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Record Group/Collection: Donated Historical Materials
Collection/Office of Origin: Frieden, Lex, Collection
Series: Disability Rights Organizations
Subseries:

OA/ID Number: 52060
Folder ID Number: 52060-009

Folder Title:
[Robert Wood Johnson Foundation] [1990-1991] [2]

Stack: **Row:** **Section:** **Shelf:** **Position:**

SACRAMENTO REGIONAL FOUNDATION
1420 River Park Drive, Suite 140
Sacramento, California 95815

Telephone: (916) 927-2241
FAX No.: (916) 927-0110

FASCIMILE COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name: Lex Frieden

Firm: Institute For Research & Rehabilitation

City: Houston, TX

FAX Number: (713) 528-4554 compliments of Loyce

From: David Hess

Total Number of Pages (Including Cover Letter): 2

Original/Copies to be mailed

If you do not receive all pages, please call as soon as possible.

Operator: D. Hess

Date: 4/25/91 Time: 2:45

Message: This FAX is being forwarded upon the suggestion of Bill Branston

April 25, 1991

Frances Gracechild
Executive Director
Resources For Independent Living, Inc.
1211 H Street, Suite B
Sacramento, California 95814

Dear Frances:

I am disappointed that RIL found it necessary to engage an attorney at this point to resolve our claim on behalf of the Sacramento Interdependence Project On Employment & Disability (SIP). Being hopeful of saving both of us further legal expense I am writing to reaffirm my letter of April 1st.

The allegation that RIL did not benefit from work performed by SIP does not alter the fact that the work performed was in accordance with the work plan and timetable of the Robert Wood Johnson Foundation grant. Each item on the claim is a legitimate grant expense incurred while performing grant activities. If RIL did not benefit it was by RIL's choice.

SIP's involvement in the project's design, drafting of the proposal, participation in the proposal review process, not to mention its implementation once approved presupposed the existence of an enforceable relationship. Our continued involvement relied upon that presupposition.

RIL's decision not to proceed with SIP has caused serious if not irreparable damage to SIP. I am not concerned so much with RIL's desire to maintain good relations with the Sacramento Regional Foundation as I am concerned with RIL doing what is right. Therefore, I am reaffirming our original demand for payment in the amount of $11,566.54.

Sincerely,

David F. Hess
Executive Director

Lee,

Here are some rough drafts for you to look over & comment on.

Let me know what you think - then I'll revise as needed & send on to Carolyn.

Laura

Quarterly Reporting Format

1. Discuss progress to date in each goal area:

2. Discuss each goal's relation to health care and service delivery system issues and their potential impact in these areas:

3. What are the overall problem areas/ ideas of resolving the problem/ assistance required to address the problem area/ in the problem internal or external?

4. What assistance is needed from the national program office?

Site Visit Review Form

1) Has progress been made in all goal areas?

2) Which goal(s) have had the least progress? What were the issues in these goal areas?

3) Does the project have consultation needs which the staff have not identified?

4) What are the anticipated problem areas for the project's implementation phase?

5) Are health care issues being incorporated into the overall outcomes of the project?

Comments:

Regional Conference Agenda

Place

1st day (Date)		
1:00-1:15 p.m.	Welcome and discussion of purpose of conference	Carolyn Asbury Lex Frieden
1:15-2:15 p.m.	Discussion of new grant initiative/ MIS	Quentin Smith Laura Williams Smith
2:15-3:00 p.m.	Public Relations and Marketing Initiatives	Lex Frieden Carolyn Asbury
3:00-3:15 p.m.	Break	
3:15-4:00 p.m.	Discussion of general program management issues	Lex Frieden Laura Williams Smith Carolyn Asbury
4:00-5:00 p.m.	Open Discussion/ question and answer period	
6:00-7:00 p.m.	Reception	
	Dinner on your own	
2nd Day (Date)		
8:00-8:30 a.m.	Breakfast	
8:30 a.m.-4:30 p.m.	Planning Discussion and Small Group Activities	Alan Barstow Interact
4:30-5:00 p.m.	Wrap up and adjourn	

SACRAMENTO REGIONAL FOUNDATION

Board of Directors
[illegible] Frederick Brown
[illegible]
[illegible] Wong
[illegible]
[illegible] Van Post
[illegible]
[illegible] Barron Graham
[illegible]
[illegible] Daniel S. Copley, Sr.
[illegible] Leonard M. Friedman
[illegible] Thomas J. Hammer, Jr.
[illegible] Johnson
[illegible] Lammerding
[illegible] Thomas J. MacBride
[illegible] Barnett Miller
[illegible] A. Plant
[illegible] Reid
[illegible] Rodebaugh
[illegible] Teichert
[illegible] Van Camp
[illegible] Weintraub

[illegible] Gordon D. Schaber
[illegible]
David F. Hess
[illegible]

April 1, 1991

Frances Gracechild
Resources for Independent Living
1211 H Street, Suite B
Sacramento, CA 95814

Dear Frances:

I am in receipt of your March 21, 1991 letter announcing the termination of discussions regarding the contractual relationship between Sacramento Regional Foundation and RIL in connection with the Robert Wood Foundation Grant.

I too, experience the great loss to our community from this action. Since prior to January, 1990, when our two consultants, William Bronston, M.D. and Billie Shawl, collaborated in creating and submitting the detailed design for the first year planning phase and subsequent three year implementation phase proposal, it was always our understanding that this effort would be a distinguished one concretely built on the three years of work of the Sacramento Interdependence Project on Employment and Disability and your existing and emerging efforts at RIL. The discussions with the Robert Wood Foundation site visit team last fall underscored the cooperative nature of the project.

We received preliminary notice in late October that the RIL application was to be funded and we submitted a proposed Memorandum of Understanding to you in anticipation of a formal agreement between us. We were elated at the actual notice of the award and your receipt of the first major portion of monies at the beginning of December. The SIP consultant staff and SRF have operated in good faith, anticipating that the formal contractual agreement between us would be speedily executed. The specific work, detailed in the first quarter of the planning year for which you were funded was accomplished. The Sacramento Regional Foundation has advanced funding in anticipation of that agreement. The First Quarter Report and itemized Quarterly Financial Report was formally submitted to

[illegible] River Park Drive
[illegible] I-60, Sacramento
[illegible]ornia 95815-1506
[illegible]phone 916/927-2241

you as per our verbal and written agreements set forth in the finalized contract and SIP Letter of Intent sent forward in March to Mr. Lex Frieden and RWJ Foundation for their approval.

It still remains in my mind that we can reach an accord, and according to my recollection, we did have agreement with regard to the first year. In light of your letter, however, I have asked SIP to cease work until we can reach an agreement or find other means to support SIP's continuing work.

In light of the work we have completed to date, based upon the belief that an agreement would be concluded, I am submitting a bill for the work which has been delivered up to and including the week ending March 22, 1991. I would appreciate your prompt remittance.

Sincerely,

David Hess
Executive Director

cc. Lex Frieden
Ed Roberts
SIP Executive Committee
Bill Bronston, M.D.
Billie Shawl

SACRAMENTO
REGIONAL
FOUNDATION

INVOICE

Robert Wood Johnson Foundation Grant
First Quarter Financial Report
from the
Sacramento Regional Foundation
Expenses (1/1/1991 - 3/22/91)

Item		RWJF	Balance
Supplies			
Mailing Labels	$ 7.92		
Labels/Discs	31.25		
Total	**$39.17**	**$600**	**$560.83**
Printing			
Stationery	**$156.38**	**$500**	**$343.62**
Duplicating			
Print Place	$ 5.25		
Kinkos(Joblink)	5.20		
Kinkos(Joblink)	28.12		
Gradys(EC)	2.73		
Gradys(EC)	4.60		
Kinkos(WorkNet)	12.91		
Total	**$58.81**	**$290**	**$231.19**
Postage			
Stamps(WorkNet)	$31.00		
Parcels	65.58		
Total	**$96.58**	**$1075**	**$978.42**
Travel			
635 Miles	$141.10		
Parking	9.50		
Total	**$150.60**	**$600**	**$449.40**
Legal Services			
Downey Brand	**$237.00**	**0**	**($237.00)**
Total Expenses	**$ 738.54**	**$ 3065**	**$2,326.46**
Personnel	**$10,828.00**	**$35,000**	**$24,172.00**
Amount Due	**$11,566.54**		

These expendures have been advanced by the Sacramento Regional Foundation and Billie Shawl, Executive Consultant pending receipt of payment from Resources for Independent Living.

ilru

INFORMATION

ILRU FAX NUMBER (713)666-0643

TELECOPIER TRANSMITTAL COVER SHEET

DATE: 4-12-91

TIME: 12:00

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Lex Frieden

THIS TELECOPY IS BEING SENT BY:

NAME: Laura Williams

NUMBER OF PAGES INCLUDING COVER SHEET: 15

MESSAGE: CIDNY's Budget Revision Request

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL THE TELEPHONE NUMBER INDICATED AS SOON AS POSSIBLE.

TELEPHONE NUMBER 713-666-6244

CIDNY
THE CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, INC.
841 Broadway, Suite 205 New York, N. Y. 10003 (212) 674-2300

RECEIVED APR 8 1991

need to have a copy sent to the ... & to ... from ...

March 15, 1991

Ms. Laura Williams
Robert Wood Johnson
Deputy Project Director
Independent Living Research Utilization
3400 Bissonnet, Suite 101
Houston TX 77055

Dear Laura,

This letter is our request to modify the first year operating budget for the period December 1, 1990 to November 30, 1991. Each line item modification request is included in a revised Project Budget Narrative and Operating Budget, copies enclosed.

The Project's original planning approach was research oriented and included a market survey of persons with disabilities in Manhattan to identify, qualify and quantify unmet needs and gaps in health and related supportive services. The results of the survey were intended for the Certificate of Need (CON) application and for negotiating coordinated services with existing acute care hospitals, medical outpatient facilities and social service agencies.

Since the project began, it has experienced unusual cooperation and encouragement from acute care hospitals and local health care planners to adopt a more operational planning approach to the project. Also, most of the data the marketing survey would have produced is available from recently published health planning reports and analysis indicating the shortage of and critical need to develop primary health and preventative care services within the project's catchment area.

After discussions with members of the Project Advisory Board, acute care hospitals and local health care planners, we have re-focused the project design to include more emphasis on (1) development of products, systems and documents which will be utilized in the operation of the center; (2) design and acquisition of the plant and equipment; (3) near term capital financing; and (4) preparation and approval of the certificate of need application.

The project is (1) adding a subcontractor with expertise in capital funding , CON preparation and processing approval and (2) changing the ICD subcontract from market surveys to operational analysis, systems and documentation.

The budget modifications requested include eliminating the position of Program Developer ($21,250) and allocating monies to the new subcontract, increasing the percentage of time the remaining staff will spend on the project, and minor adjustments in Office Operations and Equipment.

The Project Director's time will increase from 20% to 35%. This will allow the Project Director to devote more time to the mission critical task of working with the consultants and subcontractors to secure capital funding for plant, equipment and operations.

The Financial Manager's time is increased from 10% to 15%. The additional time will be spent to identify and develop a billing system which meets the requirements of the regulators. We have not been successful in hiring a full-time Financial Manager and continue to have this position filled by a part-time outside consultant. We want this position budgeted and expect to have it filled late in 1991. In the mean time, we will allocate charges to this line item on a pro-rata basis.

The Secretary's time is increased from 30% to 50%. Because the revised project plan focuses more on operational planning and documentation, the Secretary's workload will increase significantly.

For non-personal services, we adding a new subcontract with Healthcare Associates and amending the subcontract with ICD-International Center for the Disabled.

Healthcare Associates will provide services and products related to the acquisition of capital funding for plant, equipment and working capital, and, analysis and report products related pricing, costs and reimbursement. The cost of this subcontract is a fixed-fee of $ 10,000. A letter of proposal detailing the subcontract is enclosed.

The subcontract with ICD is for services and products related to the analysis of existing data, including the analysis of the target population characteristics, the identification and description of direct and indirect services to be offered, and documentation products related to operational policy and practice. The cost of this subcontract is a fixed fee of $21,000. A letter of proposal detailing the subcontract is enclosed.

We believe that the change to a more operational approach in planning will assist the project to develop the support and strategic relationships required for the successful implementation of the primary health care center. Already, one acute care hospital has offered admitting privileges and to lease clinic space. City health care planners have indicated that this project could be a model for other areas of the city.

Please call me if you need additional information. Your help and cooperation through out the process is very appreciated.

Very truly yours,

Marilyn E. Saviola
Executive Director

Origionals sent to:

Carolyn Asbury Ph.D.
Donna Blyskal

Robert Wood Johnson Foundation
College Road PO Box 2316
Princeton NJ 08543-2316

Laura Williams
Robert Wood Johnson Foundation
Deputy Project Director
Independent living Research Utilization
3400 Bissonnet Suite 101
Houston TX 77055

PROJECT BUDGET

December 1, 1990 to November 30, 1991

I. Personnel:

The Project Director is responsible for organizing and managing programmatic and financial activities required to plan and implement the project. This includes: identifying key community organization representatives to participate in planning (such as those from the health care industry, transportation authorities, employer groups and insurance carriers); overseeing the planning and budget development process, negotiating contracts, directing program implementation, and monitoring financial and programmatic performance and progress. The Project Director will be responsible for the monitoring and oversight of the work performed by management consultants and the subcontractors.

A critical mission of the Project Director's responsibilities is to secure capital funding for working capital, plant, and equipment and approval of the Certificate of Need application. The Project Director will provide the leadership and supervision required to achieve these critical tasks.

The Secretary is responsible for the production of project correspondence and reports and for the management and organization of the project's files and records. The secretary will also be responsible for scheduling meetings and activities requiring coordination between the project office and individuals participating in the planning tasks. The secretary will also prepare minutes of staff and advisory board meetings.

The Financial Manager is responsible for the project's budget activities, including preparation of quarterly reports, identifying new sources of financing and participating in plans to diversify the agency's funding; and for the project's efforts to assist collaborating service providers in identifying currently available or new sources of reimbursement for new services to be offered.

Fringe Benefits: The cost of fringe benefits include the employer share of FICA, Worker Compensation, State Unemployment Insurance, and Health Insurance. The Fringe Benefit rate of 23 % is calculated on the direct salary budget for the first year: $30,275 x .23 F.B. rate = $6,963.

II. Office Operations:

Supplies- total requested supply budget for the year is $1,500. The budget includes $500 for stationery and business cards, $400 for computer supplies (computer paper, computer disks and printer toner) and $50 per month for miscellaneous office supplies, such as writing pads, paper clips, tape, files, copier toner, desk calenders, and large mailing envelopes.

Printing- The project will print a brochure describing the formation of the Independent Living Health Care Center. Budget estimate is 2,000 copies x $0.43/copy = $ 862.00.

Duplicating- copying of project correspondence, reports, and data analysis sheets are estimated to be 500 copies x $0.12/copy x 12 months = $720. The cost of duplicating various health system planning reports issued by the health planning authorities is estimated at 2,300 copies x $0.10 = $230.

Telephone- The telephone budget includes the installation of one (1) incoming line and a pro-rata share of the cost of three (3) existing extensions: one for the Project Director, one for the Finance Manager, and one for the Secretary. The estimate is calculated below.

Installation and wiring of 1 line	210.00
Service order	54.00
One-time Line charge @	69.00
Monthly line charge @$21 x 12 months	252.00
Monthly extension charge @ $7.50 x 3 ext x 12 months x 20%	54.00
Long distant calls between Project Office and Program Office and Health Planning Authorities $30 month x 12 months	360.00
	$ 999.00

Postage- Costs for mailing reports, correspondence, contracts, bills, payments and promotional mailing to clients, businesses and government agencies is estimated at $50 month x 12 months = $600. Cost for sending "sensitive" documents via certified mail is estimated at 50 mailings x $2.00 = $100, and the cost of sending "time sensitive" documents is estimated at 20 mailings x $13.00 = $130.

Computer Time - Project planning, accounting and MIS data will be entered on the agency's computer system. We estimate 20 operating hours per month at $15.00/ hour = $3,600.

The computer time is required to (1) develop and maintain critical project planning documentation; (2) establish and maintain a detailed data base of available health resources including individual practitioners, organizations, social service agencies and health care facilities; and (3) develop a cost-based accounting and budget reporting system which will be used in establishing the prospective rate of reimbursement for the first two (2) operating years.

III. Project Staff Travel:

Local Travel- the Project Director will travel bi-weekly between the project office and the community organizations participating in the project. All local travel will require the use of the agency's modified van with chair lift and a personal assistant. We estimate the cost to be 20 miles / weekly x $0.25 mile x 20 weeks = $200. The cost of the personal assistant is estimated at 2 hours per week x $7.50 / hour x 20 weeks = $600.00

Annual Meeting- Two staff and two personal attendants will travel to the annual meeting. Budget estimate 4 trips x $880 = $3,520.00; special ground transportation costs of $100.00; and personal attendant cost of 2 attendants x 4 days x $ 50.00/day = $ 400.00. Total cost is $ 4,020.00.

Non-local Travel- The Project Director will travel to Albany NY to meet with state health officials concerning the CON application and the operating license. Travel cost is estimated to be 1 staff and 1 personal attendant in the agency's modified van: 400 miles x $0.25 miles x 2 trips = $200.00 and personal attendant, 10 hours x $7.50 hour x 2 trips = $150.00

IV. Consultant Travel:

Consultants will travel to Albany NY to meet with officials from the New York State Health Department to obtain agreement on policy and reimbursement issues relating to the Certificate of Need (CON) application and the prospective operating budget for the initial year of the Independent Living Health Care Center. Total travel cost is estimated to be 400 miles round trip x $0.25 @ mile x 3 trips = $300.00.

The project will also reimburse the travel cost for individual consultants who live outside the New York metropolitan area. Budget estimate is 2 trips x $400.00 = $ 800.00.

The project will also reimburse the transportation cost for Advisory Board members who live outside the New York metropolitan area. Budget estimate is 400 miles round trip x $0.25 @ mile x 5 trips = $500.00.

V. Indirect Costs:

Indirect cost is calculated at 9% of the amounts as follows: $30,275 (salary) plus $6,963 (F.B.) plus $8,741 (office operations) plus $5,170 (project staff travel) plus $1,600 (consultant travel) = $ 52,749 x .09 = $ 4,747. Because of the first year budget limit of $100,000 CIDNY will reduce the budget amount for indirect cost by $ 44. The budget amount is $4,747 - 44 = $ 4,703.00.

VI. Equipment Costs:

The following equipment and software is required throughout the project to expand data analysis capacity, perform extensive cost analysis and to improve the project's capacity to monitor timely progress towards established goals and objectives.

The Lotus 1-2-3 and utilities software will be used to (1) develop a budget model that will analyze the impact of variable sources and levels of revenues and cost associated with the prospective budget and rate of reimbursement; (2) develop and maintain a data base of social service and health care facilities, professionals and service providers; (3) maintain information and data on the general health characteristics of people with disabilities living in the metropolitan New York area.

The Account Mate General Ledger package will be used to set up a cost-based general ledger and financial tracking system. The general ledger module has a full set of financial reports. Other modules such as Accounts Payable, Accounts Receivable may be added and integrated into the system at any time. We anticipate adding these modules in the second year of the grant.

Federal title VII grant funds will be used to cover 20% of the following costs.

1 printer (for existing computer)	$ 800.00
3 file cabinets (@200 each\	600.00
Lotus 1-2-3 , utilities and Account Mate *General Ledger package*	*1,785.00*
	$3,185.00
Less amount from Title VII grant	- 637.00
Amount requested from RWJF	$2,548.00

VII. Consultant Honoraria:

Organization Development Services, Inc. (ODS) is a management consulting firm specializing in program development and health care reimbursement systems. ODS staff have assisted health care providers with developing new programs and services and implementing cost strategies to improve rates of reimbursement. Consultants from ODS will assist in the design and preparation of the detail work plan and the preparation and analysis of monthly status reports on the project's overall activities and progress. ODS consultants will also staff the advisory committee, prepare analysis and recommendations for health related issues identified by the advisory committee and will assist in the preparation and the development of the detailed operating budget required for the setting and approval of a prospective rate of reimbursement. Cost is calculated at 20 days consulting x $300/day = $6,000.00.

The project will make use of other consultants who have expertise in specific subject areas such as space and facility management, medical records administration, clinical documentation, health education and training, and accountability-based reporting systems. The cost is calculated at 10 days consulting x $300/day = $3,000.00.

VIII. Space Rental: Space rental costs are included in the Indirect Cost amount.

IX. Subcontracts:

<u>ICD-International Center for the Disabled</u>

ICD-International Center for the Disabled will provide the project with research data, analysis and reports and documentation products related to operational policy and practice of the primary health care facility.

ICD is uniquely qualified to provide these services and products. ICD is an Article 28 Diagnostic And Treatment Center and provides comprehensive vocational and medical rehabilitation services to individuals living in the greater New York area.

ICD staff will assist in the identification and description of the direct and indirect services and products to be offered.

ICD will prepare a detail analysis of the primary health care industry within the borough of Manhattan. This analysis will include historical and future growth factors; primary care services; target needs; pricing; reimbursement; and success factors; and competitive trends.

ICD will also prepare a detailed analysis on certain characteristics of the target population. This analysis report will include: demographics, primary health and prevenative care needs; health insurance benefits; price and fee-set considerations; and frequency of service by patient characteristics for the target population.

ICD will also prepare documentation for operational policy and practice for the following components: Referral - Admission; Scheduling - Appointment; Transportation; Medical Care; Billing - A/R; Medical Records; Diognastic Procedures ordered in and outside of facility; follow up care following discharge from a hospital; social services; quality assurance and control; and formats for clinical records and information system reports.

ICD will also provide technical assistance in the design and development of a full featured billing system including the functionality to bill Medicaid, Medicare, Patients, third-party, and tape to tape.

The following staff will participate in the project:

ICD Staff	Estimated Hours
Director, Quality Assurance/MIS	160
Research Coordinator	180
Marketing Coordinator	40
Secretary - QA/MIS	200
Patient Accounts Manager	60
Special Projects Coordinator	120
	760

The total cost of providing these services, including all expenses, on a subcontract basis is $21,000.

Thank you for inviting us to participate in this Project. We at ICD believe that improved primary health care services for persons with disablities, that adheres to independent living philosophies, will be significant and worthwhile.

Sincerely,

John B. Wingate
Executive Director

HEALTHCARE ASSOCIATES
FACILITY MANAGEMENT • CONSULTING GROUP
98 cuttermill road
great neck, new york 11021-3152

telephone: (516) 829-9400
telecopier: (516) 466-9034

February 14, 1991

Marilyn E. Saviola, Executive Director
The Center for Independence of the
Disabled in New York, Inc.
841 Broadway, Suite 205
New York, New York 10003

Dear Ms. Saviola:

We are pleased that The Center for Independence of the Disabled in New York, Inc. ("CIDNY") is considering retaining Healthcare Associates with respect to the development of a facility to provide primary health care services and other specialized services to the disabled (the "Project"). This letter, if executed by CIDNY, will confirm our mutual understanding with regard to our retention.

We will provide the following services to CIDNY with respect to the Project:

a. Identify for CIDNY the public and private sources of capital financing and working capital that may be available for the Project.

b. Assist CIDNY in obtaining capital including, if necessary, assisting CIDNY in preparing documents for presentation to prospective public and private lenders.

c. Assist CIDNY with respect to development, including program development, scope of services, staffing requirements and space requirements.

d. Assist CIDNY to develop any affiliations with other providers of medical and related services, including hospitals.

e. Assist CIDNY to interact with Local, State and Federal regulators, including the New York City Health Systems Agency, the New York State Department of Health, the New York State Department of Social Services and the Federal Health Care Financing Administration.

f. Assist CIDNY in the preparation and submission of a certificate of need application to the New York State Department of Health.

ilru

INFORMATION

ILRU FAX NUMBER (713)666-0643

TELECOPIER TRANSMITTAL COVER SHEET

DATE: 4-12-91

TIME: 12:25

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Lex Frieden

THIS TELECOPY IS BEING SENT BY:

NAME: Laura Williams

NUMBER OF PAGES INCLUDING COVER SHEET: 4

MESSAGE: were not sure if you received the last 3 pages

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL THE TELEPHONE NUMBER INDICATED AS SOON AS POSSIBLE.

TELEPHONE NUMBER 713-666-6244

IMPROVING SERVICE SYSTEMS
FOR PEOPLE WITH DISABILITIES

A PROJECT OF THE ROBERT WOOD JOHNSON FOUNDATION

LEX FRIEDEN
PROJECT DIRECTOR

LAURA WILLIAMS
DEPUTY PROJECT DIRECTOR

May 8, 1991

Frances Gracechild & David Gilmartin
Resources for Independent Living
1211 H Street, Suite B
Sacramento, California 95814

Dear Frances and David:

As a follow-up to the site visit conducted by Carolyn Asbury and myself on May 3rd, I wanted to reiterate in writing the four points we discussed which could be further developed into a proposal for the remainder of your planning year. The four broad areas were:

- Explore and become involved with workers compensation issues to educate providers regarding independent living, and work disencentives. Work with health planners in general to develop independent living oriented case management;

- Explore options to bring about changes in the special education system/ identifying how the present system often promotes dependence as opposed to independence;

- Further development and marketing of the Transitional Living information and training package as a capital generating venture/ how potential markets can be identified and targeted;

- Developing a plan to become the statewide legislative network regarding pending legislation pertaining to disability issues, elderly issues, IL issues, return to work, etc./ educating present and potential voters about the importance of their vote on the issues which directly effect them.

At this point you need to identify the areas you would like to address in the remaining months of the planning year and write a concise proposal stating specific goal areas, expected outcomes for this year, and in general how activities would continue in the implementation phase. It is essential to have a plan of action in place and be able to identify the expected outcomes for each goal area. I feel the sooner you know what you want to accomplish in the coming months and what areas you want to focus your time and energy around the greater the likelihood of your developing a successful implementation plan. Keep in mind the overall program goals of service systems change, Centers serving as central community resources, and financial diversification.

If you have any questions regarding writing your proposal please call and let me know. I need to have this document in my office no latter than May 24th.

Sincerely,

Laura W. Smith

Laura Williams Smith
Deputy Project Director

Rough Draft

National Program Office
Improving Service Systems for People with Disabilities

MEMORANDUM

March 13, 1991

TO: Vicki Weisfeld and Marc Kaplan, RWJF

FROM: Lex Frieden and Laura Williams

SUBJECT: Response to VW/MK communication strategy memo dated 2/14/91

Since receiving your memorandum regarding communication strategies to be considered for the program "Improving Service Systems for People with Disabilities," we have met with Laurel Richards, Laurie Gerken, and Quentin Smith of the ILRU staff to discuss the strategies that you outlined in your memo. Our thoughts on these issues follow.

Technical assistance and communication support to grantees

With respect to the first component of the communication strategy that you outlined (i.e., technical assistance and network building coordinated through ILRU), we feel very comfortable in undertaking the activities that you have outlined. Details on the kinds of activities that we will undertake in the four technical assistance and three communication areas that you suggested in your memo are provided in our continuation application that will be forwarded to RWJF by March 15, 1991. The budget we are preparing to accompany the continuation application will reflect personnel and other resources necessary to carry out these activities effectively.

The National Strategy

As regards the second component (i.e., the national strategy) of the effort described in your memo, our recommendations are summarized below.

All six recommendations are good ones that should be addressed and will benefit persons with disabilities. However, we believe that the almost exclusive focus on ADA is too narrow. While ADA is an important piece of legislation, and its effective implementation will advance opportunities for people with disabilities enormously, it is not a panacea for all problems of access. It needs to be viewed in context with other legislative initiatives and non-legislative actions that affect people with disabilities.

For example, reauthorization of the Rehabilitation Act of 1973 (P.L. 93-112), which included Sections 503 and 504 prohibiting discrimination on the basis of disability, is currently pending in Congress. This legislation has major implications not only for independent living centers, but also for the much larger federal/state vocational rehabilitation programming partnership. Also in the federal arena, recent initiatives of the Social Security Administration focusing on case management and coordination with other benefit programs need to be scrutinized from a strategic perspective to assess their impact on revenue-generating capabilities of service providers. In the private arena, the initiatives of the consortium of foundations that you referred to in your memo of March 1 need to be considered carefully in light

of our project and RWJF's other efforts related to health care services for people with disabilities. It should be noted, however, that we at ILRU have some concerns, given the agendas of most of the foundations participating in the consortium, that the focus of their efforts will be weighted heavily toward employment issues, with much less attention to other issues, including health care.

Our thoughts on your six points relative to areas of activity are:

1. Helping the business community respond constructively to ADA. There is a lot of potential here, and we believe that independent living centers and other community-based service providers can and should play a major role in these activities. However, we also have the sense that few non-profit organizations are "geared-up" to do this effectively. With our connections with organizations like the Washington Business Group on Health and the President's Committee on Employment of People with Disabilities, we could undertake a number of activities in this area to foster cooperation with the private sector in responding to ADA and in being more responsive to disability-related issues beyond ADA. These activities might involve convening a private sector task force on disability issues, and developing a speakers bureau and advisory board to assist the private sector in addressing concerns about ADA and about other disability-related issues. Part of the responsibility of the advisory board might include identifying independent living centers and other community-based service agencies that are prepared to assist businesses in responding to ADA and providing the names and contact information on those agencies to businesses requesting assistance.

2. Working with national media to raise the visibility and enhance the image of people with disabilities. There is a great deal being done in this area at present. There are numerous examples of current media focusing on disability issues, including motion pictures such as "My Left Foot," "Children of a Lesser God," and "Rain Man"; television shows such as "Life Goes On," and more recently, "Equal Justice"; and in advertising, the commercials by Nike, MacDonalds, Chevrolet, and others. All this to say that I believe we can address media issues by linking more closely with groups like the South Bay Mayors' Committee on Employment of People with Disabilities, the Committee of Performers with Disabilities of the Screen Actors Guild, and others who are making substantial progress in this area and already "know the ropes."

3. Public service announcements on ADA and other issues. This is very important and should be pursued on both local and national levels. Work with the Ad Council should be continued, but is likely to take quite some time before a product emerges. I would suggest that we begin exploring other avenues for PSA production, including using local TV and radio stations for production of PSAs that could be distributed nationally and making contacts with people in national broadcast networks who might be willing to provide assistance. Special attention might focus on adapting minority approaches in using the media effectively in this regard. The minority civil rights campaign employed the media effectively in their efforts, and we should take a closer look at how they accomplished this. We have some contacts in this regard that could be useful.

4. Overcoming stereotypes and preconceptions of people with disabilities. As with the previous issue, we feel that this is important and that we should be linking with other groups and organizations that have been

very active in this area and that have been doing a good job. We would like to point out that this area of focus is not new to ILRU. We have been producing and distributing for nearly ten years a poster series entitled "America Needs All Its Citizens," depicting people with disabilities in different roles. This concept could be expanded to other types of media with other messages designed to combat stereotypes of people with disabilities. Specifically, we are interested in pressing national media for talk show airtime and in influencing all media to present people with disabilities in roles that do not focus on the individual's disability. For example, the TV show "Equal Justice" recently introduced a character who is an attorney who uses a wheelchair. Unfortunately, they did not cast a woman who actually uses a wheelchair in the role, but the idea is good.

5. Influencing opinion makers, such as "think tank" staff and others. This is an area where we believe that we can have significant impact. As your memo of 2/14 indicated, many individuals serving in advisory roles to policy makers have little knowledge of disability issues, particularly the impact of lifestyle factors and non-medical support services on health status. We are most interested in the idea of educational workshops and in other strategies, including formation of a policy task force or advisory committee, for informing key players in opinion-shaping roles about the issues being addressed through our project and through other efforts of RWJF, ILRU, and other players. Activities in this area can be initiated at relatively low cost for limited staff time and travel and development of some supporting materials.

6. Apprising national policy makers concerning implementation of ADA. This is another area where we believe that we can provide substantial assistance. Because of ILRU's close working relationship with independent living centers and other service agencies, including protection and advocacy (P&A) agencies, we are constantly receiving information regarding problems encountered by consumers and service providers relating to access and discrimination experienced in all areas from housing to employment to transportation. A more thorough study of the types of problems encountered relative to ADA and other disability-focused legislation could be mounted for the purpose of documenting these problems and informing policy and rule making agencies. In fact, it is quite likely that funding for this effort could be augmented with other research dollars that ILRU may be receiving. At present, ILRU has a proposal pending with the National Institute for Disability and Rehabilitation Research to examine independent living centers' preparedness to deliver ADA-related services, and within a month we should know if our application has been successful.

As these remarks indicate, we are very interested in pursuing these issues with you and other staff at RWJF. We are particularly interested in activities indicated under your item five, and we would like to suggest that we could mount a small-scale feasibility project targeting opinion-makers initially and then expand our efforts if following evaluation. As you indicate in your memo, we have connections that we can draw upon to mount such a project, and we would be most interested in your thoughts in this regard.

cc: RWJF staff
ILRU staff

MEMORANDUM

March 6, 1991

TO: Vicki Weisfeld and Marc Kaplan, RWJF

FROM: Lex Frieden and Laura Williams

SUBJECT: Response to VW/MK communication strategy memo dated 2/14/91

Since receiving your memorandum regarding communication strategies to be considered for the program "Improving Service Systems for People with Disabilities," we have met with Laurel Richards, Laurie Gerken, and Quentin Smith of the ILRU staff to discuss the strategies that you outlined in your memo. Our thoughts on these issues follow.

Technical assistance and communication support to grantees

With respect to the first component of the communication strategy that you outlined (i.e., technical assistance and network building coordinated through ILRU), we feel very comfortable in undertaking the activities that you have outlined. Details on the kinds of activities that we will undertake in the four technical assistance and three communication areas that you suggested in your memo are provided in our continuation application that will be forwarded to RWJF by March 15, 1991. The budget we are preparing to accompany the continuation application will reflect personnel and other resources necessary to carry out these activities effectively.

The national strategy

As regards the second component (i.e., the national strategy) of the effort described in your memo, our recommendations are summarized below.

--All six recommendations are good ones that should be addressed and will benefit persons with disabilities. However, we believe that the focus of these efforts almost exclusively on ADA is too narrow. ADA is an important piece of legislation, and its effective implementation will advance options and opportunities for people with disabilities enormously. However, it is not a panacea for all problems of access, and it needs to be viewed in perspective with other legislative initiatives and non-legislative actions that need to be addressed through this project and other efforts.

For example, reauthorization of the Rehabilitation Act of 1973 (P.L. 93-112) that included Sections 503 and 504 prohibiting discrimination on the basis of disability is currently pending in Congress. This legislation has major implications for independent living centers and for the much larger federal/state vocational rehabilitation programming partnership. Also in the federal arena, recent initiatives of the Social Security Administration focusing on management of personal assistance services as well as on other benefit programs need to be scrutinized from a strategic perspective. In the private arena, the initiatives of the consortium of foundations that you referred to in your memo of March 1 need to be carefully considered in light of our project and RWJ's other efforts related to health care services for people with disabilities. It should be noted, however, that we at ILRU have

Case management and coordination with

Page Two

some concerns, given the agendas of foundations participating in the consortium, that the focus of their efforts will be heavily weighted toward employment issues, with much less attention to other issues, including health care issues.

--As regards your numbered items one through four under the second component, we agree that there is a role that RWJF and ILRU can play in advancing these issues. However, (1) the water is still fairly muddy with respect to what will be done at the federal level in promoting ADA and in offering technical assistance to independent living centers and others in helping businesses and other organizations come into compliance; (2) the work with national media is already fairly far advanced through the efforts of groups like (LEX, what is the California group involved in this?); (3) working with the Ad Council is no simple task, and, ~~from my personal experience in trying to work with them while with the National Council on Disability in Washington, I~~ am not optimistic that results will be forthcoming soon; (4) the issue of steriotyping is being addressed through the efforts of the group previously mentioned (under item 2), and we feel that we should try to coordinate with them and other media groups more effectively, rather than mount any separate initiative.

--We believe that the primary focus of our efforts should be on issues summarized under your item number five, dealing with "think tank" types and others whose recommendations and opinions are so important to the formation of national policy. We believe that, with RWJF's and ILRU's connections to these organizations and individuals and our combined understanding of the interrelatedness of health care status and other lifestyle factors affecting people with disabilities, we can have a significant influence on policy development and implementation. We are most interested in the notion of educational workshops and in other strategies for informing key players with these organizations about the issues being addressed through our project and through other efforts of RWJF, ILRU, and other players.

--The issue you address through your sixth point--dealing with keeping policymakers informed on ADA and its implementation--is one that we have already considered; and, in fact, we have a proposal pending with the National Institute for Disability and Rehabilitation Research (NIDRR) to mount such a project. We expect to hear about the outcome of our pending application with NIDRR in about a month, and would request that you defer consideration on this project until we know if our application is successful. If it is, it would be logical to build upon the NIDRR-funded project to extend efforts further in this regard, and we are excited about the prospects of bringing RWJF in as a partner in these efforts, should funding be obtained.

As these remarks indicate, we are very interested in pursuing these issues with you and other staff at RWJF. We are most interested in activities indicated under your item five, and we would like to suggest that we could mount a small-scale feasibility project targeting opinion-makers intially and then expand our efforts if feasible following evaluation. As you indicate in your memo, we have connections that we can draw upon to mount such a project, and we would be most interested in your thoughts in this regard.

Let.
Notes from yesterday
re: memo
Laura

TO: Vicki Weisfeld

FROM: Lex Frieden

DATE:

SUBJECT:

We at ILRU have had an opportunity to review and discuss the memo dated February 14, 1991 which you sent to Tom Gore, Richard Reynolds, Carolyn Asbury and me. Our thoughts are as follow.

With respect to the first kind of communication to which you refer (i.e., technical assistance and network building by ILRU), we feel very comfortable in undertaking the types of activities that you have outlined. Details on the kinds of activities that we will undertake in these areas will be provided in our continuation application due to RWJ on March 15, and the budget included with the continuation application will reflect the additional staff time and other resources needed to carry out these activities.

As regards the second component of the effort described in your February 14 memo, our recommendations are summarized below:

--Six points made are valid with regard to ADA's potential to have significant impact on the lives of people with disabilitis. In particular, item five is

--It appears that there is a mislinkage regarding RWJ priorities. In particular, there is not a clear presentation of RWJ's emphasis on concern with health care . . .

--The consortia of foundations is addressing vocational issues, and we propose addressing the rest. Subtle reference to burial--mingling of RWJ identity

--Absence of linkage and/or continuity and present RWJ/IL project

--Narrowness of focus on ADA (emphasize Rehab Act, Social Security, etc)

--on think tank

NOTES:

--influence national media
--stereotypes in media
--train disability movement re: media
--provide TA to movement Re: framing issue
--syndicated television
--making speeches
--print series
--National corporate and voluntary service clubs

Talk to Carolyn about

MIS proposal
Communications proposal?

Cost for Internet Services for 3 Regional Meetings

DOM Meetings

Rough Draft

Ref: I.D. #15681 March 11, 1991

BUDGET JUSTIFICATION--YEAR 3

The Robert Wood Johnson Foundation Project on
Improving Service Systems for People with Disabilities

Introduction

I. PERSONNEL

Lex Frieden will serve as program director with general oversight responsibility for all aspects of the program operation, including development of project workplans, supervision of project staff, monitoring progress in the program office and at project sites, and preparing and submitting progress reports. Frieden will conduct five of the twelve project site visits, will lead the activities of the three regional conferences and the annual conference, and will have on-going meetings with representatives in the rehabilitation and independent living fields regarding the progress of the project and its implications for the field of independent living. Frieden will devote 30% time and effort to the project.

Laura Williams will serve as deputy director for the project with responsibility for day-to-day task completion, communication with staff at the project sites, coordination of work with project sites, drafting of reports and correspondence, supervision of support staff, and for carrying out other work as assigned by the program director. Williams will coordinate all twelve and conduct at least five of the project site visits. She will coordinate the activities and participate in the three regional conferences and the annual conference. As the only professional staff member who will devote 100% time and effort to the program, Williams will play a major role in assuring that program activities are completed in a timely fashion.

Roxy Funchess will serve as the program director's secretary and will be responsible for preparing correspondence and reports, word processing, maintaining project files, and coordinating other project activities which assist the project director in his role. Funchess will devote 30% time and effort to the project.

Rose Shepard will serve in the role of program secretary with responsibility for preparing manuscripts and correspondence; maintaining project files; and coordinating communication between ILRU project staff, project site staff, and RWJ project staff. Shepard has excellent word-processing skills and superb organizational skills and will devote 100% time and effort to this project.

Shirley Herzog will serve as travel coordinator on the project with responsibility for making all travel arrangements for project staff and project consultants conducting site visits. In addition, Herzog will assist with travel for meeting facility arrangements for the project's three regional conferences and annual meeting. Herzog serves as the travel coordinator of ILRU and has extensive experience in working with travel professionals and with meeting planners and coordinators at hotels and other facilities. During this project year Herzog will devote 15% time and effort to this project.

Quentin Smith will serve as planning specialist on the project with responsibility for providing assistance to project sites with long-range plan

Quentin Smith will serve as planning specialist on the project with responsibility for providing assistance to project sites with long-range plan development and in the development of funding proposals and other requests for financial support, including fee-for-service contract, form public and private sources. Smith will conduct two of the twelve site visits and will assist in conducting the three regional conferences and the annual conference.

Fringe Benefits

Fringe benefits for the project have been calculated on the basis of the current TIRR rate of 26.5% of wages and salaries.

II. OFFICE OPERATIONS

Most cost items in this category have been projected based on the project's first two years of operation. These costs include:

1. Supplies at $250 per month for all consumable supplies such as computer diskettes, laser printer toner cartridges, duplicating machine toner, paper, pens, etc. The cost of planning materials purchase and distribution to project sites includes the cost to purchase books and other materials from Interact and distribute these materials to the project sites.
2. Stationery at $150 per month.
3. Duplicating and printing costs at $250 per month.
4. Long-distance telephone expenses at $300 per month.
5. Postage and mailing costs at $150 per month.
6. Videotape distribution costs includes the cost to copy and distribute the four videotapes made at the first annual meeting to the project sites and other appropriate entities.
7. Newsletter production at $600 per quarter. This cost is an estimate of amount anticipated to produce a 2 to 4 page newletter regarding on-going activities at project sites as well as other issues which have the potential to impact the results of the project's activities. There will be a postage and mail service cost savings as we plan to do the newsletter as an insert to ILRU's Insights publication.

III. PROJECT STAFF TRAVEL

Funds are requested for the Project Director to attend the National Conference on Independent Living meeting to focus national attention on this project by giving a presentation regarding the progress of the program to date. The formats for these meetings have changed somewhat and there will be a meeting in the fall in San Fransico and one in the spring in Washington, D.C. At this point it is not known which of these meetings the Director will attend therefore, costs are calculated at $1960 for persons with severe disabilities. The $1960 figure was used in last year's budget and is calculated as follows:

$880 (RWJF standard travel rate for airfare, hotel, & meals) X two (to included travel costs for personal assistant services) + $100 for special ground transportation needs (lift equipped van) + $100 for personal assistant services (at $50 per day).

Twelve Site Visits calculated using actual airfare quotes:

It is projected that the first five listed will be conducted by Lex who will require personal assistant services and special ground transportation

(lift equipped van) estimated at $100.

Toledo: (Airfare) $850 X 2 + (Hotel) $110 X 2 + (Meals) 2 X ($40 X 2) + (Transportation) $100 + (Attendant fees at $50 per day) $50 X 2= $2280

Tulsa: $1560 X 2 + $110 X 2 + 2($40 X 2) + $100 + $50 X 2 = $1660

Maine: Site visit costs included in Regional Meeting costs.

Denver: Site visit costs included in Regional Meeting costs.

Sacramento: $970 X 2 + $110 X 2 + 2($40 X 2) + $100 + $50 X 2 = $2520

New York: $1050 + $110 X 2 + $40 X 2 + $50 = $1400

Ann Arbor: Site visit costs included in Regional Meeting costs.

Missoula: $1145 + $110 X 2 + $40 X 2 + $50 = $1495

Helena: $950 + $110 X 2 + $40 X 2 + $50 = $1300

Rochester: $900 + $110 X 2 + $40 X 2 + $50 = $1250

Amherst: $1075 + $110 X 2 + $40 X 2 + $50 = $1425

Worcester: $1075 + $110 X 2 + $40 X 2 + $50 = $1425

Total Site Visit Costs $14,755

Three Regional Conferences calculated for three National Program Office staff at each conference: Total: $17,290

Costs are calculated using actual airfare quotes and estimating a one and one-half day meeting. Costs included three nights hotel and meals for the Maine conference, and two nights hotel and meals for the Ann Arbor and Denver conferences based on the proximity to Houston. Each visit includes three NPO staff: two staff are budgeted for airfare, two to three nights hotel and meals and regular ground transportation, the project director requires personal assistance services and in these cases airfare and meal costs are doubled, ground transportation is calculated at $100 and attendant fees are calculated at $50 per day. Frieden is budgeted at three nights stay for Ann Arbor and Maine.

South Portland, Maine: Total: $3400 + $3460 = $6860

Williams & Smith (Airfare) $1200 X 2 + 2($110 X 3) + 2($40 X 3) + 2($50) = $3400

Frieden: $1200 X 2 + $110 X 4 + 2($40 X 4) + $50 X 4 + $100 = $3460
The costs for the Maine site visit are included in this total which includes an additional night's hotel and meals, and attendant fee.

Ann Arbor, Michigan: Total: $1450 + $1300 + $2720 = $5470

Williams: $950 + $110 X 3 + $40 X 3 + $50 = $1450
The costs for the Ann Arbor site visit are included in this total which will be an additional night's hotel and meals.

Smith: $950 + $110 X 2 + $40 X 2 + $50 = $1300

Frieden: $950 X 2 + $110 X 3 + 2($40 X 3) + $50 X 3 + $100 = $2720

Denver, Colorado: Total: $2420 + $2540 = $4960

Williams & Smith: $860 X 2 + 2($110 X 2) + 2($40 X 2) + 2($50) = $2420

Frieden: $860 X 2 + $110 X 3 + 2($40 X 3) + 3($50) + 100 = $2540
The costs for the Denver site visit are included in this total which includes an additional night's hotel and meals and attendant fee.

Two RWJ Foundation Meetings

Funds are requested for the Project Director to attend two Foundation meetings in Princeton. These trips were calculated using actual airfare quotes into Newark airport. Cost per trip is $2680 X 2 trips = $5360

Airfare 2($1050) + $110 X 2 + 2($40 X 2) + 2($50) + 100 = $2680

Travel to Annual Meeting for three NPO staff

Funds are requested for the Project Director, Deputy Project Director, and Planning Coordinator to attend the project's second annual meeting. Trip costs are calculated using actual airfare quotes to Washington, D.C. Total: $4,420

Williams & Smith: Airfare 2($650) + 2($110 X 3) + 2($40 X 3) + 2($50) = $2300

Frieden: Airfare 2($650) + $110 X 3 + 2($40 X 3) + 3($50) + $100 = $2120

Travel to meeting regarding service delivery and disability-related issues

Funds are requested for the Project Director and Deputy Project Director to attend one meeting in Washington, D.C. to meet with representatives of public and private agencies to examine service delivery issues and report project findings and results to date. Travel costs are calculated using actual airfare quotes to Washington, D.C. Total: $2880

Williams: $650 + $110 X 2 + $40 X 2 + $50 = $1000
Frieden: 2($650) + $110 X 2 + 2($40 X 2) + 2($50) + $100 = $1880

IV. CONSULTANT TRAVEL

Funds are requested for one out-side consultant to visit each of the twelve project sites as a member of the site review team. These trips were calculated at the RWJ standard rate of $880 for six persons without severe disabilities, and $1960 for each trip by severely disabled persons who require personal assistance services.

It is anticipated that each site will require one additional consultant visit during the NPO's fiscal year to in order to address some specific consultation needs of the sites in the areas of technical assistance discussed in the application narrative. These trips were calculated at the $880 rate for eight persons without severe disabilities, and $1960 for four persons with severe disabilities.

Funds are being requested to cover travel costs for six presenters and/or consultants to attend the project's second annual meeting. These costs are projected at $880 for three persons without severe disabilities and $1960 for three persons with severe disabilities.

??One two and one-half days meeting is planned in Houston with Gerry Bush and Malcolm Morrison to discuss insurance reimbursement and fee-for-service technical assistance needs issues which they will be providing on-going consultation services on. These two trips were calculated based on actual airfare costs. Total: $1425 + $1000 = $2425

Bush: $1075 + $110 X 2 + $40 X 2 + $50 = $1425
Morrison: $650 + $110 X 2 + $40 X 2 + $50 = $1000

In addition we would bring to Houston for this meeting six project directors from selected project sites who are involved with these issues as an integral part of their projects. These travel costs are calculated at the $1960 rate for three persons with severe disabilities and three persons without severe disabilities at the $880 rate.

Funds are also requested for up to two project site directors to participate in the Washington, D.C. meeting with representatives of public and private agencies to examine service delivery and disability-related issues. These costs are calculated at $1960 per trip for two persons with severe disabilities. In addition one external consultant who is severely disabled would be asked to participate in this meeting at $1960 for travel expenses.

V. INDIRECT COSTS

Indirect costs are calculated on the basis of four percent of allowable direct costs.

VI. MEETING COSTS

Meeting costs will be required to cover the costs of hotel meeting room rental, equipment rental, and meal catering costs for the meetings anticipated at this point in time. These costs are calculated on the basis of past National Advisory Committee meeting and the first annual meeting costs. These included:

Three regional meetings estimated at $600 per day for two days each. $1200 X 3 = $3600

The meeting in Houston with Dr.'s Bush and Morrison regarding reimbursement issues at $600 per day for two days. $600 X 2 = $1200

The meeting in Washington D.C. regarding service delivery and disability-related issues at $600 per day for two days. $600 X 2 = $1200

The second annual meeting estimated at $1200 per day for two days. $1200 X 2 = $2400. The cost estimate per day for the annual meeting is doubled due to the large number of participants which increase meal catering costs.

VII. EQUIPMENT

Funds are requested to purchase an optical scanner to transfer hard copy reports and literature to computer storage in order to distribute information to project sites via bulletin board and other electronic media.

VIII. CONSULTANT HONORARIA

Consultant monies are requested for the following activities:

Twelve one-day site visits by one consultant each as a member of the site review team at $300 per day. 12 X $300 = $3600

Eighteen additional consulting days (1.5 days per site) for specialized consultation services. 18 X $300 = $5400

Thirty-one consulting days for Gerry Bush and Malcolm Morrison to provided consultation services and activities relating to securing third-party reimbursement for services delivered at project sites (see attached proposal ???

Twelve consulting days for Dr. William A. Spencer, M.D. to continue input and efforts regarding ???

Twelve consulting days for Margaret Nosek, Ph.D. to provide input regarding project evaluation techniques???

Six consulting days for Laurel Richards to provide editing on newsletter???

IX. SPACE RENTAL

Office space rental calculated at five percent of total wages and fringe benefits.

X. SUBCONTRACTS

Subcontract with NCIL

To date NCIL has not brought not brought a staff person on board. Therefore, the terms and activities outlined in the letter of intent to Michael Winter (See attached letter) have not been initiated to date. It is anticipated that NCIL will have a staff person hired by June 1, 1991 therefore, we are requesting the $17, 250 originally allocated to enter into a subcontract with NCIL at that time in order to work with NCIL in developing tehnicial assistance capabilities so that a member of their organization can

work with the twelve project sites during their implementation phase and be prepared to assume major responsibility for technical assistance activities for centers nationwide after the five-year project period. This $17,250 amount is includes salary support for one-third of a professional staff member's time based upon an annualized full-time salary of $45,000 totaling $15,000 plus fringe benefits calculated at 15% of salary.

Subcontract with Interact

We anticipate entering into a subcontract with Interact to provide intensive planning services at each of the three regional conferences. The requested amount is based on a estimated cost of $5000 per regional conference and $2,640 travel costs for one staff person from Interact to travel to each of the three regional conferences at $880 per trip.

Ref: I.D. #15681 March 9, 1991

IMPROVING SERVICE SYSTEMS FOR PEOPLE WITH DISABILITIES

Third Year Funding Application

Introduction

Substantial progress has been made toward objectives formulated for the second year of the project, and it appears that work proposed for the year ending May 31, 1991 will be completed on schedule. Details of work accomplished during the second project year will be provided in the annual project report to be submitted after May 31, 1991.

This application outlines work to be completed during the twelve-month period from June 1, 1991 through May 31, 1992. It should be noted that, in addition to the more routine activities (e.g., providing technical assistance, conducting site visits, monitoring program performance) associated with operating a national project, we are proposing some special initiatives designed to enhance project outcomes at individual project sites as well as to the larger field of independent living and service provision to persons with disabilities. Activities to be carried out as part of the routine operation of the project are outlined below, with special initiatives to be undertaken in the coming year described in attachments A and B to this proposal.

Operational Activities for Project Year Three

- Prepare and submit to RWJ annual program and financial reports for year two of project;
- Provide ongoing system-wide and site-specific technical assistance and consultation to project sites in topical areas listed below;
- Assist in identifying and coordinating consultation and technical assistance services from other national, regional, and local sources to facilitate progress toward identified goals and objectives for individual sites;
- Oversee site utilization of technical assistance services to assure compliance with Foundation-established documentation and fiscal policies and procedures;
- Plan and conduct three Regional Conferences (The first Regional Conference may be conducted in the last quarter of the current budget year if scheduling arrangements can be finalized. If the conference is held during this budget period, budgets for both the second and third project years will be adjusted accordingly to reflect this change in activity.);
- Plan and conduct site visits to all twelve project sites;
- Assist projects to resolve any specific issues or problems identified during the site visit process;

- Provide ongoing assistance to projects with planning activities and with preparations for project implementation;

- Assist projects in completing implementation proposals;

- Plan and coordinate project evaluation efforts in cooperation with the evaluation team designated for this project under a separate RWJ grant;

- Review the quality and utility of project information generated at each project site;

- Work with project sites to improve the quality and utility of information generated at each site and the application of that information in planning, service marketing, and program evaluation;

- Research other management information systems used in independent living and in other not-for-profit and for-profit organizations and develop recommendations for improving management information systems used at all program sites;

- Initiate and coordinate ongoing communication between staff at all twelve sites for the purpose of fostering sharing of, approaches, methods, and outcomes;

- Expand efforts to communicate project activities and outcomes to the field using appropriate vehicles, including the ILRU Insights newsletter, special publications, and other media;

- Prepare mid-year progress summaries for all twelve project sites for inclusion in the national program office annual report to be submitted at the end of ILRU's third project year;

- Prepare and submit an application for funding the fourth year of project activities to be carried out by the national program office at ILRU.

Technical Assistance Needs of Project Sites

Technical assistance needs for the 12 project sites were identified using several methods, including: (1) solicitation of recommendations from members of the National Advisory Committee at the site selection meeting in Washington, D.C. in August 1990; (2) identification by Ted Benjamin, Susan Stoddard, RWJ program and evaluation staff, and ILRU program staff of potential problems associated with evaluation of project performance at the sites; and (3) discussion with project site staff at the first program meeting held in Washington, D.C. in January 1991. Specific topical areas in which technical assistance is required by project sites are identified as follow:

- communicating effectively with individuals and organizations in the community, with other RWJ-funded projects, with policy makers, and with others who influence service delivery and access issues;

- doing effective short-range and long-range planning;

- preparing business plans and developing other enterprises with potential for generating revenue;
- marketing services and products effectively to consumers, third party payers, businesses, and others;
- enhancing information management capabilities to make best use of program information in program planning, service and product marketing, and program evaluation;
- obtaining third-party reimbursement for services and products provided to consumers;
- educating health care providers, other service providers, and others in the community concerning the independent living philosophy and the relationship of quality of life issues to health status;
- securing adequate consulting services and managing consultants effectively to make the best use of consultant funds;
- identifying and marketing consulting services of center staff who have expertise in specific areas such as ADA implementation;
- conducting effective and valid needs assessments that yield information that can be used in program planning and service marketing;
- managing the center effectively to make the best use of resources (including funding, personnel, and material) in meeting community needs and in attaining project goals.

Technical assistance services relating to some of these topics can be provided by program staff at ILRU, by former members of the National Advisory Committee, or by other individuals identified as consultants to the project. Technical assistance needs relating to other topics can be addressed through local consultation or through regional or national consultation services secured by the individual project sites with funds available through the individual project budgets. A few of the topics may require development of more comprehensive technical assistance services provided through the National Program Office, subcontractors, or consultants requiring funding in excess of that provided for the national program office or for individual project sites. Proposals to address two of the topical areas identified as requiring more intensive technical assistance services--(1) development of a more effective management information system, and (2) development and implementation of a national communication strategy--are included as attachments to this proposal.

Details on personnel needs and other resources required to carry out the activities outlined above are included with the attached budget information. Curricula vitae of the project director and deputy director and biosketches of other key personnel are also attached to this proposal.

Ref: I.D. #15681 March 9, 1991

Enhancing the Capabilities of Program Sites to Generate and Use Management Information Effectively in Program Planning, Service Marketing, and Program Evaluation

A Technical Assistance Program Grant

Introduction

One fact that has emerged through initial reviews of proposals, site visits by project advisors and staff, and through subsequent activities--including administering a brief survey of project site staff at the first annual program meeting in January 1991--is that few, if any, of the sites currently have in place management information systems (MIS) that function well in generating information for use in planning, marketing, or evaluating services. Although most of the project sites have some system in place that allows for documenting numbers of persons served and quantity of services delivered, few sites have in place management information systems that allow them to use information on service consumers, service payers, and other publics that interact with the organization effectively for the three functional areas--planning, marketing, and evaluating--previously identified. For example, the brief survey conducted in January 1991 revealed that:

- few of the sites reported satisfaction with their current MIS;
- several respondents were unable to answer questions about the capabilities of the MIS to generate information of value in planning, marketing, and evaluating services;
- most sites had systems that do not allow for computer generation of mailing lists of consumers according to types of services used;
- no site indicated that the MIS in use would allow for computerized breakout of services delivered by funding source;
- no site reported having a system that would allow for retrieval of information on numbers of persons requesting services that the site was unable to provide; and
- numbers of staff hours required for data entry into existing systems varied dramatically from eight hours reported at one site to 320 hours at another site and several sites simply not responding to the question, suggesting that actual staff time commitments needed for use of MIS currently in place at sites is probably not well understood.

These findings, coupled with other reports and observations regarding management information needs of the project sites, have led to the conclusion that technical assistance needs of these 12 sites in the MIS area go beyond what would typically be available in through a national program office under a standard program grant. In essence, one or more options for a completely revamped and more functionally useful management information approach needs to be developed, tested, refined, and made available to all 12 sites so management information for planning, marketing, and evaluating services is

generated in a manner that makes optimal use of available technology and that minimizes support staff time devoted to data entry, analyses, and retrieval.

Project Goal and Objectives

The activities outlined in this proposal were developed with the goal of drawing upon existing knowledge of management information systems in use in both the not-for-profit and for-profit service sectors to develop one or more MIS options that could be implemented at the 12 project sites and in other service delivery agencies. Project objectives are as follow:

- characterize the current capabilities and shortcomings of MIS in use at each of the twelve project sites;
- research MIS in use in other not-for-profit and for-profit service organizations to determine if one or more systems of parts of systems could be secured and modified to meet better the needs of this program;
- obtain through donation or purchase software and accompanying documentation on other systems that appear to hold the greatest promise for meeting the needs of program sites;
- examine software and accompanying documentation from existing systems to identify those that show the greatest promise for program use;
- secure permission from organizations or individuals with proprietary rights to systems identified for testing of those components in a new system and determine what actions, if any, would need to be taken to satisfy proprietary claims if components are used in the proposed system;
- modify existing systems in whole or in part to meet better the needs of sites and prepare modified components for pilot testing at selected sites;
- develop additional components to fill system needs not met through available resources and integrate these components with modified components for pilot testing at selected sites;
- pilot test revised and newly developed MIS components at selected sites and review results obtained with appropriate program staff, project site staff, evaluation project staff, and selected consultants to identify further modifications that might enhance outcomes;
- make further modifications in the new MIS and prepare for field testing of the system at some or all of the project sites;
- field test the system over several months and make further refinements in it before preparing it for distribution to the project sites and for marketing to other service agencies;

- establish proprietary rights to the system (see below for a discussion of the suggested option for this) and make necessary financial and attribution arrangements with proprietors of subcomponents prior to distribution and marketing to other agencies;

- distribute the system to RWJ program sites and provide technical assistance on implementation and use;

- market the system to other service providers with any funds generated through margin over cost to be used in a pre-determined manner; and

- follow-up with organizations using the system to assess its effectiveness in meeting information needs, staff time requirements for use, and problems that may require further system modifications.

Project Implementation and Benefits

Projected staff time and consultant services required to carry out the proposed MIS project are detailed in the attached budget information. It should be noted that several benefits will accrue from this project, including implementation of an MIS at project sites that meets the needs of those sites in terms of site-specific project objectives and overall program evaluation; construction of a system that is likely to assist other service organizations in meeting the health care and associated needs of individuals with disabilities living in their communities; and development of a product that has potential for as an alternate revenue stream for the organization(s) which have proprietary rights.

This last point deserves further elucidation. ILRU project staff are proposing that proprietary rights to the system developed remain with ILRU. Although it may be necessary to have some arrangement with one or more software or systems management companies that contribute to development of the system, primary ownership of the resulting system would remain with ILRU. This approach has two benefits. First, it would allow ILRU to continue to revise and improve the system in response to changing informational needs identified by the independent living field. Second, it would provide ILRU with a source of revenue that is less subject to changes in federal priorities and administrative agendas than is the grant support only which ILRU currently relies for much of its support.

As is the case with the twelve project sites, ILRU is constantly seeking ways to diversify its funding base and to become less grant-dependent. Developing and effectively marketing the proposed MIS would provide one method for diversifying ILRU's funding base and could well provide seed money for other revenue-generating ventures related to service agency management, marketing, and evaluation that would help to assure ILRU's long-term survival and availability to provide support for the field for the purposes of enhancing the quality of life for persons with disabilities.

Ongoing TIRR Research

Descriptive Title of the Activity: ILRU/Robert Wood Johnson Foundation project "Improving Service Systems for People with Disabilities."

Investigators: Lex Frieden, Project Director/ 797-5283

Laura Williams, Deputy Project Director/ 666-6244

Descriptors: Independent living services; community-based services; innovations in disability-related service delivery

The overall goal of this project is to provide direction and technical assistance to the twelve project sites to strengthen their capacities as community-based agencies, run by and for people with disabilities. The program office at ILRU will work with sites to achieve the following objectives: create comprehensive systems of services for people with disabilities; accelerate current efforts by community-based agencies in enhancing the independent functioning of people with disabilities; and foster development of alternative resources and diversification of funding so that community-based agencies are less dependent upon episodic public and charitable funding.

The first year of project activities focused on: (1) developing an application process for service delivery programs to apply for funding through the program; (2) soliciting applications from service programs and narrowing the field to 16 programs that demonstrated the greatest potential for improving service systems in their communities; and (3) beginning site visits to identify the 12 programs that would be funded for a planning year. In the second year of the project, scheduled to end on May 31, 1991, 12 sites were selected for funding, budgets and schedules for a one-year planning period were negotiated, and initial technical assistance needs have been identified. At present efforts are underway to assist all 12 sites in meeting their technical assistance needs and to prepare their applications for funding to begin a three-year implementation phase that will begin in December 1991. Thereafter, over the remaining three project years, project staff will continue to work with staff at all 12 sites in meeting technical assistance needs, in documenting progress made toward goals identified for each community, and in making further refinements in their site activities to better meet the needs of people with disabilities in those communities.

Although this is principally a service demonstration project, it has research components that bear mentioning. All 12 sites will be encouraged to identify service delivery problems in their communities, design strategies for overcoming those problems, and document effectiveness of these strategies in effectively reducing barriers to effective service delivery. ILRU project staff will be gathering information on activities carried out in all 12 communities with the goal of fostering replication of service strategies that appear to be effective. Efforts in this regard will be characterized and reported, along with any outcome data that is collected at the project sites or at other sites where innovative service delivery strategies are replicated and evaluated.

RECEIVED APR 19 1991

THE ROBERT WOOD JOHNSON FOUNDATION
INTEROFFICE MEMORANDUM

TO: Program Directors

FROM: Vicki Weisfeld and Vivian Fransen

DATE: April 19, 1991

SUBJECT: **APRIL 1991 CUMULATIVE LISTING OF MAJOR FOUNDATION PROGRAMS**

The Communications Office has prepared a cumulative overview of RWJF National Programs and uses this document to respond to inquiries about the scope of foundation interests, current and past.

You, too, may find it a helpful compendium, and we are forwarding the attached copy. Feel free to call upon Mary Jane Washawanny (609/243-5934) in the Communications Office if you would like additional copies sent out or for your own use or if you have any emendations to suggest.

Attachment

From Laura Williams 12RU

THE
ROBERT WOOD
JOHNSON
FOUNDATION

BACKGROUND INFORMATION

The Robert Wood Johnson Foundation is the largest philanthropy in the U.S. devoted to health care and has awarded more than $1 billion in grants.

Founded as a small local organization in 1936 in New Brunswick, N.J., by General Robert Wood Johnson, the foundation became a national philanthropy in 1972.

Today the foundation has assets of more than $3 billion and concentrates its grantmaking in three broad areas: to assure that Americans of all ages have access to basic health care; to improve the way services are organized and provided to people with chronic health conditions; and to promote health and prevent disease by reducing harm caused by substance abuse.

General Johnson, who died in 1968, served from the 1930s to the early 1960s as chairman and CEO of Johnson & Johnson, the health and medical care products company founded by his father and uncle. However, the foundation is a private, independent philanthropy and is not connected with any corporation.

College Road Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701

PROGRAM SUMMARY

THE ROBERT WOOD JOHNSON FOUNDATION

April 1991

MAJOR FOUNDATION PROGRAMS

The following Foundation programs, in many instances following a common protocol, involve multiple grantees addressing selected, specific national problems.

Active Programs

AIDS HEALTH SERVICES PROGRAM. . .supporting the establishment of comprehensive health and supportive services for people with AIDS and AIDS-related disorders. . .up to $17.2 million in grants authorized in 1986 for 11 metropolitan areas with high AIDS case loads. . .no-cost extensions result in program conclusion during 1991. . .directed by Mervyn F. Silverman, MD, MPH, through the University of California, San Francisco, Institute for Health Policy Studies. . .evaluation led by Vincent Mor, PhD, through Brown University, Program in Medicine.

AIDS PREVENTION AND SERVICE PROJECTS. . .supporting creative projects to prevent the spread of AIDS and/or to improve services for people with AIDS and AIDS-related illnesses. . .54 grants made to support a wide range of projects, including educational programs, programs targeting specific high-risk populations, community-based volunteer programs, and psychosocial intervention services. . .totaling $16.7 million, these grants range in size from $5,351 to $1,831,191. . .directed by Edward N. Brandt, Jr., MD, of the University of Oklahoma. . .evaluation led by Marshall H. Becker, PhD, MPH, through the University of Michigan School of Public Health.

CHANGES IN HEALTH CARE FINANCING AND ORGANIZATION. . .supports research, evaluation, and demonstration projects to examine major changes in the financing and organization of health services and to assess the impact of these changes on health care costs, quality, and access. . .up to $12 million in grants over three years authorized in 10/89. . .15 grant awards made in 1990 and 1991. . .letters of intent welcomed at any time during the three-year period. . .directed by W. David Helms, PhD, and Anne Gauthier through the Alpha Center, Washington, DC.

CLINICAL NURSE SCHOLARS PROGRAM. . .two-year postdoctoral fellowships of advanced clinical practice and research. . .up to nine nurse scholars selected annually. . .62 Clinical Nurse Scholars will have completed their fellowship experience by 1991. . .program concludes in 1991. . .conducted at the University of California, San Francisco; the University of Pennsylvania;

(more)

and the University of Rochester. . .administered by Rheba de Tornyay, EdD, through the University of Washington, School of Nursing.

CLINICAL SCHOLARS PROGRAM. . .two-year post-residency fellowships for study in non-biological disciplines bearing on medicine and health affairs. . .20 RWJF Scholars and 6 Veterans Administration Fellows appointed yearly in 6 university-directed training programs. . .begun by RWJF in 1973. . .program grants and authorizations totaling up to $62.7 million through 1995. . .548 scholars have completed the program as of 7/1/90; currently 53 first and second year scholars in the program. . .administered by RWJF staff.

COMMUNICATIVE DISORDERS IN CHILDREN PROGRAM. . .supporting organized programs to train primary care physicians to recognize potential or existing communicative disorders in their very young patients and to effectively develop a coordinated system of care that includes screening, referral, diagnosis, and follow-up. . .five sites received grants of up to $600,000 each in 1983. . .four of the five grants concluded in 1987 and one in 1988. . .the University of Iowa, one of the original five sites, received a new grant in 1987 that concludes in 1991. . .analysis of the data from the five sites conducted by Jerome Kagan, PhD, through Harvard University.

COMMUNITY CARE FUNDING PARTNERS PROGRAM. . .an eight-year, matching grant program designed to encourage community and regional corporations and foundations to support small-scale local health centers serving vulnerable, medically at-risk people with the least access to medical care. . .grants of up to $400,000 are awarded for the first five years, with every two grant dollars matched by one local dollar. . .up to $100,000 awarded for the remaining three years, with one grant dollar matching every four local dollars. . .$6.7 million awarded to 20 new primary care health centers . . .providers include hospitals, nonprofit group medical practices, or academic medical centers. . .program builds on previous co-funding efforts over the past ten years. . .program concludes in 1993. . .no new proposals being accepted. . .administered by RWJF staff.

DEMENTIA CARE AND RESPITE SERVICES PROGRAM. . .four-year program to demonstrate that nonprofit day centers can expand provision of financially viable day programs and other respite services and can coordinate provision of other community respite and health-related services to people with dementia and their caregivers. . .up to $6.25 million, maximum of $250,000 each for up to 25 projects. . .co-funded by the Alzheimer's Association and by the federal Administration on Aging (AOA), which together will provide up to an additional $50,000 per project. . .19 Phase I grant awards made in 1988; 17 Phase II two-year grant awards made in 1990. . .administered by Burton Reifler, MD, MPH, through the Bowman Gray School of Medicine of Wake Forest University. . .evaluation led by John Capitman, PhD, through the Bigel Institute for Health Policy at Brandeis University.

FIGHTING BACK: COMMUNITY INITIATIVES TO REDUCE DEMAND FOR ILLEGAL DRUGS AND ALCOHOL. . .approval of up to $26.4 million to assist all segments of

communities in working together to eliminate drug and alcohol abuse and dependence. . .grants awarded to cities, counties, or other defined jurisdictions of between 100,000 and 250,000 people. . .applicants must establish a widely representative consortium of all institutions, organizations, and agencies whose participation is needed for a full-scale initiative. . .program includes public awareness, prevention, identification, assessment, referral, treatment, and relapse prevention services, and development of financing mechanisms. . .15 planning and development grants of up to $200,000 each awarded to 15 consortia in 1990. . .up to 8 implementation grants of up to $3 million each will be awarded over five years. . .directed by W. Anderson Spickard, MD, through the Vanderbilt Institute for Treatment of Addiction in Nashville, Tennessee. . .evaluation by Michael Klitzner, PhD, through Pacific Institute For Research and Evaluation, Bethesda, Maryland.

HEALTH CARE FOR THE UNINSURED PROGRAM. . .supporting the development and implementation of state and local initiatives to assure the availability of health care services for uninsured people who cannot afford them. . .$5.6 million for 15 demonstration projects for up to three years awarded in 1986 and 1987. . .co-sponsored by the National Governors' Association, the National Conference of State Legislatures, the U.S. Conference of Mayors, and the National Association of Counties. . .18-month supplemental grants awarded in 1990 to sites in Denver, CO, and Florida. . .administered by RWJF staff with assistance from the Alpha Center in Washington, DC, under the direction of W. David Helms, PhD. . .evaluation led by Lawrence D. Brown, PhD, through the Columbia University School of Public Health.

HEALTH POLICY FELLOWSHIPS. . .six faculty members from academic health centers appointed annually. . .11-week orientation to health policy process in Washington and nine-month full-time assignments in Congress or executive branch. . .108 fellows to date. . .$9 million through 1993. . .conducted by the Institute of Medicine, with assistance from the American Political Science Association.

HEALTHY FUTURES: A PROGRAM TO IMPROVE MATERNAL AND INFANT CARE IN THE SOUTH. . .to launch this four-year program authorized for up to $1.2 million for each project, 6 two-year grants of up to $760,000 each were awarded in July 1988 and 6 two-year renewal grants of up to $600,000 each were awarded in April 1990 to support new efforts to improve maternal, neonatal, and perinatal care in the states of Mississippi, Alabama, West Virginia, Arkansas and Oklahoma, and territory of Puerto Rico. . .only the 19 states with governors who are members of the Southern Governors' Association were eligible to apply. . .administered by Charles Mahan, MD, through the University of Florida. . .evaluation led by Milton Kotelchuck, PhD, through the University of North Carolina, School of Public Health.

THE HOMELESS FAMILIES PROGRAM. . . a public/private venture with the U.S. Department of Housing and Urban Development (HUD). . .designed to help homeless families with complex, chronic health and mental health problems

obtain permanent housing and health and related supportive services. . .8 two-year grants of up to $300,000 (and 150 HUD rental subsidies) each were awarded in 1990 to assist cities in linking comprehensive services to permanent housing for homeless families. . .a ninth site (Oakland, CA) participates in the program but is funded by four Bay Area foundations. . .additional $2.4 million authorized in 1991 for three-year Phase II grants. . .$75 million contribution from HUD. . .directed by James O'Connell, MD, through Massachusetts General Hospital. . .evaluation led by Debra Rog, PhD, through the Vanderbilt University Institute for Public Policy Studies.

HOSPITAL-BASED RURAL HEALTH CARE PROGRAM. . .supports projects that seek to restructure existing health resources in order to improve both the access to and quality of services for a defined rural population, as well as to improve hospital financial viability. . .four-year grants, averaging $600,000 each, made in 1987 to 13 groups of hospitals and other health care organizations serving rural areas. . .Phase II grants awarded to 9 of these 13 groups in 1989 and 1990. . .in addition, up to $7.5 million in loans and loan guarantees will be available to grantees to upgrade or expand their service capacity. . .grantees are eligible to apply for loans of up to $500,000 each. . .three program-related investments authorized in 1990 and 1991 for projects in Nevada, North Carolina, and Wisconsin. . .directed by Anthony R. Kovner, PhD, through New York University. . .evaluation led by Ira S. Moscovice, PhD, through the University of Minnesota, School of Public Health.

IMPROVING THE HEALTH OF NATIVE AMERICANS. . .authorization of up to $6 million for three rounds of proposals addressing needs of American Indians and Alaska Natives who are especially vulnerable to health problems. . .program encourages submission of single-site projects sponsored by Indian tribes or organizations serving large numbers of Native Americans on reservations and in urban areas. . .priority areas include prevention of major causes of mortality and morbidity, improving care for infants, children, and adolescents, and enhancing management of health services by Native Americans. . .13 first-round grants awarded in 1989. . .10 second-round grants awarded in 1990. . .administered by Timothy L. Taylor, PhD, through the Department of Health Administration, College of Public Health, University of Oklahoma.

IMPROVING SERVICE SYSTEMS FOR PEOPLE WITH DISABILITIES. . .seeks to improve the capacity of community-based agencies, run by and for people with disabilities, to facilitate comprehensive systems of services for this population and to diversify agency financing. . .up to $8.4 million authorized to support as many as 12 one-year planning grants of up to $100,000 each and as many as 12 three-year implementation grants of up to $600,000 each. . .12 planning grants awarded in October 1990. . .directed by Mr. Lex Frieden through The Institute for Rehabilitation and Research in Houston, Texas. . . evaluation led by A.E. Benjamin, PhD, through the University of California, San Francisco.

(more)

IMPROVING THE QUALITY OF HOSPITAL CARE. . .supports voluntary initiatives by hospitals working in consortia to identify and address areas for improvement relating to the quality of patient care. . . seven consortia awarded 18-month planning grants averaging $250,000 each in July 1990. . .each consortium consists of at least five hospitals and a "quality improvement resource center" that provides technical assistance, training, and a forum for problem-solving and consensus development, as well as serving as a clearinghouse for information on quality care issues. . .administered by RWJF staff. . . technical assistance provided by Robert C. Rock, MD, of The Johns Hopkins University School of Hygiene and Public Health, Baltimore.

INFANT HEALTH AND DEVELOPMENT PROGRAM. . .supports a national collaborative study to test the efficacy of a combination of health services with pediatric care in reducing health and developmental problems among low birthweight infants. . .eight four-year grants of up to $1.8 million each awarded to medical schools or affiliated teaching hospitals in 1984. . .includes provision of home care services during the first year and specially designed center-based child development services for children up until age 3. . .directed by Ruth T. Gross, MD, through Stanford University, School of Medicine. . .program development and technical assistance led by Craig T. Ramey, PhD, through the University of North Carolina at Chapel Hill.

INFORMATION FOR STATE HEALTH POLICY. . .designed to help states strengthen their health statistics systems for policymaking, program development, and management purposes. . .up to 10 states will be awarded Phase I 18-month planning grants of up to $150,000 each. . .as many as six of the Phase I grantees will be awarded four-year implementation grants of up to $1 million each. . .Phase I grant awards to be announced after March 1992. . .administered by RWJF staff with technical assistance from Ruth S. Hanft, PhD, of the George Washington University.

LIFE-CARE-AT-HOME COMMUNITIES DEMONSTRATION. . .seeks development of provider-based long-term care insurance projects guaranteeing the full range of needed health and supportive services at an affordable cost. . .unlike conventional campus-based life-care plans, the intent is to enable residents to continue living in their own homes as long as they are able. . .up to $2 million to support as many as eight 18-month development grants of up to $550,000 each. . .four preoperational planning grants awarded in 1987/1988 and four implementation grants authorized in 1989. . .directed by James J. Callahan, Jr., PhD, through the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University.

LOCAL INITIATIVE FUNDING PARTNERS PROGRAM. . .a matching grants program to help agencies and institutions identified by local philanthropies that are undertaking innovative solutions to major community health problems. . .authorized for two years and up to $8 million. . .individual projects, which must be sponsored by local grantmakers, may receive a one-to-one match from RWJF for up to $400,000. . .first round of seven grants awarded in 1988 and second round of nine grants awarded in 1989. . .program

(more)

concluded. . .no new awards will be made. . .directed by Ruth S. Hanft, PhD, through George Washington University and administered by RWJF staff after all grant awards made.

MEDICAL MALPRACTICE PROGRAM. . .two major goals are: (1) to advance the state of knowledge about what constitutes negligent care and how it can be prevented; and (2) to demonstrate and evaluate the effectiveness of various legal, insurance, and medical practice reforms. . .14 grants totaling $3.2 million awarded in May 1987. . .5 additional grants totaling $1.3 million awarded in 1988. . .directed by Walter J. Wadlington, LLB, through the University of Virginia Law School Foundation, Charlottesville, Virginia.

MENTAL HEALTH SERVICES DEVELOPMENT PROGRAM. . .supports innovative state and local initiatives to improve access to a broad range of health care and related services for the chronically mentally ill. . .18 projects awarded up to $600,000 grants for periods from two to four years. . .direction provided by Leonard I. Stein, MD, through the Mental Health Center of Dane County, Inc., Madison, Wisconsin.

MENTAL HEALTH SERVICES PROGRAM FOR YOUTH. . .approval of up to $20.4 million for a five-year period for developing model financing and service delivery systems of care for seriously mentally ill children and youth, developed through state and local partnerships. . .covers continuum ranging from community and home-based services to residential care. . .grantees are state government agency-community partnerships working with agencies serving communities of from 300,000 to 500,000 people. . .first-year development grants of approximately $100,000 awarded in 1989 to 12 sites. . .eight of these sites were awarded two-year grants of up to $1.5 million each in July 1990. . .program administered by Mary Jane England, MD, through the Washington Business Group on Health in Washington, DC. . .evaluation led by Leonard Saxe, PhD, through Brandeis University.

MINORITY MEDICAL EDUCATION PROGRAM. . .six, five-year grants of up to $1 million each awarded to institutions to enable talented minority college students (up to 125 per site) to participate in summer enrichment programs which should increase their likelihood of medical school acceptance. . .programs will include academic enrichment, structured laboratory experience, counseling regarding selection and application process for medical school, and MCAT preparation and review. . .administered by James R. Gavin, III, MD, PhD, through the University of Oklahoma.

MINORITY MEDICAL FACULTY DEVELOPMENT PROGRAM. . .four-year, post doctoral research fellowships for minority physicians who are committed to careers in academic medicine and biomedical research. . .64 fellows selected to date. . .annual stipend for each fellow of up to $50,000, complemented by $25,000 per year toward support of research. . .administered by Harold Amos, PhD, through Harvard Medical School.

NEW JERSEY HEALTH SERVICES DEVELOPMENT PROGRAM. . .supporting projects that

develop new approaches to resolving the state's most pressing community-based health care problems. . .provides one-year to four-year grants ranging from $267,166 to $498,115. . .five grants awarded in 1987 and nine grants awarded in 1988. . .directed by Jeffrey A. Warren through Cathedral Healthcare System, Inc., Newark, New Jersey.

NURSING SERVICES MANPOWER DEVELOPMENT PROGRAM. . .focuses on the need to encourage and test new approaches in two areas: (1) attracting people from non-traditional pools into the field of nursing services and (2) advancing the knowledge and skills of both new entrants and those already in service. . .up to $3 million authorized for four-year grants with matching cash requirements from other sources. . .seven grants awarded in 1990. . .administered by RWJF staff.

ON LOK APPROACH TO CARE FOR THE DEPENDENT ELDERLY. . .to replicate in six other regions of the country the model program for long-term care developed by On Lok Senior Health Services in San Francisco. . .up to $5.8 million for a four-year period. . .six replication projects awarded four-year grants of up to $700,000 per site. . .up to $400,000 annually to On Lok for technical assistance to grantees. . .no new awards to be made. . .technical assistance provided through On Lok Senior Health Services, San Francisco.

PREPARING PHYSICIANS FOR THE FUTURE: A PROGRAM IN MEDICAL EDUCATION. . .seeks to demonstrate that medical schools can substantially change the basic science education and clinical training of medical students. . .focus is on three components: (1) governance-administration of the medical education program; (2) basic science instruction; and (3) clinical instruction. . .18-month planning grants of up to $150,000 each awarded to 12 U.S. medical schools in July 1990. . .administered by RWJF staff.

PRIVATE-SECTOR INITIATIVE ON HEALTH PROMOTION. . .supports three projects within a 40-site, $22 million National Health Promotion Program developed by the Henry J. Kaiser Family Foundation. . .RWJF funds concentrated on projects focusing on substance abuse prevention for children and youth. . .$1 million over a three-year period. . .three grants made in 1987 and two-year renewal grants awarded in 1990 to the following sites: Enki Institute (Reseda, California), Fremont Counseling Service (Lander, Wyoming), and Summit County Prevention Center (Park City, Utah).

PROGRAM ON CHRONIC MENTAL ILLNESS. . .supporting city-wide projects aimed at consolidating and expanding community services for chronically mentally ill people. . .jointly supported by the Department of Housing and Urban Development (HUD). . .$20 million in grants over five years and $9 million in loans available to nine of the nation's 60 largest urban centers. . .$85 million in HUD rental subsidies available. . .nine Phase I implementation grants awarded in 1986 and nine Phase II grants awarded in 1988 and 1989. . . all nine projects have been approved to receive loans of $1 million each. . .co-sponsored by National Governors' Association, U.S. Conference of

Mayors, National Association of Counties, and National Conference of State Legislatures. . .directed by Miles F. Shore, MD, through Harvard Medical School. . .evaluation, co-funded by the National Institute for Mental Health, led by Howard H. Goldman, MD, PhD, through the University of Maryland, School of Medicine.

PROGRAM FOR DEMONSTRATION AND RESEARCH ON HEALTH CARE COSTS. . .to encourage the development and evaluation of cost-saving approaches to the organization, delivery, and financing of health services. . .44 grants totaling $10.8 million awarded for up to $300,000 each for research projects and up to $600,000 each for demonstration projects for periods of one to three years. . .projects under the auspices of a variety of health care, academic, and not-for-profit institutions. . .no new awards. . .administered by RWJF staff with the assistance of an outside technical review panel.

PROGRAM FOR FACULTY FELLOWSHIPS IN HEALTH CARE FINANCE. . .assisting faculty committed to academic careers to study and obtain first-hand experience in health care finance and to encourage research. . .41 fellows selected since July 1988 to receive one-year or two-year fellowships. . .stipend for each fellow up to $40,000 for first year, complemented by a second-year grant of up to $15,000 in partial support of related research. . .directed by Susan D. Horn, PhD, through The Johns Hopkins University, School of Hygiene and Public Health, Baltimore. . .up to $1.3 million for a four-year period approved February 1988 to alter and extend the Program. . . evaluation led by David Young, DBA, and Stephen Davidson, PhD, through the Boston University, School of Management.

PROGRAM FOR PREPAID MANAGED HEALTH CARE. . .to enable medical institutions working with state and federal government and private health insurers to develop more efficient arrangements for financing and delivering health services. . .projects combine the management of patient care by primary care physicians with the reordering of economic incentives by means of capitation payment. . .25 grants of up to $1.2 million each for a total of $15 million awarded since 1984. . .co-sponsored by the Health Care Financing Administration and the National Governors' Association. . .program concluded in 1988, but supplemental grant program approved in May 1988 to assist four of 10 remaining sites gain necessary financial and operational stability to survive long-term. . .directed by J. Robert Buchanan, MD, through The General Hospital Corporation - Massachusetts General Hospital. . .evaluation led by Allyson R. Davies, PhD, initially through the Rand Corporation, Santa Monica, California, and later through the New England Medical Center, Inc.

PROGRAM ON THE CARE OF CRITICALLY ILL HOSPITALIZED ADULTS. . .enabling physicians and their critically ill adult patients, hospitalized with life-threatening illnesses, to decide upon appropriate clinical management strategies based on improved predictions of outcomes and on the values and preferences of patients and families. . .up to $8.75 million for a five-year period. . .collaborative effort by five academic health centers each eligible for grants up to $1.75 million for five years. . .initial funding for two and

(more)

one-half years. . .grants announced in August 1988. . .directed by William A. Knaus, MD, through George Washington University School of Medicine.

PROGRAM TO ENHANCE HOSPITAL CARE FOR THE ELDERLY. . .a four-site pilot effort to demonstrate how hospitals can develop inpatient systems of geriatric care that enable identification of high-risk geriatric patients and direct resources to meet their needs. . .up to $400,000 for each project for two years. . .pilot grants awarded in 1988 and 1989 to support the development of geriatric care systems in community hospitals located in Colorado, Florida, Rhode Island, and Southern California. . .administered by RWJF staff.

PROGRAM TO IMPROVE MATERNAL AND INFANT HEALTH IN NEW JERSEY. . .a four-year statewide program to demonstrate the effectiveness of intensive medical and social services, especially targeted on high-risk, low-income women, in improving pregnancy outcomes and reducing the infant mortality rate within the state. . .seven, two-year grants of up to $715,000 each were awarded in 1988 and seven, two-year renewal grants of up to $743,000 each were awarded in 1990. . .New Jersey's major perinatal providers came together under regional consortia to submit proposals. . .administered by Kenneth Johnson, MD, through Benedictine Hospital in Kingston, New York.

PROGRAM TO PROMOTE LONG-TERM CARE INSURANCE FOR THE ELDERLY. . .to stimulate private/public partnerships at the state level for the development of long-term care (LTC) insurance for the elderly. . .up to $3.2 million in planning grants and $3.3 million in implementation grants made to date. . .eight states have received planning grants of up to $400,000 each. . .grants awarded to Connecticut, Indiana, Massachusetts, and Wisconsin in 1987 and to New Jersey, New York, California, and Oregon in 1988. . .implementation grants authorized for Connecticut and New York State in 1989. . .pre-implementation grants authorized for Indiana, Massachusetts, and Wisconsin in 1990. . .directed by Mark Meiners, PhD, through the University of Maryland. . .evaluation led by Nelda McCall through Laguna Research Associates, San Francisco, California.

PROGRAM TO STRENGTHEN PRIMARY CARE HEALTH CENTERS. . .up to $2 million in grants for "small centers" (those with fewer than six full-time equivalent physicians). . .no competitive request for proposals. . .centers that can develop strategies for improving operations and financial management will be eligible for three-year matching grants of up to $100,000 each. . .RWJF will provide four dollars for every dollar raised from other sources. . .20 grantees announced during 1989, 1990 and 1991. . .directed by Mary Plaska through the National Association of Community Health Centers, Inc., Washington, DC. . .evaluation conducted by Steven Finkler, PhD, and James Knickman, PhD, through the New York University, The Robert F. Wagner Graduate School of Public Service.

RESEARCH AND DEMONSTRATIONS TO IMPROVE LONG-TERM AND AMBULATORY CARE QUALITY. . .supports projects to develop, implement, and assess new methods for measuring and improving the quality of patient care in long-term and

ambulatory care settings. . .up to $3 million authorized for grants not to exceed three-year grant periods. . .letters of interest accepted until maximum amount awarded or April 1991, whichever occurs first. . .administered by RWJF staff with technical assistance from Jack D. McCue, MD, of Baystate Medical Center in Springfield, Massachusetts, and Andrew Kramer, MD, of the University of Colorado Health Sciences Center in Denver, Colorado.

RESEARCH AND DEVELOPMENT PROGRAM TO IMPROVE PATIENT FUNCTIONAL STATUS. . . support for faculty members in schools of medicine and/or nursing at academic health centers who are in the early stages of testing potential innovations to physical functioning of patients. . .117 grants of up to $150,000 each for periods of one to three years awarded. . .five grants of up to $400,000 each for two to three years awarded in 1987 for large-scale demonstrations. . .no new awards. . .administered by RWJF staff.

SCHOOL-BASED ADOLESCENT HEALTH CARE PROGRAM. . .strengthens the capacity of American communities and families to meet the multiple health and related needs of adolescents by utilizing public secondary schools as a principal locus of care. . .six-year grants in two phases of up to $600,000 each. . .hospitals, neighborhood health centers, health departments, and other qualified medical providers in cities of more than 100,000 people were eligible to apply. . .19 localities are participating in the program, establishing clinics in 24 schools. . .second-stage grants awarded to 18 projects. . .four grantees currently offering day center component. . .up to $1.5 million authorized in July 1988 for five additional day centers, available to remaining grantees without this service component. . .co-directed by Philip J. Porter, MD, and Julia Graham Lear, PhD, through Harvard Medical School and Children's National Medical Center in Washington, DC. . .evaluation led by William A. Morrill through Mathtech, Inc., Princeton, New Jersey.

STRENGTHENING HOSPITAL NURSING: A PROGRAM TO IMPROVE PATIENT CARE. . .to demonstrate that care of hospitalized patients can be strengthened through institution-wide efforts to improve hospital nursing services. . .80 one-year feasibility study and program design grants of up to $50,000 awarded in 1989. . .20 two-year implementation grants of up to $628,000 awarded in 1990. . .program to conclude in 1995. . .developed and conducted jointly with the Pew Charitable Trusts, Philadelphia. . .administered by Barbara A. Donaho, RN, MA, FAAN, through St. Anthony's Health Care Foundation, Inc., in St. Petersburg, Florida. . .evaluation co-funded with the Pew Charitable Trusts and led by J.B. Silvers, PhD, and Duncan Neuhauser, PhD, through the Case Western Reserve University, Weatherhead School of Management.

SUPPORTIVE SERVICES FOR OLDER PERSONS. . .to demonstrate that a private market exists among the elderly for the purchase of non-traditional health and related services, including emergency response services, respite care, housekeeping, simple home repair, and transportation, $9.75 million in four-year grants to nonprofit home health care agencies in 13 communities. . .program to conclude in 1991. . .directed by James J.

Callahan, Jr., PhD, through the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University. . .evaluation led by William J. Scanlon, PhD, and Judith Feder, PhD, through Georgetown University, School of Medicine.

SUPPORTIVE SERVICES PROGRAM IN SENIOR HOUSING. . .to demonstrate a mechanism for financing and delivering supportive services to frail elderly people who live in publicly assisted but privately owned senior housing projects. . .up to $4 million for a three-year period. . .state housing finance agencies were eligible to apply. . .ten Phase I three-year grants of up to $400,000 each awarded in 1988 and ten Phase II grants made in 1989 and 1990. . .grantees must commit financial resources including agency and development reserves. . .directed by James J. Callahan, Jr., PhD, through the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University. . .The National Council of State Housing Agencies has assisted the program office. . .evaluation led by William J. Scanlon, PhD, and Judith Feder, PhD, through Georgetown University, School of Medicine.

Completed Programs

CHRONIC DISEASE CARE PROGRAM. . .assisted community hospitals and their medical staffs to develop physician-directed, nurse-managed systems of long-term care for non-institutionalized chronically ill patients. . .eight grants of approximately $550,000, totaling $4.4 million over four years. . .all grants made in 1980 programs. . .concluded in 1985. . .administered by RWJF staff. . .evaluation study by the University of California, Los Angeles, School of Medicine.

COMMUNITY HOSPITAL PROGRAM. . .54 primary group practices in 37 states and DC sponsored by community hospitals and their medical staffs. . .each grant for approximately $500,000. . .total $25.6 million. . .all grants concluded between 1980 and 1983. . .directed by Dr. James A. Block through the University of Rochester and Georgetown University. . .evaluation studies by the University of Chicago and University of Washington, Seattle.

COMMUNITY PROGRAMS FOR AFFORDABLE HEALTH CARE. . .assisted communities of at least 250,000 population to contain health care costs. . .$19.2 million effort with grant funds to be matched at least 50 percent by participating communities. . .beginning in 1982, 16 planning grants, 11 first-phase implementation grants, and eight second-phase implementation grants were made. . .final grant awarded in July 1988. . .diverse cost-control initiatives have been established at program sites. . .co-sponsored by the American Hospital Association and the Blue Cross/Blue Shield Associations. . .directed by Linda Hill-Chinn through Hospital Research and Educational Trust, Chicago, Illinois. . .evaluation led by Catherine G. McLaughlin, PhD, through the University of Michigan, School of Public Health, and Laurence Brown, PhD, through Columbia University School of Public Health.

DENTAL SCHOOL STUDENT AID PROGRAM. . .support to increase the number of dentists likely to enter practice in underserved communities. . .four-year grants awarded in 1972 to 56 schools of dentistry for use as scholarship and loan awards to women students, students from rural backgrounds, and those from the nation's black, Indian, Mexican-American, and U.S. mainland Puerto Rican populations. . .grants totaled $4 million. . .program concluded in 1976. . .evaluation study by The National Planning Association, Washington, DC.

DENTAL SERVICES RESEARCH SCHOLARS PROGRAM. . .to enable dental faculty committed to academic careers to acquire health services research skills to study the financing, organization, and delivery of dental health services in the United States. . .up to five clinical dental faculty annually awarded two-year fellowships at either Harvard University or the University of California, Los Angeles. . .30 Scholars completed training. . .program concluded in August 1990. . .administered by Raymond White, DDS, PhD, through the University of North Carolina at Chapel Hill.

(more)

Completed Programs

DENTAL TRAINING FOR THE CARE OF THE HANDICAPPED. . .11 dental schools developed clinical training programs. . .grants totaled $5.1 million. . .concluded 1978. . .administered by the American Fund for Dental Health. . .a separate grant to the Association of American Dental Schools to develop curriculum guidelines for care of the handicapped. . .an additional grant to AFDH for fall 1979 workshop with representatives of all dental schools on implementation of curriculum guidelines. . .evaluation study by the Educational Testing Service, Princeton, New Jersey.

EMERGENCY MEDICAL RESPONSE PROGRAM. . .44 regions in 38 states developed emergency medical communications systems. . .$15 million program. . .concluded in 1977. . .administered through the National Academy of Sciences. . .evaluation study by The Rand Corporation, Santa Monica, California.

FAMILY FRIENDS PROGRAM. . .a program of the National Council on the Aging. . .supporting community projects that match older volunteers with chronically ill or disabled children and their families. . .eight, four-year grants authorized in 1986 for up to $475,000 each to support projects in eight cities with populations of one-half million or larger. . .program concluded in 1990. . .directed through the National Council on the Aging.

FAMILY PRACTICE FACULTY FELLOWSHIPS PROGRAM. . .two-year preparation of physicians for full-time academic careers in family practice. . .four fellows appointed annually at each of three universities, 1978 through 1988 for a total of $11 million. . .102 fellows to date. . .administered by RWJF staff.

GENERAL PEDIATRICS ACADEMIC DEVELOPMENT PROGRAM. . .assisting departments of pediatrics to strengthen training and research on the problems encountered in general pediatrics practice. . .a total of 111 fellows. . .six universities receiving approximately $1.7 million each for a total of $10.2 million through 1988. . .directed by Robert J. Haggerty, MD, through Cornell University Medical College, New York City.

HEALTH CARE FOR THE HOMELESS PROGRAM. . .aimed at meeting the basic health care needs of the homeless and improving their access to other needed services and public benefits. . .co-funded by RWJF and The Pew Memorial Trust. . .a total of $26.5 million was awarded to projects in 19 of the nation's 51 most populous cities between 1984 and 1988. . .program concluded in 1989. . .served as a stimulus and model for federal grants funding homeless health care programs under the McKinney Homeless Assistance Act of 1987. . .directed by Philip W. Brickner, MD, through St. Vincent's Hospital and Medical Center, New York City. . .evaluation conducted by James Wright, PhD, initially through the University of Massachusetts and later through Tulane University College of Arts and Sciences.

(more)

Completed Programs

HOSPITAL-SPONSORED AMBULATORY DENTAL SERVICES PROGRAM. . .expansion of outpatient dental care in 25 hospitals with general dentistry residency programs. . .four-year grants of up to $500,000 each made in mid-1979. . .$10.1 million program concluded 1983. . .directed by Dr. John J. Salley through Virginia Commonwealth University, Richmond. . .evaluation study by the University of California, Los Angeles, School of Dentistry.

INTERFAITH VOLUNTEER CAREGIVERS PROGRAM. . .grants to ecumenical coalitions of churches and synagogues to enable the elderly and disabled people who are at risk of institutionalization to remain in their homes by providing volunteer support services . . .demonstration coalitions serve geographic areas with a total population of at least 25,000. . .25 grants made in 1984 and 1985 of up to $150,000 each for a total of $3.8 million. . .co-sponsored by the National Interfaith Coalition on Aging. . .directed by Kenneth G. Johnson, MD, through The Benedictine Hospital, Kingston, New York. . .program study by the Third Age Center at Fordham University, New York City.

MEDICAL SCHOOL STUDENT AID PROGRAM. . .support to increase the number of doctors likely to enter practice in medically underserved areas. . .four-year grants awarded in 1972 to 108 schools of medicine and seven schools of osteopathy for use as scholarships and loans to women students, students from rural backgrounds, and those from the nation's black, Indian, Mexican-American, and U.S. mainland Puerto Rican populations. . .grants totaled $10 million. . .program concluded in 1976. . .evaluation study by The National Planning Association, Washington, D.C.

MUNICIPAL HEALTH SERVICES PROGRAM. . .five of 50 largest cities combined resources of health departments and municipal hospitals to offer primary care through 22 urban neighborhood sites. . .each city received approximately $3 million for a total of $15 million. . .program concluded in 1985. . .co-sponsored by American Medical Association and U.S. Conference of Mayors. . .directed by Dr. Carl J. Schramm through The Johns Hopkins Medical Institutions, Baltimore. . .evaluation studies completed by the University of Chicago and Columbia University working jointly with the Health Care Financing Administration of the Department of Health and Human Services.

NATIONAL PREVENTIVE DENTISTRY PROGRAM. . .determined relative effectiveness and cost of five caries prevention measures in various combinations. . . 29,000 elementary school children in five fluoridated and five non-fluoridated communities involved. . .$6.2 million in grants to American Fund for Dental Health. . .program concluded in 1983. . .directed by Dr. Harry M. Bohannan through the American Fund for Dental Health, Chapel Hill, North Carolina. . .evaluation study by The Rand Corporation, Santa Monica, California.

(more)

Completed Programs

NURSE FACULTY FELLOWSHIPS PROGRAM. . .one-year preparation for careers as teacher-practitioners in clinical primary care. . .20 academic nursing faculty appointed yearly for study and practice. . .four academic health center sites. . .99 fellows trained when program concluded in 1982. . .directed by Dr. Ingeborg Mauksch through Vanderbilt University, Nashville. . .evaluation study by the University of Oregon, Portland.

PRIMARY CARE HEALTH CENTER MANAGEMENT PROGRAM. . .matching grants initiative aimed at strengthening the management of not-for-profit primary care health centers located in communities with inadequate medical resources. . .one-time, non-renewable matching grants of up to $75,000 each over three years with payments calculated annually. . .RWJF provided three dollars for every dollar raised. . .21 sites received grants. . .program concluded in 1990. . .administered by RWJF staff with the assistance of the National Association of Community Health Centers. . .evaluation conducted by Steven Finkler, PhD, and James Knickman, PhD, through the New York University, The Robert F. Wagner Graduate School of Public Service.

PRIMARY CARE PRACTICE LOAN GUARANTEE PROGRAM. . .provided guarantees for loans of up to $250,000 to established non-profit health care organizations for use in setting up primary care satellites in underserved areas. . .loans negotiated at rates below the prime rate through local banks and guaranteed by RWJF through the Mayo Foundation. . .two loans made. . .program cancelled in 1982 for lack of applications due to prevailing high interest rates. . .administered by RWJF staff.

PRIMARY CARE RESIDENCIES. . .support to establish training programs, which with some variations, prepared residents in internal medicine and pediatrics together with new health practitioners for generalist careers. . .nine programs in academic health science centers. . .grants totaled $10.7 million. . .program concluded in 1980. . .administered by RWJF staff. . .evaluation studies by the University of California, San Francisco and the University of Chicago.

PRIMARY CARE TRAINING FOR EMERGENCY NURSES. . .six regional hospitals provided primary care training for nurses from outlying hospitals' emergency departments. . .six grants of approximately $300,000 for $1.8 million total. . .program concluded in 1980. . .administered by RWJF staff.

PROGRAM FOR HOSPITAL INITIATIVES IN LONG-TERM CARE. . .to enable hospitals to develop a comprehensive program of institutional and community-based services to meet the health care needs of a high-risk elderly population. . .Phase I planning grants of up to $150,000 each to 25 hospitals awarded in 1984. . .Phase II implementation grants of up to $500,000 each awarded to 24 hospitals in 1985. . .program concluded in 1988. . .co-sponsored by the American Hospital Association and the National Governors'

(more)

Completed Programs

Association. . .directed by Carl Eisdorfer, MD, PhD, at the University of Miami and administered through a grant to Montefiore Medical Center, New York City. . .evaluation study by the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University.

PROGRAM FOR THE HEALTH-IMPAIRED ELDERLY. . .assisted states to demonstrate the effectiveness of integrating and coordinating, at a community level, services needed by elderly citizens with health problems so they maintain reasonably independent lifestyles. . .eight grants of approximately $1 million each for the five-year effort ending in 1985. . .directed by Dr. Kenneth G. Johnson through The Benedictine Hospital, Kingston, New York. . .evaluation by the Harvard Medical School.

PROGRAM TO CONSOLIDATE HEALTH SERVICES FOR HIGH-RISK YOUNG PEOPLE. . . assisted teaching hospitals and public or private agencies to co-sponsor consolidation of health services for young people at higher-than-usual risk for such serious medical problems as sexually transmitted diseases, pregnancy, alcohol and drug abuse, violence, and mental illness. . .20 grants of up to $600,000 to teaching hospitals in 1981. . .program concluded in 1986. . .directed by Dr. Henry W. Foster, through Meharry Medical College, Nashville, and Dr. Julia Lear, through Children's Hospital National Medical Center, Washington, DC. . .evaluation by Washington University, School of Medicine, St. Louis.

PROGRAM TO SUPPORT STATEWIDE INITIATIVES ON LEGAL AND ETHICAL ISSUES IN THE CARE OF THE CRITICALLY ILL. . .provides funding for initiatives that seek to help public leaders and citizens enlarge their understanding of the medical, legal, economic and ethical issues related to care of critically ill adults. . .four grants of up to $99,750 for a two-year period to organizations in Colorado, New Jersey, Oregon, and Vermont. . .program concluded in 1988. . .administered by RWJF staff.

REGIONALIZED PERINATAL CARE PROGRAM. . .eight regions in five states with a total of 200,000 births yearly screened pregnancies for high risk. . .providers of primary, secondary, and tertiary care organized in networks for care. . .$17.6 million in grants through 1982. . .coordinated by Dr. Kenneth G. Johnson through The Kingston Hospital, Kingston, New York. . .evaluation by The Johns Hopkins University, Baltimore.

RURAL COMMUNITY PRACTICE MODELS PROGRAM. . .13 model primary care practices in 12 states built around a physician and administrator leadership team. . .$5.8 million in grants through 1982. . .directed by Dr. Donald L. Madison through the University of North Carolina at Chapel Hill. . .evaluation study of rural health care initiatives by the University of North Carolina at Chapel Hill.

(more)

Completed Programs

RURAL HOSPITAL PROGRAM OF EXTENDED-CARE SERVICES. . .two-phase program demonstrating "swing-bed" concept of extended care in small rural hospitals. . .Phase I grants of up to $300,000 each to five state hospital associations in 1981 to provide technical assistance to interested hospitals. . .four-year grants of up to $200,000 awarded to 26 rural hospitals in 1982 to implement swing-bed operations and offer new extended care services. . .program concluded in 1987. . .co-sponsored by the American Hospital Association. . .directed by Anthony R. Kovner, PhD, through New York University. . .evaluation by the University of Colorado Center for Health Services Research, Denver.

RURAL INFANT CARE PROGRAM. . .assisted 10 medical schools to collaborate with state and local health departments in reducing infant mortality and morbidity in isolated rural counties with high infant mortality rates. . .$700,000 each over four years. . .program concluded in 1985. . .directed by Dr. Stanley N. Graven through the University of South Florida, Tampa. . .evaluation by the Harvard School of Public Health, Boston.

SCHOOL HEALTH SERVICES PROGRAM. . .demonstration of the effectiveness of school nurse practitioners backed up by local physicians. . .involved 69 schools serving 37,000 children. . .grants to state agencies responsible for school health services in four states. . .$4.8 million program concluded in 1983. . .directed by Dr. Catherine DeAngelis through The Johns Hopkins Hospital, Baltimore. . .evaluation by the University of California, Los Angeles.

SERVICE CREDIT BANKING PROGRAM FOR THE ELDERLY. . .in May and July 1987, six sites received up to $200,000 for three years to demonstrate the feasibility of developing a program of "well elderly" volunteers providing support services to frail elderly and, in turn, banking credit hours for when they need services. . .technical assistance and direction provided by Mark R. Meiners, PhD, through the University of Maryland Center on Aging. . .evaluation by Georgetown University, School of Medicine.

STUDENT LOAN GUARANTEE PROGRAM. . .medical, osteopathic, and dental students recommended by their schools may borrow up to $17,500. . .loans through commercial banks guaranteed by RWJF through United Student Aid Funds, Inc. . . .began in 1976. . .$33 million in loans guaranteed. . .program concludes 1995. . .loans now limited to students already enrolled in program.

STATE LEGISLATIVE COMMITTEE STAFFING. . .funded professional staff for health committees in eight state legislatures for two years. . .continued in four states for additional two years. . .concluded in 1978. . .administered by Legis 50. . .evaluation by Georgetown University, Washington, DC.

TEACHING HOSPITAL GENERAL MEDICINE GROUP PRACTICE PROGRAM. . .assisted 15

(more)

Completed Programs

large teaching hospitals and their departments of medicine to develop group practices for adults using hospital medical clinics and emergency rooms as regular sources of care. . .15 grants of approximately $800,000 totaling $12 million made in March 1980. . .program concluded 1985. . .directed by Dr. Wendy Everett Watson through Brigham and Women's Hospital, Inc., Boston. . .evaluation by the University of California, Los Angeles, School of Medicine.

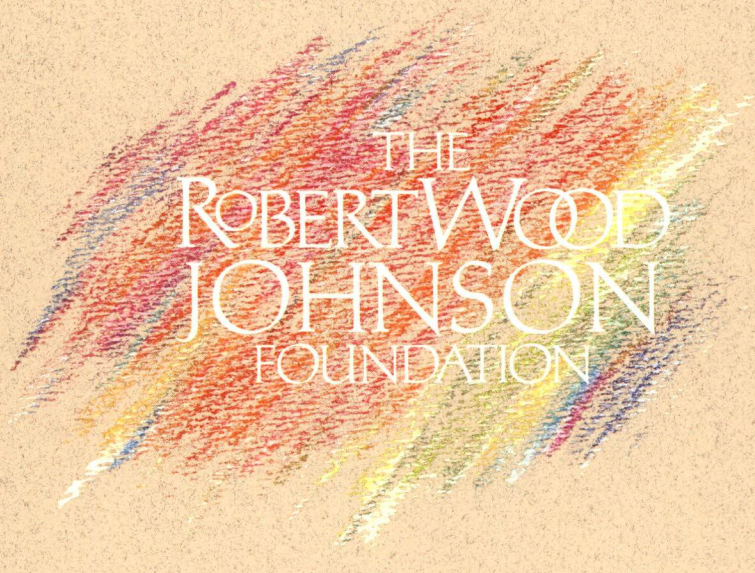
TEACHING NURSING HOME PROGRAM. . .assisting university schools of nursing to establish affiliations with nursing homes in an effort to improve care for elderly persons with chronic health problems and to provide settings for clinical service, education, and research. . .five-year grants to 11 university schools of nursing awarded for a total of $7 million through 1988. . .co-sponsored by the American Academy of Nursing. . .directed by Mathy D. Mezey, RN, EdD, and Joan E. Lynaugh, RN, PhD, through The University of Pennsylvania School of Nursing, Philadelphia. . .evaluation by the University of Colorado, Health Sciences Center, Denver.

URBAN HEALTH INITIATIVES PROGRAM. . .assisted large hospitals and academic medical centers to expand primary care services in urban areas with severe medical need through 1982. . .joint program of RWJF and the U.S. Public Health Service, with RWJF providing $4.2 million for planning and development at ten sites. . .program phased down after the federal government did not provide matching support. . .directed by Dr. David Kindig through the Center for Health Sciences at the University of Wisconsin, Madison. . .evaluation study by the University of California, Los Angeles.

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ANNUAL REPORT 1990

CHANGE AMID CHANGE



Edward C. Andrews, Jr., MD
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Entire report printed on recycled paper.

It's called the "Butterfly Effect"—Sensitive Dependence on Initial Conditions, if you insist on being technical. It's a theory in Chaos Physics that asserts (only half in jest) that the beating of a butterfly's wings in Shanghai in October affects the weather in Savannah in December. Small causes create great effects, spiraling upward in large systems so that their perturbations grow instead of damping out.

That represents an encouraging concept for those who wish to do much with few resources.

Unfortunately, there's a hitch: you can't predict the Butterfly Effect—not even in theory. Yes, small causes generate great effects, but you can't quantify them. You can't even know how a system would have evolved without them.

The Butterfly Effect serves as a sobering analogy for The Robert Wood Johnson Foundation's efforts to influence a great social system—the $600 billion health care industry of the United States—with annual grants totaling about two hundredths of one percent of that amount. Still more dauntingly, that system, though enormous, is itself a minor subsystem of even more vast economic systems and super-systems.

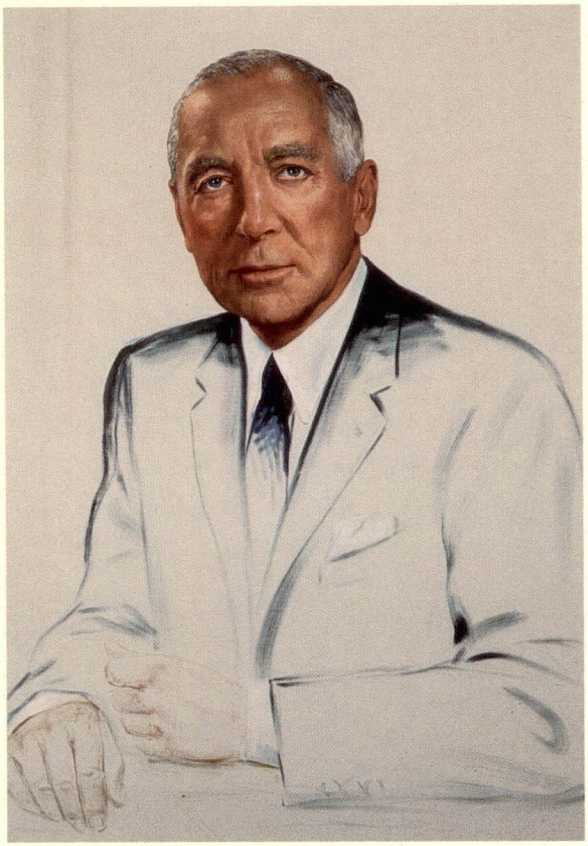
The thing we are most likely to become, without perpetual vigilance and reassessment, is irrelevant. One moment's inattention and the universe we seek to modify veers away, diminishing our effect to near-randomness. We can achieve appreciable results only if we place the toe of our lever just *here* and the fulcrum *there* and exert force just *now*. Else the juggernaut rolls past, its course unaltered. And *here* and *there* and *now* must be perpetually recalculated.

This annual report deals with the latest fruits of the ongoing reassessment and refocusing of the Foundation's efforts, a refinement and modification of our course that is meant to last for a decade.

And a decade is a very long time to a butterfly.

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Robert Wood Johnson's commitment, dedication and leadership in American medicine led to his selection as one of five 1990 inductees to the national Health Care Hall of Fame. He is one of the first 15 inducted by *Modern Healthcare* magazine into the three-year-old Hall, which recently established its permanent home at Pennsylvania Hospital in Philadelphia.

General Johnson (the title is a holdover from his World War II appointment as a brigadier general in charge of the New York Ordnance District) built his family's small surgical supply company, Johnson & Johnson, into one of the world's largest health and medical care products conglomerates.

His direct involvement in health care management dated from 1915 when he was named chairman of the Middlesex General Hospital executive committee, serving as chairman and later president until 1927. The 364-bed facility has since been renamed Robert Wood Johnson University Hospital.

General Johnson was also a co-founder of the pioneering hospital administration program at Northwestern University in 1943.

He was a self-taught scholar and iconoclastic author in a number of fields relating to business management whose best-remembered writing is the one-page corporate credo of Johnson & Johnson, which declared a company's first responsibility to be to its customers, followed by its workers, management, community and stockholders—in that order.

Upon his death in 1968, most of his immense personal fortune was left to the small foundation he had created 30 years earlier to fund charitable projects in his native New Jersey. In 1972, with that $1 billion endowment, The Robert Wood Johnson Foundation became the largest national philanthropy to focus entirely on funding projects to improve the health and health care of Americans.

I have come to believe that there are few things more difficult than responsible philanthropy. Steve Schroeder's inaugural president's message in the following pages provides a graphic example in its opening paragraph why this is so.

Events of the past year lead me to agree with my predecessor, Robert Myers, who said, on this page, three years ago, that trying to anticipate the shape of future change hastens an institution's own mutation.

Bob was talking about the second formal redefinition of The Robert Wood Johnson Foundation's grantmaking strategy. The first had been in 1982, ten years after the Foundation's emergence as a national philanthropy. The second came only five years later. We embarked upon the third in 1990.

It is standard annual report rhetoric to talk about the hard work of staff and trustees. But this is not rhetoric. The staff and the Board of Trustees of the Foundation put countless hours into the drafting, refinement and approval of this new manifesto for the coming decade's grantmaking. I doubt that many hours passed in any working day from mid-1990 onward in which some or all of the staff were not at work on the project, while still laboring full-time at their usual jobs of assisting and appraising proposals and approving, monitoring, assessing and disseminating the results of tens of millions of dollars worth of grant-financed programs. It was a highly commendable—no, a better word is *admirable*—display of hard work and commitment to a goal.

The Foundation's $132 million in commitments in 1990 include three projects—Fighting Back, Strengthening Hospital Nursing and our program to aid people with disabilities—that represent the largest private initiatives yet launched to permit the nation to come to grips with these pressing health-related problems. That 1990 outlay pushed our overall grantmaking to 1.1 billion since 1972, giving added strength to the projection that we should grant more in the third decade of the Foundation's existence than we awarded in the first two decades.

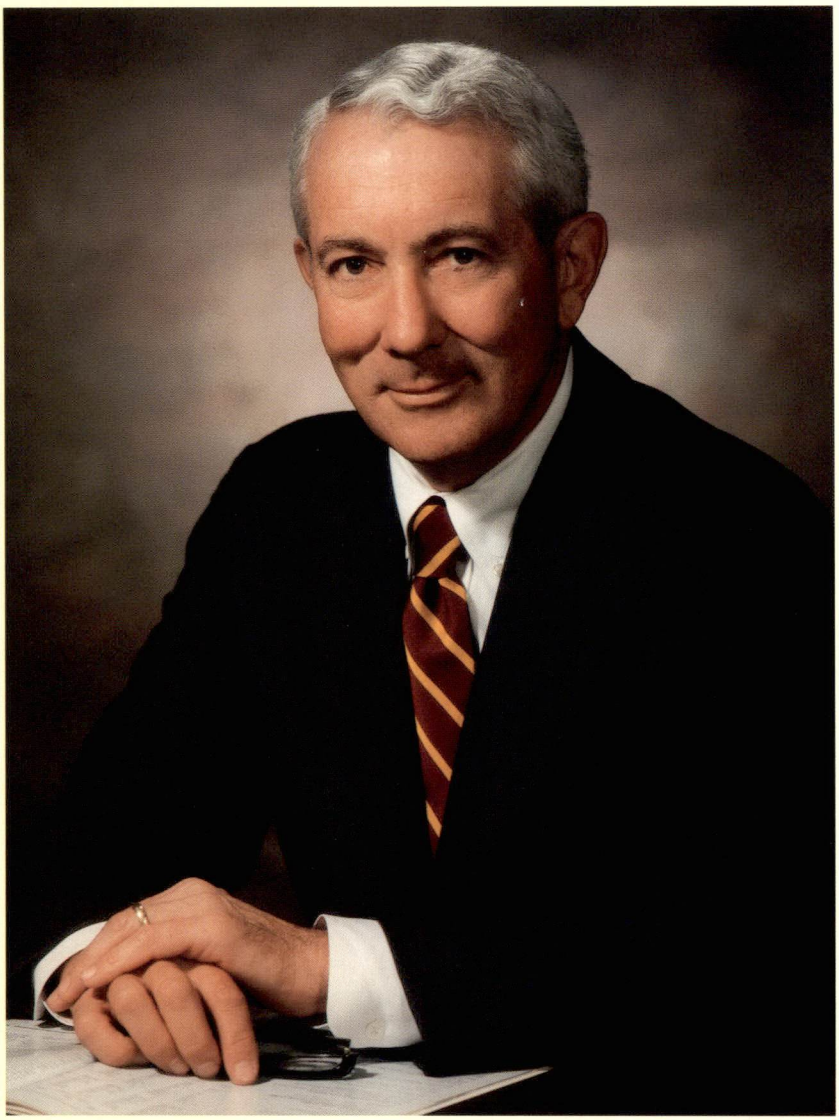
The scope and complexity of the American health care system, and the impediments to providing uniform, universal care for all our citizens, despite our nation's annual (and rapidly growing) investment of nearly two-thirds of a trillion dollars in that undertaking, inhibit the Foundation's power to bring about productive change.

The refinement and—in some respects—redirection of our goals outlined in Dr. Schroeder's message should be read in this context.

A visitor I was showing around the Foundation this past year remarked after meeting a number of the staff, "They certainly are an *earnest* lot, aren't they?"

He said it with a slightly bemused air, as though he wondered why people whose principal job it is to give money away to good causes should behave as though they bore some great burden.

We *do* bear a very great responsibility. Almost every grant application that reaches us—and they come to us by the thousands—has merit and meaning. We could, in good conscience, fund almost every one. We simply don't have the funds to do it, by several orders of magnitude.



Sidney F. Wentz

To be a member of the staff or Board of this institution is to take on the very grave duty of telling 99 deserving, well-meaning, dedicated and capable applicants out of every 100 who approach you that there is nothing you can do for them.

That's why the change of course defined this past year, and our long-term commitment to it, was a matter of such deep concern and so many, many days of hard work. When you have to look people in the eye and tell them you have turned down their application, one they labored over for a cause they believe in so strongly, you want to have a reason—a very *good* reason.

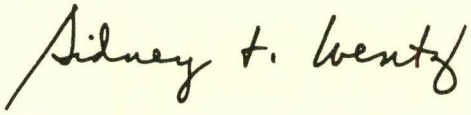
Our change of course was—at least late in the year—accompanied by approaching changes in governance of the Foundation.

Foster B. Whitlock, a trustee for 17 years, has elected to enter emeritus status on the Board. Foss carries a well-deserved reputation for the legendary conscientiousness underlying his trusteeship. Few of us, however, can bring ourselves to believe that his change of status will alter in any way the manner in which this informed and good-humored man prepares for and participates so productively in Foundation affairs.

The ranks of our trustees emeriti were further strengthened by the addition of Lee Cluff and Bill Walsh, both of whom retired from senior management positions at the Foundation during 1990—Lee as president and Bill as executive vice president for finance and treasurer. We look forward to their continued contributions to the Foundation.

Newly elected to the Board of Trustees were five individuals of outstanding reputations in various disciplines. From the ranks of senior corporate management we elected David R. Clare and John J. Heldrich. Joining them were noted health educator, Rheba de Tornyay, EdD; university president and former governor of New Jersey, Thomas H. Kean; and internationally renowned oceanographer, John H. Steele, ScD. We anticipate active and fruitful tenures for each of these new trustees, and we know that—together—they will bring a new depth of management, health professional, public policy and scientific experience to our deliberations.

With changes in direction, leadership and governance, I am very confident that The Robert Wood Johnson Foundation enters the final decade of the 20th century well prepared to make a real and lasting difference in the health and health care of Americans.



Sidney F. Wentz
Chairman, Board of Trustees

In its 18 years as a national philanthropy, The Robert Wood Johnson Foundation has invested more than $1.1 billion in its mission of improving the health and health care of Americans—an impressive enough figure until you reflect that this is slightly less than we spent on medical care in this country in the last 18 *hours*.

If the Foundation is to have any impact on the way this nation delivers its health care, it must be forever watchful that its mission, goals and strategies are tightly focused and relevant.

The designation of a new chairman of the board and president, in 1989 and 1990, respectively, occasioned the third review and revision of the Foundation's overall grantmaking prospectus since 1972. The changes in direction and focus authorized by the Board of Trustees in February 1991 are more evolutionary than revolutionary. But, as those of you who are familiar with us (or with any grantmaking agency) well know, *any* change in interest or focus can be important in assessing the relevance of your project to our goals. Therefore, I think they bear explanation in the context of what we have done before and what we intend for at least the next decade.

Our ultimate goal did *not* change. The Robert Wood Johnson Foundation's historical mission statement was reaffirmed:

> ***To improve the health and health care of Americans.***

The Board did set down a new description of our role in performing that mission:

> ***To help the nation and its health care system identify and pursue new opportunities to address persistent health problems and to anticipate and respond to significant emerging problems.***

And it established three new goals to be pursued:

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

Though it was not articulated as a specific goal, the Foundation also will seek opportunities to help the nation address, effectively and fairly, the overarching problem of escalating medical care expenditures. Clearly, unless major progress is made toward solving this problem, the likelihood of achieving our declared goals will be materially decreased.

The Foundation will also remain receptive to significant new program opportunities that anticipate emerging health care problems or offer other exceptional possibilities.

Finally, the Board endorsed a shift in grantmaking strategy away from emphasis on demonstration programs and toward integrated approaches that encompass the full range of philanthropic interventions.

The Board and staff are enthusiastic about these new

goals, though neither harbors any illusions that even the substantial resources of a large national philanthropy provide more than limited leverage in addressing the problems of the $600 billion industry that is health care in America. We are confident, however, that we have set ourselves upon a course that will make the most effective use of our resources in today's health care environment—an environment to which we have given our complete attention for a generation.

Previous goals and directions

Shortly after the Foundation became a national philanthropy it focused its efforts on three needs:

- Ready access to personal health care of the kind traditionally delivered by the individual physician
- Assurance of quality care through improvements in the performance of the health care system
- Mechanisms for objectively analyzing public policies relating to health care.

Most of the Foundation's early grantmaking focused on access to primary care because it was assumed at the time that national health insurance was "just around the corner," and that the supply of primary health services was unequal to the demand that such a program would generate.

Early grants focused on expanding availability of emergency medical services; perinatal care; the supply of general internists and pediatricians, family physicians, nurse practitioners and other primary care providers; and hospital-based group practices. During the Foundation's first decade as a national philanthropy, substantial improvements did occur in access to all health care services, and the previous gap between the middle class and the poor narrowed substantially. National health insurance, however, did not materialize.

As a result, the Foundation in 1982 announced a change in program, articulating three new interest areas:

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

Though the first of these was a refinement of the initial focus on access to care, the latter two were new themes. The problems they encompass proved much less responsive to philanthropic effort than the problems addressed in the 1970s. In 1988, the Foundation further refined three target priorities:

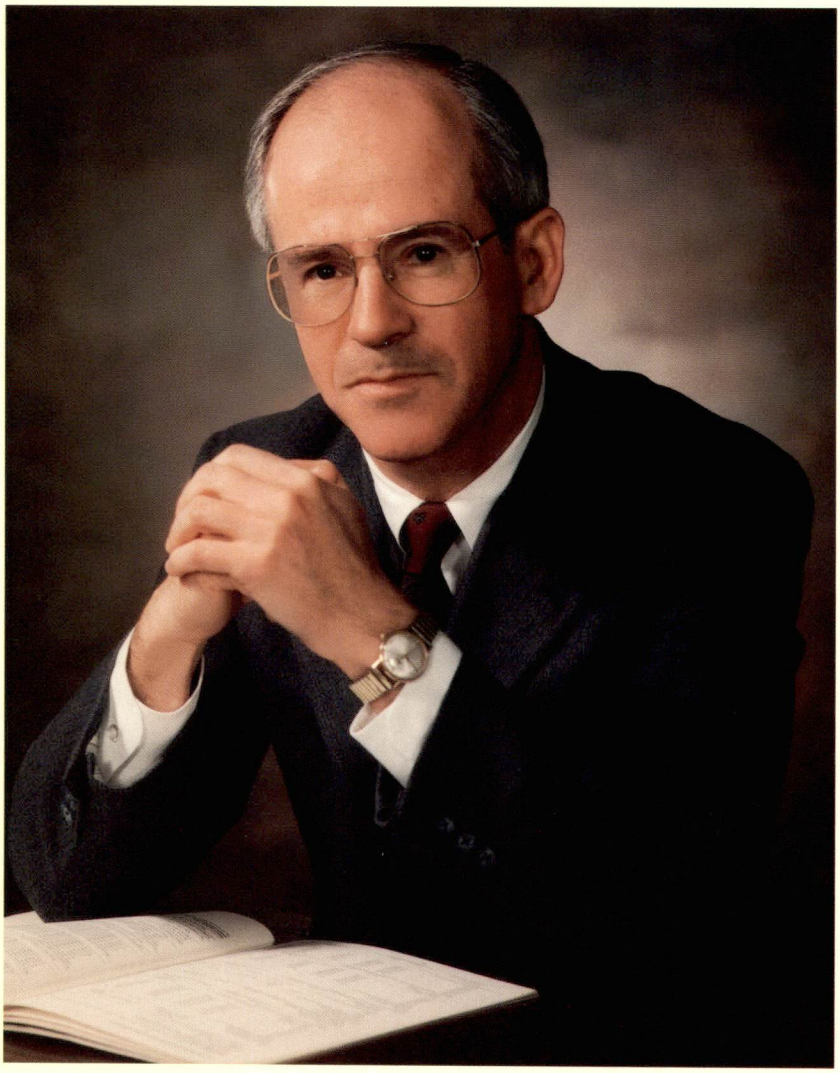
- Assisting those segments of the population most vulnerable to illness
- Addressing specific diseases of regional or national concern
- Encouraging innovative response to broad national issues of equity, quality, financing and organization of care, and ethics.

Ten specific interest areas were set forth. Infants, children, adolescents and the chronically ill or disabled were targeted among underserved populations. Specific diseases addressed included AIDS and HIV infection, destructive behavior including drug and alcohol abuse, and mental illness. The broad third target

encompassed organization and financing of health care, quality of care, ethical issues, the health workforce and the impact of medical technological advances.

These new interest areas and priority targets were set forth in a widely disseminated letter, which also announced a shift in grantee focus away from academia and large, multisite programs and toward single-site, community-based programs.

The Foundation has historically relied heavily upon service demonstration programs. Of the 80 national programs funded by the Foundation since 1972, 56 have been service demonstrations. For the 18-year period ending in December 1990, 55 percent of all Foundation grant dollars fell within this category.



Steven A. Schroeder, MD

This Foundation's proposed shift away from such programs is an acknowledgement of the altered political and economic realities of the health care environment—specifically the diminished power of fiscally hard-pressed state and federal governments to fund new programs. There is little point in mounting a comprehensive new health care delivery initiative unless it is virtually certain to reallocate resources, consolidate expenses or reduce costs. However appealing an opportunity might be, if it relies upon any additional funding from government agencies, it is almost certain to wither and die once Foundation funding ceases.

The second most frequent subject of Foundation grants in the past decade has been health manpower, as exemplified by The Robert Wood Johnson Clinical Scholars Program, the

Health Policy Fellowships and the Minority Medical Faculty Development Program. These programs, too, were the products of past strategies aimed at broader goals—access to care or improved health policymaking.

Both demonstration and manpower programs will remain important means for achieving the Foundation's goals. But they will be joined more frequently by other strategies, including focused media efforts, policy analysis, health services and epidemiologic research, appropriate technical assistance, the gathering and monitoring of selected health statistical information, and the occasional convening of leaders from the public and private sectors to address specific problems or topics.

In evolving the new goals of the Foundation's future grantmaking, the staff and Board concluded that the problems and issues to be addressed must be:

- consistent with the Foundation's mission and role
- important to the health of the public or to the health care system
- amenable to Foundation intervention and inadequately addressed by others
- identifiable with issues common to the health care system as a whole
- likely to produce replicable solutions
- definable in outcome.

The process of selecting only three goals was complicated by the importance—even urgency—of many of the other topics explored. But expanding our realm of interests beyond our capacity to make an impact is clearly not the way to make the Foundation a more effective instrument of fundamental change in the nation's health delivery system. Nor would it permit us to exert substantial influence on the nation's health agenda.



While it may appear at first reading that the new goals have abandoned the traditional Foundation emphasis on vulnerable populations (*e.g.*, pregnant women, children, the elderly) and persons affected by disease (*e.g.*, chronic mental illness, AIDS), this is not the intention and, indeed, is not the case. Their needs will be addressed in programs under the three new goals, but with the view to generating cohesive strategies to improve the systems that must meet their needs. The change is one of emphasis: on problems with the health care system instead of population groups.

The new goals

The first new Foundation goal—"to assure that Americans of all ages have access to basic health care"—is the most obvious heir to the Foundation's previous 18 years of grantmaking. There is mounting evidence that access to basic health services has deteriorated during the last several years:

- Financial barriers to health care are significant:
  - –At any given time, at least 31 million Americans may

be without health insurance, representing not only those who are perpetually uninsured but a far larger number of people who may be temporarily without coverage during a given year
  - –The largest uninsured group is children under the age of 18; in 1987, some 18 percent had no health insurance, compared to only 13 percent ten years earlier
  - –A December 1990 survey revealed that 18 percent of Americans said cost of care had prevented someone in each of their families from seeking medical care; in households with incomes of less than $15,000, the figure was 29 percent.
- For many populations, services may not be available:
  - –There are renewed concerns about an impending shortage of generalist physicians
  - –The hospitals—most of them public—that serve our inner cities are facing fiscal and organizational crises.
- Organizational and socio-cultural barriers impede access to basic health services:
  - –In 1988, 12 percent of children under 18 had no regular source of medical care, up from 7 percent just a decade earlier
  - –The percentage of young children who are fully immunized against childhood infectious diseases is decreasing steadily; measles, which was all but eradicated in the early 1980s, has reappeared in epidemic form, showing a 12-fold increase in just 7 years
  - –In 1988, 20 percent of white women and 40 percent of black women received no prenatal care in the first trimester of their pregnancy.

While our foremost concern is assuring access to care for people threatened by a lack of timely and appropriate treatment that could lessen suffering and disability, we are also concerned about the providers of care who bear extra burdens because of inequities of access. The survival of large urban and small rural hospitals is rendered uncertain by uncompensated care and our cities are deluged by the scourges of AIDS and crack cocaine—both the products of behaviors that should and could have been addressed through education and prevention.

In responding to this multi-faceted problem of access to care, we are pursuing a three-pronged grantmaking strategy:

1. reducing financial barriers by exploring options for expanded coverage for the uninsured and underinsured and stimulating the national debate on restructuring health care financing
2. reducing distributional and supply barriers by affecting the location and supply of primary care
3. reducing sociocultural and organizational barriers by strengthening the capacity of communities to address their pressing health problems.

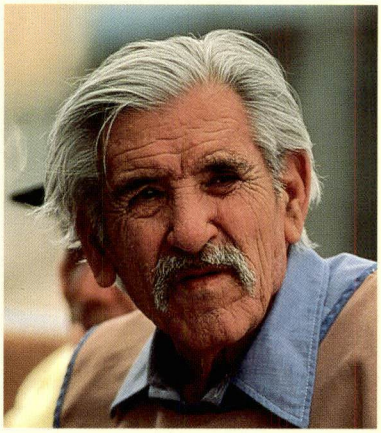
The second new Foundation goal—"to improve the way services are organized and provided to people with chronic health conditions"—also represents a continuation of past grantmaking emphasis. Examples of issues this program goal seeks to address include the long-term problems of children born with severe congenital disorders or living in unstable family environments;

teenagers whose dysfunctional behavior compromises health, education and future prospects for a productive life; young adults confined to wheelchairs by auto accidents or violence who seek an independent life; AIDS patients who wish to maximize their autonomy; and elderly people in fragile health from an array of chronic diseases who need assistance in maintaining themselves in their own homes.

At the hub of each of these examples is a health problem, upon which a number of services must converge:

- adequate and appropriate medical care
- mental health services
- public benefits counseling
- respite services for caregivers
- housing
- homemaking, home maintenance, shopping and transportation.

These problems are complex, the number of people affected is great, the difficulty of even quantifying their needs is immense, and few to date have sought to address them in any systematic way.



This new goal reflects our sense that the current medical system is unbalanced, placing too much emphasis and funding in high-technology diagnostic and therapeutic services delivered in acute care hospitals and too little money and energy in supportive care for those with chronic problems. Our experience with case management programs for the frail elderly, people with AIDS and those with chronic mental illness convince us that a more appropriate mixture of services can be provided at equal or even lower cost. Such solutions, however, will almost surely conflict with the current organization, staffing and reimbursement of the medical care system.

In seeking to stimulate the evolution of systems that can improve the lives of people with chronic, complex conditions, we will pursue strategies to encourage organization, financing and service delivery reforms:

1. identifying major barriers such as fragmented service delivery, categorical financing and lack of appropriately trained providers
2. encouraging the design, development and demonstration of improved methods of financing and organizing services
3. promoting the supply of health and supportive service providers.

The third new Foundation goal—"to promote health and prevent disease by reducing harm caused by substance abuse"—is something of a departure from previous Foundation goals, though it follows naturally from our mission to improve the nation's health.

Recent Foundation efforts to help communities address severe alcohol and drug abuse problems, to improve the health of Native Americans and to change national attitudes about the dangers of illegal drugs convince us that we have an opportunity to make a difference.

We will focus our initial efforts on the prevention of substance abuse among children and youth, where it is most sorely needed:

- most of the 15 million Americans classified as current drug users are young; those ages 18 to 25 are 15 times as likely to be using cocaine as those over 35
- though drug use trends for the nation as a whole are encouraging, the inner-city drug problem is still a major concern
- adolescents who abuse alcohol and other drugs, particularly crack cocaine, are at risk for many other problems—school failure, early unwanted pregnancy and delinquency
- estimates of the number of infants born to crack-addicted mothers range from 1 in 100 to 1 in 25; evidence is accumulating of enormous difficulties facing those infants as they progress through childhood
- cigarette smoking during pregnancy accounts for 20 to 30 percent of low birthweight infants and about 10 percent of infant deaths
- substance abuse often proceeds in stages, usually beginning with early introduction (between ages 12 and 15) to tobacco and alcohol; and the younger a child begins experimenting with one of these "gateway" substances, the greater the likelihood of later abuse and dependence upon these or on illicit drugs
- ninety percent of high school seniors have tried alcohol and about a third report having five or more drinks in a row within the previous two weeks, representing a 22 percent decline since 1983
- for those in today's 18–25 age group, the average age of initiation to drinking was 15—four years earlier than the age at which the average 35-year-old reports starting alcohol consumption.

We will begin our efforts in this area by seeking to improve understanding of the causes of substance abuse and its prevention and treatment, particularly among the young. We will look for promising approaches in policy research to address such questions as the role and interrelation of individual factors in substance abuse; the positive factors that keep most people, even those in high-risk environments, from abusing substances; the extent by which societal attitudes, particularly among the young, can be appropriately influenced; and the natural history of people who use substances for the first time. We also will pursue relevant opportunities in the area of health education, and address legal and ethical concerns raised by substance abuse.



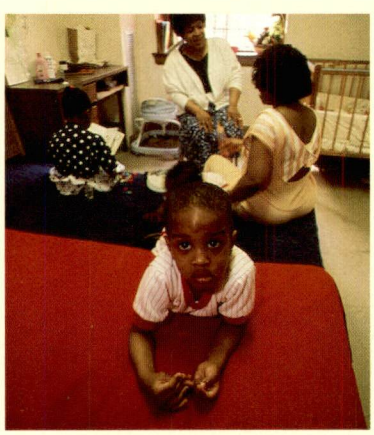
Prevention and treatment strategies include matching people in need with appropriate interventions and encouraging the evaluation and dissemination of promising new approaches to prevention and treatment.

Finally, the Foundation will be searching for ways to help the nation come to grips with the problem of relentlessly rising health care expenditures—a problem of

immense size and complexity:

- health care expenditures in 1989 topped $600 billion and now account for almost 12 percent of our gross national product
- the United States leads the world by a wide margin in per capita spending for health care, and there is increasing concern that the cost of health insurance for workers is undermining the competitiveness of U.S. business in the world market
- between 1980 and 1989, the average annual increase in the consumer price index was 4.7 percent, while the average annual increase in health care costs was 10.4 percent
- the escalating cost of health insurance intrudes increasingly into labor-management issues
- evidence of substantial overuse of such expensive procedures as coronary bypass surgery, upper gastrointestinal endoscopy and carotid endarterectomy has been appearing recently in the medical literature
- huge and growing payment disparities exist among physician services, creating great incentives for the performance of high-technology procedures and widening income gaps between technology-intensive and primary care specialities
- increasing unrest exists among physicians, especially those in office practice, over the administrative burdens imposed through utilization and cost-control measures, paradoxically the most burdensome administrative intrusion in the world occurring in the largest country without national health insurance.

The U.S. over the past two decades has experimented with a variety of cost-containment tactics—health maintenance organizations; utilization review; health planning to prevent overbedding and unnecessary duplication of technologies; price controls; malpractice reform; co-insurance and deductibles to discourage demand; reductions in eligibility and payment levels for those receiving Medicaid; and, most recently, reimbursement reform of hospitals through prospective payment and of physician fees through resource-based relative value scales, and the promulgation of clinical practice guidelines. Individually, some of these tactics have accomplished their particular goals, but they have failed collectively to curb the overall rise in health care spending.



The Robert Wood Johnson Foundation has experienced its own frustration in its relatively modest attempts to stimulate cost-containment. We are well aware, however, that the achievement of our declared goals is dependent upon the nation coming to grips with this problem.

Since there is little likelihood that we or anyone else will forge a single "magic bullet" to solve the problem of cost, our efforts will embrace a systemwide approach, involving many separate interventions. These will include support for policy

analysis to inform the cost-containment debate, exercise of our convening powers to bring appropriate leaders together to address the problem, and support for health manpower programs and health services research.

Our most important contribution, however, may lie in helping the nation and its state and federal governments to summon the will to face the strong and competing special interest groups of providers and recipients of health care services, each of which is today convinced that cost control should begin somewhere else.

How our grantmaking will change

When the Foundation began, it chose some large and ambitious targets, most of them involving access to medical care. Some of our early goals were attained rather quickly, usually through grants to traditional health care institutions like hospitals and medical schools. In that era of relative prosperity and shared social goals, many of these efforts were continued by the federal government.

Today the environment is far more constrained; many of the easy tasks have been



accomplished. Now the problems are more complex and intransigent. We may still hope for the occasional quick and easy solution, but we will, in most cases, hope in vain.

We have chosen to frame our goals as societal objectives in order to make explicit our vision of the changes needed to improve America's health and health care. We will also attempt to define benchmarks and quantifiable targets for each of our avowed goals so that we may become more explicit about our grantmaking strategy. We will analyze trends in order to assess national and Foundation progress toward our objectives and we will broaden our evaluation process to assess the overall impact of sponsored programs.

We expect this pursuit of integrated solutions to make us more flexible and opportunistic in our grantmaking. By broadening the Foundation's range of strategies, we hope to obtain maximum leverage from our own resources and from those we can develop through joint endeavors in both the public and private sectors.

The problems we have chosen to address are complex and fundamental. They will be solved only through sustained effort on the part of the nation as a whole. We intend, therefore, to keep to this newly declared course for at least the next decade, in the belief that the importance of these issues more than justifies that level of commitment.

Medicine's unparalleled scientific progress during the past two decades must—*must*—be matched by progress in the social institutions that deliver the benefits of that science.

Steven A Schroeder

Steven A. Schroeder, MD
President


GIANTS
Runnin' Re

An innovative grant program launched in 1990 is attempting to reduce the demand for and, consequently, the use of illegal drugs and alcohol.

Recognizing that the nation's war on drugs and alcohol has focused mostly on limiting supply—a method that largely has been fragmented and ineffectual—The Robert Wood Johnson Foundation is joining with citizens across the country in battling substance abuse where it has radically altered the quality of life—on the streets, in the playgrounds and in the shopping areas that together make up our communities.

Called the Fighting Back program, this national initiative complements ongoing law enforcement efforts by providing aid to 15 communities, from small inner-city neighborhoods to multicounty regions, for planning strategies of public awareness, prevention, early intervention, drug and alcohol treatment and relapse prevention. The $26.4 million grant program is the first aimed at attacking the demand for, rather than the supply of, illegal drugs and alcohol, and it represents the single largest commitment of private dollars in the nation's struggle with substance abuse.

A key feature of the program, and a prerequisite for funding, is that each recipient establish a broad-based, community-wide consortium including, for example, hospitals, schools, religious congregations, businesses, Boys' and Girls' Clubs, parents, students, police, civic leaders and the courts.

The selected communities, chosen from more than 300 applicants, represent the range of drug and alcohol problems in the country, and their programs are expected to serve as models for other localities fighting substance abuse. Following a one- or two-year planning and development period, funded at $100,000 per year, the communities will be eligible to compete for eight implementation grants of $3 million each over five years.

Under a program contract, researchers from the Pacific Institute for Research and Evaluation will evaluate Fighting Back to describe and analyze the communities' experiences during the initial planning phase. A full-scale evaluation of the five-year implementation phase will follow.

In addition to Fighting Back, the Foundation in 1990 awarded grants to Parents Against Drugs, Albuquerque, N.M., to plan an alternative school for students recovering from chemical dependency, and to The George Washington University, to establish a program to provide information on substance abuse to state policymakers. Renewal grants were given to several groups for the community-based prevention of substance abuse among young people.

And other efforts, such as the media-advertising successes of the Partnership for a Drug-Free America, continue to play a role in the nation's war on substance abuse.

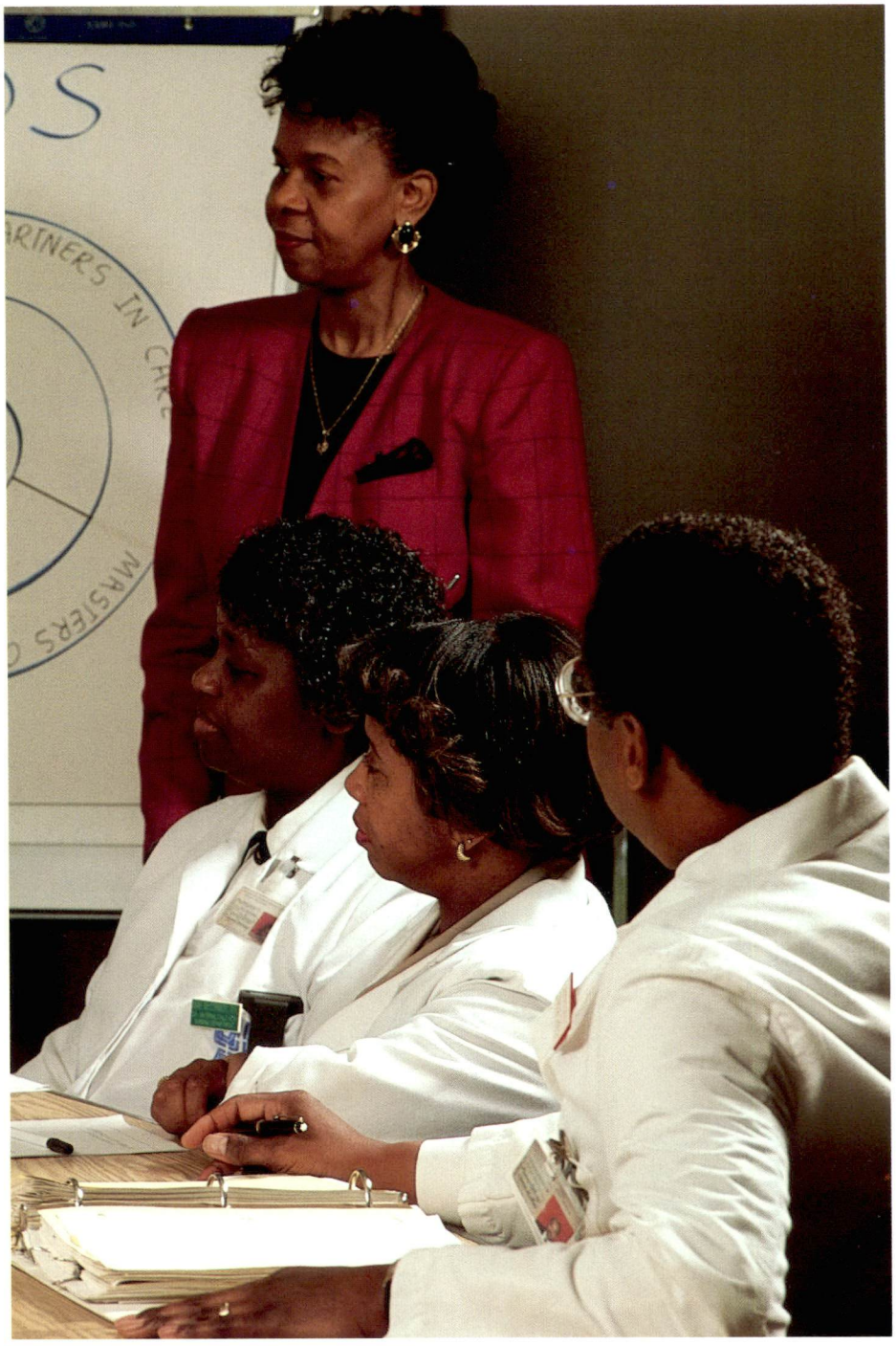
Although the guiding vision of nursing as a "helping profession" remains as constant today as in the past, nurses in modern-day hospitals often are not being given the help they need to provide good care to patients. Changes in the organization and financing of health care, and medical and technological advances, have resulted in shorter hospital stays for more acutely ill patients. Consequently, the need for highly skilled and intensive nursing care keeps growing, and the demand for nurses continues to exceed the supply.

For this reason, a program developed jointly by The Robert Wood Johnson Foundation and The Pew Charitable Trusts is encouraging hospitals to restructure their nursing services to help nurses help patients. In a patient care-centered effort aimed at redesigning nursing services and the roles and responsibilities of other clinical and support personnel, 20 hospitals or hospital consortia across the country received second-stage implementation grants in 1990 of up to $1 million each for five years. The $26.8 million program is the first national initiative to address the institution-wide restructuring of nursing roles, and it is the single largest nursing program to date supported by private philanthropy.

Through the program, Strengthening Hospital Nursing: A Program to Improve Patient Care, the 20 projects—ranging from small rural hospitals to large inner-city public institutions—are testing cost-effective approaches that include improved communication among clinicians, particularly nurses and doctors; better coordination of support services; and improved roles for nursing in hospital governance and executive management. Notably, the participating hospitals have attracted commitments from their trustees, administrators and medical staffs to overcome potential internal political barriers.

Also in 1990, the Nursing Services Manpower Development Program, another national initiative, was implemented to help stem the shortage of nursing services nationwide. Seven projects designed to encourage and test new approaches for recruiting and retaining minorities and older women in the nursing work-force received a total of $2.8 million through the program. And the Clinical Nurse Scholars Program began its last year of funding with three grants supporting nine scholars in nursing research focused on improving patient care. Since 1982, 62 two-year postdoctoral fellows have participated in this landmark program.

These initiatives, individually and in total, are helping to focus national attention on nursing's vital role as a helping profession—helping to improve the quality of patients' lives.


ARTNERS IN CARE
MASTERS



"By the people, for the people" is more than a historic phrase to those being helped by community-based organizations run by and for people with disabilities: It is a declaration of their desire to be more independent with the aid of appropriate health care and supportive services.

Although an abundance of such services exists for the more than 10 million Americans who are severely disabled, their financing, organization and delivery are so complicated that even community-based organizations created specifically to help the disabled have been unable to fulfill their mandate.

A series of grants by The Robert Wood Johnson Foundation is attempting to rectify this situation by improving the agencies' capacities to create comprehensive service systems for the disabled. In doing so, the Foundation hopes to encourage the development of the agencies as central resources for integrating and coordinating services at the community level. The goal is not only to overcome barriers to care but to turn a hodgepodge of existing programs and resources into model systems of services that can be adopted by other agencies. The $8.4 million awarded by the program is the single largest commitment of private funds ever provided to benefit people with disabilities.

Through the program, Improving Service Systems for People with Disabilities, 12 Independent Living Centers or similar organizations received one-year planning grants in 1990 of up to $100,000 each and will be eligible for three-year implementation grants of up to $600,000 each to coordinate available health and supportive services, develop new services and identify public and private financing for these services, which include housing, transportation, employment training, personal health and home care, peer counseling and independent living. The program also is seeking to help the agencies become financially self-sufficient by helping them diversify their funding and identify entrepreneurial opportunities.

Several Foundation grants initiated in 1990 also are helping disabled people by analyzing why some do not receive all the entitlements for which they are qualified; exploring "disincentives" that exist in federal "return-to-work" policies; determining if subjectivity in benefits qualification can be eliminated through computerization; examining the availability and financing of services for the developmentally disabled; and determining if opportunities exist for recruiting and training people as personal care attendants.

The aim in all cases is to enable disabled people everywhere to achieve their maximum independence.

Home is more than a place where people reside: According to one dictionary, it is also the social unit formed by a family living together, or an environment where individuals can feel completely relaxed.

But for the hundreds of thousands of people in the nation who are without a home on any given night, it is a word with a very different meaning. To them—many of whom are single mothers with young children—keeping their families together means negotiating a confusing maze of service providers and programs; the result is often, at best, temporary housing at a shelter or welfare hotel, where they are never relaxed, comfortable or safe. For these women, the cycle of homelessness may include drug and alcohol abuse and psychiatric problems; for their children, it often means high rates of acute and chronic illnesses that contribute to their difficulties in attending school, leading to long-term developmental problems.

The Homeless Families Program, a major national initiative of The Robert Wood Johnson Foundation and the U.S. Department of Housing and Urban Development (HUD), is seeking to destroy this cycle of homelessness by building on a foundation of previous successes and emphasizing the value of partnership alliances. Nine of the nation's largest cities were awarded funds in 1990 under the multimillion dollar public/private venture, which is focused on young homeless mothers who need assistance to overcome substance abuse and mental illness.

The program takes a dual approach to solving the problem of homelessness: It seeks to provide housing along with continuing, comprehensive health care and supportive services. At its core are HUD's contribution of 1,200 Section 8 housing certificates for rent subsidies worth more than $38 million over five years; and two-year Robert Wood Johnson Foundation grants of up to $300,000 each that emphasize creating a community infrastructure to provide services, including drug treatment, job training and child care. By helping homeless families obtain access to the full range of services they need to be self-sufficient, the belief is that their chances of successfully remaining in permanent housing will be greatly improved. Since funding was announced, the Homeless Families Program has received the additional support of three foundations for its Oakland, California, project, bringing total funding for the program to $2.7 million.

Together, the initiative's sponsors expect to show that even in families with the most complex and chronic problems, suitable housing combined with appropriately designed health care and supportive services can help parents and children build a place that truly can be called home.



Grants awarded by The Robert Wood Johnson Foundation are helping New Jersey organizations to respond to the health care needs of the state's expanding population.

Although the Foundation considers proposals from institutions in New Jersey on the same basis as those received from applicants in other states, the 26 grants totaling more than $10 million given in New Jersey in 1990 are in line with founder General Robert Wood Johnson's wishes for high-quality, affordable medical care in New Brunswick and its environs, where his home and business were centered. Since the Foundation became a national philanthropy in 1972, 459 grants of more than $96 million have been awarded to New Jersey programs.

Among the new funding in 1990 is a nearly $3.5 million grant to help establish The Cancer Institute in central New Jersey. A major collaborative effort, the Institute would serve the needs of the estimated 40 percent of the state's cancer patients who now must travel to New York City or Philadelphia for treatment.

Developing a leadership role for New Jersey in the area of child health is the focus of several other New Jersey grants this year. Among them is $250,000 for a 12-month study by the University of Medicine and Dentistry of New Jersey to test the feasibility of establishing its three campuses as regional centers of leadership for a statewide system of pediatric care. Each campus would contain a children's hospital or major pediatric service that would focus on planning and developing pediatric care, training workers and identifying the prevalent health problems of New Jersey's pediatric population.

New two-year grants were awarded to the seven institutions participating in the Program to Improve Maternal and Infant Health in New Jersey, which has successfully met its initial objectives. A major initiative totaling $7.2 million over four years to support efforts to improve maternal, perinatal and neonatal care in the state, the program complements HealthStart, a state-government initiative to improve access to maternal and child health services and expand their scope. Together, the two programs are aimed at reducing New Jersey's high rate of infant mortality, which in 1988 exceeded the levels of 25 other states.

Also in 1990, the National Perinatal Information Center received a contract to explore financing mechanisms to sustain permanent perinatal regionalization in New Jersey.

All of these programs, and many others, will help New Jersey continue to position itself as a key player in developing the health care resources needed by its residents.

Ralph Waldo Emerson once said it is "the good reader that makes the good book." In the health care arena today, it perhaps can be said more accurately that good books make good—that is, well-informed—readers. But major gaps in the availability of high-quality, timely information make it difficult for the public to be well-informed participants in the decision-making process.

Staff at The Robert Wood Johnson Foundation dealt first-hand with these problems in 1990 as they worked to produce *Challenges in Health Care: A Chartbook Perspective*. As they detail in the book, the health statistical system in the United States mirrors the health delivery system: It is decentralized, uncoordinated and comprised of numerous public and private organizations that collect and disseminate information through different methods for a variety of purposes.

Challenges in Health Care is a landmark publication for the Foundation that seeks—with the full recognition that information about health care is tremendously complex in all its aspects—to facilitate decision-making by informing the public. With the chartbook's publication in summer 1991, the Foundation hopes to provide business and community leaders, legislators and voters with the best available information on the health care system and its major problems.

The book offers general demographics and details available health care resources, examines leading health care issues and analyzes the complexities of paying the nation's $600 billion annual health care bill. Through simple graphic presentations of the most important data available on each subject, along with easily understandable background information, the book describes who is affected, how the system is responding and, when possible, the financial implications of this response.

Several of the Foundation's grants are also aimed at developing clear, accessible health care information. In 1990, for example, a two-year, $7.5 million national program, Information for State Health Policy, was announced to help states strengthen their health statistics systems to support policymaking, as well as to aid in program development and management. This is especially important because even though states in recent years have assumed greater responsibility for health policy development, they often lack the timely, accurate data necessary for proper analysis and decision-making.

Because knowledge is power—the power to effect change for the better—the Foundation's new book and numerous grantmaking initiatives put it in a position to help influence health policy positively at all levels, an integral part of its mission.

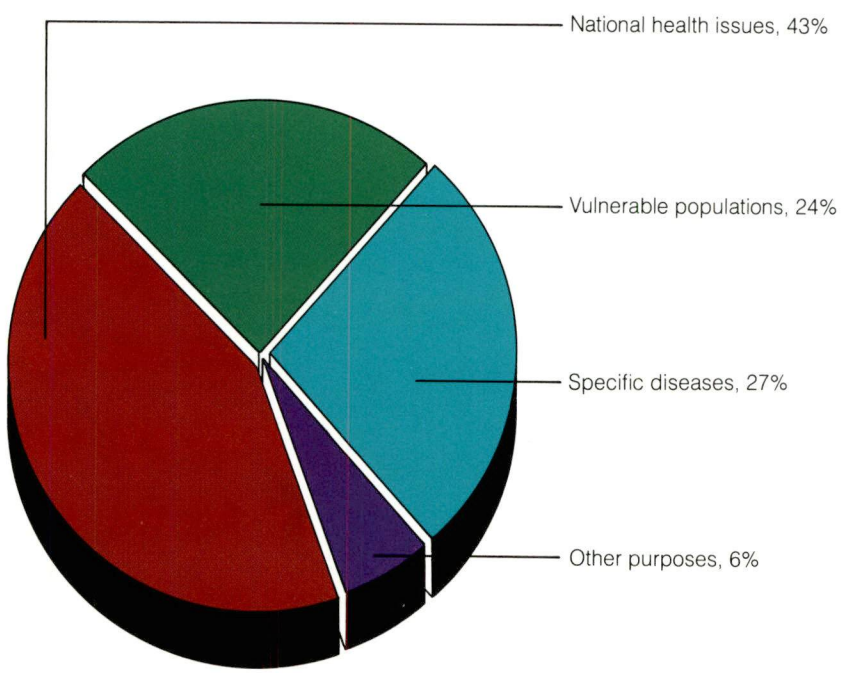

Homelessness
PANTONE
DOT DENSITY GUIDE
Solid Black

During 1990, the Foundation made 334 grants totaling $83.5 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

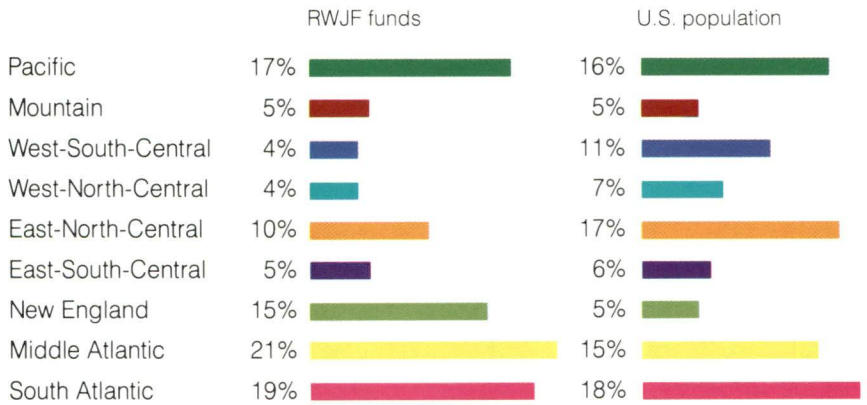
- $20.4 million, or 24 percent, for programs to assist the segments of our population most vulnerable to illness;
- $22.3 million, or 27 percent, for programs that address specific diseases of regional or national concern;
- $36.1 million, or 43 percent, for programs that encourage innovations on broad national health issues; and
- $4.7 million, or 6 percent, for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

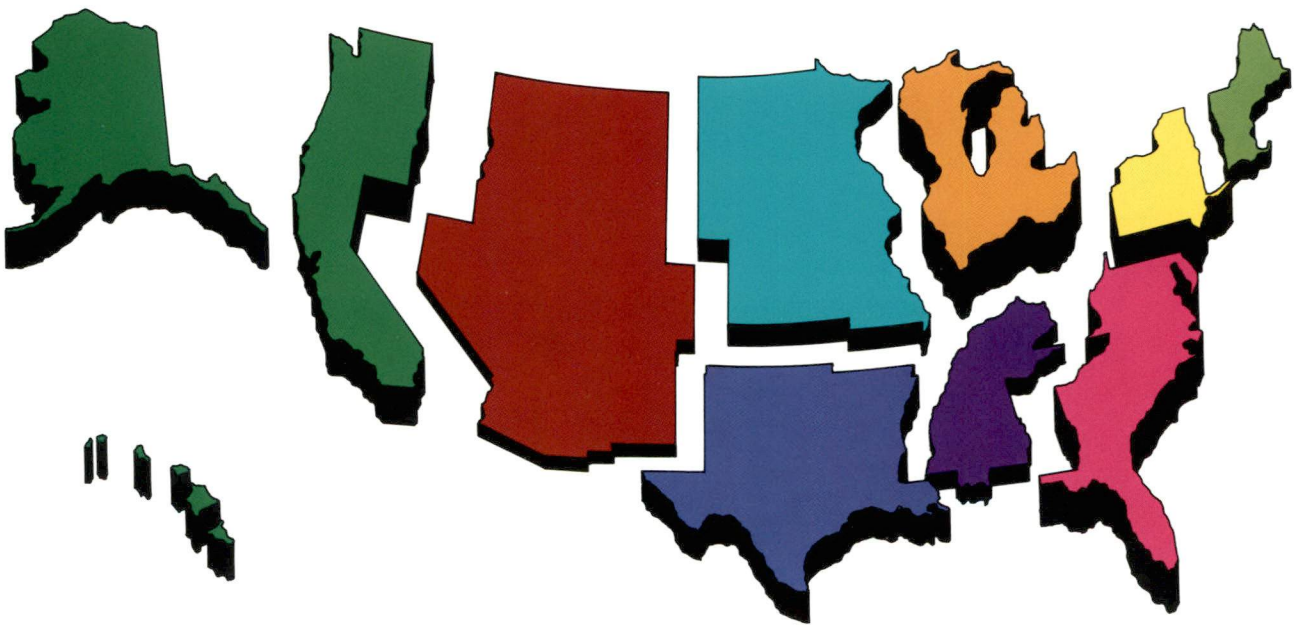
The distribution of these funds by areas of interest is charted below. Since becoming a national philanthropy in 1972, our appropriations have totaled $1.1 billion. A chart depicting the geographic distribution of 1990 funds is diagrammed on the next page.

The Foundation's principal objectives



1990 appropriations by geographical region ($83.5 million)





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

Harold Amos, PhD
Edward N. Brandt, Jr., MD, PhD
James J. Callahan, Jr., PhD
Barbara A. Donaho
Mary Jane England, MD
Judith Feder, PhD
Lex Frieden
James R. Gavin III, MD, PhD
Ruth T. Gross, MD
W. David Helms, PhD
Susan D. Horn, PhD
Kenneth G. Johnson, MD
William A. Knaus, MD
Anthony R. Kovner, PhD
Julia G. Lear, PhD
Marion Ein Lewin
Charles S. Mahan, MD
Mark R. Meiners, PhD
James J. O'Connell III, MD
Mary Plaska
Philip J. Porter, MD
Burton V. Reifler, MD
Miles F. Shore, MD
Mervyn F. Silverman, MD
Anderson Spickard, Jr., MD
Leonard I. Stein, MD
Timothy L. Taylor, PhD
Walter J. Wadlington, LLB
Jeffrey A. Warren

SERVICES

AIDS Health Services Program — *Establishment of specialized comprehensive out-of-hospital health and supportive services for patients with AIDS and AIDS-related disorders (for 1 year). ID#10907*

Comprehensive AIDS Program of Palm Beach County, Inc.
West Palm Beach, FL
$359,982

Alpha Center for Health Planning, Inc.
Washington, DC
$199,444 — *Technical assistance and direction for the Health Care for the Uninsured Program (for 1 year). ID#17442*

Bay Area Advocates for Nursing Home Reform (BANHR)
San Francisco, CA
$39,500 — *Residential health care information and referral service (for 1 year). ID#15303*

Cenacle Retreat House
Highland Park, NJ
$25,000 — *Facility repairs and renovations (for 1 year). ID#17229*

Cerebral Palsy Association of Middlesex County
Edison, NJ
$100,000 — *Expansion and renovation of treatment and educational facilities (for 1 year). ID#17632*

Children's Hospital Corporation
Boston, MA
$74,960 — *Pilot project for technology-dependent children (for 1.5 years). ID#17476*

Children's Hospital Medical Center of Northern California
Oakland, CA
$149,697 — *Program to improve health services for children in foster care (for 1.5 years). ID#13463*

Children's Hospital National Medical Center
Washington, DC
$398,033 — *Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#16479*

Columbia University, Harlem Hospital Center
New York, NY
$299,762 — *Hospital-led injury prevention for children and adolescents in Harlem (for 2 years). ID#14056*

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

The Greater Kansas City Community Foundation
Kansas City, MO
(3 years)
$78,600

Jeff Davis Medical Care Center
Hazlehurst, GA
(3 years)
$37,585

Oak Cliff Clinics, Inc.
Dallas, TX
(2 years)
$63,746

The Ounce of Prevention Fund
Chicago, IL
(3 years)
$66,062

Dementia Care and Respite Services Program

Program to expand the availability of day programs, other community and in-home respite services, and related health and supportive services for people with dementia and their caregivers (for 2 years). ID#11088

Alzheimer's Disease and Related Disorders Association, Inc.—Atlanta
Atlanta, GA
$85,508

Alzheimer's Disease and Related Disorders Association, Inc.—Central New York
Syracuse, NY
$84,134

Alzheimer's Disease and Related Disorders Association, Inc.—Lexington
Lexington, KY
$83,590

Atlanta Jewish Community Center, Inc.
Atlanta, GA
$98,683

Cedar Crest, Inc.
Janesville, WI
$158,136

The Community Family, Inc.
Everett, MA
$71,958

County of Fairfax District Health Department
Fairfax, VA
$59,244

Food and Nutrition Services
Aptos, CA
$103,761

Hawaii Island Adult Care, Inc.
Hilo, HI
$33,945

Life Enrichment Center of Cleveland County, Inc.
Shelby, NC
$50,197

Madison Area Adult Day Centers, Inc.
Madison, WI
$91,575

Parker Jewish Geriatric Institute
New Hyde Park, NY
$47,252

St. Elizabeth Adult Day Care Center
St. Louis, MO
$36,109

Senior Services, Inc.
Winston-Salem, NC
$100,940

Sinai Samaritan Medical Center, Inc.
Milwaukee, WI
$58,141

Sunshine Terrace Foundation, Inc.
Logan, UT
$189,653

Telespond Senior Services, Inc.
Scranton, PA
$75,996

Elijah's Promise
New Brunswick, NJ
$222,454

Expansion and coordination of services to the indigent in New Brunswick (for 3 years). ID#17431

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

Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the periods indicated). ID#13375

County of Alameda
Oakland, CA
(2 years)
$200,000

Alum Rock Communications Center, Inc.
San Jose, CA
(2 years)
$199,895

Boys' and Girls' Clubs of Newark, Inc.
Newark, NJ
(2 years)
$199,996

The Greater Kansas City Community Foundation
Kansas City, MO
(1 year)
$100,000

Lexington/Richland Alcohol and Drug Abuse Council, Inc.
Columbia, SC
(2 years)
$199,896

City of Little Rock
Little Rock, AR
(2 years)
$200,000

Marshall Heights Community Development Organization
Washington, DC
(1 year)
$99,983

Mecklenburg County Area Mental Health, Mental Retardation, and Substance Abuse Authority
Charlotte, NC
(2 years)
$197,386

Milwaukee County
Milwaukee, WI
(2 years)
$200,000

City of New Haven
New Haven, CT
(2 years)
$200,000

Northwest New Mexico Council of Governments
Gallup, NM
(2 years)
$200,000

Santa Barbara Council on Alcoholism and Drug Abuse
Santa Barbara, CA
(2 years)
$200,000

United Way of Central Massachusetts, Inc.
Worcester, MA
(2 years)
$200,000

United Way of San Antonio and Bexar County
San Antonio, TX
(2 years)
$197,253

City of Vallejo
Vallejo, CA
(2 years)
$198,661

University of Florida, College of Medicine
Gainesville, FL
$223,869

Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#15936

Fremont Counseling Service
Lander, WY
$150,000

Substance abuse prevention project on Arapahoe and Shoshone reservations (for 2 years). ID#13195

The General Hospital Corporation—Massachusetts General Hospital
Boston, MA
$260,969

Technical assistance and direction for the Homeless Families Program (for 1 year). ID#15937

Georgetown University
Washington, DC
$5,000

Expansion of teen counseling and mentoring program (for 3 months). ID#16972

Grantmakers in Health
New York, NY
$150,000

Educational program for staff and trustees in health philanthropy (for 3 years). ID#12962

Grow, Inc.
Champaign, IL
$312,689

Statewide mutual self-help programs for the chronically mentally ill (for 2 years). ID#15154

Hahnemann University
Philadelphia, PA
$69,471

Medical foster care by hospital staff for drug-addicted infants (for 1.5 years). ID#15781

Harvard Medical School
Boston, MA
$383,063
and
$83,476

Technical assistance and direction for the Program on Chronic Mental Illness (for 1 year). ID#15680
Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#16481

Healthy Futures

Four-year initiative to support new efforts in southern states to coordinate and improve maternal, perinatal and infant care services (for 2 years). ID#12025

Alabama State Health Department
Montgomery, AL
$461,207

State of Arkansas Department of Health
Little Rock, AR
$568,552

Mississippi State Department of Health
Jackson, MS
$477,230

Oklahoma State Department of Health
Oklahoma City, OK
$591,062

Commonwealth of Puerto Rico Department of Health
San Juan, PR
$574,790

West Virginia Department of Health and Human Resources
Charleston, WV
$440,656

Homeless Families Program

Initiative to help homeless families obtain needed health and supportive services, including permanent housing (for 2 years). ID#13135

City of Baltimore, Office of the Mayor
Baltimore, MD
$300,000

Catholic Charities of San Francisco County
San Francisco, CA
$278,992

The Colorado Coalition for the Homeless
Denver, CO
$299,982

Council of Community Services of Nashville and Davidson County
Nashville, TN
$299,672

City of Houston
Houston, TX
$300,000

Metro Atlanta Task Force for the Homeless, Inc.
Atlanta, GA
$300,000

Multnomah County, Oregon
Portland, OR
$300,000

Seattle-King County Department of Public Health
Seattle, WA
$300,000

Hospital-Based Rural Health Care Program

Program to improve the access, quality, and cost-efficiency of health services in rural hospitals (for the periods indicated). ID#11262

Montana Hospital Research and Education Foundation, Inc.
Helena, MT
(1 year)
$232,828

Nevada Health Facilities Education and Research Foundation
Reno, NV
(2 years)
$189,567

Sauk-Prairie Memorial Hospital Association, Inc.
Prairie du Sac, WI
(1 year)
$135,565

Program to Improve Maternal and Infant Health in New Jersey

Four-year initiative to support new state efforts to coordinate and improve maternal, perinatal and infant care services (for 2 years). ID#12024

Jersey City Health Care Corporation
Jersey City, NJ
$649,699

Morristown Memorial Hospital
Morristown, NJ
$743,836

Ocean County Board of Health
Toms River, NJ
$608,053

Planned Parenthood—Essex County
Newark, NJ
$632,666

St. Joseph's Hospital and Medical Center
Paterson, NJ
$629,120

Southern New Jersey Perinatal Cooperative, Inc.
Camden, NJ
$530,342

University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School
Piscataway, NJ
$485,286

Improving the Health of Native Americans

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

Apache Drop-In Center, Inc.
Lawton, OK
(1 year)
$91,485

Confederated Tribes and Bands of the Yakima Indian Nation of the Yakima Reservation
Toppenish, WA
(2 years)
$247,837

Fort Berthold College Center
New Town, ND
(2 years)
$160,852

Jamestown Band of Clallem Indians of Washington
Sequim, WA
(3 years)
$91,440

Minneapolis American Indian Center
Minneapolis, MN
(2 years)
$96,328

Navajo Tribe of Arizona, New Mexico, and Utah
Window Rock, AZ
(3 years)
$165,573

Oneida Tribe of Indians of Wisconsin
Oneida, WI
(3 years)
$74,798

Rural Alaska Community Action Program Foundation
Anchorage, AK
(3 years)
$260,069

Rural America Initiatives
Rapid City, SD
(2 years)
$129,600

Seneca Nation of New York, Education Department
Salamanca, NY
(2 years)
$160,347

Improving the Quality of Hospital Care

Development of initiatives by hospital consortia to identify and address areas for improvement in patient care quality (for the periods indicated). ID#13081

Community Hospital of Indiana, Inc.
Indianapolis, IN
(1 year)
$223,165

InterHealth Education and Research Foundation
St. Paul, MN
(1.5 years)
$207,966

Interwest Quality of Care, Inc.
Salt Lake City, UT
(1 year)
$205,173

The University of Iowa
Iowa City, IA
(1.5 years)
$272,359

Maryland Hospital Education and Research Foundation, Inc.
Lutherville, MD
(1.5 years)
$223,864

Public Hospital Institute
San Mateo, CA
(1.5 years)
$314,536

Vermont Program for Quality in Health Care, Inc.
Montpelier, VT
(15 months)
$291,436

Improving Service Systems for People with Disabilities

Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for 1 year). ID#14432

The Ability Center of Greater Toledo
Sylvania, OH
$99,948

Ability Resources
Tulsa, OK
$100,000

Adaptive Living Programs for Handicapped Americans (ALPHA ONE)
South Portland, ME
$98,649

Ann Arbor Center for Independent Living
Ann Arbor, MI
$100,000

Atlantis Community, Inc.
Denver, CO
$92,887

Center for the Independence of the Disabled in New York, Inc.
New York, NY
$100,000

Center for Living and Working, Inc.
Worcester, MA
$98,835

Montana Independent Living Project, Inc.
Helena, MT
$92,818

Resources for Independent Living, Inc.
Sacramento, CA
$100,000

Southeastern Minnesota Center for Independent Living, Inc.
Rochester, MN
$100,000

Stavros Center for Independent Living, Inc.
Amherst, MA
$100,000

SUMMIT Independent Living Center, Inc.
Missoula, MT
$99,925

Independent Sector
Washington, DC
$25,000

Membership expansion drive (for 1 year). ID#16116

The Institute for Rehabilitation and Research
Houston, TX
$272,554

Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#15681

International Center for Integrative Studies, Inc., The Door
New York, NY
$51,520

Consolidated funding and reporting strategy for adolescent health services (for 6 months). ID#16424

The John F. Kennedy Medical Center Foundation, Inc.
Edison, NJ
$265,202

Improving basic life skills of children with learning disabilities (for 3 years). ID#15409

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$284,457

Technical assistance for Improving the Quality of Hospital Care (for 1 year). ID#16483

University of Maryland
Baltimore, MD
$29,428

Implementation of health component for high-risk youth project (for 1.5 years). ID#15530

University of Maryland at Baltimore
Baltimore, MD
$275,231

Technical assistance and direction for the AIDS Prevention and Service Projects (for 1 year). ID#15940

University of Maryland, Center on Aging
College Park, MD
$261,647
and
$38,757

Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 1 year). ID#16484
Technical assistance and direction for the Service Credit Banking Program (for 10 months). ID#15155

Massachusetts General Hospital
Boston, MA
$200,400

Implement plans for an architecturally appropriate dementia care center (for 3 years). ID#14536

Medical and Health Research Association of New York City, Inc.
New York, NY
$19,441

Establishment of a mayoral advisory council on child health in New York City (for 1 year). ID#17600

Mental Health Center of Dane County, Inc.
Madison, WI
$101,965

Technical assistance and direction for the Mental Health Services Development Program (for 6 months). ID#16485

Mental Health Services Program for Youth

Development of model financing and service delivery systems for children and youth with serious mental disorders (for 2 years). ID#13609

State of California Health and Welfare Agency, Department of Mental Health
Sacramento, CA
$1,488,378

Commonwealth of Kentucky, Cabinet for Human Resources, Department of Mental Health and Mental Retardation Services
Frankfort, KY
$1,491,266

State of North Carolina, Department of Human Resources
Raleigh, NC
$1,468,611

State of Ohio, Department of Mental Health
Columbus, OH
$1,500,000

State of Oregon, Department of Human Resources, Mental Health Division
Salem, OR
$1,369,192

Commonwealth of Pennsylvania, Department of Public Welfare
Harrisburg, PA
$1,480,706

State of Vermont, Department of Mental Health
Waterbury, VT
$1,460,041

State of Wisconsin, Department of Health and Social Services
Madison, WI
$1,500,000

Middlesex County Recreation Council
Edison, NJ
$65,000

Summer camp for children with health problems (for 6 months). ID#15682

Montefiore Medical Center
Bronx, NY
$426,022

Hospital-sponsored lead poisoning prevention and treatment program (for 2 years). ID#16746

Morris County Organization for Hispanic Affairs, Inc.
Dover, NJ
$10,000

Establishment of a clinic for indigent Hispanic people (for 15 months). ID#16055

National Academy of Sciences—Institute of Medicine
Washington, DC
$59,600

The Gustav O. Lienhard Award (for 1 year). ID#15156

National Association of Community Health Centers, Inc.
Washington, DC
$251,027

Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#15157

The National Network of Runaway and Youth Services
Washington, DC
$47,935

Training professionals in HIV prevention among high-risk youth (for 7 months). ID#17345

New Brunswick Affiliated Hospitals, Inc.
New Brunswick, NJ
$3,465,263

University-based cancer institute for central New Jersey (for 34 months). ID#13215

New Brunswick Tomorrow
New Brunswick, NJ
$250,000

Program to address the human service needs of the New Brunswick community (for 1 year). ID#14962

New York University
New York, NY
$160,881

Technical assistance and direction for the Hospital-Based Rural Health Care Program (for 1 year). ID#15941

University of Oklahoma, College of Public Health
Oklahoma City, OK
$277,846

Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#15942

On Lok Senior Health Service
San Francisco, CA
$416,929

Technical assistance for the replication of the On Lok model (for 13 months). ID#15158

Parents Against Drugs
Albuquerque, NM
$74,977

Planning alternative school for chemically dependent students in recovery (for 9 months). ID#15509

Planned Parenthood of New York City, Inc.
New York, NY
$300,000

Program for adolescent and young adult women at risk of HIV infection (for 3 years). ID#16421

Program to Promote Long-Term Care Insurance for the Elderly

Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657

State of Indiana State Budget Agency
Indianapolis, IN
(6 months)
$99,980

Massachusetts Health Research Institute, Inc.
Boston, MA
(1 year)
$263,857

State of Wisconsin, Department of Health and Social Services
Madison, WI
(9 months)
$63,634

Prudential Insurance Company of America
Roseland, NJ
$377,121

Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#15945

Regional Medical Center at Lubec
Lubec, ME
$200,000

Establishment of a school health clinic in rural Maine (for 3 years). ID#16669

Richmond Unified School District
Richmond, CA
$49,992

Development of a new model of managed health care (for 6 months). ID#15492

Robert Wood Johnson University Hospital, Inc.
New Brunswick, NJ
$150,000

Advanced residency training program to prepare clergy as hospital chaplains (for 3 years). ID#16610

St. Vincent de Paul Society
Metuchen, NJ
$45,000

Program of assistance to the indigent (for 1 year). ID#16488

The Salvation Army
New Brunswick, NJ
$85,000

Program of assistance to the indigent (for 1 year). ID#15946

School-Based Adolescent Health Care Program

Establishment of comprehensive health services clinics in public secondary schools (for 4 years). ID#10523

Public Health Trust of Dade County, Florida (Miami Northwestern High School)
Miami, FL
$400,000

Shands Teaching Hospital and Clinics, Inc.
Gainesville, FL
$261,379

Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#15685

Program to Strengthen Primary Care Health Centers

Initiative to improve the capacity for self-sufficiency of not-for-profit primary care health centers (for 3 years). ID#12904

Asian Health Services, Inc.
Oakland, CA
$100,000

Hale Ho'ola Hou—Kalihi-Palama Walk-In Clinic
Honolulu, HI
$94,408

Kokua Kalihi Valley Comprehensive Family Services
Honolulu, HI
$100,000

La Familia Medical Center
Santa Fe, NM
$99,999

Mariposa Community Health Center, Inc.
Nogales, AZ
$99,350

Wrights Mesa Medical Services, Inc.
Norwood, CO
$100,000

Strengthening Hospital Nursing: A Program to Improve Patient Care

Support of efforts to improve patient care by institution-wide restructuring of hospital nursing services (for 2 years). ID#13078

Abbott-Northwestern Hospital, Inc.
Minneapolis, MN
$457,014

Beth Israel Hospital Association
Boston, MA
$610,793

Trustees of Health and Hospitals of the City of Boston
Boston, MA
$557,547

University Hospitals of Cleveland
Cleveland, OH
$538,223

Copley Hospital, Inc.
Montpelier, VT
$490,137

D.C. General Hospital
Washington, DC
$573,285

Immanuel—St. Joseph's Hospital
Mankato, MN
$470,831

Mercy Hospital and Medical Center
Chicago, IL
$628,059

The Pennsylvania State University, Milton S. Hershey Medical Center
Hershey, PA
$410,025

Providence Medical Center
Portland, OR
$527,205

Research and Education Institute, Inc.—Harbor UCLA Medical Center
Torrance, CA
$441,505

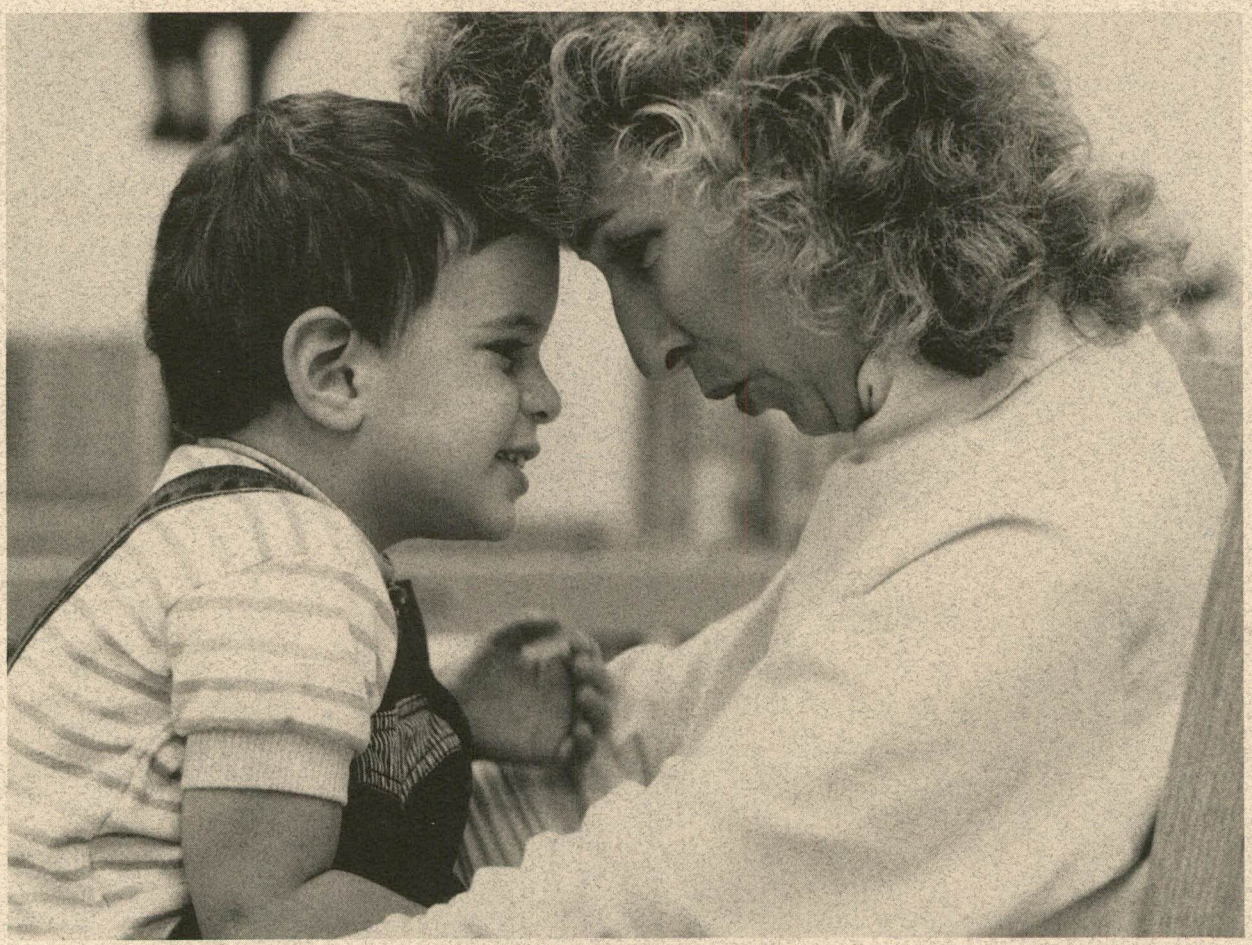
St. Luke's Hospitals of Fargo
Fargo, ND
$497,500

St. Vincent Hospital and Health Center
Billings, MT
$507,410

University of Utah, University Hospital
Salt Lake City, UT
$495,172

Vanderbilt University, Vanderbilt University Hospital
Nashville, TN
$410,960

Supportive Services Program in Senior Housing **Massachusetts Housing Finance Authority** Boston, MA ***$196,000***	*Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for 2 years). ID#12422*
United Seniors Health Cooperative Washington, DC ***$169,094***	*Development of benefits screening software for service agencies (for 17 months). ID#16756*
United Way of Central Jersey, Inc. Milltown, NJ ***$200,000***	*Support of 1990 Campaign (for 1 year). ID#16470*
United Way—Princeton Area Communities Princeton Junction, NJ ***$60,500***	*Support for 1990 Campaign (for 1 year). ID#16489*
Vanderbilt University, School of Medicine Nashville, TN ***$380,349***	*Technical assistance and direction for the Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#16490*
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC ***$270,982***	*Technical assistance and direction for the Dementia Care and Respite Services Program (for 1 year). ID#15686*



RESEARCH

Alpha Center for Health Planning, Inc.
Washington, DC
$278,596

Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (for 1 year). ID#16474

American Baptist Homes of the West, Inc.
Oakland, CA
$26,500

Feasibility study of supportive housing benefit in long-term care insurance (for 1 year). ID#15009

Baystate Medical Education and Research Foundation, Inc.
Springfield, MA
$52,621

Technical assistance for Research and Development to Improve Long-Term and Ambulatory Care Quality (for 1 year). ID#16469

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$140,438
and
$81,000

Evaluation of the Mental Health Services Program for Youth—Phase II (for 6 months). ID#17015
Study of health service needs among developmentally disabled adults (for 11 months). ID#16478

University of California at Berkeley
San Francisco, CA
$49,994

Study of women physicians at their career peak (for 1 year). ID#15981

University of California, San Francisco, Institute for Health and Aging
San Francisco, CA
$141,683

Evaluation of Improving Service Systems for People with Disabilities (for 1 year). ID#14762

Program on the Care of Critically Ill Hospitalized Adults

National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated). ID#10559

Beth Israel Hospital Association
Boston, MA
(7 months)
$312,382

Duke University Medical Center
Durham, NC
(7 months)
$266,366

University of California, Los Angeles, School of Medicine
Los Angeles, CA
(7 months)
$316,246

Marshfield Clinic, Marshfield Medical Research and Education Foundation
Marshfield, WI
(7 months)
$246,822

Case Western Reserve University, School of Medicine
Cleveland, OH
(7 months)
$294,294

The University of Pennsylvania, School of Medicine
Philadelphia, PA
(32 months)
$391,190

Changes in Health Care Financing and Organization

Support for projects to examine and test how changes in the financing and organization of health services affect health care costs, quality, and access (for the periods indicated). ID#12590

Arkansas Children's Hospital
Little Rock, AR
(1.5 years)
$204,699

University of California, Irvine, Graduate School of Management
Irvine, CA
(1 year)
$142,623

University of California, Los Angeles, School of Public Health
Los Angeles, CA
(1 year)
$128,137

Economic and Social Research Institute
Reston, VA
(3 years)
$968,141

Harvard Medical School
Boston, MA
(16 months)
$178,315

Harvard University, School of Public Health
Boston, MA
(33 months)
$663,198

Health Research, Inc.
Albany, NY
(2 years)
$600,000

State of Maryland, Department of Health and Mental Hygiene
Baltimore, MD
(2 years)
$58,849

The Urban Institute
Washington, DC
(2 years)
$458,288

Western Consortium for Public Health
Berkeley, CA
(2.5 years)
$394,461

University of Colorado Health Sciences Center
Denver, CO
$33,727

Supplement to the evaluation of the Teaching Nursing Home Program (for 1 month). ID#17398

Committee for Economic Development
New York, NY
$16,000

Analysis of effects of future health benefits for the elderly (for 8 months). ID#15532

Eckerd College
St. Petersburg, FL
$5,972

Essay on transition from collegiate to medical education (for 2 months). ID#16530

Economic and Social Research Institute
Reston, VA
$94,155

Economic impact of restructuring the employer-based health insurance system (for 9 months). ID#16999

Environmental Defense Fund
New York, NY
$48,085

Analysis of environmental factor impact on health care (for 9 months). ID#16106

University of Florida Foundation, Inc.
Gainesville, FL
$468,677

Development of a health policy center (for 5 years). ID#16815

George Washington University
Washington, DC
$93,219

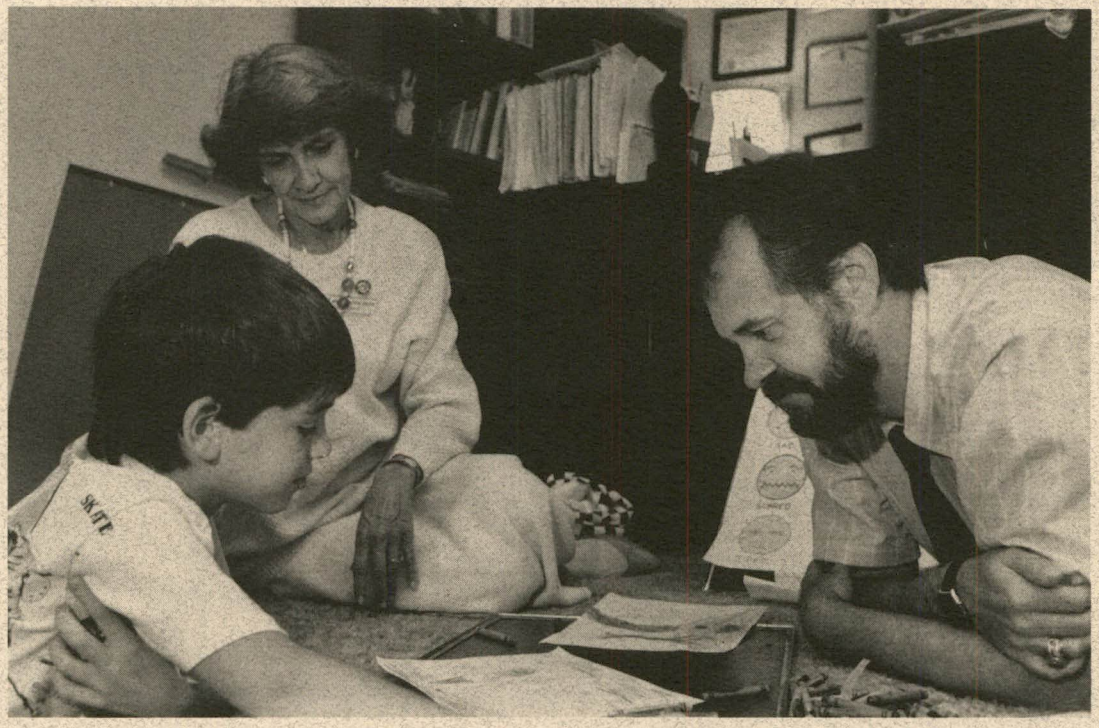
Analysis of state policies affecting transition to work by the disabled (for 1 year). ID#16928

and
$498,168

Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#15153

Georgetown University, School of Medicine Washington, DC ***$350,015***	*Evaluation of the Supportive Services in Senior Housing Program—Phase II (for 2 years). ID#14349*
Harvard University, School of Public Health Boston, MA ***$150,119***	*Research on medical injury and on compensation and deterrence alternatives (for 9 months). ID#17095*
Kaiser Foundation Hospitals Oakland, CA ***$886,164***	*Evaluation of an inpatient geriatric assessment program (for 3 years). ID#16959*
The Long-Term Care Data Institute, Inc. Waltham, MA ***$174,922***	*Projecting long-term care use and cost (for 1.5 years). ID#16837*
Medical and Health Research Association of New York City, Inc. New York, NY ***$109,458***	*Analysis and use of National Health Interview Survey data on trends in health status and service use (for 1 year). ID#16353*
Medlantic Research Foundation Washington, DC ***$59,035***	*Feasibility of regional personal care attendants programs for the disabled (for 9 months). ID#17324*
National Council of State Boards of Nursing, Inc. Chicago, IL ***$116,772***	*Study of the feasibility of establishing a national nurse database (for 11 months). ID#17209*
National League for Nursing, Inc. New York, NY ***$9,840***	*Strategy to improve home health care executives' skills (for 9 months). ID#15840*
National Public Health and Hospital Institute Washington, DC ***$456,171*** and ***$48,768***	*Program to monitor the effects of AIDS on hospitals (for 3 years). ID#17012* *Study of emergency room and trauma center services (for 1 year). ID#15263*
New England Community Health Center Association, Inc. Boston, MA ***$74,965***	*Develop a model physician recruitment program for community health centers (for 1.5 years). ID#16782*
The People-to-People Health Foundation, Inc. Chevy Chase, MD ***$45,743***	*Analysis of data on non-elderly people with physical disabilities (for 8 months). ID#16795*
Policy Center, Inc. Denver, CO ***$48,125***	*Further study of transitional care in nursing homes and swing-bed hospitals (for 10 months). ID#16542*
United Hospital Fund New York, NY ***$286,756***	*Assessment of barriers to care leading to unnecessary hospitalization (for 1 year). ID#16739*
University of Medicine and Dentistry of New Jersey Newark, NJ ***$250,000***	*Statewide feasibility and need for regional pediatric centers (for 1 year). ID#17109*

University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School Piscataway, NJ ***$49,168***	*Statewide registry of patients with acute myocardial infarction (for 1.5 years). ID#14148*
Vanderbilt University Nashville, TN ***$570,164***	*Evaluation of the Homeless Families Program (for 33 months). ID#15211*
University of Virginia Law School Foundation Charlottesville, VA ***$100,525***	*Technical assistance for the Medical Malpractice Program (for 14 months). ID#15160*
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC ***$49,980***	*Follow-up of students who participated in the Medicine as a Career Program (for 4 years). ID#16503*
University of Wisconsin-Madison, School of Medicine Madison, WI ***$72,267***	*Cost analysis of community treatment of people with chronic mental illness (for 1 year). ID#15356*
Women's City Club of New York, Inc. New York, NY ***$26,911***	*Survey of AIDS education for adolescents in New York City (for 1 year). ID#16789*
Yale University, School of Medicine New Haven, CT ***$25,687***	*Documentation of patients outcome research teams' origins and expectations (for 11 months). ID#17364*



EDUCATION AND TRAINING

American Academy of Pediatrics
Elk Grove Village, IL
$47,018

International conference to compare child health care systems (for 6 months). ID#16209

American Board of Pediatrics
Chapel Hill, NC
$9,960

Conference on early entry into graduate medical education (for 7 months). ID#17424

American Medical Student Association Foundation
Reston, VA
$24,840

Conference on recruiting physicians for underserved communities (for 11 months). ID#16357

Association of American Medical Colleges
Washington, DC
$26,195
and
$42,887

Conference on historically black medical schools (for 6 months). ID#15979

Publication of information on minorities in medical education (for 4 years). ID#16495

Brigham and Women's Hospital, Inc.
Boston, MA
$45,000

Leadership development award for primary physicians in underserved areas (for 1 year). ID#17783

California Health Decisions
Orange, CA
$87,559

Project to encourage use of Durable Power of Attorney for Health Care (for 2 years). ID#16415

Children's Defense Fund
Washington, DC
$302,284

Improving child health and developmental services for low-income families (for 2 years). ID#16933

Christian Community Health Fellowship, Inc.
Philadelphia, PA
$20,000

Health careers development program in high-need communities (for 2 years). ID#16027

Clinical Nurse Scholars Program

Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 1 year). ID#7514

University of California, San Francisco, School of Nursing
San Francisco, CA
$152,400

The University of Pennsylvania, School of Nursing
Philadelphia, PA
$156,000

University of Rochester, School of Nursing
Rochester, NY
$151,200

Clinical Scholars Program

Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years). ID#5109

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$213,480

University of California, San Francisco, School of Medicine
San Francisco, CA
$192,112

University of North Carolina at Chapel Hill, School of Medicine
Chapel Hill, NC
$371,436

The University of Pennsylvania, School of Medicine
Philadelphia, PA
$456,112

Stanford University, School of Medicine
Stanford, CA
$207,925

University of Washington, School of Medicine
Seattle, WA
$442,221

Yale University, School of Medicine
New Haven, CT
$185,335

Enki Institute
Reseda, CA
$150,000

Youth health promotion program (for 2 years). ID#13194

Faculty Fellowships in Health Care Finance

Program of study and field experience in health care finance for university faculty from related specialties (for the periods indicated). ID#8584

Arizona State University, College of Law
Tempe, AZ
(1 year)
$55,125

University of California, Los Angeles, School of Nursing
Los Angeles, CA
(1.5 years)
$14,746

Cornell University
Ithaca, NY
(1.5 years)
$14,886

Emory University, School of Medicine
Atlanta, GA
(1 year)
$54,243

The Pennsylvania State University
University Park, PA
(1 year)
$55,125

University of Puerto Rico, School of Public Health
San Juan, PR
(1.5 years)
$14,950

St. Louis University, School of Medicine
St. Louis, MO
(1 year)
$50,125

Seton Hall University
South Orange, NJ
(1.5 years)
$14,879

Medical University of South Carolina
Charleston, SC
(1.5 years)
$14,911

University of South Carolina, College of Nursing
Columbia, SC
(1 year)
$54,243

University of Washington, School of Public Health and Community Medicine
Seattle, WA
(1 year)
$53,361

Wright State University
Dayton, OH
(1.5 years)
$14,867

George Washington University
Washington, DC
$140,512

Program to provide substance abuse policy information to the states (for 1.5 years). ID#16545

Harvard Medical School
Boston, MA
$5,000
and
$308,614
and
$19,931

Symposium honoring minority students program at Harvard Medical School (for 4 months). ID#16614
Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year). ID#16482
United States/United Kingdom conference on comparative mental health systems (for 2 months). ID#16549

Health Policy Fellowships Program

One-year fellowships with the federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888

University of California, Berkeley, School of Business Administration
Berkeley, CA
$54,900

University of Florida, College of Medicine
Gainesville, FL
$55,800

Georgetown University, School of Medicine
Washington, DC
$54,765

Harvard Medical School
Boston, MA
$55,575

University of Michigan Medical School
Ann Arbor, MI
$51,279

Michigan State University, College of Osteopathic Medicine
East Lansing, MI
$57,870

Health Resources and Services Administration
Rockville, MD
$10,000

Funding for Second HRSA Primary Care Conference (for 1 month). ID#16800

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$307,985

Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 1 year). ID#15939

The Johns Hopkins University, School of Medicine
Baltimore, MD
$4,858

Plan for conferences on historical dimensions of health policy issues (for 4 months). ID#16592

University of Michigan Medical School
Ann Arbor, MI
$77,077

Technical assistance for Preparing Physicians for the Future: A Program in Medical Education (for 1 year). ID#16611

Minority Medical Faculty Development Program

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

Baylor College of Medicine
Houston, TX
(2 years)
$152,411

Beth Israel Hospital Association
Boston, MA
(2 years)
$163,006

Brigham and Women's Hospital, Inc.
Boston, MA
(2 years)
$163,006

University of Colorado Health Sciences Center
Denver, CO
(2.5 years)
$320,293

Cornell University Medical College
New York, NY
(21 months)
$133,479

Foundation for Advanced Education in the Sciences, Inc.
Bethesda, MD
(32 months)
$325,288

Harvard Medical School
Boston, MA
(2 years)
$151,900

The Johns Hopkins University, School of Medicine
Baltimore, MD
(2.5 years)
$304,979

Stanford University, School of Medicine
Stanford, CA
(2 years)
$152,456

Vanderbilt University, School of Medicine
Nashville, TN
(2 years)
$151,960

University of Washington, School of Medicine
Seattle, WA
(2.5 years)
$305,000

Washington University, School of Medicine
St. Louis, MO
(2 years)
$152,498

Yale University, School of Medicine
New Haven, CT
(2 years)
$156,102

The Morehouse School of Medicine, Inc.
Atlanta, GA
$49,904

Developing new clinical training options (for 1 year). ID#15985

National Academy of Sciences—Institute of Medicine
Washington, DC
$50,000
and
$300,000
and
$34,700

Support for distinguished scholar program (for 1 year). ID#16766

Technical assistance and direction for the Health Policy Fellowships Program (for 1 year). ID#15683

Robert Wood Johnson Health Policy Fellows: Workshop on Priority Issues (for 3 months). ID#16619

National Leadership Coalition on AIDS
Washington, DC
$28,250

Corporate leadership conference on AIDS (for 3 months). ID#16494

The New York Academy of Medicine
New York, NY
$21,238

Symposium for premed advisors on medical school admission procedures (for 1 year). ID#17074

University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC
$66,287

Dental Services Research Scholars Communications Network (for 3 years). ID#16443

Nursing Services Manpower Development Program

Initiative to stimulate and test new approaches in attracting individuals into the field of nursing services and fostering growth for those already in the field (for the periods indicated). ID#15017

Health Research, Inc.
Albany, NY
(2 years)
$359,835

University of Illinois—Chicago, College of Nursing
Chicago, IL
(4 years)
$380,773

Iowa Lakes Community College
Estherville, IA
(4 years)
$296,561

The Methodist Hospitals, Inc.
Gary, IN
(4 years)
$512,633

Nursing Recruitment Coalition
Pittsburgh, PA
(4 years)
$480,013

Ohlone College
Fremont, CA
(4 years)
$406,520

Texas Woman's University College of Nursing
Denton, TX
(3 years)
$398,067

University of Oklahoma Health Sciences Center
Oklahoma City, OK
$221,234

Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#15943

Preparing Physicians for the Future: A Program in Medical Education

Support for medical schools to improve the basic science education and clinical training of medical students (for 1.5 years). ID#15397

Brown University, Program in Medicine
Providence, RI
$150,000

Case Western Reserve University, School of Medicine
Cleveland, OH
$149,998

University of Chicago, The Pritzker School of Medicine
Chicago, IL
$149,728

Columbia University, College of Physicians and Surgeons
New York, NY
$149,192

University of Hawaii, John A. Burns School of Medicine
Honolulu, HI
$147,735

The Johns Hopkins University, School of Medicine
Baltimore, MD
$149,971

University of Kentucky Research Foundation
Lexington, KY
$149,982

University of Nebraska, College of Medicine
Omaha, NE
$149,947

The University of New Mexico, School of Medicine
Albuquerque, NM
$148,509

Oregon Health Sciences University, School of Medicine
Portland, OR
$149,381

University of Rochester, School of Medicine and Dentistry
Rochester, NY
$148,350

Yale University, School of Medicine
New Haven, CT
$149,999

Rochester General Hospital
Rochester, NY
$615

Support for publication of a pediatric practice study (for 9 months). ID#14459

Summit County, Utah, Prevention Center
Park City, UT
$144,000

Program to reduce abuse of alcohol and other drugs (for 2 years). ID#13219

United Hospital Fund of New York
New York, NY
$14,417

Conference and proceedings on the experiences of the AIDS Health Services Program grantees (for 9 months). ID#16671

The Urban Institute
Washington, DC
$25,996

Special journal issue on medical malpractice reform (for 5 months). ID#17040

University of Washington, School of Nursing
Seattle, WA
$159,371

Technical assistance and direction for the Clinical Nurse Scholars Program (for 1 year). ID#15947

WGBH Educational Foundation
Boston, MA
$2,840,482

Support for PBS health quarterly series (for 16 months). ID#16787

Total 1990 grants	$81,305,894
Refunds of prior years' grants net of transfers	(720,643)
Cancellations of prior years' grants net of transfers	(3,825,065)
Transfer of grants	
Balance unspent by original grantees	(2,186,482)
Transferred to new grantees	2,186,482
Grants net for 1990	$76,760,186

For Further Information

A brief, descriptive *Program Summary* is available without charge for most of the Foundation's 1990 grants, as well as for those made in prior years. When possible, requests should include the title of the grant, the institutional recipient and the grant ID number. The information on 1990 grants is available from the above listing. Address requests to:

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

Also available without charge from the same address are non-periodic publications and films that describe the progress and outcomes of some of the programs assisted by the Foundation. Titles issued in 1990:

Clinical Scholars Program Report
Proceedings: AIDS Prevention and Services Workshop
Infant Health and Development video, "Improving the Odds"

Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants.

This bibliography is a sample of citations from the books, book chapters, journal articles and reports produced and reported to us by Foundation grantees. The publications are available through medical libraries and/or the publishers. We regret that copies are not available from the Foundation.

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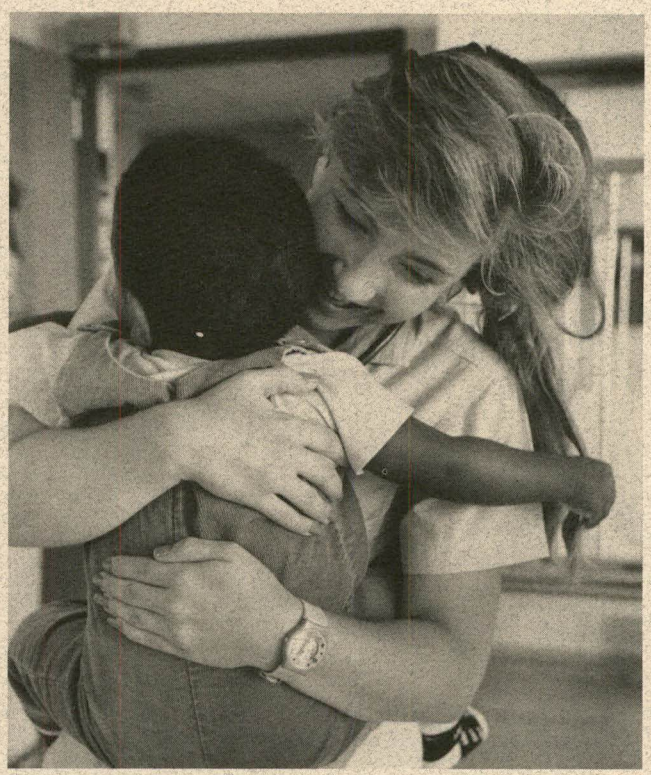
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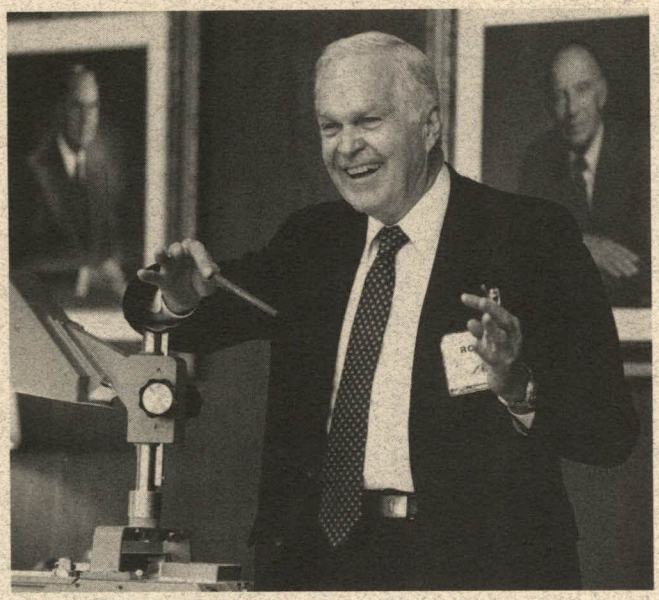
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The annual financial statements for the Foundation for 1990 appear on pages 59 through 62. A listing of grants authorized in 1990 begins on page 33.

Grants authorized in 1990, net of cancellations and refunds of prior years' grants, totaled $76,760,000. The Robert Wood Johnson Foundation funds a number of national programs involving multiyear grants to groups of grantees. Thus, the amounts awarded in any single year are less significant than the five-year cumulative total, which for the period 1986 through 1990 was $444,282,000.

Program development, evaluation, administrative and investment expenses for the year came to $16,148,000; and federal excise tax on investment income amounted to $1,122,000, making a grand total of grant authorizations and expenditures of $94,030,000. This total was $23,715,000 less than gross investment income of $117,745,000. In 1989, total grant authorizations and expenditures were $1,543,000 more than gross revenue.

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. The amounts required to be paid out for 1990 and 1989 were approximately $132,010,000 and $115,450,000, respectively. The excess of the payout requirement over grant authorizations and expenditures has been covered by other qualifying distributions (program related investments and building and equipment additions) and excess distribution carryforwards from prior years.

A list of investment securities held at December 31, 1990, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Andrew Greene

Andrew R. Greene
Vice President and Treasurer

Report of Independent Certified Public Accountants

To The Trustees of
The Robert Wood Johnson Foundation:

We have audited the accompanying statements of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1990 and 1989 and the related statements of investment income, expenses, grants and changes in foundation principal for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1990 and 1989 and the investment income, expenses, grants and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.

As discussed in Note 2 to the financial statements, the Foundation changed its method of accounting from the modified cash basis to the accrual basis and adopted SFAS No. 96.

Coopers & Lybrand

Princeton, New Jersey
January 18, 1991

Statement of Assets, Liabilities and Foundation Principal

at December 31, 1990 and 1989
(Dollars in Thousands)

ASSETS	1990	1989
Cash	$ 2	$ 2
Interest and dividends receivable	15,622	11,946
Federal excise tax refundable	1,859	—
Investments at market value (Note 3):		
Johnson & Johnson common stock	1,725,279	1,607,952
Other equity investments	143,043	167,960
Fixed income investments	1,003,241	799,519
Program related investments	12,078	8,974
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	13,059	11,994
	$2,914,183	$2,608,347
LIABILITIES AND FOUNDATION PRINCIPAL		
Liabilities:		
Accounts payable	$ 140	$ 166
Payable on pending security transaction	19,806	—
Unpaid grants (Note 1)	111,894	141,430
Federal excise tax payable	—	635
Deferred federal excise tax	30,052	27,418
Total liabilities	161,892	169,649
Foundation principal	2,752,291	2,438,698
	$2,914,183	$2,608,347

See notes to financial statements.

Statement of Investment Income, Expenses, Grants and Changes in Foundation Principal

for the years ended December 31, 1990 and 1989
(Dollars in Thousands)

	1990	1989
Investment income:		
Dividends	$ 37,250	$ 35,064
Interest	80,495	71,929
	117,745	106,993
Less: Federal excise tax	1,122	1,055
Investment expense	1,856	1,451
	114,767	104,487
Expenses:		
Program development and evaluation	9,823	8,515
General administration	4,469	4,066
	14,292	12,581
Income available for grants	100,475	91,906
Grants, net of refunds and cancellations	76,760	93,449
Excess of income over grants and expenses	23,715	(1,543)
Adjustments to Foundation principal net of related federal excise tax:		
Realized gains on sale of securities (Note 3)	166,948	109,224
Unrealized appreciation on investments	122,930	407,491
Cumulative effect of change in accounting principle (Note 2)	—	11,309
	289,878	528,024
Net increase in Foundation principal	313,593	526,481
Foundation principal, beginning of year	2,438,698	1,912,217
Foundation principal, end of year	$2,752,291	$2,438,698

See notes to financial statements.

Notes to Financial Statements

1. Summary of Significant Accounting Policies: Investments represent securities traded on a national securities exchange and are valued at the last reported sales price on the last business day of the year.

Grants are recorded as a liability in the year the grant requests are authorized by the Board of Trustees. At December 31, 1990 unpaid grants are as follows:

Year Grant Authorized	Amount Unpaid At December 31, 1990 (Dollars in Thousands)
1986	$ 1,241
1987	3,977
1988	18,148
1989	34,318
1990	54,210
	$111,894

Depreciation of $657,044 in 1990 and $530,950 in 1989 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

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

2. Change in Accounting: During 1989, the Foundation changed its method of accounting to the accrual basis from the modified cash basis. The cumulative effect of the accounting change for years prior to 1989 amounted to $11,309,000, net of deferred federal excise tax of $211,000. As a result of the adoption of SFAS No. 96, during 1989, deferred taxes previously provided at 1% are now provided at the statutory rate of 2%.

(Continued)

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

	1990		1989	
	Cost	Market Value	Cost	Market Value
Johnson & Johnson Common Stock 24,045,700 shares in 1990 and 27,081,300 shares in 1989	$ 114,885	$1,725,279	$ 129,388	$1,607,952
Other equity investments:				
Internally managed including temporary cash and U.S. Government instruments of $44,675 and $60,023 in 1990 and 1989, respectively	111,883	117,179	100,645	115,607
Externally managed	25,016	25,864	50,439	52,353
Fixed income investments	992,066	1,003,241	792,792	799,519
	$1,243,850	$2,871,563	$1,073,264	$2,575,431

The net realized gains (losses) on sales of securities for the years ended December 31, 1990 and 1989 were as follows (dollars in thousands):

	1990	1989
Johnson & Johnson common stock	$181,811	$ 78,078
Other securities, net	(14,863)	31,146
	$166,948	$109,224

4. *Retirement Plan:* Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs incurred. Pension expense was $740,605 and $703,999 in 1990 and 1989, respectively.

Steven A. Schroeder, MD, was named president and trustee of the Foundation effective July 1, 1990. Prior to joining the Foundation, Dr. Schroeder was professor of medicine and chief of the Division of General Internal Medicine at the University of California, San Francisco, and served as a member of the Institute for Health Policy Studies. He has also held faculty appointments at Harvard Medical School and The George Washington University Medical Center, Washington, D.C. Dr. Schroeder graduated with great distinction from Stanford University and earned his medical degree cum laude from Harvard University.

Dr. Schroeder succeeds Leighton E. Cluff, MD, who retired from the Foundation as president on June 30, 1990. Dr. Cluff had served as president since November 1986 and executive vice president from 1976 to 1986. Dr. Cluff was elected to the office of trustee emeritus effective July 1, 1990, having served as trustee since 1986.

William R. Walsh, Jr., treasurer since January 1973, retired from the Foundation as executive vice president for finance and treasurer effective December 31, 1990. Mr. Walsh also served as trustee since 1986 and was elected to the office of trustee emeritus effective January 1, 1991.

At the January 1991 meeting of the Board, Foster B. Whitlock was elected to the office of trustee emeritus of the Foundation, having served as a trustee for 17 years. Upon his election as trustee emeritus, Mr. Whitlock was cited by the Board for his many years of loyal and distinguished service to the Foundation.

Five new members were elected to the Board of Trustees. They are: David R. Clare; Rheba de Tornyay, EdD; John J. Heldrich; Hon. Thomas H. Kean; and John H. Steele, ScD.

Mr. Clare is former president and chairman of the executive committee of Johnson & Johnson. He is a graduate of the Massachusetts Institute of Technology. Throughout the 1980s, he played an active, voluntary role in the government of New Jersey, especially as chairman of the Governor's Management Improvement Program. Mr. Clare is a member of the advisory board of the New Jersey Science-Technology Center and a trustee of the Overlook Hospital Foundation.

Dr. de Tornyay is a professor in the Department of Community Health Care Systems and dean emeritus of the School of Nursing, University of Washington, Seattle. She earned her bachelor's and master's degrees in nursing at San Francisco State University and completed her doctorate at Stanford University. Dr. de Tornyay is a member of the National Academy of Sciences' Institute of Medicine, American Nurses Association, National League for Nursing and the American Academy of Nursing, of which she is a former president. Dr. de Tornyay was director of the Robert Wood Johnson Clinical Nurse Scholars Program.

Mr. Heldrich retired February 1991 as vice president of Johnson & Johnson and a member of its executive committee and board of directors. He is a graduate of Rutgers University. Active in social and cultural affairs of New Brunswick, Mr. Heldrich

(Continued)

has served as chairman of New Brunswick Tomorrow, a community revitalization organization, and is a member of the board of the New Brunswick Cultural Center and the New Brunswick Development Corporation.

Mr. Kean, president of Drew University, was governor of New Jersey from 1981 to 1989. He graduated from Princeton University and earned a master's degree from Columbia University. He served in the New Jersey State Assembly from 1967 to 1977, where he held leadership positions of Minority Leader, Majority Leader, and Speaker.

Dr. Steele is a senior scientist and president of Woods Hole Oceanographic Institution in Woods Hole, Massachusetts. He was educated at University College, London University and is a former deputy director of the Marine Laboratory, Aberdeen, Scotland. He is a member of the Ocean Studies Board of the National Academy of Sciences, the Committee for Research and Exploration of the National Geographic Society, and the U.S. National Committee for the International Union of Geodesy and Geophysics.

Staff changes

To be effective January 1, 1991, the following promotions were made: Andrew R. Greene, vice president for financial monitoring, was promoted to vice president and treasurer; Peter Goodwin, senior financial officer, became vice president for financial monitoring; and William C. Imhof, assistant treasurer for investment, was promoted to chief investment officer.

In addition, the following four program officers were promoted to senior program officers effective January 1, 1991: Nancy L. Barrand; Joel C. Cantor, ScD; Andrea I. Kabcenell; and Pauline M. Seitz. Also, Richard J. Toth, assistant proposal manager, was promoted to program staff.

On January 31, 1990, Terrance Keenan, vice president for special programs, retired from the Foundation. Mr. Keenan joined the Foundation in 1972 and will continue with the Foundation as a special program consultant.

Marguerite M. Johnson joined the staff as program officer in July 1990. Prior to joining the Foundation, Ms. Johnson was a research associate for the Massachusetts Department of Public Health. She received a master of social services degree from Bryn Mawr College and a master of science degree in health policy and management from Harvard University School of Public Health.

In November 1990, Beth A. Stevens, PhD, joined the Foundation staff as program officer in the evaluation group. Before joining the Foundation, she was an assistant professor in the Department of Sociology at New York University. Dr. Stevens received her doctorate in sociology from Harvard University.

In January 1991, Marc S. Kaplan joined the Foundation staff as senior communications officer. He had been associated with the Rockefeller University Public Information Office since March 1985, most recently as the director of public information. Mr. Kaplan received his bachelor of arts degree from the University of Rochester.

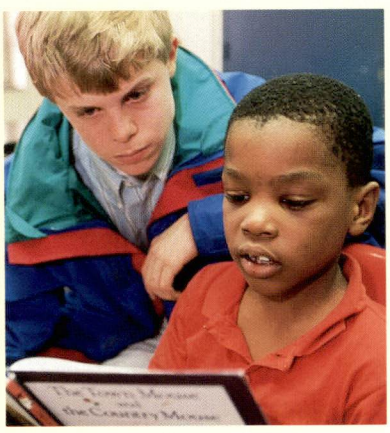
During 1990, four staff members announced their plans to leave the Foundation.

In March 1990, Donna A. Peters, PhD, program officer, left the Foundation to accept

a position with the National League for Nursing directing a program in the area of quality home health care. Dr. Peters joined the Foundation in February 1988.

In June 1990, Harold G. Logan, EdD, senior program officer, left the Foundation and is now adjunct associate professor at Ohio State University in the graduate program in hospital and health services administration. Dr. Logan joined the staff in July 1988.

In August 1990, Jeffrey C. Merrill, vice president, announced his plans to leave the Foundation. He departed in February 1991 to join the faculty of Columbia University.



Mr. Merrill joined the Foundation in July 1984.

Also in August 1990, Denise Graveline, communications officer, left the Foundation to serve as head of communications for the American Association for the Advancement of Science in Washington, D.C. Ms. Graveline joined the Foundation in November 1987.

Program directors

Five program directors who have made important contributions to the success of our programs completed their tenures of service during 1990.

Philip W. Brickner, MD, completed his assignment directing the Health Care for the Homeless Program. Dr. Brickner was appointed to this position in 1983.

J. Robert Buchanan, MD, completed his assignment directing the Program for Prepaid Managed Health Care. Dr. Buchanan was appointed to this position in 1982.

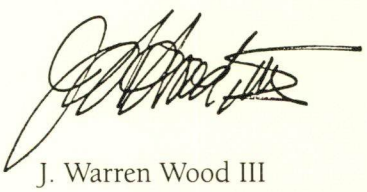
Rheba de Tornyay, EdD, completed her assignment directing the Clinical Nurse Scholars Program. Dr. de Tornyay was appointed to this position in 1985.

Linda Hill-Chinn completed her assignment directing the Community Programs for Affordable Health Care. Ms. Hill-Chinn was appointed to this position in 1986.

Raymond P. White, Jr., DDS, PhD, completed his assignment directing the Dental Services Research Scholars Program. Dr. White was appointed to this position in 1982.

Board activities

The Board of Trustees met four times in 1990 to conduct business, review proposals and appropriate funds. In addition, the Nominating and Compensation, Program Review, Program Monitoring, Finance and Audit Committees met as required to consider and prepare recommendations to the Board.



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The Robert Wood Johnson Foundation—a private, independent philanthropy not connected with any corporation—funds projects of several kinds:

(1) projects that reflect an applicant's own interests. For such projects there are no formal application forms or deadlines because grants are made throughout the year.

(2) projects, also investigator-initiated, that are developed in response to a Foundation call for proposals. The call for proposals describes the program area for which proposals are requested and specifies any necessary application steps or deadlines.

(3) projects that are part of Foundation national programs. For these, the Foundation sets the program's goals, common elements that all projects should contain, eligibility criteria, timetables and application procedures.

The Foundation publishes and distributes widely to eligible organizations its calls for proposals and national program announcements.

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

- a brief description of the problem to be addressed
- a statement of the project's principal objectives
- a description of the proposed intervention (for research projects, the methodology)
- the expected outcome
- the qualifications of the institution and the project's principal personnel
- a timetable for the grant, total estimated project budget, other planned sources of support and amount requested from the Foundation
- any plans for evaluation of the project's results and dissemination of its findings
- a plan for sustaining the project after grant funds expire, and
- the name of the primary contact person for follow-up.

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

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

Limitations

Preference will be given to applicants that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and not private foundations as

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defined under Section 509(a). Public agencies also are given preference. Policy guidelines established by the Foundation's Board of Trustees usually preclude support for:

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

Preliminary letters of inquiry should be addressed to:

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



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