood and school environments on youth physical activity levels (2 years). ID 50376
\$149,991—Studying the contributions of trails and walking paths to adults' physical activity (2 years). ID 51046
- **University of Houston**
College of Education
HOUSTON, TX
\$300,000—Studying the impact of neighborhood design on leisure and transportation walking among African-American public housing residents (3 years). ID 52468
- **Kaiser Foundation Health Plan of Colorado**
DENVER, CO
\$25,000—Studying activity levels of community-dwelling elderly residents in distinct Denver neighborhoods (22 months). ID 51597
- **University of Maryland**
National Center for Smart Growth Research and Education
BALTIMORE, MD
\$79,050—Identifying and measuring environmental determinants of physical activity (1 year). ID 50337
- **University of Maryland, College Park, College of Health and Human Resources**
COLLEGE PARK, MD
\$450,000—Studying the relationship between environmental characteristics and out-of-school activity among urban, minority high school students (3 years). ID 52338
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$19,968—Identifying patterns of physical activity and sedentary behavior among adolescents (2 years). ID 50752
\$20,000—Examining the effects of land use policies and the built environment on physical activity and obesity (1 year). ID 50753
\$300,000—Exploring relationships between adult physical activity and measures of community environmental characteristics (3 years). ID 52319
- **North Carolina State University at Raleigh College of Design**
RALEIGH, NC
\$24,968—Investigating how different types of play areas in child care centers affect the physical activity of children ages 3 to 5 (18 months). ID 50957
- **University of Pennsylvania**
School of Medicine
PHILADELPHIA, PA
\$100,000—Investigating the impact of neighborhood disorder and crime on physical activity and weight status (18 months). ID 52210
- **Portland State University**
School of Urban Studies and Planning
PORTLAND, OR
\$99,924—Measuring bicycling behavior and its implications for urban planning, health and research (18 months). ID 51711
- **St. Louis University**
School of Public Health
ST. LOUIS, MO
\$99,433—Studying the impact of neighborhood environment on transportation and recreational physical activity (18 months). ID 51603
\$49,770—Planning a longitudinal study of the built environment and physical activity (1 year). ID 52090
- **The University of Texas Health Science Center at Houston School of Public Health**
HOUSTON, TX
\$500,000—Studying the impact of legislation on school-based physical activity and nutrition for elementary schoolchildren (3 years). ID 52467
- **University of Wisconsin–Milwaukee**
College of Health Sciences
MILWAUKEE, WI
\$99,996—Measuring environmental impact on physical activity levels among the elderly (2 years). ID 51615
- Other Program Activities**
- **San Diego State University Foundation**
SAN DIEGO, CA
\$1,032,129—Technical assistance and direction for Active Living Research (1 year). ID 48399
\$45,150—Commissioning papers useful to the development of evidence in support of active living (22 months). ID 50281
\$82,255—Seminar to build researcher capacity for Active Living Research (22 months). ID 50282
- Active Living Resource Center**
Program to improve health by encouraging collaboration among planning, health and non-traditional entities for the purpose of designing activity-friendly communities.

 - **Bicycle Federation**
BETHESDA, MD
\$277,500—(7 months). ID 50452
- Arizona State University**
College of Education
TEMPE, AZ
\$123,795—Developing a valid survey and assessment of food marketing in schools (for 1 year). ID 49657
- Baylor College of Medicine**
HOUSTON, TX
\$50,000—Evaluating the impact of state nutrition policy change on student lunch selection and sales (for 6 months). ID 51807
- Boston University School of Public Health**
BOSTON, MA
\$84,574—Partnering with minority professional and volunteer service organizations to increase healthy eating and physical activity among children (for 1 year). ID 52242
- Brooklyn Children's Museum Corp.**
BROOKLYN, NY
\$20,000—Planning a national health initiative to combat childhood obesity (for 8 months). ID 51261
- Burnt Chimney Elementary School**
WIRTZ, VA
\$1,500—Capstone event for a project to increase physical activity among fifth grade students (for 3 months). ID 51262
- California Center**
SACRAMENTO, CA
\$37,500—Developing an advocacy plan for youth to prevent childhood obesity (for 6 months). ID 51335
- Center for Science in the Public Interest**
WASHINGTON, DC
\$25,000—Analysis of unhealthy and healthy food vending contract profits and alternative fundraising for schools (for 1 year). ID 52181
- Communications Projects**
MULTIPLE CONTRACTORS
\$25,000—Roundtable for assessing health care strategies for prevention and treatment of childhood obesity (for 6 months). ID 50772
\$45,000—Consulting for the Foundation's Childhood Obesity strategy (for 1 year). ID 51374
\$48,750—Technical assistance and planning for an initiative to promote healthy eating in children (for 1 year). ID 52316

Community Food Security Coalition Inc.

VENICE, CA

\$45,000—Workshops to develop farm-to-school programs to promote healthy eating habits and reduce obesity among children (for 1 year). ID 51268

Emory University,

Rollins School of Public Health

ATLANTA, GA

\$54,873—Developing measures of community food environments (for 1 year). ID 50312

Food Research & Action Center Inc.

WASHINGTON, DC

\$15,250—Developing a white paper on obesity, hunger and federal child nutrition programs (for 6 months). ID 49725

\$21,000—Roundtable meeting on obesity, poverty and federal food programs (for 6 months). ID 49726

The Food Trust

PHILADELPHIA, PA

\$117,400—Developing a school- and community-based intervention to prevent and reduce obesity among fourth through eighth grade students (for 15 months). ID 51267

George Washington University School of Public Health and Health Services

WASHINGTON, DC

\$50,000—Developing a guide to using health insurance resources for childhood obesity prevention and treatment (for 6 months). ID 52240

Harvard University School of Public Health

BOSTON, MA

\$25,000—Planning an evaluation of the YMCA's after-school program to promote active living and healthy eating among low-income families (for 2 months). ID 52055

\$102,388—Statistical modeling to estimate the changes in energy balance needed to reverse the epidemic of obesity and overweight in U.S. children (for 1 year). ID 52194

Healthy Schools Incorporated dba Action for Healthy Kids

SKOKIE, IL

\$50,000—Demonstration program in eight Chicago schools to help children make healthy food choices (for 1 year). ID 52241

Healthy Schools Incorporated dba Action for Healthy Kids

WASHINGTON, DC

\$50,000—Establishing evaluation criteria for school-based interventions that address childhood obesity (for 6 months). ID 49649

University of Illinois at Chicago School of Public Health

CHICAGO, IL

\$51,985—Rapid anthropological assessment procedures for preventing childhood obesity in low-income minority communities (for 1 year). ID 50750

Information for Action: School Policies to Combat Childhood Obesity

Program to evaluate the effectiveness of school-based initiatives in reducing childhood obesity.

Program Sites

- **University of Arkansas for Medical Sciences College of Public Health**
LITTLE ROCK, AR
\$812,620—Evaluating school policies to combat childhood obesity in Arkansas (1 year). ID 50262

Other Program Activities

- **University of Arkansas for Medical Sciences, Arkansas Center for Health Improvement**
LITTLE ROCK, AR
\$99,747—Monitoring an epidemiological database on childhood obesity in Arkansas (4 months). ID 51738
- **Samuels & Associates**
OAKLAND, CA
\$100,763—Workshop for experts on measuring school policies to combat childhood obesity (1 year). ID 50063

Mathematica Policy Research, Inc.

PRINCETON, NJ

\$54,345—Developing the business case for smaller portion sizes to prevent childhood obesity (for 1 year). ID 49916

The Media Network, Inc.

SILVER SPRING, MD

\$100,000—Focus groups to assess perceptions of childhood obesity in low-income minority communities (for 6 months). ID 51123

MEM Associates Inc.

NEW YORK, NY

\$30,000—Planning a program to prevent childhood obesity in Maine (for 6 months). ID 50456

\$30,000—Pilot program to train physicians to coach families to modify behavior and prevent childhood obesity in Maine (for 1 year). ID 52285

State of Michigan Department of Education

LANSING, MI

\$100,000—Addressing childhood obesity in Michigan through after-school programs (for 1 year). ID 52216

The Morehouse School of Medicine Inc.

ATLANTA, GA

\$132,942—Developing an initiative to address the epidemic of obesity in children (for 1 year). ID 49253

National Academy of Sciences—Institute of Medicine

WASHINGTON, DC

\$40,000—Developing and publishing a book on preventing obesity in children and youth (for 1 year). ID 49882

\$700,000—Follow-up activities to a report on preventing childhood obesity (for 16 months). ID 52339

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

ATLANTA, GA

\$50,000—Creating the Community Preventive Services Guide of promising school-based interventions to prevent childhood obesity (for 6 months). ID 52221

NETSCAN iPublishing, Inc.

FALLS CHURCH, VA

\$21,500—Tracking state initiatives on child and adolescent nutrition, physical activity and obesity (for 1 year). ID 49123

University of Pennsylvania School of Medicine

PHILADELPHIA, PA

\$24,829—Cohort study of children at high risk for obesity (for 4 months). ID 51323

Plainfield Board of Education

PLAINFIELD, NJ

\$50,000—Piloting the use of school gardens to teach nutrition and improve school food offerings (for 1 year). ID 51277

Public Health Institute

OAKLAND, CA

\$90,000—Follow-up activities to an expert meeting on ways to accelerate progress on nutrition/food policy (for 6 months). ID 51287

\$45,000—Convening evaluation experts to review California's large-scale, social marketing approach to nutrition education (for 6 months). ID 52053

Pyramid Communications, Inc.

SEATTLE, WA

\$180,000—*Active Living Network: a cross-sector initiative to promote physical activity and healthy eating (for 10 months)*. ID 49658

\$48,702—*Blueprint report for adapting culturally appropriate healthy lifestyle interventions for children living in low socioeconomic communities (for 10 months)*. ID 50814

University of Rochester Center for Child Health Research

ROCHESTER, NY

\$63,500—*Assessing and overcoming barriers to routine body mass index screening for youth (for 1 year)*. ID 49995

Samuels & Associates

OAKLAND, CA

\$42,247—*Changing school policies to prevent childhood obesity: case studies of vanguard schools in California (for 1 year)*. ID 50462

San Diego State University Foundation

SAN DIEGO, CA

\$27,370—*Scholarships for TIME/ABC News Summit on Obesity (for 1 month)*. ID 51122

Santa Fe Partners in Education

SANTA FE, NM

\$25,000—*Developing an innovative model for elementary school-based nutrition education (for 1 year)*. ID 51958

TIME Inc.

NEW YORK, NY

\$500,000—*TIME/ABC News Summit on Obesity (for 3 months)*. ID 50561

Transportation and Land Use Collaborative of Southern California

AZUSA, CA

\$10,000—*Conference session on healthy community design issues for representatives from low-income neighborhoods (for 6 months)*. ID 51709

White Mountain Research Associates, L.L.C.

DANBURY, NH

\$97,190—*Technical assistance for the development of a research program aimed at building the evidence for environmental and policy strategies to promote healthy eating in children (for 1 year)*. ID 52195

Zuni Public School District #89

ZUNI, NM

\$50,000—*Pilot project to promote consumption of fruits and vegetables among Zuni Pueblo public schoolchildren (for 1 year)*. ID 50334

**Childhood Obesity Grant Results Reporting**

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Spirituality, Family and Social Connections May Be Key to Improving Health and Fitness in Minority Communities

According to national statistics, African Americans and Hispanics are less active than whites, and people in poor communities are less active than those in affluent communities. To better understand the cultural barriers that prevent these populations from benefiting from physical activity, Pyramid Communications conducted a survey of leaders in minority communities, which found: the physical environment does not support healthy behaviors; the stress of racism and low socioeconomic status lead to attitudes that do not motivate individuals to pursue a healthy lifestyle; and being overweight in these communities does not necessarily have a negative connotation. Recommendations include: motivating parents to be more physically active along with their children; and putting physical activity and healthy eating in a holistic and spiritual context. See the Grant Results Report at www.rwjf.org/reports/grr/046264.htm.

Series of Neighborhood Events Gets Durham, N.C. Residents Up and Moving Communities can play a role in promoting physical activity, but few models demonstrate how. Durham Central Park set out to make one downtown neighborhood more activity-friendly. In 2001, working with a coalition of community groups, project staff organized more than 20 community events with physical activity components. Held in and around a new five-acre park, events included African-American dance workshops, YMCA fitness walks and gardening sessions. The events were well attended and drew significant media coverage. This pilot project—along with other

funded projects in Rhode Island, Colorado and New Jersey—informed the development of RWJF's *Active Living by Design* program (www.activelivingbydesign.org) to help communities make it easier for people to be physically active by changing community design, transportation and architecture. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=040172.htm.

**Childhood Obesity Materials Available**

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Action for Healthy Kids. *Criteria for Evaluating School-Based Approaches to Increasing Good Nutrition and Physical Activity*. Washington: Action for Healthy Kids, 2004. Available at: www.actionforhealthykids.org/docs/specialreports/report_small.pdf.

This report defines a set of standard criteria for creating and evaluating school-based approaches for improving nutrition and physical activity.

Active Living Research. *Fact Sheets*. San Diego: San Diego State University Foundation, 2004.

What the Research Tells Us summarizes the *Active Living* initiative and suggests ways to use the Recreation and Transportation Fact Sheets.

Designing for Active Recreation summarizes the scientific studies from the health field about the types of environments that are activity friendly.

Designing for Active Transportation summarizes the current state of research into the way community design is related to whether people walk or bicycle to get to where they're going.

Health Policy Tracking Service. *Nutrition, Obesity and Physical Activity: A Report from the Health Policy Tracking Service.* Falls Church: Netscan iPublishing, Inc., 2004. Available at: www.rwjf.org/research/researchdetail.jsp?id=1257&ia=138.

Health Policy Tracking Service noted a considerable increase in the amount of legislation introduced related to nutrition and physical activity and in the attention these issues received in statehouses across the country. This year-end report provides a recap of significant state initiatives.

Institute of Medicine. Committee on Prevention of Obesity in Children and Youth. *Preventing Childhood Obesity: Health in the Balance.* Washington: National Academies Press, 2004. Available at: www.iom.edu/report.asp?id=22596.

This report provides a broad-based examination of the nature, extent, and consequences of obesity in U.S. children and youth, including the social, environmental, and dietary factors responsible for its increased prevalence.

Powell L, Slater S, et al. “Relationship Between Community Physical Activity Settings and Race, Ethnicity and Socioeconomic Status.” *Evidence-Based Preventive Medicine*, 1(2): 135–144, 2004. Available at: www.openmindjournals.com/EBPM1-2-Powell.htm.

This study provides evidence on the association between the availability of community-level physical activity-related settings and race, ethnicity and socioeconomic status.

Sturm R and Cohen D. “Suburban Sprawl and Physical and Mental Health.” *Public Health*, 118(7): 488–496, 2004. Available at: www.sciencedirect.com.

This research article finds a significant association between suburban sprawl and physical health and implies that suburban design may be an important factor in health promotion and disease prevention.

Disparities



Eliminating the gaps in health care experienced by racial and ethnic minorities by improving our understanding of what causes these gaps and by working directly with health care systems to improve health care for all patients.

For more on RWJF's work in this area, see www.rwjf.org/disparities

ENSURING THAT ALL AMERICANS have access to quality health care means eliminating the gaps in care experienced by racial and ethnic minorities. The Robert Wood Johnson Foundation seeks to improve understanding of the multiple factors that lead to racial and ethnic minorities receiving poorer quality care and to work directly with health care systems to improve the quality of care for *all* patients.

In 2002 the Institute of Medicine issued its *Unequal Treatment* report, a review of multiple research studies demonstrating that racial and ethnic disparities are real and extensive. According to the report, even when insurance, income, age and severity of conditions are comparable among whites and non-whites, non-whites are less likely to be given the level of care that experts recommend across a range of treatment areas. Yet while we know these disparities exist, we know far less about which of the many complex factors contributing to disparities are most amenable to change.

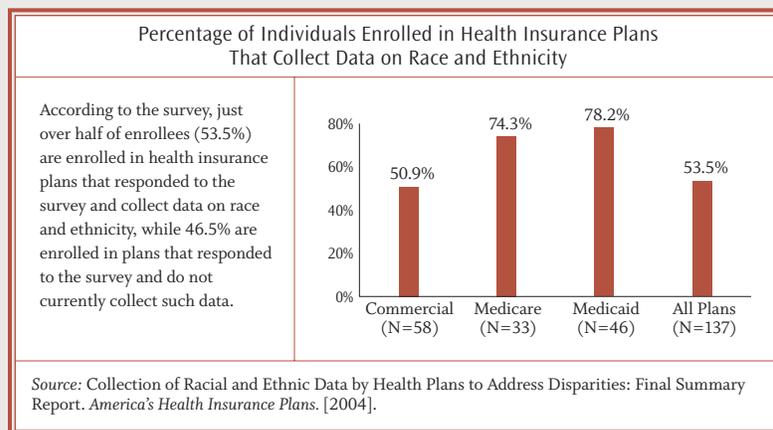
The Foundation’s Disparities strategy is aimed specifically at helping health care systems—purchasers, providers and consumers of health care—address racial and ethnic disparities in treatment as a high priority in their ongoing efforts to improve the quality of care for all. Although long-term strategies are needed to address disparities—such as diversifying the health care workforce and understanding more about how bias and stereotyping affect patient care—our initial efforts aim for short-term, measurable improvements to be made within the context of the health care delivery system.

In 2004 we authorized a new national program, *Expecting Success: Excellence in Cardiac Care*. Based at the George

Washington University School of Public Health and Health Services, *Expecting Success* will establish a hospital quality improvement collaborative to improve cardiac care for African Americans and Latinos. We chose cardiac care because African Americans and Latinos suffer disproportionately from heart disease, and the recommended standard of care in these treatment areas is clear. Participating hospitals will work to meet established quality benchmarks for all of their patients, focusing on improving the quality especially for African Americans and Latinos. They will be expected to share their results widely.

We also focused on research projects that will answer pressing questions in the field, make the case for addressing disparities in treatment, and, most importantly, draw attention to potentially replicable solutions. One 2004 project supports research from the New York Academy of Medicine to uncover whether the use of different health care providers contributes to gaps in the delivery of health care services and poorer health outcomes experienced by certain racial and ethnic groups. Another project, based at the Center for Health Services Research and Policy at George Washington University, is exploring some of the real and perceived legal barriers to the collection of race and ethnicity data.

Through these demonstration and research projects, complemented by consistent communications to share our strategic approach and results with the field, we believe that we will significantly improve the way care is delivered to minority populations, especially with respect to chronic conditions that affect minority patients more severely.





Disparities

2004 Grants and Contracts

AAHP Foundation

WASHINGTON, DC

\$15,026—Focus group of health plan executives to test messages about collection of racial and ethnic data to address disparities (for 1 month). ID 50566

American Medical Association

CHICAGO, IL

\$199,471—Developing a strategic plan for a consortium of state and medical specialty associations to address disparities in health care (for 1 year). ID 50105

Building Community Supports for Diabetes Care

Program supporting partnerships among local health care providers and community organizations to address diabetes prevention and self-management issues in communities where cultural and ethnic diversity strongly influence related health behaviors.

Program Sites

• **Campeños Sin Fronteras**

SOMERTON, AZ

\$25,000—Improving diabetes self-management among farmworkers and their families (3 months). ID 50114

\$370,000—Improving diabetes self-management among farmworkers and their families (30 months). ID 50617

• **Galveston County Health District**

LA MARQUE, TX

\$370,000—Defining and implementing community-wide interventions for diabetes (30 months). ID 50615

• **MaineGeneral Medical Center**

WATERVILLE, ME

\$24,645—Developing a community support project that addresses diabetes (3 months). ID 49988

\$369,893—Developing a community support project that addresses diabetes (30 months). ID 50613

• **Metro Denver Black Church Initiative**

DENVER, CO

\$27,107—Improving quality of life for African Americans with diabetes (3 months). ID 50227

\$369,999—Improving quality of life for African Americans with diabetes (30 months). ID 50618

• **Miami-Dade Area Health Education Center Program Inc.**

MIAMI, FL

\$370,000—Increasing community support for diabetes care and self-management (30 months). ID 50611

• **Minneapolis American Indian Center**

MINNEAPOLIS, MN

\$370,000—Improving diabetes self-management among Native Americans (30 months). ID 50614

• **Montana-Wyoming Tribal Leaders Council**

BILLINGS, MT

\$370,000—Improving diabetes self-management among Native Americans (30 months). ID 50612

• **Richland County Health Department**

SIDNEY, MT

\$370,000—Community-based program addressing self-management of diabetes (30 months). ID 50616

Other Program Activities

• **Washington University in St. Louis School of Medicine**

ST. LOUIS, MO

\$657,891—Technical assistance and direction for Building Community Supports for Diabetes Care and Advancing Diabetes Self-Management (1 year). ID 48447

UCLA Asian Pacific American Medical Student Association

LOS ANGELES, CA

\$5,000—Conference on disparities in health care (for 1 month). ID 50476

Center for Healthcare Strategies Supporting Organization Inc.

PRINCETON, NJ

\$381,789—Reducing racial and ethnic disparities in health care: a best clinical and administrative practices initiative (for 2 years). ID 50537

\$499,893—Supporting activities for a health plan collaborative to reduce health care disparities (for 2 years). ID 51018

Communications Projects

MULTIPLE CONTRACTORS

\$112,440—Expert conference and related activities on merging ethnic and racial disparities with quality improvement (for 1 year). ID 51887

\$50,000—Communications products for disparities-targeted research (for 6 months). ID 52329

Dartmouth Medical School

HANOVER, NH

\$900,000—Continuation and expansion of analyses for the Dartmouth Atlas of Health Care (3 years). ID 50308

\$662,673—Dartmouth Atlas Disparities Database (3 years). ID 50488

Expecting Success:

Excellence in Cardiac Care

Project to undertake a hospital quality improvement collaborative to improve cardiac care for African Americans and Latinos.

• **George Washington University School of Public Health and Health Services**

WASHINGTON, DC

\$98,915—Planning the development of a hospital quality improvement initiative addressing racial and ethnic disparities (for 6 months). ID 50956

\$4,366,885—Technical assistance and direction for Expecting Success (2 years). ID 52304

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

NEW YORK, NY

\$19,425—Evaluation planning for a hospital disparities reduction strategy (4 months). ID 51231

\$1,999,916—Evaluation of Expecting Success (53 months). ID 52203

Hablamos Juntos: Improving Patient-Provider Communication for Latinos

Program to help improve access to quality health care for Latinos with limited English proficiency through the use of cost-effective interpretation and translation services.

• **Sutton Group, LLC**

WASHINGTON, DC

\$100,000—Communications support for Hablamos Juntos (1 year). ID 52470

• **The Tomás Rivera Policy Institute**

LOS ANGELES, CA

\$690,849—Technical assistance and direction for Hablamos Juntos (1 year). ID 48408

Hektoen Institute for Medical Research

CHICAGO, IL

\$9,732—Identifying gaps in the research literature on language barriers to health care (for 4 months). ID 50338

Henry Ford Health System

DETROIT, MI

\$392,640—Studying the role of private purchasers in reducing racial and ethnic disparities in health care (for 2 years). ID 48916

\$60,000—Exploring the issues of racial and ethnic data collection (for 11 months). ID 50333

\$6,468—HMO Research Network 2004 conference focusing on the inclusion of racial and ethnic disparity in quality improvement efforts (for 3 months). ID 50923

Thomas A. LaVeist, Ph.D.

OWINGS MILLS, MD

\$25,000—Producing a chartbook that summarizes key information on health care disparities (for 4 months). ID 50414

**University of Maryland, Baltimore,
School of Medicine**

BALTIMORE, MD
\$18,099—*Preparing papers on racial and ethnic disparities for a special issue of the American Journal of Managed Care (for 9 months).* ID 48758

Metropolitan Wilmington Urban League Inc.

WILMINGTON, DE
\$25,000—*Support for a conference to address racial disparities in health care in Delaware (for 6 months).* ID 52168

**National Association for Elimination of
Health Disparities**

WASHINGTON, DC
\$20,000—*Sponsorship of the 2004 National Minority Health Month Leadership Summit (for 1 month).* ID 50574

National Public Health and Hospital Institute

WASHINGTON, DC
\$189,039—*Study of hospital practices in the collection of race and ethnicity data (for 9 months).* ID 50183

New York Academy of Medicine

NEW YORK, NY
\$395,926—*Research on the impact of different service providers on racial and ethnic disparities and outcomes (for 18 months).* ID 49138

**Project Hope—The People-to-People
Health Foundation Inc.**

BETHESDA, MD
\$42,250—*Supplemental support for a special disparities issue of the journal, Health Affairs (for 1 year).* ID 50221

**University of Rochester
School of Medicine and Dentistry**

ROCHESTER, NY
\$51,649—*Evaluating the impact of racial and ethnic disparities in health care on minority lives lost (for 2 years).* ID 51435

Southern Rural Access Program

Program to increase access to health care services in eight rural underserved states.

Program Sites

- **Alabama Primary Health Care Association Inc.**
MONTGOMERY, AL
\$667,555—(2 years). ID 50635

- **University of Arkansas for Medical Sciences**
LITTLE ROCK, AR
\$752,340—(2 years). ID 50641

- **Center for Rural Health Development Inc.**
DUNBAR, WV
\$460,000—(2 years). ID 50638

- **Enterprise Corporation of the Delta**
JACKSON, MS
\$500,000—(2 years). ID 51740

- **State of Georgia
Department of Community Health**
ATLANTA, GA
\$696,220—(2 years). ID 50634

- **Louisiana State University
Health Sciences Center**
NEW ORLEANS, LA
\$850,301—(2 years). ID 50637

- **Mississippi Primary Health Care Association Inc.**
JACKSON, MS
\$767,488—(2 years). ID 50639

- **South Carolina Office of Rural Health Inc.**
COLUMBIA, SC
\$819,560—(2 years). ID 50636
\$500,000—(2 years). ID 51739

- **University of Texas
Medical Branch at Galveston**
GALVESTON, TX
\$759,279—(2 years). ID 50633

Other Program Activities

- **Arkansas Department of Human Services**
LITTLE ROCK, AR
\$482,892—*Developing policy initiatives to address community health worker program sustainability (3 years).* ID 50226

- **Benton Foundation**
WASHINGTON, DC
\$125,000—*Special Sound Partners for Community Health solicitation for radio stations in Southern Rural Access Program states (1 year).* ID 51405

- **University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research**
CHAPEL HILL, NC
\$225,217—*Evaluation of the Southern Rural Access Program (21 months).* ID 44706

- **The Pennsylvania State University College of Medicine**
HERSHEY, PA
\$771,368—*Technical assistance and direction for the Southern Rural Access Program (1 year).* ID 48426

Urgent Matters

Program to support the development and implementation of best practices to relieve emergency department overcrowding, and help communities understand the interdependence between the health care safety net and the rest of the delivery system.

- **George Washington University School of Public Health and Health Services**
WASHINGTON, DC
\$1,837,109—*Technical assistance and direction for Urgent Matters (17 months).* ID 50230

The Walking Shield American Indian Society

TUSTIN, CA
\$50,000—*Providing dental services to Native Americans living on reservations (for 1 year).* ID 47198

**Disparities****Grant Results Reporting**

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

HMOs Surpass Traditional Insurance in Eliminating Some Disparities

Health policy-makers aim to reduce differences in health status due to education, income and racial/ethnic background. According to a 2000 study at the University of Rochester, health maintenance organizations (HMOs) provide more equitable access to care than traditional indemnity insurance plans—at least for people of differing educational levels. The findings challenge previous research and conventional wisdom, which held that HMOs restrict access to care. The study found that use of health care was similar among HMO enrollees regardless of educational attainment. By contrast, the use of health care differed significantly among those with indemnity insurance depending upon the patients' educational level: those with less than a high school education were half as likely to have seen a specialist for their last physician visit as college graduates. The study found no differences in the use of health care between HMO and indemnity plans based on disparities in income or racial/ethnic backgrounds. RWJF supported the project under its national program, *Changes in Health Care Financing and Organization*, with a \$103,342 grant. See the Grant Results Report at www.rwjf.org/reports/grr/038088.htm.

Web Site Offers Guide on Effective Approaches to Cut Health Disparities

In 1999, under its Racial and Ethnic Approaches to Community Health (REACH) program, the Centers for Disease Control and Prevention (CDC) awarded grants to conduct demonstration projects to reduce racial and ethnic disparities in: breast and cervical cancer, cardiovascular disease, diabetes, HIV-related disease, immunization and infant mortality. To assist communities in their work, in 1999–2000, RAND® collected and synthesized information on effective community interventions that addressed racial and ethnic disparities in those six areas. RAND created a Web site

www.rand.org/organization/health/reach to disseminate the findings. The site summarizes the conclusions from the studies reviewed, provides a searchable database of studies, includes summaries of the manuscripts examined and provides CDC contact information. RWJF provided \$492,897 in funding to RAND for the project. See the Grant Results Report at www.rwjf.org/reports/grr/037009.htm.

**Disparities****Materials Available**

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

America's Health Insurance Plans. *Collection of Racial and Ethnic Data by Health Plans to Address Disparities Final Summary Report.* Washington: America's Health Insurance Plans, 2004. Available at: www.rwjf.org/research/researchdetail.jsp?id=1373&id=133.

According to this study of health insurance companies by the Robert Wood Johnson Foundation and America's Health Insurance Plans, half of responding health plans now collect data on the race and ethnicity of their members.

Baicker K, Chandra A, et al. "Who You Are and Where You Live: How Race and Geography Affect the Treatment of Medicare Beneficiaries." *Health Affairs (Web Exclusive)*, 2004.

The existence of overall racial and ethnic disparities in health care is well documented, but this average effect masks variation across regions and types of care. Regions with large racial disparities in one procedure are not more likely to show large racial disparities in other procedures. The authors conclude that policies should focus on getting the rates of care right for all patients, rather than solely on racial differences.

Freeman VL, Durazo-Arvizu R, et al.

"Racial Differences in Survival Among Men with Prostate Cancer and Comorbidity at Time of Diagnosis." *American Journal of Public Health*, 94(5): 803–808, 2004.

This research, supported by RWJF's *Harold Amos Medical Faculty Development Program* shows that black men with prostate cancer in the United States have poorer disease-specific and overall survival rates than their white counterparts.

Long JA, Chang VW, et al. "Update on the Health Disparities Literature." *Annals of Internal Medicine*, 141(10): 805–812, 2004.

This review of studies that document and explain disparities at the patient, physician and system level found no high-quality, reportable studies of interventions to reduce disparities.

Wilson MJ and Nguyen K. *Bursting at the Seams: Improving Patient Flow to Help America's Emergency Departments.* Washington: George Washington University Medical Center, 2004. Available at: www.rwjf.org/research/researchdetail.jsp?id=1427&ia=142.

This report documents the work of the hospitals funded through RWJF's national program *Urgent Matters* in quality improvement efforts to reduce crowding in emergency departments.

Health Care Coverage



Ensuring that everyone in America
has affordable and reliable
health care coverage by 2010.

For more on RWJF's work in this area, see www.rwjf.org/coverage

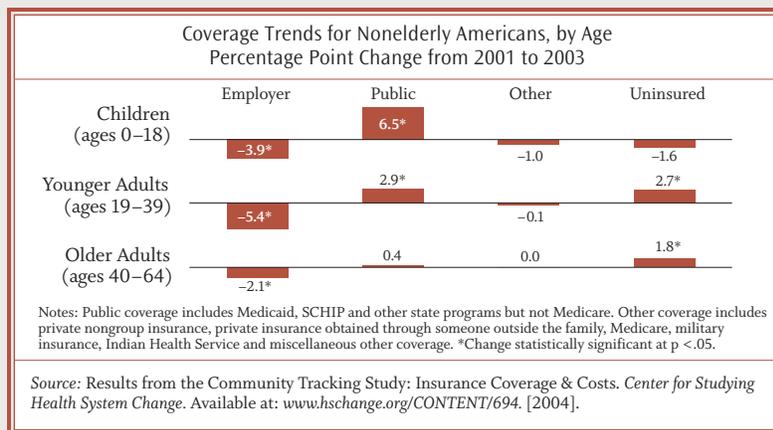
IN 2004 THE FOUNDATION ADOPTED an ambitious goal: to help secure affordable and stable health care coverage for all Americans by 2010. Over the next five years, we will build support among opinion leaders for this goal through high-profile communications campaigns, innovative research and policy analysis, and efforts to enroll the millions of uninsured children who are eligible for Medicaid or State Children’s Health Insurance Program (SCHIP). We believe that ensuring coverage for all children and low-income adults is a first step toward achieving coverage for all. To assist policy-makers in developing and implementing effective policies, we will analyze new proposals to expand coverage and assess the barriers to achieving affordable and stable coverage. Those barriers include escalating health care costs and structural features of health insurance markets.

The Foundation’s new goal combines the strengths of our research and policy analysis projects and our national coverage campaigns. In 2004 the Institute of Medicine released the final report in its landmark RWJF-funded study, “Consequences of Uninsurance,” which called on the nation to secure coverage for all by 2010. With Foundation support, several other prominent research organizations analyzed health coverage trends, the relationships between coverage and use of medical care, the

decline in employer-sponsored coverage, and the relationship between health coverage and labor markets. For example, a Center for Studying Health System Change study released in August 2004 found that despite a drop in employer coverage, an increase in the number of Americans covered by public programs prevented an even sharper increase in the number of uninsured Americans.

The largest nonpartisan mobilization to secure affordable health coverage for all Americans, Cover the Uninsured Week 2004, consisted of more than 2,700 public events in all 50 states and the District of Columbia. It attracted the support of national leaders in business, religion and government, including former Presidents Carter and Ford, and leading entertainment industry figures, including *ER*’s Noah Wyle.

While helping shape and inform the national agenda on the future of health care coverage, we focused on immediate challenges as well. RWJF led the fifth *Covering Kids and Families*® Back-to-School Campaign, a national effort to inform working parents with modest incomes that their children may be eligible for Medicaid or SCHIP. Through the *State Coverage Initiatives* program we helped states improve the availability and affordability of private and public coverage for their low-income residents.





Health Care Coverage
2004 Grants and Contracts

**Center for Health Policy Development/
National Academy for State Health Policy**
PORTLAND, ME

\$397,309—Convening and research to consider how Medicaid and SCHIP could be used to provide health coverage for more Americans (for 18 months). ID 52038

Communications Project
MULTIPLE CONTRACTORS

\$3,375,000—Coverage communications campaign for 2005 (for 14 months). ID 52017

Communities in Charge: Financing and Delivering Health Care to the Uninsured
Program designed for local communities interested in improving access to care for low-income, uninsured individuals by rethinking the organization and financing of local care delivery.

- **Medimatrix Group, Inc.**
CLEVELAND, OH
\$399,985—Technical assistance and direction for Communities in Charge (15 months). ID 47895

- **National Center for Primary Care at The Morehouse School of Medicine**
ATLANTA, GA
\$289,563—Disseminating lessons learned from community-based coverage programs (2 years). ID 51180

Covering Kids and Families®
Program to increase the number of eligible children and adults who are benefiting from federal and state health care coverage programs.

Program Sites

- **State of Alabama**
Department of Public Health
MONTGOMERY, AL
\$492,336—(2 years). ID 51609
- **Connecticut Voices for Children Inc.**
NEW HAVEN, CT
\$579,309—(22 months). ID 50508
- **Healthy Mothers, Healthy Babies, The Montana Coalition**
HELENA, MT
\$50,000—(1 year). ID 48693
- **Kansas Children's Service League**
WICHITA, KS
\$49,595—(1 year). ID 48695
- **South Carolina Hospital Research & Education Foundation Inc.**
WEST COLUMBIA, SC
\$50,000—(1 year). ID 48697
- **State of Vermont Department of Health**
BURLINGTON, VT
\$50,000—(1 year). ID 48699

Other Program Activities

- **GMMB Inc.**
WASHINGTON, DC
\$67,771—Fund-raising assistance for Covering Kids and Families grantees (5 months). ID 50304
\$1,390,480—Covering Kids and Families communications campaign (fifth annual Back-to-School Campaign) (1 year). ID 50755
\$93,503—Fund-raising assistance for Covering Kids and Families grantees (10 months). ID 51028
- **The Support Fund for the Southern Institute on Children and Families**
COLUMBIA, SC
\$2,641,782—Technical assistance and direction for Covering Kids and Families (1 year). ID 48378

Economic and Social Research Institute

WASHINGTON, DC
\$129,879—Providing policy analysis for Health Care Coverage for the Uninsured partners (for 6 months). ID 52036

Education & Research Fund of Employee Benefit Research Institute

WASHINGTON, DC
\$5,000—Updating data charts on the uninsured for www.CoverTheUninsuredWeek.org (for 3 months). ID 50363

Families USA Foundation Inc.

WASHINGTON, DC
\$75,000—Consumer Health Action 2005 conference (for 9 months). ID 51715

The Glover Park Group

WASHINGTON, DC
\$65,126—Communications consulting for the Foundation's Coverage strategy (for 3 months). ID 50604

GYMR LLC

WASHINGTON, DC
\$35,321—Promoting cost and coverage estimates for the Covering America project (for 3 months). ID 50459

Health Policy Consulting, LLC

BETHESDA, MD
\$16,425—Developing fact sheets on the uninsured for www.CoverTheUninsuredWeek.org (for 4 months). ID 50364

University of Minnesota School of Public Health

MINNEAPOLIS, MN
\$340,000—Research comparing state administrative records to U.S. Census Bureau data systems to uncover the Medicaid enrollment undercount (for 14 months). ID 52084

Public Opinion Strategies, L.L.C.

ALEXANDRIA, VA
\$68,958—Public opinion research on the uninsured (for 6 months). ID 50182
\$20,000—Emergency physician Internet survey on the uninsured for Cover the Uninsured Week 2004 (for 1 month). ID 50623

Rabin Strategic Partners, Inc.

NEW YORK, NY
\$60,000—Evaluating coverage strategies post-2005 (for 5 months). ID 52041

State Coverage Initiatives

Program to help states develop and implement policies that expand access to health insurance coverage.

- **Center for Health Policy Development/
National Academy for State Health Policy**
PORTLAND, ME
\$274,990—Technical and communications assistance to help implement Maine's statewide health care coverage initiative (1 year). ID 49439

- **West Virginia Health Care Authority**
CHARLESTON, WV
\$1,068,284—Expanding a small agency insurance program to provide health insurance coverage for working families (2 years). ID 51931

State Solutions: An Initiative to Improve Enrollment in Medicare Savings Programs

Program to maximize enrollment in Medicaid, Qualified Medicare Beneficiary, Selected Low-Income Medicare Beneficiary, and Qualified Individual programs.

- **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**
NEW BRUNSWICK, NJ
\$1,035,757—Technical assistance and direction for State Solutions (18 months). ID 48377

Supporting Families After Welfare Reform: Access to Medicaid, SCHIP and Food Stamps

Program to help states and large counties solve problems in eligibility processes that make it difficult for low-income families to access and retain Medicaid, the State Children's Health Insurance Program (SCHIP), or Food Stamps, particularly families moving from welfare to work.

- **The Support Fund for the Southern Institute on Children and Families**
COLUMBIA, SC
\$548,535—Development of a Medicaid eligibility process improvement collaborative (16 months). ID 51831

Urban Institute

WASHINGTON, DC
\$99,662—Analytical support for issues in coverage (1 year). ID 52513

Health Care Coverage Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Ensuring Older Workers and Retirees Have Health Coverage and Income

The National Academy of Social Insurance held conferences, seminars and workshops in which representatives from the insurance industry, employers, policy-makers and consumers discussed how to ensure health and income security for an aging workforce. They reviewed the effects of declining workers' compensation payments, cutbacks in retiree health benefits provided by employers, disability injuries and claims by older workers, and how the financial burden for health care shifts among Medicare, Medicaid, private insurance and consumers based on different scenarios. Participants proposed pursuing two goals simultaneously: increase opportunities for older workers (ages 50 to 70) to retire later; and ensure health coverage and income continuity for people who cannot work longer. The researchers published a book, *Ensuring Health and Income Security for an Aging Workforce*. See the Grant Results Report at www.rwjf.org/reports/grr/036622.htm.

Shifting Private Insurers' Risk to Government Could Make Health Insurance More Affordable

Katherine B. Swartz, Ph.D., Harvard University, studied markets for people buying their own health insurance and found that the high cost is an obstacle for both the two-thirds of the uninsured who are poor and need government subsidies and the one-third who

are middle class and could obtain health insurance if it cost less. Insurers tend to charge higher premiums for individuals and small groups to screen out high-risk applicants because they fear adverse selection, which occurs when a disproportionate share of people buying individual insurance know they have medical problems or need expensive medical care. A 1996–97 survey showed 2 percent of the population incurs 39 percent of medical expenses. Swartz examined mechanisms that would shift the risk of adverse selection from individual carriers to a larger portion of the population and found that the most workable public policy solution is to have the government act as reinsurer for high medical expenses for insurers in the individual market. Premiums for individual policies would fall substantially and would be more affordable for greater numbers of people, especially the growing number of uninsured middle-class people. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=033818.htm.

Health Care Coverage Materials Available

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Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Cover the Uninsured Week 2004: Business Guide

Available at: <http://covertheuninsuredweek.org/materials/business/BusinessGuide.pdf>.

An overview of national laws, regulations, health plan options, and other important information needed by small business owners as they make decisions about health coverage for themselves and their employees.

Cover the Uninsured Week 2004: Health and Enrollment Fair Planning Guide

Available at: <http://covertheuninsuredweek.org/materials/healthfair/HealthFairKit.pdf>.

A step-by-step guide to planning health and enrollment fairs in your community.

Cover the Uninsured Week 2004: Interfaith Kit

Available at: <http://covertheuninsuredweek.org/materials/interfaith/>.

The Interfaith Action Kit contains materials for highlighting the issue of the uninsured in faith communities, such as bulletin inserts, special prayers, and sermon topics.

Cover the Uninsured Week 2004: Issues Guide

Available at: <http://covertheuninsuredweek.org/materials/files/IssuesGuide.pdf>.

Provides basic information about the uninsured such as how Americans get coverage, who is uninsured and why coverage is important. The guide offers participants sample questions to answer in weighing the pros and cons of various options and a list of resources.

Cover the Uninsured Week 2004: "One Cause. One Goal."

8-minute videotape that features highlights from Cover the Uninsured Week 2004.

Cover the Uninsured Week 2004: Results

Available at: <http://covertheuninsuredweek.org/reports/full2004.pdf>.

This report describes highlights from the largest mobilization in our nation's history to secure affordable and stable health coverage for all Americans.

Cover the Uninsured Week 2004: State Guides to Finding Health Insurance Coverage

Available at: <http://covertheuninsuredweek.org/stateguides/>.

These guides outline specific state help that may be available to uninsured individuals.

Covering Kids and Families® Back-to-School Campaign Final Report, 2004.

Summarizes results of the 2004 *Covering Kids and Families* Back-to-School Campaign that involved more than 2,000 outreach and enrollment events to inform families about low-cost and free health care coverage programs for children.

Davidson G, Blewett L, et al. *Public Program Crowd-out of Private Coverage: What Are the Issues?* Princeton: The Synthesis Project, Research Synthesis Report No. 5, 2004. Available at: www.rwjf.org/publications/synthesis/reports_and_briefs/pdf/no5_researchreport.pdf.

Policy-makers are concerned about crowd-out because it limits the impact of public coverage expansions. When crowd-out occurs, scarce resources are used to cover people who would have insurance anyway. This synthesis addresses these issues by presenting what we know about the extent and dynamics of crowd-out, discussing the effectiveness of policies to limit crowd-out and outlining the policy trade-offs between reducing crowd-out and expanding coverage.

Institute of Medicine. Board of Health Care Services. Committee on the Consequences of Uninsurance. *Insuring America's Health: Principles and Recommendations.* Washington: National Academies Press, 2004. Available at: www.iom.edu/report.asp?id=17632.

To help policy-makers, elected officials, and others judge and compare proposals to extend coverage to the nation's 43 million uninsured, the Institute of Medicine of the National Academies of Sciences offers a set of guiding principles and a checklist in this report.

McLaughlin C. (ed.). *Health Policy and the Uninsured.* Washington: Urban Institute Press, 2004. Available at: www.urban.org/Template.cfm?Section=ByAuthor&NavMenuID=63&AuthorID=7338&AuthorName=Catherine%20McLaughlin.

In this primer for economists and other policy analysts, leading experts in health policy synthesize a wide range of health insurance studies into a comprehensive overview of the uninsured. The book provides a framework for the health policy research needed to fill the gaps in knowledge about the uninsured.

State Health Access Data Assistance Center.

Characteristics of the Uninsured: A View from the States. Minneapolis: State Health Access Data Assistance Center, 2004. Available at: www.rwjf.org/research/researchdetail.jsp?id=1364&ia=132.

A comprehensive state-by-state analysis of Americans without health insurance. Using data from the Centers for Disease Control and Prevention's 2002 Behavioral Risk Factor Surveillance System, researchers estimated the number of adults in each state and the number of working adults in each state who do not have health insurance. They also compared reported gaps in care between insured and uninsured adults in each state—providing an in-depth look at the consequences that adults in America face when they do not have health insurance.

Nursing



Reducing the shortage in nurse staffing
and improving the quality of nursing-related care by transforming
the way care is delivered at the bedside.

For more on RWJF's work in this area, see www.rwjf.org/nursing

OUR INVESTMENTS IN NURSING seek to reduce the nurse staffing shortage and improve the quality of nursing care by transforming the way care is delivered at the patient’s bedside. Our approach to helping hospitals attract and retain nurses stresses improving the hospital work environment.

In the November 2004 issue of *Health Affairs*, Peter Buerhaus and colleagues at Vanderbilt University’s School of Nursing reported a recent increase in the number of nurses entering the workforce, mostly in hospitals. Despite these improvements in nurse recruitment, the recent influx of nurses does not meet current demand and is not enough to meet expected future demand. Furthermore, too few nurse leaders are engaged in key quality and patient safety organizations, and nursing leaders have little input into decisions about the acquisition and use of hospital technology.

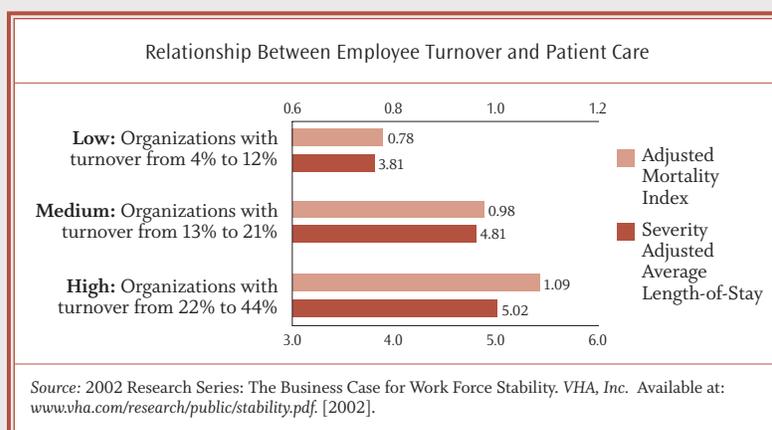
In 2004 we undertook important initiatives aimed at building support for a new kind of hospital that addresses 21st century needs and realities. These initiatives included:

- **Transforming Care at the Bedside.** The Institute for Healthcare Improvement (IHI) led 13 hospitals participating in the pilot phase of RWJF’s *Transforming Care at the Bedside* program. IHI observed how small rapid-cycle improvements made a difference in nurses’ workload and improved morale. Some of the improvements instituted in medical-surgical units included conducting multidisciplinary rounds, using noise meters to ensure quiet for both nurses and patients,

posting provider pictures in patient rooms, providing nurses with personal digital assistants with drug reference systems, and adding storage space at the bedside for supplies and medications. Participating hospitals reported tangible results benefiting both patients and staff. These innovations have spread beyond these 13 institutions—to nurses, nurse executives and health care leaders seeking to adopt similar improvements at other hospitals.

- **Designing the 21st Century Hospital.** RWJF also is working to foster a comprehensive approach to improving hospital work environments, as endorsed by the 2003 Institute of Medicine report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Our activities in 2004 included documenting and disseminating information about the need for maximizing staff/patient safety and satisfaction through improvements in the physical structure, design and allocation of space and “corporate culture” of hospitals. A June 2004 conference sponsored by RWJF featured a new Foundation-funded analysis of more than 600 rigorous studies that document how improved physical settings can make hospitals better and safer places to work, as well as more conducive to healing.

Additionally, the Foundation convened national nursing leaders to discuss priorities; launched a policy brief series, *Charting Nursing’s Future*, for key stakeholders; and supported a National Quality Forum initiative to identify evidence-based measures that link patient outcomes to the care that nurses deliver.



Nursing 2004 Grants and Contracts

American Academy of Nursing Inc.

MILWAUKEE, WI

\$49,500—Improving hospital work environments through the use of communications technology (for 1 year). ID 51135

University of California, San Francisco, School of Nursing

SAN FRANCISCO, CA

\$150,000—Measuring the impact of communications technologies on nurses (for 2 years). ID 51136

University of Chicago, The Pritzker School of Medicine

CHICAGO, IL

\$105,908—Improving the performance of health care teams using simulation team training (for 1 year). ID 50541

Communications Project

MULTIPLE CONTRACTORS

\$65,000—Conference to prioritize and accelerate the development of nursing-sensitive measures (for 6 months). ID 51115

Cornell University,

Joan and Sanford I. Weill Medical College
NEW YORK, NY

\$83,940—Developing a typology of methods to identify and test innovation using the Foundation's Transforming Care at the Bedside program (for 13 months). ID 49963

Delmarva Foundation for Medical Care Inc.

EASTON, MD

\$49,800—Surveying hospital leaders and trustees on nursing retention and work environment issues (for 6 months). ID 52485

Health Research and Educational Trust

CHICAGO, IL

\$46,200—Studying retention and turnover of chief nursing officers (for 1 year). ID 52201

Health Workforce Solutions LLC

ALAMEDA, CA

\$37,948—Preparing a toolkit for foundations on best practice initiatives to address the nursing shortage (for 6 months). ID 51112

Institute for Family-Centered Care Inc.

BETHESDA, MD

\$50,572—Support for a conference on hospital redesign (for 9 months). ID 52286

Joint Commission on Accreditation of Healthcare Organizations

OAKBROOK TERRACE, IL

\$161,493—Developing standardized technical specifications for nursing-sensitive performance measures (for 1 year). ID 51781

Joint Commission Resources Inc.

OAKBROOK TERRACE, IL

\$10,000—Conference addressing patient safety, nurse staffing and leadership solutions (for 4 months). ID 51499

Kaiser Foundation Health Plan Inc.

OAKLAND, CA

\$50,000—Conference to develop a road map for integrating nursing performance measures into electronic medical records (for 7 months). ID 49926

University of North Carolina at Chapel Hill, Kenan-Flagler Business School

CHAPEL HILL, NC

\$67,319—Studying error management and organizational learning to improve nursing care (for 1 year). ID 51182

University of Pittsburgh Medical Center

PITTSBURGH, PA

\$14,998—Support for nursing faculty at a medical response teams conference (for 6 months). ID 52483

Sutton Group, LLC

WASHINGTON, DC

\$49,000—Case studies of medical response teams (for 6 months). ID 51851

Transforming Care at the Bedside

Pilot initiative working with hospitals in prototyping nursing unit-level strategies to improve the work environment and improve quality of care.

- **University of California, Los Angeles, School of Public Health**
LOS ANGELES, CA
\$550,000—Evaluation of Transforming Care at the Bedside (2 years). ID 49962
- **Communications Project**
MULTIPLE CONTRACTORS
\$400,000—Support for the National Advisory Committee and communications activities for Transforming Care at the Bedside (2 years). ID 50672
- **Institute for Healthcare Improvement**
CAMBRIDGE, MA
\$1,400,000—Implementation of Transforming Care at the Bedside (2 years). ID 50813
\$156,655—Developing financial tools to assist improvement efforts for Transforming Care at the Bedside (16 months). ID 51193
- **Rita Turley, R.N., M.S.N.**
BILLINGS, MT
\$60,010—Consulting for the Foundation's Nursing strategy (for 7 months). ID 50412
\$100,000—Consulting for the Foundation's Nursing strategy (for 1 year). ID 51808

Nursing Grant Results Reporting

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For Underserved Areas, Grow-Your-Own Professionals

RWJF's national program, *Partnerships for Training*, was designed to bring more primary care to areas underserved by primary care physicians, by supporting regional education systems to train nurse practitioners, certified nurse-midwives and physician assistants. From 1994 to 2004, Partnerships for Training developed eight regional university/community partnerships in 13 states that used distance education (e.g., Web- and interactive video-based courses) and satellite campuses for clinical and hands-on experience. The partnerships enrolled 1,140 nurse practitioner, certified nurse-midwife and physician assistant students from underserved areas and graduated 754 (as of fall 2002). An assessment found that 90 percent of program graduates were practicing in medically underserved areas and, if distance education were not available, 70 percent of the students would probably not have enrolled. RWJF supported this program through 30 grants totaling \$18 million. See the National Program Report at www.rwjf.org/reports/npreports/partnerships.htm.

Collaboratives Tackle the National Shortage of Nurses

In 1995 RWJF launched a national initiative called *Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development* to streamline nursing education and help the profession grow. The program supported 23 statewide and multicounty collaboratives that brought together practicing and executive nurses, nursing school deans, state nursing regulators, members of professional nurse associations and consumers to address regional workforce issues. Collaboratives created data collection and analysis systems that clarify the nation's nursing shortage and help the profession and policy-makers prepare for the future.

Collaborative members developed programs to recruit and retain nurses; eight of the regional groups established statewide centers to continue data collection on the nursing workforce and pursue public policy change based on that data. RWJF supported the program with 11 grants totaling \$3.6 million and a \$229,989 grant for the evaluation. See the National Program Report at www.rwjf.org/reports/npreports/colleagues.htm.

Nursing Materials Available

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Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Bronner E. “The Teaching Nursing Home Program.” In *To Improve Health and Health Care*, Vol. VII, Isaacs S and Knickman J (eds.). San Francisco: Jossey-Bass, 2004. Available at: www.rwjf.org/files/publications/books/2004/chapter_04.html.

This chapter looks back on the *Teaching Nursing Home Program*, an effort RWJF funded between 1982 and 1987 to improve the quality of nursing home care and the clinical training of nurses by linking nursing schools with nursing homes.

The Center for Health Design. *Designing the 21st Century Hospital: Serving Patients and Staff*. Concord, CA: The Center for Health Design, 2004. Available at: www.rwjf.org/files/publications/other/Design21CenturyHospital.pdf.

Health care leaders met to discuss the state of the nation's hospitals and a vision for their future. The focal point of the discussion was an analysis of over 600 studies connecting patient health and the quality of care to hospital design.

Institute for Healthcare Improvement.

The Deep Dive: Transforming Care at the Bedside. Cambridge: Institute for Healthcare Improvement, 2004. Available at: www.ihl.org/ihl/files/TCAB/video/tcab_2.wmv.

In the summer of 2003 health care experts gathered to explore methods of improving bedside care in medical-surgical units. The session, called The Deep Dive, was facilitated by IDEO, a design and innovation consultancy, and captured on film.

Institute for Healthcare Improvement.

Innovation Series: Transforming Care at the Bedside. Cambridge: Institute for Healthcare Improvement, 2004. Available at: www.rwjf.org/files/publications/other/transformingCareAtBedside.pdf.

This white paper outlines RWJF's *Transforming Care at the Bedside* initiative, an effort to improve the quality of care in medical and surgical units.

Robert Wood Johnson Foundation. *Charting Nursing's Future*. Princeton: RWJF, 2004.

This issue brief discusses shortages and partnerships at the state level; ways to expand educational capacity to recruit, retain and graduate more nursing students; techniques to transform the nursing work environment; and an agenda for change.

Spetz J and Adams S. *Employment-Based Benefits for Nurses*. Princeton: RWJF, 2004

An RWJF-supported study that provides an overview of what benefits are available to nurses as compared with the general workforce, how health care leaders are approaching the provision of employment-based benefits for nurses, and what nurses have to say about the employment-based benefits they receive and do not receive.

Ulrich R and Zimring C. *The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity*. Concord, CA: The Center for Health Design, 2004. Available at: www.rwjf.org/files/publications/other/RoleofthePhysicalEnvironment.pdf.

In this paper, the authors summarize lessons contained in a large body of research regarding improved hospital design's effect on safety, healing, outcomes, health care quality and the work environment.

Public Health



Strengthening our public health system
so it is better prepared to promote health and protect all Americans
from a wide range of threats, from bioterrorism
to emerging infectious diseases to health problems such as
obesity, tobacco use and asthma.

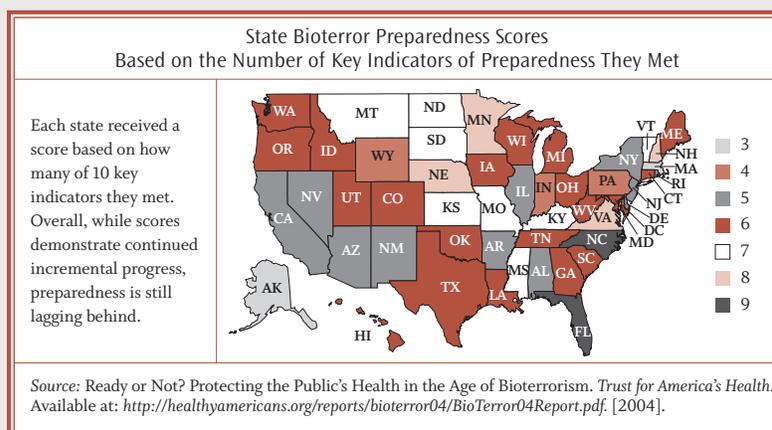
For more on RWJF's work in this area, see www.rwjf.org/publichealth

RESEARCH RELEASED LATE IN 2004 by Trust for America's Health shows that our nation's public health system needs to be better prepared to promote health and protect Americans from a wide range of threats—from bioterrorism to infectious diseases to preventable health problems such as obesity, tobacco use and asthma. *Ready or Not: Protecting the Public's Health in the Age of Bioterrorism*, a report supported by the Robert Wood Johnson Foundation and others, found that after three years and \$3 billion in federal bioterrorism spending, states are still struggling with basic preparedness requirements—from upgrading public health laboratories to improving communications and disease surveillance systems. The report also found that state and local public health agencies continue to be underfunded and not adequately prepared to deal with other health threats, such as cancer, asthma and obesity.

To sustain focus on the nation's critical public health needs, we concentrated on helping state and local public health leaders build skills in information management, communications, advocacy and performance measurement. In 2004 RWJF supported several key initiatives:

- **Information Systems.** The improvement of processing and sharing of critical information is vital to an effective public health department. The Foundation collaborated with the National Institutes of Health to launch a public health informatics fellowship program to create a sustainable pipeline of future well-trained leaders in essential information systems. Our continued support of the Public Health Informatics Institute led to a successful collaboration among state public health lab directors to develop common core requirements and design specifications for information management systems that can serve the needs of fast-paced, 21st century labs and allow immediate exchange of information between local, state and national public health agencies.

- **Leadership Training.** The RWJF *State Health Leadership Initiative* offers a week-long intensive training and mentoring program at Harvard's Kennedy School of Government that trains newly appointed state health officers to lead their agencies more effectively and promote cross-state collaboration. These new public health leaders develop and hone their skills and learn from the experiences of other officials who have already faced public health threats—from SARS and West Nile virus to chronic diseases like asthma.
- **Essential Services.** What are the most essential services that public health departments must provide and that citizens should expect? To help address that question, RWJF supported the National Association of County and City Health Officials (NACCHO) to identify the standards essential to any high-performing public health agency. The project also included a webcast "town hall" discussion among members of NACCHO to consider basic standards for public health agencies.
- **Future Scholars and Leaders.** Infectious diseases travel the world more rapidly than ever before. Bioterrorism is a real threat. Every day we are finding out more about the role of environment and lifestyle choices in the health of the American public. Who will be the future problem solvers for these health threats and disease complexities? RWJF's Young Epidemiology Scholars competition, in partnership with the College Board, provided scholarships for high school juniors and seniors to encourage promising young investigators to develop solutions to today's and tomorrow's public health challenges.



Public Health 2004 Grants and Contracts

AcademyHealth

WASHINGTON, DC

\$70,000—*Building the field of public health systems research (for 18 months).* ID 50908

University of California, Los Angeles, Center for Health Policy Research

LOS ANGELES, CA

\$14,087—*Meeting of public health experts to identify key local-level health information issues (for 5 months).* ID 50540

Communications Projects

MULTIPLE CONTRACTORS

\$29,945—*Meeting of public health experts to identify key local-level health information issues (for 10 months).* ID 50418

\$30,000—*Convening a meeting to explore the applicability of performance improvement concepts and processes to public health (for 6 months).* ID 50892

\$50,000—*Public health agency accreditation: objectives, process, implications and consequences (for 6 months).* ID 51173

\$85,000—*Supplemental funding for a meeting on public health agency accreditation (for 6 months).* ID 52159

\$15,000—*Supplemental funding for a meeting to explore the applicability of performance improvement concepts and processes to public health (for 6 months).* ID 52284

Christopher R. Conte

SILVER SPRINGS, MD

\$15,000—*Analysis and synthesis of 22 proposals on bridging the gap between academic public health and practice (for 5 months).* ID 50889

\$34,925—*Studying the impact of state budget cuts and bioterrorism preparedness funds on public health agencies (for 6 months).* ID 50891

Lawrence S. Lewin

WASHINGTON, DC

\$30,000—*Assisting Partnership for Prevention in implementing a plan to increase effectiveness of disease prevention and health promotion policies (for 3 months).* ID 50008

National Association of County and City Health Officials

WASHINGTON, DC

\$200,000—*Developing a common operational definition for local governmental public health agencies (for 1 year).* ID 50045

\$60,000—*Communicating a common operational definition for local governmental public health agencies (for 4 months).* ID 52324

Partnership for Prevention

WASHINGTON, DC

\$350,000—*Increasing the effectiveness of disease prevention and health promotion policies (for 1 year).* ID 50161

Public Health Informatics Training Program

Program to use fellowship training in public health informatics as a strategy to catalyze the development of the field and create a sustainable pipeline of future leaders in public health informatics.

- **Foundation for the National Institutes of Health Inc.**
BETHESDA, MD

\$3,680,000—(4 years). ID 52098

Task Force for Child Survival Inc.

DECATUR, GA

\$3,200,000—*Developing a new paradigm for the public health information infrastructure (2 years).* ID 46085

Trust for America's Health

WASHINGTON, DC

\$100,000—*Communications and advocacy toolkit and story bank for public health issues (for 1 year).* ID 52160

\$466,107—*Building sustainable advocacy capacity for improving the nation's public health system (for 5 months).* ID 52412

Turning Point: Collaborating for a New Century in Public Health

Program to transform and strengthen the public health infrastructure so that states, local communities and their public health agencies may respond to the challenge to protect and improve the public's health in the 21st century.

- **University of Washington School of Public Health and Community Medicine**
SEATTLE, WA
- \$972,464—*Technical assistance and direction for Turning Point (1 year).* ID 47896

Public Health Grant Results Reporting

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Moving Out of High-Poverty Area Is Good for Your Health

Research has shown that concentrating many low-income families in one residential area is harmful for them, but less is known about positive influences offered by alternative neighborhood environments. In the 1990s the federal government conducted the "Moving To Opportunity" experiment in five cities (Baltimore, Boston, Chicago, Los Angeles and New York), tracking outcomes of low-income families that relocated to other neighborhoods compared with those remaining in low-income neighborhoods. In 2001 the evaluation team at Princeton University's Woodrow Wilson School of Public and International Affairs expanded its assessment to include health-related results for children and adults in the relocation experiment. The evaluators found that relocation had important health benefits, including a significant decline in obesity in adults; better mental health in adults; and less psychological distress and generalized anxiety disorder among girls. A report on interim findings is available at www.huduser.org/publications/fairhsg/mtofinal.html. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=040075.htm.

Health Impact Statements Could Benefit Public Policy Decision-Making Process

Many public policies and programs (education and housing, for example) have both positive and negative effects on the public's health, but these impacts are rarely considered part of the policy-making process. For more than 30 years, federal agencies have been required to prepare "environmental impact statements," which help to ensure that all environmental effects of proposed actions are considered in the policy- and decision-making process. "Health impact statements" could be an equivalent tool for policy-makers. From 2001–2003 researchers at the University of

California, Los Angeles School of Public Health examined specific policy initiatives in California for their health impact. They determined that health impact statements could quantify the health effects of proposed legislation and have the potential to become a useful tool for public policy decision-makers. Health impact statements would help support or refute claims about benefits, use agreed-upon rules of evidence and provide a common language to discuss proposals. See the Grant Results Report at www.rwjf.org/reports/grr/040853.htm.



Public Health Materials Available

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Hearne S, Segal L, et al. *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism 2004*. Washington: Trust for America's Health, 2004. Available at: <http://healthyamericans.org/reports/bioterror04/BioTerror04Report.pdf>.

A new report from Trust for America's Health examines—three years after September 11th and subsequent anthrax attacks—progress in our nation's bioterrorism preparedness efforts, our ability to respond to other public health emergencies and the vulnerabilities that remain.

Landrum LB and Baker SL. "Managing Complex Systems: Performance Management in Public Health." *Journal of Public Health Management and Practice*, 10(1): 13–18, 2004.

This article provides a summary of the Performance Management National Excellence Collaborative model and the evidence used to refine it, along with examples that illustrate the model in practice.

Turning Point. *States of Changes: Turning Point State Stories*. Seattle: Turning Point, 2004. Available at: www.turningpointprogram.org/Pages/tp_storybook.pdf.

This report showcases successes in the 21 *Turning Point* states.

Turnock B. *Public Health Preparedness at a Price: Illinois*. New York: The Century Foundation, 2004. Available at: www.tcf.org/Publications/HomelandSecurity/Turnock.pdf.

In response to the anthrax attacks of fall 2001, the federal government sent \$1.6 billion in increased public health funding to state and local governments to enhance preparedness for such emergencies. But is the country better prepared for a terrorist attack now than it was in 2001? How have states and cities used their additional funding? Are the federal dollars adequate? Can we prepare for bioterrorism without neglecting other critical public health functions, such as vaccinating children? This report addresses these critical questions.

Whitman S, Williams C, et al. *Improving Community Health Survey Report*. Chicago: Sinai Health System, 2004. Available at: www.sinai.org/urban/originalresearch/rwj/Improving_Community_Health_Survey_Report_1.pdf.

This report presents key findings from a large door-to-door, community health survey carried out in Chicago. It provides steps that serve as a starting point for a more thoughtful and collaborative process to improve health—including policy initiatives, ways of improving medical care, changing individual behaviors, and developing a wider context for understanding societal factors that influence our health.

Quality Health Care



Ensuring that all Americans,
especially those with chronic conditions,
receive high-quality care.

For more on RWJF's work in this area, see www.rwjf.org/quality

THE INSTITUTE OF MEDICINE and others have documented a chasm between the medical care Americans have and the care we *should* have, even for common chronic conditions such as asthma and diabetes. A landmark RWJF-funded study by RAND® found that patients receive the recommended standard of care only about half the time.

Ensuring that all Americans, especially those with chronic conditions, receive high-quality care is central to the Foundation’s mission of improving health and health care. Most care for chronic conditions—and most spending on care for those conditions—occurs in outpatient settings. Too often, people receive treatment that does not meet recommended guidelines, is uncoordinated, and lacks proper follow-up care and information. The result can be unnecessary hospitalization and expense.

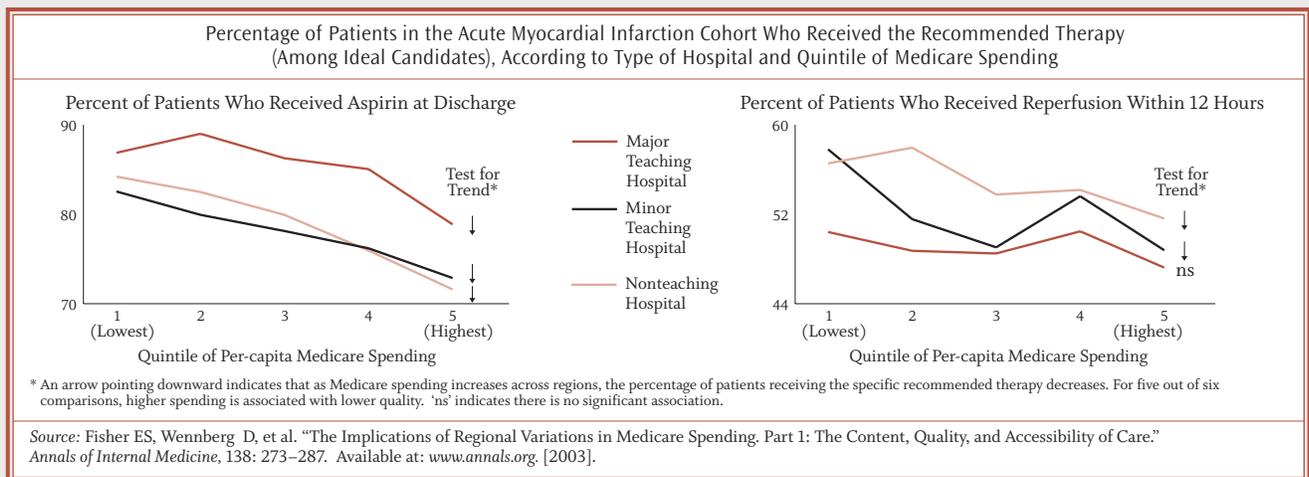
In 2004 RWJF pursued a four-pronged approach to improve the quality of care for chronic disease in outpatient settings:

- **National Measures for Quality.** To improve the quality of care, we need to first agree on what “quality” means and how to measure it. To that end, we provided support to the National Quality Forum, a group of providers, patients, purchasers/payers and researchers, to build consensus around reliable measures of quality.
- **Engage Patients and Purchasers in Assessing Quality.** Patients and purchasers need to be involved to ensure that the care they receive and pay for meets quality standards. The Foundation’s *Rewarding Results* national program continued to help purchasers test the effectiveness of incentives for higher quality care. In 2004 we awarded a grant to the National Partnership for Women and Families to plan an effort to engage consumers in demanding quality care.
- **Demonstrate that High Quality is Achievable Where Providers, Purchasers and Patients are Aligned Around Common Quality Standards.** Working with multiple

partners in selected markets, we will launch demonstration projects that align providers, purchasers and patients around common quality goals to raise the standard of care so that outpatient quality standards are met *most* of the time rather than only *half* the time. If successful, consumers in these markets will have access to information about the quality of care, and providers will have demonstrated skills in adopting the principles of the Chronic Care Model.

- **Track Progress.** It remains critical to track progress toward achieving better care. The Foundation is supporting work to examine whether more purchasers are making decisions based on quality; whether more patients are becoming engaged in managing their own care and ensuring the care they receive is of high quality; and whether more providers are adopting the tools and systems they need to provide high-quality care. For example, through a 2004 grant to the University of California, Berkeley School of Public Health, researcher Stephen Shortell is tracking the implementation and use of preventive services and evidence-based care management processes in the care of asthma, congestive heart failure, depression and diabetes.

We integrated our longstanding efforts to build and sustain the field of end-of-life care into our larger body of work to enhance the quality of health care. Our work in this field has brought together and mobilized health professionals, consumers, families, legislators, attorneys general and others to improve both policy and practice. What constitutes good care for Americans in their final stages of life—once an issue that was ignored or swept under the rug—is now an integral component of a high-quality health care system. RWJF continued to support this movement through entities such as the Center to Advance Palliative Care and the National Hospice and Palliative Care Organization.



 **Quality Health Care**
2004 Grants and Contracts

Advancing Diabetes Self-Management

Program to expand and test multicomponent, self-management programs that could be delivered in primary care settings and improve outcomes and cost-effectiveness.

Program Sites

- **Community Health Center Incorporated**
MIDDLETOWN, CT
\$440,000—Developing and implementing a comprehensive diabetes self-management program (30 months). ID 50607

- **Gateway Community Health Center Inc.**
LAREDO, TX
\$439,585—Improving diabetes self-management (30 months). ID 50610

- **Holyoke Health Center Inc.**
HOLYOKE, MA
\$440,000—Providing a comprehensive self-management program for Latino patients with diabetes (30 months). ID 50606

- **La Clinica De La Raza Fruitvale Health Project Inc.**
OAKLAND, CA
\$440,000—Providing diabetes patients with a comprehensive self-management program (30 months). ID 50609

- **Providence St. Peter Hospital**
OLYMPIA, WA
\$440,000—Developing and testing nondirection support approaches for diabetes self-management (30 months). ID 50608

- **University Physicians & Surgeons Inc.**
HUNTINGTON, WV
\$440,000—Advancing diabetes self-management in rural West Virginia (30 months). ID 50605

Other Program Activities

- **Communications Project**
MULTIPLE CONTRACTORS
\$50,000—Providing conference and meeting support to Diabetes Initiative grantees (30 months). ID 51848

- **Research Triangle Institute**
RESEARCH TRIANGLE PARK, NC
\$1,100,017—Evaluation of the Diabetes Initiative—Phase II (33 months). ID 50947

- **Washington University in St. Louis School of Medicine**
ST. LOUIS, MO
\$454,099—Diabetes Collaborative Learning Network (34 months). ID 51470

- **Washington University in St. Louis School of Medicine**
ST. LOUIS, MO
Technical assistance and direction for Building Community Supports for Diabetes Care and Advancing Diabetes Self-Management (1 year). ID 48447 (see page 34)

Allies Against Asthma: A Program to Combine Clinical and Public Health Approaches to Chronic Illness

Program to support community-based coalitions aimed at improving efforts to control pediatric asthma.

- **University of Michigan School of Public Health**
ANN ARBOR, MI
\$648,735—Technical assistance and direction for Allies Against Asthma (1 year). ID 48253

American Academy of Family Physicians

LEAWOOD, KS
\$5,000—Developing an action plan to spread quality chronic care models and approaches to members of the American Academy of Family Physicians (for 1 year). ID 49917

Anesthesia Patient Safety Foundation

INDIANAPOLIS, IN
\$50,000—Conference addressing patient safety issues related to surgical and anesthesia practice changes (for 1 year). ID 50023

University of California, Berkeley, School of Public Health

BERKELEY, CA
\$50,000—Tracking and understanding national improvements in chronic illness care (for 10 months). ID 50789

Center to Advance Palliative Care

Initiative to increase the number of hospitals that have the capability to provide quality palliative care; create sufficient momentum that hospital-based palliative care becomes a standard practice in comprehensive patient care; and provide leadership in the development of standards for palliative care programs.

- **James A. Block, M.D.**
BALTIMORE, MD
\$25,000—Consulting services for the Center to Advance Palliative Care (1 year). ID 49171
\$76,350—Consulting services to mainstream palliative care (1 year). ID 52161

- **Amber B. Jones**
LOUDONVILLE, NY
\$100,000—Consulting services for the Center to Advance Palliative Care (1 year). ID 49172

- **Mount Sinai School of Medicine of New York University**
NEW YORK, NY
\$2,111,800—Technical assistance and direction for the Center to Advance Palliative Care (1 year). ID 48401

- **Spragens and Associates, LLC**
DURHAM, NC
\$250,210—Consulting services for the Center to Advance Palliative Care (1 year). ID 49173

- **Sutton Group, LLC**
WASHINGTON, DC
\$156,840—Consulting services for the Center to Advance Palliative Care (7 months). ID 49174
\$540,000—Consulting services for the Center to Advance Palliative Care (1 year). ID 51702

Crosskeys Media, LLC
SANTA BARBARA, CA
\$1,328,327—Completion of a documentary on health care quality (22 months). ID 47669

\$577,696—National partnership activities surrounding a documentary on health care quality (17 months). ID 52179

- **Cygnus Corporation**
ROCKVILLE, MD
\$50,000—Planning a conference on research and evaluation designs and methods for health care quality improvement initiatives (for 1 year). ID 51811

**Depression in Primary Care:
Linking Clinical and System Strategies**
Program designed to increase the use of effective treatment models in primary care settings for patients with depression.

Program Sites

- **Blue Cross Blue Shield of Michigan**
DETROIT, MI
\$99,797—Measuring the impact of benefit changes allowing primary care physicians to code psychiatric diagnoses (1 year). ID 52125
- **Boston University
School of Public Health**
BOSTON, MA
\$99,687—Studying the detection and management of maternal depression (2 years). ID 51648
- **Brandeis University, The Heller School for Social Policy and Management**
WALTHAM, MA
\$99,998—Studying health plan performance on anti-depressant medication management (1 year). ID 51651
- **University of Chicago,
The Pritzker School of Medicine**
CHICAGO, IL
\$99,519—Studying a combined primary care/ Web-based depression prevention intervention for adolescents (2 years). ID 51780
- **Emory University,
Rollins School of Public Health**
ATLANTA, GA
\$216,911—Studying evidence-based depression management in community health centers (2 years). ID 52099
- **George Washington University
Medical Center**
WASHINGTON, DC
\$213,347—Studying the effects of health care purchaser efforts on the quality of depression care (2 years). ID 52091
- **HealthPartners Research Foundation**
MINNEAPOLIS, MN
\$299,996—Testing incentives and system improvement collaboratives for depression care (30 months). ID 51647
- **IHC Health Services Inc.**
SALT LAKE CITY, UT
\$99,881—Testing primary care management for employees with major depression (1 year). ID 51649

- **Kaiser Foundation Hospitals,
Kaiser Foundation Research Institute**
OAKLAND, CA
\$299,999—Evaluating financial incentives to improve depression treatment in primary care (2 years). ID 51654
- **Montefiore Medical Center**
BRONX, NY
\$299,245—Studying the impact of telephone-facilitated depression care on hospital readmission among seniors (2 years). ID 51652
- **National Committee for
Quality Assurance**
WASHINGTON, DC
\$299,946—Testing the feasibility of rewarding physician performance for high-quality depression care (18 months). ID 51650
- **Wayne State University
School of Medicine**
DETROIT, MI
\$94,708—Evaluating the impact of performance-based incentives to improve depression treatment by primary care physicians (1 year). ID 51646
- **Yale University School of Medicine**
NEW HAVEN, CT
\$99,985—Assessing the cost-effectiveness of brief cognitive behavioral therapy in treating pediatric depression (2 years). ID 51653

Other Program Activities

- **University of Pittsburgh
School of Medicine**
PITTSBURGH, PA
\$679,098—Technical assistance and direction for Depression in Primary Care (1 year). ID 48254

Duke University Divinity School

DURHAM, NC
\$84,060—Production and publication of key topics related to the care of African Americans at life's end (for 1 year). ID 51815

Emergency Medicine Foundation

DALLAS, TX
\$48,109—Measuring the impact of the Emergency Medical Treatment and Active Labor Act of 1986 regulations on patient care (for 16 months). ID 50062

Family Caregiver Alliance

SAN FRANCISCO, CA
\$265,000—Conference to create consensus for family caregiving guidelines (for 18 months). ID 51582

George Washington University Center for Health Services Research and Policy

WASHINGTON, DC
\$156,648—Legal barriers to using quality and disparities data (for 1 year). ID 50786

Hastings Center Inc.

GARRISON, NY
\$266,085—Developing a summative report on progress in the end-of-life field (for 1 year). ID 51198

**Health e-Technologies:
Building the Science of eHealth**

Program to support systematic research in the evaluation of interactive e-health applications for health behavior change and chronic disease management.

Program Sites

- **Aurora Health Care Inc.**
MILWAUKEE, WI
\$398,851—Studying the effects of an interactive e-health portal for weight management among a defined employee population (2 years). ID 51756
 - **Beth Israel Deaconess Medical Center Inc.**
BOSTON, MA
\$399,980—Studying the use of an interactive e-health portal to improve chronic disease care among adult primary care patients (2 years). ID 51757
 - **Cleveland Clinic Foundation**
CLEVELAND, OH
\$399,830—Evaluating the potential of technology to improve chronic disease management and quality of care (2 years). ID 51760
 - **University of Colorado
Health Sciences Center**
DENVER, CO
\$397,099—Developing an online patient portal to improve and sustain diabetes self-care (2 years). ID 51758
 - **Geisinger Clinic**
DANVILLE, PA
\$399,028—Assessing the impact of access to e-health portal interventions on clinical and behavioral change outcomes among patients with chronic illness (2 years). ID 51761
 - **HispaniCare, a Division of DrTango, Inc.**
ROSWELL, GA
\$400,000—Evaluating an e-health portal to facilitate improved diets, increased fitness levels and weight loss among Hispanics (2 years). ID 51759
- Other Program Activities**
- **Brigham & Women's Hospital Inc.**
BOSTON, MA
\$610,847—Technical assistance and direction for Health e-Technologies (1 year). ID 48412

Health Research and Educational Trust

CHICAGO, IL

\$116,884—*Planning and testing of a co-management learning network—supplemental support (for 1 month).* ID 51469

Health Research and Educational Trust

WASHINGTON, DC

\$238,000—*Circle of Life Awards: celebrating innovation in end-of-life care (for 15 months).* ID 45239

Improving Asthma Care for Children

Program to improve the management of asthma for children covered by Medicaid and the State Children's Health Insurance Program.

• **Center for Healthcare Strategies Supporting Organization Inc.**

PRINCETON, NJ

\$34,990—*Communications support for Improving Asthma Care for Children (10 months).* ID 37657

\$142,665—*Technical assistance and direction for Improving Asthma Care for Children (11 months).* ID 45527

Kaiser Foundation Health Plan Inc., Kaiser Permanente Institute for Health Policy

OAKLAND, CA

\$2,000—*Conference on transforming health care delivery systems for improved quality and efficiency (for 6 months).* ID 50310

\$5,000—*Roundtable on organizing clinical quality measures (for 6 months).* ID 50785

Dr. A. J. Kauvar Foundation

DENVER, CO

\$25,000—*Understanding the role of evidence-based medicine and benefit design in doctor-patient decision-making (for 6 months).* ID 52290

Last Acts®

Communications campaign to improve care and caring near the end of life through activities focusing on advocacy, quality care and consumer services.

• **Last Acts Partnership, Inc.**

WASHINGTON, DC

\$950,000—*Technical assistance and direction for the Last Acts Partnership (3 years).* ID 50322

\$100,000—*Phase-out support for the Last Acts Partnership (1 month).* ID 52205

\$402,500—*Final support for the Last Acts Partnership (1 month).* ID 52453

• **National Hospice and Palliative Care Organization Incorporated**

ALEXANDRIA, VA

\$2,376,370—*Caring Connections: an initiative to promote and expand consumer engagement in end-of-life care (1 year).* ID 52223

Medicaid Managed Care Program

Program to improve the quality of and access to Medicaid managed care by working with states, health plans and consumer groups.

• **Mathematica Policy Research, Inc.**

WASHINGTON, DC

\$29,973—*Evaluation of the Medicaid Managed Care Program: Phase II—supplemental funds (8 months).* ID 50352

National Partnership for Women and Families Inc.

WASHINGTON, DC

\$405,594—*Building consumer demand for health care transparency and accountability in outpatient care (for 1 year).* ID 51192

\$280,350—*Developing a business model for measuring and reporting quality (for 15 months).* ID 51755

National Quality Forum

WASHINGTON, DC

\$249,000—*Developing a framework and set of best practices for quality palliative care (for 14 months).* ID 52180

New England Medical Center Hospitals Inc.

BOSTON, MA

\$54,918—*Engaging the public in health care quality measurement and reporting: taking next steps (for 1 year).* ID 49900

University of Oregon

School of Architecture and Allied Arts

EUGENE, OR

\$49,989—*Further development and refinement of a patient activation measure to assess consumers' active participation in their health care (for 1 year).* ID 50787

Pacific Business Group on Health

SAN FRANCISCO, CA

\$49,808—*Testing the value of patient-reported quality information for quality improvement and consumer choice (for 1 year).* ID 50791

\$25,000—*Conference to develop a road map for measuring and improving the quality of medical care (for 7 months).* ID 51782

Partnerships for Quality Education

Program to train primary care residents and nurse practitioners to deliver high-quality care for patients with chronic illnesses within the fixed-budget constraints of managed care.

• **Harvard Pilgrim Health Care Inc.**

BOSTON, MA

\$461,005—*Technical assistance and direction for Partnerships for Quality Education (17 months).* ID 48396

\$347,443—*Training future clinicians on health care systems and practice improvement (11 months).* ID 52270

Prescription for Health: Promoting Healthy Behaviors in Primary Care Research Networks

Initiative, in collaboration with the Agency for Healthcare Research and Quality, to develop, field test and disseminate innovative and feasible interventions for primary care-based health behavior change counseling.

• **University of Colorado**

Health Sciences Center at Fitzsimons

AURORA, CO

\$768,360—*Technical assistance and direction for Prescription for Health (1 year).* ID 48431

• **University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School**

PISCATAWAY, NJ

\$600,000—*Evaluation of Prescription for Health (3 years).* ID 47075

Promoting Excellence in End-of-Life Care

Program to foster long-term changes in health care institutions to substantially improve care for dying persons and their families.

• **University of Montana, Missoula,**

College of Arts and Sciences

MISSOULA, MT

\$271,100—*Technical assistance and direction for Promoting Excellence in End-of-Life Care (18 months).* ID 47941

Pursuing Perfection®: Raising the Bar for Health Care Performance

Program to help hospital and physician organizations dramatically improve patient outcomes by pursuing perfection in all of their major care processes.

Program Sites

• **Cambridge Public Health Commission d/b/a Cambridge Health Alliance**

CAMBRIDGE, MA

\$300,000—*Implementing improved care systems for five priority diseases, including pediatric asthma and adult diabetes (2 years).* ID 50441

• **Children's Hospital Medical Center**

CINCINNATI, OH

\$299,990—*Aiming for 100 percent of the care delivered to children to be evidence-based, quality-driven, error-free and efficient (2 years).* ID 50442

• **Group Health Plan Inc.**

MINNEAPOLIS, MN

\$300,000—*Improving both the processes and the outcomes of care for all patients with depression, heart disease and diabetes (2 years).* ID 50443

• **Hackensack University Medical Center**

HACKENSACK, NJ

\$300,000—*Improving geriatric care, patient safety and care for congestive heart failure, atrial fibrillation, stroke and acute myocardial infarction (2 years).* ID 50444

- **McLeod Regional Medical Center of the Pee Dee**
FLORENCE, SC
\$300,000—*Dramatically reducing adverse drug events and improving the care for people with coronary heart disease (2 years)*. ID 50445
- **St. Joseph Hospital Foundation**
BELLINGHAM, WA
\$300,000—*Improving care across the continuum for diabetics and patients with congestive heart failure (2 years)*. ID 50446
- **Tallahassee Memorial Healthcare Inc.**
TALLAHASSEE, FL
\$299,888—*Pursuing perfect cardiovascular care and medication systems (2 years)*. ID 50447

Other Program Activities

- **Institute for Healthcare Improvement**
CAMBRIDGE, MA
\$996,376—*Technical assistance and direction for Pursuing Perfection (1 year)*. ID 48755
\$236,974—*Communications activities for Pursuing Perfection (18 months)*. ID 52019

Rewarding Results: Aligning Incentives with High-Quality Health Care

Initiative to invent, prove and diffuse innovations in systems of provider payments and nonfinancial incentives that will encourage and reward high-quality care.

- **Leap Frog Group**
WASHINGTON, DC
\$1,400,000—*Technical assistance and direction for the National Health Care Purchasing Institute and Rewarding Results (1 year)*. ID 48536

URAC

WASHINGTON, DC
\$24,970—*Strategies for translating the aims of the Institute of Medicine's Crossing the Quality Chasm report into medical management practice (for 7 months)*. ID 50790

University of Wisconsin–Madison Medical School

MADISON, WI
\$112,880—*Improving pain management through the collaboration of clinicians, regulators and law enforcement (for 1 year)*. ID 51813

Quality Health Care Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Seeking National Standards to Measure Quality of Health Care Providers

U.S. employers, consumers and others who purchase health care lack clearly defined, standardized measures that could help them choose high-quality providers. A coalition of leading consumer, purchaser and labor organizations established the Consumer-Purchaser Disclosure Project, aiming, by 2007, to enable people to select hospitals, physicians and treatments based on public reporting of nationally standardized measures for clinical quality, consumer experience and efficiency. Using six quality domains—safety, timeliness, effectiveness, efficiency, equity and patient-centeredness—project staff developed a framework for assessing performance measures from a consumer and purchaser perspective. They also proposed performance measures for hospitals, some of which were adopted by the National Quality Forum, a public-private partnership that is pursuing a national strategy for health care quality measurement and reporting. See the Grant Results Report at www.rwjf.org/reports/grr/045585.htm.

Living Will Project Reaches One Million People

The Commission on Aging with Dignity revised *Five Wishes*, a living will, to conform to laws in 33 states and the District of Columbia, then publicized and distributed it to a million people around the United States. *Five Wishes* explains how to write instructions about the

kind of care people want if they are too ill to speak for themselves and how they can discuss those choices with family and medical providers. The Commission also developed another version of the document for companies to give to employees. More than 500 companies and 5,000 other organizations distributed this new version. Project staff also provided an enhanced Web site www.agingwithdignity.org. An evaluation of the project found that 52 percent of those who received *Five Wishes* completed it, making them three times more likely than the general population to complete an advance directive. See the Grant Results Report at www.rwjf.org/reports/grr/038914.htm.

Quality Health Care Materials Available

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Asch SM, McGlynn EA, et al. “Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample.” *Annals of Internal Medicine*, 141(12): 938–945, 2004.

Asch and colleagues compared the quality of outpatient and inpatient care between a national sample of patients and VHA patients. They found that VHA patients were more likely to receive recommended care than the patients in the national sample, even after controlling for age, number of acute and chronic conditions and number of outpatient visits. These findings suggest that the systems implemented by the VHA are having an impact on the quality of care it is able to provide.

Bellows J and Sullivan MP. *Background Paper: Could a Quality Index Help us Navigate the Chasm?* Oakland, CA: Kaiser Permanente, Institute for Health Policy, 2004. Available at: www.kpihp.org/areas/Quality/background%20final.pdf.

This paper was developed for participants attending an April 2004 conference, supported by RWJF and others, to discuss the organization and improvement of clinical quality measures, primarily through the use of multivariate quality indices.

Center to Advance Palliative Care. *A Guide to Building a Hospital-Based Palliative Care Program.* Meier D. (ed.). New York: Center to Advance Palliative Care, 2004. Available at: www.capc.org/Documents/Guide_Order_Form/.

This manual provides step-by-step planning and implementation instruction, as well as tools, guidelines, and sample policies and procedures to help build a hospital-based palliative care program.

Gold M. *Geographic Variation in Medicare Per Capita Spending: Should Policy-makers Be Concerned?* The Synthesis Project, Research Synthesis Report No. 6, 2004. Available at: www.rwjf.org/publications/synthesis/reports_and_briefs/pdf/no6_researchreport.pdf.

This synthesis explores the factors contributing to variation and discusses their policy implications. Key findings include: (1) more than half of the geographic variation in Medicare spending is due to differences in health care utilization; (2) people living in areas with more hospitals and doctors relative to population receive more services; and (3) higher spending is not associated with better care.

Katon W, Von Korff M, et al. "Behavioral and Clinical Factors Associated with Depression Among Individuals with Diabetes." *Diabetes Care*, 27(4): 914–920, 2004.

This study examines the behavioral and clinical characteristics of diabetes that are associated with depression.

Morrison RS and Meier DE. "Palliative Care." *New England Journal of Medicine*, 350(25): 2582–2590, 2004.

The article outlines the importance of physician-patient communication and other components of palliative care. It also highlights new guidelines that indicate the growing demand for high-quality care at the end of life.

Shames RS, Sharek P, et al. "Effectiveness of a Multi-Component Self-Management Program in At-Risk School-Aged Children with Asthma." *Annals of Allergy Asthma and Immunology*, 92(6): 611–618, 2004.

This study concludes that a multi-component educational, behavioral and medical intervention targeted at high-risk, inner-city children with asthma can improve asthma knowledge and quality of life.

Sullivan AM, et al. "End-of-Life Care in the Curriculum: A National Study of Medical Education Deans." *Academic Medicine*, 79(8): 760–768, 2004.

This survey of associate deans for medical education or curricular affairs in the United States shows strong support for end-of-life care education and suggests a potential for meaningful change in the undergraduate medical curriculum.

Wennberg JE, Fisher ES, et al. "Use of Medicare Claims Data to Monitor Provider-Specific Performance Among Patients With Severe Chronic Illness." *Health Affairs (Web Exclusive)*, 2004. Available at: <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.var.5v1>.

This study illustrates that Medicare claims can be used to measure population-based, provider-specific rates of resource inputs, utilization and Medicare spending. Striking variations are documented in resource inputs and use of services during the last six months of life. The authors believe that hospital-specific measures can be helpful in identifying providers with acceptable quality indices who are also relatively efficient in managing chronic illness.

Tobacco Use and Exposure



Reducing harm from tobacco, which is responsible for more than 440,000 deaths in the United States each year, with a special emphasis on advancing and sustaining policy changes that help prevent and reduce tobacco use and exposure.

For more on RWJF's work in this area, see www.rwjf.org/tobacco

DESPITE SUBSTANTIAL DECLINES IN tobacco use, tobacco-related diseases remain America's leading cause of preventable death. The Robert Wood Johnson Foundation has been committed to reducing the prevalence of tobacco use for more than a decade, supporting research to determine the most effective policies and programs, and promoting policies that prevent people from starting to smoke and help current smokers quit. We know, for example, that tobacco tax increases and clean indoor air policies drive down smoking rates by encouraging smokers to quit and preventing young people from starting tobacco use. State and local officials across the country are enacting these measures, which not only reduce smoking and hazardous secondhand smoke exposure, but also minimize the fiscal and health burden on governments and raise needed public revenue.

While much progress has been made, more must be done to protect the tobacco policy change infrastructure and sustain the advances made in reducing tobacco use and exposure. Toward this end, in 2004 RWJF launched *Tobacco Policy Change: A Collaborative for Healthier Communities and States*. Created to support state and local partnerships working toward specific tobacco policy advances, this program focuses especially on populations that suffer disproportionately from tobacco exposure and related disease. In its initial year, Tobacco Policy Change provided 25 grants to organizations and coalitions whose proposals ranged from supporting comprehensive statewide smoke-free policies, to expanding tobacco control policies on college campuses, to reducing commercial tobacco use on Native American reservations while respecting its cultural and traditional place of honor. Grantees will help achieve new policies that reduce smoking and promote health and, in some communities and states, will prevent attempts to derail or weaken hard-fought tobacco control gains.

Several important research findings in 2004 provided evidence to support the work of tobacco control advocates, scholars and policy-makers. A study found that, while 76 percent

of white-collar employees are protected by smoke-free workplace policies, only 43 percent of food preparation and service employees (cooks, food counter workers, waiters/waitresses) enjoy this same benefit. Among bartenders, that figure drops to 10 percent. This study builds on research that shows that food service workers are at higher risk of lung cancer than workers in other professions. This disparity helps bolster the case that restaurants and bars should be smoke-free.

Foundation-supported research in 2004 also revealed that smokers of light and ultra-light cigarettes incorrectly believe that such products are less harmful than higher-tar, full-flavored cigarettes. For example, the researchers found that nearly nine out of ten Marlboro Light cigarette smokers surveyed in the study did not know that "light" cigarettes deliver about as much tar as regular cigarettes.

In the cessation arena, the results and experience of Foundation grantees provided critical input to a set of tobacco control recommendations provided to the Interagency Committee on Tobacco Use chaired by the U.S. Surgeon General. Recommendations included establishing a national hotline through which smokers could obtain cessation medication and counseling; launching a national paid media campaign encouraging cessation; increasing the federal cigarette tax by \$2 per pack and using at least half the revenue for smoking cessation initiatives; providing coverage for smoking cessation counseling and FDA-approved medicines under federally-funded health care programs including Medicare and Medicaid; increasing investment in research to improve smoking cessation therapies; and providing training for health care providers in treating tobacco dependence.

Following on those recommendations the U.S. Department of Health and Human Services announced the establishment of a toll-free national access line (1-800-QUIT-NOW). The Centers for Medicare & Medicaid Services will also provide new coverage for Medicare beneficiaries who smoke to receive counseling services to help them quit.





Tobacco Use and Exposure
2004 Grants and Contracts

Academy for Educational Development Inc.

WASHINGTON, DC
\$50,000—Promoting multifunder collaboration to put evidence-based tobacco cessation into practice (for 2 years). ID 51660

Addressing Tobacco in Managed Care

Initiative intended to integrate effective tobacco treatment as part of the basic health care provided by managed care organizations.

- **University of Wisconsin–Madison Medical School**
MADISON, WI
\$500,000—Technical assistance and direction for Addressing Tobacco in Managed Care (1 year). ID 48083

American Nonsmokers' Rights Foundation

BERKELEY, CA
\$1,500,000—Enhancing and sustaining smoke-free environments (for 3 years). ID 48090

National Center for Tobacco-Free Kids®

National campaign to reduce youth tobacco use through the establishment of a center that develops a national strategy, serves as a media center, provides technical assistance, and broadens organizational support to reduce youth tobacco use.

- **Campaign for Tobacco-Free Kids**
WASHINGTON, DC
\$14,000,000—(3 years). ID 47346

Partners with Tobacco Use Research Centers: Advancing Transdisciplinary Science and Policy Studies

Program launched by NCI/NIDA to apply and integrate advances in molecular biology, neuroscience, genetics and behavioral science to the challenge of tobacco control, focusing on the significant knowledge gaps that stand in the way of developing more effective strategies for reducing tobacco use in the United States.

Program Sites

- **University of Wisconsin–Madison Medical School**
MADISON, WI
\$199,704—(14 months). ID 52570

Other Program Activities

- **University of Illinois at Chicago School of Public Health**
CHICAGO, IL
\$723,520—Technical assistance and direction for Partners with Tobacco Use Research Centers (2 years). ID 48087

Policy Advocacy on Tobacco and Health: An Initiative to Build Capacity in Communities of Color for Tobacco Policy Change

Initiative to provide resources for community-based organizations and tribal groups interested in implementing effective tobacco prevention and cessation policy initiatives.

- **The Praxis Project Inc.**
WASHINGTON, DC
\$55,755—Additional evaluation activities for Policy Advocacy on Tobacco and Health (1 year). ID 51061

Professional Baseball Athletic Trainers Society

ATLANTA, GA
\$17,900—Developing and distributing a CD-ROM to educate certified athletic trainers about the health risks of spit tobacco use (for 2 years). ID 47853

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

Program to reduce rates of smoking in families by supporting research to develop and evaluate effective new interventions to help women quit smoking before, during and after pregnancy.

Program Sites

- **Children's Memorial Hospital**
CHICAGO, IL
\$250,000—Studying a pediatric office-based smoking cessation program (2 years). ID 51908
- **Emory University, Rollins School of Public Health**
ATLANTA, GA
\$180,617—Evaluating the characteristics, costs and potential for relapse in low-income pregnant smokers (2 years). ID 51797
- **General Hospital Corporation–Massachusetts General Hospital**
BOSTON, MA
\$249,864—Studying the use of bupropion for smoking cessation in postpartum women (2 years). ID 51794
\$250,000—Testing the feasibility and efficacy of a tobacco control strategy for parents of newborns (2 years). ID 51803
\$100,000—Exploring the role of mood, provider communication and risk perceptions on pregnant women's tobacco use (1 year). ID 51805

- **University of Illinois at Chicago School of Public Health**
CHICAGO, IL
\$116,561—Studying predictors of successful smoking cessation in pregnant women (1 year). ID 51804

- **University of Minnesota School of Public Health**
MINNEAPOLIS, MN
\$250,000—Assessing the influence of health confidantes on reducing smoking and tobacco exposure during pregnancy (2 years). ID 51798

- **Miriam Hospital**
PROVIDENCE, RI
\$250,000—Comparison of the efficacy of two nurse-delivered smoking cessation interventions among Latino parents of children with asthma (2 years). ID 51800

- **University of Missouri–Columbia, Charles and Josie Smith Sinclair School of Nursing**
COLUMBIA, MO
\$49,946—Studying the influence male partners have on smoking cessation among pregnant women (18 months). ID 51415

- **University of North Carolina at Chapel Hill School of Nursing**
CHAPEL HILL, NC
\$50,000—Studying procedural feasibility of a smoking resumption/prevention intervention for pregnant and postpartum women (2 years). ID 51796

- **Oklahoma State University College of Arts & Sciences**
STILLWATER, OK
\$49,994—Study of an intervention to reduce home environmental tobacco exposure for hospitalized children (2 years). ID 51413

- **Oregon State University College of Health and Human Services**
CORVALLIS, OR
\$51,467—Studying factors associated with postpartum smoking relapse (2 years). ID 51414

- **Rhode Island Hospital**
PROVIDENCE, RI
\$199,996—Studying the relationship among sleep problems, mood and postpartum smoking relapse (2 years). ID 51799

- **University of Rochester School of Medicine and Dentistry**
ROCHESTER, NY
\$250,000—Studying the feasibility of brief smoking cessation counseling of parents in pediatric settings to reduce tobacco smoke exposure of young children (2 years). ID 51792

- **University of Vermont Department of Psychiatry**
BURLINGTON, VT
\$130,790—Examining nicotine withdrawal and craving as predictors of relapse in pregnant and recently postpartum smokers (2 years). ID 51801

Other Program Activities

- **University of Alabama at Birmingham School of Medicine**
BIRMINGHAM, AL
\$494,701—Technical assistance and direction for Smoke-Free Families (1 year). ID 48079

- **University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research**
CHAPEL HILL, NC
\$504,952—*Smoke-Free Families National Dissemination Office (1 year)*. ID 50926
\$779,939—*Smoke-Free Families National Dissemination Office (1 year)*. ID 51592

SmokeLess States®: National Tobacco Policy Initiative

Program that supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment and policy initiatives.

- **American Cancer Society Inc., Great West Division, Inc.**
SEATTLE, WA
\$205,419—(8 months). ID 50428
- **American Cancer Society Inc., Ohio Division, Inc.**
DUBLIN, OH
\$230,252—(6 months). ID 50374
- **American Heart Association Inc., Pacific Mountain Affiliate**
SEATTLE, WA
\$300,000—(8 months). ID 50844
- **American Lung Association of Georgia**
SMYRNA, GA
\$192,293—(8 months). ID 50842
- **Families Under Urban and Social Attack Inc.**
HOUSTON, TX
\$145,747—(3 months). ID 52176
- **PTA Texas Congress**
AUSTIN, TX
\$28,653—(9 months). ID 50650

Smokescreen Corporation

WASHINGTON, DC
\$115,362—*Compiling and disseminating tobacco control news (for 1 year)*. ID 51736

Substance Abuse Policy Research Program

Program to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology, and other behavioral and policy sciences to address issues related to substance abuse.

Program Sites

- **Brandeis University, The Heller School for Social Policy and Management**
WALTHAM, MA
\$99,933—*Evaluating the effectiveness of a strategy to prevent the sale of tobacco products to minors (18 months)*. ID 50500
\$69,997—*Assessing the impact of cultural competence on preventing illegal tobacco sales to minors (15 months)*. ID 51550

- **Center for Social Gerontology**
ANN ARBOR, MI
\$96,756—*Effects of cigarette taxes on the smoking behaviors and health of older Americans (15 months)*. ID 52325

- **Colorado State University College of Business**
FORT COLLINS, CO
\$99,917—*Developing effective tobacco counteradvertising strategies aimed at bicultural Mexican-American youth (22 months)*. ID 50502

- **Dana Farber Cancer Institute Inc.**
BOSTON, MA
\$399,792—*Identifying facilitators and impediments to adopting U.S. Public Health Service guidelines for smoking cessation treatment (3 years)*. ID 51533

- **Duke University Center for Health Policy, Law and Management**
DURHAM, NC
\$399,997—*Studying the barriers to smoking cessation among mature smokers (3 years)*. ID 49979

- **University of Illinois at Chicago College of Business Administration**
CHICAGO, IL
\$99,791—*Studying the impact of public policy on the demand for smokeless tobacco (2 years)*. ID 50501

- **University of Illinois at Chicago Health Research and Policy Centers**
CHICAGO, IL
\$97,653—*Studying the role of peer effects in problem drinking and tobacco use on college campuses (18 months)*. ID 50504

- **University of Kentucky Research Foundation**
LEXINGTON, KY
\$241,790—*Examining the effects of smoke-free laws on employee turnover and training costs (2 years)*. ID 51535

- **University of Missouri–Columbia College of Arts and Science**
COLUMBIA, MO
\$17,544—*Estimating the effects of campaign finance reforms on state alcohol and tobacco policies (1 year)*. ID 52163

- **Multnomah County Health Department**
PORTLAND, OR
\$99,996—*Studying the impact of clean indoor air law exemptions on nonsmoking workers (1 year)*. ID 51714

- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$69,211—*Understanding sociodemographic and policy factors that influence adult smokers to purchase cigarettes from Internet cigarette vendors (19 months)*. ID 51031

- **Research Triangle Institute**
RESEARCH TRIANGLE PARK, NC
\$363,287—*Evaluating the effects of tobacco control budget cuts on tobacco-related outcomes among Florida youth (26 months)*. ID 51529

- **The Medical University of South Carolina**
CHARLESTON, SC
\$99,854—*Measuring the public health impact of increased access to potential reduced exposure products for smokers (2 years)*. ID 51622

- **Tobacco Control Resource Center Inc.**
BOSTON, MA
\$27,942—*Research and analysis of the U.S. Department of Justice RICO lawsuit against the tobacco industry (6 months)*. ID 51910

Other Program Activities

- **Center for Creative Leadership**
GREENSBORO, NC
\$749,034—*Technical assistance and direction for the Substance Abuse Policy Research Program (1 year)*. ID 49809

Tobacco Policy Change: A Collaborative for Healthier Communities and States

Program provides resources and technical assistance for community, regional and national organizations and tribal groups interested in advocating for effective tobacco prevention and cessation policy initiatives.

Program Sites

- **Alaska Native Health Board**
ANCHORAGE, AK
\$68,051—*Promoting expansion of Medicaid coverage to include tobacco dependence treatment (1 year)*. ID 52402
- **American Cancer Society Inc., Hawaii Pacific, Inc.**
HONOLULU, HI
\$150,000—*Promoting an increase in smoke-free workplaces and protection of Master Settlement funds for tobacco control (1 year)*. ID 52389
- **American Cancer Society Inc., Ohio Division, Inc.**
DUBLIN, OH
\$150,000—*Educational campaign to increase tobacco taxes, protect tobacco prevention funds and reduce tobacco use among minority populations (1 year)*. ID 52393
- **American Lung Association of Georgia**
SMYRNA, GA
\$80,000—*Recruiting, educating and training advocates to achieve a goal of smoke-free public places and places of employment (1 year)*. ID 52394
- **American Lung Association of Illinois-Iowa**
SPRINGFIELD, IL
\$138,900—*Public awareness campaign to increase the number of smoke-free communities in Illinois (1 year)*. ID 52404

- **American Lung Association of New Hampshire**
BEDFORD, NH
\$75,000—Promoting clean indoor air policies in New Hampshire that ensure all workplaces are covered and anti-preemption language is avoided (1 year). ID 52388
- **Black Health Coalition of Wisconsin**
MILWAUKEE, WI
\$50,000—Organizing communities of color and others to advocate for clean indoor air policies (1 year). ID 52395
- **Boys & Girls Club of Northern Arapaho Tribe**
RIVERTON, WY
\$50,000—Strengthening education and advocacy within the Native American community to reduce smoking and the effects of secondhand smoke (1 year). ID 52396
- **California Tobacco Control Alliance**
SACRAMENTO, CA
\$50,000—Educational campaign to promote insurance coverage of tobacco cessation treatment (1 year). ID 52405
- **Center for MultiCultural Health**
SEATTLE, WA
\$50,000—Eliminating secondhand smoke exposure by supporting clean indoor air policies and using Master Settlement funds for tobacco prevention and cessation (1 year). ID 52406
- **Colorado Tobacco Education and Prevention Alliance**
DENVER, CO
\$149,500—Increasing the number of smoke-free sites in the Denver metropolitan region through collaborative educational activities (1 year). ID 52403
- **Families Under Urban and Social Attack Inc.**
HOUSTON, TX
\$100,502—Collaborative activities to educate the public and policy-makers about the benefits of clean indoor air policies (1 year). ID 52391
- **Greater Cleveland Health Education and Service Council Inc.**
CLEVELAND, OH
\$104,932—Promoting clean indoor air in the greater Cleveland area (1 year). ID 52381
- **The Institute of Medicine and Public Health of New Jersey, Inc.**
LAWRENCEVILLE, NJ
\$150,000—Increasing public debate and demand for smoke-free environments and advancing state and local smoke-free policies (1 year). ID 52385
- **Kentucky ACTION, Inc.**
LOUISVILLE, KY
\$150,000—Enlisting the help of the African-American and faith communities in a campaign to increase Kentucky's tobacco tax (1 year). ID 52401
- **University of Kentucky Research Foundation**
LEXINGTON, KY
\$150,000—Providing clean indoor air policy resources and technical assistance to policy-makers and health advocates (1 year). ID 52392
- **MedChi Foundation Inc.**
BALTIMORE, MD
\$76,214—Providing policy education and grassroots outreach to encourage enactment of smoke-free air laws in Maryland (1 year). ID 52398
- **Medical Foundation Inc.**
BOSTON, MA
\$49,997—Building public support and increased funding for tobacco cessation programs in Boston (1 year). ID 52386
- **Mille Lacs Band of the Minnesota Chippewa Tribe**
SEAMIA, MN
\$47,960—Advocacy and information dissemination for the enactment of policies and procedures to reduce commercial tobacco use at cultural events (1 year). ID 52390
- **Mission City Community Network Inc.**
NORTH HILLS, CA
\$49,998—Promoting tobacco-free policies to reduce daily exposure to secondhand smoke among low-income people (1 year). ID 52382
- **North Carolina Pediatric Society Foundation**
RALEIGH, NC
\$53,000—Promoting an increased tobacco tax to prevent tobacco use initiation and encourage tobacco cessation (1 year). ID 52397
- **Partnership of African American Churches Inc.**
INSTITUTE, WV
\$51,000—Influencing tobacco use and prevention policy development by addressing issues that affect communities of color in West Virginia (1 year). ID 52400
- **Public Health Foundation Enterprises Inc.**
CITY OF INDUSTRY, CA
\$108,635—Comprehensive campus-based effort to reduce tobacco use, sales, and events, and to increase cessation treatment (1 year). ID 52383
- **Sociedad Latina Inc.**
ROXBURY, MA
\$46,500—Mobilizing youth and families to campaign against the use of unregulated tobacco advertising practices directed at schoolchildren by local merchants (1 year). ID 52384
- **Whitman-Walker Clinic Inc.**
WASHINGTON, DC
\$50,000—Increasing the involvement of gay, lesbian, bisexual and transgender communities in clean air campaigns in Cleveland, Ohio, and St. Paul, Minnesota (1 year). ID 52399

Other Program Activities

- **Communications Project**
MULTIPLE CONTRACTORS
\$169,350—Technical assistance and direction for the Foundation's tobacco policy advocacy work (2 years). ID 51386
- **Carla Freeman**
LAS VEGAS, NV
\$134,941—Consulting and technical assistance for the Foundation's tobacco policy advocacy work (1 year). ID 51383
- **Kathleen Jerome**
FLORENCE, WA
\$125,937—Consulting and technical assistance for the Foundation's tobacco policy advocacy work (1 year). ID 51385
- **Denis J. Prager, Ph.D.**
PORTAGE, WI
\$61,382—Consulting for the Foundation's work in tobacco (1 year). ID 51308
- **Jerry Spegman**
PORTLAND, OR
\$130,405—Consulting and technical assistance for the Foundation's tobacco policy advocacy work (1 year). ID 51384

Tobacco Use and Exposure Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in this field of interest. In some cases, the grants were made before the team decided on its current strategic objective. Findings and lessons from the grants described have nonetheless informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Collaborative Group Brings Synergy to Youth Smoking Cessation Efforts

More than 4 million young people in the United States under the age of 18 smoke, and while many prevention programs target this group, most smoking cessation programs focus on adults. Several government and nonprofit health-related organizations formed the Youth Tobacco Cessation Collaborative in 1998 to eliminate duplication of effort and collectively work on youth tobacco cessation research and treatment options. Collaborative members developed and published a National Blueprint for Action to ensure that every young tobacco user has access to tobacco cessation interventions by 2010; established a program—*Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation*—that evaluates existing youth tobacco cessation programs; and convened three workshops. The Academy for Educational Development has become the secretariat for the Collaborative's efforts. See the Grant Results Report at www.rwjf.org/reports/grr/041053.htm.

Asian-Pacific Organization Gets Foundation Help in Managing Its Tobacco Control Network

Asian Americans and Pacific Islanders are the fastest growing ethnic/racial groups in the United States, according to the 2000 U.S. Census. The tobacco industry is targeting these groups, leading to high rates of tobacco use among Asian-Pacific men. Asian Pacific Partners for Empowerment and Leadership (APPEAL), the tobacco control network for the Association of Asian Pacific Community Health Organizations, was launched in 1994 and by 2000 felt overburdened by the needs of its community for tobacco control help. From 2000 to 2003, APPEAL staff used grants from RWJF, the Centers for Disease Control and Prevention and the California Endowment to hire and train a deputy project director to support staff working on national efforts; prepare individual and overall staff development plans; develop a five-year

strategic plan; and start the process of transition into an independent 501(c)(3) organization. RWJF provided a grant of \$166,316 as partial funding for the project. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=040827.htm.

Tobacco Use and Exposure Materials Available

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Biener L, Ji M, et al. “The Impact of Emotional Tone, Message, and Broadcast Parameters in Youth Anti-smoking Advertisements.” *Journal of Health Communication*, 9(3): 259–274, 2004. Available at: www.gwu.edu/~cih/journal/contents/V9/N3/abstracts_v9n3.htm.

In the context of controversy regarding the optimal characteristics of anti-smoking advertisements for youth, this study examines the impact on recall and perceived effectiveness of variations in the message, emotional tone, reach and frequency of broadcast and remoteness of broadcast on characteristics of the adolescent audience such as changes in smoking behavior, ownership of cigarette promotional items, and demographic variables.

Cummings MK, Hyland A, et al. “Are Smokers Adequately Informed About the Health Risks of Smoking and Medicinal Nicotine?” *Nicotine and Tobacco Research*, 6(3): S333–340, 2004. Available at: www.ntrjournal.org/cummings3.pdf.

The study assesses smokers' beliefs about the health risks of smoking and the benefits of smoking filtered and low-tar cigarettes, and their awareness of, and interest in, trying so-called reduced-risk tobacco products.

Lindblom E. *A Broken Promise to Our Children: The 1998 State Tobacco Settlement Six Years Later*. Washington: Campaign for Tobacco-

Free Kids, 2004. Available at: <http://tobaccofreekids.org/reports/settlements/2005/fullreport.pdf>.

This latest report finds that most states are failing to keep their promise to use tobacco settlement funds for tobacco control and prevention efforts. This is occurring even as the states collect record amounts of revenue from the tobacco settlement and tobacco taxes and even as the tobacco companies spend record amounts to market deadly and addictive products.

The Praxis Project. *The Policy Advocacy on Tobacco and Health (PATH) Initiative: Emerging Lessons on Race, Health Justice and Alliance Building*. Washington: The Praxis Project, 2004. Available at: www.thepraxisproject.org/tools/PATH_annual_report_2004.pdf.

This report shares what PATH has learned and its broader implications for health and social justice—beyond tobacco control.

Repace JL. “Respirable Particles and Carcinogens in the Air of Delaware Hospitality Venues Before and After a Smoking Ban.” *Journal of Occupational and Environmental Medicine*, 46(9): 887–905, 2004.

U.S. occupational, environmental and public health authorities have classified secondhand smoke as a significant health hazard. Yet states have been slow to institute smoke-free workplace policies, particularly in the hospitality industry. A new study examined levels of indoor pollutants in six bars, a casino and a pool hall before and after a 2002 law eliminating smoking in such venues went into effect in Delaware.

Smoking Cessation for Pregnancy and Beyond: Learn Proven Strategies to Help Your Patients Quit, a five-hour CD-ROM. Lebanon: Dartmouth-Hitchcock Medical Center, 2004. Available at: <http://iml.dartmouth.edu/education/cme/Smoking>.

This CD presents best practices for assisting patients in quitting and introduces the five A's—an evidence-based counseling technique that takes just 5–15 minutes per patient who smokes and increases smoking cessation rates by 30–70 percent.

Tobacco 101: Smoking Is a Family Matter, an 8-minute videotape. Washington: National Latino Council on Alcohol and Tobacco Prevention, 2004. Available at: <http://nlcatp.org/>.

This audiovisual informs the Latino community about the health consequences of using tobacco and the benefits of quitting.



Human Capital Portfolio

Nurturing a strong, capable health and health care workforce—
local public health workers to clinical researchers to health care policy analysts
—through leadership development, training and research.

For more on RWJF's work in this area, see www.rwjf.org/humancapital

SINCE ITS INCEPTION, the Robert Wood Johnson Foundation has recognized the importance of investing in the backbone of our health and health care delivery system—its people. The Foundation’s mission to improve health and health care cannot be accomplished without a strong and vibrant workforce and well-trained leaders. Over the years, our programs have sought to create more generalist physicians, attract underrepresented minorities to the field, and help build nurse and public health leadership. While most of these efforts were developed to address a particular workforce “problem,” our current work to strengthen human capital is focused on increasing the coordination, learning and returns from these many diverse programs.

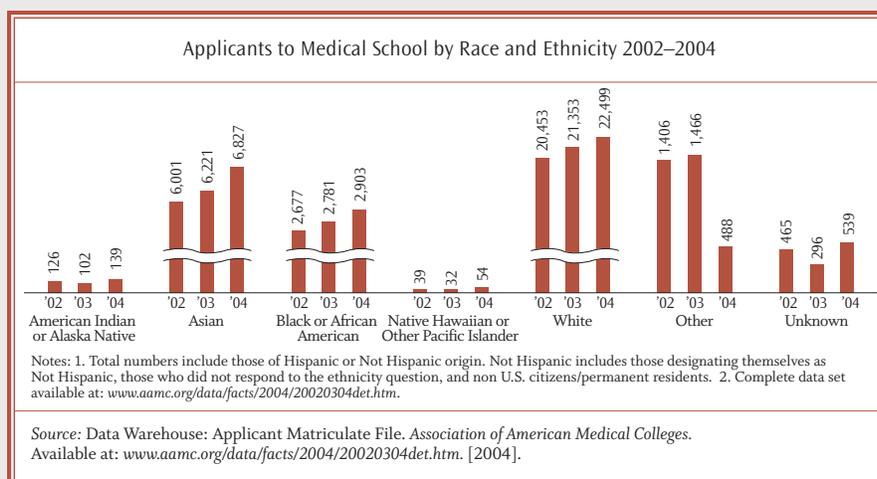
Our current efforts focus on policy and leadership development, field building and addressing quality and diversity among health and health care workers and leaders. While specific workforce needs ebb and flow depending on economics, demographics and technology, the need to develop new skills among workers, and to cultivate the next generation of health and health care leaders, remains constant.

In 2004 our efforts to support the health and health care workforce centered around three areas:

- **Policy and Leadership.** We continued to support several programs focused on enhancing opportunities to improve health and health care policy and leadership. For example, our *Health Policy Fellowships Program* has allowed mid-career health care practitioners to apply their skills toward improving health policy by working with the U.S. Congress. The *Robert Wood Johnson Community Health Leadership Program* recognizes outstanding individuals who have made significant improvements to health and health care in communities throughout the nation.

- **Field Building.** The Foundation also engages in training and education efforts aimed at building the field. One of our long-standing initiatives, the *Robert Wood Johnson Clinical Scholars® Program*, continued to help physicians expand their reach beyond the biological sciences, to health services research in other fields. A newer effort, the *Robert Wood Johnson Health & Society Scholars Program*, focused on building capacity to address the social, environmental, behavioral, economic and biological factors that affect health.
- **Addressing Workforce Quality and Diversity.** We continued to look for strategic opportunities to attract and retain quality workers, as well as focus on ways to support workers already active in the field. Past investments have ranged from programs to increase the number of generalists to those meant to attract and retain high-quality home health care workers. A related long-standing interest emphasizes building diversity and cultural sensitivity among the health care workforce. In 2004 we began work to reach out to and attract a more diverse applicant pool for our fellowship and scholarship programs.

In 2004 the Foundation also funded a cluster of projects to strengthen the front-line health and health care workforce—the network of social workers, home health aides, addiction counselors and nursing assistants—who provide regular care and services to patients. Among these grants is a project at the Institute for Professional Development in the Addictions to develop a plan to improve training opportunities and skills for addiction treatment counselors in New York state; we expect that its plan will serve as a model for other state-level approaches to improving the front-line workforce.



Human Capital 2004 Grants and Contracts

American Board of Medical Specialties Research & Education Foundation

EVANSTON, IL

\$498,000—Preparing the physician workforce for 21st century health care (for 1 year). ID 51545

Association of Academic Health Centers Inc.

WASHINGTON, DC

\$44,500—11th Congress of Health Professions Educators (for 18 months). ID 50865

Better Jobs, Better Care: Building a Strong Long-Term Care Workforce

A demonstration, research and evaluation initiative to create changes in policy and practice that will lead to the recruitment and retention of high-quality direct care workers in both nursing homes and home- and community-based settings.

- **American Association of Homes and Services for the Aging**
WASHINGTON, DC
\$586,427—Technical assistance and direction for Better Jobs, Better Care (1 year). ID 48421

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

SAN FRANCISCO, CA

\$20,000—Report of lessons learned from RWJF workforce development programs (for 6 months). ID 50465

Dartmouth Medical School, Center for the Evaluative Clinical Sciences

HANOVER, NH

\$75,000—Developing a blueprint for exemplary learning sites in clinical academic training (for 6 months). ID 51410

William B. Deal, M.D.

BIRMINGHAM, AL

\$15,000—Assessing the Foundation's current Summer Medical Education Program to determine best practices and core curriculum for proposed renewal program (for 2 months). ID 52567

Developing Leadership in Reducing Substance Abuse

Program to provide leadership development through mentoring for individuals who are early in their careers yet have shown the potential to become future leaders in reducing the harm caused by substance abuse through public health approaches.

- **Portland State University
Graduate School of Social Work**
PORTLAND, OR
\$749,964—Technical assistance and direction for Developing Leadership in Reducing Substance Abuse (21 months). ID 46914

Federation of State Medical Boards of the United States Inc.

DALLAS, TX

\$59,296—Summit and white paper on competency-based medical licensing (for 1 year). ID 50671

Generalist Physician Faculty Scholars Program

Program to strengthen the presence of generalist physician faculty in the nation's medical schools through career development awards to outstanding junior faculty in departments/divisions of family medicine, general internal medicine and general pediatrics.

Program Sites

- **University of California, Davis,
School of Medicine**
DAVIS, CA
\$300,000—Improving palliative care by primary care physicians (4 years). ID 51074
- **University of California, Irvine,
College of Medicine**
IRVINE, CA
\$300,000—Understanding and improving diabetes care for ethnic minorities (4 years). ID 51084
- **University of California, San Francisco,
School of Medicine**
SAN FRANCISCO, CA
\$300,000—Improving quality in Medicaid: care management for chronic illness and preventive care (4 years). ID 51080
- **Children's Hospital Medical Center**
CINCINNATI, OH
\$296,648—Studying the changing role of the generalist physician and its effect on treatment for childhood asthma (4 years). ID 51078

- **University of Colorado
Health Sciences Center**
DENVER, CO
\$299,980—Decreasing cardiovascular risk in patients with type 2 diabetes in primary care (4 years). ID 51082
- **University of Hawaii,
John A. Burns School of Medicine**
HONOLULU, HI
\$299,878—Developing and testing cost-effective prescribing guidelines for generalist physicians (4 years). ID 51085
- **Johns Hopkins University
School of Medicine**
BALTIMORE, MD
\$299,998—Studying methods to improve medication adherence and self-care for adolescents with pelvic inflammatory disease (4 years). ID 51077
- **University of Missouri—Columbia
School of Medicine**
COLUMBIA, MO
\$300,000—Promoting physical activity in people with diabetes mellitus and insensate feet (4 years). ID 51079
- **Mount Sinai School of Medicine of
New York University**
NEW YORK, NY
\$300,000—Patient-physician communication about costs of care (4 years). ID 51089
- **University of Medicine and Dentistry of
New Jersey, Robert Wood Johnson
Medical School**
PISCATAWAY, NJ
\$300,000—Balancing priorities and healing in the context of evidence-based medicine (4 years). ID 51076
- **Northwestern University,
Evanston Northwestern Healthcare
Research Institute**
EVANSTON, IL
\$300,000—Extending the safety net in identifying postpartum depression (4 years). ID 51075
- **Olmsted Medical Center**
ROCHESTER, MN
\$106,587—Screening mothers for domestic violence when the children are present (1 year). ID 50436

• **Oregon Health and Science University School of Medicine**

PORTLAND, OR

\$299,995—Assessing the impact of the generalist physician supply on the quality of care for children (4 years). ID 51083

\$231,413—Developing an evidence-based, patient-centered mode of delivery decision aid for women with prior cesarean birth (34 months). ID 51544

• **University of Pennsylvania School of Medicine**

PHILADELPHIA, PA

\$299,993—Studying the role of the family on adherence to depression treatment among older adults (4 years). ID 51088

• **University of Washington School of Medicine**

SEATTLE, WA

\$300,000—Increasing booster seat use in at-risk communities through tailored communication and behavior change (4 years). ID 51072

• **Yale University School of Medicine**

NEW HAVEN, CT

\$299,999—Diagnosis and treatment of sleep-disordered breathing in the homes of patients with transient ischemic attack (4 years). ID 51081

Other Program Activities

• **University of Texas**

Health Science Center at San Antonio
SAN ANTONIO, TX

\$540,368—Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year). ID 47905

The Harold Amos Medical Faculty Development Program

Four-year postdoctoral research awards offered to historically disadvantaged physicians who are committed to developing careers in academic medicine, to improving the health of underserved populations, and to furthering the understanding and elimination of health disparities.

Program Sites

• **University of Alabama at Birmingham School of Health Related Professions**

BIRMINGHAM, AL

\$365,318—Jamy Ard, M.D. (4 years). ID 51894

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

IRVINE, CA

\$288,679—Jose A. Camacho, M.D. (3 years). ID 51663

• **University of California, Los Angeles, Medical Center**

LOS ANGELES, CA

\$365,400—Jesus A. Araujo, M.D., Ph.D. (4 years). ID 49595

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

SAN FRANCISCO, CA

\$365,400—Malcolm John, M.D., M.P.H. (4 years). ID 49585

\$365,392—Meshell Darlene Johnson, M.D. (4 years). ID 49586

• **Children's Hospital Corporation**

BOSTON, MA

\$365,400—Raymond E. Samuel, M.D., Ph.D. (4 years). ID 49590

• **Meharry Medical College**

School of Medicine

NASHVILLE, TN

\$324,727—Dineo Khabele, M.D. (4 years). ID 52466

• **Memorial Sloan-Kettering Cancer Center**

NEW YORK, NY

\$365,400—Gregory M. Springett, M.D., Ph.D. (4 years). ID 49592

• **Mount Sinai School of Medicine of New York University**

NEW YORK, NY

\$365,400—Carlton Moore, M.D. (4 years). ID 49587

• **University of Rochester School of Medicine and Dentistry**

ROCHESTER, NY

\$60,437—Jeffrey D. Alexis, M.D. (9 months). ID 51454

• **The Medical University of South Carolina**

CHARLESTON, SC

\$365,400—Vanessa A. Diaz, M.D. (4 years). ID 51896

• **University of Texas M.D. Anderson Cancer Center**

HOUSTON, TX

\$110,373—Kenneth D. Aldape, M.D. (11 months). ID 38555

• **Washington University in St. Louis School of Medicine**

ST. LOUIS, MO

\$365,400—Brett A. Taylor, M.D. (4 years). ID 49593

Other Program Activities

• **The Morehouse School of Medicine Inc.**

ATLANTA, GA

\$578,236—Technical assistance and direction for the Harold Amos Medical Faculty Development Program (1 year). ID 48486

Health Policy Fellowships Program

Program that allows midcareer health professionals and behavioral and social scientists to experience a residency in Washington, D.C. working for a member of Congress on health policy.

Program Sites

• **Cambridge Public Health Commission d/b/a Cambridge Health Alliance**

CAMBRIDGE, MA

\$155,000—Danny McCormick, M.D. (3 years). ID 51325

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

CLEVELAND, OH

\$155,000—Leona Cuttler, M.D. (3 years). ID 51329

• **Drexel University College of Nursing and Health Professions**

PHILADELPHIA, PA

\$155,000—Marlene F. Watson, Ph.D. (3 years). ID 51333

• **Duke University School of Nursing**

DURHAM, NC

\$155,000—Nancy M. Short, Dr.P.H., M.B.A. (3 years). ID 51331

• **George Washington University Graduate School of Education and Human Development**

WASHINGTON, DC

\$155,000—Chris D. Erickson, Ph.D. (3 years). ID 51474

• **University of Tennessee Health Science Center**

MEMPHIS, TN

\$155,000—John C. Ring, M.D. (3 years). ID 51324

- **University of Texas Medical Branch at Galveston**
GALVESTON, TX
\$155,000—Kira Bacal, M.D., Ph.D., M.P.H. (3 years). ID 51328

Other Program Activities

- **National Academy of Sciences–Institute of Medicine**
WASHINGTON, DC
\$696,000—Technical assistance and direction for the Health Policy Fellowships Program (1 year). ID 46999

Health Professions Partnership Initiative

Program, co-sponsored with the W.K. Kellogg Foundation, to address long-standing under-representation in the health professions of certain racial/ethnic groups, especially African Americans, Hispanics, and Native Americans.

- **Association of American Medical Colleges**
WASHINGTON, DC
\$364,636—Technical assistance and direction for the Health Professions Partnership Initiative (1 year). ID 47899

Health Research and Educational Trust

CHICAGO, IL
\$100,000—Redesigning the Creating Healthier Communities Fellowship Program (for 1 year). ID 51342

Health Workforce Solutions LLC

ALAMEDA, CA
\$194,400—Defining RWJF’s scope of interest in front-line health and health care workers (for 7 months). ID 52218

Innovators Combating Substance Abuse

Program to highlight substance abuse as the nation’s number one health problem by recognizing those who are striving to bring creative solutions to the field of substance abuse.

Program Sites

- **The American Association for the Treatment of Opioid Dependence Inc.**
NEW YORK, NY
\$300,000—Increasing access to methadone treatment through the criminal justice system (3 years). ID 49535
- **University of Florida Institute for Child Health Policy**
GAINESVILLE, FL
\$122,626—Investigating the roles of law and policy in reducing alcohol-related problems (1 year). ID 52033

- **The University of Texas Southwestern Medical Center at Dallas**
DALLAS, TX
\$224,195—Investigating health care policies on alcohol screening in trauma settings (27 months). ID 49812

- **Treatment Research Institute Inc.**
PHILADELPHIA, PA
\$300,000—Developing approaches to integrate drug abuse issues into mainstream health care (2 years). ID 49534

Other Program Activities

- **Johns Hopkins University School of Medicine**
BALTIMORE, MD
\$529,265—Technical assistance and direction for Innovators Combating Substance Abuse (19 months). ID 46909

- **M Booth & Associates, Inc.**
NEW YORK, NY
\$185,000—Communications activities promoting Innovators Combating Substance Abuse and Developing Leadership in Reducing Substance Abuse (1 year). ID 51600

Institute for Professional Development in the Addictions Inc.

ALBANY, NY
\$50,000—Developing a plan for a state-specific model to attain skills that promote quality among the front-line addiction treatment workforce (for 1 year). ID 52282

Investigator Awards in Health Policy Research Program

Program to support highly qualified individuals to undertake broad studies of the most challenging health and health care policy issues facing America.

Program Sites

- **Columbia University College of Physicians & Surgeons**
NEW YORK, NY
\$223,392—Study of famous patient cases and health policy debates (2 years). ID 50593
- **Duke University Center for Health Policy, Law and Management**
DURHAM, NC
\$274,903—Preparation of a book about changes in medical malpractice (2 years). ID 50449

- **Harvard University School of Arts and Sciences**
CAMBRIDGE, MA
\$274,746—Reputation and regulation: a study of pharmaceutical policy at the Food and Drug Administration (27 months). ID 50591

- **The Mailman School of Public Health at Columbia University**
NEW YORK, NY
\$270,705—Living organ donors’ challenge to social and health policy (2 years). ID 50595

- **University of Michigan School of Public Health**
ANN ARBOR, MI
\$274,999—Assessing racial and ethnic disparities in access to mental health care (2 years). ID 50594

- **National Bureau of Economic Research Inc.**
CAMBRIDGE, MA
\$274,655—Study of the private long-term care insurance market and its effects on public insurance and tax policy (3 years). ID 50534

- **New York University College of Arts and Sciences**
NEW YORK, NY
\$274,995—Studying social isolation in American life (3 years). ID 50592

- **Princeton University, Woodrow Wilson School of Public and International Affairs**
PRINCETON, NJ
\$274,973—Examining how lay and professional ideas about fetal personhood affect the practice and ethics of obstetrics (3 years). ID 50590

- **Stanford University School of Medicine**
STANFORD, CA
\$274,100—Research on the efficiency of health care delivery (3 years). ID 50448

Other Program Activities

- **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**
NEW BRUNSWICK, NJ
\$774,896—Technical assistance and direction for the Investigator Awards in Health Policy Research Program (1 year). ID 48495

Mount Sinai School of Medicine of New York University

NEW YORK, NY

\$14,736—Gene therapy research experience for a Native American medical school candidate (for 1 year). ID 51538

Ms. Foundation for Women Inc.

NEW YORK, NY

\$12,500—Exploring the feasibility of a collaborative funding model focused on front-line health workers (for 6 months). ID 52279

The NASW Foundation Inc.

WASHINGTON, DC

\$85,000—Defining the role of professional social workers in the front-line workforce (for 1 year). ID 52209

National Coalition for Health Professional Education in Genetics Inc.

LUTHERVILLE, MD

\$300,000—National forum and a Web-based educational tool on race and genetics for health professionals (for 2 years). ID 51150

North Carolina Central University College of Arts and Sciences

DURHAM, NC

\$65,000—Defining the qualities of the front-line health and health care workforce (for 1 year). ID 51341

Pipeline, Profession and Practice: Community-Based Dental Education

Program to assist dental schools to increase access to dental care for underserved populations.

- **Columbia University School of Dental and Oral Surgery**

NEW YORK, NY

\$710,000—Technical assistance and direction for Pipeline, Profession and Practice (1 year). ID 48386

The Robert Wood Johnson Clinical Scholars® Program

Program to augment clinical training by providing new skills and perspectives necessary to achieving leadership positions both within and outside the walls of academia in the 21st century.

Program Sites

- **University of California, Los Angeles, School of Medicine**
LOS ANGELES, CA
\$745,000—(2 years). ID 50721

- **University of Chicago, The Pritzker School of Medicine**
CHICAGO, IL
\$660,000—(2 years). ID 50722

- **Johns Hopkins University School of Medicine**

BALTIMORE, MD

\$825,000—(2 years). ID 50723

- **University of Michigan Medical School**

ANN ARBOR, MI

\$415,000—(2 years). ID 50724

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

CHAPEL HILL, NC

\$493,925—(2 years). ID 50725

- **University of Washington School of Medicine**

SEATTLE, WA

\$745,000—(2 years). ID 50726

- **Yale University School of Medicine**

NEW HAVEN, CT

\$744,800—(2 years). ID 50727

Other Program Activities

- **Stanford University School of Medicine**

STANFORD, CA

\$1,318,700—Technical assistance and direction for the Robert Wood Johnson Clinical Scholars Program (1 year). ID 48334

The Robert Wood Johnson Health & Society Scholars Program

Program to build the field of population health by training scholars to investigate the connections among biological, behavioral, environmental, economic and social determinants of health; and develop, evaluate, and disseminate knowledge and interventions based upon integration of these determinants.

- **Communications Project**

MULTIPLE CONTRACTORS

\$526,809—Technical assistance and direction for the Robert Wood Johnson Health & Society Scholars Program (1 year). ID 48417

Scholars in Health Policy Research Program

Program to help develop a new generation of creative thinkers in health policy research within the disciplines of economics, political science and sociology.

- **Boston University Health Policy Institute**

BOSTON, MA

\$547,425—Technical assistance and direction for the Scholars in Health Policy Research Program (1 year). ID 48474

Summer Medical Education Program

Program to identify talented students from historically disadvantaged groups interested in careers in medicine and increase their rate of acceptance into medical school through participation in summer enrichment programs.

Program Sites

- **United Negro College Fund Inc.**

FAIRFAX, VA

\$300,000—(1 year). ID 50019

- **Yale University School of Medicine**

NEW HAVEN, CT

\$299,947—(1 year). ID 49902

Other Program Activities

- **Association of American Medical Colleges**

WASHINGTON, DC

\$594,206—Technical assistance and direction for the Summer Medical Education Program (1 year). ID 48352

The Tides Center

OAKLAND, CA

\$40,050—Scanning leadership capacity-building efforts in health and health care (for 6 months). ID 52307

University of Vermont College of Medicine

BURLINGTON, VT

\$75,000—Clinical Research 2004 meeting (for 1 year). ID 48771

Human Capital Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in this portfolio. Findings and lessons from the grants described have informed RWJF's current grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Program Inspires Best and Brightest to Pursue Careers in Health Policy

The *Scholars in Health Policy Research Program*, established in 1991, invites talented recent graduates of doctoral programs in economics, political science and sociology to spend two years at a leading university pursuing health policy research. Schools hosting scholars include the University of California at Berkeley and San Francisco, which have a combined program, the University of Michigan and Harvard University. Each year about 12 scholars conduct research under the guidance of faculty mentors, participate in seminars and workshops and audit courses in health policy and related subjects. As of December 2004, 41 economists, 47 political scientists and 41 sociologists have participated. Boston University's Health Policy Institute manages the program. See the National Program Report at www.rwjf.org/reports/npreports/shprp.htm.

Getting Down to Business: Public Health Professionals Learn How to Manage

Most public health professionals enter management positions with clinical expertise but lack budgeting and other managerial skills. From 1998 to 2003 the Centers for Disease Control and Prevention (CDC) administered a pilot educational program to improve the management competency of public health professionals and the effectiveness of their agencies in Georgia, North Carolina, South Carolina and Virginia. The CDC subcontracted with the Kenan-Flagler Business School and the School of Public Health of the University of North Carolina at Chapel Hill to run the Management Academy for Public Health, a nine-month training program. Over the four-year period, 593 managers graduated from the academy. An evaluation of the program found that graduates of the first three years, who were trained at a total cost of \$2 million, applied their skills and competencies to garner more than \$6 million in revenue for their agencies. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=033489.htm.

Human Capital Materials Available

RWJF produces *ADVANCES*[®], a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Byrd M. *Rescuing the Health Workforce: Options for State Action*. Washington: NGA Center for Best Practices, 2004. Available at: www.nga.org/cda/files/0401RESCUINGHEALTH.pdf.

This issue brief outlines the causes and challenge of shortages in the nursing and direct care workforce and proposes opportunities for addressing these workforce challenges.

Cooper R and Stoflet S. "Diversity and Consistency: The Challenge of Maintaining Quality in a Multidisciplinary Workforce." *Journal of Health Services Research & Policy*, 9(S1): 39–47, 2004.

This paper examines the evidence for the clinical effectiveness of non-physician clinicians across a range of disciplines, and addresses whether quality can be maintained in a multidisciplinary workforce.

Lowe J and Pechura CM. "The Robert Wood Johnson Foundation's Commitment to Increasing Minorities in the Health Professions." In *To Improve Health and Health Care, Vol. VII*, Isaacs S and Knickman J (eds.). San Francisco: Jossey-Bass, 2004. Available at: www.rwjf.org/files/publications/books/2004/chapter_06.html.

After their historical synopsis of the Foundation's grantmaking to increase diversity in the health professions, the authors offer general observations and conclusions. Increasing the numbers of minorities who prepare for college and graduate health programs remains a high priority for the Robert Wood Johnson Foundation.

McDade SA, Richman RC, et al. "Effects of Participation in the Executive Leadership in Academic Medicine (ELAM) Program on Women Faculty's Perceived Leadership Capabilities." *Academic Medicine*, 79(4): 302–309, 2004.

While the proportion of women both attending and teaching at medical schools has increased substantially, there is still a gender gap in medical academia between women and men in leadership positions. This article presents findings of a study measuring the impact of participation in the ELAM Program.

Schroen A, Brownstein M, et al. "Women in Academic General Surgery." *Academic Medicine*, 79(4): 310–318, 2004.

Although modest increases in the number of female faculty in U.S. medical schools emerged between 1985 and 2001, disparities still exist between men and women in academic advancement and opportunity. The authors suggest that because substantial resources are required to train surgeons, departments should make faculty career development a high priority, regardless of gender.

Stone RI. "The Direct Care Worker: A Key Dimension of Home Care Policy." *Home Health Care Management and Practice*, 16(5): 339–349, 2004.

This article describes the direct care workforce, highlighting key factors that contribute to high turnover rates among workers and outlining opportunities to recruit and retain high-quality workers.



Vulnerable Populations Portfolio

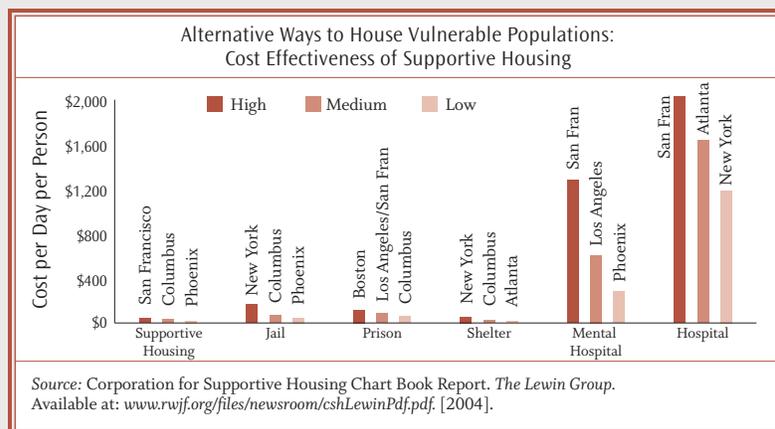
Supporting promising new ideas that address health and health care problems that intersect with social factors—housing, poverty, and inadequate education—and affect society’s most vulnerable people.

For more on RWJF’s work in this area, see www.rwjf.org/vulnerable

BARRIERS TO IMPROVING HEALTH and health care intertwine with social factors (e.g., lack of housing, poor education, poverty, racial and ethnic discrimination) to make America’s most vulnerable people especially fragile. In 2004 we refined our approach to vulnerable populations by focusing on programs that work at the intersection of health and social factors to promote solutions that cut across multiple health and social service systems. Many of these programs target children and families, recent immigrants, the chronically homeless, prisoners who are re-entering society, those with multiple health problems, and frail elders. In 2004 the Foundation supported several initiatives with health and social factors as a single challenge:

- A grant to the Shreveport-Bossier Community Renewal (SBCR) will help rebuild one of Louisiana’s most troubled communities. SBCR is a faith-based, community-driven initiative aimed at improving the health and well-being of vulnerable families in impoverished and isolated neighborhoods. SBCR established resource centers in five targeted neighborhoods, trained over 500 community leaders in these neighborhoods, connected them with mobile health care services, and increased volunteerism across the city.
- The Foundation-supported *Cash & Counseling* program—that helps Medicaid recipients decide how best to use the benefit with the assistance of a financial counselor—expanded to 11 new states. Data gathered from an earlier three-state demonstration in Arkansas, Florida and New Jersey showed high levels of satisfaction among the program’s participants and appropriate use of the cash benefit. The data also showed that people who enrolled in the program were as healthy as, and more satisfied with their caregiving than those who received traditional Medicaid services.
- Continued support of Experience Corps® addressed health and illiteracy by organizing and training more than 1,500 seniors and retirees to serve as tutors for children in urban public schools and after-school programs in 13 cities. Research shows that Experience Corps boosts student academic performance, helps improve the success rates of schools and youth-serving organizations, strengthens ties between these institutions and surrounding neighborhoods, and enhances the well-being of its senior volunteers.
- In 2004 RWJF funded 11 new communities to develop plans for long-term care as part of the *Community Partnerships for Older Adults* program. These grantees join eight other communities leading a national renaissance in long-term care and supportive services systems.
- The Foundation made a significant change in the strategy of one of our largest national programs, *Faith in Action*®. Future funding will emphasize strengthening and providing more resources to existing coalitions.
- RWJF also joined an unprecedented collaboration of national foundations, nonprofit organizations and financial institutions to galvanize leadership and resources to bring an end to long-term homelessness over the next decade. The Partnership to End Long-Term Homelessness will dedicate more than \$37 million in grants and loans to the Corporation for Supportive Housing, the National Alliance to End Homelessness and other groups working to end long-term homelessness.

In the coming year we will look for opportunities that further address health and social factors.



 **Vulnerable Populations**
2004 Grants and Contracts

After School: Connecting Children at Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Compromising Behaviors

Program to support a three-city demonstration project designed to connect at-risk urban youth with responsible adults in activities after school.

Program Sites

- **United Way of Massachusetts Bay Inc.**
BOSTON, MA
\$2,250,000—(40 months). ID 49336

Other Program Activities

- **Nonprofit Finance Fund**
NEW YORK, NY
\$649,942—Technical assistance and direction for After School (1 year). ID 48467

American Geriatrics Society Inc.

NEW YORK, NY
\$50,000—Addressing the future of geriatric medicine (for 1 year). ID 51378

Artistic Realization Technologies Inc.

BELLE MEADE, NJ
\$50,000—Developing an art training center for people with disabilities (for 18 months). ID 51390

Association for the Study and Development of Community

GAITHERSBURG, MD
\$215,046—Technical assistance for a project to improve the health and well-being of isolated families and communities in Shreveport-Bossier, Louisiana (2 years). ID 50216

Brown University Center for Gerontology & Health Care Research

PROVIDENCE, RI
\$20,000—Workshop on improving the quality of science on aging (for 1 year). ID 51350

Cash & Counseling

Expansion of a proven model of consumer-directed supportive services to more states, allowing thousands more older adults and people with disabilities to have choice and control over the care they receive.

Program Sites

- **State of Alabama**
Department of Senior Services
MONTGOMERY, AL
\$250,000—(3 years). ID 52116
- **State of Iowa**
Department of Human Services
DES MOINES, IA
\$250,000—(3 years). ID 52108
- **State of Kentucky**
Department for Medicaid Services
FRANKFORT, KY
\$250,000—(3 years). ID 52103
- **State of Michigan**
Department of Community Health
LANSING, MI
\$250,000—(3 years). ID 52102
- **State of Minnesota**
Department of Human Services
ST. PAUL, MN
\$350,000—(3 years). ID 52105
- **State of New Mexico Aging and Long-Term Services Department**
SANTE FE, NM
\$349,153—(3 years). ID 52106
- **Commonwealth of Pennsylvania**
Governor's Office
HARRISBURG, PA
\$249,995—(3 years). ID 52100
- **State of Rhode Island and Providence Plantations Department of Human Services**
CRANSTON, RI
\$250,000—(3 years). ID 52101
- **State of Vermont Agency of Human Services, Department of Aging and Independent Living**
WATERBURY, VT
\$249,416—(3 years). ID 52110
- **State of Washington Department of Social and Health Services**
OLYMPIA, WA
\$250,000—(3 years). ID 52109
- **State of West Virginia**
Bureau of Senior Services
CHARLESTON, WV
\$250,000—(3 years). ID 52104

Other Program Activities

- **Boston College**
Graduate School of Social Work
CHESTNUT HILL, MA
\$906,646—Technical assistance and direction for Cash & Counseling (1 year). ID 49696

Children's Futures

Program to employ a comprehensive set of interventions designed to improve the health of children in Trenton, New Jersey.

- **Children's Futures Support Fund Inc.**
TRENTON, NJ
\$1,182,456—Technical assistance and direction for Children's Futures (1 year). ID 48429

Coming Home: Affordable Assisted Living

Program to provide grant support, technical assistance and loan funds to states to create affordable models of assisted living targeted to low-income seniors and linked with existing community health care systems.

- **NCB Development Corporation**
OAKLAND, CA
\$35,350—Transition planning for Coming Home (6 months). ID 51008

Community Partnerships for Older Adults

Program to foster efforts of local public-private partnerships to improve long-term care and supportive services systems for older adults.

Program Sites

- **Atlanta Regional Commission**
ATLANTA, GA
\$750,000—Improving the long-term care system in Atlanta (4 years). ID 50343
- **Broome County Office for the Aging**
BINGHAMTON, NY
\$750,000—Comprehensive planning for long-term care and supportive services for seniors (4 years). ID 50349
- **Central Council of the Tlingit and Haida Indian Tribes**
JUNEAU, AK
\$150,000—Developing a case management system of coordinated long-term care for Native American elders (18 months). ID 52261
- **C.S.S. of Washtenaw County**
ANN ARBOR, MI
\$150,000—Establishing an elder-friendly community that promotes improved long-term care and independence (18 months). ID 52257
- **Easter Seals New Hampshire Inc.**
MANCHESTER, NH
\$150,000—Redesigning community long-term care and supportive services for the frail elderly (18 months). ID 52262

- **City of Fremont**
Human Services Department
FREMONT, CA
\$150,000—Creating a coordinated system of services for a culturally diverse population of frail elderly (18 months). ID 52259
 - **Hale Makua**
KAHULUI, HI
\$750,000—Strategic planning initiative for long-term care for Maui residents (4 years). ID 50346
 - **Haywood County Council on Aging**
WAYNESVILLE, NC
\$150,000—Developing a comprehensive continuum of care for older adults (18 months). ID 52265
 - **Jefferson Area Board for Aging Inc.**
CHARLOTTESVILLE, VA
\$150,000—Improving the coordination, quality and accessibility of long-term care and supportive services for older adults (18 months). ID 52256
 - **Milwaukee County Department on Aging**
MILWAUKEE, WI
\$750,000—Caring communities for people needing long-term care (4 years). ID 50348
 - **North Idaho College**
COEUR D'ALENE, ID
\$150,000—Creating systems change to improve long-term care and supportive services for the elderly (18 months). ID 52255
 - **Olympic Area Agency on Aging**
PORT HADLOCK, WA
\$150,000—Developing comprehensive aging and long-term care services for a rural elderly population (18 months). ID 52264
 - **Rappahannock-Rapidan**
Community Services Board
CULPEPER, VA
\$150,000—Developing local and regional community awareness and action to address long-term care issues of the elderly (18 months). ID 52258
 - **Rio Grande Council of Governments**
EL PASO, TX
\$750,000—Strategic planning and advocacy program for long-term care (4 years). ID 50351
 - **City and County of San Francisco**
Department of Aging and Adult Services
SAN FRANCISCO, CA
\$750,000—Community-wide strategic plan of long-term health care (4 years). ID 50345
 - **Sheltering Arms**
HOUSTON, TX
\$748,664—Developing a strategic plan to improve long-term care and supportive services for elders and caregivers in Harris County (4 years). ID 50350
 - **Suburban Area Agency on Aging**
OAK PARK, IL
\$150,000—Creating an integrated collaborative long-term care system for suburban elderly (18 months). ID 52263
 - **United Way of Northeast Florida Inc.**
JACKSONVILLE, FL
\$150,000—Developing a coordinated and accessible long-term care system for older adults (18 months). ID 52260
 - **Veronica B. Smith Multi-Service Senior Center Inc.**
BOSTON, MA
\$750,000—Consumer-focused, long-term care for the elderly (4 years). ID 50344
- Other Program Activities**
- **University of Southern Maine,**
Edmund S. Muskie School of Public Service
PORTLAND, ME
\$1,854,569—Technical assistance and direction for Community Partnerships for Older Adults (1 year). ID 47889
 - **Corporation for Supportive Housing**
OAKLAND, CA
\$6,006,000—Taking Health Care Home: a national initiative to reduce chronic homelessness through the creation of supportive housing (for 2 years). ID 51162
 - **District of Columbia**
Developing Families Center Inc.
WASHINGTON, DC
\$657,706—Neighborhood family support center (for 3 years). ID 51174
- Faith in Action®**
Program to expand the continued replication of the Interfaith Volunteer Caregivers Model, providing volunteer caregiving to people of all ages with chronic health conditions.
- **Avera St. Anthony's Hospital**
O'NEIL, NE
\$35,000—(30 months). ID 52503
 - **Central Presbyterian Church**
NEW YORK, NY
\$35,000—(30 months). ID 52130
 - **Children of Our Future Inc.**
ALEXANDRIA, LA
\$35,000—(30 months). ID 52511
 - **Community Services Council**
SALT LAKE CITY, UT
\$35,000—(30 months). ID 50142
 - **Community Volunteer Connection**
MCMINNVILLE, OR
\$35,000—(30 months). ID 52514
 - **Cooperative Extension Association in the State of New York, Sullivan County**
LIBERTY, NY
\$35,000—(30 months). ID 51315
 - **Dove Inc.**
DECATUR, IL
\$14,709—(1 year). ID 50552
 - **Economic Opportunity for Savannah–Chatham County Area Inc.**
SAVANNAH, GA
\$35,000—(30 months). ID 50148
 - **Elder Network**
ROCHESTER, MN
\$35,000—(30 months). ID 52512
 - **ElderHelp of San Diego**
SAN DIEGO, CA
\$35,000—(30 months). ID 50146
 - **Eunice Pat Paddio-Johnson Foundation Inc.**
GREENSBURG, LA
\$35,000—(30 months). ID 51003
 - **Extended Hearts Resource Program**
BROOKLYN, NY
\$35,000—(30 months). ID 52129

VULNERABLE POPULATIONS PORTFOLIO REVIEW

- **Faith in Action Pflugerville Caregivers**
PFLUGERVILLE, TX
\$35,000—(30 months). ID 52500
 - **Fox Valley Hospice Inc.**
GENEVA, IL
\$35,000—(30 months). ID 52509
 - **Grant County Unified Community Resource Council Inc.**
SHERIDAN, AR
\$35,000—(30 months). ID 51314
 - **Guardian Angel Homes**
GRAND RAPIDS, MI
\$35,000—(30 months). ID 51765
 - **Hart Felt Ministries Inc.**
JACKSONVILLE, FL
\$35,000—(30 months). ID 51313
 - **Hopkins County Community Action Network Inc.**
SULPHUR SPRINGS, TX
\$35,000—(30 months). ID 52122
 - **Interfaith Coalition**
BELLINGHAM, WA
\$35,000—(30 months). ID 50995
 - **Interfaith Council of Manchester and Dorset**
MANCHESTER CENTER, VT
\$35,000—(30 months). ID 51011
 - **Ivins House Resource and Referral Center**
MORRISVILLE, PA
\$35,000—(30 months). ID 51769
 - **Junta for Progressive Action Inc.**
NEW HAVEN, CT
\$35,000—(30 months). ID 51771
 - **Lena Mae Farris Foundation**
WASHINGTON, TX
\$35,000—(30 months). ID 52501
 - **LIFESPAN Resources Inc.**
ATLANTA, GA
\$35,000—(30 months). ID 52123
 - **City of Maumelle**
MAUMELLE, AR
\$35,000—(30 months). ID 52507
 - **Mid-Willamette Valley Senior Services Agency**
TILLAMOOK, OR
\$28,472—(2 years). ID 50475
 - **Mojave Valley Volunteer Hospice**
BARSTOW, CA
\$35,000—(30 months). ID 51000
 - **Montgomery Cancer Wellness Foundation**
MONTGOMERY, AL
\$35,000—(30 months). ID 52124
 - **Mt. Calvary Baptist Church**
PRICHARD, AL
\$35,000—(30 months). ID 51312
 - **Moxham Ministerium Inc.**
JOHNSTOWN, PA
\$35,000—(30 months). ID 50999
 - **Neighborhood Service Center Inc.**
WINTER HAVEN, FL
\$35,000—(30 months). ID 50996
 - **Northside Inter-Church Agency Inc.**
FORT WORTH, TX
\$35,000—(30 months). ID 52506
 - **Northwest Piedmont Council of Governments**
WINSTON-SALEM, NC
\$35,000—(30 months). ID 51317
 - **Ohio Presbyterian Retirement Services dba Senior Independence**
COLUMBUS, OH
\$35,000—(30 months). ID 52505
 - **Prairie du Chien United Methodist Church**
PRAIRIE DU CHIEN, WI
\$35,000—(30 months). ID 52499
 - **Providence Hood River Memorial Hospital**
HOOD RIVER, OR
\$35,000—(30 months). ID 51768
 - **St. John the Evangelist Church**
JACKSON, MI
\$35,000—(30 months). ID 50128
 - **St. Luke Community Clinic Inc.**
FRONT ROYAL, VA
\$35,000—(30 months). ID 51004
 - **SEM-SEA-FISH**
ROCHESTER, NY
\$35,000—(30 months). ID 51316
 - **Senior Friendship Centers Inc.**
SARASOTA, FL
\$35,000—(30 months). ID 52502
 - **Sunburst Community Service Foundation Inc.**
EUREKA, MT
\$35,000—(30 months). ID 52121
 - **United Center for Caring**
JACKSON, MI
\$35,000—(30 months). ID 50152
 - **Vietnamese Buddhist Association of San Francisco**
SAN FRANCISCO, CA
\$35,000—(30 months). ID 50134
 - **City of Wanamingo**
WANAMINGO, MN
\$35,000—(30 months). ID 50998
 - **County of Washburn Unit on Aging**
SPOONER, WI
\$35,000—(30 months). ID 51002
 - **Way Station**
COLUMBIANA, OH
\$35,000—(30 months). ID 51770
 - **Your Neighbors Inc.**
NEW HARTFORD, NY
\$35,000—(30 months). ID 50138
- Family Support Services Program**
National technical assistance initiative to selected states to enable them to establish statewide networks of community-based family resource and support service centers.
- Program Sites**
- **Parent Trust for Washington Children**
SEATTLE, WA
\$40,781—Family Support Services Program for the Washington state initiative (11 months). ID 50192
- Other Program Activities**
- **Family Support America**
CHICAGO, IL
\$50,000—Promotional activities for the family support model aimed at enhancing family health and safety (4 months). ID 50283
- Foundation for the Mid South Inc.**
JACKSON, MS
\$125,030—Engaging stakeholders and leaders to develop strategies for improving the health status of people in the mid-south (for 1 year). ID 52345

Grantmakers in Aging Inc.

DAYTON, OH

\$20,000—Grantmakers in Aging 2004 Annual Conference (for 9 months). ID 51855

Injury Free Coalition for Kids®:

Dissemination of a Model Injury Prevention Program for Children and Adolescents

Program to reduce and prevent injuries to children through a hospital-based, research-driven model, implemented in partnership with coalitions of community stakeholders.

• **The Mailman School of Public Health at Columbia University**

NEW YORK, NY

\$840,000—Technical assistance and direction for the Injury Free Coalition for Kids (1 year). ID 48389

Living Cities Inc.: The National Community Development Initiative

NEW YORK, NY

\$3,000,000—National partnership to build healthier communities (for 3 years). ID 51039

Local Initiative Funding Partners Program

A matching grants program designed to establish partnerships between RWJF and local grantmakers in support of innovative, community-based projects that improve health and health care for underserved and vulnerable populations.

Program Sites

• **University of Alabama at Birmingham School of Public Health**

BIRMINGHAM, AL

\$243,000—Developing and disseminating a radio soap opera promoting healthy behavior messages to African Americans (3 years). ID 51424

• **Alaska Native Tribal Health Consortium**

ANCHORAGE, AK

\$495,448—Developing a program to address the oral health needs of Alaska Natives (3 years). ID 51605

• **University of Arkansas for Medical Sciences**

LITTLE ROCK, AR

\$500,000—Continuing care program for low-income mothers and their families (4 years). ID 51439

• **Brookline Community Mental Health Center Inc.**

BROOKLINE, MA

\$300,000—Preventing relapse, school failure and out-of-home placement among high-risk adolescents (4 years). ID 51441

• **Cape Cod Free Clinic in Falmouth Inc.**

FALMOUTH, MA

\$460,000—Region-wide program to identify and coordinate care for low-income, uninsured and immigrant adults with depression and anxiety (3 years). ID 51502

• **Christ Community Health Services, Inc.**

MEMPHIS, TN

\$395,386—Training church health representatives to promote healthy lifestyles and reduce preventable diseases among low-income African Americans (4 years). ID 51423

• **Das Deutsch Center for Special Needs Children**

MIDDLEFIELD, OH

\$411,297—Educational intervention to reduce the incidence of genetic disease among Amish families (4 years). ID 51426

• **Franciscan Hospital for Children, Inc.**

BRIGHTON, MA

\$500,000—Developing a school-based infrastructure to improve children's mental and physical health (4 years). ID 51432

• **Joe DiMaggio Children's Hospital Foundation Inc.**

HOLLYWOOD, FL

\$500,000—School- and community-based efforts to combat childhood obesity through wellness education and physical activity (3 years). ID 51442

• **MicheLee Puppets Inc.**

ORLANDO, FL

\$50,000—Planning project to promote healthy lifestyle choices among elementary school-children using a puppet game show format (1 year). ID 51427

• **Minnesota State University, Mankato, College of Allied Health and Nursing**

MANKATO, MN

\$74,861—Creating a standardized, accredited community health worker training program (1 year). ID 51437

• **Monadnock Family Services**

KEENE, NH

\$415,000—Improving the health of adults with severe mental illness through involvement in community wellness programs (4 years). ID 51433

• **National Nursing Center Consortium Inc.**

PHILADELPHIA, PA

\$495,203—Promoting health and self-esteem through a running program for middle and high school students (4 years). ID 51434

• **Northern Virginia Community College Educational Foundation Inc.**

ANNANDALE, VA

\$500,000—Reducing health disparities through community collaboration (3 years). ID 51425

• **Seattle-King County Department of Public Health**

SEATTLE, WA

\$494,200—Expanding dental student training to provide oral health care services for low-income children and adults (3 years). ID 51431

• **Sickness Prevention Achieved Through Regional Collaboration Inc.**

LAKEVILLE, CT

\$58,000—Guidance and technical assistance for a polling place vaccination program for the elderly (1 year). ID 51610

• **The Thresholds**

CHICAGO, IL

\$474,000—Developing an integrated system to address the mental and physical health care needs of people with serious mental illness (3 years). ID 51430

• **West Side Ecumenical Ministry**

CLEVELAND, OH

\$360,783—Educational outreach program to increase the number of bilingual health care professionals (30 months). ID 52569

• **Women's 12-Step Recovery Center Inc.**

KANSAS CITY, MO

\$500,000—Multidisciplinary collaborative to address the needs of substance-abusing women and their families (3 years). ID 51436

• **Youth ALIVE**

OAKLAND, CA

\$500,000—Providing case management and mentoring for low-income youth hospitalized with violence-related injuries (4 years). ID 51422

Other Program Activities

• **Health Research & Educational Trust of New Jersey**

PRINCETON, NJ

\$1,295,445—Technical assistance and direction for the Local Initiative Funding Partners Program (1 year). ID 48371

\$43,338—Developing a Local Initiative Funding Partners Program storybook (1 year). ID 50342

**University of Michigan
Institute for Social Research**

ANN ARBOR, MI
\$50,000—*Conference on the impacts of "nonhealth" policy on population health (for 18 months).* ID 52522

**National Campaign to Prevent
Teen Pregnancy**

WASHINGTON, DC
\$1,598,000—*Support of the National Campaign to Prevent Teen Pregnancy (for 3 years).* ID 50963

NCB Development Corporation

OAKLAND, CA
\$30,000—*Development of replication strategy for reducing home alternatives (for 4 months).* ID 52576

New Jersey Health Initiatives

Program to support innovative community-based projects that address one or more of the Foundation's goals in health and health care.

Program Sites

- **Boat People SOS Inc.**
PENNSAUKEN, NJ
\$323,924—*Cancer awareness program for immigrant women (3 years).* ID 51858
- **Community Health Care Inc.**
BRIDGETON, NJ
\$327,600—*Reducing health disparities through outreach and education collaboratives (30 months).* ID 51864
- **Community Medical Center**
TOMS RIVER, NJ
\$254,206—*Providing osteoporosis nutrition, education and screening for women (3 years).* ID 51861
- **Henry J. Austin Health Center Inc.**
TRENTON, NJ
\$337,770—*Providing a weight loss program for children and families (3 years).* ID 51859
- **HiTops Inc.**
PRINCETON, NJ
\$25,000—*Building a business and development infrastructure for an adolescent health program (1 year).* ID 50798

- **The Jewish Renaissance Foundation Inc.**
PERTH AMBOY, NJ
\$95,494—*Developing a healthy eating and physical activity program to help overweight Perth Amboy High School students (1 year).* ID 50920

- **State of New Jersey Judiciary—
Morris County Superior Court**
MORRISTOWN, NJ
\$347,586—*Enhancing a family drug court (3 years).* ID 51866

- **New Jersey Primary Care Association Inc.**
PRINCETON, NJ
\$50,000—*Developing an information technology system to improve the quality and access of primary care in community health centers (1 year).* ID 51860

- **Plainfield Neighborhood
Health Services Corporation**
PLAINFIELD, NJ
\$281,655—*Collaborative to increase pediatric fitness and reduce obesity (3 years).* ID 51862

- **Planned Parenthood of Central New Jersey**
SHREWSBURY, NJ
\$300,000—*Outreach program to address barriers to reproductive health care for immigrants and underserved minorities (3 years).* ID 51863

- **Tri-County Community Action Agency, Inc.**
BRIDGETON, NJ
\$142,686—*Dental screenings and care for preschool and school-age children (2 years).* ID 51865

Other Program Activities

- **University of Pennsylvania
School of Arts and Sciences**
PHILADELPHIA, PA
\$207,320—*Implementing the Phase II pilot of a management capacity-building program for the managers of small- to medium-sized health agencies in New Jersey (8 months).* ID 51169

- **Rutgers, The State University, The
Institute for Health, Health Care Policy,
and Aging Research**
NEW BRUNSWICK, NJ
\$780,027—*Technical assistance and direction for New Jersey Health Initiatives (1 year).* ID 48489

- *\$323,922—Evaluating the success of the New Jersey Health Initiatives Workforce Agenda grantee projects (3 years).* ID 51708

Rowell Foster Children Fund Inc.

LOS ANGELES, CA
\$29,400—*Enhancing and expanding support and direct services to youth in Los Angeles County foster care (for 1 year).* ID 51707

Shreveport-Bossier Community Renewal Inc.

SHREVEPORT, LA
\$1,200,000—*Improving the health and well-being of isolated families and communities (2 years).* ID 49982

Southcentral Foundation

ANCHORAGE, AK
\$323,000—*Addressing domestic violence, abuse and neglect among native Alaskan families (for 2 years).* ID 51870

**Urban Health Initiative: Working to Ensure
the Health and Safety of Children**

Program to improve the health and safety of young people in urban areas by improving collaboration among youth-serving agencies and organizations.

Program Sites

- **East Bay Community Foundation**
OAKLAND, CA
\$300,000—(2 years). ID 50050
- **Mayor's Time**
DETROIT, MI
\$1,809,079—(29 months). ID 51717

Other Program Activities

- **University of Washington,
Daniel J. Evans School of Public Affairs**
SEATTLE, WA
\$1,375,398—*Technical assistance and direction for the Urban Health Initiative (1 year).* ID 47994

Urban Institute

WASHINGTON, DC
\$296,468—*Understanding the nexus among prisoner re-entry, public health and substance abuse (for 3 years).* ID 51041

Vote and Vaccinate: A Community-Based Strategy to Promote Adult Immunization Initiative to help public health agencies organize, promote and implement influenza vaccination clinics within easy reach of voting activities.

- **Boston Public Health Commission**
BOSTON, MA
\$8,000—(4 months). ID 51985
- **Custer County Health Department**
MILES CITY, MT
\$8,000—(4 months). ID 51989
- **Erie County Department of Health**
ERIE, PA
\$8,000—(4 months). ID 51984
- **Indian Health Service Pine Ridge**
PINE RIDGE, SD
\$8,000—(4 months). ID 51980
- **State of Louisiana Department of Health and Hospitals**
NEW ORLEANS, LA
\$8,000—(4 months). ID 51982
- **State of Maine Department of Health and Human Services**
AUGUSTA, ME
\$8,000—(4 months). ID 51975
- **Marshall County Health Department**
MARYSVILLE, KS
\$8,000—(4 months). ID 51977
- **Niagara County Health Department**
NIAGARA FALLS, NY
\$7,193—(4 months). ID 51976
- **Pasco County Health Department**
NEW PORT RICHEY, FL
\$8,000—(4 months). ID 51979
- **St. Louis County, Missouri**
CLAYTON, MO
\$7,995—(4 months). ID 51987
- **San Francisco Public Health Foundation**
SAN FRANCISCO, CA
\$8,000—(4 months). ID 51978

- **State of Utah, Utah Department of Health**
SALT LAKE CITY, UT
\$8,000—(4 months). ID 51988
- **State of Virginia Department of Health**
RICHMOND, VA
\$8,000—(17 months). ID 51986
- **Worcester County Health Department**
SNOW HILL, MD
\$1,900—(4 months). ID 51983
- **Worth County Public Health Department**
NORTHWOOD, IA
\$6,047—(4 months). ID 51981

Weldon Management Associates LLC
CONYERS, GA
\$19,000—Technical assistance to the District of Columbia Developing Families Center (for 6 months). ID 50563



Vulnerable Populations Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in this portfolio. Findings and lessons from the grants described have informed RWJF's grantmaking. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Matching Grant Program Promotes Innovative Local Health Projects

In 1988, RWJF created the *Local Initiative Funding Partners Program*, a matching grants program designed to establish partnerships between RWJF and local grantmakers in support of innovative, community-based projects to improve health and health care for underserved and at-risk populations. Through 2004, 255 grants have been awarded to implement a wide range of health services and interventions in communities across the nation. A 2002 evaluation shows that these projects had high rates of sustainability following the initial grant. See the National Program Report at www.rwjf.org/reports/npreports/lifp.htm.

Nine States Expand School-Based Health Centers, Help Secure Ongoing Funding

Millions of school-age children in the United States have no health insurance coverage, and those who do face barriers to getting the health services they need. School-based health centers (SBHCs) can fill the gap. In 1994 RWJF launched *Making the Grade: State and Local Partnerships to Establish School-Based Health Centers* to help nine states (Colorado, Connecticut, Louisiana, Maryland, New York, North Carolina, Oregon, Rhode Island and Vermont) expand SBHCs and promote policies to sustain them. An evaluation found that SBHCs were a respected part of the publicly supported health system infrastructure and were gaining momentum even in states with new programs. In February 2001, the national program office became the *Center for Health and Health Care in Schools*. See the National Program Report at www.rwjf.org/reports/npreports/MakingGrade.htm.

Project Identifies 33 Indicators That a Community Is "Elder-Friendly"

Those over age 85 are the largest-growing segment of the U.S. population. To accommodate the majority of older people who want to remain independent, continue living at home and "age in place," communities need to provide a supportive environment for them. The Center for Home Care Research at the Visiting Nurse Service of New York developed 33 elder-friendly indicators and tested these in 10 communities. Each community received the survey data and set in place a process for developing action plans. The project staff also profiled "best practices" initiatives that promote elder health and independence in 17 U.S. communities. See the Grant Results Report at www.rwjf.org/reports/grr/044682.htm.

**Vulnerable Populations
Materials Available**

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Brodeur P. “The Injury Free Coalition for Kids.” In *To Improve Health and Health Care*, Vol. VII, Isaacs S and Knickman J (eds.). San Francisco: Jossey-Bass, 2004. Available at: www.rwjf.org/files/publications/books/2004/chapter_08.html.

The story of *Injury Free Coalition for Kids*® illustrates how the Foundation can address serious health issues: taking promising ideas suggested by knowledgeable outsiders, testing them on a relatively small scale, expanding the test on a larger scale, and then funding those same experienced individuals to assist those who are newer to the field.

DeKlyen M, Bradway K, et al. *The Fragile Families and Child Wellbeing Study*. Princeton: Princeton University, Bendheim-Thoman Center for Research on Child Wellbeing, 2004. Available at: <http://crcw.princeton.edu/fragilefamilies/index.asp>.

This study follows a birth cohort of mostly unwed parents and their children over a five-year period. The study is designed to provide new information on the capabilities and relationships of unwed parents, as well as the effects of policies on family formation and child well-being.

Desonia R. *The Promise and the Reality of Long-Term Care Insurance*. Washington: National Health Policy Forum, 2004. Available at: www.nhpf.org/pdfs_bp/BP_LTCL_07-31-04.pdf.

This paper examines one financing option—private long-term care insurance—and summarizes its brief history and the critical precedents that have influenced the products as currently sold. Other topics include the challenges to encouraging sales growth as well as increasing the role of this type of insurance in paying for long-term care.

Gordon RA, Chase-Lansdale, et al.

“Extending Households and the Life Course of Young Mothers: Understanding the Associations Using a Sample of Mothers With Premature, Low Birth Weight Babies.” *Child Development*, 75(4): 1013–1038, 2004.

This article examines whether the greater average schooling and employment and lower parenting competence of young mothers who reside with adult relatives reflect pre-existing differences versus potential causal mechanisms.

Kaplan C. *Opening Doors for Boston's Children: Lessons Learned in Expanding School-Based After-School Programs*. Boston: After-school for All Partnership, 2004. Available at: www.afterschoolforall.org/pdf/Final%20SSI%20Case%20Study.pdf.

This study is a response to the desire of city leaders to determine the most effective strategy for expanding after-school opportunities.

Levine C. *Family Caregivers on the Job: Moving Beyond ADLs and IADLs*. New York: United Hospital Fund, 2004. Available at: www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=227103.

More than 27 million caregivers in the United States provide care to seriously ill or disabled family members at home. This volume captures a year's debate among experts convened from around the country to analyze the limitations of Activities of Daily Living and Instrumental Activities of Daily Living and to explore alternatives.

Proscio T and Whiting B. *After-School Grows Up, How Four Large American Cities Approach Scale and Quality in After-School Programs*. New York: The After School Project, 2004.

Available at: www.theafterschoolproject.org/RepoProg-list0.html.

In the last decade, initiatives to create, expand and improve after-school services for young people have become more typical in large cities across the United States. This report provides in-depth studies of four cities—Chicago, Los Angeles, New York and San Diego—which have developed highly effective after-school support organizations.

Turnball BJ and Smith DL. *Experience Corps in Urban Elementary Schools: A Survey of Principals*. Washington: Policy Studies Associates, Inc., 2004. Available at: www.experiencecorps.org/images/pdf/principals.report.final.pdf.

Policy Studies Associates conducted a survey of the principals in elementary schools that participated in Experience Corps in 2002–03. The survey captured principals' observations and perceptions about the effectiveness of Experience Corps in their schools.



Pioneer Portfolio

Promoting fundamental breakthroughs in health and health care through innovative projects, including those from nontraditional sources and fields.

For more on RWJF's work in this area, see www.rwjf.org/pioneer

THE PIONEER PORTFOLIO promotes innovative projects that can lead to fundamental breakthroughs in health and health care. Similar to research and development investments in the for-profit sector, projects under this Portfolio are future-oriented and often look to nontraditional sources and fields to make significant improvements in health.

While the Foundation has always been interested in pursuing cutting-edge ideas to improve health and health care, establishing this Portfolio in 2003 marked the first time a discrete pool of funding had been set aside specifically for that purpose—to invest in high-risk ideas that could have major impact. The Pioneer Portfolio provides a distinct alternative to programming aimed at specific problems targeted by the Foundation.

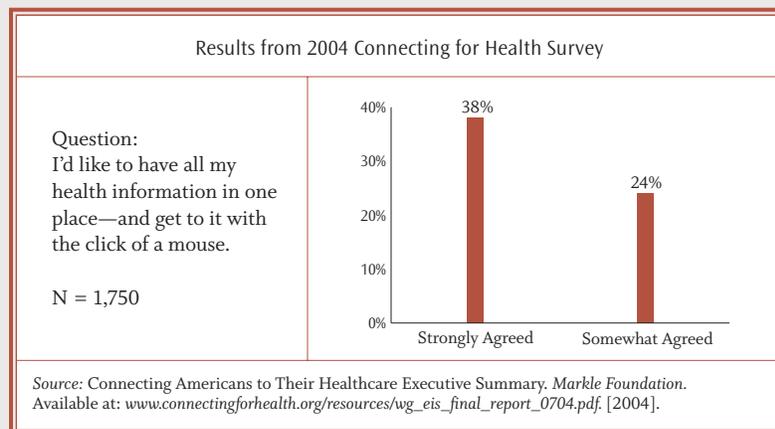
The Foundation’s approach to developing the Pioneer Portfolio has been to challenge the field to submit breakthrough ideas, and to invest across a wide range of topics and strategies, starting with exploratory grants and then making subsequent investments in the projects that show the most promise. Consistent with that approach, our investments in 2004 included a series of grants that are largely exploratory, such as:

- Creating a set of universal symbols to help patients—especially those with limited English proficiency—more easily navigate health care facilities;
- Exploring how the emerging discipline of complexity science—an interdisciplinary approach to understanding

how complex systems evolve—can inform health care quality and chronic illness management strategies;

- Examining the potential role of health impact assessments—akin to environmental impact statements—as a policy tool to improve health;
- Assessing the potential impact of advances in neuroscience on the delivery of nonprofit behavioral health services;
- Supporting and growing the community of developers and scientists who are seeking to use the medium of video games to improve health and health care;
- Convening and creating a loose network of innovative physicians who have created primary care practices based on a new model of care.

Progress on two topics—medical malpractice and information technology—could lead to long-term improvements in U.S. health care. In 2004 the Foundation invested in both areas. A joint grant to the Common Good Institute and the Harvard University School of Public Health is aimed at designing a prototype for a new medical injury compensation system that includes specialized administrative courts. A partnership with the Markle Foundation, the *Connecting for Health* initiative, seeks to lay the groundwork for an effective and secure national health information network that would make patients’ medical records available when they are needed, to those authorized to access them.



 **Pioneer**
2004 Grants and Contracts

Alliance for Children and Families Inc.

MILWAUKEE, WI

\$225,000—Assessing the impact of neuroscience advancements on the delivery of nonprofit behavioral health services (for 18 months). ID 50949

The Common Good Institute Inc.

NEW YORK, NY

\$715,710—Designing a reliable system of medical justice (for 2 years). ID 50659

Communications Projects

MULTIPLE CONTRACTORS

\$368,000—Conference, related research and dissemination aimed at designing the 21st century hospital (for 15 months). ID 51110

\$25,000—Workshop to advance the use of health impact assessments to determine the impact of policies and projects on health (for 3 months). ID 51172

Digitalmill, Inc.

PORTLAND, ME

\$250,000—Exploring the role of video and computer games as a medium for health and health care messaging (for 2 years). ID 51701

Echoing Green Foundation

NEW YORK, NY

\$23,105—Supporting the Echoing Green Fellows Conference for emerging social innovators (for 3 months). ID 51050

Harvard University School of Public Health

BOSTON, MA

\$760,540—Designing a reliable system of medical justice (for 2 years). ID 51549

Institute for Healthcare Improvement

CAMBRIDGE, MA

\$221,500—Shortening the lag time between published research and medical practice (for 18 months). ID 50951

Lake Snell Perry & Associates, Inc.

WASHINGTON, DC

\$148,000—Identification of factors that result in positive patient experiences in hospital settings (for 19 months). ID 51841

Massachusetts Health Data Consortium Inc.

WALTHAM, MA

\$49,951—Evaluation of a pilot project to provide patient prescription and medication information to emergency department providers (for 18 months). ID 49569

One Economy Corporation

WASHINGTON, DC

\$50,000—Using technology as a tool to connect people to vital information and services (for 1 year). ID 51719

Plexus Institute Inc.

ALLENTOWN, NJ

\$214,440—Using complexity science concepts to enhance health care quality (for 2 years). ID 51504

Rand Corporation

SANTA MONICA, CA

\$75,000—Developing a patient-centered quality calculator (for 1 year). ID 49838

Renaissance Health LLC

ARLINGTON, MA

\$71,000—Conference aimed at defining a new model of primary care based on existing innovative practices (for 6 months). ID 51840

The Tomás Rivera Policy Institute

LOS ANGELES, CA

\$375,000—Developing universal symbols for health care facilities (for 18 months). ID 49836

 **Pioneer**
Grant Results Reporting

The Pioneer Portfolio made its first grants in late 2003. Given the relative youth of this Portfolio, Grant Results Reports are not yet available but will be in the future. To provide a sense of the Portfolio's innovative spirit, below are summaries of Grant Results Reports on some of RWJF's past exploratory grantmaking in genetics, now overseen by the Pioneer Portfolio. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Health Professionals Learn to Unravel Genetics for Their Patients

Between 1997 and 2003 RWJF funded three grants for genetics education among health professionals which helped establish the National Coalition for Health Professional Education in Genetics. This interdisciplinary group of 135 organizations promotes health professional education in the area of genetics. The coalition became a clearinghouse for questions and assistance in genetics from health care professionals and the public. Project staff developed the *Core Competencies in Genetics Essential for All Health-Care Professionals*, a guide which defines the knowledge, skills and attitudes that health care professionals need to integrate genetics into their work. Staff also created a Web site, www.nchpeg.org, which includes information on continuing education for health professionals and a newsletter titled *Genetic Family History in Practice*, which helps educators and providers learn about the role of genetic family history in health care. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=043547.htm.

Web Tool for Gathering Family Health History Performs Better than Usual Methods

From 1998 through 2002, researchers at the University of Virginia Health Sciences Center developed and tested a Web-based tool for collecting family health history. Called Health Heritage, the tool guides individuals as they input family history information. Then it applies a set of 89 evidence-based rules to assess the individual's risk of developing certain conditions in five disease areas: oncology, cardiology, vascular disease, neurology and endocrinology. In live tests, the tool did better than the usual methods for gathering family health information, which include a chart review. It performed almost as well as an interview with a genetics counselor—considered the gold standard for getting pertinent family genetics information. The tool has the potential to enhance communication between primary care providers and individuals about their risks for common diseases with genetic components. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=040685.htm.



Pioneer Materials Available

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Markle Foundation. *Achieving Electronic Connectivity in Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/resources/cfh_aech_roadmap_072004.pdf.

Emerging technologies offer an unprecedented ability to provide accurate and actionable medical information in a secure and private form when and where it is needed, whether by patients themselves or by the clinicians who care for them. This report provides recommendations for identifying and removing barriers to the growth of electronic connectivity in health care.

Markle Foundation. *Connecting Americans to Their Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/resources/wg_eis_final_report_0704.pdf.

This report describes a framework for evaluating personal health records and provides a series of recommendations for critical next steps to advance the field of interoperable health information systems that permit significant patient access and control.

Markle Foundation. *Financial, Legal and Organizational Approaches to Achieving Electronic Connectivity in Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/assets/reports/flo_sustain_healthcare_rpt.pdf.

To stimulate the adoption of much-needed IT systems in health care, the Connecting for Health Working Group on Financial, Organizational and Legal Sustainability of Health Information Exchange developed: (1) an analysis of the legal and organizational issues and barriers related to health information exchange, and (2) a high-level qualitative financial analysis of the business case for adoption of clinical information systems from the providers' perspective.

Other

Supporting programs that are consistent with the Foundation's overall mission but are not aligned with a portfolio or targeted objective.

✦ 2004 Grants and Contracts

AcademyHealth

WASHINGTON, DC

\$70,000—Field-building activities for health services research (for 1 year). ID 51635

Alliance for Health Reform

WASHINGTON, DC

\$1,106,000—Issue briefings on health policy for policy-makers, journalists and national organizations (for 2 years). ID 41830

Alliance for Justice

WASHINGTON, DC

\$126,508—Building advocacy expertise among RWJF grantees (for 1 year). ID 50978

American National Red Cross

WASHINGTON, DC

\$750,000—Emergency assistance for the victims of Hurricane Charley (for 3 months). ID 52080

The Apollo Theater Foundation Inc.

NEW YORK, NY

\$20,000—Providing inner-city residents access to health screenings, information, workshops and demonstrations through community health fairs (for 1 year). ID 51720

Association of Health Care Journalists

MINNEAPOLIS, MN

\$25,000—Fifth national conference of the Association of Health Care Journalists (for 3 months). ID 50493

BBB Wise Giving Alliance

ARLINGTON, VA

\$100,000—New accountability standards to make charitable organizations more transparent to the public (for 2 years). ID 52235

Boys, Girls, Adults Community Development Center

MARVELL, AR

\$49,991—Building capacity for community-based programs in rural Arkansas (for 18 months). ID 50979

Burness Communications, Inc.

BETHESDA, MD

\$699,450—Producing and distributing television news stories on Foundation-funded projects (for 1 year). ID 49986

University of California, Berkeley, College of Environmental Design

BERKELEY, CA

\$40,000—Supporting youth leadership change activities in public housing (for 1 year). ID 51827

Changes in Health Care Financing and Organization

Initiative that supports policy analysis, research, evaluation and demonstration projects that will provide public and private decision leaders with usable and timely information on health care policy and financing issues.

Program Sites

- **University of Alabama at Birmingham, Lister Hill Center for Health Policy**

BIRMINGHAM, AL

\$204,220—Examining the effect of medical malpractice reform on malpractice premiums and on consumer costs of health care (18 months). ID 50298

- **Boston University School of Public Health**

BOSTON, MA

\$356,373—Modeling decisions of Medicare health plans and determining if regional competitive bidding will work (2 years). ID 51151

- **Brandeis University, The Heller School for Social Policy and Management**

WALTHAM, MA

\$421,926—Study of the role of benefit design in enrollment, drug use and expenditures in two state prescription drug programs for seniors (2 years). ID 50507

- **Brookings Institution**

WASHINGTON, DC

\$99,744—Comparing standards of care and medical practice in the United States and the United Kingdom (1 year). ID 50863

- **The College of William and Mary Center for Public Policy Research**

WILLIAMSBURG, VA

\$108,455—Exploring the implications of pharmacogenomics on health care costs and access to treatment (1 year). ID 50400

- **Cornell University College of Human Ecology**

ITHACA, NY

\$231,282—Evaluating factors affecting hospital costs (18 months). ID 51830

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

ATLANTA, GA

\$172,075—Researching the market-level effects of Medicaid HMOs on physician participation, enrollee access and program costs (2 years). ID 50954

- **George Washington University School of Public Health and Health Services**

WASHINGTON, DC

\$99,997—Examining the relationship between young adults who serve in the military and Medicaid enrollment and utilization (7 months). ID 52228

- **Georgetown University Institute for Health Care Research and Policy**

WASHINGTON, DC

\$179,779—Study of various design features of the federal health care tax credit program (1 year). ID 50263

- **Harvard Pilgrim Health Care Inc.**

BOSTON, MA

\$99,977—Assessing the cost, utilization and health effects of successive changes in cesarean length-of-stay policy (1 year). ID 50048

- **Health Research and Educational Trust**

CHICAGO, IL

\$170,987—Examining the extent to which increases in health care costs are due to technology (1 year). ID 52351

- **Health Research and Educational Trust**

WASHINGTON, DC

\$6,083—Study on the current state and future direction of tiered benefits for hospital services (1 year). ID 50490

- **University of Maryland, Baltimore, The Peter Lamy Center on Drug Therapy and Aging**

BALTIMORE, MD

\$291,039—Establishing the value of stable prescription coverage for Medicare beneficiaries (18 months). ID 50399

- **University of Minnesota, Carlson School of Management**

MINNEAPOLIS, MN

\$499,103—Exploring the long-term impact of consumer-driven health plans (3 years). ID 52321

- **University of Minnesota School of Public Health**

MINNEAPOLIS, MN

\$99,471—Examining the effect of hospital mergers on HMO hospital costs and premiums, 1995–2001 (1 year). ID 50491

- **Northwestern University, Kellogg School of Management**

EVANSTON, IL

\$240,433—Studying a new approach to identify hospital market power and its impact on merger antitrust analysis (2 years). ID 50861

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

SALEM, OR

\$262,287—Research on the impacts of Medicaid benefit reductions and increased cost sharing (2 years). ID 51304

- University of Oregon**
School of Architecture and Allied Arts
 EUGENE, OR
 \$601,547—Assessing the impact of consumer-driven health plans on the development of activated consumerism (3 years). ID 50862
- Pacific Business Group on Health**
 SAN FRANCISCO, CA
 \$89,676—Testing the value of patient-reported physician quality information for quality improvement and consumer choice (1 year). ID 52352
- Park Nicollet Institute**
 MINNEAPOLIS, MN
 \$94,983—Investigating management uses of health-based risk adjustment tools by U.S. purchasers and health plans (11 months). ID 50401
- University of Southern Maine, Edmund S. Muskie School of Public Service**
 PORTLAND, ME
 \$367,636—Studying the use of tiered provider networks by employer-sponsored health plans (30 months). ID 51419
- Tufts University**
Department of Economics
 MEDFORD, MA
 \$117,275—Integrating the main findings of the empirical literature on hospital ownership (1 year). ID 50953
- University of Washington School of Public Health and Community Medicine**
 SEATTLE, WA
 \$655,910—Evaluating an organizational innovation for improving access and quality of care (2 years). ID 52229

Other Program Activities

- AcademyHealth**
 WASHINGTON, DC
 \$1,117,487—Technical assistance and direction for Changes in Health Care Financing and Organization (1 year). ID 48416

Communications Projects

- MULTIPLE CONTRACTORS
- \$1,200,000—Building relationships between RWJF grantees and policy-makers (for 17 months). ID 48214
- \$660,200—RWJF grantee Web support center (for 33 months). ID 48941
- \$281,500—Policy synthesis project—Phase III (for 2 years). ID 48985
- \$69,990—RWJF grantee media training (for 1 year). ID 50487
- \$357,250—Publishing the RWJF Anthology Volume VIII (for 1 year). ID 50705

Foundation Center

NEW YORK, NY
 \$250,000—Data collection and analysis of the foundation field (for 3 years). ID 50069

Greater Washington Educational Telecommunications Association Inc.

ARLINGTON, VA
 \$1,590,000—News collaboration with the Health and Health Policy Unit of the “NewsHour with Jim Lehrer” (for 3 years). ID 51275

Health Tracking

Initiative to track and report on changes in the U.S. health care system and how they affect Americans’ health.

- University of California, Los Angeles, Center for Health Sciences**
 LOS ANGELES, CA
 \$199,947—Addressing unmet needs in substance abuse treatment and mental health care through community collaborations (1 year). ID 38923

Henry Ford Health System

DETROIT, MI
 \$50,000—Establishing the Wayne County Health Authority (for 1 year). ID 49994

NETSCAN iPublishing, Inc.

FALLS CHURCH, VA
 \$190,788—Information on state health policy legislation (for 1 year). ID 50674

Nonprofit Roundtable of Greater Washington Inc.

WASHINGTON, DC
 \$45,000—Roundtable to document the impact of the fiscal crises affecting nonprofits in the Washington, DC area (for 1 year). ID 50000

OMG Center for Collaborative Learning

PHILADELPHIA, PA
 \$50,000—Workshop to improve internal evaluation capacity of grantees (for 1 year). ID 50180

Patricia Patrizi

WYNCOTE, PA
 \$25,000—Evaluation roundtable to build foundation effectiveness (for 1 year). ID 51319

Philanthropy Roundtable

WASHINGTON, DC
 \$25,000—Activities to promote excellence in philanthropy (for 1 year). ID 50751

University of Pittsburgh Health Sciences Center

PITTSBURGH, PA
 \$20,000—Developing a user manual for the Stages of Organization Capacity Instrument (for 11 months). ID 50371

Project Cafe Inc.

CAZENOVIA, NY
 \$4,021—Student-directed monthly health and health care symposium (for 6 months). ID 49918

Project Hope—The People-to-People Health Foundation Inc.

MILLWOOD, VA
 \$850,000—Continued support for Health Affairs (for 18 months). ID 44292

Sound Partners for Community Health

Program to support radio stations that demonstrate how community-centered journalism can positively affect the ways in which local health care issues are addressed.

Program Sites

- Benton Foundation**
 WASHINGTON, DC
 \$1,698,602—Support for the sites under the Sound Partners for Community Health program (2 years). ID 46475

Other Program Activities

- Benton Foundation**
 WASHINGTON, DC
 \$992,297—Technical assistance and direction for Sound Partners for Community Health (1 year). ID 46477

Spitfire Strategies, LLC

WASHINGTON, DC
 \$479,666—Strategic communications training for RWJF grantees (for 1 year). ID 48213

State Forums Partnership Program

Program to establish a technical assistance center to support the adoption of the New Jersey Policy Forums on Health and Medical Care project in up to eight states.

- Forums Institute for Public Policy**
 PRINCETON, NJ
 \$399,000—Technical assistance and direction for the State Forums Partnership Program (1 year). ID 51733

Third Sector New England Inc.

BOSTON, MA
 \$964,619—Promoting philanthropy in professional sports to improve community health (for 18 months). ID 50912

Urban Institute

WASHINGTON, DC
 \$100,000—Expanding and further developing the National Nonprofit Data System (for 1 year). ID 49578

Claudia H. Williams

ARLINGTON, VA
 \$263,840—Synthesizing health policy research (for 2 years). ID 52097

Other Grant Results Reporting

Below are brief summaries of Grant Results Reports available on recent grantmaking outside of RWJF's main grantmaking portfolios.

States Test Systems to Exchange Health Information Easily—and Securely

Health care does not have the capacity to easily and safely exchange information. To address this shortcoming, RWJF created the Multistate Initiative to Help Build a Health Information Infrastructure—also called HealthKey. From 1997 to 2002 information technology organizations from five states tested appropriate uses of technology, determined best practices and shared knowledge and lessons learned. Several states tested systems to transmit information securely. Among the breakthroughs:

- Washington State implemented electronic laboratory reporting for all 34 local health jurisdictions.
- North Carolina consolidated immunization data into one database.
- A nonprofit group in Massachusetts created a system for secure business-to-business communications.
- A nonprofit group in Utah developed a tool for provider organizations to store their security policies and procedures in one file.

See the National Program Report at www.rwjf.org/reports/npreports/HII.htm.

Researching the Financial and Ethical Challenges of Increased Longevity

To help policy-makers and public health officials understand and plan for expected increases in life expectancy to 100 and older due to improvements in medical care, staff at the Washington-based Brookings Institution researched the issue during discussions with experts and by soliciting reports from authors. In 2004 they published their findings in a book titled “Coping with Methuselah: The Impact of Molecular Biology on Medicine and Society.” The authors note that: (1) policy-makers can offset the cost of increased longevity by increasing the age of eligibility for pension and health benefits and encouraging

later retirement; (2) increases in medical spending resulting from increased longevity could be modest; (3) the effect of increased longevity on saving, investment and international capital flows is highly uncertain; and (4) the medical and biological advances that will contribute to increased longevity will create many ethical challenges that will confront policy-makers, ordinary citizens and ethicists. See the Grant Results Report at www.rwjf.org/reports/grr/039564.htm.

New Jersey

Supporting programs mainly in New Brunswick and the surrounding Middlesex County communities.



2004 Grants and Contracts

American National Red Cross, Central New Jersey Chapter

PRINCETON, NJ

\$266,516—Improving disaster response preparedness and education in central New Jersey (for 2 years). ID 50969

Bonnie Brae

LIBERTY CORNER, NJ

\$55,875—National conference on expanding and improving substance abuse treatment for children in residential care (for 9 months). ID 50581

Center School

HIGHLAND PARK, NJ

\$50,000—Summer therapy program for high-risk, learning disabled students (for 2 months). ID 48591

Corner House Foundation

PRINCETON, NJ

\$50,000—Work and career preparation program for at-risk youth (for 1 year). ID 50245

Elijah's Promise

NEW BRUNSWICK, NJ

\$37,894—Program to coordinate care for homeless and indigent people in New Brunswick (for 1 year). ID 47808

\$261,145—Substance abuse intervention and case management services to the homeless and indigent in central New Jersey (for 3 years). ID 51703

Employment Horizons Inc.

CEDAR KNOLLS, NJ

\$25,000—Employment placement program for people with disabilities (for 1 year). ID 48750

Family and Children's Services of Central New Jersey Inc.

PRINCETON, NJ

\$50,000—Capacity-building activities to improve services to Latino and low-income families (for 3 years). ID 50397

First Baptist Community Development Corp. dba Renaissance Community Development Corporation

SOMERSET, NJ

\$559,001—Neighborhood family support services program (for 1 year). ID 50313

Freedom Foundation of New Jersey Inc.

WEST ORANGE, NJ

\$47,500—Health risk prevention program for inner-city high school girls (for 1 year). ID 49790

Homefront Inc.

LAWRENCEVILLE, NJ

\$125,000—Supportive services to homeless families in Mercer County (for 1 year). ID 49885

Info Line of Middlesex County Inc.

NEW BRUNSWICK, NJ

\$106,862—County-wide information and referral service (for 2 years). ID 46546

March of Dimes Birth Defects National Foundation, New Jersey Chapter

CRANBURY, NJ

\$58,642—Community-based prenatal education project (for 1 year). ID 47807

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)

EDISON, NJ

\$394,000—Camping program for health-impaired children (for 1 year). ID 48805

New Brunswick Development Corporation

NEW BRUNSWICK, NJ

\$550,000—Revitalization program for the city of New Brunswick, New Jersey (for 1 year). ID 49116

New Brunswick Tomorrow

NEW BRUNSWICK, NJ

\$450,000—Citywide program to strengthen human services and resources (for 1 year). ID 48448

New Jersey Foundation for Aging Inc.

TRENTON, NJ

\$119,062—Developing a public/private partnership for New Jersey's aging services network (for 1 year). ID 48005

Planned Parenthood Association of the Mercer Area

TRENTON, NJ

\$98,432—Staff education and the Latina Health Project (for 1 year). ID 47448

Princeton Area Community Foundation Inc.

LAWRENCEVILLE, NJ

\$55,000—Collaborative effort to address AIDS issues in New Jersey (for 2 years). ID 49944

Princeton Outreach Projects Inc.

PRINCETON, NJ

\$26,000—Local emergency aid program (for 1 year). ID 49198

Religious of Our Lady of the Cenacle of New Brunswick, NJ

HIGHLAND PARK, NJ

\$54,500—Facility repairs and maintenance (for 1 year). ID 50181

Rutgers University Foundation

NEW BRUNSWICK, NJ

\$292,869—Program for educationally and economically disadvantaged undergraduates who are interested in careers in medicine (for 3 years). ID 50409

St. Vincent de Paul Societies

METUCHEN, NJ

\$175,000—Annual support for an assistance program for indigent people in central New Jersey (for 1 year). ID 48004

Salvation Army

NEW BRUNSWICK, NJ

\$365,780—Assistance to needy and indigent families in New Brunswick (for 1 year). ID 47804

State Theatre Regional Arts Center at New Brunswick Inc.

NEW BRUNSWICK, NJ

\$50,000—Support of the 2004–2005 performance and educational programs (for 3 months). ID 48590

Trenton's H.O.P.E. Inc.

TRENTON, NJ

\$50,000—Developing a program to demonstrate and support healthy eating and increase physical activity among low-income urban families (for 1 year). ID 52328

United Way of Central Jersey Inc.

MILLTOWN, NJ

\$713,790—Support for 2004–2005 campaign (for 1 year). ID 49009

United Way of Greater Mercer County Inc.

LAWRENCEVILLE, NJ

\$307,125—Support for 2004–2005 campaign (for 1 year). ID 48383

Visiting Nurse Association of Somerset Hills

BERNARDSVILLE, NJ

\$250,000—Contribution toward a new facility to allow for expanded services (for 1 year). ID 50622

Women Aware

NEW BRUNSWICK, NJ

\$45,000—Management development and client services program for a battered women's shelter (for 7 months). ID 48147

New Jersey Grant Results Reporting

Below are brief summaries of Grant Results Reports available on past grantmaking in New Jersey. Findings and lessons from the grants described in these reports have informed RWJF's current grantmaking.

New Jersey Helped by Broad Program of Health Initiatives

The *New Jersey Health Initiatives* program is charged with improving health care for New Jersey residents through innovative, community-based health services. Since its inception in 1987, New Jersey Health Initiatives has funded 135 projects that address one or more of the Foundation's goals. Grantees are responding to diverse needs through creative programming in a wide variety of projects. The program office solicits proposals from across New Jersey on an annual cycle. Eight to nine projects are funded each year. Here are descriptions of two of its recently completed projects:

- **Safe at Home: Treating Offenders and Their Victims**

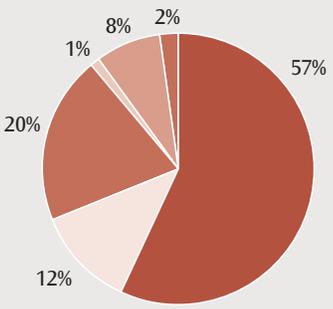
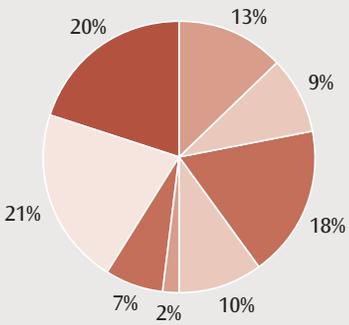
Domestic violence cases in Passaic County increased significantly in the mid-1990s and court-ordered counseling services for offenders were inadequate. From 1999 to 2003, a collaborative effort of the probation and family divisions of the county court and prosecutor's office and the Passaic County Women's Center formed the Domestic Violence Initiative. It served more than 700 domestic violence offenders; each received 26 weeks of 90-minute classes that included education and behavioral counseling. The recidivism rate was 16 percent, compared to 35 percent for standard domestic violence probationers. The women's center provided counseling and support services to more than 175 victims of domestic violence and their children. See the Grant Results Report at www.rwjf.org/reports/grr/037964.htm.

- **School-Based Health Center Gives Children a Healthy Place**

Low family incomes and a shortage of primary care professionals were among the problems plaguing the neighborhood of Washington Elementary School in Plainfield. The Plainfield Health Center established a comprehensive school-based health center at Washington Elementary. Called the Healthy Place, the center provided 968 primary and sick care visits and 1,560 screenings to students at Washington and three neighboring elementary schools from 2000 to 2002, the period of the grant. The operation of the Healthy Place has since been folded into that of the Plainfield Health Center. See the Grant Results Report at www.rwjf.org/reports/grr/037967.htm.

Distribution of 2004 Funds

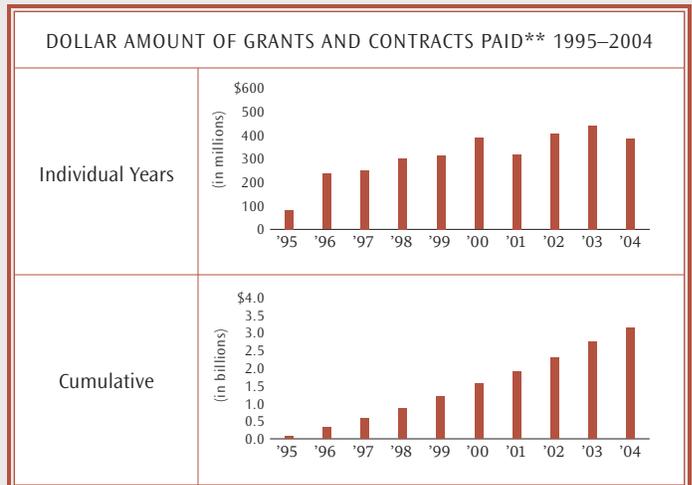
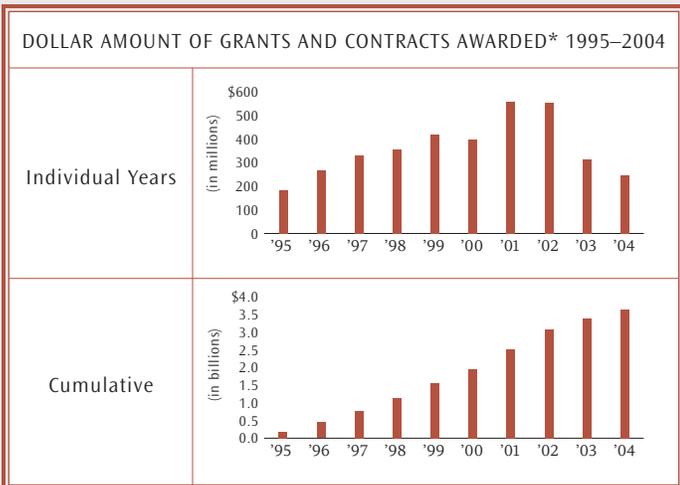
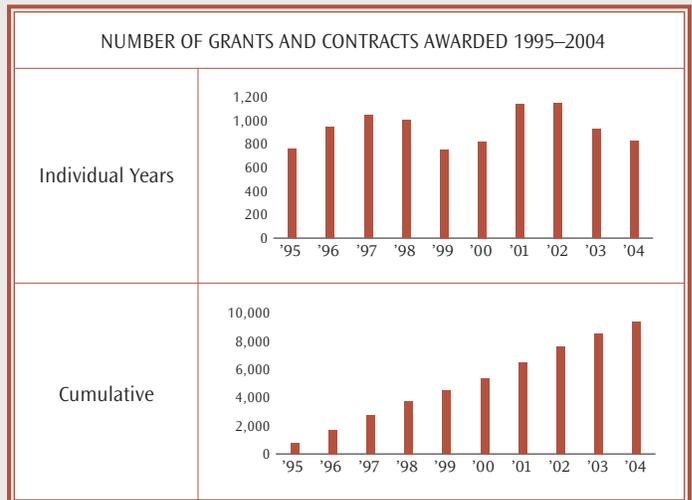
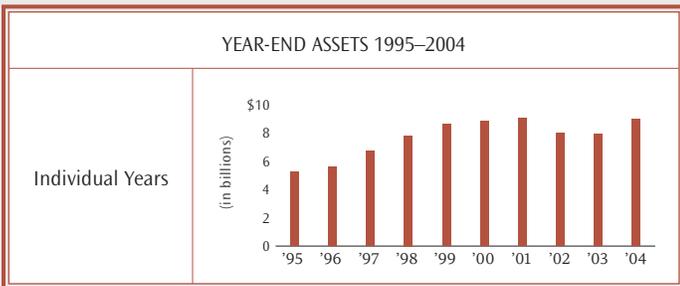
During 2004 the Foundation made 823 grants and contracts providing \$249.3 million in support of programs and projects to improve health and health care in the United States. The awards were distributed as follows.

	<p>DISTRIBUTION OF AWARDS BY PORTFOLIO (\$249.3 MILLION)</p> <ul style="list-style-type: none"> 57% Targeted \$140.59 million for programs that address specific improvements in eight targeted health and health care challenges within a defined time period. 12% Human Capital \$28.94 million for programs that attract, develop and retain high-quality leadership and a workforce to improve health and health care. 20% Vulnerable Populations \$50.17 million for programs that promote community-based projects that improve health and health care outcomes for society's most vulnerable people. 1% Pioneer \$3.57 million for programs that promote fundamental breakthroughs in health and health care through innovative projects. 8% Other \$20.34 million for programs that are consistent with the Foundation's overall mission but are not aligned with a portfolio or targeted objective. 2% New Jersey \$5.69 million for programs mainly in New Brunswick and the surrounding Middlesex County communities. 																				
	<p>DISTRIBUTION OF AWARDS IN TARGETED PORTFOLIO BY INTEREST AREA (\$140.59 MILLION)</p> <ul style="list-style-type: none"> 13% Addiction Prevention and Treatment \$17.73 million 9% Childhood Obesity \$12.51 million 18% Disparities \$25.3 million 10% Health Care Coverage \$13.77 million 2% Nursing \$3.66 million 7% Public Health \$9.4 million 21% Quality Health Care \$29.9 million 20% Tobacco Use and Exposure \$28.32 million 																				
	<p>DISTRIBUTION OF AWARDS BY GEOGRAPHIC REGION (\$249.3 MILLION)</p> <table border="1" data-bbox="560 1522 1153 1911"> <thead> <tr> <th>Region</th> <th>Percentage of RWJF Funds</th> </tr> </thead> <tbody> <tr> <td>West-North-Central</td> <td>2.49%</td> </tr> <tr> <td>East-North-Central</td> <td>8.14%</td> </tr> <tr> <td>New England</td> <td>11.55%</td> </tr> <tr> <td>Middle Atlantic</td> <td>18.75%</td> </tr> <tr> <td>South Atlantic</td> <td>34.99%</td> </tr> <tr> <td>East-South-Central</td> <td>2.43%</td> </tr> <tr> <td>West-South-Central</td> <td>4.33%</td> </tr> <tr> <td>Mountain</td> <td>2.11%</td> </tr> <tr> <td>Pacific</td> <td>15.21%</td> </tr> </tbody> </table>	Region	Percentage of RWJF Funds	West-North-Central	2.49%	East-North-Central	8.14%	New England	11.55%	Middle Atlantic	18.75%	South Atlantic	34.99%	East-South-Central	2.43%	West-South-Central	4.33%	Mountain	2.11%	Pacific	15.21%
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The Year in Review

January 1–December 31, 2004	
Total Assets	\$8.98 billion
Total Dollar Amount of Grants and Contracts Awarded*	\$249.3 million
Total Dollar Amount of Grants and Contracts Paid**	\$386.54 million
Average Grant Amount	\$302,919
Total Number of Grants and Contracts Awarded	823
Total Number of Proposals Received	4,388

The Robert Wood Johnson Foundation Funding Highlights



* "Grants and Contracts Awarded" reflects commitments made in the current year (2004) for program activities, for which payments may be made in 2004 or in subsequent years.

** "Grants and Contracts Paid" reflects program authorizations and awards made in the current year (2004) or in prior years for which payments were made in 2004.

Financial Statements

The annual financial statements for the Foundation for 2004 appear on pages 92 through 100. A listing of awards in 2004 begins on page 17.

In 2004 net assets of the Foundation increased by 16.2 percent or \$1.2 billion. This rise in net assets largely reflects income and gains generated by our investment portfolio. The investment return on the Foundation's endowment was 19.1 percent in 2004, driven by strong performance across the portfolio.

Program activities in support of our mission continued at a strong pace and resulted in program payments to grantees and contractors of \$387 million. When coupled with our program development, general administration and evaluation expenses (\$48.7 million), the Foundation spent 5.46 percent of its net average asset value, exceeding the 5 percent payout requirement mandated by the tax law governing private foundations.

The Foundation continued to focus on good stewardship of its resources. As such, general administration expenses for the year were \$21 million, essentially flat versus the prior year period.

Investment expenses, comprised primarily of fees paid to outside investment managers, totaled \$33.1 million, an increase of \$8.6 million compared with 2003, reflecting our continuing strategy to diversify the portfolio and the increase in the asset base. Federal and state taxes amounted to \$21.2 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 completed within twelve months of year-end. By year-end, the Foundation fulfilled its 2003 and 2004 requirements.



Margaret H. Einhorn

Chief Financial Officer and Treasurer

FINANCIAL STATEMENTS

STATEMENTS OF ACTIVITIES

<i>For the years ended December 31, 2004 and 2003 (in thousands)</i>	2004	2003
Changes in unrestricted net assets		
Support and revenue:		
Investment income	\$ 178,748	\$ 150,525
Less: Federal and state tax	(2,917)	(1,288)
Investment expense	(33,108)	(24,503)
Contributions	—	11
Net assets released from restrictions	2,451	2,593
	145,174	127,338
Program costs and administrative expenses:		
Grants, net	228,109	285,107
Program contracts and related activities	31,506	55,399
Program development and evaluation	27,701	25,580
General administration	20,983	20,760
	308,299	386,846
Excess of program costs and expenses over income	(163,125)	(259,508)
Other changes to unrestricted net assets, net of related federal and state tax:		
Realized gains on sale of securities	902,711	446,758
Unrealized appreciation (depreciation) on investments	420,806	(82,794)
	1,323,517	363,964
Change in unrestricted net assets	1,160,392	104,456
Changes in temporarily restricted net assets		
Contributions	2,201	1,117
Change in value of charitable remainder trust	1,497	(3,873)
Net assets released from restrictions	(2,451)	(2,593)
Change in temporarily restricted net assets	1,247	(5,349)
Change in net assets	1,161,639	99,107
Net assets, beginning of year	7,171,243	7,072,136
Net assets, end of year	\$8,332,882	\$7,171,243

See notes to financial statements.

REPORT OF INDEPENDENT AUDITORS

To the Trustees of
The Robert Wood Johnson Foundation

In our opinion, the accompanying statements of financial position and the related statements of activities and cash flows present fairly, in all material respects, the financial position of the Robert Wood Johnson Foundation (“the Foundation”) at December 31, 2004 and 2003, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. 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 of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit 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, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

PricewaterhouseCoopers LLP

New York, New York
February 17, 2005

FINANCIAL STATEMENTS

STATEMENTS OF FINANCIAL POSITION

<i>At December 31, 2004 and 2003 (in thousands)</i>	2004	2003
Assets:		
Cash and cash equivalents	\$ 220,836	\$ 190,837
Receivable on pending securities transactions	13,595	32,875
Interest and dividends receivable	7,771	8,703
Contributions receivable	11,378	10,131
Investments at fair value		
Johnson & Johnson common stock	4,438,494	4,158,589
Other equity investments	3,249,619	2,586,726
Fixed income investments	970,876	872,558
Program related investments	9,672	10,076
Other assets	60,591	63,266
Total assets	\$8,982,832	\$7,933,761
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 19,721	\$ 6,172
Payable on pending securities transactions	77,324	86,750
Unpaid grants	444,510	571,784
Deferred federal excise tax	96,640	87,913
Accrued postretirement benefit obligation	11,755	9,899
Total liabilities	649,950	762,518
Net assets:		
Unrestricted	8,321,504	7,161,112
Temporarily restricted	11,378	10,131
Total net assets	8,332,882	7,171,243
Total liabilities and net assets	\$8,982,832	\$7,933,761

See notes to financial statements.

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STATEMENTS OF CASH FLOWS

<i>For the years ended December 31, 2004 and 2003 (in thousands)</i>	2004	2003
Cash flows from operating activities:		
Change in net assets	\$ 1,161,639	\$ 99,107
Adjustments to reconcile change in net assets to net cash used in operating activities		
Depreciation	6,018	5,650
Net realized and unrealized (gains) losses on investments	(1,323,517)	(363,964)
Change in assets and liabilities		
Decrease in interest and dividends receivable	932	2,873
(Increase) decrease in contributions receivable	(1,247)	3,938
Decrease in program related investments	404	1,392
Increase (decrease) in accounts payable and accrued expenses	13,549	(330)
(Decrease) in unpaid grants	(127,274)	(100,090)
Increase (decrease) in accrued postretirement benefit obligation	1,856	(2,432)
Decrease in other assets	547	979
Net cash used in operating activities	(267,093)	(352,877)
Cash flows from investing activities:		
Proceeds from sales of investments	3,698,673	3,498,223
Cost of investments purchased	(3,398,329)	(3,339,914)
Acquisition of property and equipment	(3,252)	(2,718)
Net cash provided by investing activities	297,092	155,591
Net increase (decrease) in cash and cash equivalents	29,999	(197,286)
Cash and cash equivalents at beginning of year	190,837	388,123
Cash and cash equivalents at end of year	\$ 220,836	\$ 190,837
Supplemental data:		
Federal and state taxes paid	\$ 10,612	\$ 5,745
Assets acquired through capital leases	\$ 638	\$ —

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 four goal areas:

- to assure that all Americans have access to quality health care at reasonable cost;
- to improve the quality of care and support for people with chronic health conditions;
- to promote healthy communities and lifestyles; and
- to reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

2. Summary of Significant Accounting Policies:

The accompanying financial statements are prepared on the accrual basis, which is in conformity with accounting principles generally accepted in the United States of America.

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 fair value based on financial statements and other information received from the partnerships. Fair value is the estimated net realizable value of holdings priced at quoted market value (where market quotations are available), historical cost or other estimates including appraisals. Because of the uncertainty of valuations for certain of the underlying investments which do not have quoted market values, the values for those investments could differ had a ready market existed. The realization of the Foundation's investment in these partnership interests is dependent upon the general partners' distributions during the life of each partnership.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of \$6,018,094 in 2004 and \$5,650,312 in 2003 was 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 percent of the average fair value of its assets not used in carrying out the charitable purpose of the Foundation. The distribution requirement for 2004 and 2003 has been met.

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.

Net Assets Accounting—The Foundation reports information regarding its financial position and activities according to the following two classes of net assets:

- Unrestricted net assets are not subject to donor-imposed stipulations or the restrictions have expired.
- Temporarily restricted net assets are subject to donor-imposed stipulations that can be fulfilled by actions of the Foundation or that expire by the passage of time. Temporarily restricted net assets include \$11,377,805 and \$9,880,780 at December 31, 2004 and 2003, respectively, related to a charitable remainder trust and \$0 and \$250,000 at December 31, 2004 and 2003, respectively, related to a special program.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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. The Foundation makes significant estimates regarding the value of limited partnership investments, discounts for contributions receivable and unpaid grants, and useful lives of property and equipment. Actual results could differ from these estimates.

3. Federal Taxes:

The Internal Revenue Code imposes an excise tax on private foundations equal to 2 percent of net investment income (principally interest, dividends, and net realized capital gains, less expenses incurred in the production of investment income). This tax may be reduced to 1 percent for foundations that meet certain distribution requirements.

The provision for federal excise tax consists of a current provision on realized net investment income and a deferred provision on net unrealized appreciation of investments. The current provision for 2004 on net investment income at 2 percent was \$21,197,914 and the current provision for 2003 on net investment income at 1 percent was \$5,758,728. The change in unrealized appreciation reflected on the statements of activities includes a provision for deferred taxes based on net unrealized appreciation of investments at 2 percent. The increase (decrease) in unrealized appreciation in 2004 and in 2003 resulted in a change of the deferred federal excise tax liability of \$8,727,382 and (\$1,605,379), respectively.

In 2004 and 2003 the Foundation was liable for federal and state unrelated business income tax in connection with its limited partnership interests. The Foundation paid or credited approximately \$2,500,000 for this federal and state unrelated business income tax for each of 2004 and 2003.

4. Contributions Receivable:

Contributions receivable at December 31, 2004 and 2003 include \$11,377,805 and \$9,880,780, respectively, representing the present value of the estimated future benefit to be received as a beneficiary in a charitable remainder trust. The interest rates used to discount the trust receivable to present value range from 4.75 percent to 6.5 percent at December 31, 2004 and 5 percent to 6.5 percent at December 31, 2003.

5. Investments:

At December 31, 2004 and 2003, the cost and fair values of the investments are summarized as follows (in thousands):

	2004		2003	
	Cost	Fair Value	Cost	Fair Value
Johnson & Johnson Common Stock 69,985,708 and 80,499,208 shares in 2004 and 2003, respectively	\$ 41,797	\$4,438,494	\$ 48,076	\$4,158,589
Other equity investments				
Domestic equities	1,373,158	1,555,759	498,002	683,544
International equities	424,405	556,208	371,715	468,594
Alternative investments-limited partnerships	989,169	1,137,652	1,403,899	1,434,588
Fixed income investments	952,950	970,876	849,200	872,558
	\$3,781,479	\$8,658,989	\$3,170,892	\$ 7,617,873

Included in Domestic equities and International equities at December 31, 2004 and 2003 are approximately \$238 million and \$165 million, respectively, of securities on loan pursuant to a securities lending agreement.

Pursuant to its limited partnership agreements, as of December 31, 2004 and 2003, the Foundation had commitments of approximately \$1,136 million and \$801 million, respectively, which are expected to be funded over the next three to five years.

The Foundation purchases and sells forward foreign currency contracts whereby the Foundation agrees to exchange one currency for another on an agreed-upon date at an agreed-upon exchange rate to minimize the exposure of certain of its investments to adverse fluctuations in currency markets. At December 31, 2004 and 2003, the Foundation had open forward foreign currency contracts with notional amounts totaling \$9.6 million and \$8.6 million, respectively. Included in the statements of financial position at fair value are pending receivables of \$9,663,879 and pending payables of \$9,663,863, resulting in an unrealized loss of \$16 at December 31, 2004 and

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pending receivables of \$8,853,246 and pending payables of \$8,992,275, resulting in an unrealized loss of \$139,029 at December 31, 2003. Such contracts involve, to varying degrees, the possible inability of counterparties to meet the terms of their contracts. Changes in the value of forward foreign currency contracts are recognized as unrealized gains or losses until such contracts are closed.

The net realized gains on sales of securities for 2004 and 2003 were as follows (in thousands):

	2004	2003
Johnson & Johnson Common Stock	\$574,819	\$338,385
Other securities, net	345,966	112,830
Less, Federal and state tax	(18,074)	(4,457)
	\$902,711	\$446,758

6. Property and Equipment:

At December 31, 2004 and 2003, property and equipment, a component of other assets, consisted of (in thousands):

	2004	2003	Depreciable Life in Yrs.
Land and land improvements	\$ 2,761	\$ 2,761	15
Buildings	49,901	49,866	40
Furniture and equipment	21,374	17,519	3–5
Total	74,036	70,146	
Less, Accumulated depreciation and amortization	(18,342)	(12,324)	
Property and equipment, net	\$ 55,694	\$ 57,822	

7. Unpaid Grants:

At December 31, 2004, the unpaid grant liability is expected to be paid in future years as follows (in thousands):

2005	\$254,387
2006	133,286
2007	60,649
2008	22,859
2009 and thereafter	9,367
	480,548
Less, discounted to present value	(36,038)
	\$444,510

Generally accepted accounting principles require contributions made (“unpaid grants”) to be recorded at the present value of estimated future cash flows. As of December 31, 2004, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 4.75 percent to 6.5 percent and an estimated cancellation rate of 3 percent. At December 31, 2003, the unpaid grant liability was discounted to present value by \$52,154.

8. Benefit Plans:

Retirement Plans

Substantially all employees of the Foundation are covered by two defined contribution retirement plans which provide 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 amounted to \$2,992,967 and \$3,027,579 for 2004 and 2003, respectively, under these plans.

Postretirement Benefits

The Foundation provides postretirement medical and dental benefits to all employees who meet eligibility requirements. The benefit obligation for 2004 and 2003 is summarized as follows (in thousands):

	2004	2003
Benefit obligation at December 31	\$ 16,913	\$ 13,659
Fair value of plan assets at December 31	—	—
Funded status	\$(16,913)	\$(13,659)
(Accrued) benefit cost recognized in the statement of financial position	\$(11,755)	\$ (9,899)
Weighted-average assumptions used to determine obligations as of December 31		
Discount rate	5.75%	6.00%
Expected return on plan assets	N/A	N/A

The benefit information for 2004 and 2003 is summarized as follows (in thousands):

	2004	2003
Benefit cost	\$2,305	\$1,849
Employer contributions	449	441
Plan participants' contributions	3	2
Benefits paid	452	443
Weighted-average assumptions used to determine net periodic benefit cost for the years ended December 31		
Discount rate	6.00%	6.50%
Expected return on plan assets	N/A	N/A
Assumed health care cost trend rates at December 31		
Health care cost trend rate for the next year	11%	9%
Rate to which the cost trend rate is assumed to decline	5%	5%
Year that the rate reaches the ultimate trend rate	2013	2010

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The estimated future benefit payments are as follows (in thousands):

2005	\$ 390
2006	389
2007	412
2008	441
2009	485
2010–2014	3,636

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) was signed into law. The Act introduces a prescription drug benefit under Medicare Part D as well as a Federal subsidy to employers whose plans provide an “actuarial equivalent” prescription drug benefit. The Foundation’s postretirement prescription drug benefits should qualify for this subsidy. The Foundation will treat the effects of the Act as an actuarial gain upon adoption of the Financial Accounting Standards Board Staff Position No. 106-2, “Accounting and Disclosure Requirements Related to the Medicare Prescription Drug, Improvement and Modernization Act of 2003” as of December 31, 2005.

9. Capital Lease Obligations:

The Foundation entered into several noncancellable capital leases relating to computer hardware. The future minimum rental payments required under these leases are as follows:

2005	\$236,786
2006	236,398
2007	54,016
	527,200
Less amounts representing interest	(53,181)
	\$474,019