



Robert Wood Johnson Foundation

2008 Assessment Report

TRACKING ORGANIZATIONAL PERFORMANCE

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Executive Summary

Taking Stock of Organizational Performance

The 2008 RWJF Assessment Report presents our yearly review of the Foundation's performance. This report reflects data from surveys of health policy experts and the American public and from our own Program Information Management System (PIMS). This year we did not survey our grantees or RWJF staff.

RWJF has produced an assessment report for our Board every year since 1993. The 2004 report included comparative survey data about our performance from The Center for Effective Philanthropy. The results from that survey demonstrated the value of comparative data; we have used the results to drive quality improvement throughout our philanthropy.

This year the Assessment Report includes comparisons with a group of peer organizations that reflect a broader set of foundations and research organizations. Results presented in this Assessment Report continue to suggest that RWJF addresses issues that are important to health policy experts and the public. Policy experts say the Foundation has impact in health and health care. They also perceive information produced and provided by RWJF as unbiased and objective. In response to our grantee survey work of 2007, we are using new metrics to monitor the efficiency of our grantmaking processes and the use of our Web site. These measures will help guide improvements in these services.

Balanced Assessment Summary: In 2004, Foundation management established a set of indicators to track annual organizational performance. The indicators reflected three aspects of RWJF grantmaking: 1) *program development*; 2) *program impact*; and 3) *customer service*. The indicators also provided a baseline for measurable improvements in performance. The 2008 Balanced Assessment Summary page includes 2007 data from surveys of grantees and staff, which will be updated in 2009. These measures are presented on page 6.

Organizational Context: This year we continued to follow the Impact Framework that was established in 2003 and refined in 2006 by the Board and senior management. We have increased the number of large grants we make, and although we continue to receive a large number of grant applications, more of these applications are within our interest areas.

In direct response to the results of our 2007 grantee survey, we implemented improvements to make our grantmaking more efficient. To more clearly communicate our priorities and share the work of our staff and grantees, we redesigned the Foundation's Web site in June of this year, providing visitors with easier access to information they seek and expect from us.

Program Development: In this section of the Assessment Report, we look at how well our priorities for developing programs match with the concerns of important external constituencies, particularly health policy experts and the American public. Policy experts surveyed include association and advocacy group leaders, academics, state and federal government officials working in health, media and health policy analysts. Results in this section show the public and policy experts have consistent and pressing concerns about the cost of health care and covering the uninsured. This section also reports on policy experts' perceptions of RWJF, compared with peer organizations, on characteristics that we highlight in our Guiding Principles and Promise statement. Policy experts continue to rate RWJF highly on working on important issues and making long-term commitments to the issues we address.

Program Impact: The program impact section explores whether RWJF is perceived as making a difference in health and health care. We are viewed as a credible source of information and perceptions of our impact remain high in comparison to a selection of our peers. This year, we expanded the Program Impact section to include measures of the effectiveness of our outreach, since sharing information about our objectives and our grantees' work and informing policy-makers on health and health care issues are important aspects of our strategy. For the first time, we include metrics of Web site performance that show the growth in visitors to our Web site and in the kind of information they seek and receive during visits to rwjf.org.

Customer Service: In past years, the Customer Service section reported the results of our grantee survey, which focuses on grantees' perceptions of their interactions with Foundation staff. In our 2007 and 2006 surveys, we saw that although our grantees' ratings of satisfaction, responsiveness and fairness continue to be good, scores on efficiency in grantmaking were not as high and left room for improvement. This year we present internal metrics (Chart 19) that reflect the efficiency of our grantmaking process and the timeliness of communication with applicants. We will analyze these new measures over the next year to guide process changes and set realistic goals.

Concluding Comments: RWJF's priorities continue to align with our stakeholders, who voice strong concerns about health care affordability and covering the uninsured. Policy experts see the Foundation as having impact in improving health and health care but rate us less favorably on specific topic areas such as improving coverage for the uninsured. We are rated highly in other areas including building leadership in health and health care.

Policy experts see RWJF as a strong, trusted source of nonpartisan information. Our Web site continues to attract visitors seeking information on health and health care issues we work on, and visitors are increasingly downloading those products.

RWJF's staff has begun to use data from our grantmaking information system to improve the quality and efficiency of our grantmaking processes.

The body of this report presents more detailed information on the three areas—program development, program impact, and customer service—and provides detail on the number and size of grants by category (Grants Management Performance Summary, p. 28).

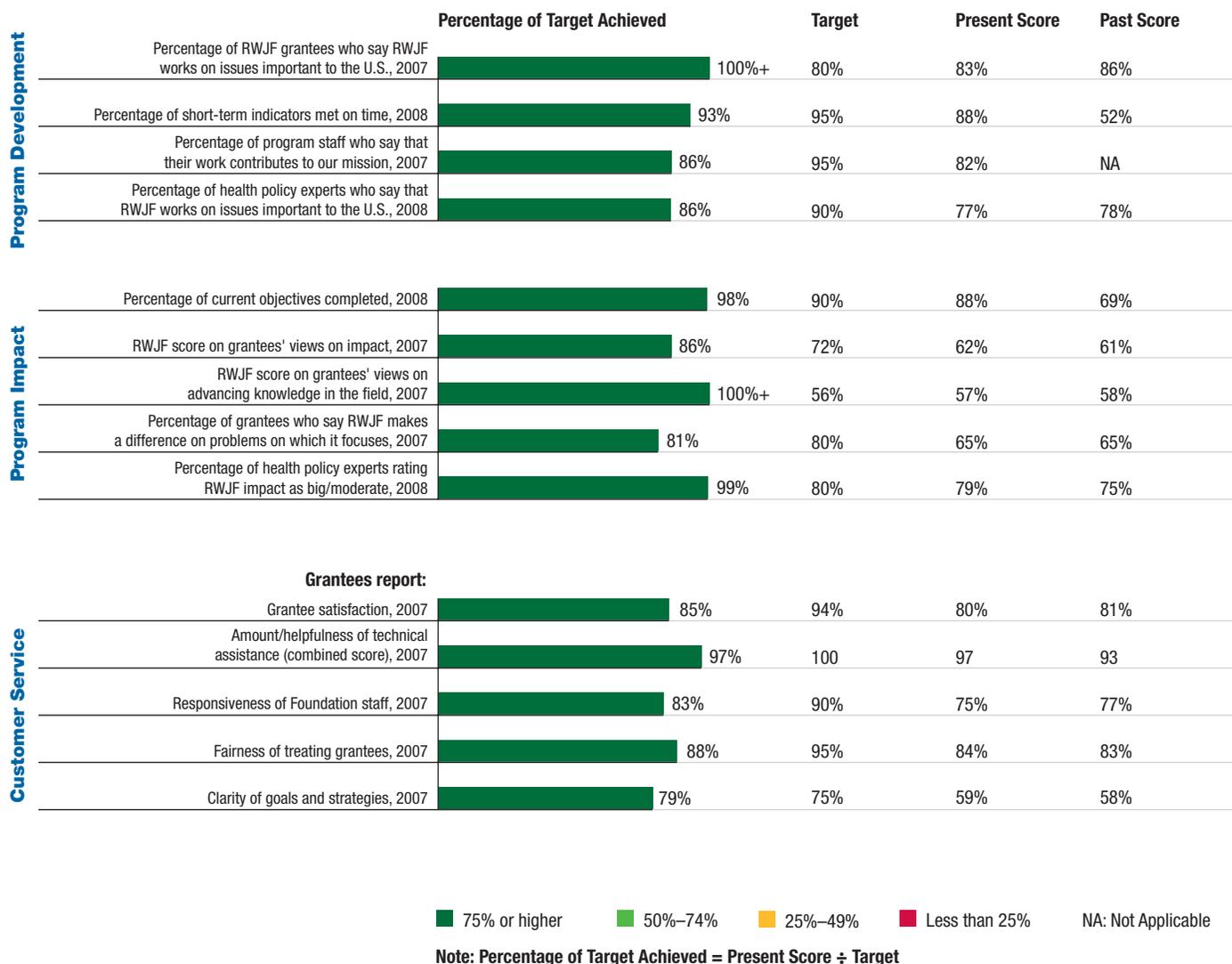
The Sources of Scorecard Data

Public opinion data come from a nationally representative sample survey of over 1,000 Americans conducted in the spring of 2008 by the Harvard University School of Public Health.

For insight on the opinions of health policy experts, we commissioned Princeton Survey Research Associates (PSRA) to conduct a survey in the winter of 2008 of more than 340 experts from the health and health care sector. These experts included association heads, academics, advocacy groups, state and local public health officials, state and local Medicaid officials, and federal agency officials.

We regularly track impact internally through our performance indicator system; this year our new measures of efficiency come from our Program Information Management System (PIMS). Our investment unit provided data on the Foundation's assets and on comparison organizations.

FIGURE 1: 2008 Balanced Assessment Summary
Reviewing Key Indicators of Our Performance



Program Development

Assessing Our Efforts to Create Timely, Relevant Programs

The Program Development section of the Assessment Report examines key aspects of RWJF's grantmaking strategies with a special focus on whether we are addressing issues that match the concerns and priorities of the public and key audiences. This year, the Assessment Report presents data from a cross-section of the American public and health policy experts.

Section Highlights

This year's survey data tell us that RWJF program areas reflect the priorities of both health policy experts and the U.S. public. While the state of the U.S. economy dominates public concerns, health care remains a key issue, keeping its place among the top three overall concerns. For health policy experts, several issues addressed by RWJF, including health care coverage and cost, have grown in importance over the last two years. Policy experts rate RWJF favorably in choosing important issues and sticking with those issues over the long term, both key elements of our mission.

Program Development At-A-Glance

- Grantees say RWJF works on issues important to the U.S.
- Short-term indicators were met
- Program staff say that their work contributes to our mission
- Health policy experts say RWJF works on issues important to the U.S.

● 75% or higher ● 50%–74% ● 25%–49% ● Less than 25%
Percentage of target reached

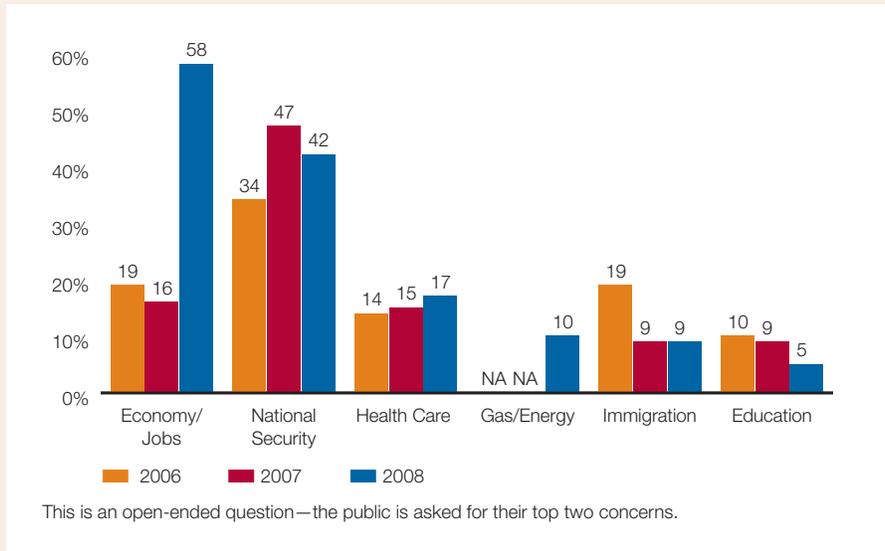
CHART 1: Americans' Top Concerns, 2006–2008

Concerns about the Economy clearly dominate in April 2008, with 58 percent of the public viewing this as the most important issue to be addressed (up more than three-fold from 16% last year).*

→ Seventeen percent list Health Care as a top area of concern for the nation to address—up slightly, but not significantly, from last year.

→ In four of the past five years, Health Care has remained the third most important concern for Americans, trailing only behind the Economy and National Security which have alternated as the top issue over that period.

→ While not close to its prominence during the 1993 reform debates (when 31% of Americans said Health Care was a top priority), concerns about Health Care have more than doubled since 2002, when just 7 percent said it was a top priority. It also significantly leads other issues, such as Energy (10%), Immigration (9%) and Education (5%).



Other Key Findings:

Concern over the economy is tied to concern over health care costs. In another survey conducted this spring by Public Opinion Strategies, and also funded by RWJF, Americans felt that making health care affordable was the most effective strategy to improve the economic situation for the average American.

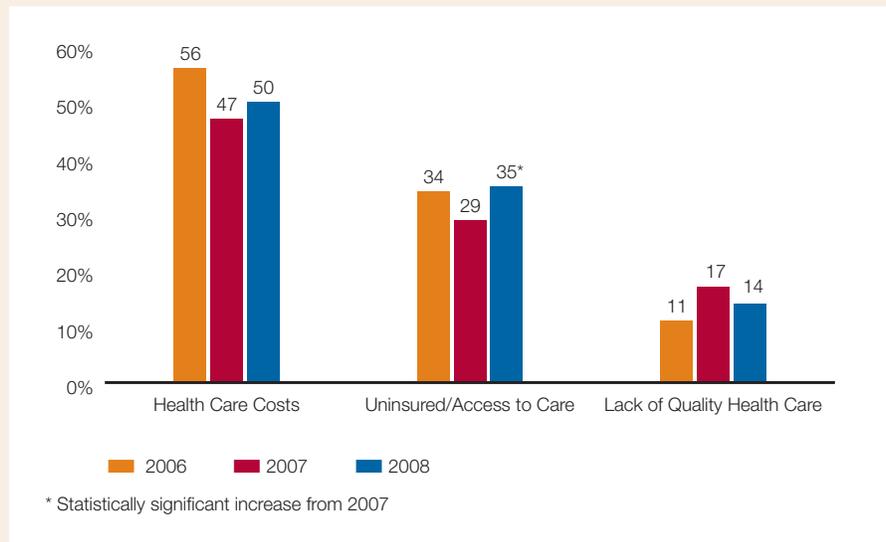
* Our public opinion information comes from a nationally representative sample survey of over 1,000 Americans conducted in the spring of 2008 by the Harvard University School of Public Health.

A majority of Americans (69%) say our Health Care System is fair or poor, with the share believing it is poor (39%) rising significantly since 2007 (32%).

CHART 2: Americans' Leading Concerns With the Nation's Health Care System, 2006–2008

Like last year, Health Care Costs are on the minds of the public. When Americans are asked about their top two concerns regarding our health care system, cost is cited by 50 percent of those interviewed.

→ The share of Americans viewing Uninsured/Access to Care as a top concern jumped from 29 percent in 2007 to 35 percent in 2008.



Other Key Findings:

- While generally dissatisfied with the state of health care, only about one in five Americans believe health care is in “crisis.” In fact, most are satisfied with their own care, with more than 80 percent ranking their own experiences as good or excellent.
- In a persistent and significant trend, whites (86%) continue to rank their health care as excellent/good, as compared to African Americans (77%) or Hispanics (72%). Both African Americans and Hispanics are significantly less likely to believe they have access to modern medical technology and treatment or high-quality hospitals.
- While an increasing share of Americans are worried about insurance and access in 2008, there was a significant decrease in the percentage who favor a tax-financed national health insurance plan (55% versus 61% in 2007).

As with health care, Americans remain dissatisfied with our public health system, with 59 percent rating the nation’s system for protecting the public from health threats and preventing illness as fair or poor.

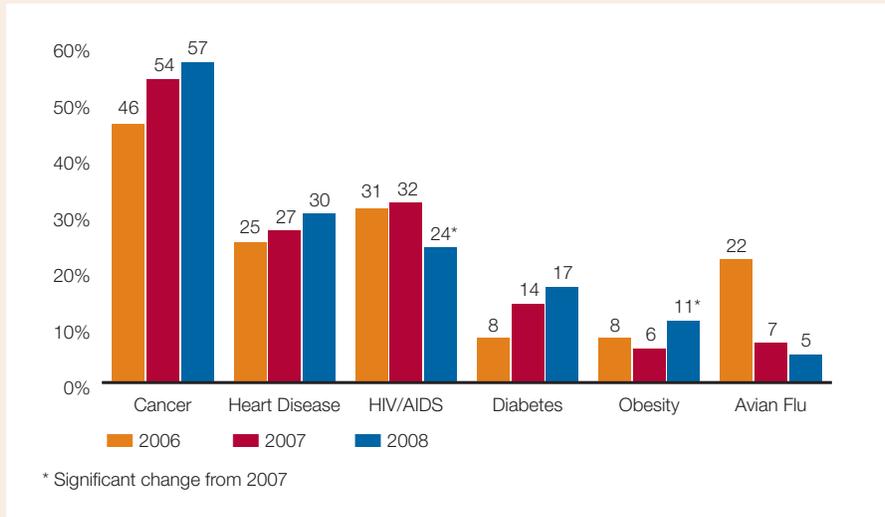
CHART 3: **Americans’ Top Health Concerns, 2006–2008**

When asked about health concerns in an open-ended question, comments have remained fairly consistent in recent years, with Cancer dominating (57% view Cancer as a top health threat).

→ Heart Disease overtook HIV/AIDS as the second most cited health concern (those citing HIV/AIDS dropped from 32% in 2007 to 24% in 2008).

→ Concerns about Obesity nearly doubled from the previous year, with 11 percent viewing it as a top health concern compared to 6 percent in 2007.

→ When asked specifically about childhood obesity, nearly 6 in 10 Americans view childhood obesity as a very serious problem for the country, with 64 percent believing that most children in their own communities are either a little or very overweight.



Other Key Findings:

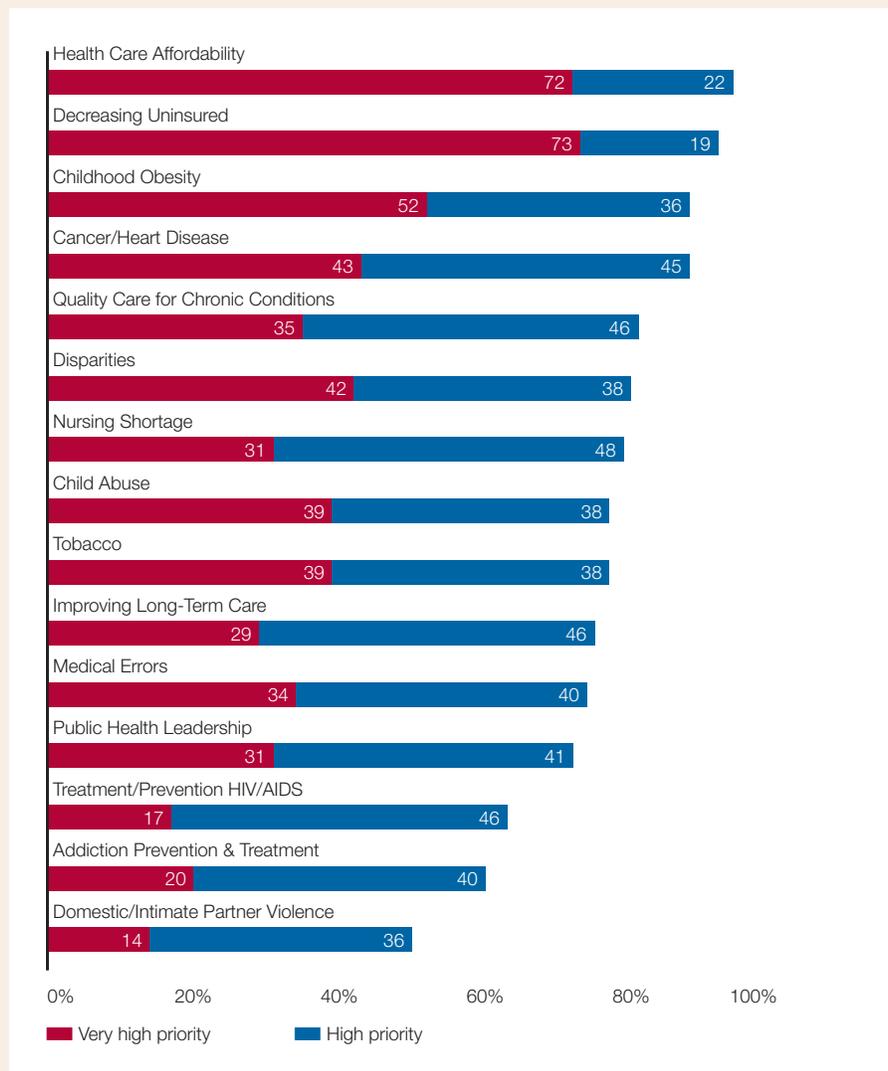
- There were few changes in how the public ranked RWJF’s priorities from 2007 to 2008. Interestingly, the share of Americans viewing many of our issues as “extremely” important dropped since 2007. This drop may be attributed to overwhelming concerns about the economy.

CHART 4: Health Policy Experts' Key Issues and RWJF Priorities

Health policy experts* were surveyed in 2008 to help us understand their top health and health care priorities (the survey was last done in 2006).

→ Policy experts rank Affordability and the Uninsured as top priorities, with more than 70 percent citing each as a very high priority for the country.

→ Since 2006, three issues: Affordability, the Uninsured and Medical Errors have become more important in the minds of policy experts—with the share of experts viewing these concerns as a very high priority, increasing by nearly 10 percentage points.



* In the first quarter of 2008 Princeton Survey Research Associates surveyed more than 340 experts from the health and health care sector. These experts included association heads, academics, advocacy groups, state and local public health officials, state Medicaid officials, and federal agency officials.

The 2008 survey of health policy experts included different comparison organizations than in past years. We added organizations that were national in scope and provided information to policy-makers. We strove for organizations across the political spectrum. There are six organizations included in the comparison group.

Health policy experts were asked questions about specific attributes important to RWJF. The next two charts plot the degree to which they were familiar with each organization and if they felt the statement described that organization very well or somewhat well. Organizations in the upper right quadrant are those that rate highly on both dimensions.

CHART 5: Health Policy Experts' Views on RWJF and Peers

A majority of health policy experts are familiar with RWJF (87%) and believe RWJF is focused on the right concerns; with 77 percent saying we work on the most important health and health care issues facing the nation.

- RWJF ranks the highest compared with the median scores of six other health care organizations (including foundations and research organizations.)
- RWJF's ranking from policy experts has held steady since 2006, when 78 percent agreed we were working on the most important issues facing the country.

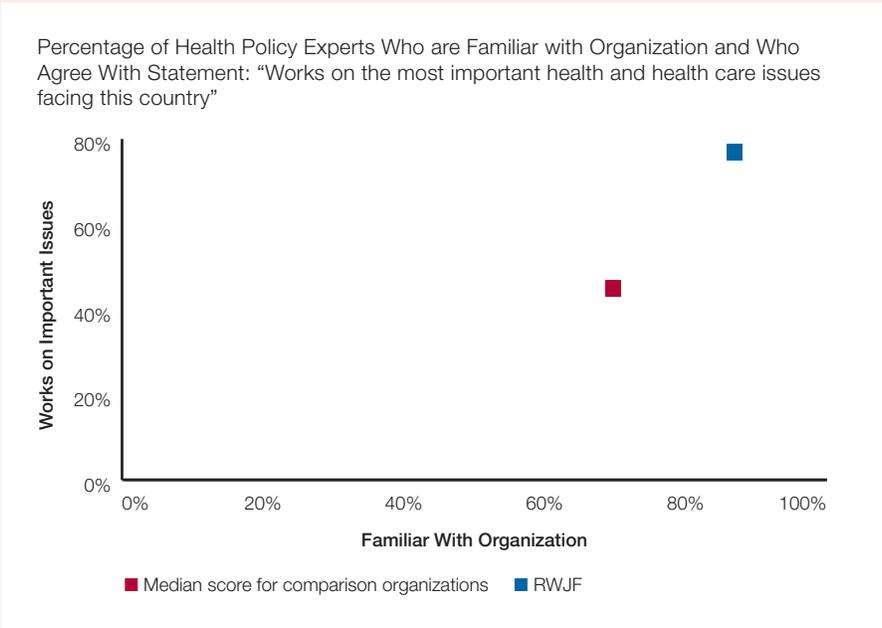


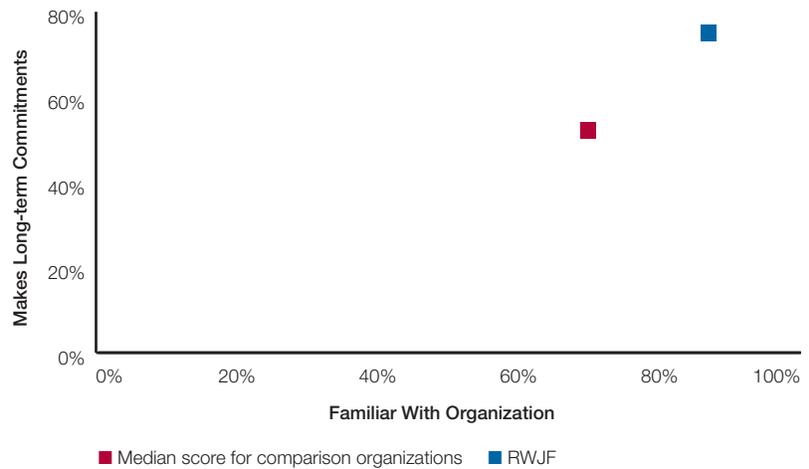
CHART 6: Health Policy Experts' Views on RWJF and Peers

We also asked health policy experts about our ability to stick with the issues we address. Again, a large majority gives high marks to RWJF for making long-term commitments to the issues we address.

→ 75 percent of policy experts agree that we are steadfast in our areas of concern, outperforming all peer organizations on this measure.

→ Our scores in this area are virtually identical to 2006, when 74 percent agreed that we made long-term commitments to our issues.

Percentage of Health Policy Experts Who are Familiar with Organization and Who Agree With the Statement: "Makes long-term commitments to the issues it addresses"



Program Impact

Assessing Progress on Program Objectives and Perceptions of RWJF Impact

The Program Impact section of our Assessment

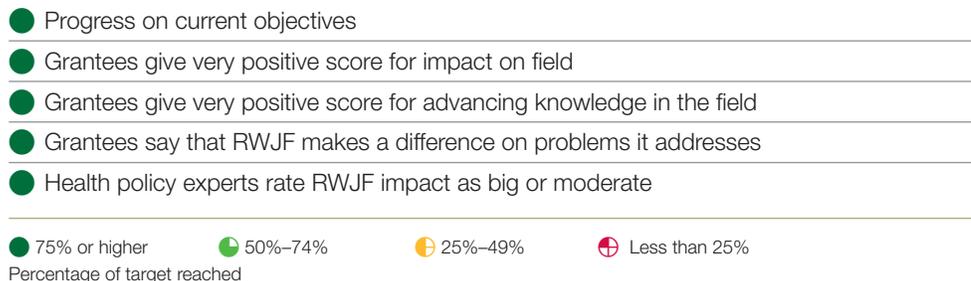
Report centers on measuring our progress toward our program goals and presents opinions from key constituents about RWJF's work to improve health and health care. We collect data from several sources to get different perspectives about the reach and outcomes of our work. As in 2006, we surveyed health policy experts* in 2008 to understand their perceptions on our credibility and progress.

Section Highlights

RWJF is viewed by the majority of health policy experts as nonpartisan, providing credible information and as having a big or moderate impact. Interestingly, while a majority of policy experts views our overall impact as significant, we don't score as well on individual priority areas.

Separately, our performance indicator data show we are on track for meeting the majority of our internally-developed program benchmarks. For 2008, we have added new measures of outreach to our ongoing measures of impact. Web user data shows the reach of our Web site is significant and growing, with a majority of visitors turning to RWJF for information.

Program Impact At-A-Glance



* In the first quarter of 2008 Princeton Survey Research Associates surveyed more than 340 experts from the health and health care sector. These experts included association heads, academics, advocacy groups, state and local public health officials, state and local Medicaid officials, and federal agency officials.

During 2007, many of our teams and portfolios continued rebuilding efforts that began following the Board retreat in the fall of 2006. During late 2006 and early 2007, each team/portfolio examined its programming goals and objectives and began the process of developing or refining their indicators to make sure they were aligned with their team's strategy.

Some Highlights:

- Childhood Obesity completed two of its three short-term indicators this past year.
- The Coverage Team completed all three indicators that were due this year.
- The Quality/Equality Team was able to complete three of its four indicators this year.
- Building Human Capital Portfolio completed its seven indicators.

In summary:

During the last 12 months, 17 indicators were due for completion by three teams and one portfolio. The status of these indicators is presented below:

- 15 indicators were accomplished as planned (88%)
- 2 indicators failed to achieve completion (12%)

This year's completion rate of 88 percent, up from last year's completion rate of 69 percent, reflects most teams' new strategic approaches. This completion rate is close to our target of 90 percent completion.

FIGURE 3: Progress on Current Indicators and Objectives Over Past 12 Months

	Indicators Due	Term	Indicators Completed By Target Date	Indicators Completed Late	Indicators Partially Completed/ In Progress	Indicators Not Completed	Indicators Moved or Dropped
Health							
Childhood Obesity	3	3 short	2 (67%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)
Public Health	0	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Health Care							
Coverage	3	3 short	3 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Quality/Equality	4	4 short	3 (75%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)
Building Human Capital	7	7 milestone	7 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Pioneer	0	—	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Vulnerable Populations	0	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
TOTAL	17	—	15 (88%)	0	0	2 (12%)	0

CHART 7: Health Policy Experts' Impact Comparison

As in past years, we asked health policy experts about RWJF's impact, along with the impact of our peer foundations/health organizations. RWJF was viewed highest among its peers in terms of impact, with 87 percent responding that they know us and 79 percent reporting we have a big or moderate impact.

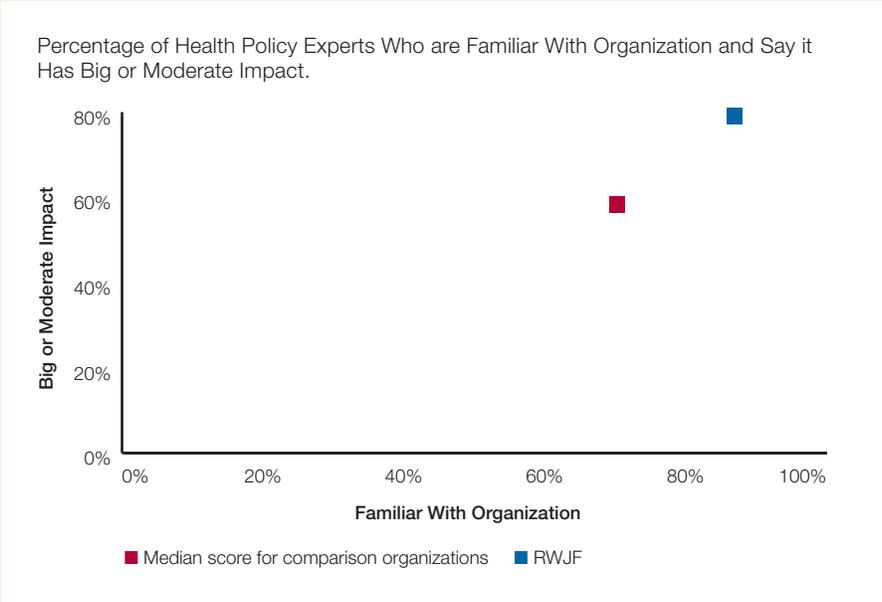
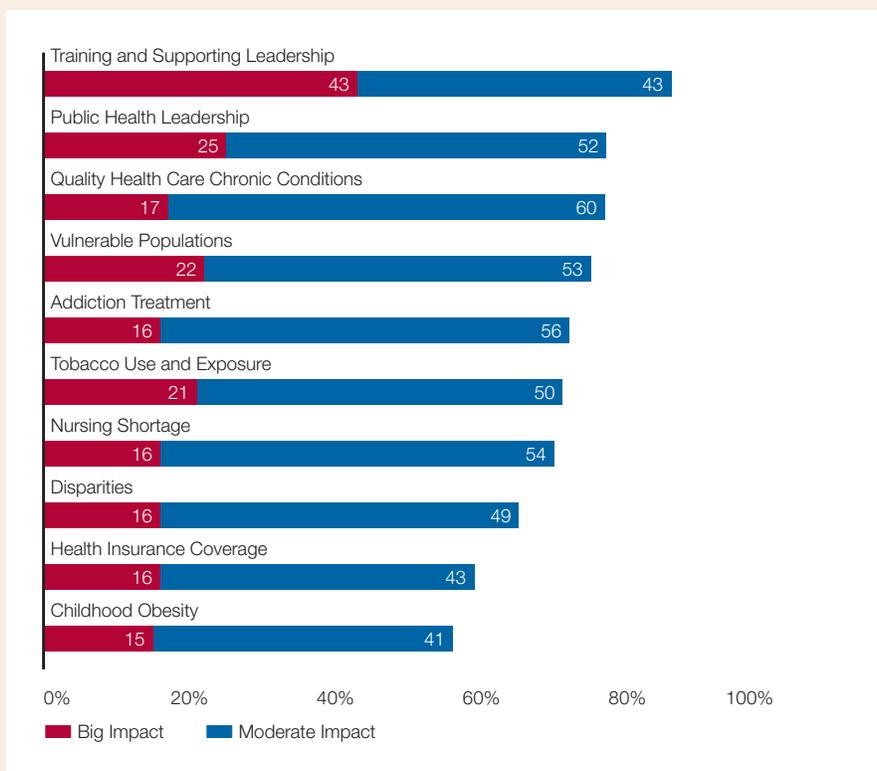


CHART 8: Health Policy Experts' Views of RWJF Impact in Priority Areas

When health policy experts who are familiar with our work were asked specifically about our impact in each of our priority areas, we received the best grades for our Training/Leadership efforts, with 86 percent of policy experts agreeing we either had a big or moderate impact in that area. This was a new question in 2008.

- Lower scores were given to some of our newer areas, like Childhood Obesity (where only 56% believe we've had a big or moderate impact) and Disparities (where only 65% believe we've had a big or moderate impact).
- Health Insurance Coverage, although not a new area, continues to be an area where it is difficult to see impact.
- Perceptions of impact in five of our priority areas have held steady over time; these include Public Health Leadership, Addiction Treatment, Quality Health Care for Chronic Conditions, Disparities and the Nursing Shortage. In three areas there has been a non-significant drop in the percentage of health policy leaders who report our impact as big or moderate. These areas are Health Insurance Coverage, Care for Vulnerable Populations and Childhood Obesity.
- The largest change in perception was in Tobacco, where 71 percent of experts agree we have a big or moderate impact, compared to 84 percent two years ago.



Health policy experts were asked questions about specific attributes important to RWJF. The next two charts plot the degree to which health policy experts were familiar with each organization and whether they felt the statement described that organization very well or somewhat well.

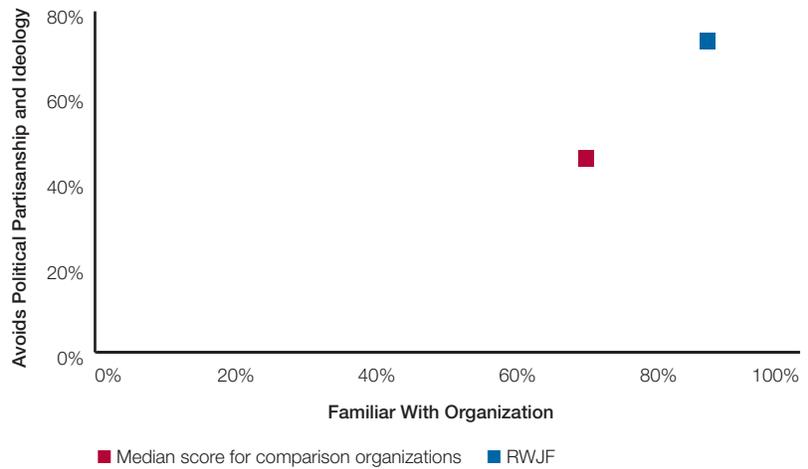
CHARTS 9 & 10: Health Policy Experts' Views on RWJF and Peers

Seventy-three percent of policy experts say RWJF succeeds in avoiding political partisanship and ideology.

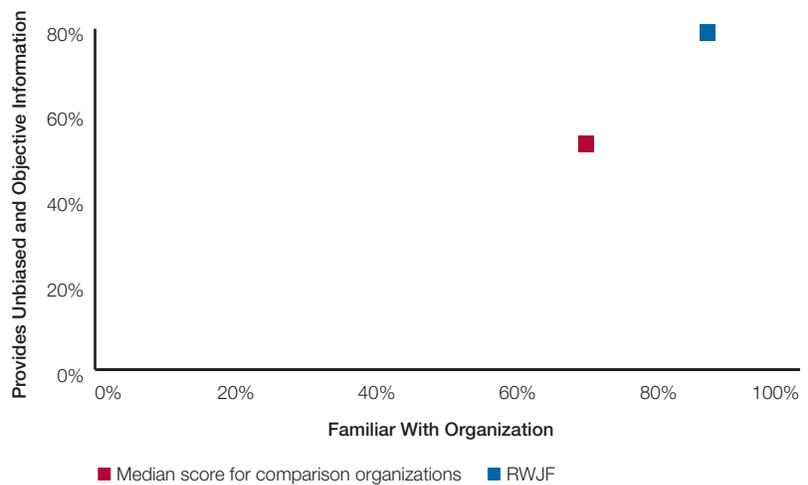
- RWJF was well ahead of other foundations on this measure.
- RWJF's score on this measure has increased significantly from 65 percent in 2006.

RWJF is also viewed as providing unbiased and objective information, with over 79 percent of policy experts indicating our information is credible.

Percentage of Health Policy Experts Who are Familiar with Organization and Who Agree With the Statement: "Avoids political partisanship and ideology"



Percentage of Health Policy Experts Who are Familiar with Organization and Who Agree With Statement: "Provides unbiased and objective information"

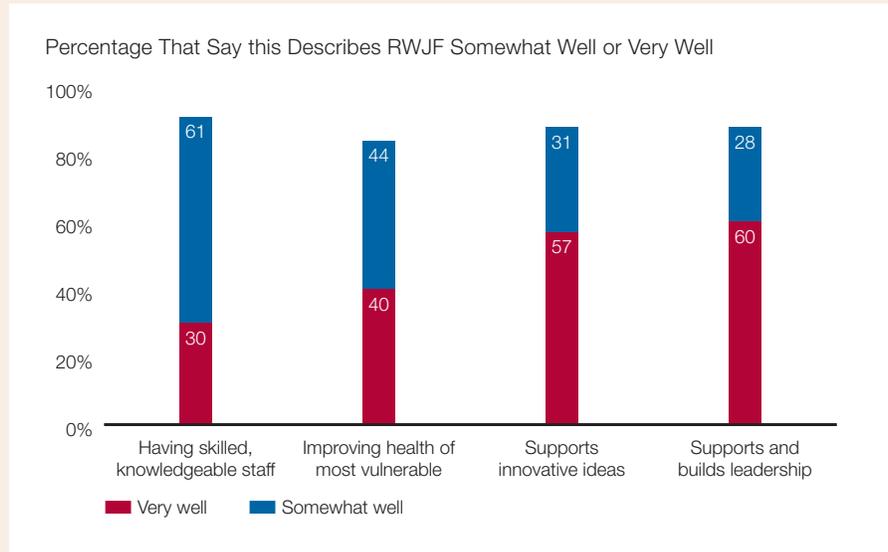


More than four out of five (82%) policy experts expressed more confidence in health information when RWJF was the source. This is slightly (but not significantly) down from our 2006 score of 84 percent.

CHART 11: Health Policy Experts' Views on RWJF Characteristics

When asked about particular characteristics of RWJF, including the quality of our staff; improving the health of the most vulnerable; and supporting innovative ideas, at least eight out of 10 policy experts, who are familiar with RWJF, gave us high marks.

- In each area, scores improved from 2006.
- Ninety-one percent of policy experts agree that RWJF has skilled and knowledgeable staff.
- We scored lowest on improving the health of the most vulnerable (84%); however, this score was up slightly from 79 percent in 2006.



Outreach Impact: RWJF Web Site

The Internet has become an important source of health and health care information for the public and for experts. The Foundation is investing in making rwjf.org an efficient and effective vehicle for sharing the results of our philanthropic investments, establishing networks of people who are working on similar issues, and promoting our priorities for improving health and health care. We have included in this year's Assessment Report data that displays the performance of the RWJF Web site. These metrics are produced on a routine basis to monitor the impact of our Web site.

In this new section of the Assessment Report we share some statistics about how many people we reach, where they come from and how they use our site. In addition, we explore how the information that our grantees produce is used, and where that information is used, by looking at citations in publications.

On average there were over 89,000 unique visitors per month to rwjf.org. This presents a tremendous opportunity to inform engaged publics, policy-makers and the media.

CHART 12: Visitors to Web Sites—Peer Organizations Indexed to RWJF

This chart shows a comparison of the number of visitors to rwjf.org with the number of visitors to peer organizations' Web sites. RWJF visitors are indexed to one. This allows us to see where we stand in relation to other Web sites.

➔ RWJF clearly sits in the middle of this group.

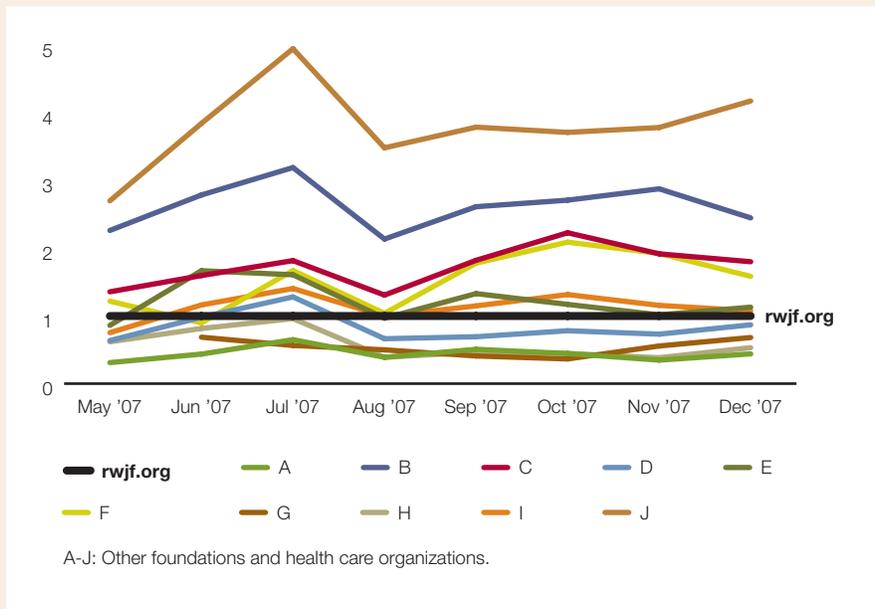


CHART 13: Information-Seeking Activities April 2007–December 2007

The majority of visitors to rwjf.org come to read the learning and policy publications that result from our work. These information-seekers visit either the Publications and Research section or the program areas to look at publications which include grant results reports, journal articles and books, the RWJF Anthology chapters, issue and policy briefs, evaluations, webcasts, charts and data, toolkits and similar documents. We began tracking this information in April 2007, so the data is not for the full year.

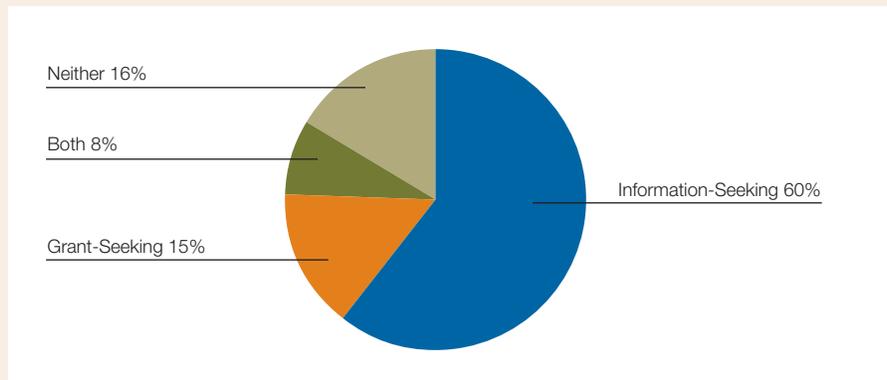


CHART 14: Number of Documents Downloaded, 2007

Chart 14 displays the number of downloads in 2007 broken out by grant-related versus learning-related content. The spike of grant-related downloads is due to the announcement of funding opportunities for childhood obesity-related projects in April of 2007.

→ There were more than 100,000 products downloaded in 2007.

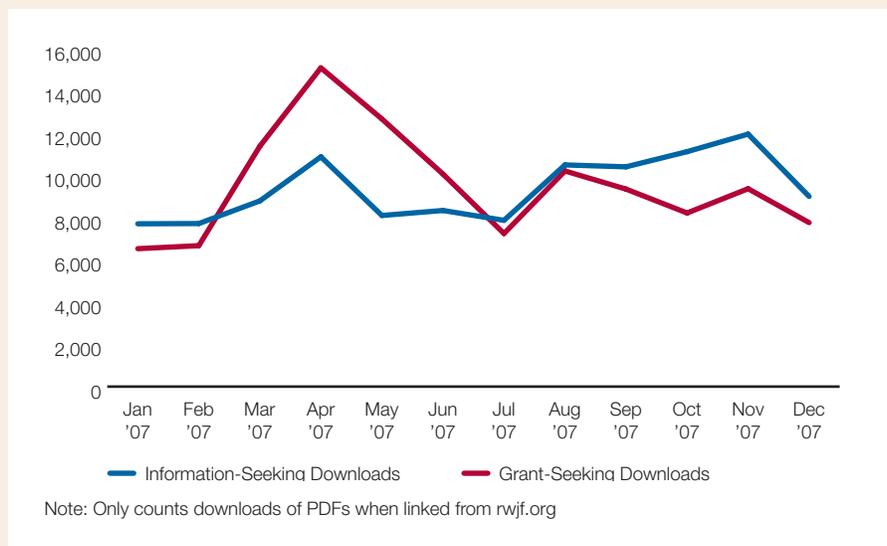


CHART 15: Program Areas Visited on rwjf.org, 2007

RWJF program areas are described on the Web site and reflect our current grantmaking strategies. This chart shows that Childhood Obesity and Vulnerable Populations are the most visited areas with 31 percent and 21 percent, respectively. This chart includes all types of visits.

→ rwjf.org also provides information on areas of work that are no longer a priority for grantmaking but where the Foundation has a long legacy of lessons learned, and on fields such as Nursing where the topic is part of a larger strategy. Nursing, Obesity and End of Life are the most popular topics, followed by Health Care Disparities and Addiction.

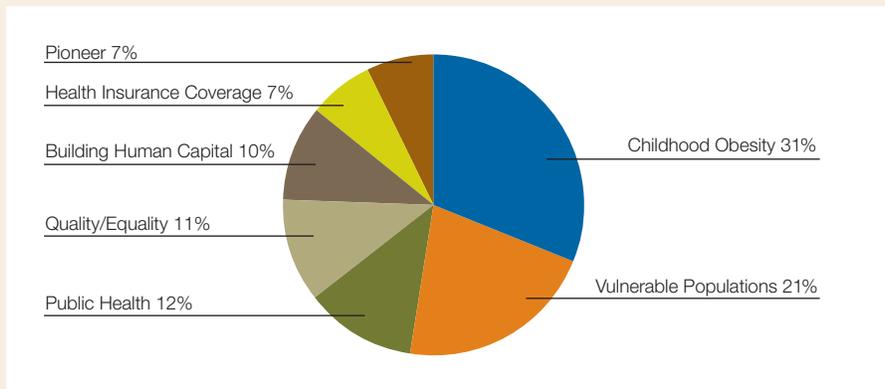


CHART 16: Cumulative Citations by Organization—2001, 2003, 2005

This chart represents the number of times an article, published in a given year, has been cited in other journals since first published. Generally, citations peak within three years of publication. To identify the number of times our grantees' work has been cited by other authors, a citation search was conducted using a common search engine—Google Scholar.

→ For example, the 217 articles first published in 2001 that mention RWJF as the funder, have been cited 3,596 times.

Our 2003 citation count includes an article by Dr. Beth McGlynn, *The Quality of Health Care Delivered to Adults in the United States* which is one of the most commonly cited articles in *The New England Journal of Medicine*.

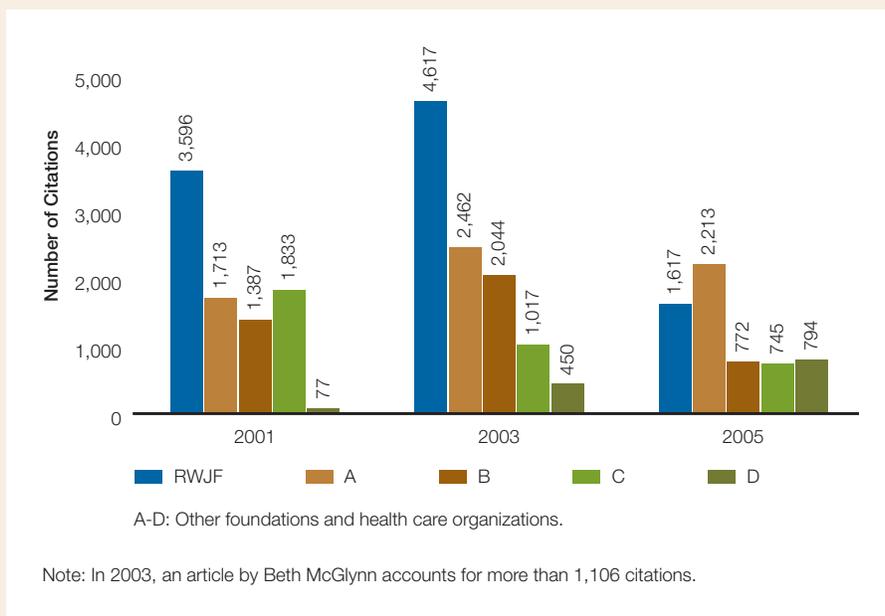


CHART 17: Information Sources for Health Policy Experts

Health policy experts seek information in a variety of ways and 62 percent of them stated that they go to the Internet for information. They also value information from journal articles, talking with colleagues and attending conferences.

	Health Policy Experts
Web Sites or Online Content	62%
Journal Articles	57%
Conversations With Colleagues	48%
Conferences or Meetings	46%
Policy or Research Briefs	40%

Policy Experts' Use of RWJF Web Site

Sixty-one percent of health policy experts have visited rwjf.org. This number has increased from 52 percent in 2006. The reasons for their visits vary:

- 85 percent look for reports and articles
- 75 percent visit for information about specific programs, and
- 44 percent seek information about grants.

Thirty-two percent say information provided by RWJF has improved while 58 percent say it has stayed the same.

Seventy-one percent indicate they have received information from RWJF, and 39 percent have worked directly with the Foundation on projects or in some other capacity. Twenty-two percent have received a grant.

Customer Service

Understanding How We Treat and Serve Our Grantees

Our Customer Service section helps us understand how we serve our grantees. At the suggestion of The Center for Effective Philanthropy (CEP), in order to decrease the burden on our grantees, we did not conduct our grantee survey this year. Instead, we will use this section to review internal administrative data that relates to comments we received in last year's grantee survey.

Section Highlights

The Foundation has undertaken several quality improvement projects in the last year to improve the efficiency of our grantmaking. Measures in this section show a commitment to keeping the grantee informed about the process and to monitoring key metrics for improvement. This section also includes a few 2007 grantee survey measures. These measures show that although a majority of grantees give positive marks to the Foundation for efficiency, there is room for improvement.

Customer Service At-A-Glance (2007)

- Grantees are satisfied
- Amount and helpfulness of technical assistance
- Grantees believe RWJF is responsive
- Grantees say RWJF is fair
- Grantees believe our goals and strategies are clear

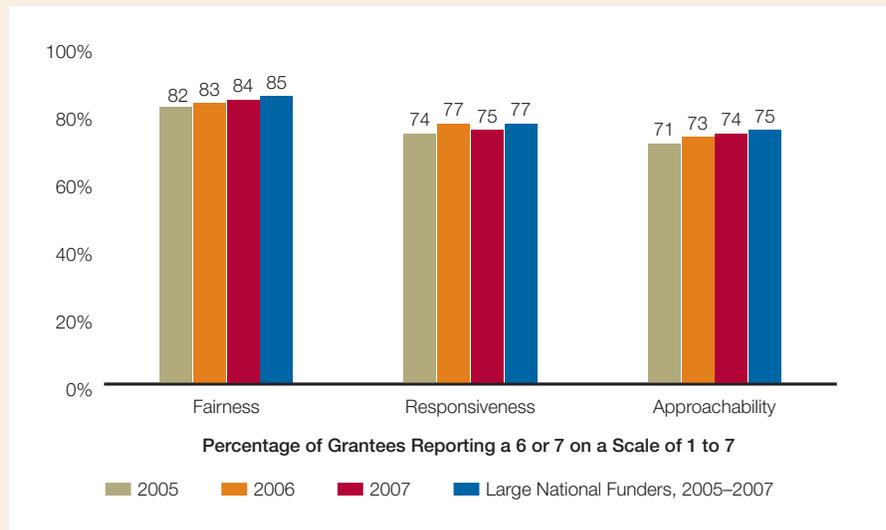
● 75% or higher ● 50%–74% ● 25%–49% ● Less than 25%
Percentage of target reached

In last year's survey of active grantees we learned that there was room for improvement in our relationship with grantees (Chart 18). This year we present a number of in-house metrics that help us track our service to these important customers.

CHART 18: Grantee Views* on Staff Fairness, Responsiveness and Approachability

While RWJF's scores in the CEP survey have gotten better over time there is still room for improvement.

→ Scores for Responsiveness were 75 percent positive and scores for Approachability were 74 percent positive.



* The grantee perception survey refers to results of the survey done by The Center for Effective Philanthropy (CEP) in the spring of 2007. This survey collected data from 382 grantees with active grants in 2006. For the purposes of this report we use the percentage of grantees who reported a 6 or 7 which we consider positive. As in past years, we also compare ourselves to our past performance and eight large national foundations also surveyed by CEP.

In an effort to improve our responsiveness RWJF management has created and tracked metrics to monitor delays in our grantmaking system. The following measures are produced and monitored monthly for independent grants.* These reflect our experience during the two years since we implemented our new grants management system for proposals that we did not solicit. Data for years prior to 2006 are not available.

CHART 19: **Communication with Applicants, 2006–2007**

We learned from last year’s grantee survey that applicants want to be better informed about the status of their grant. This metric will help us track our success in this area over time.

→ This metric tracks the percentage of applicants who are notified about the status of their application within 45 days. Independent grants comprised 23 percent of grantmaking in 2007.

→ Proposals that are turned down receive a letter. For those applications that continue to be reviewed, we may request additional information, such as a full proposal or further budget data.

→ The large change in the number of proposals turned down from 2006 to 2007 was caused by a shift in policy when the Foundation announced that it would no longer accept unsolicited proposals by the targeted teams.

Percentage of Applicants Notified About Status Within 45 Days of Application		
	2006	2007
Turned down by initial review	81% (n=1294)	79% (n= 563)
Turned down by team review	66% (n=890)	66% (n=221)
Awarded grants notified of next steps	60% (n=198)	59% (n=188)

* Independent proposals are not related to a national program; these are a subset of in-program proposals referenced in the Grants Management Performance section (p. 35).

In the CEP survey (conducted in early 2007) 63 percent of our grantees gave us positive scores on grantmaking efficiency. Our quality improvement efforts seek to improve that score.

CHART 20: Median Days from Receiving Proposal to Sending Check, 2006–2007

This chart shows the time in days that it takes a proposal to move through the RWJF system. Again, this measure is for independent grants that go through the Foundation apart from a national program. There are three categories; smaller proposals with an abbreviated process which took the least amount of RWJF time in 2007 at 65 days; proposals that continue on for full program staff approval whose median RWJF time was 86 days; and proposals for Board approval which took 150 days in house to process. The time for Board approval includes waiting for quarterly meetings. As a comparison, in 2004 the number of days it took for a full proposal to go through the total process was 111 days. This includes items approved by management and those approved by the Board of Trustees.

→ Also shown is the time the applicant takes responding to our requests for a full proposal, other budget or proposal items and the signed letter of agreement. An applicant's processing time has decreased in all categories from 2006 to 2007. These measures are an important indicator of the burden our processes place on our grantees. As we work to streamline applicant paperwork, we are hopeful this trend will continue.

Independent Grants					
	Year	RWJF Days	Applicant Days	Total Days	+ / - from 2006
Short proposal <\$100,000	2006	63	36	99	
	2007	65	22	87	-12
Full proposal, no Board vote required	2006	83	41	124	
	2007	86	20	106	-18
Full proposal, Board review	2006	156	26	182	
	2007	150	20	170	-12

Grants Management Performance

Awards Summary, 2002–2007

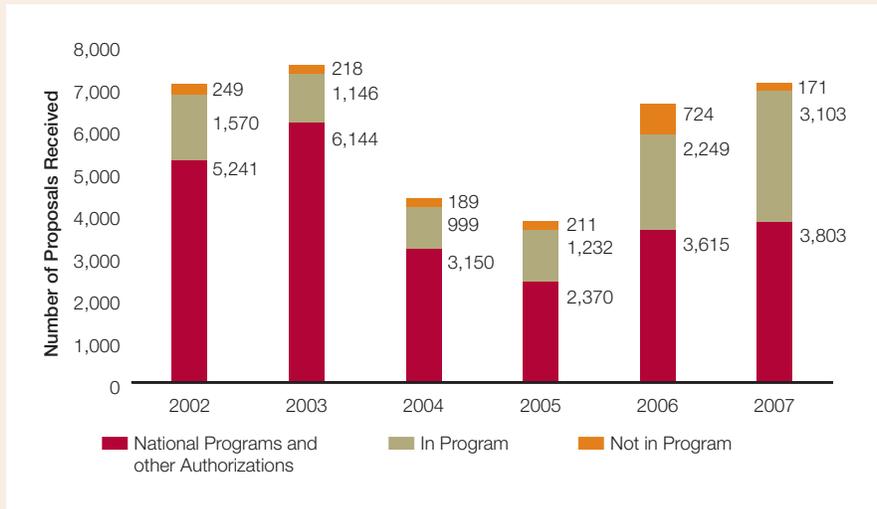
Compared to prior years, there appeared to be a trend in 2007 toward fewer, larger grants. The share of money awarded through very large grants has steadily increased over the past four years. In 2007 half of all awarded funding went to programs over \$2 million dollars, while only 7 percent went to programs smaller than \$200,000; this volume of very large grants was last seen in 2002.

RWJF received more grant proposals in 2007 than in the past two years, but awarded fewer grants. The number of in-program proposals received increased substantially without a corresponding jump in grants awarded. Grant money to new program directors continues to increase, although most of these directors are at institutions that RWJF has funded in the past.

Proposals Received

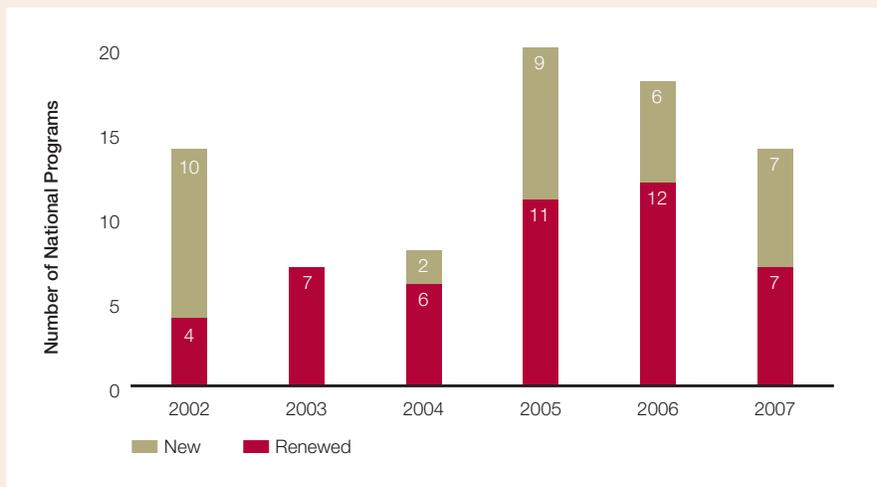
The number of proposals received in 2007 (7,077) increased by 7 percent from 2006. The increase from 2006 was driven by the Vulnerable Population's Portfolio's *Fresh Ideas* solicitation that sought ideas to improve the health of new immigrants and refugees. *Fresh Ideas* received 1,077 proposals in 2007. The number of in-program* proposals increased by 38 percent while the number of proposals that did not match our program guidelines dropped from 724 to 171.

* In-program proposals are either proposals sent in response to a team's request or unsolicited proposals related to RWJF strategies.



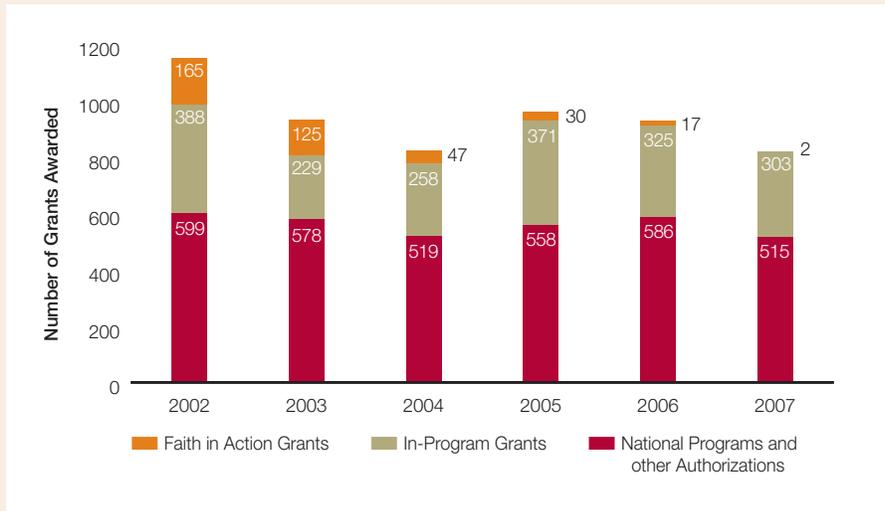
National Programs

In 2007 seven new national programs were authorized and seven national programs renewed. New national programs in 2007 included: *Consumer Voices for Coverage*; *Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children*; *Ladder to Leadership: Developing the Next Generation of Community Health Leaders*; *Robert Wood Johnson Foundation Nurse Faculty Scholars*; *New Jersey Nursing Initiative*; *Health Games Research*; and *Building Healthy Teen Relationships*. In 2007 the average size of an authorization for a national program was \$11.6 million, compared to \$7.5 million in 2006.



Grants Awarded

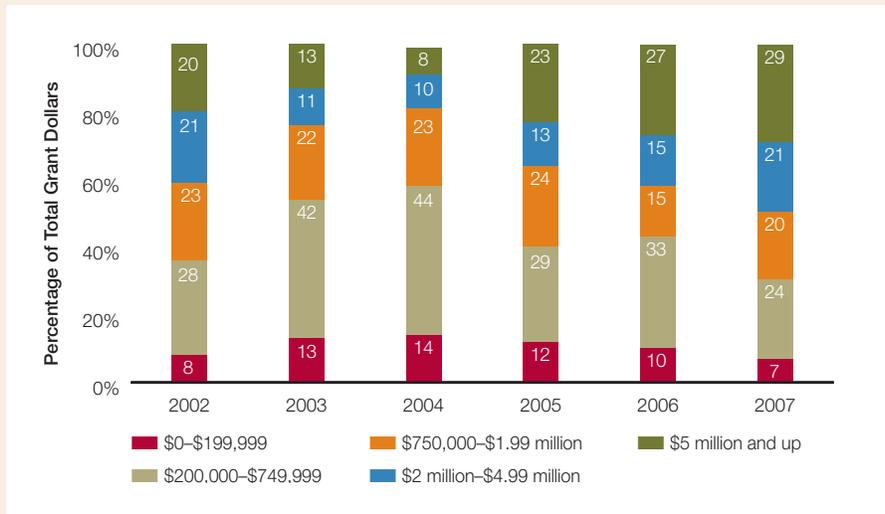
Of the 7,077 proposals received in 2007, 820 grants were awarded. This represents \$492 million in funding. The number of grants awarded dropped for the second consecutive year, down 11 percent from 2006.



Fifty-six percent (\$276 million) of total awarded dollars went to national programs and authorizations; \$216 million, or 44 percent of total, were awarded to in-program applicants.

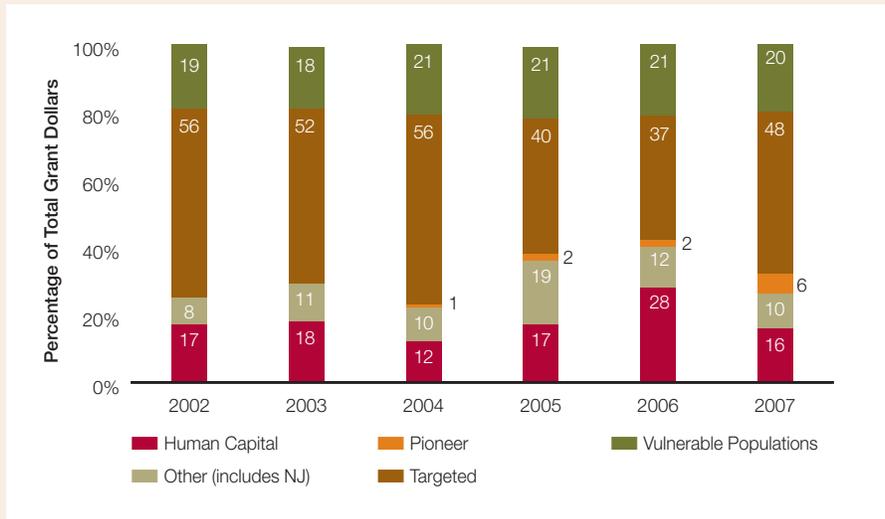
Grant Size

In 2007 the median grant size was larger than in 2006. Median grant size increased from \$164,834 in 2006 to \$221,794 in 2007. The percentage of funding awarded to grants greater than \$750,000 increased from 57 percent of total awarded funding to 70 percent of total awarded funding, and grants over \$2 million accounted for half of all awarded funds.

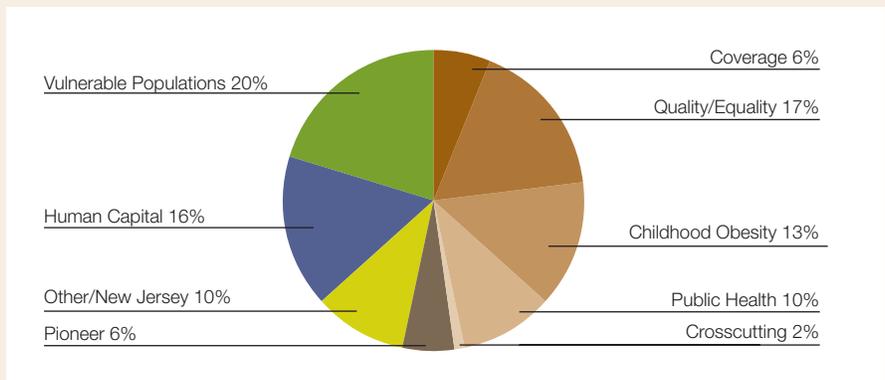


Distribution of Funding

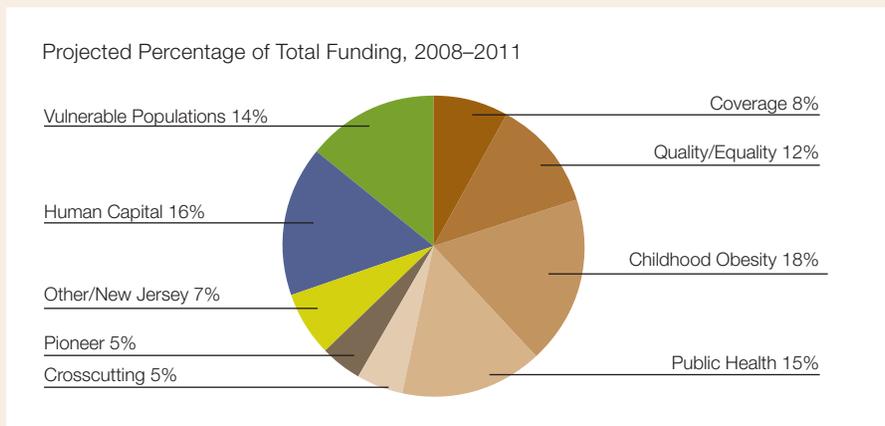
The Targeted Portfolio (Coverage, Quality/Equality, Childhood Obesity, and Public Health) awarded 48 percent (\$236 million) of total funding in 2007. Awards in New Jersey amounted to almost 7 percent of all funding; this is included in the Other category.



Breaking out the Targeted Portfolio shows the full picture. Vulnerable Populations accounted for the largest single area of funding in 2007 with 20 percent of the total funding, followed by Quality/Equality (17%) and Human Capital (16%). The Pioneer Portfolio awarded 6 percent of all funding, by far its largest share to date.



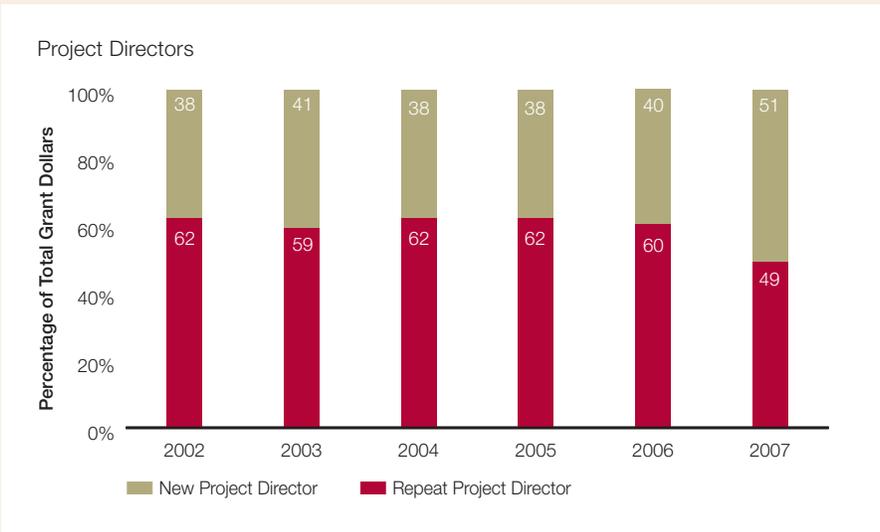
This chart shows **projected** funding for the next five years. Childhood Obesity's share of total funding is expected to increase from 13 percent in 2007 to 18 percent for 2008–2011. The Targeted Portfolio as a whole will increase from 48 percent of funding in 2007 to 58 percent of all funding within 2008–2011.



New and Repeat Grantees

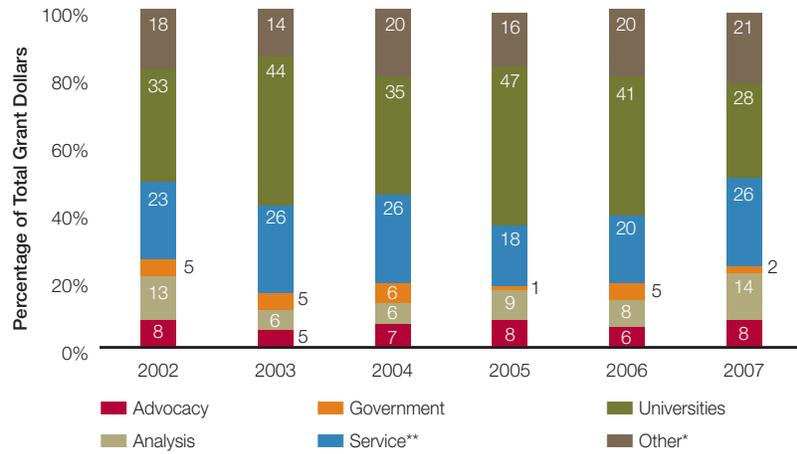
Just over half of all funds awarded in 2007 went to project directors who had never received an RWJF grant. Twenty-one percent of funds went to 178 organizations that had never before received an RWJF grant.

Of funding awarded to new project directors: 32 percent went to universities; 24 percent to service organizations; 24 percent to organizations classified as “other;” 14 percent to analysis organizations; and 6 percent to advocacy organizations.



Grantee Organizations

Funding for universities dropped from 41 percent of all funding in 2006 to 28 percent in 2007, but universities continued to receive the most funding among grantee organizations. Funding for service organizations increased from 20 percent in 2006 to 26 percent in 2007.



* Includes foundations and legal services.

** Includes health care facilities, nonprofits, and community and charitable organizations.



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