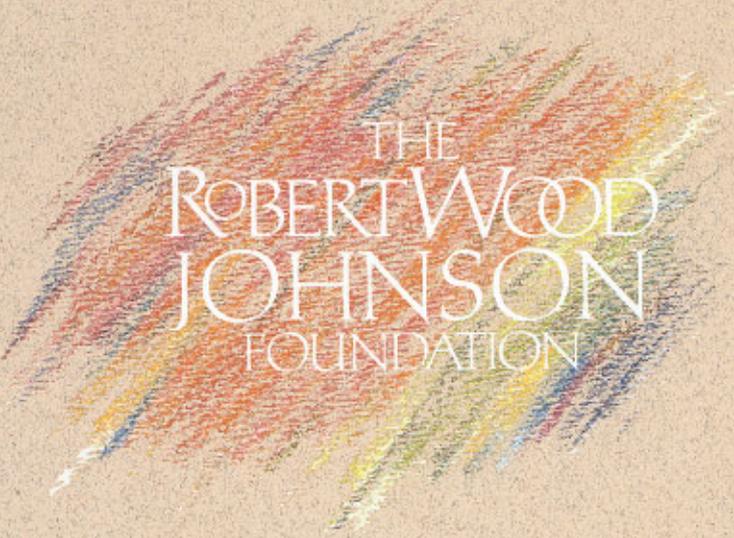


ANNUAL REPORT 1990

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THE
ROBERT WOOD
JOHNSON
FOUNDATION

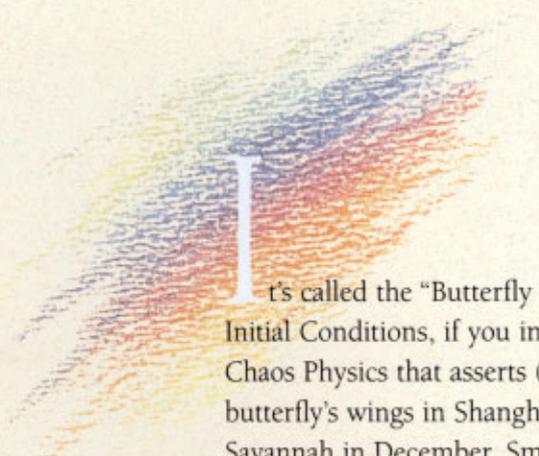
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It's called the "Butterfly Effect"—Sensitive Dependence on Initial Conditions, if you insist on being technical. It's a theory in Chaos Physics that asserts (only half in jest) that the beating of a butterfly's wings in Shanghai in October affects 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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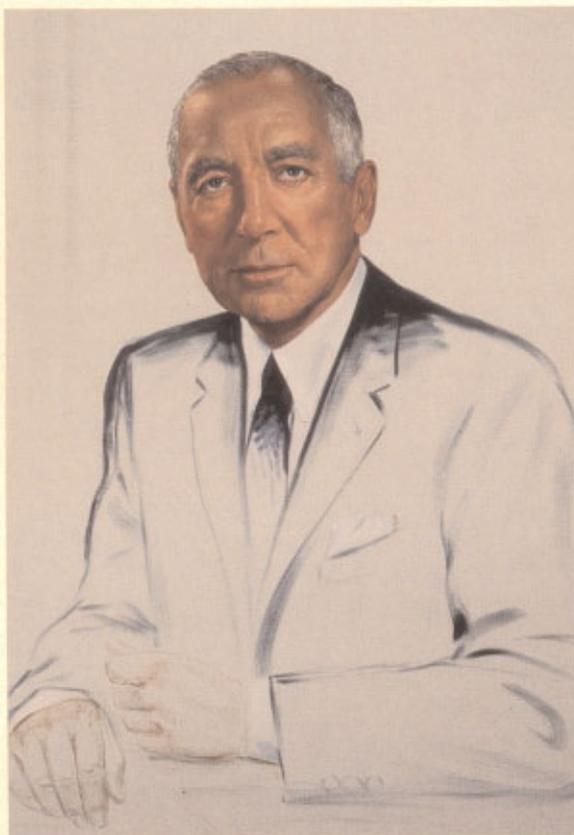
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Robert Wood Johnson's commitment, dedication and leadership in American medicine led to his selection as one of five 1990 inductees to the national Health Care Hall of Fame. He is one of the first 15 inducted by *Modern Healthcare* magazine into the 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.



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.

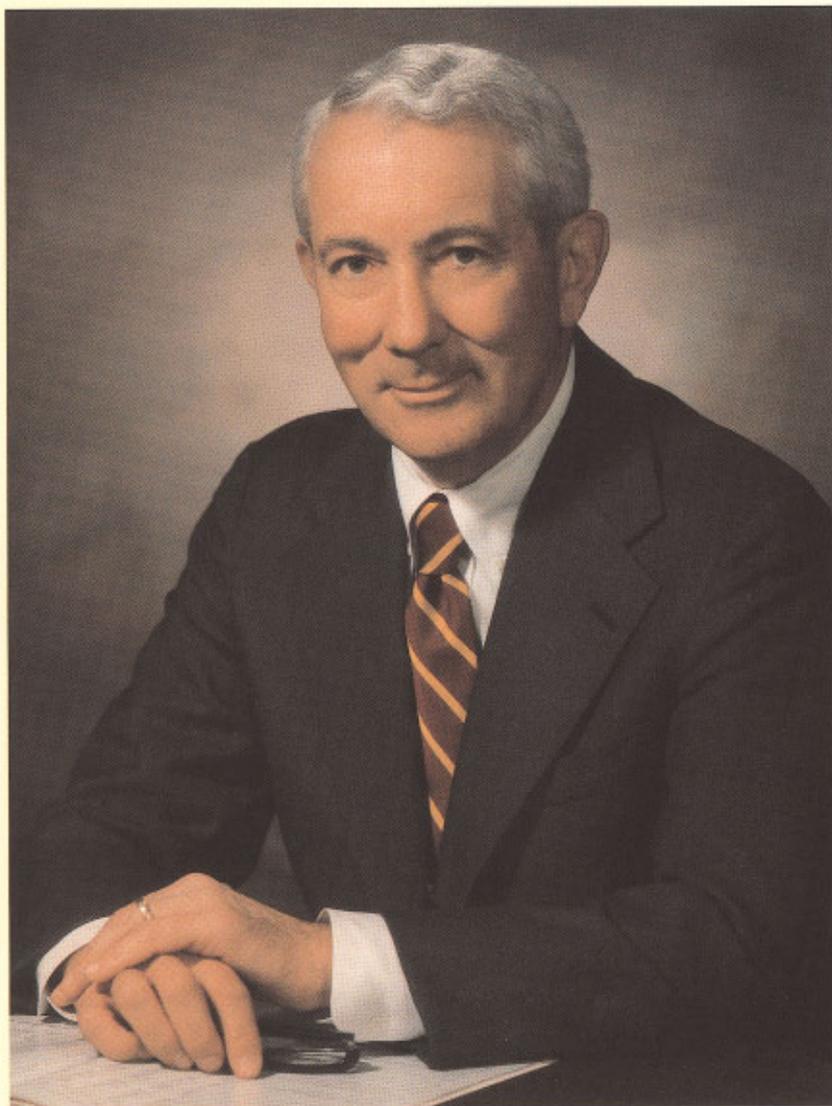
We *do* bear a very great responsibility. Almost every grant application that reaches us—and they come to us by the thousands—has merit and

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.

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.



Sidney F. Wentz

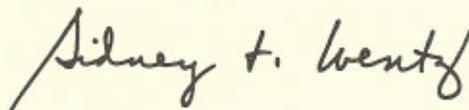
Foster B. Whitlock, a trustee for 17 years, has elected to enter emeritus status on the Board. Foss carries a well-deserved reputation for the legendary conscientiousness underlying his trusteeship. Few of us, however, can bring ourselves to believe that his change of status will alter in any way the 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.

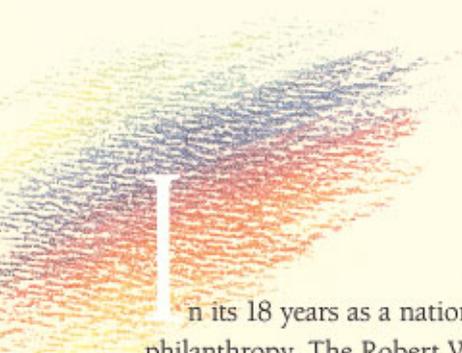
Newly elected to the Board of Trustees were five individuals of outstanding reputations in various disciplines. From the ranks of senior corporate management we elected David R. Clare and John J. Heldrich.

Joining them were noted health educator, Rheba de Tornay, 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

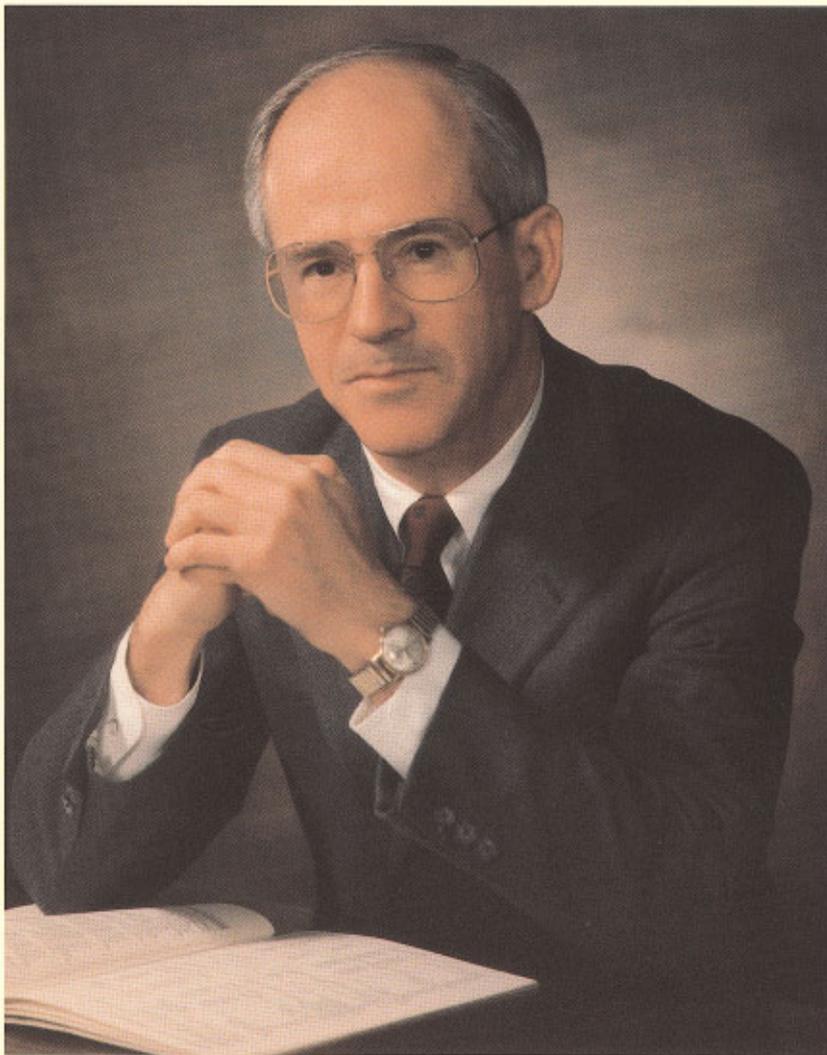
in grantee focus away from academia and large, multisite programs and toward single-site, community-based programs.

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.

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



Steven A. Schroeder, MD

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 multifaceted 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.

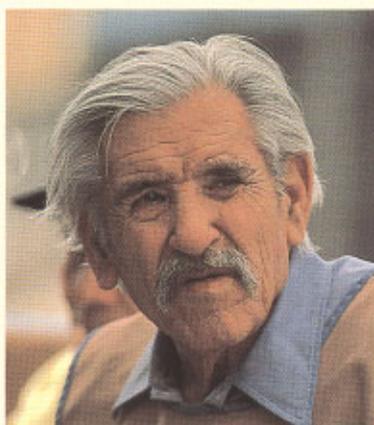
The second new Foundation goal—“to improve the way services are organized and provided to people with chronic health conditions”—also represents a continuation of past grantmaking emphasis. Examples of issues this program goal seeks to address include the long-term problems of children born with severe 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.

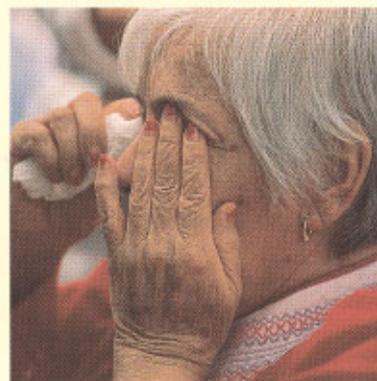
Recent Foundation efforts to help communities address severe alcohol and drug abuse problems, to improve the health of Native Americans and to change national attitudes about the dangers of illegal drugs convince us that we have an opportunity to make a difference.

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 specialties

- 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.

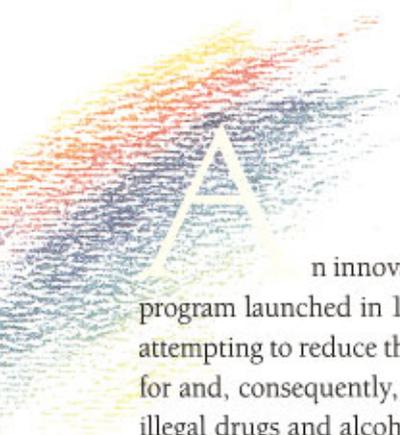
We expect this pursuit of integrated solutions to make us more flexible and opportunistic in our grantmaking. By broadening the Foundation's range of strategies, we hope to obtain maximum leverage from our own resources and from those we can develop through joint endeavors in both the public and private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





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.

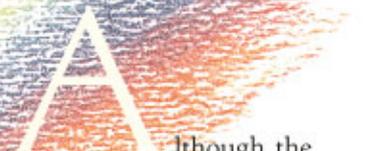
A key feature of the program, and a prerequisite for funding, is that each recipient establish a broad-based, community-wide consortium including, for example, hospitals, schools, religious congregations, businesses, Boys' and Girls' Clubs, parents, students, police, civic leaders and the courts.

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.

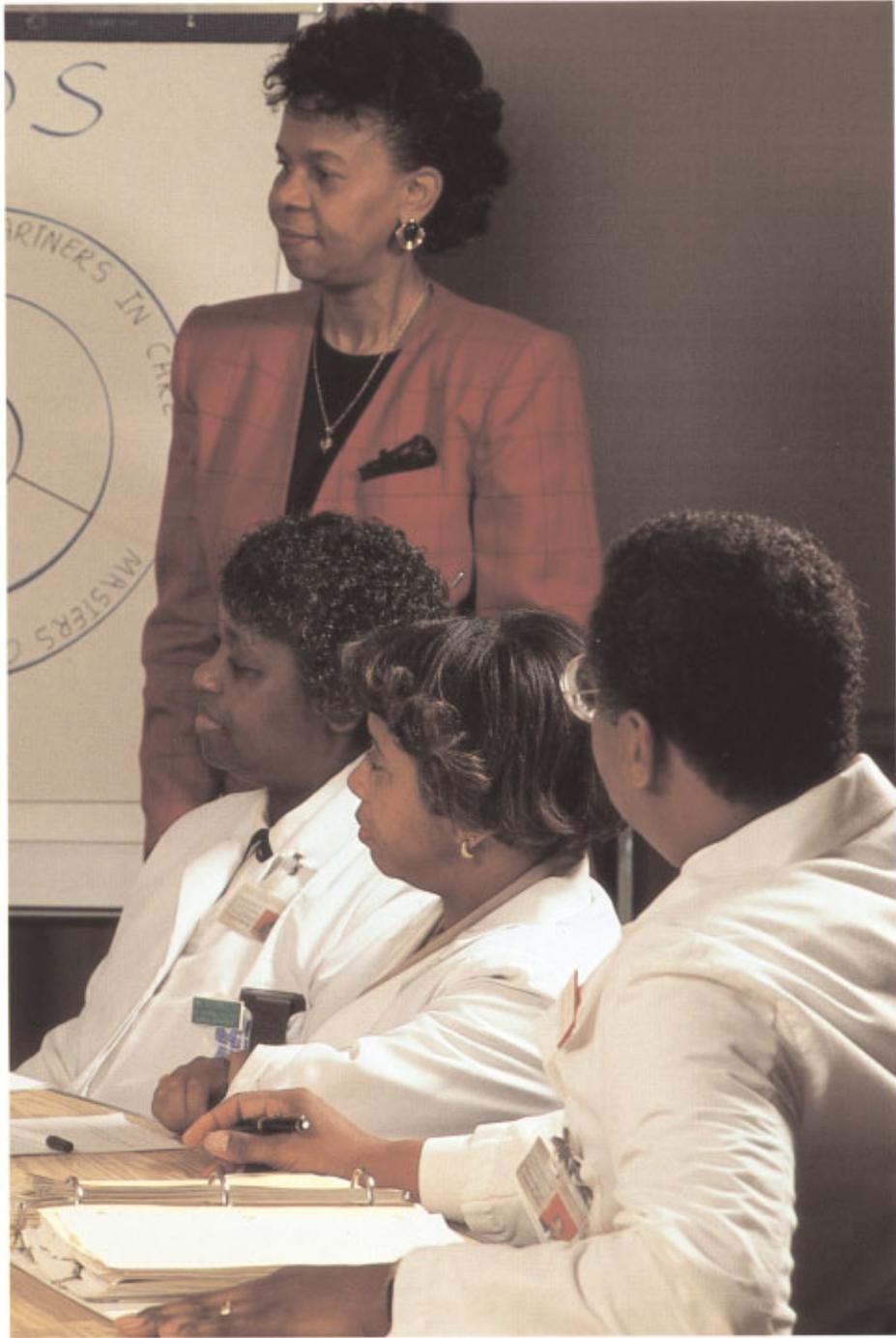
For this reason, a program developed jointly by The Robert Wood Johnson Foundation and The Pew Charitable Trusts is encouraging hospitals to restructure their nursing services to help nurses help patients. In a patient care-centered effort aimed at redesigning

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 workforce 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.







“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

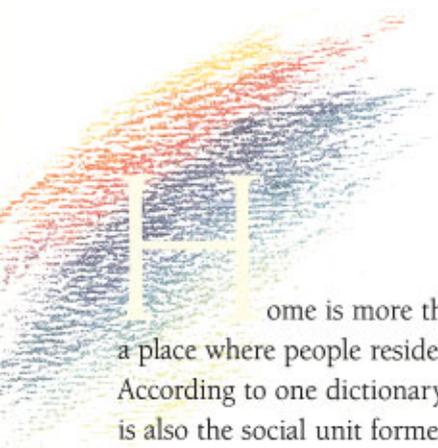
encourage the development of the agencies as central resources for integrating and coordinating services at the community level. The goal is not only to overcome barriers to care but to turn a hodgepodge of existing programs and resources into model systems of services that can be adopted by other agencies. 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.

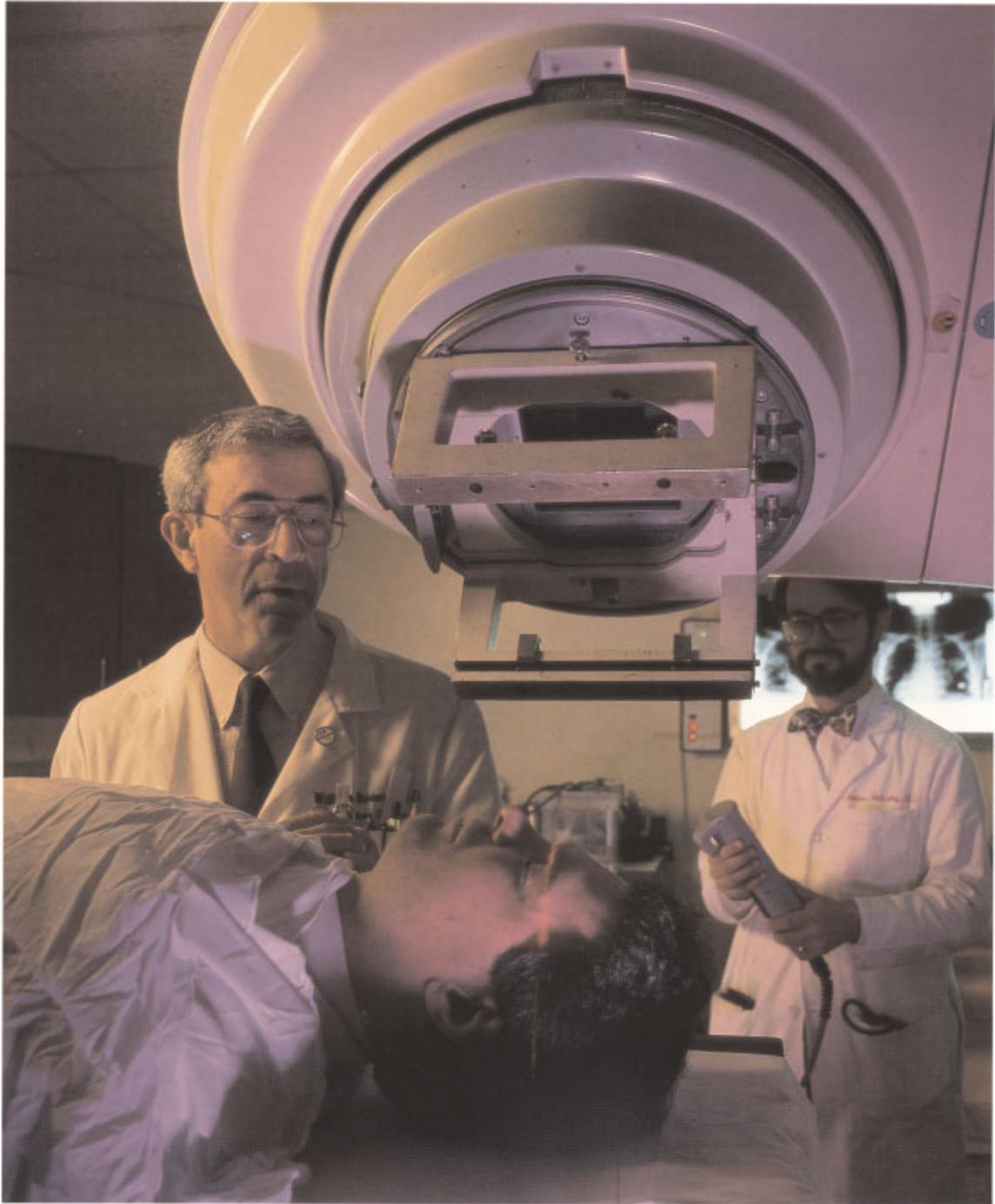
The program takes a dual approach to solving the problem of homelessness: It seeks to provide housing along with continuing, comprehensive health care and supportive services. At its core are HUD's contribution of 1,200 Section 8 housing certificates for rent subsidies worth more than \$38 million over five years;

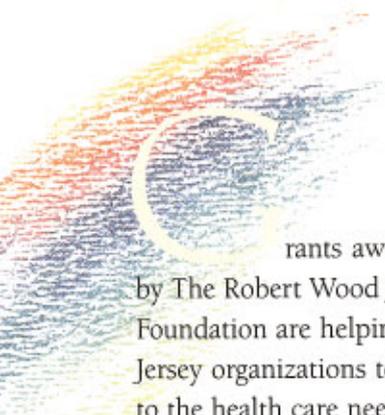
and two-year Robert Wood Johnson Foundation grants of up to \$300,000 each that emphasize creating a community infrastructure to provide services, including drug treatment, job training and child care. By helping homeless families obtain access to the full range of services they need to be self-sufficient, 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.

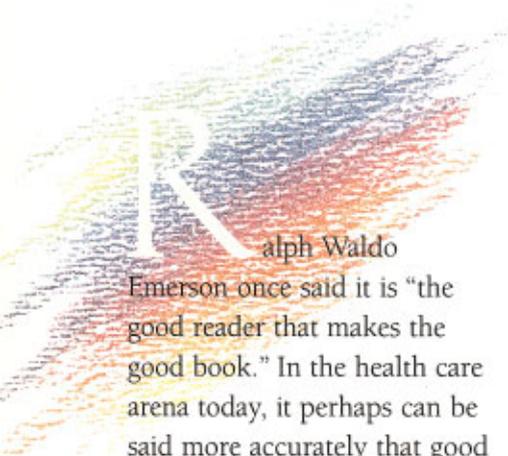
Developing a leadership role for New Jersey in the area of child health is the focus of several other New Jersey grants this year. Among them is \$250,000 for a 12-month study by the University of Medicine and Dentistry of New Jersey to test the feasibility of establishing its three campuses as regional 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.



alph 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.

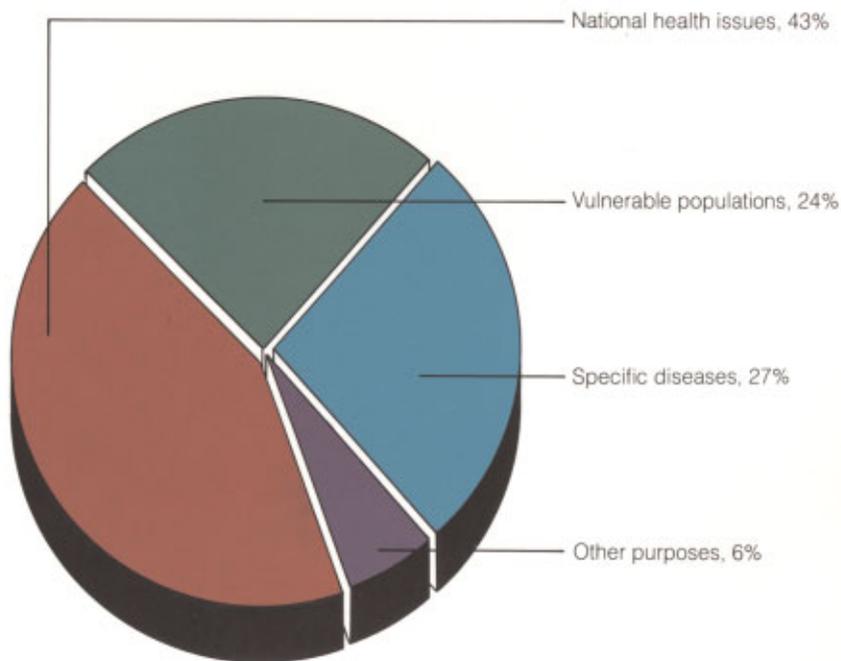


During 1990, the Foundation made 334 grants totaling \$83.5 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

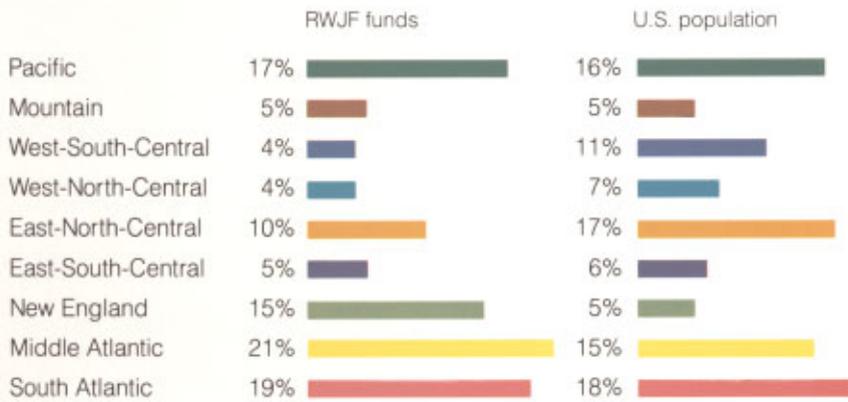
- \$20.4 million, or 24 percent, for programs to assist the segments of our population most vulnerable to illness;
- \$22.3 million, or 27 percent, for programs that address specific diseases of regional or national concern;
- \$36.1 million, or 43 percent, for programs that encourage innovations on 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.*

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SERVICES

AIDS Health Services Program	<i>Establishment of specialized comprehensive out-of-hospital health and supportive services for patients with AIDS and AIDS-related disorders (for 1 year). ID#10907</i>	
Comprehensive AIDS Program of Palm Beach County, Inc. West Palm Beach, FL \$359,982		
Alpha Center for Health Planning, Inc. Washington, DC \$199,444	<i>Technical assistance and direction for the Health Care for the Uninsured Program (for 1 year). ID#17442</i>	
Bay Area Advocates for Nursing Home Reform (BANHR) San Francisco, CA \$39,500	<i>Residential health care information and referral service (for 1 year). ID#15303</i>	
Cenacle Retreat House Highland Park, NJ \$25,000	<i>Facility repairs and renovations (for 1 year). ID#17229</i>	
Cerebral Palsy Association of Middlesex County Edison, NJ \$100,000	<i>Expansion and renovation of treatment and educational facilities (for 1 year). ID#17632</i>	
Children's Hospital Corporation Boston, MA \$74,960	<i>Pilot project for technology-dependent children (for 1.5 years). ID#17476</i>	
Children's Hospital Medical Center of Northern California Oakland, CA \$149,697	<i>Program to improve health services for children in foster care (for 1.5 years). ID#13463</i>	
Children's Hospital National Medical Center Washington, DC \$398,033	<i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#16479</i>	
Columbia University, Harlem Hospital Center New York, NY \$299,762	<i>Hospital-led injury prevention for children and adolescents in Harlem (for 2 years). ID#14056</i>	
Community Care Funding Partners Program	<i>Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated). ID#6397</i>	
The Greater Kansas City Community Foundation Kansas City, MO (3 years) \$78,600	Oak Cliff Clinics, Inc. Dallas, TX (2 years) \$63,746	
Jeff Davis Medical Care Center Hazlehurst, GA (3 years) \$37,585	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	<i>Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#15936</i>
Fremont Counseling Service Lander, WY \$150,000	<i>Substance abuse prevention project on Arapahoe and Shoshone reservations (for 2 years). ID#13195</i>
The General Hospital Corporation— Massachusetts General Hospital Boston, MA \$260,969	<i>Technical assistance and direction for the Homeless Families Program (for 1 year). ID#15937</i>
Georgetown University Washington, DC \$5,000	<i>Expansion of teen counseling and mentoring program (for 3 months). ID#16972</i>
Grantmakers in Health New York, NY \$150,000	<i>Educational program for staff and trustees in health philanthropy (for 3 years). ID#12962</i>
Grow, Inc. Champaign, IL \$312,689	<i>Statewide mutual self-help programs for the chronically mentally ill (for 2 years). ID#15154</i>
Hahnemann University Philadelphia, PA \$69,471	<i>Medical foster care by hospital staff for drug-addicted infants (for 1.5 years). ID#15781</i>
Harvard Medical School Boston, MA \$383,063 and \$83,476	<i>Technical assistance and direction for the Program on Chronic Mental Illness (for 1 year). ID#15680</i> <i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#16481</i>

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	<i>Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for 1 year). ID#14432</i>
The Ability Center of Greater Toledo Sylvania, OH \$99,948	Center for Living and Working, Inc. Worcester, MA \$98,835
Ability Resources Tulsa, OK \$100,000	Montana Independent Living Project, Inc. Helena, MT \$92,818
Adaptive Living Programs for Handicapped Americans (ALPHA ONE) South Portland, ME \$98,649	Resources for Independent Living, Inc. Sacramento, CA \$100,000
Ann Arbor Center for Independent Living Ann Arbor, MI \$100,000	Southeastern Minnesota Center for Independent Living, Inc. Rochester, MN \$100,000
Atlantis Community, Inc. Denver, CO \$92,887	Stavros Center for Independent Living, Inc. Amherst, MA \$100,000
Center for the Independence of the Disabled in New York, Inc. New York, NY \$100,000	SUMMIT Independent Living Center, Inc. Missoula, MT \$99,925
Independent Sector Washington, DC \$25,000	<i>Membership expansion drive (for 1 year). ID#16116</i>
The Institute for Rehabilitation and Research Houston, TX \$272,554	<i>Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#15681</i>
International Center for Integrative Studies, Inc., The Door New York, NY \$51,520	<i>Consolidated funding and reporting strategy for adolescent health services (for 6 months). ID#16424</i>
The John F. Kennedy Medical Center Foundation, Inc. Edison, NJ \$265,202	<i>Improving basic life skills of children with learning disabilities (for 3 years). ID#15409</i>
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$284,457	<i>Technical assistance for Improving the Quality of Hospital Care (for 1 year). ID#16483</i>
University of Maryland Baltimore, MD \$29,428	<i>Implementation of health component for high-risk youth project (for 1.5 years). ID#15530</i>
University of Maryland at Baltimore Baltimore, MD \$275,231	<i>Technical assistance and direction for the AIDS Prevention and Service Projects (for 1 year). ID#15940</i>
University of Maryland, Center on Aging College Park, MD \$261,647 and \$38,757	<i>Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 1 year). ID#16484</i> <i>Technical assistance and direction for the Service Credit Banking Program (for 10 months). ID#15155</i>

Massachusetts General Hospital Boston, MA \$200,400	<i>Implement plans for an architecturally appropriate dementia care center (for 3 years). ID#14536</i>
Medical and Health Research Association of New York City, Inc. New York, NY \$19,441	<i>Establishment of a mayoral advisory council on child health in New York City (for 1 year). ID#17600</i>
Mental Health Center of Dane County, Inc. Madison, WI \$101,965	<i>Technical assistance and direction for the Mental Health Services Development Program (for 6 months). ID#16485</i>
Mental Health Services Program for Youth	<i>Development of model financing and service delivery systems for children and youth with serious mental disorders (for 2 years). ID#13609</i>
State of California Health and Welfare Agency, Department of Mental Health Sacramento, CA \$1,488,378	State of Oregon, Department of Human Resources, Mental Health Division Salem, OR \$1,369,192
Commonwealth of Kentucky, Cabinet for Human Resources, Department of Mental Health and Mental Retardation Services Frankfort, KY \$1,491,266	Commonwealth of Pennsylvania, Department of Public Welfare Harrisburg, PA \$1,480,706
State of North Carolina, Department of Human Resources Raleigh, NC \$1,468,611	State of Vermont, Department of Mental Health Waterbury, VT \$1,460,041
State of Ohio, Department of Mental Health Columbus, OH \$1,500,000	State of Wisconsin, Department of Health and Social Services Madison, WI \$1,500,000
Middlesex County Recreation Council Edison, NJ \$65,000	<i>Summer camp for children with health problems (for 6 months). ID#15682</i>
Montefiore Medical Center Bronx, NY \$426,022	<i>Hospital-sponsored lead poisoning prevention and treatment program (for 2 years). ID#16746</i>
Morris County Organization for Hispanic Affairs, Inc. Dover, NJ \$10,000	<i>Establishment of a clinic for indigent Hispanic people (for 15 months). ID#16055</i>
National Academy of Sciences—Institute of Medicine Washington, DC \$59,600	<i>The Gustav O. Lienhard Award (for 1 year). ID#15156</i>
National Association of Community Health Centers, Inc. Washington, DC \$251,027	<i>Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#15157</i>
The National Network of Runaway and Youth Services Washington, DC \$47,935	<i>Training professionals in HIV prevention among high-risk youth (for 7 months). ID#17345</i>

New Brunswick Affiliated Hospitals, Inc. New Brunswick, NJ \$3,465,263	<i>University-based cancer institute for central New Jersey (for 34 months). ID#13215</i>
New Brunswick Tomorrow New Brunswick, NJ \$250,000	<i>Program to address the human service needs of the New Brunswick community (for 1 year). ID#14962</i>
New York University New York, NY \$160,881	<i>Technical assistance and direction for the Hospital-Based Rural Health Care Program (for 1 year). ID#15941</i>
University of Oklahoma, College of Public Health Oklahoma City, OK \$277,846	<i>Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#15942</i>
On Lok Senior Health Service San Francisco, CA \$416,929	<i>Technical assistance for the replication of the On Lok model (for 13 months). ID#15158</i>
Parents Against Drugs Albuquerque, NM \$74,977	<i>Planning alternative school for chemically dependent students in recovery (for 9 months). ID#15509</i>
Planned Parenthood of New York City, Inc. New York, NY \$300,000	<i>Program for adolescent and young adult women at risk of HIV infection (for 3 years). ID#16421</i>
Program to Promote Long-Term Care Insurance for the Elderly State of Indiana State Budget Agency Indianapolis, IN (6 months) \$99,980 Massachusetts Health Research Institute, Inc. Boston, MA (1 year) \$263,857	<i>Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657</i>
	State of Wisconsin, Department of Health and Social Services Madison, WI (9 months) \$63,634
Prudential Insurance Company of America Roseland, NJ \$377,121	<i>Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#15945</i>
Regional Medical Center at Lubec Lubec, ME \$200,000	<i>Establishment of a school health clinic in rural Maine (for 3 years). ID#16669</i>
Richmond Unified School District Richmond, CA \$49,992	<i>Development of a new model of managed health care (for 6 months). ID#15492</i>
Robert Wood Johnson University Hospital, Inc. New Brunswick, NJ \$150,000	<i>Advanced residency training program to prepare clergy as hospital chaplains (for 3 years). ID#16610</i>
St. Vincent de Paul Society Metuchen, NJ \$45,000	<i>Program of assistance to the indigent (for 1 year). ID#16488</i>

The Salvation Army New Brunswick, NJ \$85,000	<i>Program of assistance to the indigent (for 1 year). ID#15946</i>
School-Based Adolescent Health Care Program Public Health Trust of Dade County, Florida (Miami Northwestern High School) Miami, FL \$400,000	<i>Establishment of comprehensive health services clinics in public secondary schools (for 4 years). ID#10523</i>
Shands Teaching Hospital and Clinics, Inc. Gainesville, FL \$261,379	<i>Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#15685</i>
Program to Strengthen Primary Care Health Centers 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	<i>Initiative to improve the capacity for self-sufficiency of not-for-profit primary care health centers (for 3 years). ID#12904</i> 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 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	<i>Support of efforts to improve patient care by institution-wide restructuring of hospital nursing services (for 2 years). ID#13078</i> 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	<i>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</i>
United Seniors Health Cooperative Washington, DC \$169,094	<i>Development of benefits screening software for service agencies (for 17 months). ID#16756</i>
United Way of Central Jersey, Inc. Milltown, NJ \$200,000	<i>Support of 1990 Campaign (for 1 year). ID#16470</i>
United Way—Princeton Area Communities Princeton Junction, NJ \$60,500	<i>Support for 1990 Campaign (for 1 year). ID#16489</i>
Vanderbilt University, School of Medicine Nashville, TN \$380,349	<i>Technical assistance and direction for the Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#16490</i>
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC \$270,982	<i>Technical assistance and direction for the Dementia Care and Respite Services Program (for 1 year). ID#15686</i>



RESEARCH

Alpha Center for Health Planning, Inc. Washington, DC \$278,596	<i>Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (for 1 year). ID#16474</i>
American Baptist Homes of the West, Inc. Oakland, CA \$26,500	<i>Feasibility study of supportive housing benefit in long-term care insurance (for 1 year). ID#15009</i>
Baystate Medical Education and Research Foundation, Inc. Springfield, MA \$52,621	<i>Technical assistance for Research and Development to Improve Long-Term and Ambulatory Care Quality (for 1 year). ID#16469</i>
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, MA \$140,438 and \$81,000	<i>Evaluation of the Mental Health Services Program for Youth—Phase II (for 6 months). ID#17015</i> <i>Study of health service needs among developmentally disabled adults (for 11 months). ID#16478</i>
University of California at Berkeley San Francisco, CA \$49,994	<i>Study of women physicians at their career peak (for 1 year). ID#15981</i>
University of California, San Francisco, Institute for Health and Aging San Francisco, CA \$141,683	<i>Evaluation of Improving Service Systems for People with Disabilities (for 1 year). ID#14762</i>
Program on the Care of Critically Ill Hospitalized Adults	<i>National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated). ID#10559</i>
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

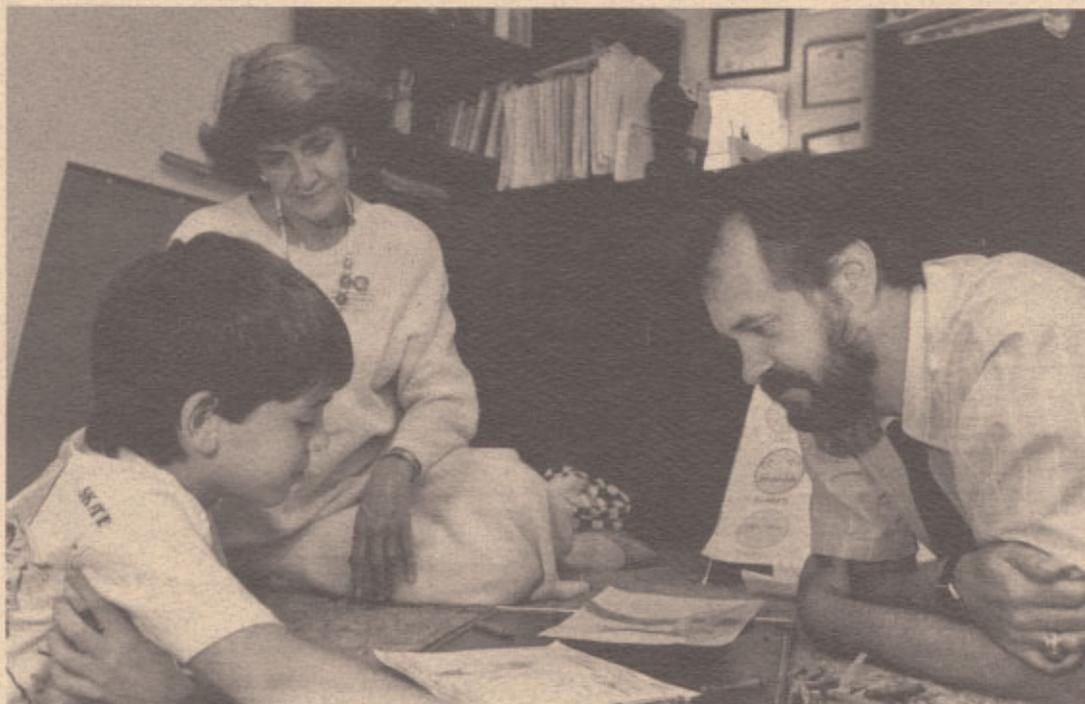
Analysis of state policies affecting transition to work by the disabled (for 1 year). ID#16928

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

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



EDUCATION AND TRAINING

American Academy of Pediatrics Elk Grove Village, IL \$47,018	<i>International conference to compare child health care systems (for 6 months). ID#16209</i>
American Board of Pediatrics Chapel Hill, NC \$9,960	<i>Conference on early entry into graduate medical education (for 7 months). ID#17424</i>
American Medical Student Association Foundation Reston, VA \$24,840	<i>Conference on recruiting physicians for underserved communities (for 11 months). ID#16357</i>
Association of American Medical Colleges Washington, DC \$26,195 and \$42,887	<i>Conference on historically black medical schools (for 6 months). ID#15979</i> <i>Publication of information on minorities in medical education (for 4 years). ID#16495</i>
Brigham and Women's Hospital, Inc. Boston, MA \$45,000	<i>Leadership development award for primary physicians in underserved areas (for 1 year). ID#17783</i>
California Health Decisions Orange, CA \$87,559	<i>Project to encourage use of Durable Power of Attorney for Health Care (for 2 years). ID#16415</i>
Children's Defense Fund Washington, DC \$302,284	<i>Improving child health and developmental services for low-income families (for 2 years). ID#16933</i>
Christian Community Health Fellowship, Inc. Philadelphia, PA \$20,000	<i>Health careers development program in high-need communities (for 2 years). ID#16027</i>
Clinical Nurse Scholars Program	<i>Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 1 year). ID#7514</i>
University of California, San Francisco, School of Nursing San Francisco, CA \$152,400	University of Rochester, School of Nursing Rochester, NY \$151,200
The University of Pennsylvania, School of Nursing Philadelphia, PA \$156,000	
Clinical Scholars Program	<i>Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years). ID#5109</i>
University of California, Los Angeles, School of Medicine Los Angeles, CA \$213,480	The University of Pennsylvania, School of Medicine Philadelphia, PA \$456,112
University of California, San Francisco, School of Medicine San Francisco, CA \$192,112	Stanford University, School of Medicine Stanford, CA \$207,925
University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, NC \$371,436	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

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

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

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

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

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

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

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

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

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

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

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

Harvard Medical School
Boston, MA
\$55,575

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

University of Michigan Medical School
Ann Arbor, MI
\$51,279

Georgetown University, School of Medicine
Washington, DC
\$54,765

**Michigan State University,
College of Osteopathic Medicine**
East Lansing, MI
\$57,870

Health Resources and Services Administration Rockville, MD \$10,000	<i>Funding for Second HRSA Primary Care Conference (for 1 month). ID#16800</i>
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$307,985	<i>Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 1 year). ID#15939</i>
The Johns Hopkins University, School of Medicine Baltimore, MD \$4,858	<i>Plan for conferences on historical dimensions of health policy issues (for 4 months). ID#16592</i>
University of Michigan Medical School Ann Arbor, MI \$77,077	<i>Technical assistance for Preparing Physicians for the Future: A Program in Medical Education (for 1 year). ID#16611</i>
Minority Medical Faculty Development Program	<i>Four-year program to provide two-year, biomedical, postdoctoral research fellowships (for the periods indicated). ID#7854</i>
Baylor College of Medicine Houston, TX (2 years) \$152,411	The Johns Hopkins University, School of Medicine Baltimore, MD (2.5 years) \$304,979
Beth Israel Hospital Association Boston, MA (2 years) \$163,006	Stanford University, School of Medicine Stanford, CA (2 years) \$152,456
Brigham and Women's Hospital, Inc. Boston, MA (2 years) \$163,006	Vanderbilt University, School of Medicine Nashville, TN (2 years) \$151,960
University of Colorado Health Sciences Center Denver, CO (2.5 years) \$320,293	University of Washington, School of Medicine Seattle, WA (2.5 years) \$305,000
Cornell University Medical College New York, NY (21 months) \$133,479	Washington University, School of Medicine St. Louis, MO (2 years) \$152,498
Foundation for Advanced Education in the Sciences, Inc. Bethesda, MD (32 months) \$325,288	Yale University, School of Medicine New Haven, CT (2 years) \$156,102
Harvard Medical School Boston, MA (2 years) \$151,900	
The Morehouse School of Medicine, Inc. Atlanta, GA \$49,904	<i>Developing new clinical training options (for 1 year). ID#15985</i>

<p>National Academy of Sciences— Institute of Medicine Washington, DC \$50,000 and \$300,000 and \$34,700</p>	<p><i>Support for distinguished scholar program (for 1 year). ID#16766</i></p> <p><i>Technical assistance and direction for the Health Policy Fellowships Program (for 1 year). ID#15683</i></p> <p><i>Robert Wood Johnson Health Policy Fellows: Workshop on Priority Issues (for 3 months). ID#16619</i></p>
<p>National Leadership Coalition on AIDS Washington, DC \$28,250</p>	<p><i>Corporate leadership conference on AIDS (for 3 months). ID#16494</i></p>
<p>The New York Academy of Medicine New York, NY \$21,238</p>	<p><i>Symposium for premed advisors on medical school admission procedures (for 1 year). ID#17074</i></p>
<p>University of North Carolina at Chapel Hill, Health Services Research Center Chapel Hill, NC \$66,287</p>	<p><i>Dental Services Research Scholars Communications Network (for 3 years). ID#16443</i></p>
<p>Nursing Services Manpower Development Program</p>	<p><i>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</i></p>
<p>Health Research, Inc. Albany, NY (2 years) \$359,835</p>	<p>Nursing Recruitment Coalition Pittsburgh, PA (4 years) \$480,013</p>
<p>University of Illinois—Chicago, College of Nursing Chicago, IL (4 years) \$380,773</p>	<p>Ohlone College Fremont, CA (4 years) \$406,520</p>
<p>Iowa Lakes Community College Estherville, IA (4 years) \$296,561</p>	<p>Texas Woman's University College of Nursing Denton, TX (3 years) \$398,067</p>
<p>The Methodist Hospitals, Inc. Gary, IN (4 years) \$512,633</p>	
<p>University of Oklahoma Health Sciences Center Oklahoma City, OK \$221,234</p>	<p><i>Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#15943</i></p>
<p>Preparing Physicians for the Future: A Program in Medical Education</p>	<p><i>Support for medical schools to improve the basic science education and clinical training of medical students (for 1.5 years). ID#15397</i></p>
<p>Brown University, Program in Medicine Providence, RI \$150,000</p>	<p>Columbia University, College of Physicians and Surgeons New York, NY \$149,192</p>
<p>Case Western Reserve University, School of Medicine Cleveland, OH \$149,998</p>	<p>University of Hawaii, John A. Burns School of Medicine Honolulu, HI \$147,735</p>
<p>University of Chicago, The Pritzker School of Medicine Chicago, IL \$149,728</p>	<p>The Johns Hopkins University, School of Medicine Baltimore, MD \$149,971</p>

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	<u>\$76,760,186</u>

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.

Books

Andrulis, Dennis P. *Crisis at the Front Line: The Effects of AIDS on Public Hospitals*. New York: Twentieth Century Fund-Priority Press Publications, 1989.

Sparacino, Patricia S., Diane Cooper and Pamela Minarik (eds.). *The Clinical Nurse Specialist: Implementation and Impact*. Norwalk, Connecticut: Appleton & Lange, 1990.

Wasik, B., D. Bryant and C. Lyons. *Home Visiting: Procedures for Helping Families*. Newbury Park, California: Sage Publications, 1990.

Book Chapters

Bell, Virginia. "Tapping an Unlimited Resource: Building Volunteer Programs for Patients and Their Families." *Dementia Care: Patient, Family, and Community*. Edited by Nancy L. Mace. Baltimore: Johns Hopkins University Press, 1990.

Freeman, Howard E., et al. "Americans Report on Their Access to Health Care." *The Nation's Health*. Third edition. Edited by Philip R. Lee and Carroll L. Estes. Boston: James and Bartlett Publishers, 1990.

Jekel, J.F. "AIDS Update." *Health and Medical Horizons*, 1990. New York: Macmillan Publishing Company, 1990.

Levine, Carol. "In and Out of the Hospital." *AIDS and the Health Care System*. Edited by Lawrence O. Gostin. New Haven, Connecticut: Yale University Press, 1990.

Lochner, Charles W. "Being Fully Present" and "Journeying Side by Side." *Being Human in the Face of Death*. Edited by Deborah Roth and Emily LeVier. Santa Monica, California: IBS Press, 1990.

Miller, Y.E. and S.M. Aguayo. "Pulmonary Cavities." *Pulmonary Grand Rounds*. Edited by M.I. Schwarz. Philadelphia: B.C. Decker, Inc., 1990.

O'Sullivan, A., D. Schwartz and J. Brooks-Gunn. "Adolescents: Improving Life Chances." *Nursing and Health Policy: Issues of the 1990s*. Edited by Linda H. Aiken and Claire M. Fagin. New York: J.B. Lippincott Company, 1990.

Rubin, David H. "Computer-Assisted Learning and Disability Reduction for Children with Chronic Disease." *Issues for Children with Chronic Illness*. Edited by R.E.K. Stein. New York: Springer Publishing Company, 1989.

Segal, S.P. and P. Kotler. "Residential Care as a Needed Resource." *Handbook on Mental Health Policy in the United States*. Edited by D.A. Rochefort. Westport, Connecticut: Greenwood Press, Inc., 1989.

Sherrill, Kimberly A. and Burton V. Reifler. "Alzheimer's Disease: A Treatment Overview." *Alzheimer's and Parkinson's Disease: Proceedings of the Third National Conference of Alzheimer's Disease*. Edited by H.J. Altman. New York: Plenum Publishing Corporation, 1990.

Thomas, Lisa. "Alcoholism and Substance Abuse." *The Homeless and Health Care: A Nationwide Experience*. Edited by Philip W. Brickner. New York: Springer Publishing Company, 1990.

Tonges, M.C. "ProACT: The Professionally Advanced Care Team Model." *Patient Care Delivery Models*. Edited by G. Mayer, M.J. Madden and E. Lawrenz. Rockville, Maryland: Aspen Publishers, Inc., 1990.

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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.



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
	<u>\$2,914,183</u>	<u>\$2,608,347</u>
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
	<u>161,892</u>	<u>169,649</u>
Total liabilities	161,892	169,649
Foundation principal	<u>2,752,291</u>	<u>2,438,698</u>
	<u>\$2,914,183</u>	<u>\$2,608,347</u>

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

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:

<u>Year Grant Authorized</u>	<u>Amount Unpaid At December 31, 1990 (Dollars in Thousands)</u>
1986	\$ 1,241
1987	3,977
1988	18,148
1989	34,318
1990	54,210
	<u>\$111,894</u>

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)

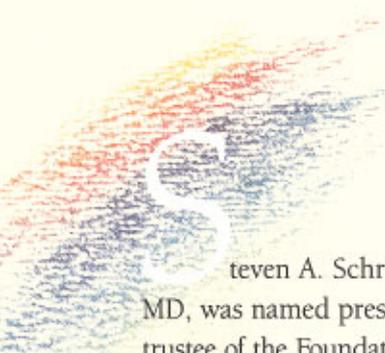
3. *Investments*: The cost and market values of the investments are summarized as follows (dollars in thousands):

	1990		1989	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
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
	<u>\$1,243,850</u>	<u>\$2,871,563</u>	<u>\$1,073,264</u>	<u>\$2,575,431</u>

The net realized gains (losses) on sales of securities for the years ended December 31, 1990 and 1989 were as follows (dollars in thousands):

	<u>1990</u>	<u>1989</u>
Johnson & Johnson common stock	\$181,811	\$ 78,078
Other securities, net	(14,863)	31,146
	<u>\$166,948</u>	<u>\$109,224</u>

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

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Staff changes

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.

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. Barrant; 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.

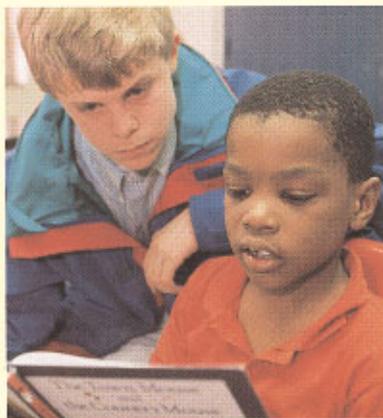
During 1990, four staff members announced their plans to leave the Foundation.

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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Sharon Krauss
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Kim Lavan
Bess Lee
Patrice Leinheiser

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Peggy Lucas
Deborah Malloy
Stacey Malmos
Margaret Mangano
Linda Manning
Awilda Marquez
Barbara McCourt
Diane Montagne
Carolyn Natalicchio
Joy Neath
JoAnn O'Dwyer
Lisa Olszewski
Janice Opalski
Julia Painter
Katherine Parker
Jody Poet
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Linda Potts
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Carolyn Scholer
Susan Sciora
Anne Scoff
Dolores Slayton
Debra Soroka
Frances Sucharow
Renee Tomasko
Barbara Tretola
Heidi Tucci
Jill Ubry
Joyce Warren
Mary Jane Washawanny
Jeanette Wattley
Ellen Wawczak
Sheila Weeks-Brown
Susan Weidner
Sara Wilkinson

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:

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Proposal Manager
The Robert Wood Johnson
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Post Office Box 2316
Princeton, New Jersey
08543-2316.



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