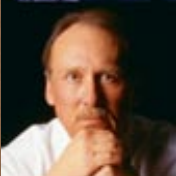


The Robert Wood Johnson Foundation
Annual Report 1999

Americans Without Health Insurance: Myths and Realities



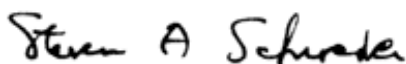
The President's Message

The American Paradox: Lack of health insurance in a land of plenty

Fourth, major organizations with a stake in the health insurance debate should declare what their preferred options are. These options could then be debated and assessed, with the goal of identifying common ground. Achieving a broad consensus for a particular proposal, such as developed around CHIP, would greatly improve its chances for implementation. Accepting the status quo, though a possible response, would be an embarrassing public posture for most. In pursuit of consensus, in January 2000 we supported a conference at which groups as diverse as Families USA, the Health Insurance Association of America, the American Medical Association, and the Service Employees International Union presented and discussed their own proposals to tackle the problems of the uninsured.

The various arguments that I have summarized are powerful, and even if we could as a nation agree that something should be done, deciding what to do what services to cover, who to cover, and how to pay for it presents huge obstacles. There are those who say that we should accept the number of uninsured and move on to strengthening the safety net that provides charity care. This troubles me on two grounds. First, it is by no means certain that the safety net can withstand the next economic downturn. And frankly, it is morally offensive that the world's richest nation is willing to consign so many to hand-me-down medical care. If we will not use a small portion of our vast wealth to make sure that our citizens can get the health care they need, then as a nation, we will have failed in a very basic way.

The path to expanding health insurance coverage will be bumpy. However, I remain an optimist. Our continued prosperity provides a budget cushion that could be used to cover more people. Public interest and support for expanded insurance coverage is reviving. The consensus that secured the passage of CHIP may be rebuilt for other expansions. And, most important, the moral case for assuring basic health care to everyone is so strong and so just that it should sustain these efforts.



Steven A. Schroeder, MD



Syed M. Ahmed, MD, DrPH
Dayton, Ohio

Every single day, I see patients who put off getting care for a long time because they can't afford it. We diagnose many, many cases of chronic health conditions, such as hypertension and diabetes. Many patients didn't know they had these conditions because they hadn't been to a doctor in so long. And others knew they had it, but they couldn't afford to buy medications, so they ignored it.

As a physician I know when a medical condition is ignored, it is definitely going to be magnified in the future. Complications develop, and they are harder to treat. So a condition that could have been managed develops into something much more serious, something more difficult and more expensive to treat.

I wish people who say the uninsured

President and CEO

1. Schroeder, S. The Medically Uninsured Will They Always Be With Us? *The New England Journal of Medicine*, 334: 1130-33, 1996.
2. Blendon R., et al. Report on Public Attitudes Towards Access to Health Care, Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, April 1999. Unpublished.
3. American College of Physicians-American Society of Internal Medicine. No Health Insurance?: It s enough to make you sick. Philadelphia, PA: American College of Physicians-American Society of Internal Medicine, 2000, White Paper.
4. Cunningham, P., et al. Managed Care and Physicians Provision of Charity Care, *The Journal of the American Medical Association*, 281 (12): 1087-92, 1999.
5. US Census Bureau. Current Population Survey, March 1999.
6. Schroeder, p.1130-33.
7. US Census Bureau.
8. Pew Research Center for the People & the Press [Online]. Available at www.people-press.org.



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issue isn t a serious problem would come to the clinic and spend one evening talking to the patients. I see this day in and day out. I know for a fact that people without insurance do not get the care they need. Ignoring an illness never cures one, just like ignoring this uninsured issue will never cure it.

Syed M. Ahmed, MD, DrPH, is a family physician and vice chair for research, Department of Family Medicine, Wright State University. He runs Reach Out of Montgomery County (Ohio), a grantee under Reach Out: Physicians Initiative to Expand Care to the Underserved.

1999 Goals Update

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Access

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

In 1999, the Foundation began to focus its efforts to improve access to care on three strategies: expand coverage for children and the working uninsured; reduce the difficulty the uninsured and other vulnerable populations have getting care; and help those with health insurance keep it.

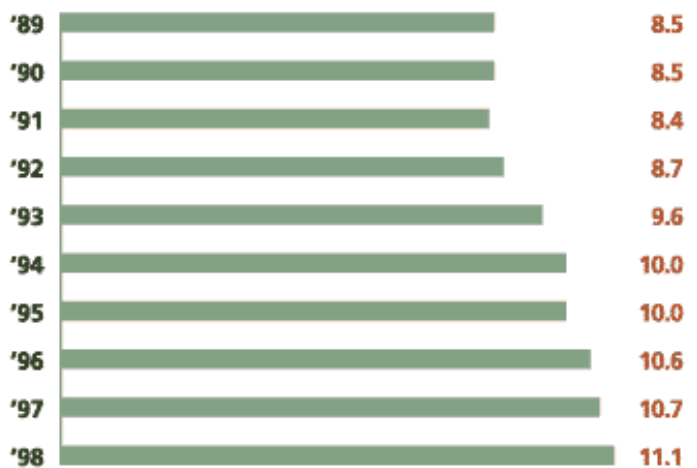
Decreasing the number of children without health insurance has proven harder than generally anticipated. The year saw grants awarded to 49 states and the District of Columbia under the *Covering Kids* program. The program is designed to help states and local communities identify and enroll eligible children in public and private coverage programs (including new opportunities made possible by the federal government's State Children's Health Insurance Program) and to reduce administrative barriers to their enrollment. Nevertheless, as discussed in the President's Message, the number of children without insurance continues to rise despite the efforts of the Foundation, its grantees, and many others.

In an effort to help interested states increase the number of their citizens with health insurance coverage, the Foundation renewed and refocused its *State Initiatives in Health Care Reform* program, run by the Alpha Center for Health Planning, Washington, DC. The new three-year, \$6.7-million program is now called *State Coverage Initiatives*, and is providing states with a variety of products, consulting services, and other resources to help them expand coverage.

Also approved in 1999 was a package of communications projects designed to enhance and sustain expanding health insurance coverage as a priority issue for the nation. These included a grant of \$497,555 to the Alliance for Health Reform, Washington, DC, to help educate the media on coverage issues; and \$110,000 to Greer, Margolis, Mitchell, Burns and Associates, Inc., Washington, DC, to develop clear messages for coverage issues.

FACTS

Number of Children Under age 18 without Health Insurance (in millions)



Source: Health Insurance Coverage Status and Type of Coverage—Children Under 18 by Age: 1987 to 1998. In *US Census Bureau [Online]*. Available: www.census.gov/hhes/hithins/historic/hihist3.html [2000, January 7].

Millions of Americans receive health care services in the safety net, an informal network of institutions and providers. To better understand the way the safety net functions, the Foundation awarded two related grants: one for \$354,475 to the New York University, Robert F. Wagner Graduate School of Public Service, New York City, to identify factors that can improve access for uninsured patients and other vulnerable populations, and another for \$256,359 to the University of California, Los Angeles, Center for Health Policy Research to assess the effects of public policy, the health care market, and other factors on access to care for the uninsured and other underserved populations.

Workers between the ages of 45 and 70 are at higher risk for events that could disrupt their connection to the work force and their health insurance coverage such as chronic health conditions, disability, involuntary job loss, widowhood, and caregiving responsibilities for an aging parent. To better understand the complex system for providing continued health care coverage and wage replacement to people who lose their connection to work, the Foundation awarded \$750,000 to the National Academy of Social Insurance, Washington, DC, to conduct cross-cutting analyses on the interrelationships among health, disability and unemployment insurance, Medicare, Medicaid, and pensions.

The Balanced Budget Act of 1997 (BBA) mandated significant changes to Medicare, one of the most important coverage programs in the nation. One provision, Medicare+Choice, dramatically expanded the options available to Medicare enrollees. Research has shown that many beneficiaries have trouble understanding the expanded options. To better understand how people are responding to the early implementation of the changes, the Foundation provided \$1.9 million to Mathematica Policy Research, Inc., Washington, DC.

While the BBA made some immediate changes, the long-term restructuring of Medicare continues to occupy a central place on the agenda of federal policymakers. In order to help Medicare continue to meet the needs of beneficiaries, the Foundation provided a \$1.2-million grant to the National Academy of Social Insurance to conduct analyses and communications activities advancing decision-makers understanding of the policies and infrastructure needed to make various models of Medicare restructuring work.

In the future, the Foundation expects to continue its efforts to raise awareness, disseminate information, and mobilize support for coverage expansion and retention, particularly on behalf of children. This work will include additional communications activities, analytic activities focusing on the future of health insurance coverage, and support for targeted innovations and demonstration projects. At the same time, efforts to secure and improve care for the underserved will continue. Taken together, this work will help advance the goal of assuring access to care for all Americans at a reasonable cost.



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1999 Goals Update

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Chronic Health Conditions

To improve care and support for people with chronic health conditions.

As we enter the 21st century, the life span of Americans continues to lengthen. Many elderly people living with chronic health conditions that come with advancing age now need additional help, care, and support. By 2030, estimates are that 150 million Americans will be living and coping with chronic illness. Our nation must prepare for these significant needs.

An important effort for the Foundation is to build awareness of this problem and stimulate solutions. To that end, the *Research and Communications Initiative on Meeting the Needs of Those with Chronic Conditions in the 21st Century* was authorized at \$7 million for three years. Under the initiative, The Johns Hopkins University School of Hygiene and Public Health, Baltimore, will conduct research and analysis on a range of issues and possible solutions. The researchers will be linked with a communications firm, charged with disseminating results and building support for action.

The Foundation's continued commitment to supportive services for chronically ill people is evident in the authorization of \$50.5 million for a second round of *Faith in Action*[®]. The program supports local coalitions deploying volunteers to provide daily living assistance to fellow community members with chronic illnesses and disabilities. Since 1993, Faith in Action has supported the start-up of 1,100 local coalitions with 50,000 volunteers nationally, and the goal for this renewal is to increase the number of coalitions to 3,000.

High-quality supportive services help people with chronic conditions stay in their communities. In 1999, the Foundation renewed *Coming Home*[®]: *Affordable Assisted Living*, a national program in partnership with the NCB Development Corporation. The program provides grant support, technical assistance, and loan funds to states to create affordable models of assisted living especially in smaller and rural communities aimed at low-income seniors and linked with existing community health systems.

FACTS

Estimated Average Annual Number of Persons with Self-Reported Asthma (in millions)



Note: Each bar, excluding 1998, represents the number of cases per year, averaged over three years. Three-year averages are used to improve the reliability of the data.

Sources: 1981-1994: *Surveillance for Asthma—United States, 1960-1995*. Morbidity and Mortality Weekly Report, 47(SS-1) 1-28 [Online]. Available: www.cdc.gov/epo/mmwr/preview/mmwrhtml/00052262.htm [1998, October 10]. 1998: *Forecasted State-Specific Estimates of Self-Reported Asthma Prevalence—United States, 1998*. Morbidity and Mortality Weekly Report, 47(47) 1022-1025 [Online]. Available: www.cdc.gov/epo/mmwr/preview/mmwrhtml/00055803.htm [1998, December 3].

The number of people who suffer from asthma has risen sharply since 1980. Now, over 17 million Americans including five million children suffer from asthma. To help tackle this common chronic illness, the Foundation approved two new programs in 1999. Based at the University of Michigan School of Public Health, Ann Arbor, *Allies Against Asthma* is a \$12.5-million multi-site community-based demonstration program to improve efforts to control pediatric asthma.

Managing Pediatric Asthma: Improving Clinical Care in Vulnerable Populations was authorized for \$9.75 million to improve children's health, while reducing emergency room visits, hospital admissions, and costs of care of poorly managed cases. Four separate projects make up this program, including *Improving Asthma Care for Children*, a demonstration program of clinical care delivery models, based at the Center for Health Care Strategies, Princeton, New Jersey; and *The Emergency Room Demonstration Program*, based at the American Academy of Allergy, Asthma, and Immunology, Milwaukee, Wisconsin.

A number of public education initiatives were funded to inform the public about the personal, social, and economic impact of chronic health conditions. These include a \$225,034 award to Louis Harris & Associates for public opinion surveys to assess the public's current knowledge about the issues; a \$442,316 award to the University of Pennsylvania to analyze news coverage for key Foundation concerns, including

chronic illnesses; and two awards for projects to improve the depiction of end-of-life issues in television and film.

Barksdale Ballard & Company, Vienna, Virginia, and Population Communications International, Inc., New York City, were each funded to work with Hollywood and New York-based writers, producers, and directors on end-of-life issues. Using an episode of the television show *ER* as a springboard, *Last Acts*[®], our end-of-life communications campaign, launched a promotional effort to stimulate public interest in discussing end-of-life issues.

Foundation efforts to improve the care that Americans receive at the end of life seek to encourage best practices in palliative care. Mount Sinai School of Medicine, New York City, was awarded a grant to develop an inventory of hospital-based palliative care programs. Additionally, it will implement *Improving Hospital-Based Palliative Care*, a new \$4.7-million program to establish a national resource center to help advance the practice of hospital-based

palliative care.

Chronic care issues continue to present a tremendous challenge to Americans, and the Foundation's commitment to people with chronic conditions has not wavered. In 2000, our work will include attempts to improve clinical care by reducing the gap between what is known and what is practiced in the treatment of chronic illnesses. Additional work includes improving supportive services to help people with chronic conditions remain in their communities and efforts to increase the number of Americans who receive high-quality care at the end of life.



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FACTS

Average Number of Deaths with Asthma as the Underlying Cause of Death

1981-1983		3,255
1984-1986		3,800
1987-1989		4,609
1990-1992		4,693
1993-1995		5,429

Note: Each bar represents the number of deaths per year, averaged over three years. Three-year averages are used to improve the reliability of the data.

Source: *Surveillance for Asthma—United States, 1960-1995*. *Morbidity and Mortality Weekly Report*, 47(SS-1); 1-28 [Online]. Available: <ftp.cdc.gov/pub/Publications/mmrw/SS/SS4701.pdf> 1998, October 10].

1999 Goals Update

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Substance Abuse

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

In 1999, the Foundation continued to emphasize efforts to advance the treatment and prevention of substance abuse, and to promote the problems of alcohol abuse and tobacco and illegal drug use as requiring focused, national attention.

The year saw states debating how to spend their portion of the \$246 billion settlement from US tobacco companies to recover the health costs of tobacco-caused diseases. Recent data show that smoking rates among eighth and tenth graders were higher last year than in 1991, even considering gradual declines since 1997. In many states, however, getting settlement dollars dedicated to tobacco prevention and treatment is a significant political challenge. In this environment, the Foundation renewed its support for *The National Center for Tobacco-Free Kids* for \$50 million. As part of its programming, The Center is providing communications support to state public/private coalitions to educate the public and stimulate discussion on the need to use settlement dollars for tobacco prevention and treatment.

Also on the national front, the federal government's anti-drug advertising and communications campaign to *unsell* drugs to kids continued in 1999. To support these efforts, the Foundation awarded a \$15-million renewal to The Partnership for a Drug-Free America to augment the federal campaign with state media activities and advice on national advertising strategies. A \$15-million renewal was authorized for The National Center on Addiction and Substance Abuse at Columbia University, New York City, for ongoing research and communications aimed at raising national awareness of and response to substance abuse issues.

To help address the problem of underage drinking, the Foundation provided a \$609,883 grant to enlist support of

FACTS

Trends in 30-Day Prevalence of Cigarette Use by 8th and 10th Graders

Percent who used in last 30 days

8th Grade



10th Grade



Source: *Cigarette Trends in 30-Day Prevalence of Use by Subgroups for 8th and 10th Graders*. In *Monitoring the Future: A Continuing Study of American Youth [Online]*. Available:

the spouses of state governors. Because of their visibility and influence, governors' spouses have been successful in raising awareness and understanding of other health issues such as breast cancer, mental health, and family violence.

Subgroups for 8th and 10th Graders. In Monitoring the Future: A Continuing Study of American Youth [Online]. Available: monitoringthefuture.org/data/99data/pr99cig2.pdf [1999, December 17].

The program, Leadership to Keep Children Alcohol Free, is also working in partnership with the National Institute on Alcohol Abuse and Alcoholism, the Office of Research on Women's Health, and the Office of Research on Minority Health.

We are learning much from research showing that youth who report close emotional ties with their families and parents are less likely to use tobacco, alcohol, or illegal drugs. Fueled by these findings, the Foundation awarded The Public Relations Society of America Foundation, Inc. (PRSA) \$2.6 million for a workplace program to motivate and prepare parents to discuss substance abuse issues regularly with their children. By tapping the expertise of the PRSA, the nation's premier national public relations organization, this five-site project will benefit from the experts who know how to market to and motivate audiences.

Portraits of popular culture in television, movies, music, and interactive media powerfully influence our ideas, attitudes, and decisions about health, including substance use and abuse. Under a \$3.5-million renewal, the Entertainment Industries Council will continue to work with producers, writers, directors, and distributors for more accurate portrayals of substance abuse and addiction. A cornerstone of the program is the Prism Awards presented annually to recognize outstanding entertainment programs and products that depict substance abuse accurately.

The demand for substance abuse treatment has outstripped community capacity to provide these services. To help address these gaps and to engender new community responses to the problem for adolescents, the Foundation has authorized \$21 million for *Youth Intervention Networks*, a new national program to forge partnerships between juvenile justice and treatment providers at the community level. Through technical assistance, leadership training, and monitoring of program effectiveness, it is hoped that the juvenile justice system will be transformed from a last stop to a new beginning for youth in need of treatment.

The Foundation continued its efforts to help translate the science of substance use and abuse into policies and everyday practice. Building on its *Substance Abuse Policy Research Program*, the Foundation is collaborating with the National Cancer Institute (NCI) and the National Institute on Drug Abuse (NIDA) in creating *Transdisciplinary Tobacco Use Research Centers* to study new ways to combat tobacco use and dependence. The five-year, \$14-million project is designed to accelerate the real-world application of research findings, in part by improving the links between researchers, program and policy developers, and implementers.

The new century brings opportunity and challenge for the prevention and treatment of substance abuse. In response, the Foundation will rigorously harness new technologies to inform and empower people, adopt strategies and disciplines used by innovators in business, science, and public health, and strengthen efforts to measure program effectiveness. All will be needed to address the complexities and consequences of substance abuse in the new millennium.



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Foundation Update

HEALTH

[Tobacco](#)[Alcohol and Illegal Drugs](#)[Health and Behavior](#)[Community Health](#)[Population-based Health Sciences
and Policy](#)

HEALTH CARE

[Coverage](#)[Priority Populations](#)[Clinical Care Management](#)[End-of-life Care](#)[Information](#)[Supportive Services](#)

In an effort to achieve greater impact and adapt to the growth of our endowment, The Robert Wood Johnson Foundation has reorganized its programming operations and is in the process of developing more targeted programming goals and strategies. The Foundation continues in pursuit of its mission to improve the health and health care of all Americans, and the three goals discussed on the preceding pages. Now, programming is organized into a group focused on improving health and a group focused on improving health care. Within these groups, program work is being conducted by Program Management Teams that are addressing key areas within our mission. Each team is responsible for focusing on a specific goal and developing strategies to reach that goal.

The emphasis on goals is intended to provide Foundation staff and our Board of Trustees with a more concrete means to assess progress on the large problems we re addressing. Our Teams are still developing their goals and strategies, and we will report to you on their progress next year. Here is a list of the Program Management Teams and, put broadly, the intention of their work.

HEALTH DIVISION

Tobacco:

To decrease the number of Americans who use tobacco.

Alcohol and Illegal Drugs:

To reduce the negative health and social consequences to people from abuse of alcohol and illegal drugs.

Health and Behavior:

To increase the adoption of healthy behaviors, especially physical activity.

Community Health:

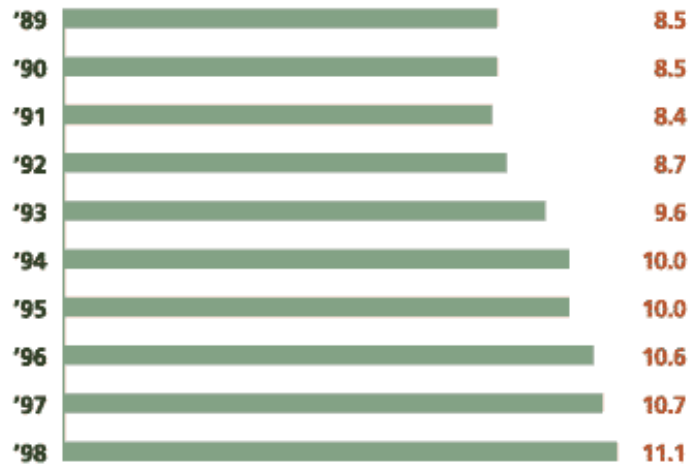
To address community and social factors that promote individual health.

Population-based Health Sciences and Policy:

To expand the base of knowledge and action to enhance population-wide health improvement.

FACTS

Number of Children Under age 18 without Health Insurance (in millions)



Source: Health Insurance Coverage Status and Type of Coverage—Children Under 18 by Age: 1987 to 1998. In US Census Bureau [Online]. Available: www.census.gov/hhes/hlthins/historic/hihist3.html [2000, January 7].

HEALTH CARE DIVISION

Coverage:

To increase the number of Americans with health insurance.

Priority Populations:

To improve access to health care for vulnerable populations with disparities in access.

Clinical Care Management:

To reduce the gap between what is known and what is practiced for people with chronic disease.

End-of-life Care:

To increase the number of people who receive high-quality care at the end of life.

Information:

To foster change by providing timely, accurate, and relevant information.

Supportive Services:

To help people with chronic health conditions stay in their communities by increasing access to high-quality supportive services.

While some of the Program Management Teams are working in areas of long-standing interest to the Foundation, other teams are developing new areas for the Foundation. A discussion of grants supporting work in areas of long-standing interest is included in the goals update; grants in 1999 supporting work consistent with the effort of the new Teams include:

- **Community Health:** A grant of \$4.9 million to Youth Sports Connection, San Francisco, in support of a broad-based community initiative to significantly expand youth participation in sports with an emphasis on connecting youth with caring adults and other developmental supports.
- **Health and Behavior:** Funding of \$284,882 to The Bicycle Federation, Washington, DC, to establish and operate an information clearing-house and support center to create physically-active communities.
- **Population-based Health Sciences and Policy:** Seven new states were awarded planning grants as part of *Turning Point: Collaborating for a New Century in Public Health*, a national program co-funded by the W.K. Kellogg Foundation. Turning Point is designed to strengthen the public health infrastructure. The new states join 14 other states and 41 local communities funded previously.
- **Information:** A renewal award of \$4.9 million to the University of California, Los Angeles, Center for Health Sciences, to continue tracking changes in the provision of alcohol, drug abuse, and mental health services and how these changes are affecting people in communities



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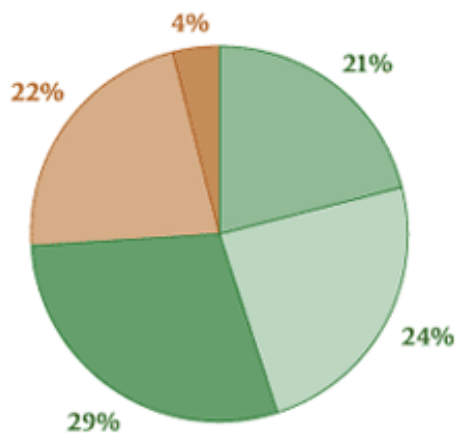
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Distribution of 1999 Funds

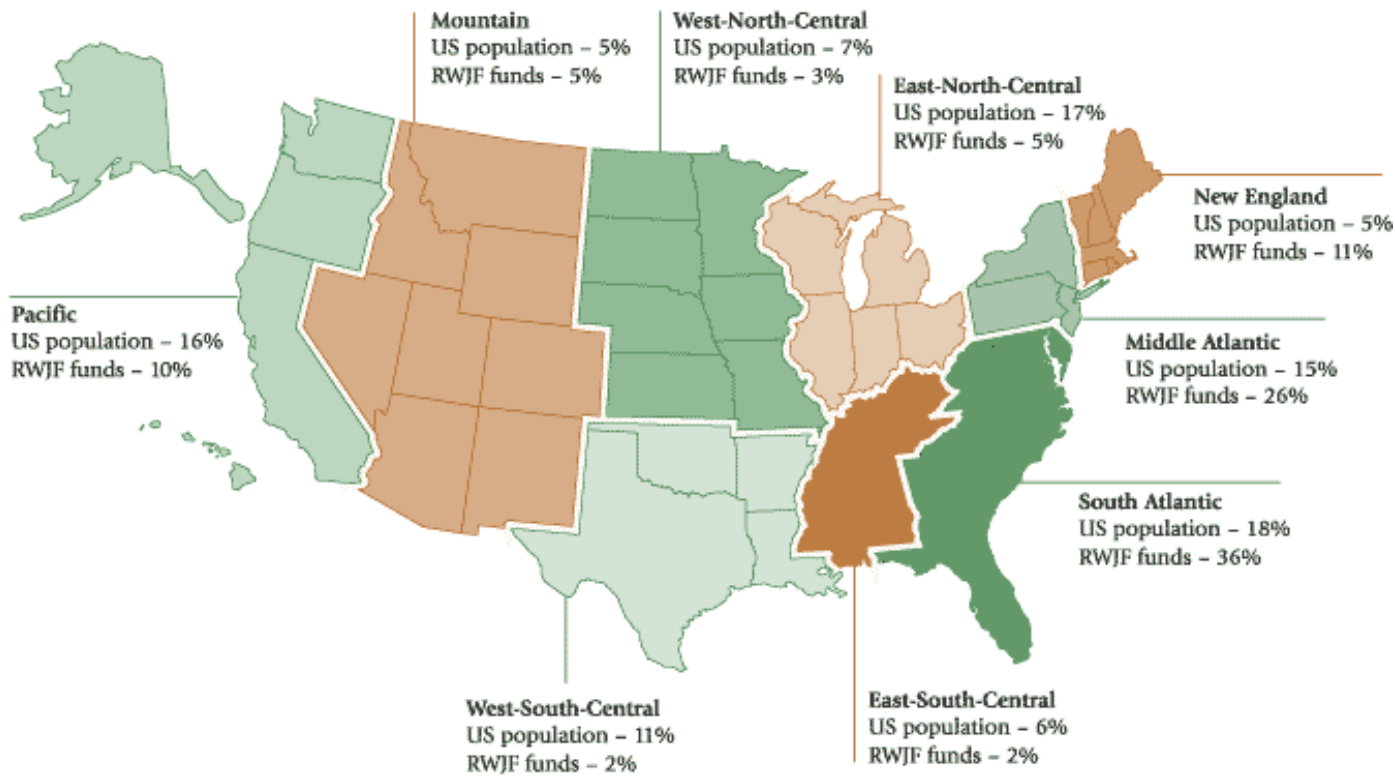
During 1999, the Foundation made 668 grants and 84 contracts, totaling \$420.74 million in support of programs and projects to improve health and health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows.

DISTRIBUTION OF 1999 AWARDS BY AREAS OF INTEREST (\$420.74 million)



- 21%** \$86.78 million for programs that assure that all Americans have access to basic health care at reasonable cost.
- 24%** \$98.96 million for programs that improve care and support for people with chronic health conditions.
- 29%** \$123.23 million for programs that promote health and reduce the personal, social, and economic harm caused by substance abuse, tobacco, alcohol, and illicit drugs.
- 22%** \$94.41 million for other health and health care programs, including our work force training programs and grants that are consistent with the foci of our new Program Management Teams.
- 4%** \$17.36 million for general philanthropy purposes addressing the Foundation's mission but outside its goal areas, primarily projects in the New Brunswick, New Jersey area where the Foundation originated.

1999 AWARDS BY GEOGRAPHICAL REGION (\$420.74 million)



*U.S. population taken from 2000 Census of Populations,
U.S. Department of Commerce, Bureau of Census, March, 2001.*



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Grants & Contracts

1999 Grants and Contracts

The summary of 1999 grants and contracts is grouped according to the Foundation's goal that they address: access, chronic health conditions, or substance abuse. An additional grouping, other health and health care, reflects many of our work force training programs and grants that are consistent with the foci of the new Program Management Teams. Projects addressing more than one goal are included under cross cutting. Projects addressing purposes outside the Foundation's goal areas are included under general philanthropy.

This summary includes 668 grants and 84 contracts initiated in 1999. Contracts are used to purchase a variety of services and products in direct support of the Foundation's grant programs and goals. In addition to the awards made in 1999, the Foundation continued to make payments on and monitor grants and contracts awarded in prior years. At any given time, the Foundation has some 2,300 active grants and contracts.

Total Grants and Contracts Awarded:

\$420,743,246



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Access

Grants and contracts authorized in the year ended December 31, 1999.

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

Elk Grove Village, IL

\$49,759—*Special edition of Pediatrics Supplement on the Community Access to Child Health (CATCH) program (for 1 year).*

ID#36245

\$20,400—*Bioethics seminar for childrens right to health care (for 1 year).* ID#37675**American Economic Association Inc.**

Nashville, TN

\$34,210—*Symposium on Medicare reform (for 6 months).* ID#37886**University of California, Los Angeles, Center for Health Policy Research**

Los Angeles, CA

\$256,359—*The Safety Net Assessment Project: Effects of public policy, the health care market, and social and economic factors on access to care for the uninsured (for 1 year).* ID#36499**Communities in Charge: Financing and Delivering Health Care to the Uninsured***Program to replicate a nationally recognized managed care program for low-income, uninsured, and underinsured persons in Hillsborough County, Florida, which operates as a community-wide safety net for a range of health and human services (for the periods indicated).***Alameda Health Consortium**

Oakland, CA

\$150,000—*(1 year).* ID#38269**City of Baltimore Department of Health**

Baltimore, MD

\$150,000—*(1 year).* ID#38274**Community Voices, Inc.**

El Paso, TX

\$150,000—*(1 year).* ID#38279**The Cooper Green Hospital Foundation, Inc.**

Birmingham, AL

\$149,683—(1 year). ID#38271

District of Columbia Primary Care Association

Washington, DC

\$150,000—(1 year). ID#38277

HIP of Spokane County

Spokane, WA

\$150,000—(1 year). ID#38278

Indigent Care Collaboration

Austin, TX

\$149,942—(1 year). ID#38280

Jackson Medical Mall Foundation

Jackson, MS

\$150,000—(1 year). ID#38283

Louisville and Jefferson County Health Department

Louisville, KY

\$150,000—(1 year). ID#38275

MaineHealth

Portland, ME

\$149,788—(1 year). ID#38272

Medcen Foundation, Inc.

Macon, GA

\$149,908—(1 year). ID#38267

The Medical Society of Sedgwick County

Wichita, KS

\$150,000—(1 year). ID#38276

Multnomah County Health Department

Portland, OR

\$150,000—(1 year). ID#38282

New Mexico Hospitals & Health Systems Association

Albuquerque, NM

\$150,000—(1 year). ID#38286

City of New York, Office of the Brooklyn Borough President

Brooklyn, NY

\$150,000—(1 year). ID#38291

Palmetto Health Alliance

Columbia, SC

\$149,929—(1 year). ID#38281

The Research Foundation of State University of New York (Buffalo)

Albany, NY

\$150,000—(1 year). ID#38289

St. Louis 2004 Corporation

St. Louis, MO

\$150,000—(1 year). ID#38284

San Mateo County Health Services

San Mateo, CA

\$149,837—(1 year). ID#38270

Shands Jacksonville Medical Center, Inc.

Jacksonville, FL

\$150,000—(1 year). ID#38268



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Access

Grants and contracts authorized in the year ended December 31, 1999.

GRANTS**Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children***Program to identify and enroll eligible low-income children into public and private coverage programs and to assure the continued enrollment of children as long as they remain eligible (for the periods indicated).***ABC for Health Incorporated**

Madison, WI

\$741,570—(3 years). ID#35757

University of Alabama

Tuscaloosa, AL

\$983,259—(3 years). ID#35735

Children s Defense Fund

St. Paul, MN

\$841,977—(3 years). ID#35752

The Community Foundation for the National Capital Region

Washington, DC

\$982,118—(3 years). ID#35756

Community Health Councils, Inc.

Los Angeles, CA

\$999,994—(3 years). ID#35739

State of Delaware Department of Health and Social Services, Division of Public Health

Dover, DE

\$859,915—(3 years). ID#35738

Great Basin Primary Care Association Inc.

Carson City, NV

\$855,000—(3 years). ID#35754

The Greater Kansas City Community Foundation

Kansas City, MO

\$902,280—(3 years). ID#35753

Hawaii State Primary Care Association

Honolulu, HI

\$981,429—(3 years). ID#35741

Health Research and Educational Trust of New Jersey

Princeton, NJ

\$999,994—(3 years). ID#35755

State of Indiana Office of the Governor

Indianapolis, IN

\$907,142—(3 years). ID#35736

State of Iowa Department of Public Health

Des Moines, IA

\$955,482—(3 years). ID#35737

State of Kansas Department of Social and Rehabilitation Services

Topeka, KS

\$791,521—(3 years). ID#35095

State of Louisiana Department of Health and Hospitals

New Orleans, LA

\$984,956—(3 years). ID#35740

The University of Maryland Foundation, Inc.

Baltimore, MD

\$752,280—(3 years). ID#35758

Michigan Public Health Institute

Okemos, MI

\$1,000,000—(3 years). ID#35588

Mississippi Forum on Children and Families Inc.

Jackson, MS

\$998,275—(3 years). ID#35592

Mountain States Group Inc.

Boise, ID

\$750,000—(3 years). ID#35734

State of New Hampshire Department of Health and Human Services

Concord, NH

\$753,465—(3 years). ID#35806

State of North Dakota, Children s Services Coordinating Committee

Bismarck, ND

\$669,963—(3 years). ID#36523

Ohio Commission on Minority Health

Columbus, OH

\$711,261—(3 years). ID#35805

Rhode Island KIDS COUNT, Inc.

Providence, RI

\$787,564—(3 years). ID#35743

South Carolina Hospital Research & Education Foundation Inc.

West Columbia, SC

\$825,950—(3 years). ID#36522

University of South Florida Research Foundation Inc.

Tampa, FL

\$1,000,000—(3 years). ID#35090

State of Utah, Utah Department of Health

Salt Lake City, UT

\$1,000,000—(3 years). ID#35745

Vermont Association of Hospitals and Health Systems Network Services Organization Inc.

Montpelier, VT

\$624,099—(3 years). ID#36525

Commonwealth of Virginia Department of Social Services

Richmond, VA

\$999,937—(3 years). ID#36631

Voices for Children in Nebraska

Omaha, NE

\$677,192—(3 years). ID#35742

State of Wyoming Department of Health

Cheyenne, WY

\$986,545—(3 years). ID#36734

Southern Institute on Children and Families Inc.

Columbia, SC

\$1,360,920—*Technical assistance and direction for Covering Kids (1 year)*. ID#36131

Aspira Association Inc.

Washington, DC

\$14,596—*Assessment of Latino parents awareness of health insurance benefits for low-income, uninsured children (3 months)*. ID#37076

University of Florida Research Foundation Inc.

Gainesville, FL

\$75,002—*Monitoring and evaluation technical assistance for states in the Covering Kids program (2 months)*. ID#37310



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GRANTS**Developing Local Infant Mortality Review Committees***Program to support six pilot sites for the establishment of fetal-infant mortality review committees (for the period indicated).***The American College of Obstetricians and Gynecologists**

Washington, DC

*\$49,606—Publication of a report on the success of ten communities with the fetal and infant mortality review process (1 year). ID#35952***Elijah s Promise Inc.**

New Brunswick, NJ

*\$86,902—On-site health and social service program (for 2 years). ID#36937***Esperanza Community Housing Corporation**

Los Angeles, CA

*\$50,000—Mobilizing trained community health promoters in a medically underserved community (for 1 year). ID#37474***Families USA Foundation Inc.**

Washington, DC

*\$268,100—Consumer Health Action 2000 Conference (for 6 months). ID#37706***Foundation of the University of Medicine and Dentistry of New Jersey**

Newark, NJ

*\$35,000—Financial study of the Eric B. Chandler Health Center (for 6 months). ID#36133***Georgetown University**

Washington, DC

*\$49,992—Study of the safety net health care system for indigent persons in Washington, DC (for 6 months). ID#37924***Harvard University School of Public Health**

Boston, MA

\$50,000—Developing policy analysis white papers on the uninsured (for 7 months). ID#37484

Healthy Kids Replication Program

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

Florida Healthy Kids Corporation

Tallahassee, FL

\$309,788—*Technical assistance and direction for the Healthy Kids Replication Program (9 months).* ID#33269

Healthy Mothers Healthy Babies Coalition Incorporated

Washington, DC

\$20,000—*Support for community health workers to attend a conference on maternal and child health (for 8 months).* ID#35810

Howard University

Washington, DC

\$5,000—*Awards recognizing Howard Hospitals pediatric department (for 6 months).* ID#37947

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

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

George Washington University

Washington, DC

\$525,490—*Technical assistance and direction for Making the Grade (1 year).* ID#34037

University of Maryland at College Park

College Park, MD

\$108,163—*Analysis of Latino childrens access to health care (for 9 months).* ID#37533



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The President's Message

The American Paradox: Lack of health insurance in a land of plenty



Steven A. Schroeder, MD
President and CEO

One of our nation's greatest achievements is our health care system. Its strengths abound. We enjoy abundant diagnostic and therapeutic medical technologies and have skilled specialists to employ them. We lead the world in developing new pharmaceutical approaches to manage disease. And our magnificent scientific and medical education systems are the envy of the

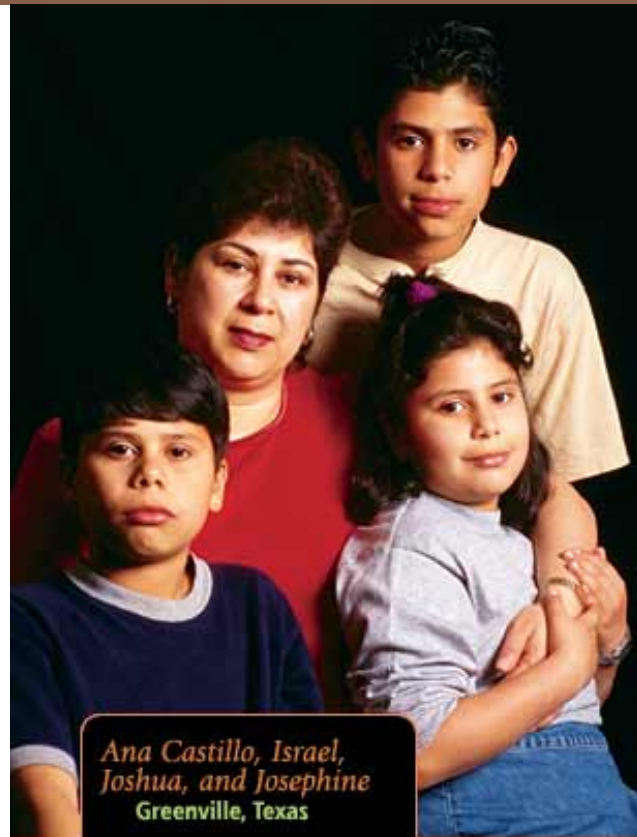
world.

Further, the United States has an enlightened public that keenly understands health care and seeks to make informed choices. We also engage in public activism on health issues. Notable examples include movements to battle breast cancer and HIV/AIDS, anti-smoking advocacy, and Mothers Against Drunk Driving.

This combination of state-of-the-art medical technology, innovative drugs, and an enlightened and activated public, has yielded impressive health status gains over the past two decades. Death rates from heart disease and stroke have plummeted, spurred by declines in smoking and improvements in medical care. Overall life expectancy has increased, infant mortality rates continue to decline, and deaths from motor vehicle accidents have fallen despite increased vehicular traffic.

Yet, much is left undone. Compared with people in other developed countries, we suffer much higher rates of violence, teenage pregnancy, drug addiction, and poverty which itself contributes to poor health status.

Another concern is the high cost of our medical care. Despite five years of medical cost containment, the United States still far exceeds all other nations in per capita health care spending. And the very strategy that has proved so effective in containing costs managed care has triggered an unprecedented backlash. Customers are angry and suspicious, and many health care workers are frustrated and disaffected an unappealing prospect for those who will be in their care. Furthermore, market forces unleashed by managed care are



*Ana Castillo, Israel,
Joshua, and Josephine
Greenville, Texas*

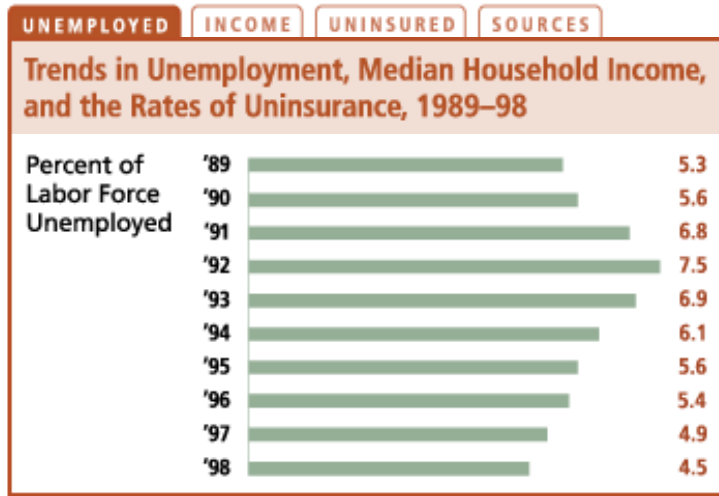
When you don't have health insurance, you live in constant fear. It's always, always in the back of your mind. You can't help thinking, If my children get sick, how will I pay for the medical care? It's an awful situation.

People might say Oh, just go to the emergency room, just go to the clinic. Yes, maybe they'll treat you. But if you don't have insurance, how are you going to pay the bill? How do you pay for the prescription they give you? Many times I would bring my kids to a clinic, and I could pay the \$10 fee, but I couldn't afford the prescription or the tests they ordered. There were many times my kids had to go without check-ups because I had no money.

When I finally got insurance for my kids, I rejoiced. I finally felt secure. I knew if something happened, I had that

eroding the commitment of many hospitals and physicians to provide care for the uninsured.

The uninsured! So many people lack health insurance in America that we have become numb to the problem. Given the unprecedented prosperity of the past decade, with rising incomes and record low unemployment rates,



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card in my hand, I could get medication for my children if they needed it.

It s such a feeling of relief, it s hard to describe.

Ana Castillo is an outreach worker at the Greenville Community Health Clinic, which participates in the Texas grant under Covering Kids: A National Access Initiative for Low-Income, Uninsured Children.

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GRANTS**Massachusetts Health Research Institute, Inc.**

Boston, MA

\$99,979—*An exploratory study of the development and implementation of hospital free-care policies (for 1 year).* ID#36938**University of Minnesota School of Public Health**

Minneapolis, MN

\$49,954—*Analyzing state data needs for monitoring the uninsured (for 8 months).* ID#37433**National Academy of Social Insurance**

Washington, DC

\$750,000—*Risks in the second half of work life: ensuring health and income security (for 3 years).* ID#36622**State of New Jersey Department of Health and Senior Services**

Trenton, NJ

\$50,000—*New Jersey Minority Health Summit (for 1 year).* ID#36032**New York University, Robert F. Wagner Graduate School of Public Service**

New York, NY

\$354,475—*The Safety Net Assessment Project: Identifying the factors that can improve access for uninsured patients and other vulnerable populations (for 1 year).* ID#36503**Reach Out®: Physicians Initiative to Expand Care to Underserved Americans***Program to challenge private physicians, working with health departments, hospitals, mid-level practitioners, state agencies, and others, to expand their role in the provision of care to the underserved in their communities (for the period indicated).***The Center for Health and Social Policy Inc.**

Pelham, NY

\$145,520—*Evaluation of Reach Out: Phase III (1 year).* ID#34942**Southern Rural Access Program***Program to increase access to health care services in eight rural underserved states (for the periods indicated).***Arkansas Enterprise Group**

Arkadelphia, AR

\$500,000—(3 years). ID#38123

University of Arkansas Foundation Inc.

Little Rock, AR

\$536,737—(15 months). ID#35761

Center for Rural Health Development Inc.

Charleston, WV

\$1,233,297—(2 years). ID#37776

Geisinger Clinic

Danville, PA

\$2,500,000—(30 months). ID#37075

State of Georgia Department of Human Resources

Atlanta, GA

\$383,522—(15 months). ID#36049

Louisiana State University Medical Center

New Orleans, LA

\$513,678—(15 months). ID#36166

Mississippi Primary Health Care Association Inc.

Jackson, MS

\$398,156—(18 months). ID#36031

University of Texas Medical Branch at Galveston

Galveston, TX

\$348,283—(15 months). ID#36073

West Alabama Health Services Inc.

Eutaw, AL

\$286,917—(18 months). ID#36051

Geisinger Foundation

Danville, PA

\$696,873—*Technical assistance and direction for the Southern Rural Access Program (1 year)*. ID#35958

University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research

Chapel Hill, NC

\$172,273—*Planning for an evaluation of the Southern Rural Access Program (1 year)*. ID#36029



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GRANTS

State Coverage Initiatives

Program to help states plan and develop insurance market reforms, Medicaid reforms, and other significant health care financing and delivery changes (for the periods indicated).

Alpha Center for Health Planning, Inc.

Washington, DC

\$5,999,246—(3 years). ID#30251

State of Connecticut Office of Health Care Access

Hartford, CT

\$663,924—(3 years). ID#36283

State of Kansas Department of Administration

Topeka, KS

\$159,120—(18 months). ID#36339

State of New Hampshire Department of Health and Human Services

Concord, NH

\$402,463—(3 years). ID#36401

State of Rhode Island Department of Human Services

Cranston, RI

\$400,000—(3 years). ID#38293

US Public Health Service, Bureau of Primary Health Care

Bethesda, MD

\$50,000—*Campaign to stimulate replication of successful community-based primary care models (for 1 year).* ID#37129[> BACK TO TOP](#)

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CONTRACTS**James A. Block, MD**

Baltimore, MD

\$18,000—*East Boston Neighborhood Health Care Center assessment (for 1 month).* ID#37016**Communications Project**

Multiple Contractors

\$720,000—*Health coverage 2000: Meeting the challenge of the uninsured (for 6 months).* ID#37604**Communities in Charge: Financing and Delivering Health Care to the Uninsured***Program to replicate a nationally recognized managed care program for low-income, uninsured, and underinsured persons in Hillsborough County, Florida, which operates as a community-wide safety net for a range of health and human services (for the periods indicated).***Medimetrix Group, Inc.**

Cleveland, OH

\$352,992—*Technical assistance and direction for Communities in Charge (4 months).* ID#37332**New York University, Robert F. Wagner Graduate School of Public Service**

New York, NY

\$107,045—*Technical assistance services on press-related issues (1 year).* ID#36233**Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children***Program to identify and enroll eligible low-income children into public and private coverage programs and to assure the continued enrollment of children as long as they remain eligible (for the periods indicated).***Arthur Andersen LLP**

New York, NY

\$104,000—*Intensive technical assistance for the state of Florida on welfare and Medicaid (6 months).* ID#37463\$271,288—*Intensive technical assistance for states on welfare and Medicaid (3 months).* ID#37197\$41,500—*Intensive technical assistance for states on welfare and Medicaid (1 month).* ID#36637**Burness Communications**

Bethesda, MD

\$25,000—*Communications assistance for Covering Kids grantees (2 months).* ID#36343

Greer, Margolis, Mitchell, Burns and Associates, Inc.

Washington, DC

\$20,995—*Planning for a strategic media campaign for Covering Kids (1 month)*. ID#37710

Home Front Communications

Washington, DC

\$51,844—*Production and distribution of television messages to encourage enrollment in CHIP (2 months)*. ID#37711

Mathematica Policy Research, Inc.

Washington, DC

\$31,644—*Assessment of the potential usefulness of technical assistance to states to improve Medicaid eligibility systems (6 months)*. ID#37195



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CONTRACTS

Greer, Margolis, Mitchell, Burns and Associates, Inc.

Washington, DC

\$110,000—*Development of a communications strategy to advance the health coverage issue (for 2 months).* ID#38072

HayGroup

Arlington, VA

\$62,000—*Actuarial analysis of proposals for Health Coverage 2000 Conference (for 4 months).* ID#38353

Health Systems Research, Inc.

Washington, DC

\$89,147—*Meeting to explore demonstration or simulation methods of testing after-tax credits and vouchers for health care coverage (for 6 months).* ID#37288

Pro-Media Public Relations

New York, NY

\$478,240—*Americas uninsured op-ed campaign (for 16 months).* ID#37769

Sutton Social Marketing, LLC

Washington, DC

\$46,991—*Preliminary opinion research on public attitudes towards insurance coverage for the working poor (for 3 months).*
ID#36770



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Chronic Health Conditions

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GRANTS

AAHP Foundation

Washington, DC

\$264,294—*HMO Workgroup on Care Management (for 31 months)*. ID#37564

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

Program designed to test the ability of community-based coalitions to mount a comprehensive attack on the remediable causes of asthma and to effectively reduce the morbidity and loss of productivity due to pediatric asthma (for the period indicated).

University of Michigan School of Public Health

Ann Arbor, MI

\$595,078—*Technical assistance and direction for Allies Against Asthma (16 months)*. ID#35514

Alzheimer s Disease and Related Disorders Association

Washington, DC

\$229,811—*Chronic care networks for Alzheimers disease (for 1 year)*. ID#37013

University of Arkansas for Medical Sciences

Little Rock, AR

\$21,000—*National conference to identify research issues surrounding clinical practice guidelines for special needs children (for 7 months)*. ID#36628

Breast Cancer Recovery Foundation Inc.

Madison, WI

\$49,977—*Pilot study of the biological and psychosocial health benefits of participation in a retreat for women with breast cancer (for 1 year)*. ID#35721

Brown University Center for Gerontology & Health Care Research

Providence, RI

\$2,390,000—*Monitoring national, state, and local indicators of end-of-life care (for 5 years)*. ID#37188

Building Health Systems for People with Chronic Illnesses

Initiative to find models of caring for people with chronic illnesses that will overcome the fragmentation, financing barriers, and

episodic care of the current system (for the period indicated).

George Washington University Medical Center

Washington, DC

\$545,018—*Project to increase access to health coverage for persons with chronic disabling conditions (2 years).* ID#36250

Cash and Counseling Demonstration and Evaluation

Program to test and evaluate the efficacy of programs in four states that offer clients the choice of receiving monthly cash allowances instead of case managed service benefits (for the period indicated).

University of Maryland Center on Aging

College Park, MD

\$608,076—*Technical assistance and direction for Cash and Counseling Demonstration and Evaluation (1 year).* ID#36498



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Chronic Health Conditions

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GRANTS**Center for Health Care Strategies Supporting Organization Inc.**

Princeton, NJ

\$495,689—*Exploring barriers to financing and treating pediatric asthma (for 18 months).* ID#37659**The Center School**

Highland Park, NJ

\$30,000—*Summer therapy program for high-risk learning disabled students (for 3 months).* ID#36300**University of Chicago Center for Health Administration Studies**

Chicago, IL

\$186,010—*Study of Medicare beneficiaries characteristics for implementing Medicare+Choice (for 18 months).* ID#35149**Coming Home®: Affordable Assisted Living***Program run through the NCB Development Corporation to undertake the development of rural community-based systems of chronic care (for the period indicated).***NCB Development Corporation**

Oakland, CA

\$6,499,913—(5 years). ID#36072

Community-State Partnerships to Improve End-of-Life Care*Program to support the work of state-based commissions and task forces to identify and implement changes in policy and practice to improve care for people at the end of life (for the periods indicated).***University of Alabama at Birmingham**

Birmingham, AL

\$449,314—(3 years). ID#38454

The Association of Kansas Hospices

Wichita, KS

\$375,000—(3 years). ID#37599

California Health Foundation and Trust

Sacramento, CA

\$340,000—(2 years). ID#37784

DCHA Program Services Company Inc.

Washington, DC

\$75,000—(11 months). ID#36322

Florida Hospices and Palliative Care, Inc.

Tallahassee, FL

\$449,960—(3 years). ID#37917

Foundation for Healthy Communities

Concord, NH

\$449,747—(3 years). ID#37881

HealthInsight

Salt Lake City, UT

\$374,964—(3 years). ID#38455

Hospice for the Carolinas Inc.

Raleigh, NC

\$375,000—(3 years). ID#38474

Indiana University

Bloomington, IN

\$74,728—(9 months). ID#37819

The University of Iowa

Iowa City, IA

\$375,037—(3 years). ID#38458

Kentucky Hospital Research and Education Foundation

Louisville, KY

\$376,093—(3 years). ID#38202

Metropolitan Area Agency on Aging Inc.

St. Paul, MN

\$445,140—(2 years). ID#37635

Michigan Hospice Organization

Lansing, MI

\$450,000—(3 years). ID#38452

New Jersey Health Decisions, Inc.

Verona, NJ

\$450,000—(3 years). ID#38219

North Dakota Medical Research Foundation

Bismarck, ND

\$75,000—(10 months). ID#36224

\$375,000—(2 years). ID#38457

Oklahoma Association for Healthcare Ethics Inc.

Oklahoma City, OK

\$373,683—(30 months). ID#37636

Sage Services of Connecticut, Inc.

New Haven, CT

\$375,000—(2 years). ID#38453

West Virginia University Foundation Inc.

Morgantown, WV

\$375,000—(2 years). ID#38456

Midwest Bioethics Center, Inc.

Kansas City, MO

\$742,013—*Technical assistance and direction for Community-State Partnerships to Improve End-of-Life Care (1 year)*. ID#34036



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Chronic Health Conditions

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GRANTS

Faith in Action®: Replication of the Interfaith Volunteer Caregivers Program

Program to help support the establishment of approximately 1100 interfaith volunteer caregiver projects for all ages with chronic health conditions (for the periods indicated).

Fannin County Empty Stocking Program Inc.

Blue Ridge, GA

\$17,018—(9 months). ID#38328

Hospice of the Bluegrass, Inc.

Lexington, KY

\$25,000—(18 months). ID#37099

Volar Center for Independent Living

El Paso, TX

\$19,695—(13 months). ID#36644

\$19,695—(13 months). ID#36645

\$19,695—(13 months). ID#36646

\$19,695—(13 months). ID#36647

\$19,695—(13 months). ID#36648

YMCA of Greater El Paso

El Paso, TX

\$19,695—(14 months). ID#37473

\$19,695—(14 months). ID#37476

\$19,695—(14 months). ID#37478

\$19,695—(14 months). ID#37479

\$19,695—(14 months). ID#37480

Kingston Hospital

Kingston, NY

\$3,880,000—(18 months). ID#36057

\$7,030,000—(18 months). ID#36796

Kingston Hospital

Kingston, NY

\$443,235—*Technical assistance and direction for Faith in Action (8 months)*. ID#36537

\$354,730—*Technical assistance and direction for Faith in Action (6 months)*. ID#38429

Family Friends: A Program to Enable Older Volunteers to Assist Disabled Children and Their Families

Program to match older volunteers (age 55 or older) with chronically ill or disabled children (age 12 or younger) and their families (for the period indicated).

National Council on the Aging Inc.

Washington, DC

\$25,000—*Recognizing volunteers of the Family Friends program (6 months)*. ID#37854

Friends Health Connection

New Brunswick, NJ

\$650,000—*Statewide program with New Jersey hospitals for post discharge patient support (for 3 years)*. ID#35568

Funders Concerned About AIDS, Inc.

New York, NY

\$10,000—*Organizational support for Funders Concerned About AIDS (for 1 year)*. ID#36663

Home Care Research Initiative

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

Visiting Nurse Service of New York

New York, NY

\$365,397—*Technical assistance and direction for the Home Care Research Initiative (1 year)*. ID#34403

Improving Asthma Care for Children

Program to test new approaches to pediatric asthma management through publicly financed models of care (for the period indicated).

Center for Health Care Strategies Supporting Organization Inc.

Princeton, NJ

\$423,367—*Technical assistance and direction for Improving Asthma Care for Children (1 year)*. ID#37702



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Chronic Health Conditions

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GRANTS**Improving Hospital-Based Palliative Care**

Establishment of a National Resource Center for Palliative Care that will increase the number of hospitals that have the capability to provide quality palliative care; create sufficient momentum that hospital-based palliative care becomes a standard practice in comprehensive patient care; and provide leadership in the development of standards for palliative care programs (for the periods indicated).

Health Research and Educational Trust

Chicago, IL

\$153,989—(1 year). ID#38339

Mount Sinai School of Medicine of New York University

New York, NY

\$4,742,893—(4 years). ID#37515

Independent Choices: Enhancing Consumer Direction for People with Disabilities

Program to foster the development of consumer-directed home and community-based services for people of all ages with chronic disabilities (for the period indicated).

National Council on the Aging Inc.

Washington, DC

\$345,367—Technical assistance and direction for Independent Choices (1 year). ID#33877

Jewish Center for Aged

Chesterfield, MO

\$24,492—Restorative nursing and rehabilitative services program for nursing home residents (for 1 year). ID#37461

Lupus Foundation of America

Rockville, MD

\$78,000—Documentary video on living with a chronic disease (for 1 year). ID#34434

Managing Pediatric Asthma: Emergency Room Demonstration Program

Program to undertake comprehensive interventions to reduce emergency room visits and hospital admissions (for the period indicated).

The American Academy of Allergy, Asthma & Immunology, Inc.

Milwaukee, WI

\$369,238—*Technical assistance and direction for Managing Pediatric Asthma (1 year)*. ID#37703

University of Maryland School of Medicine

Baltimore, MD

\$202,401—*Evaluation of an education program for families of persons with serious mental illness (for 2 years)*. ID#35623

Massachusetts Caring for Children Foundation, Inc.

Boston, MA

\$10,000—*National funders conference on child mental health (for 4 months)*. ID#37465

Medical Media Associates Inc.

Buffalo, NY

\$49,803—*Woman to Woman: A video series for breast cancer patients (for 1 year)*. ID#37216

National Minority AIDS Council Inc.

Washington, DC

\$25,000—*US Conference on AIDS (for 3 months)*. ID#38065

National Academy of Social Insurance

Washington, DC

\$100,000—*Estimates of workers compensation benefits, coverage, and costssupplemental support (for 1 year)*. ID#36815

\$1,201,493—*Making Medicare Restructuring Work: Policy Decisions for the Next Decade (for 2 years)*. ID#37605



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Chronic Health Conditions

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GRANTS

New Jersey Foundation for Aging Inc.

Trenton, NJ

\$50,000—*Developing a public-private partnership for New Jerseys aging services network (for 1 year).* ID#35271

Oregon Health Sciences University

Portland, OR

\$30,000—*National leadership summit on self-determination, consumer direction, and consumer control among people with disabilities (for 10 months).* ID#36344

Population Communications International, Incorporated

New York, NY

\$25,000—*Session on death and dying at a conference for the prime time television industry (for 3 months).* ID#37127

Promoting Excellence in End-of-Life Care

Program to foster long-term changes in health care institutions to substantially improve care for dying persons and their families. Key issues include improving pain and symptom management, involving patient and family in decision-making, lessening the burden on family and loved ones, preserving dignity, meeting spiritual needs, and allowing for bereavement. Expert workgroups will convene to develop strategies to expand the application of palliative care to various health care settings and patient groups (for the periods indicated).

University of Montana

Missoula, MT

\$799,904—*Technical assistance and direction for Promoting Excellence in End-of-Life Care (1 year).* ID#34228

University of Montana

Missoula, MT

\$847,888—*Promoting Excellence in End-of-Life Care peer-to-peer workgroups (20 months).* ID#37526

RAND Corporation

Santa Monica, CA

\$228,800—*Study to develop policy options to improve pediatric asthma outcomes in the US (for 1 year).* ID#37143

Recording for the Blind & Dyslexic Incorporated

Princeton, NJ

\$72,800—*Pilot project with New Brunswick, NJ, Public Schools to improve performance of dyslexic students (for 1 year).*

ID#34764

Research and Communications Initiative on Meeting the Needs of Those with Chronic Conditions in the 21st Century

Program to raise awareness of the problems of chronic illness in the 21st century and develop public and private solutions to those problems (for the periods indicated).

The Johns Hopkins University School of Hygiene and Public Health

Baltimore, MD

\$5,000,000—(3 years). ID#37049

The Johns Hopkins University School of Hygiene and Public Health

Baltimore, MD

\$98,599—*National program to improve the care and outcomes of persons with chronic diseases (5 months).* ID#36486

Self-Determination for Persons with Developmental Disabilities

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

University of New Hampshire

Concord, NH

\$748,001—*Technical assistance and direction for Self-Determination for Persons with Developmental Disabilities (1 year).* ID#37528

University of New Hampshire

Concord, NH

\$206,567—*Engaging national organizations in promoting self-determination for persons with developmental disabilities (1 year).* ID#36492



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Chronic Health Conditions

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GRANTS

Setting Priorities for Retirement Years Foundation

Washington, DC

\$96,980—*Understanding principles of older adult learning in order to increase effective communication of new health information and decision-making (for 8 months).* ID#36002

Targeted End-of-Life Projects Initiative

Program to support solicited and unsolicited projects under \$1 million consistent with the Foundations end-of-life strategic objectives (for the periods indicated).

American Library Association

Chicago, IL

\$170,313—*(15 months).* ID#34625

American Medical Association

Chicago, IL

\$400,000—*(1 year).* ID#36767

Beth Israel Deaconess Medical Center Inc.

Boston, MA

\$24,769—*(6 months).* ID#37831

Brown University Center for Gerontology & Health Care Research

Providence, RI

\$53,427—*(8 months).* ID#36185

Education Development Center, Inc.

Newton, MA

\$383,275—*(1 year).* ID#36037

The General Hospital Corporation-Massachusetts General Hospital

Boston, MA

\$997,873—*(3 years).* ID#34352

Harvard Medical School

Boston, MA

\$76,619—(1 year). ID#36415

Hospital Research and Educational Trust

Washington, DC

\$798,295—(3 years). ID#36337

Midwest Bioethics Center, Inc.

Kansas City, MO

\$41,500—(9 months). ID#38338

Missoula Demonstration Project Inc.

Missoula, MT

\$699,146—(2 years). ID#36677

Mount Sinai School of Medicine of New York University

New York, NY

\$128,020—(9 months). ID#37018

National Hospice Organization, Inc.

Alexandria, VA

\$357,275—(15 months). ID#36684

The New York Academy of Medicine

New York, NY

\$268,792—(18 months). ID#35981

University of North Carolina at Chapel Hill School of Nursing

Chapel Hill, NC

\$29,694—(1 year). ID#37538

University of Washington School of Medicine

Seattle, WA

\$214,848—(2 years). ID#36351

West Virginia University Foundation Inc.

Morgantown, WV

\$72,250—(1 year). ID#38466

Medical College of Wisconsin Inc.

Milwaukee, WI

\$669,043—(3 years). ID#36669

\$998,865—(3 years). ID#36547

University of Wisconsin-Madison Medical School

Madison, WI

\$998,000—(30 months). ID#36509



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The President's Message

The American Paradox: Lack of health insurance in a land of plenty

one would expect the number of uninsured to be falling. But it continues to rise, climbing from about 39 million in 1992 to more than 44 million in 1998. This amounts to about 16 percent of the entire population, and more than 18 percent of those under age 65. Of these 44 million, 11 million one quarter are children.

National health care experts are not very optimistic that we will soon see an expansion of health insurance coverage in our country. Recently The Robert Wood Johnson Foundation commissioned The Institute for the Future to envision the state of health care in the year 2010. It crafted three possible scenarios: the most optimistic forecast was that 30 million would still be uninsured in 2010; the neutral case had the number at 47 million; and the pessimistic one was 65 million.

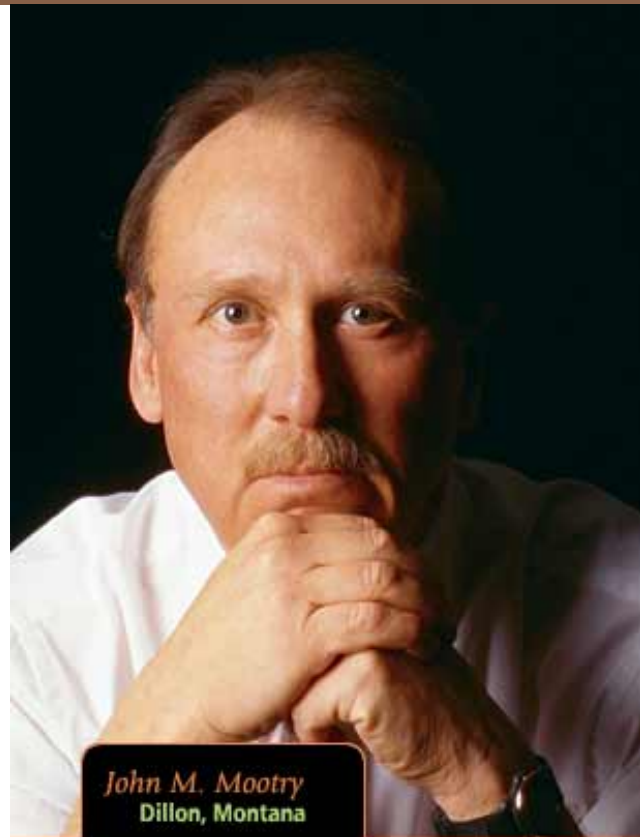
Why does the wealthiest nation in history tolerate having so many people go without basic health insurance? I pondered this question four years ago in an article published in the *New England Journal of Medicine*.¹ Since then, the situation has deteriorated further. Here, as I see them, are the arguments that are made for why we should not or cannot secure health insurance for all Americans and their limitations.

The uninsured can get the care they need.

In 1993, 43 percent of Americans thought uninsured people could get health care when they needed it. By 1999, 57 percent thought so.² There is some truth here; few people bleed to death in our streets for lack of care. But abundant data demonstrate that being uninsured means having less access to needed medical care. Compared with people who are insured, people who aren't insured experience major delays in receiving care, have trouble getting needed medications, and have much higher rates of hospitalizations for potentially treatable or preventable conditions such as hypertension, asthma, and the complications of diabetes.³

Further, it may be getting harder for people without insurance to obtain necessary care. Recent evidence indicates that less charity care is provided in areas of the country where managed care penetration is deepest.⁴

Additionally, market pressures constrain hospitals and medical groups from



John M. Mootry
Dillon, Montana

This hospital plays many roles in the community. The area we serve is about 5,500 square miles with a population of about 10,000 people. We're the only hospital in the county. We operate the county health department, as well as the only home health care agency, and the only hospice. We provide family planning services, immunizations, and school nursing.

There is a very codependent relationship between the ability of people to be able to pay for services through insurance and our ability to provide services that don't pay for themselves. Part of our mission is to take care of anybody, regardless of their ability to pay. But the money has to come from somewhere.

Too many people here simply cannot afford health insurance. The hospital

overcharging private insurers and Medicare in order to subsidize indigent care. Furthermore, public hospitals and clinics face budget constraints in this era of state and local tax cuts.

FACTS

Comparison Between Uninsured and Insured Americans on Selected Measures

Uninsured Americans, compared with the insured are:

Up to **3.6** times more likely to delay seeking care.

Up to **2.8** times more likely to experience an avoidable hospitalization for diabetes.

Up to **2.4** times more likely to experience an avoidable hospitalization for hypertension.

Up to **1.6** times more likely to be hospitalized for a bleeding ulcer.

Source: American College of Physicians-American Society of Internal Medicine. No Health Insurance? It's enough to make you sick. Philadelphia, PA: American College of Physicians-American Society of Internal Medicine, 2000: White Paper.



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had an operating loss of \$365,000 last year. We've scaled back to the point now where we have to decide what services we can afford to continue and which will have to be cut, as difficult as that will be. We have no choice.

John M. Mootry is chief executive officer of Barrett Memorial Hospital, Dillon, Montana; Barrett Memorial is a grantee under Reach Out: Physicians Initiative to Expand Care to the Underserved.

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

San Antonio, TX

\$180,481—*Glycemic control in patients with depression and diabetes mellitus: Impact of treatment for depression (for 4 years).*

ID#37677

United Hospital Fund of New York

New York, NY

\$513,964—*Developing information tools to coordinate long-term care of community-based managed care services providers (for 3 years).* ID#32319**Visiting Nurse Service of New York**

New York, NY

\$200,000—*Promoting elders health and well-being: benchmarks for supportive communities (for 1 year).* ID#36955**University of Washington School of Nursing**

Seattle, WA

\$1,584,242—*End-of-life toolkit for nursing school faculty and practicing nurses (for 4 years).* ID#35106**Workers Compensation Health Initiative***Program of demonstration and evaluation projects aimed at containing costs and improving the quality of care provided to injured workers (for the periods indicated).***Public Health Institute**

Berkeley, CA

\$81,079—(1 year). ID#37922

State of Rhode Island Department of Labor and Training

Providence, RI

\$267,500—(2 years). ID#37820

University of Texas Health Science Center at Houston

Houston, TX

\$350,265—(2 years). ID#38151

University of Massachusetts Medical School

Worcester, MA

\$423,636—*Technical assistance and direction for the Workers Compensation Health Initiative (1 year)*. ID#35959



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CONTRACTS**Birch and Davis Associates, Inc.**

Silver Spring, MD

\$25,114—*Conference on performance measurement and quality improvement in the treatment of depression (for 6 months).*

ID#37748

Communications Projects

Multiple Contractors

\$24,362—*Content analysis of media reporting on Dr. Kevorkian (for 1 month).* ID#36350\$48,032—*Improving end-of-life care in managed care report (for 6 months).* ID#36375\$73,700—*Developing a media guide and related projects on chronic care (for 4 months).* ID#37086**Faith in Action® II***Program to expand the continued replication of the Interfaith Volunteer Caregivers Model, providing volunteer caregiving to people of all ages with chronic health conditions (for the periods indicated).***Communications Project**

Multiple Contractors

\$64,933—*Faith in ActionII pre-launch communications activities (3 months).* ID#37705**Harry R. Moody, PhD**

Pallisades, NY

\$94,650—*Technical assistance and direction for Faith in ActionII (3 months).* ID#38287**Home Care Research Initiative***Program for researchers and policy analysts to explore key issues in the area of home and community-based care for the chronically ill (for the period indicated).***Laguna Research Associates, Inc.**

San Francisco, CA

\$1,199,981—*(3 years).* ID#37040**Louis Harris & Associates, Inc.**

New York, NY

\$225,034—*Public opinion survey of chronic care issues (for 3 months)*. ID#37084

Harold A. Pincus, MD

Chevy Chase, MD

\$67,254—*Consulting on depression in primary care project (for 6 months)*. ID#37455

\$34,812—*Consulting on depression in primary care project (for 6 months)*. ID#38506



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Chronic Health Conditions

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CONTRACTS

Program to Promote Long-Term Care Insurance for the Elderly

Program to stimulate private/public partnerships at the state level for the development of long-term care insurance for the elderly (for the period indicated).

Laguna Research Associates, Inc.

San Francisco, CA

\$124,998—*Maintain the national evaluation database for the Partnership for Long-Term Care and conduct a study of Partnership purchasers who lapse their policy (33 months).* ID#37853

Targeted End-of-Life Projects Initiative

Program to support solicited and unsolicited projects under \$1 million consistent with the Foundations end-of-life strategic objectives (for the periods indicated).

George I. Balch, PhD

Oak Park, IL

\$238,697—*Assessing progress and opportunities for the Last Acts initiative (6 months).* ID#38049

Barksdale Ballard & Company

Vienna, VA

\$150,250—*(1 year).* ID#37832

Milan Basta, MD, PhD

Potomac, MD

\$96,465—*(8 months).* ID#36576

Burness Communications

Bethesda, MD

\$382,532—*(1 year).* ID#36765

Communications Projects

Multiple Contractors

\$125,000—*(1 year).* ID#37266

\$500,000—*(3 months).* ID#38189

Spann Publications Consulting, L.L.C.

Pittsburgh, PA

\$371,842—*(1 year).* ID#36635

Stewart Communications, Ltd.

Chicago, IL

\$820,639—(1 year). ID#36658



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Substance Abuse

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GRANTS

Addressing Tobacco in Managed Care

Program to promote adoption of innovative approaches for helping Americans enrolled in managed care organizations avoid the harm caused by tobacco (for the periods indicated).

Allina Medical Group

Minneapolis, MN

\$499,946—(27 months). ID#36023

Columbia University

New York, NY

\$499,271—(30 months). ID#36025

Maine Medical Assessment Foundation

Manchester, ME

\$48,901—(1 year). ID#36387

Wake Forest University School of Medicine

Winston-Salem, NC

\$50,000—(1 year). ID#36386

Washington University

St. Louis, MO

\$500,000—(3 years). ID#36026

University of Wisconsin-Madison Medical School

Madison, WI

\$478,164—*Technical assistance and direction for Addressing Tobacco in Managed Care (1 year)*. ID#34753**Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**

Waltham, MA

\$226,072—*Evaluation of Addressing Tobacco in Managed Care: Phase I (6 months)*. ID#37944**AAHP Foundation**

Washington, DC

\$350,000—*National Technical Assistance Office for Addressing Tobacco in Managed Care (1 year)*. ID#35417

The Advocacy Institute

Washington, DC

\$50,000—*Continued funding for disseminating tobacco control news through SCARCNet (for 3 months).* ID#38127

The University of Akron

Akron, OH

\$432,797—*Planning support for a collaborative effort to revise and evaluate the DARE Middle School Program (for 7 months).*

ID#37809

American Society of Addiction Medicine, Inc.

Chevy Chase, MD

\$50,000—*Conference and report on addiction treatment in managed care (for 18 months).* ID#35394

City of Boston, Boston Police Department

Boston, MA

\$299,961—*Reduce substance abuse and violence by identifying and intervening with at-risk truant youth (for 1 year).* ID#36449

Boston University School of Public Health

Boston, MA

\$2,378,960—*National resource for community substance abuse initiatives (for 1 year).* ID#27954

\$371,390—*Evaluation of the telephone-based Smokers Quitline (for 30 months).* ID#36764

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$123,670—*Assisting state policymakers in reducing youth access to tobacco (for 13 months).* ID#36353



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Substance Abuse

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GRANTS

Brown University Center for Alcohol and Addiction Studies

Providence, RI

\$749,951—*Building consensus and public awareness activities for a national drug policy based on medicine and public health (for 2 years).* ID#37544

University of California, San Diego

La Jolla, CA

\$599,681—*Longitudinal survey of adolescent smoking in California (for 2 years).* ID#35086

University of California, San Francisco, School of Nursing

San Francisco, CA

\$49,999—*Substance abuse policy research symposium (for 11 months).* ID#35859

Center for the Advancement of Health

Washington, DC

\$95,674—*Coordination for youth tobacco cessation partnership (for 1 year).* ID#37525

Center for Science in the Public Interest

Washington, DC

\$196,894—*Technical assistance, training, and communications to support state and local alcohol policy development (for 1 year).* ID#36935

Children's Hospital Corporation

Boston, MA

\$336,489—*Development of a screening instrument to assess adolescents at risk for substance abuse in primary care settings (for 30 months).* ID#36126

Dartmouth-Hitchcock Medical Center

Lebanon, NH

\$99,849—*Evaluating attitudes about alcohol and tobacco use in young children (for 2 years).* ID#37642

Developing Leadership in Reducing Substance Abuse

Program to increase leadership capacity and build prestige in the substance abuse field by providing mentoring experience for proteges from the fields of alcohol, tobacco, and illegal drugs who work within the fields of education, advocacy, research, and/or policy (for the period indicated).

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$405,297—*Technical assistance and direction for Developing Leadership in Reducing Substance Abuse (1 year).* ID#35415

Drug Strategies

Washington, DC

\$50,000—*Publication of an in-depth assessment of community anti-drug coalitions (for 1 year).* ID#37148

\$49,950—*Nancy Dickerson Whitehead Award for Excellence in Reporting on Drug and Alcohol Problems (for 1 year).* ID#37921

Entertainment Industries Council Incorporated

Reston, VA

\$3,598,148—*Encouraging accurate depictions of substance abuse and addiction in entertainment industry products (for 2 years).* ID#36504

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).

Boston University School of Public Health

Boston, MA

\$746,028—*Technical assistance and direction for Fighting Back (1 year).* ID#34751

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$1,572,962—*Evaluation of Fighting BackThe second phase of program implementation (19 months).* ID#33874



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Substance Abuse

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GRANTS

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

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

Joseph L. Mailman School of Public Health at Columbia University

New York, NY

\$179,336—*Technical assistance and direction for Free to Grow (6 months).* ID#38139

Harvard University

Cambridge, MA

\$49,510—*Developmental approach to the prevention of adolescent drinking and smoking (for 1 year).* ID#35912

Harvard University School of Public Health

Boston, MA

\$176,440—*Massachusetts Tobacco Control Research Training Program (for 1 year).* ID#34916

Health Research, Inc.

Buffalo, NY

\$452,641—*Support for Tobacco Control Journal (for 3 years).* ID#36461

Healthy Nations®: Reducing Substance Abuse Among Native Americans

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

University of Colorado Health Sciences Center

Denver, CO

\$487,832—*Technical assistance and direction for Healthy Nations (1 year).* ID#35424

Innovators Combating Substance Abuse

Program to highlight substance abuse as the nations number one health problem by recognizing those who are striving to bring creative solutions to the field of substance abuse (for the period indicated).

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$294,469—*Technical assistance and direction for Innovators Combating Substance Abuse (1 year)*. ID#38607

Institute for Civil Society Inc.

Newton, MA

\$372,827—*Technical assistance to improve the practice of philanthropy in professional sports to benefit community health (for 1 year)*. ID#38221

Kaiser Foundation Hospitals, Kaiser Foundation Research Institute

Portland, OR

\$178,500—*Developing and testing an expanded Health Plan Employer Data and Information Set tobacco measure (for 1 year)*. ID#37080

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

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

The Florida State University Research Foundation, Incorporated

Tallahassee, FL

\$700,325—(5 years). ID#37546

Georgia Tech Research Corporation

Atlanta, GA

\$700,118—(5 years). ID#37547

American Medical Association

Chicago, IL

\$593,285—*Technical assistance and direction for A Matter of Degree (1 year)*. ID#36491

American Medical Association

Chicago, IL

\$134,684—*Initial research and planning for a professional media campaign addressing student binge drinking (1 year)*. ID#36281



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Substance Abuse

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GRANTS**The Miriam Hospital**

Providence, RI

\$197,015—*Computer-assisted prevention system for primary care (for 2 years).* ID#36639**Mothers Against Drunk Driving**

Irving, TX

\$199,000—*Underage drinking prevention advertisements for television and billboards (for 1 year).* ID#36616\$250,000—*National youth summit to prevent underage drinking (for 1 year).* ID#37306**National Academy of Sciences Institute of Medicine**

Washington, DC

\$41,742—*Developing manuscript based on the report, Marijuana and Medicine: Assessing the Science Base (for 6 months).*

ID#35537

National Association of African Americans for Positive Imagery

Philadelphia, PA

\$596,596—*Strengthening the capacity of the African-American community in tobacco and alcohol control (for 3 years).* ID#32938**National Center for Tobacco-Free Kids**

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

National Center for Tobacco-Free Kids

Washington, DC

\$50,000,000—*(5 years).* ID#35929**National Governors Association Center for Best Practices**

Washington, DC

\$29,879—*Conference for governors and their policy advisors on the national tobacco settlement (for 6 months).* ID#37627**State of North Carolina Department of Health and Human Services**

Raleigh, NC

\$1,993,698—*Statewide youth-led program to prevent tobacco use by young people (for 3 years)*. ID#33461

University of North Carolina at Chapel Hill

Chapel Hill, NC

\$150,000—*Support for the 2000 Tobacco Use Prevention Training Institute (for 1 year)*. ID#38372

Oregon Pacific Research Institute

Eugene, OR

\$48,383—*Assessment of baseball players and trainers attitudes regarding spit tobacco cessation (for 13 months)*. ID#36384

Overview Foundation Inc.

Lederach, PA

\$25,620—*Expanding affordable residential substance abuse treatment program (for 6 months)*. ID#37396

Partnership for a Drug-Free America, Inc.

New York, NY

\$15,000,000—*Continuation of a media campaign to reduce demand for illegal drugs (for 3 years)*. ID#30248

The Pennsylvania State University

University Park, PA

\$350,000—*National newspaper ad campaign to increase public awareness of binge drinking (for 5 months)*. ID#36929



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Substance Abuse

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GRANTS**University of Pennsylvania, The Annenberg School for Communication**

Philadelphia, PA

\$40,000—*Study of teen risk perception of smoking (for 6 months).* ID#37045**Public Relations Society of America Foundation Inc.**

New York, NY

\$2,637,258—*Communications-based initiative to increase discussion between parents and their children about drugs (for 2 years).* ID#35422**Reducing Underage Drinking Through Coalitions***Program to reduce underage drinking problems using strategies that include youth leadership development, coalition enhancement, alcohol policy development, and public awareness campaigns (for the periods indicated).***Oregon Partnership, Inc.**

Portland, OR

\$312,638—(1 year). ID#38435

American Medical Association

Chicago, IL

\$617,247—*Technical assistance and direction for Reducing Underage Drinking Through Coalitions (1 year).* ID#36493**University of Minnesota School of Public Health**

Minneapolis, MN

\$1,264,417—*Evaluation of Reducing Underage Drinking Through Coalitions Phase II (3 years).* ID#31582**Research Foundation of the City University of New York**

New York, NY

\$1,456,693—*Implementation of a community reintegration model to reduce substance abuse among jail inmates Phase III (for 32 months).* ID#36950**Research Network on the Etiology of Tobacco Dependence***Program to bring together leading researchers from a variety of perspectives and disciplines to work collaboratively in the study*

of the etiology of tobacco dependence in an effort to increase understanding of the development of tobacco dependence (for the periods indicated).

Foundation for Pharmacology

Richmond, VA

\$23,971—*Supplemental issue of Drug and Alcohol Dependence (1 year)*. ID#36559

University of Kentucky Research Foundation

Lexington, KY

\$1,356,257—*(1 year)*. ID#35234

\$368,550—*Junior faculty mentoring program associated with the Tobacco Etiology Research Network (2 years)*. ID#36562

Security on Campus Inc.

King of Prussia, PA

\$25,477—*Video and PSA on the dangers of binge drinking (for 1 year)*. ID#37026

Sikora Center Inc.

Camden, NJ

\$50,000—*Drug treatment and after-care program for pregnant and parenting women and their infants (for 1 year)*. ID#37116

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

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

University of Alabama at Birmingham School of Medicine

Birmingham, AL

\$104,447—*Supplement to the journal, Tobacco Control (1 year)*. ID#37567

University of California, Berkeley, School of Public Health

Berkeley, CA

\$32,706—*Medicaid coverage of smoking cessation treatments (8 months)*. ID#22246

Group Health Cooperative of Puget Sound

Seattle, WA

\$21,365—*Using biochemical feedback to change health behaviors (1 year)*. ID#37933

University of Alabama at Birmingham School of Medicine

Birmingham, AL

\$749,934—*Technical assistance and direction for Smoke-Free Families (1 year)*. ID#36501

University of North Carolina at Chapel Hill

Chapel Hill, NC

\$62,650—*Planning for a national dissemination office for the Smoke-Free Families program (4 months)*. ID#38199



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GRANTS**SmokeLess States®: Statewide Tobacco Prevention and Control Initiatives***Program that supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the periods indicated).***Alaska Native Health Board**

Anchorage, AK

\$217,996—(1 year). ID#37597

American Cancer Society, Inc., Southeast Division, Inc.

Atlanta, GA

\$150,000—(1 year). ID#37929

American Cancer Society, Inc., Southwest Division, Inc.

Phoenix, AZ

\$470,067—(15 months). ID#36678

American Lung Association of Kansas

Topeka, KS

\$196,395—(1 year). ID#37928

Cause Children Count Coalition

Washington, DC

\$164,460—(17 months). ID#37879

The Coalition for a Tobacco-Free Colorado

Denver, CO

\$225,000—(1 year). ID#38035

Medical Society of New Jersey

Lawrenceville, NJ

\$202,410—(1 year). ID#37619

Oregon Health Sciences University

Portland, OR

\$313,638—(1 year). ID#37801

State of Vermont Department of Health

Burlington, VT

\$89,394—(1 year). ID#37596

Washington DOC

Seattle, WA

\$194,927—(1 year). ID#37927

American Medical Association

Chicago, IL

\$1,119,552—*Technical assistance and direction for SmokeLess States (1 year)*. ID#35963

American Medical Association Foundation

Chicago, IL

\$500,000—*Assisting states to develop plans for comprehensive tobacco control programs (25 months)*. ID#36581

The Social Workers National Research and Education Fund Inc.

Washington, DC

\$46,251—*Addictions through the life cycle: A national conference for social workers (for 3 months)*. ID#35668

Society for Research on Nicotine and Tobacco Inc.

Ann Arbor, MI

\$199,656—*Nicotine and Tobacco Research Journal (for 4 years)*. ID#33389

Society for Research on Nicotine and Tobacco Inc.

Middleton, WI

\$20,000—*Developing youth tobacco cessation treatment outcome measures (for 3 months)*. ID#38056



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Substance Abuse

Grants and contracts authorized in the year ended December 31, 1999.

GRANTS

Substance Abuse Policy Research Program

Program to provide support for investigators to conduct policy research on a variety of projects directed at helping the country reduce the harm caused by substance abuse (for the periods indicated).

University of Baltimore

Baltimore, MD

\$94,759—(15 months). ID#37856

Behavioral Health Research Center of the Southwest

Albuquerque, NM

\$251,098—(2 years). ID#37371

Boston University School of Social Work

Boston, MA

\$99,700—(18 months). ID#36948

University of California, Los Angeles

Los Angeles, CA

\$349,980—(30 months). ID#37363

University of California, San Francisco

San Francisco, CA

\$348,854—(3 years). ID#37863

Case Western Reserve University

Cleveland, OH

\$339,195—(3 years). ID#37374

Children s Hospital Corporation

Boston, MA

\$344,465—(27 months). ID#37858

Duke University Medical Center

Durham, NC

\$99,169—(18 months). ID#37892

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$103,403—(2 years). ID#36650

Friends Research Institute, Inc.

Baltimore, MD

\$348,022—(2 years). ID#37367

Health Research, Inc.

Buffalo, NY

\$349,378—(2 years). ID#37540

University of Illinois

Champaign, IL

\$343,080—(2 years). ID#38129

Joseph L. Mailman School of Public Health at Columbia University

New York, NY

\$37,092—(18 months). ID#35921

University of Massachusetts Medical School

Worcester, MA

\$78,250—(17 months). ID#37541

University of Miami

Miami, FL

\$348,304—(2 years). ID#37377

University of Michigan

Ann Arbor, MI

\$98,972—(18 months). ID#37862

University of Michigan School of Public Health

Ann Arbor, MI

\$6,809—(9 months). ID#36071

National Development and Research Institutes Inc.

New York, NY

\$97,989—(18 months). ID#37864

New York University

New York, NY

\$330,390—(27 months). ID#37370

University of North Carolina at Chapel Hill

Chapel Hill, NC

\$349,543—(3 years). ID#35153

Northwestern University

Evanston, IL

\$99,990—(18 months). ID#37157

The Pennsylvania State University

University Park, PA

\$344,779—(3 years). ID#37372

University of Pennsylvania

Philadelphia, PA

\$100,000—(1 year). ID#36317

Public Health Institute

Berkeley, CA

\$342,089—(2 years). ID#37375

Research Foundation for Mental Hygiene, Inc.

Albany, NY

\$348,808—(18 months). ID#37859

Rutgers, The State University

New Brunswick, NJ

\$99,908—(16 months). ID#37850

Temple University Law School

Philadelphia, PA

\$74,287—(11 months). ID#37162

Tobacco Control Resource Center, Inc.

Boston, MA

\$348,202—(3 years). ID#37373

\$99,798—(2 years). ID#37857

Trauma Foundation Inc.

San Francisco, CA

\$339,253—(2 years). ID#37362

Wake Forest University School of Medicine

Winston-Salem, NC

\$49,236—(20 months). ID#36649

University of Washington

Seattle, WA

\$99,954—(21 months). ID#37561

Yale University

New Haven, CT

\$344,646—(3 years). ID#37378

Wake Forest University School of Medicine

Winston-Salem, NC

\$730,595—*Technical assistance and direction for the Substance Abuse Policy Research Program (1 year).*

ID#36502



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The President's Message

The American Paradox: Lack of health insurance in a land of plenty

If the safety net for uninsured patients is fraying at a time of unprecedented prosperity, what will happen when the economy goes into recession, tax revenues fall, unemployment rises, and the ranks of the uninsured climb beyond 50 million people?

Uninsurance is usually a temporary condition; most people get their coverage back quickly.

The importance of length of uninsurance is obvious. Most people can make do during a brief transition time, being assured of needed care as soon as they get reinsured, or at worst, paying out of pocket for a short period.

But what are the facts? From 1993 through 1995, more than half of the spells of uninsurance were longer than five months. For someone with a chronic condition that requires regular monitoring, being without coverage for five months can interrupt care.

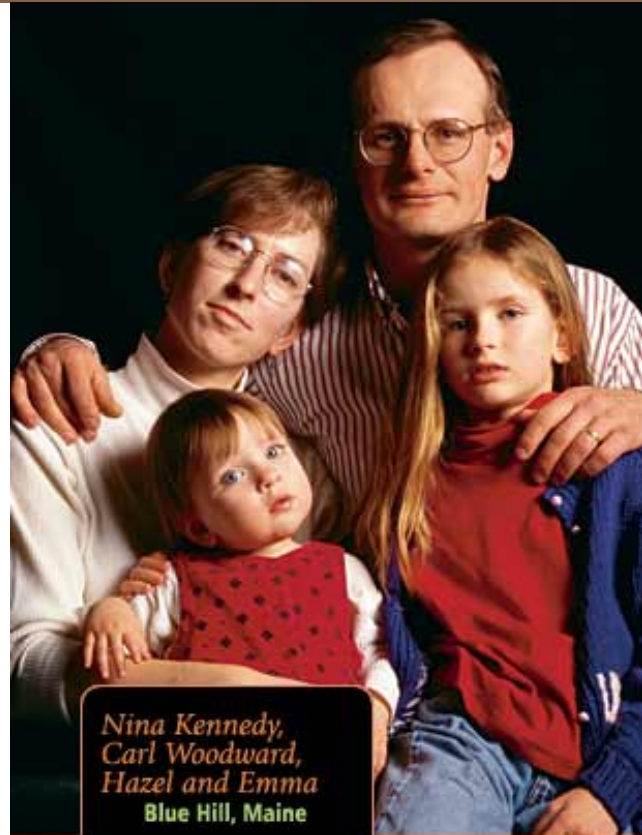
The numbers exaggerate how many people we should help cover.

Those who make this argument point to the fact that of the 44 million people without insurance, an estimated 7 million are non-citizens who chose to come here and work and therefore should accept the consequences if they cannot acquire health insurance.

They also argue that a considerable number of uninsured people could afford to purchase health insurance but gamble that they won't need it. Some evidence supports this contention. Data from the US Census Bureau indicate that in 1998, about 9 million of the non-elderly uninsured were in families with incomes of \$50,000 a year or more.⁵

But this number does not present a clear picture of the ability of these people to buy health insurance. Not all families are families, at least as defined by insurers. For instance, the income of adult children living with their parents is counted towards family income. But these children are not eligible for coverage under their parents' insurance plans. So the members of such a household would have to purchase insurance separately.

Further, health insurance premiums are not trivial expenditures. For a family in New Jersey in 1998, they amounted to almost \$6,000 per year. Even if the family's income is more than \$50,000 a year, the cost of purchasing health



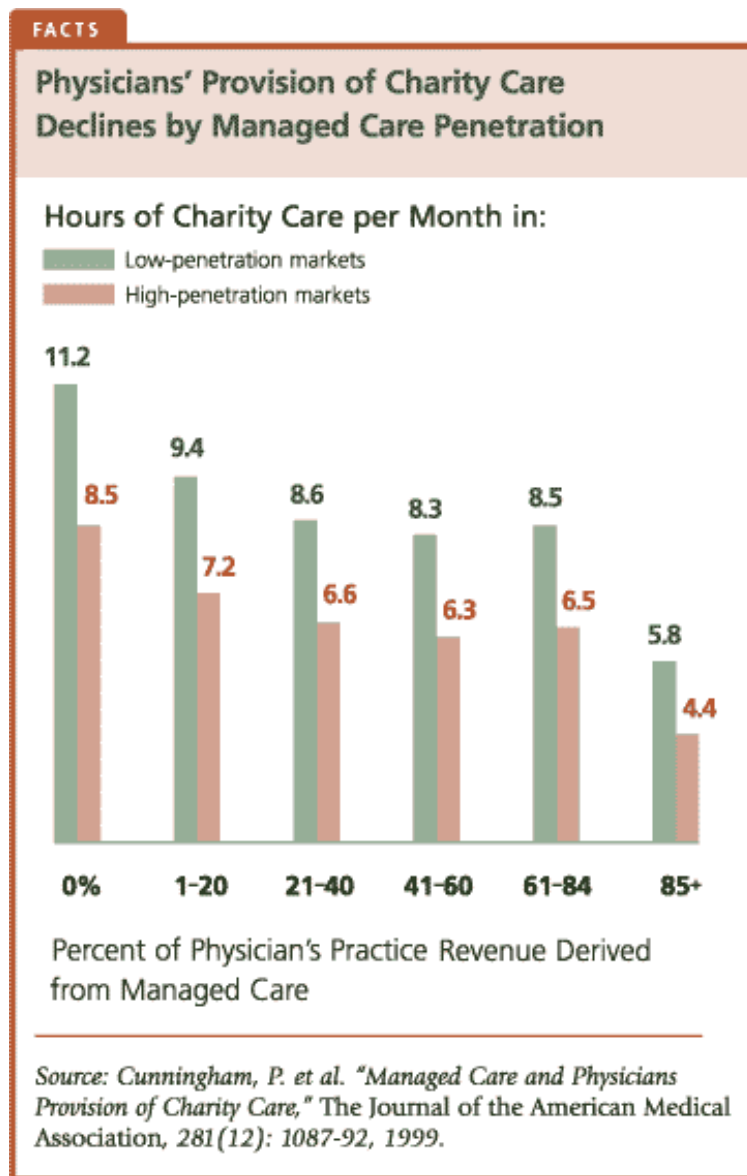
*Nina Kennedy,
Carl Woodward,
Hazel and Emma
Blue Hill, Maine*

For a long time, we were underinsured. We paid \$2,000 to \$3,000 a year for insurance, which is horribly expensive for us. We kept raising our deductible so we could pay lower premiums. By last year, our deductible was up to \$5,000.

We were paying all this money for insurance but with the high deductible, we still had to pay for all our doctor visits and tests and everything else. Last summer, we realized we just couldn't afford the premiums anymore. We had other bills that had to be paid. So we dropped our insurance. And at first I was sort of glib about it. I thought, We're young, we're healthy, we'll be fine.

But I have to say, once the insurance is gone, it feels different. There's always this awareness that if something big happens, it could really wipe us out

insurance may appear formidable.



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financially.

We re both college educated, and we re self employed. We work very hard, and we live really, really simply. We re managing, but there is just no room in our budget for insurance when it s so expensive.

It seems as if health insurance has become like a luxury in this country, and I don t understand how it got to be that way.

Nina Kennedy is a freelance graphic designer. She and her husband Carl, along with their two daughters, own and run a farm raising free-range poultry.

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Substance Abuse

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GRANTS**Trauma Foundation Inc.**

San Francisco, CA

\$529,225—*Continuation of project to prevent alcohol-related injury and violence (for 18 months).* ID#35122**Treatment Research Institute Inc.**

Philadelphia, PA

\$99,506—*Research and evaluation of office-based, private practice addiction treatment for substance abusers (for 1 year).*

ID#36889

Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine

Bethesda, MD

\$32,564—*Developing new models of biobehavioral effects of nicotine on youth (for 18 months).* ID#36413**Vera Institute of Justice Inc.**

New York, NY

\$131,250—*Expanding knowledge of substance abuse and drug dependent treatment for juvenile offenders (for 1 year).* ID#36510**Washington Business Group on Health**

Washington, DC

\$50,000—*Forum to develop an employer leadership initiative to address substance abuse in the workplace and communities (for 6 months).* ID#36790**Woodland Community Development Corporation**

Camden, NJ

\$30,000—*Camden youth mentoring and enrichment program (for 1 year).* ID#38033[> BACK TO TOP](#)

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Substance Abuse

Grants and contracts authorized in the year ended December 31, 1999.

CONTRACTS**Bridging the Gap: Research Informing Practice for Healthy Youth Behavior***Program to improve the understanding of the role of policy and environmental factors in youth substance abuse (for the period indicated).***Strategic Consulting Services**

Portage, WI

\$52,700—*Consulting for Bridging the Gap (6 months).* ID#34404**The CDM Group, Inc.**

Chevy Chase, MD

\$609,883—*Governors spouses initiative on underage drinking (for 1 year).* ID#37117**Brian C. Castrucci**

New York, NY

\$8,622—*Management of the continuing analysis of the 1996 survey of tobacco use among adolescents (for 9 months).* ID#37814**Communications Project**

Multiple Contractors

\$720,416—*Program activities for the 11th World Conference on Tobacco OR Health (for 1 year).* ID#36507**Fighting Back®: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol***Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the period indicated).***Schulman, Ronca, & Bucuvalas, Inc.**

New York, NY

\$850,841—*General population survey of alcohol and drug consumption in Fighting Back and comparison sites (6 months).* ID#33122**Patricia Patrizi**

Wyncote, PA

\$339,597—*Evaluation of the Community Anti-Drug Coalitions of America (for 1 year).* ID#37750

The Pennsylvania State University

University Park, PA

\$78,870—*Consulting on prevention and early intervention (for 9 months). ID#37595*

Research Network on the Etiology of Tobacco Dependence

Program to bring together leading researchers from a variety of perspectives and disciplines to work collaboratively in the study of the etiology of tobacco dependence in an effort to increase understanding of the development of tobacco dependence (for the period indicated).

Treatment Research Institute Inc.

Philadelphia, PA

\$62,925—*Technical assistance and monitoring for Research Network on the Etiology of Tobacco Dependence and the Free to Grow program (1 year). ID#37074*



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Substance Abuse

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CONTRACTS

Research Triangle Institute

Atlanta, GA

\$275,000—*Research based on 1996 survey of tobacco use among adolescents (for 18 months). ID#35817*\$550,668—*Survey to examine behaviors of former and current smokers of low-tar cigarettes (for 8 months). ID#37536*

Romano & Associates Inc.

Ellicott City, MD

\$50,000—*Production of a television public service ad on spit tobacco with country music celebrity Garth Brooks (for 3 months).*

ID#36730

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

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

Porter Novelli

Washington, DC

\$60,000—*Developing a marketing plan for the best practice anti-smoking counseling intervention (7 months). ID#36213*\$173,024—*Developing a marketing plan for the best practice anti-smoking counseling intervention (6 months). ID#37571*

Strategic Consulting Services

Portage, WI

\$11,420—*Consulting for Smoke-Free Families (6 months). ID#36485*

SmokeLess States®: Statewide Tobacco Prevention and Control Initiatives

Program that supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the period indicated).

Prospect Associates

Silver Spring, MD

\$75,100—*1999 national conference of state-level tobacco prevention professionals (4 months). ID#35956*

Substance Abuse Policy Research Program

Program to provide support for investigators to conduct policy research on a variety of projects directed at helping the country reduce the harm caused by substance abuse (for the period indicated).

The Lewin Group

Falls Church, VA

\$104,750—*Assessment of the Tobacco and Substance Abuse Policy Research Programs (5 months)*. ID#37001

Sutton Social Marketing, LLC

Washington, DC

\$49,830—*Anti-tobacco media campaign conference (for 3 months)*. ID#37103

Judith R. Vicary, PhD

Port Matilda, PA

\$53,984—*Senior Research Fellow on prevention and early intervention (for 20 months)*. ID#36068



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Other Health Programs

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GRANTS

Academy for Educational Development, Inc.

Washington, DC

\$20,000—*Healthy People 2010 Conference (for 4 months)*. ID#38603

After School: Connecting Children At Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Compromising Behaviors

Program to support a three-city demonstration project designed to connect at-risk urban youth with responsible adults in activities after school (for the periods indicated).

Youth Sports Connection

San Francisco, CA

\$4,999,583—*(54 months)*. ID#34763

Nonprofit Facilities Fund

New York, NY

\$347,267—*Technical assistance and direction for After School (1 year)*. ID#37460

University of Alabama at Birmingham

Birmingham, AL

\$139,957—*Identifying environmental and policy factors impacting physical activity among African-American women (for 2 years)*. ID#38325

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

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

The Task Force for Child Survival and Development

Decatur, GA

\$52,400—*Feasibility study to identify options for a new organization to represent immunization registries (8 months)*. ID#38176

Altru Health Foundation

Grand Forks, ND

\$96,672—*Study of sentinel health conditions associated with North Dakota flooding (for 1 year)*. ID#37385

American Association for World Health, Inc.

Washington, DC

\$50,000—*National campaign on healthy aging (for 1 year)*. ID#36024

American College of Sports Medicine Foundation, Incorporated

Indianapolis, IN

\$45,000—*Publication on the use of physical activity to prevent and treat obesity and its co-morbidities (for 1 year)*. ID#36221

American Medical Association

Chicago, IL

\$200,000—*Organized medicine summit on school and youth violence (for 6 months)*. ID#37225

The Aspen Institute, Inc.

Queenstown, MD

\$250,000—*Roundtable on initiatives for children, families, and communities (for 2 years)*. ID#31276

The Bicycle Federation

Washington, DC

\$284,882—*Clearinghouse and resource center on increasing physical activity (for 1 year)*. ID#37349

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare

Waltham, MA

\$50,000—*New England Regional Public Health and Managed Care Collaboration (for 1 year)*. ID#36200

Case Western Reserve University School of Medicine

Cleveland, OH

\$671,836—*Evaluation of the Cleveland Eastern Suburban Born to Learn Program (for 4 years)*. ID#37506

Center for Advanced Study in the Behavioral Sciences Inc.

Stanford, CA

\$375,008—*Interdisciplinary project on behavior change to combat substance abuse (for 3 years)*. ID#34248

Center for the Advancement of Health

Washington, DC

\$94,391—*Exploratory meeting on the economic impact of health behavior change (for 6 months)*. ID#38128

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Other Health Programs

Grants and contracts authorized in the year ended December 31, 1999.

GRANTS**Children's Futures**

Program to employ a comprehensive set of interventions designed to improve the health of children in a select New Jersey community (for the period indicated).

Thomas A. Edison State College

Trenton, NJ

\$382,207—(1 year). ID#38450

The Collaborative Center for Child Health and Development

Program to establish a new national resource center that will catalogue scientific information to improve children's health and development, translate that information into usable forms, and make it available to parents, families, caregivers, agencies, and policymakers at all levels (for the period indicated).

The Task Force for Child Survival and Development

Decatur, GA

\$8,989,604—(2 years). ID#35334

The District of Columbia Developing Families Center Inc.

Washington, DC

\$833,433—*Neighborhood Family Support Center in the District of Columbia (for 2 years).* ID#36945**The Early Childhood Initiative Foundation**

Miami, FL

\$50,000—*Conference to develop a plan to provide children with healthy education and to meet their nurturing needs (for 4 months).* ID#36896**Earth Force Inc.**

Alexandria, VA

\$25,000—*Support for Youth Bike Summit (for 4 months).* ID#36321\$50,074*National campaign to make America more bike friendly (for 1 year).* ID#37946**East Side House, Inc.**

Bronx, NY

\$20,000—*Community-based pregnancy prevention for high-risk minority adolescents (for 1 year)*. ID#38108

The Enterprise Foundation

Columbia, MD

\$7,500—*Annual conference on community development (for 2 months)*. ID#37101

Families and Work Institute, Inc.

New York, NY

\$595,000—*Early Childhood Public Engagement Campaign: Phase II (for 18 months)*. ID#31746

Family Support Services Program

Grant to Family Resource Coalition to undertake a national technical assistance initiative involving 10 states to enable them to establish statewide networks of community-based family resource and support service centers (for the periods indicated).

Edmonds Community College

Lynnwood, WA

\$250,000—(4 years). ID#36055

State of Georgia Department of Human Resources, Georgia Children s Trust Fund Commission

Atlanta, GA

\$249,800—(4 years). ID#36053

Governor s Partnership to Protect Connecticut s Workforce Inc. d/b/a DRUGS DON T WORK!

Hartford, CT

\$250,000—(4 years). ID#36670

State of Michigan Department of Community Health

Lansing, MI

\$250,000—(4 years). ID#36488

State of Minnesota Department of Children, Families, and Learning

St. Paul, MN

\$250,000—(4 years). ID#36056

New York State Association of Family Service Agencies Inc.

Albany, NY

\$250,000—(4 years). ID#36054

State of West Virginia Governor s Cabinet on Children and Families

Charleston, WV

\$250,000—(4 years). ID#36671



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Other Health Programs

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GRANTS

Gateway Homes of Greater Richmond, Inc.

Richmond, VA

\$50,000—*Providing physical activity programs to adults with chronic mental illness (for 1 year).* ID#37952

Georgetown University, Robert Emmett McDonough School of Business

Washington, DC

\$655,600—*Center for the Advancement of Social Marketing (for 1 year).* ID#34772

Girls Incorporated

Indianapolis, IN

\$48,356—*Planning an evaluation of a program to prevent adolescent pregnancy (for 3 months).* ID#35239

Global Health Council, Inc.

White River Junction, VT

\$75,000—*Strengthening surveillance of emerging infectious diseases (for 6 months).* ID#36236

The Infectious Diseases Society of America

Alexandria, VA

\$998,432—*Public education campaign on childhood vaccinations (for 1 year).* ID#35252

\$379,265—*Developing a training module on vaccine safety education for providers (for 3 months).* ID#36607

Iowa Hospital Education and Research Foundation

Des Moines, IA

\$465,362—*Family support needs assessment and referral system for new parents and their infants (for 2 years).* ID#33470

The University of Kansas, Center for Research, Inc.

Lawrence, KS

\$50,000—*Case study and report on community problem solving initiatives by the Greater Kansas City Community Foundation (for 1 year).* ID#36181

University of Minnesota Foundation

Minneapolis, MN

\$5,000—*Family Re-Union 8: Family and Community Conference (for 8 months)*. ID#36125

National Association of State Boards of Education

Alexandria, VA

\$5,000—*Study of schools roles in resolving health and social issues confronting youth (for 10 months)*. ID#36195

National Bureau of Economic Research, Inc.

Cambridge, MA

\$139,927—*Analyzing risky behavior among youth (for 1 year)*. ID#36686

National Community Service Trust

Durham, NC

\$54,183—*Conference to explore philanthropic opportunities with professional sports teams (for 3 months)*. ID#37486

National Health Foundation

Los Angeles, CA

\$21,509—*Consumer and public health representation at a national meeting on healthy communities (for 1 month)*. ID#37723

New School University

New York, NY

\$50,000—*Conference on the historical and cultural aspects of substance abuse (for 18 months)*. ID#37477

New York Academy of Sciences

New York, NY

\$40,000—*Conference on socioeconomic determinants and health (for 6 months)*. ID#35885

Northwestern University School of Education and Social Policy

Evanston, IL

\$1,813,750—*Children, families, and welfare reform: a multi-city study (for 38 months)*. ID#37218

University of Notre Dame

Notre Dame, IN

\$50,000—*Research on parenting influences on child development (for 1 year)*. ID#36862



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Other Health Programs

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GRANTS

Nurse Home Visiting Program

Program to replicate a model nurse home-visiting program targeted on first-time adolescent mothers living in poverty (for the period indicated).

Children s Hospital Association

Denver, CO

\$10,000,000—(3 years). ID#35369

Ounce of Prevention Fund

Chicago, IL

\$50,000—*Planning project for a statewide infant child care system for ages 0 to 3 years old (for 10 months).* ID#35034

Pedestrians Educating Drivers on Safety, Inc.

Atlanta, GA

\$205,000—*Encouraging safe active modes of transportation for children and youth (for 3 years).* ID#37205

Public Health Foundation Enterprises, Inc.

City of Industry, CA

\$250,000—*Providing wellness care at work sites in central Los Angeles (for 3 years).* ID#37435

RAND Corporation

Santa Monica, CA

\$492,897—*Research activities to assist the CDCs program, Racial and Ethnic Approaches to Community Health (REACH) (for 1 year).* ID#37009

Renaissance Community Development Corporation

Somerset, NJ

\$400,000—*Neighborhood Family Support Services Program (for 1 year).* ID#37503

Rhode Island Public Health Foundation Inc.

Providence, RI

\$618,828—*Pilot program to encourage physical activity in Rhode Island communities (for 3 years).* ID#36432

City of Richmond Department of Public Health

Richmond, VA

\$40,000—*Second annual Frontrunners conference (for 6 months)*. ID#37948

University of Rochester School of Medicine and Dentistry

Rochester, NY

\$50,000—*New century child health congress (for 1 year)*. ID#36253

City of San Antonio, San Antonio Metropolitan Health District

San Antonio, TX

\$348,000—*Postmortem meeting and planning study on natural disasters in Texas (for 1 year)*. ID#36183

State Health Leadership Initiative

Program to accelerate the development of the leadership capacity of state health officers as policymakers, administrators, and advocates for the health of the public (for the periods indicated).

National Governors Association Center for Best Practices

Washington, DC

\$927,996—*(1 year)*. ID#35684

National Governors Association Center for Best Practices

Washington, DC

\$260,790—*Technical assistance and direction for the State Health Leadership Initiative (1 year)*. ID#35682



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Other Health Programs

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

Program, in collaboration with the W.K. Kellogg Foundation, to help states improve the performance of their public health functions through a state level strategic assessment of public healths mission, its relationship to the private sector, organizational structure and governance, work force capacity, accountability, and sources of revenue (for the periods indicated).

State of Colorado Department of Public Health and Environment

Denver, CO

\$267,858—(25 months). ID#36866

Medical Care Development Incorporated

Augusta, ME

\$279,231—(2 years). ID#36852

State of Minnesota Department of Health

Minneapolis, MN

\$269,819—(2 years). ID#36855

State of Missouri Department of Health

Jefferson City, MO

\$273,000—(2 years). ID#36854

University of South Carolina

Columbia, SC

\$270,306—(2 years). ID#36865

State of West Virginia Department of Health and Human Resources

Charleston, WV

\$166,932—(1 year). ID#36851

State of Wisconsin Department of Health and Family Services

Madison, WI

\$273,000—(2 years). ID#36853

University of Washington School of Public Health and Community Medicine

Seattle, WA

\$998,536—*Technical assistance and direction for Turning Point (14 months)*. ID#34031\$700,000—*Grantee technical assistance fund (13 months)*. ID#36428

Urban Health Initiative: Working to Ensure the Health and Safety of Children

Program to work closely with five cities for a period of up to ten years in an effort to improve the health and safety of their young people (for the periods indicated).

University of Washington Graduate School of Public Affairs

Seattle, WA

\$1,758,876—*Technical assistance and direction for the Urban Health Initiative (1 year).* ID#34029

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

New York, NY

\$198,172—*Evaluation of the Urban Health Initiatives supplemental support (7 months).* ID#35408

University of Utah Department of Psychology

Salt Lake City, UT

\$109,408—*Study of young, economically disadvantaged parents and their children (for 1 year).* ID#36768

Young Women s Christian Association of Greater Los Angeles, California

Los Angeles, CA

\$25,200—*Programs to address womens and childrens health issues (for 8 months).* ID#36989



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Other Health Programs

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CONTRACTS**After School: Connecting Children At Risk With Responsible Adults to Help Reduce Youth Substance Abuse and Other Health-Compromising Behaviors***Program to support a three-city demonstration project designed to connect at-risk urban youth with responsible adults in activities after school (for the periods indicated).***Carol Glazer**

New York, NY

\$137,500—*Technical assistance activities for After School (1 year).* ID#38204**Julie A. Sandorf**

New York, NY

\$150,000—*Technical assistance activities for After School (1 year).* ID#38200**Children's Futures***Program to employ a comprehensive set of interventions designed to improve the health of children in a select New Jersey community (for the periods indicated).***Rush L. Russell**

Pennington, NJ

\$30,410—*Consulting services for Children's Futures (2 months).* ID#37851\$14,942—*Consulting services for Children's Futures (1 month).* ID#38352**Grantmakers in Health**

Washington, DC

\$25,500—*Grantmaker roundtable discussion on childhood immunization (for 3 months).* ID#37693**Mediawrights**

Cambridge, MA

\$199,000—*Production of material (video, web, marketing) to communicate success of Boston Strategy to reduce youth homicide (for 10 months).* ID#34914**Priscilla J. Murphy**

Hockessin, DE

\$9,627—*Focus group sessions on the physical activity practices, knowledge, and attitudes of the underserved (for 2 months).*
ID#38140

National Association of Governors Councils on Physical Fitness and Sports, Incorporated

Indianapolis, IN

\$36,457—*Survey to determine community capacity and need for promoting physical activity (for 3 months).* ID#37950

Mary Brigid Sanner

Dallas, TX

\$76,282—*Strategic communications consultancy for the Foundations Health & Behavior Program Management Team (for 6 months).* ID#37568

Turning Point: Collaborating for a New Century in Public Health

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

The Lewin Group

Falls Church, VA

\$425,644—*Expansion of the evaluation of Turning Point (2 years).* ID#37153

Cheryl Ulmer

McLean, VA

\$4,500—*Preparing manuscripts from the RWJF health and behavior paper (for 6 months).* ID#37588



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Other Health Care Programs

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GRANTS**The Albert Schweitzer Fellowship, Inc.**

Boston, MA

\$50,000—*Volunteer service program in US communities for health professions students (for 1 year).* ID#35511**American Foundation for AIDS Research**

New York, NY

\$25,000—*Eleventh Annual National HIV/AIDS Update Conference (for 6 months).* ID#36212**State of Arizona Department of Health Services**

Phoenix, AZ

\$25,000—*Conference on genetics for health professionals and the public (for 11 months).* ID#35763**Arizona State University**

Tempe, AZ

\$49,940—*Analysis of physician assistant career patterns (for 1 year).* ID#37027**Association of Academic Health Centers, Inc.**

Washington, DC

\$28,122—*The Sixth Congress of Health Professions Educators (for 16 months).* ID#36158**Association of American Medical Colleges**

Washington, DC

\$200,000—*Herbert W. Nickens Memorial Fund (for 1 month).* ID#37676**Association of Health Care Journalists**

Minneapolis, MN

\$50,000—*Support for the Association of Health Care Journalists (for 1 year).* ID#36429**University of California, Los Angeles, School of Public Policy and Social Research**

Los Angeles, CA

\$13,840—*Promotion and dissemination of a Journal of Health Politics, Policy and Law special issue on the managed care*

backlash (for 10 months). ID#37712

University of California, San Francisco, Center for the Health Professions

San Francisco, CA

\$90,500—*National advisory group on financing nursing education (for 10 months). ID#34400*

Center for Living Democracy, Inc.

Brattleboro, VT

\$400,010—*Expansion of a news service on civic engagement (for 2 years). ID#37387*



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The President's Message

The American Paradox: Lack of health insurance in a land of plenty

If we disaggregate the numbers, then only 37 million Americans (excluding non-citizens), or as few as 28 million poor Americans (excluding non-citizens and those from families with incomes over \$50,000 annually) really need help obtaining health insurance. Thus, the problem isn't that big and isn't that urgent, some commentators would say.

To me, having 28 million deserving Americans who don't have health insurance is too many. That's more than the combined populations of Arizona, Indiana, Louisiana, South Carolina, and Washington. Does not their plight merit our attention?

The uninsured are less deserving.

This argument was not addressed in my earlier paper⁶, but in the last few years I have recognized it as a subtext in many discussions. The attitude seems to result from the fundamental American ambivalence about the poor. In this land of opportunity, so the presumption goes, everyone can pull himself up by his bootstraps. Thus, people who really want health insurance could get it if they would only try a little harder.

Most people to whom I talk, including many sophisticated journalists, simply don't know who lacks health insurance. The 44 million uninsured people are all around us, yet their plight is invisible. About half are non-Hispanic whites, the rest are members of minority groups, including African Americans, Native Americans, Hispanics, and Asian and Pacific Islanders. More than 70 percent live in families with at least one full-time worker.⁷ They are the nannies who care for our children, the people who mow our lawns, taxi drivers, workers in fast-food restaurants, bookstores, discount stores and gas stations, and the low-paid employees in small firms. They are distant and different from mainstream opinion leaders and, I fear, marginalized in our political process. Yet these workers are very important to our economy.

About three-quarters of uninsured workers earn less than \$20,000 a year. When incomes are that low and an employer does not offer coverage or requires a significant co-payment, the choice for many low-income workers can be between buying health insurance and buying food. This is no real

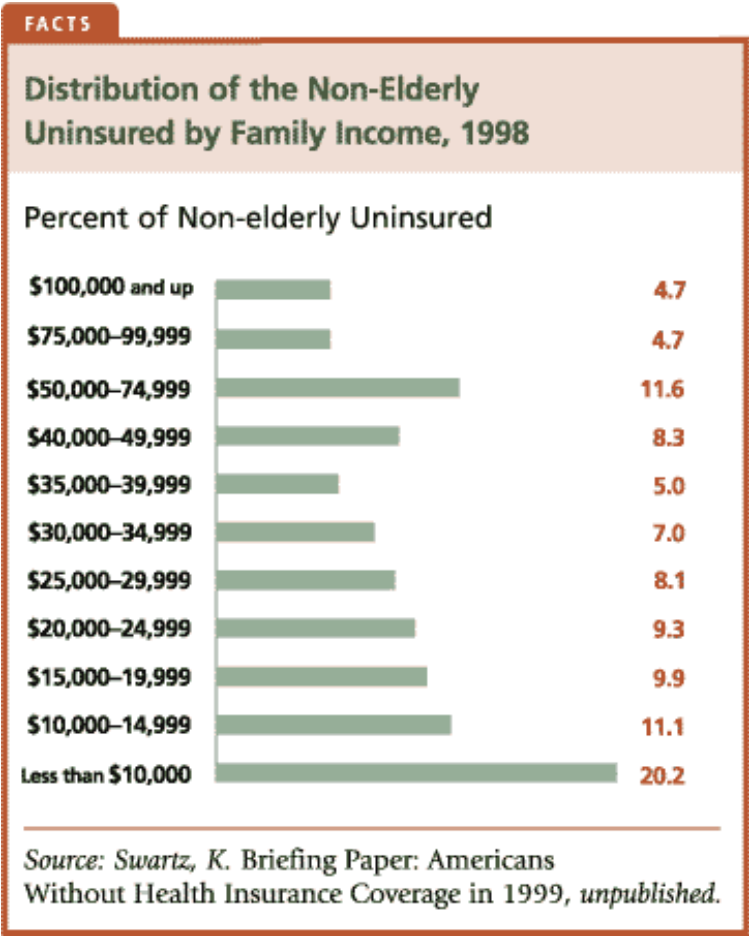


Nance Rosencranz
Larkspur, California

It's clear the number of people without health insurance in our area is growing, and we just don't have the ability to see them all when they need to be seen. We often have to turn people away. If we increased our number of appointments by another 20 to 30 percent we could fill them immediately. But our limiting factors are space, staff, and the money to pay for both of those. We scrimp and scrape on things like chairs and tables and computers. We've got carpet held together with duct tape. We put our money into providing as many appointments as we can.

The bulk of our patients are working people in jobs where they are not offered insurance or, if they are, they can't get it because they can't afford to pay the premiums. So what we have are regular working people who, as far as

choice. Further, earning low wages should not mean someone is less deserving of health care coverage.



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health insurance and health care access goes, are on the fringes.

Unfortunately, we can't afford to serve more people. The reality is, even in good times, we're struggling. And I don't know where our patients would go if we weren't here.

Nance Rosencranz is executive director of the Marin Community Clinic in Larkspur, California, a grantee under the Local Initiative Funding Partners Program.

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Other Health Care Programs

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GRANTS

Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development

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

AZHHA Education Foundation

Tempe, AZ

\$149,996—(3 years). ID#36960

University of California, Irvine, College of Medicine

Irvine, CA

\$150,000—(3 years). ID#36961

University of Colorado Health Sciences Center

Denver, CO

\$150,000—(3 years). ID#36963

Connecticut League for Nursing Inc.

Wallingford, CT

\$150,000—(3 years). ID#36964

Georgetown University School of Nursing

Washington, DC

\$150,000—(3 years). ID#36965

Idaho Commission for Nursing and Nursing Education Inc.

Boise, ID

\$150,000—(3 years). ID#36967

MHA Health, Research and Educational Foundation, Inc.

Jackson, MS

\$150,000—(3 years). ID#36971

Maryland Nurses Foundation Inc.

Linthicum, MD

\$150,000—(3 years). ID#36968

Minnesota State Colleges and Universities

St. Paul, MN

\$150,000—(3 years). ID#36970

University of Missouri-Columbia, Charles and Josie Smith Sinclair School of Nursing

Columbia, MO

\$150,000—(3 years). ID#36973

University of Missouri-Kansas City School of Nursing

Kansas City, MO

\$150,000—(3 years). ID#36972

Montana State University Foundation

Bozeman, MT

\$149,979—(3 years). ID#36974

State of North Carolina, for the North Carolina Center for Nursing

Raleigh, NC

\$150,000—(3 years). ID#36981

Rutgers, The State University, College of Nursing

Piscataway, NJ

\$150,000—(3 years). ID#36975

University of South Carolina College of Nursing

Columbia, SC

\$150,000—(3 years). ID#36976

South Dakota Board of Nursing

Sioux Falls, SD

\$150,000—(3 years). ID#36977

Texas A&M Research Foundation

Corpus Christi, TX

\$150,000—(3 years). ID#36978

University Health Group Inc.

Honolulu, HI

\$150,000—(3 years). ID#36966

West Virginia University Foundation Inc.

Morgantown, WV

\$149,269—(3 years). ID#36979

American Association of Colleges of Nursing

Washington, DC

\$503,160—*Technical assistance and direction for Colleagues in Caring (1 year)*. ID#36578

\$42,673—*Technical assistance and direction for Colleagues in Caringsupplemental support (3 months)*. ID#34944

AZHHA Education Foundation

Tempe, AZ

\$15,000—*Establishment of an integrated data system for assessing nursing care work force needs (1 year)*. ID#35308



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Dartmouth Medical School

Hanover, NH

\$4,769,869—*Monitoring the performance of local and regional health care systems (for 5 years).* ID#36962

Foundation for Health Care Quality

Seattle, WA

\$443,208—*Multistate Initiative to Help Build a Health Information Infrastructure (for 6 months).* ID#36045

Foundation for the National Institutes of Health, Inc.

Bethesda, MD

\$749,093—*National coalition to educate health professionals in genetics (for 3 years).* ID#37749

Generalist Physician Faculty Scholars Program

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

Boston University School of Medicine

Boston, MA

\$240,000—(4 years). ID#36906

University of California, Los Angeles, School of Medicine

Los Angeles, CA

\$239,700—(4 years). ID#36833

Columbia University College of Physicians and Surgeons

New York, NY

\$239,800—(4 years). ID#36830

The University of Iowa College of Medicine

Iowa City, IA

\$239,998—(4 years). ID#36813

University of Michigan

Ann Arbor, MI

\$240,000—(4 years). ID#36801

University of Minnesota

Minneapolis, MN

\$237,840—(4 years). ID#36831

University of New Mexico Health Sciences Center

Albuquerque, NM

\$142,004—(2 years). ID#38021

University of North Carolina at Chapel Hill School of Medicine

Chapel Hill, NC

\$240,000—(4 years). ID#36810

Northwestern University Medical School

Chicago, IL

\$238,830—(4 years). ID#36800

University of Pennsylvania School of Medicine

Philadelphia, PA

\$239,834—(4 years). ID#36803

University of Pittsburgh School of Medicine

Pittsburgh, PA

\$222,766—(39 months). ID#36505

Stanford University School of Medicine

Palo Alto, CA

\$240,000—(4 years). ID#36799

The University of Texas Health Science Center at Houston Medical School

Houston, TX

\$240,000—(4 years). ID#36797

The University of Texas Southwestern Medical Center at Dallas

Dallas, TX

\$232,010—(4 years). ID#36832

Vanderbilt University Medical Center

Nashville, TN

\$239,295—(4 years). ID#36816

Virginia Commonwealth University

Richmond, VA

\$240,000—(4 years). ID#36798

University of Washington

Seattle, WA

\$239,602—(4 years). ID#36826

University of Massachusetts Medical School

Worcester, MA

\$299,854—*Technical assistance and direction for the Generalist Physician Faculty Scholars Program (1 year)*. ID#36130



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GRANTS**Generalist Physician Initiative**

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

University of Missouri-Columbia School of Medicine

Columbia, MO

\$305,983—*Technical assistance and direction for the Generalist Physician Initiative (1 year).* ID#35954**Georgetown University Medical Center**

Washington, DC

\$20,000—*Supplement to the Health Privacy Project (for 3 months).* ID#37287**Harvard University School of Public Health**

Boston, MA

\$19,593—*Nurse Executive Leadership Conference (for 1 year).* ID#36834**Health Professions Partnership Initiative**

Program, co-sponsored with the W.K. Kellogg Foundation, helping academic health centers develop education partnerships to increase the number of underrepresented minorities in the clinical health professions and in public health (for the period indicated).

Association of American Medical Colleges

Washington, DC

\$540,541—*Technical assistance and direction for the Health Professions Partnership Initiative (1 year).* ID#34227**Health Tracking**

Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the periods indicated).

University of California, Berkeley, School of Public Health

Berkeley, CA

\$72,834—*(15 months).* ID#36275**University of California, Los Angeles, Center for Health Sciences**

Los Angeles, CA

\$4,999,154—(29 months). ID#38273

US Public Health Service, Agency for Health Care Policy and Research

Rockville, MD

\$215,000—(17 months). ID#37755

The Johns Hopkins University, Johns Hopkins Bayview Medical Center

Baltimore, MD

\$24,444—*Implementing and evaluating a population/community-oriented primary care curriculum for internal medicine residents (for 1 year)*. ID#37418

Libraries for the Future

New York, NY

\$49,960—*Coalition-based effort to increase the publics access to health information (for 1 year)*. ID#36845

University of Michigan Institute for Social Research

Ann Arbor, MI

\$475,435—*Genetic technology and health: knowledge, attitudes, values, and behavior (for 2 years)*. ID#35311

Minority Medical Education Program

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

University of Alabama at Birmingham School of Medicine

Birmingham, AL

\$1,500,000—(5 years). ID#37960

United Negro College Fund, Inc.

Fairfax, VA

\$1,500,000—(5 years). ID#38142

Yale University

New Haven, CT

\$1,498,346—(5 years). ID#37962

Association of American Medical Colleges

Washington, DC

\$695,295—*Technical assistance and direction for the Minority Medical Education Program (1 year)*. ID#35416



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GRANTS

Minority Medical Faculty Development Program

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

University of Alabama at Birmingham

Birmingham, AL

\$365,400—(4 years). ID#38389

Baylor College of Medicine

Houston, TX

\$365,187—(4 years). ID#38406

\$7,760—(1 year). ID#38383

University of California, Los Angeles, School of Medicine

Los Angeles, CA

\$18,524—(2 years). ID#38402

\$7,760—(1 year). ID#38399

\$315,506—(4 years). ID#37214

University of California, San Diego, School of Medicine

La Jolla, CA

\$7,760—(1 year). ID#38385

University of California, San Francisco

San Francisco, CA

\$315,506—(4 years). ID#36293

\$7,760—(1 year). ID#38387

Columbia University

New York, NY

\$18,500—(2 years). ID#38390

Columbia University College of Physicians & Surgeons

New York, NY

\$279,310—(43 months). ID#35941

Cornell University, Joan and Sanford I. Weill Medical College

New York, NY

\$18,524—(2 years). ID#38401

Duke University Medical Center

Durham, NC

\$315,506—(4 years). ID#37211

Emory University

Atlanta, GA

\$32,149—(3 years). ID#38388

The General Hospital Corporation-Massachusetts General Hospital

Boston, MA

\$315,351—(4 years). ID#37297

\$365,400—(4 years). ID#38417

\$7,760—(1 year). ID#38395

Harvard Medical School

Boston, MA

\$315,506—(4 years). ID#36626

The Johns Hopkins University

Baltimore, MD

\$315,506—(4 years). ID#37213

The Johns Hopkins University School of Medicine

Baltimore, MD

\$32,149—(3 years). ID#38391

\$204,760—(26 months). ID#37295

\$18,524—(2 years). ID#38396

Loyola University Medical Center

Maywood, IL

\$18,524—(2 years). ID#38394

The Medical University of South Carolina

Charleston, SC

\$32,149—(3 years). ID#38384

The University of Texas Southwestern Medical Center at Dallas

Dallas, TX

\$7,760—(1 year). ID#38392

\$365,400—(4 years). ID#38405

Washington University School of Medicine

St. Louis, MO

\$18,524—(2 years). ID#38393

George Washington University Medical Center

Washington, DC

\$922,105—*Technical assistance and direction for the Minority Medical Faculty Development Program (2 years)*. ID#37361

Washington, DC

\$235,983—Research to identify and examine the characteristics of micro systems in the health care industry (for 1 year).

ID#36111



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GRANTS

National Association of Children s Hospitals and Related Institutions, Inc.

Alexandria, VA

\$15,136—*Conference for child health services researchers (for 3 months)*. ID#36969

The New York Academy of Medicine

New York, NY

\$192,062—*Dissemination of a chartbook on urban/suburban social and health indicators (for 1 year)*. ID#36934

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

New York, NY

\$239,998—*Developing a dispute resolution quality assessment protocol (for 18 months)*. ID#37469

Partnerships for Quality Education

Continuation and expansion of a program, begun by Pew Charitable Trusts, to create partnerships between medical and nurse training programs and managed care settings to develop new ways to teach the skills and competencies of primary care (for the periods indicated).

Harvard Pilgrim Health Care, Inc.

Boston, MA

\$8,997,345—*(51 months)*. ID#36994

Harvard Pilgrim Health Care, Inc.

Boston, MA

\$743,600—*Technical assistance and direction for Partnerships for Quality EducationPhase II (1 year)*. ID#36028

New York University

New York, NY

\$735,597—*Evaluation of Partnerships for Quality EducationPhase II (5 years)*. ID#36808

Planned Parenthood Association of Mercer Area, Inc.

Trenton, NJ

\$48,321—*Nurse practitioner training for clinic staff (for 1 year)*. ID#37938

State Forums Partnership Program

Program to establish a technical assistance center to support the replication of the New Jersey Policy Forums on Health and Medical Care project in up to five states (for the period indicated).

Texas Institute for Health Policy Research

Austin, TX

\$126,000—(3 years). ID#37601

United Hospital Fund of New York

New York, NY

\$2,500,000—*Establishment of the National Forum for Health Care Quality Measurement and Reporting (for 3 years).* ID#36668



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CONTRACTS

Generalist Physician Faculty Scholars Program

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

Joanne Delaney

Shrewsbury, MA

\$36,308—*Administrative coordination of the Generalist Physician Faculty Scholars Program (1 year).* ID#38031**Carolyn E. Miller**

Princeton, NJ

\$6,500—*Survey of Scholars under the Generalist Physician Faculty Scholars Program (2 months).* ID#37459

Gradison and Associates

McLean, VA

\$25,207—*Environmental assessment of health coverage issues (for 5 months).* ID#37132

Health Tracking

Program to monitor over the next five years the changes within the health care system and how these changes affect people (for the period indicated).

National Center for Health Statistics

Hyattsville, MD

\$61,950—*(25 months).* ID#36279[> BACK TO TOP](#)

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General Philanthropy

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GRANTS

Accreditation Council for Graduate Medical Education

Chicago, IL

\$745,489—*Improving the quality of medical education through national accreditation (for 5 years).* ID#34768

American Lung Association

Washington, DC

\$45,000—*Conference on engaging health professionals in issues related to environmental health and global climate change (for 3 months).* ID#38076

American Medical Student Association Foundation

Reston, VA

\$7,957—*Evaluation of National Primary Care Week for medical students (for 5 months).* ID#37404

American National Red Cross

Washington, DC

\$1,000,000—*Emergency assistance for victims of Hurricane Floyd (for 1 month).* ID#38103

American National Red Cross, Central New Jersey Chapter

Princeton, NJ

\$100,000—*Establishing a community program in disaster prevention and safety (for 1 year).* ID#37652

The Arnold Gold Foundation

Englewood, NJ

\$50,000—*Developing a humanism in medicine honor (for 1 year).* ID#36427

Association for Health Services Research, Inc.

Washington, DC

\$99,088—*Development of a strategy to strengthen the field of health care research (for 9 months).* ID#34534

Cenacle Retreat House

Highland Park, NJ

\$71,960—*Facility repairs and maintenance (for 1 year)*. ID#34943

Cerebral Palsy Association of Middlesex County

Edison, NJ

\$150,000—*Childrens Center construction project (for 1 year)*. ID#36087

The Communications Network Inc.

Washington, DC

\$50,000—*Support for The Communications Network (for 1 year)*. ID#36256

Council of New Jersey Grantmakers Inc.

Trenton, NJ

\$50,000—*Building capacity for New Jersey philanthropy (for 2 years)*. ID#38017

Council on Foundations, Inc.

Washington, DC

\$500,000—*Project to improve the Councils information system (for 1 year)*. ID#37786



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General Philanthropy

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GRANTS

Dartmouth College

Hanover, NH

\$50,000—*Promotional activities for Civil Society: Historical and Contemporary Perspectives (for 1 year).* ID#36873

East Brunswick Rescue Squad

East Brunswick, NJ

\$100,000—*Replacement of facility and equipment (for 8 months).* ID#38097

The Easter Seal Society of New Jersey, Inc., Raritan Valley Workshop

New Brunswick, NJ

\$75,000—*Facility repair project (for 1 year).* ID#38066

Foundation Center

New York, NY

\$250,000—*Electronic data access program (for 3 years).* ID#34032

Foundation of the University of Medicine and Dentistry of New Jersey

Newark, NJ

\$502,510—*Building the research and educational capacity of the School of Public Health (for 2 years).* ID#35288

\$10,000—*UMDNJ-wide symposium on the neurobiology of behavior (for 2 months).* ID#36568

\$6,000,000—*Expanding service capacities and staff of the Cancer Institute of New Jersey (for 5 years).* ID#37156

George Washington University Medical Center

Washington, DC

\$74,884—*Forums to promote synergy among local grantees (for 14 months).* ID#36615

Grantmakers for Children, Youth & Families Inc.

Washington, DC

\$10,000—*Support for the 1999 program year (for 8 months).* ID#35202

HomeFront, Inc.

Lawrenceville, NJ

\$49,000—*Support services for Mercer county homeless families (for 1 year).* ID#35548

\$12,000—*Support services for Mercer county homeless families (for 4 months).* ID#37780

\$35,000—*Program to assist homeless persons (for 1 year).* ID#38538

Independent Sector

Washington, DC

\$600,000—*Support for the ongoing activities of the Independent Sector (for 3 years).* ID#36809

March of Dimes Birth Defects Foundation, Central Jersey Chapter

Cranbury, NJ

\$18,255—*Community-based prenatal education project (for 1 year).* ID#36132

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)

Edison, NJ

\$299,444—*Camping program for health-impaired children (for 1 year).* ID#34985

Montefiore Medical Center

Bronx, NY

\$48,571—*Study to evaluate the economic impact of breast-feeding interventions (for 1 year).* ID#37046

National Center for Nonprofit Boards

Washington, DC

\$300,000—*Strengthening the governance of voluntary health organizations (for 3 years).* ID#36329

The National Health Museum, Inc.

Washington, DC

\$400,000—*Creation of the National Health Museum (for 1 year).* ID#36953

New Brunswick Development Corporation

New Brunswick, NJ

\$250,000—*Revitalization program for the City of New Brunswick, New Jersey (for 1 year).* ID#34941



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General Philanthropy

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GRANTS

New Brunswick Tomorrow

New Brunswick, NJ

\$350,000—*Citywide program to strengthen human services and resources (for 1 year).* ID#34030

The New York Academy of Medicine

New York, NY

\$50,000—*Assessment of the first decade of the Agency for Health Care and Policy Research (for 6 months).* ID#37565

Occupational Training Center of Morris County, Inc.

Cedar Knolls, NJ

\$25,000—*Employment placement program for people with disabilities (for 1 year).* ID#36766

Peter Westbrook Foundation Inc.

New York, NY

\$50,000—*Enhancing the health of disadvantaged urban youth through a program of fencing, tutoring, and mentoring (for 6 months).* ID#35986

The Philanthropic Initiative Inc.

Boston, MA

\$15,000—*Research on the needs of new and emerging philanthropic donors (for 8 months).* ID#37603

Plainsboro Rescue Squad, Inc.

Plainsboro, NJ

\$65,000—*Purchase of a first responder emergency services mobile unit (for 6 months).* ID#36347

Project on Technology, Work and Character

Washington, DC

\$49,022—*Research on the leadership and culture of exemplary health care organizations (for 1 year).* ID#38157

Rescue Mission of Trenton

Trenton, NJ

\$15,000—*Central facility renovation project (for 1 year). ID#36563*

Rockefeller University

New York, NY

\$30,000—*Meeting of clinical research societies on patient-oriented research issues (for 1 year). ID#37638*

Rutgers, The State University, Cook College

New Brunswick, NJ

\$20,000—*Farm skills training program for high-risk youth (for 1 year). ID#36418*

Rutgers University Foundation

New Brunswick, NJ

\$50,000—*Support for publishing the encyclopedia of New Jersey (for 2 years). ID#35571*

St. Vincent de Paul Societies

Metuchen, NJ

\$131,841—*Annual support for program of assistance to the indigent (for 1 year). ID#36496*

The Salvation Army

New Brunswick, NJ

\$228,700—*Assistance to needy and indigent families (for 1 year). ID#35960*

Tides Center

San Francisco, CA

\$299,799—*Support for non-profit health organizations to prepare for Y2K (for 1 year). ID#36252*

United Way of Greater Mercer County, Inc.

Lawrenceville, NJ

\$150,000—*Support for 1998-1999 Campaign (for 1 year). ID#34035*

The Wholistic Health and Healing Association

Roseville, CA

\$49,989—*National forum on reducing the prevalence of uterine fibroids among African-American women (for 4 months).*

ID#38660

Women Aware

New Brunswick, NJ

\$9,600—*On-site nursing service in a battered womens shelter (for 1 year). ID#35413*

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General Philanthropy

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CONTRACTS

Benton Foundation

Washington, DC

\$110,094—*Publication of communications guides (for 1 year)*. ID#36661

Center for Biomedical Communications, Inc.

Hackensack, NJ

\$49,998—*Conference on connecting ethics and health policy (for 8 months)*. ID#35870

Gardner Associates

Cherry Hill, NJ

\$130,000—*RWJF Oral History Project and Archives (for 2 years)*. ID#31994

Patricia Patrizi

Wyncote, PA

\$50,000—*Meeting to explore the role and benefits of foundation evaluation (for 6 months)*. ID#37391



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The President's Message

The American Paradox:

Lack of health insurance in a land of plenty

Government can't handle it

Confidence in government (which has never been strong) has been in steady decline during the past three decades, to the extent that today only 31 percent of the general public agrees with the statement that government can be trusted to do the right thing⁸. Politicians of both parties, aware of these sentiments, regularly campaign on anti-government platforms.

Yet government plays a critical role in every country that has achieved universal health insurance coverage. This ranges from providing insurance and directly paying for medical care (e.g., Canada), to functioning as insurer of last resort for people unable to obtain it through their employer (e.g., Germany), to being both the insurer and the provider in a national health service (e.g., the United Kingdom). While the

delivery systems in each of these countries are not perfect, and some are experiencing significant stresses, insofar as achieving universal coverage, government functions as a legitimate public servant.

It seems ironic that the American public is skeptical about the government's role in health insurance expansions, since one of the most valued government programs is Medicare, which in its day was a major coverage expansion. Given the potential importance of government in financing and implementing any significant health insurance expansion, public attitudes about the validity of government's role pose a significant barrier to decreasing the number of uninsured.

The United States can't afford to provide health insurance for everyone.

The cost of insuring the uninsured would depend upon which services are covered, as well as the indirect consequences of that expansion such as whether existing coverage would be maintained for those already insured. In 1994, researchers from the RAND Corporation estimated that it would take an additional \$20 billion annually to pay for the care needs of the uninsured, assuming they used health care services at the same rate as insured people with similar economic and demographic characteristics.

Twenty billion dollars was not a trivial amount, but it was only about 2 percent of national health expenditures in 1994. Clearly a country that spends more than \$8 trillion dollars annually on all goods and services can afford such a relatively small sum to provide insurance coverage to more people, or even an amount as high as \$100 billion per year.

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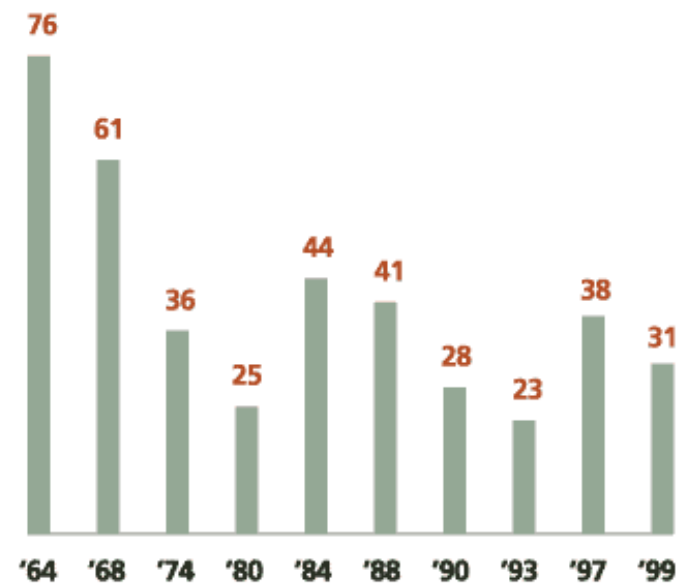
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FACTS

**Public Confidence in Government,
1964–1999, Selected Years**

Percent of Americans saying they trust the federal government "always/most of the time" to do the right thing



Sources: For 1964–1994: Miller, Warren E., and the National Election Studies. American National Election Studies Cumulative Data File, 1952–1992 [Computer File]. 6th release. Ann Arbor, MI: University of Michigan, Center for Political Studies [producer], 1994.

For 1997 and 1999: May 1999 News Interest Index. Pew Research Center for the People & the Press [Online]. Available at www.people-press.org/may99rpt3.htm [1999, May 24].

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Cross-Cutting Programs

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GRANTS**The Advocacy Institute**

Washington, DC

\$399,625—*Health Policy Leadership Fellows Program (for 1 year). ID#37766 Substance Abuse, Other Health and Health Care***The Alliance for Health Reform**

Washington, DC

\$497,555—*Education campaign for journalists and editorial boards for covering health policy issues in year 2000 (for 16 months). ID#37672 Access, Chronic Conditions***American Association of Homes and Services for the Aging**

Washington, DC

\$4,717,824—*Information clearinghouse for Medicare choices (for 3 years). ID#37817 Access, Chronic Conditions***Andean Rural Health Care**

Lake Junaluska, NC

\$99,409—*Planning project to provide community-based primary care to low-income persons (for 7 months). ID#34159 Access, Chronic Conditions***University of California, San Francisco, Institute for Health Policy Studies**

San Francisco, CA

\$156,715—*Consulting on the Foundations evaluation and assessment activities (for 11 months). ID#37704 Access, Chronic Conditions, Substance Abuse, General Philanthropy***Caucus Educational Corporation Inc.**

Bloomfield, NJ

\$150,926—*Health care series on public televisions CAUCUS: NEW JERSEY (for 1 year). ID#36291 Access, Chronic Conditions, Substance Abuse***Central Massachusetts Area Health Education Center Incorporated**

Worcester, MA

\$25,000—*Development of a community health education program for Native American women (for 1 year). ID#36679 Access,*

Chronic Conditions, Substance Abuse



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Cross-Cutting Programs

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GRANTS

Changes in Health Care Financing and Organization

Program for research, demonstration, and evaluation projects examining major changes in health care financing (for the periods indicated).

University of Arizona Health Sciences Center

Tucson, AZ

\$57,534(1 year). ID#37380 *Chronic Conditions***Boston University School of Public Health**

Boston, MA

\$60,301(1 year). ID#38091 *Access*\$49,449(1 year). ID#36618 *General Philanthropy***University of California, Davis**

Davis, CA

\$98,155(1 year). ID#38089 *Access***University of California, San Francisco**

San Francisco, CA

\$290,507(18 months). ID#35969 *Access***University of California, San Francisco, Institute for Health Policy Studies**

San Francisco, CA

\$350,004(18 months). ID#36348 *Access***University of Michigan**

Ann Arbor, MI

\$449,327(2 years). ID#36874 *General Philanthropy***University of Michigan Institute for Social Research**

Ann Arbor, MI

\$78,454(18 months). ID#36331 *Access***University of Minnesota, Carlson School of Management**

Minneapolis, MN

\$236,585(18 months). ID#36150 *Access***University of Minnesota School of Public Health**

Minneapolis, MN

\$88,315(2 years). ID#36327 Access

The New York Academy of Medicine

New York, NY

\$102,071(1 year). ID#38087 Access

University of North Carolina at Chapel Hill

Chapel Hill, NC

\$99,992(1 year). ID#38086 Access

University of Pennsylvania

Philadelphia, PA

\$98,543(18 months). ID#36330 Access

\$96,327(1 year). ID#38092 Access

University of Pennsylvania, The Wharton School

Philadelphia, PA

\$71,820(15 months). ID#36335 Access

People to People Health Foundation, Inc.

Millwood, VA

\$97,397(15 months). ID#36333 Access

University of Pittsburgh Graduate School of Public Health

Pittsburgh, PA

\$76,800(1 year). ID#36324 Access

University of Rochester

Rochester, NY

\$103,929(1 year). ID#38088 Access

Stanford University School of Medicine

Stanford, CA

\$87,411(1 year). ID#36334 Access

University of Washington

Seattle, WA

\$100,768(15 months). ID#36332 Access

\$88,178(1 year). ID#36326 Access

Washington State University

Pullman, WA

\$75,205(1 year). ID#36328 Access

Yale University

New Haven, CT

\$105,228(1 year). ID#38090 Access, *Chronic Conditions*

Yale University School of Medicine

New Haven, CT

\$302,577(2 years). ID#38153 Access, *Chronic Conditions*



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Cross-Cutting Programs

Grants and contracts authorized in the year ended December 31, 1999.

GRANTS

Clinical Scholars Program®

Program to allow young physicians committed to clinical medicine to acquire new skills and training in the non-biological sciences important to medical care systems (for the periods indicated).

University of California, Los Angeles, School of Medicine

Los Angeles, CA

\$842,487—(2 years). ID#37098 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

University of Chicago, The Pritzker School of Medicine

Chicago, IL

\$457,454—(2 years). ID#37090 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

The Johns Hopkins University School of Medicine

Baltimore, MD

\$609,807—(2 years). ID#37095 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

University of Michigan Medical School

Ann Arbor, MI

\$384,996—(2 years). ID#37096 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

University of North Carolina at Chapel Hill School of Medicine

Chapel Hill, NC

\$762,489—(2 years). ID#37097 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

University of Washington School of Medicine

Seattle, WA

\$842,497—(2 years). ID#37092 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

Yale University School of Medicine

New Haven, CT

\$232,500—(2 years). ID#37093 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

University of Arkansas for Medical Sciences

Little Rock, AR

\$497,607—*Technical assistance and direction for the Clinical Scholars Program (1 year).*

ID#34986 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

Columbia University

New York, NY

\$49,478—*Seminars on identifying issues facing health care purchasers and providers (for 1 year)*. ID#35128 *Other Health and Health Care*

Columbia University Graduate School of Journalism

New York, NY

\$20,000—*Resource guide for journalists covering managed care in Columbia Journalism Review (for 1 month)*. ID#36243 *Access, Chronic Conditions*

Community Health Leadership Program

Program to provide recognition for the contributions community health leaders make to achieving RWJF's mission and goals and to enhance the capacity of these individuals to have a more permanent and widespread impact on health care problems (for the periods indicated).

Massachusetts Health Research Institute, Inc.

Boston, MA

\$3,000,000—(3 years). ID#34721 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

Massachusetts Health Research Institute, Inc.

Boston, MA

\$583,310—*Technical assistance and direction for Community Health Leadership Program (1 year)*.

ID#34034 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

The ETV Endowment of South Carolina, Inc.

Spartanburg, SC

\$2,212,102—*How good is our health care? PBS series (for 1 year)*. ID#36058 *Access, Chronic Conditions*

Florida Atlantic University

Fort Lauderdale, FL

\$178,783—*Understanding citizen involvement in the development of community capacity: an exploratory study (for 18 months)*.

ID#37087 *Substance Abuse, Other Health and Health Care*

The Freedom Channel Inc.

Alexandria, VA

\$250,000—*Developing an Internet project to provide the public access to candidates views on health care and other issues (for 3 months)*. ID#37389 *Access, Chronic Conditions, Substance Abuse*

George Washington University

Washington, DC

\$3,400,000—*National Health Policy Forum (for 4 years)*. ID#30252 *Access, Chronic Conditions, Substance Abuse*

The HSC Foundation

Washington, DC

\$50,000—*Development of a national resource center on sociocultural and financial barriers for children with special needs (for 1 year)*. ID#36408 *Access, Chronic Conditions*



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Cross-Cutting Programs

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GRANTS**Health Policy Fellowships Program**

Program of 12-month experiences in Washington, DC, to develop the capacity of outstanding mid-career health professionals in academic and community-based settings to assume leadership roles in health policy and management (for the periods indicated).

Baylor College of Medicine

Houston, TX

\$74,743—(1 year). ID#36921 *Access, Chronic Conditions, Substance Abuse***University of Colorado Health Sciences Center**

Denver, CO

\$76,125—(1 year). ID#36918 *Access, Chronic Conditions, Substance Abuse***Group Health Cooperative of Puget Sound**

Seattle, WA

\$78,040—(1 year). ID#36892 *Access, Chronic Conditions, Substance Abuse***University of Illinois at Chicago**

Chicago, IL

\$75,869—(1 year). ID#36894 *Access, Chronic Conditions, Substance Abuse***University of Missouri-Columbia**

Columbia, MO

\$78,125—(1 year). ID#36893 *Access, Chronic Conditions, Substance Abuse***Tufts University School of Dental Medicine**

Boston, MA

\$79,063—(1 year). ID#36919 *Access, Chronic Conditions, Substance Abuse***National Academy of Sciences Institute of Medicine**

Washington, DC

\$598,727—*Technical assistance to the Health Policy Fellowships Program (1 year).*ID#35685 *Access, Chronic Conditions, Substance Abuse, General Philanthropy***The Horticultural Society of New York, Inc.**

New York, NY

\$20,000—*Establishing a vocational, educational, and life skills transitional program for inmates at Rikers Island (for 1 year).*ID#37456 *Substance Abuse, General Philanthropy*

University of Illinois at Chicago

Chicago, IL

\$30,000—*Conference on health survey methods (for 18 months)*. ID#35712 *Other Health and Health Care*

Investigator Awards in Health Policy Research Program

Program to produce major works from senior and new investigators that would add to the health policy fields knowledge base (for the periods indicated).

Brown University

Providence, RI

\$249,974—(3 years). ID#36273 *General Philanthropy*

University of California, San Diego, School of Medicine

La Jolla, CA

\$220,641—(2 years). ID#36271 *Access*

Columbia University

New York, NY

\$241,042—(2 years). ID#36269 *Other Health and Health Care*

Georgetown University, Kennedy Institute of Ethics

Washington, DC

\$249,949—(3 years). ID#36295 *Other Health and Health Care*

Harvard University School of Public Health

Boston, MA

\$249,900—(3 years). ID#36270 *Other Health and Health Care*

University of Minnesota

Minneapolis, MN

\$249,939—(3 years). ID#36272 *Chronic Conditions*

University of Pennsylvania School of Nursing

Philadelphia, PA

\$245,832—(3 years). ID#36274 *Other Health and Health Care*

Research Foundation of the City University of New York

New York, NY

\$249,960—(2 years). ID#36267 *Other Health and Health Care*

The Urban Institute

Washington, DC

\$238,008—(2 years). ID#36311 *Other Health and Health Care*

Association for Health Services Research, Inc.

Washington, DC

\$351,050—*Technical assistance and direction for Investigator Awards in Health Policy Research (6 months)*.

ID#35423 *Access, Chronic Conditions, Substance Abuse*



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Cross-Cutting Programs

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GRANTS**Health Policy Fellowships Program**

Program of 12-month experiences in Washington, DC, to develop the capacity of outstanding mid-career health professionals in academic and community-based settings to assume leadership roles in health policy and management (for the periods indicated).

Baylor College of Medicine

Houston, TX

\$74,743—(1 year). ID#36921 *Access, Chronic Conditions, Substance Abuse***University of Colorado Health Sciences Center**

Denver, CO

\$76,125—(1 year). ID#36918 *Access, Chronic Conditions, Substance Abuse***Group Health Cooperative of Puget Sound**

Seattle, WA

\$78,040—(1 year). ID#36892 *Access, Chronic Conditions, Substance Abuse***University of Illinois at Chicago**

Chicago, IL

\$75,869—(1 year). ID#36894 *Access, Chronic Conditions, Substance Abuse***University of Missouri-Columbia**

Columbia, MO

\$78,125—(1 year). ID#36893 *Access, Chronic Conditions, Substance Abuse***Tufts University School of Dental Medicine**

Boston, MA

\$79,063—(1 year). ID#36919 *Access, Chronic Conditions, Substance Abuse***National Academy of Sciences Institute of Medicine**

Washington, DC

\$598,727—*Technical assistance to the Health Policy Fellowships Program (1 year).*ID#35685 *Access, Chronic Conditions, Substance Abuse, General Philanthropy***The Horticultural Society of New York, Inc.**

New York, NY

\$20,000—*Establishing a vocational, educational, and life skills transitional program for inmates at Rikers Island (for 1 year).*ID#37456 *Substance Abuse, General Philanthropy*

University of Illinois at Chicago

Chicago, IL

\$30,000—*Conference on health survey methods (for 18 months)*. ID#35712 *Other Health and Health Care*

Investigator Awards in Health Policy Research Program

Program to produce major works from senior and new investigators that would add to the health policy fields knowledge base (for the periods indicated).

Brown University

Providence, RI

\$249,974—(3 years). ID#36273 *General Philanthropy*

University of California, San Diego, School of Medicine

La Jolla, CA

\$220,641—(2 years). ID#36271 *Access*

Columbia University

New York, NY

\$241,042—(2 years). ID#36269 *Other Health and Health Care*

Georgetown University, Kennedy Institute of Ethics

Washington, DC

\$249,949—(3 years). ID#36295 *Other Health and Health Care*

Harvard University School of Public Health

Boston, MA

\$249,900—(3 years). ID#36270 *Other Health and Health Care*

University of Minnesota

Minneapolis, MN

\$249,939—(3 years). ID#36272 *Chronic Conditions*

University of Pennsylvania School of Nursing

Philadelphia, PA

\$245,832—(3 years). ID#36274 *Other Health and Health Care*

Research Foundation of the City University of New York

New York, NY

\$249,960—(2 years). ID#36267 *Other Health and Health Care*

The Urban Institute

Washington, DC

\$238,008—(2 years). ID#36311 *Other Health and Health Care*

Association for Health Services Research, Inc.

Washington, DC

\$351,050—*Technical assistance and direction for Investigator Awards in Health Policy Research (6 months)*.

ID#35423 *Access, Chronic Conditions, Substance Abuse*



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GRANTS

Kaiser Foundation Hospitals, Kaiser Foundation Research Institute

Portland, OR

\$49,829—*Evaluation of HMO-school partnerships to improve childrens health (for 20 months).* ID#36713 *Access, Chronic Conditions*

L.I.F.T., Inc.

Trenton, NJ

\$20,920—*Planning for family support services center (for 1 year).* ID#36487 *Access, Substance Abuse*

Local Initiative Funding Partners Program

Matching grant program to help agencies and institutions identified by local philanthropies that are undertaking innovative solutions to major community health problems (for the periods indicated).

University of California, San Francisco, Mount Zion Violence Prevention Project

San Francisco, CA

\$470,000—(3 years). ID#37335 *Access, Chronic Conditions*

Catholic Social Service of the Diocese of Rapid City

Rapid City, SD

\$241,580—(4 years). ID#37321 *Chronic Conditions, Substance Abuse*

Chicago Cook County Ambulatory Care Board Inc.

Chicago, IL

\$470,000—(3 years). ID#37331 *Chronic Conditions*

Coordinated Care Network

Pittsburgh, PA

\$470,000—(3 years). ID#37334 *Access, Chronic Conditions*

Dade County Area Health Education Center Program Inc.

Miami, FL

\$200,000—(2 years). ID#37323 *Access, Chronic Conditions, Substance Abuse*

Family Violence Prevention Services, Inc.

San Antonio, TX

\$470,000—(4 years). ID#37320 *Substance Abuse*

University of Illinois at Chicago

Chicago, IL

\$470,874—(4 years). ID#37315 *Substance Abuse, General Philanthropy*

Interfaith Council for the Homeless

Chicago, IL

\$225,000—(3 years). ID#37318 *Chronic Conditions, Substance Abuse*

Lane County

Eugene, OR

\$365,001—(3 years). ID#37322 *Access*

Marin Community Clinic

Greenbrae, CA

\$470,000—(4 years). ID#37324 *Access, Substance Abuse*

Molokai General Hospital

Kaunakakai, HI

\$470,051—(4 years). ID#37333 *Chronic Conditions*

Orlando Regional Healthcare Foundation, Inc.

Orlando, FL

\$470,000—(4 years). ID#37336 *Access*

Palmetto Project Inc.

Charleston, SC

\$285,000—(4 years). ID#37316 *Access*

Philadelphia FIGHT

Philadelphia, PA

\$365,000—(3 years). ID#37326 *Chronic Conditions*

St. Mary s Foundation

Pierre, SD

\$50,000—(20 months). ID#38228 *Access*

Senior Services of Seattle King County

Seattle, WA

\$194,007—(3 years). ID#37330 *Chronic Conditions*

The Supportive Housing and Managed Care Pilot

Minneapolis, MN

\$470,000—(4 years). ID#37329 *Chronic Conditions, Substance Abuse*

Union Mission Inc.

Savannah, GA

\$475,000—(4 years). ID#37327 *Access, Substance Abuse*

Washington State University College of Nursing

Spokane, WA

\$301,840—(4 years). ID#37317 *Access*

Health Research and Educational Trust of New Jersey

Princeton, NJ

\$815,657—*Technical assistance and direction for the Local Initiative Funding Partners Program (1 year).*

ID#35412 *Access, Chronic Conditions, Substance Abuse*



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Cross-Cutting Programs

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GRANTS

Medicaid Managed Care Program

Program to work with states and Medicaid managed care organizations to improve access and care for vulnerable populations covered under Medicaid managed care (for the period indicated).

Center for Health Care Strategies Supporting Organization Inc.

Princeton, NJ

\$25,622,460—(5 years). ID#36235 *Access, Chronic Conditions*

Medicare/Medicaid Integration Program

A ten-state demonstration to test the operation and design of delivery systems that integrate long-term and acute care services under combined Medicare and Medicaid capitation payments for elderly patients (for the periods indicated).

Health Research, Inc.

Rensselaer, NY

\$296,469—(2 years). ID#38032 *Access, Chronic Conditions*

State of Oregon Department of Human Resources, Senior and Disabled Services Division

Salem, OR

\$300,000—(18 months). ID#37569 *Access, Chronic Conditions*

University of Maryland Center on Aging

College Park, MD

\$749,445—*Technical assistance and direction for the Medicare/Medicaid Integration Program (1 year).*

35411 ID#35236 *Access, Chronic Conditions*

University of Michigan Institute for Social Research

Ann Arbor, MI

\$249,200—*Archiving of Foundation-supported data collections at ICPSR (for 2 years).* ID#29946 *Other Health and Health Care*

National Conference of State Legislatures

Washington, DC

\$233,436—*Planning an expanded information program for state health policy leaders (for 6 months).* ID#37549 *Other Health and Health Care*

National Health Care Purchasing Institute

Program to advance the capabilities of the nations largest public- and private-sector health care purchasers so that they leverage their buying power to improve access to and quality of care, particularly for people with chronic conditions (for the period indicated).

Alpha Center for Health Planning, Inc.

Washington, DC

\$7,698,734—(65 months). ID#36662 Access, Chronic Conditions

National Public Radio, Inc.

Washington, DC

\$3,266,010—Health issue coverage and web site project (for 3 years). ID#30972 Access, Chronic Conditions, Substance Abuse

National Rural Health Association

Kansas City, MO

\$29,891—Conference to develop an agenda for rural health policy research (for 2 months). ID#38370 Access, Chronic Conditions, Substance Abuse

New Jersey Health Initiatives

Program to support projects in New Jersey that develop new approaches to resolving the states health care needs, focusing on the Foundations goal areas (for the periods indicated).

Atlantic County

Atlantic City, NJ

\$270,000—(3 years). ID#37971 Access

Boys and Girls Clubs of Newark, Inc.

Newark, NJ

\$265,000—(3 years). ID#37966 Substance Abuse, General Philanthropy

Lifeties, Inc.

Trenton, NJ

\$49,100—(6 months). ID#37976 Chronic Conditions

The Plainfield Neighborhood Health Services, Inc.

Plainfield, NJ

\$375,000—(3 years). ID#37967 Access

St. Joseph s Hospital and Medical Center

Paterson, NJ

\$427,985—(3 years). ID#37975 Access

Seabrook House

Seabrook, NJ

\$240,000—(3 years). ID#37965 Substance Abuse

Superior Court of New Jersey Passaic Vicinage Probation Division

Paterson, NJ

\$290,522—(3 years). ID#37964 Substance Abuse

West Jersey Hospital

Camden, NJ

\$425,319—(3 years). ID#37977 Access, Chronic Conditions

Health Research and Educational Trust of New Jersey

Princeton, NJ

\$412,334—*Technical assistance and direction for New Jersey Health Initiatives (1 year).*

ID#35411 *Access, Chronic Conditions, Substance Abuse*



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Cross-Cutting Programs

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GRANTS**University of Pennsylvania Health System**

Philadelphia, PA

\$442,316—*Content analyses of media reporting on access to health care and chronic illness (for 14 months).* ID#37940 *Access, Chronic Conditions*

People-to-People Health Foundation, Inc.

Millwood, VA

\$749,101—*Study on the consequences for Medicare beneficiaries when Medicare HMOs close (for 30 months).* ID#36397 *Access, Chronic Conditions*

Rockefeller University

New York, NY

\$30,000—*Creating an association for patient-oriented research (for 10 months).* ID#35999 *Access, Chronic Conditions, Substance Abuse*

Scholars in Health Policy Research Program

Program to provide postdoctoral training targeted to the most promising graduates of programs in the three disciplines of economics, political science, and sociology to advance their involvement in health policy (for the periods indicated).

Boston University School of Management

Boston, MA

\$399,986—*Technical assistance and direction for Scholars in Health Policy Research Program (1 year).*

ID#35679 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

Syracuse University, Maxwell School of Citizenship and Public Affairs

Syracuse, NY

\$148,371—*Evaluation of the Scholars in Health Policy Research Program (1 year).*

ID#38557 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

Society for Prevention Research

Pittsburgh, PA

\$24,999—*Eighth annual meeting of the Society for Prevention Research (for 6 months).* ID#38602 *Access, Chronic Conditions,*

Substance Abuse

Sound Partners for Community Health

Program to enable local public radio stations to do special health care programming and outreach in their communities (for the period indicated).

Benton Foundation

Washington, DC

\$748,177—*Technical assistance and direction for Sound Partners for Community Health (1 year).*

ID#34749 *Access, Chronic Conditions, Substance Abuse*

Special Olympics International Inc.

Washington, DC

\$50,000—*Oral health program for Special Olympics athletes (for 1 year).* ID#34766 *Access, Chronic Conditions*

Strengthening the Patient-Provider Relationship in a Changing Health Care Environment

Program to support research and convening activities that examine the patient-provider relationship under the growing influence of managed care (for the periods indicated).

Boston University School of Public Health

Boston, MA

\$89,539—*(1 year).* ID#38186 *Access*

University of California, San Francisco, School of Medicine

San Francisco, CA

\$95,754—*(1 year).* ID#38253 *Access, Chronic Conditions*

Duke University Medical Center

Durham, NC

\$310,132—*(21 months).* ID#38218 *Access, Chronic Conditions*

Harvard University School of Public Health

Boston, MA

\$707,912—*(18 months).* ID#37772 *Access*

The Johns Hopkins University School of Hygiene and Public Health

Baltimore, MD

\$240,600—*(2 years).* ID#36484 *Access, Chronic Conditions*

Montefiore Medical Center

Bronx, NY

\$103,408—*(1 year).* ID#36445 *Access, Chronic Conditions*

University of Washington

Seattle, WA

\$50,883—*(8 months).* ID#36448 *Access, Chronic Conditions*

University of California, San Francisco, School of Medicine

San Francisco, CA

\$435,868—*Technical assistance and direction for Strengthening the Patient-Provider Relationship in a Changing Health Care Environment (1 year).* ID#33466 *Access, Chronic Conditions*



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Cross-Cutting Programs

Grants and contracts authorized in the year ended December 31, 1999.

CONTRACTS**Communications Projects**

Multiple Contractors

\$750,000—*Communications assistance for grantee activities (for 1 year)*. ID#36579 *Access, Chronic Conditions, Substance Abuse*

\$100,000—*Publication of the RWJF Anthology Third Edition (for 6 months)*. ID#37298 *Access, Chronic Conditions, Substance Abuse*

\$404,000—*Connecting Grantees to Policymakers Project (for 18 months)*. ID#37488 *Access, Chronic Conditions, Substance Abuse*

\$43,481—*Study of grantee communications and the Foundations role in advancing this work (for 4 months)*. ID#38042 *Access, Chronic Conditions, Substance Abuse*

\$750,000—*Communications assistance for grantee activities (for 6 months)*. ID#38187 *Access, Chronic Conditions, Substance Abuse*

\$275,998—*Distribution and development of the third edition of readings in medicine, On Doctoring (for 17 months)*. ID#36665 *Access, Chronic Conditions, Substance Abuse, General Philanthropy*

\$750,000—*PMT Consultant Authorization Fund (for 1 year)*. ID#38354 *Other Health and Health Care*

Ducat Segal Productions, Inc.

New York, NY

\$49,893—*Research for TV project highlighting the need for improved care and support for children with Pervasive Development Disorder (PDD) and their families (for 5 months)*. ID#35887 *Access, Chronic Conditions*

Mathematica Policy Research, Inc.

Washington, DC

\$1,994,685—*Monitoring of Medicare+Choice: Early effects on the insurance decision process of Medicare beneficiaries (for 32 months)*. ID#35068 *Access, Chronic Conditions*

Medicare/Medicaid Integration Program

A ten-state demonstration to test the operation and design of delivery systems that integrate long-term and acute care services under combined Medicare and Medicaid capitation payments for elderly patients (for the period indicated).

Mark R. Meiners, PhD

North Potomac, MD

\$45,669—*Technical assistance and consulting services for Medicare/Medicaid Integration Program*

(3 months). ID#34750 Access, Chronic Conditions

Radiant Communications, Inc.

Glen Ridge, NJ

\$392,093—*Communications training for RWJF grantees (for 1 year). ID#34289 Access, Chronic Conditions, Substance Abuse*

Sutton Social Marketing, LLC

Washington, DC

\$220,975—*Strategic communications issues related to work in our health and health care divisions (for 1 year). ID#37265 Other Health and Health Care*



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The President's Message

The American Paradox:

Lack of health insurance in a land of plenty

ould pay for it. Politically, tax hikes are a non-starter. At the federal level, and in many states, budget surpluses are now available, thanks to the booming economy. But there are multiple claimants for these funds, including tax rebates; public school systems; and police departments. Given the limited political clout of the uninsured their voting rates are low and they contribute little to political campaign war chests they will not fare well in a competition for surplus revenues.

Special interests are more effective at blocking new proposals than in uniting to support them.

There is a lot of truth here. The health care agendas of such groups as business, labor, health professionals, advocates for the uninsured, and health insurers are obviously divergent. In recent legislative battles, groups unable to achieve their own legislative preference have fallen back to preserving the status quo.

Some observers believe major reform is impossible because it is politically unpopular and because the searing experience of the failed Clinton Health Reform Plan is still so vivid. At the same time, because of the diversity of special interest concerns, it is rare to find even an incremental coverage proposal that is widely acceptable; more commonly, the special interests are united in opposition (though with differing motives) to any specific proposal. Thus health insurance reform is caught between the apparent impossibility of major reform and the opposition to specific increments of reform.

Overcoming the arguments.

The above reasons show why the United States the world's wealthiest nation tolerates so many uninsured when the rest of the developed world provides health insurance as a basic entitlement of citizenship. Yet we recently managed to achieve a major expansion in health insurance coverage, despite these factors. An examination of this expansion and its implementation holds some lessons and cautions for future efforts.

The 1997 Balanced Budget Act represented an unprecedented bipartisan consensus that poor children should have health insurance. Enacted at a time of

FACTS

Aggregate National Health Expenditures and Additional Cost of the Uninsured, 1994

Aggregate National Health Expenditures



\$947.7 billion

Estimated Cost of the Care Needs of the Uninsured



\$19.9 billion

Sources: National Health Expenditures Aggregate and Per Capita Amounts, Percent Distribution, and Average Annual Percent Growth, by Source of Funds: Selected Calendar Years 1960-98. *The Health Care Financing Administration [Online]. Available at: www.hcfa.gov/stats/nhe-oact/tables/t1.htm [2000, January 10].*

Long, S. and M. Marquis, "The Uninsured Access Gap and the Cost of Universal Coverage," *Health Affairs, Spring (II): 211-219, 1994.*

unexpected budget surpluses, it provided \$24 billion over 5 years, and \$48 billion over 10 years, to help states expand children's health insurance by expanding their Medicaid programs, creating an alternative State Children's Health Insurance Plan (CHIP), or combining the two. Presumably, the new legislation could stimulate coverage for at least half of the then estimated 10 million uninsured children.



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Selected Bibliography

Each year the Foundations grantees report to us the publications and other information materials that have been produced as a direct or indirect result of their grants. This bibliography presents a sampling of citations from the books, book chapters, journal articles, reports, and audiovisual materials that have been produced and reported to us by Foundation grantees. The publications are available through libraries and/or the publishers. We regret that copies are not available from the Foundation.

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Financial Statements

The annual financial statements for the Foundation for 1999 appear under the navigation heading *Financials*. A listing of awards in 1999 begins in the [Grants & Contracts](#) section.

In 1999 the net assets of the Foundation increased 10.4 percent. The Foundation awarded grants and contracts totaling \$421 million. Program development, evaluation, and general administration for the year were \$29.6 million or 7 percent of total awards. This modest percentage continues the Foundation's commitment to maximize the funds (93 cents of every dollar) available to our grant projects.

Investment expenses totaled \$21.3 million reflecting an increased use of outside investment managers and limited partnerships. Federal excise tax amounted to \$6.2 million.

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. These distributions are to be made within a 24-month period. The Foundation has fulfilled its 1998 requirement (\$353.7 million). The 1999 requirement (\$407.1 million) will be met in mid-2000.



Peter Goodwin

Vice President and Treasurer



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Financial Statements

Report of Independent Accountants

To the Trustees of The Robert Wood Johnson Foundation

In our opinion, the accompanying statements of financial position and the related statements of activities and cash flows present fairly, in all material respects, the financial position of The Robert Wood Johnson Foundation (the Foundation) at December 31, 1999 and 1998, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States. These financial statements are the responsibility of the Foundation s management; our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States, which require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for the opinion expressed above.

PricewaterhouseCoopers LLP

New York, New York

February 18, 2000

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[Financial Statements](#)

Statements of Financial Position

*At December 31, 1999 and 1998 (in thousands)***1999****1998****Assets:**

Cash and cash equivalents	\$ 124,514	\$ 152,911
Receivable on pending securities transactions	13,654	74,821
Interest and dividends receivable	14,208	14,873
Contribution receivable	17,371	19,115
Investments at fair value:		
Johnson & Johnson common stock	5,339,528	5,151,632
Other equity investments	2,342,359	1,521,197
Fixed income investments	749,920	854,812
Program-related investments	15,737	17,459
Other assets	23,117	19,363
Total assets	\$8,640,408	\$7,826,183

Liabilities and Net Assets:**Liabilities:**

Accounts payable and accrued expenses	\$ 8,947	\$ 2,591
Payable on pending securities transactions	58,745	113,160
Unpaid grants	399,980	308,435
Deferred federal excise tax	114,845	103,133
Accumulated postretirement benefit obligation	8,617	7,802
Total liabilities	591,134	535,121
Net assets unrestricted	8,049,274	7,291,062
Total liabilities and net assets	\$8,640,408	\$7,826,183

See notes to financial statements.[> BACK TO TOP](#)

Financial Statements

Statements of Activities

For the years ended December 31, 1999 and 1998 (in thousands)

1999

1998

Investment income:

Dividends	\$ 83,917	\$ 78,382
Interest	60,324	70,644

144,241 149,026

Less: Federal and state tax 1,225 1,328

Investment expense 21,288 17,749

121,728 129,949

Contribution income

1,256 9,460

122,984 139,409

Program costs and administrative expenses:

Grants, net 375,481 307,900

Program contracts and related activities 30,455 16,874

Program development and evaluation 18,772 15,804

General administration 10,852 8,956

435,560 349,534

Excess of program costs and expenses over income (312,576) (210,125)

Other changes to net assets, net of related federal excise tax:

Realized gains on sale of securities 502,316 467,357

Unrealized appreciation on investments 568,472 710,334

1,070,788 1,177,691

Change in net assets unrestricted 758,212 967,566

Net assets, beginning of year unrestricted 7,291,062 6,323,496

Net assets, end of year unrestricted

\$ 8,049,274

\$ 7,291,062

See notes to financial statements.



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Statements of Cash Flows

*At December 31, 1999 and 1998 (in thousands)***1999****1998****Cash flows from operating activities:**

Change in net assets	\$ 758,212	\$ 967,566
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation	2,519	1,964
Decrease in interest and dividends receivable	665	2,240
Decrease (increase) in contribution receivable	1,744	(9,460)
Net realized and unrealized gains on investments	(1,070,788)	(1,177,691)
Decrease in program related investments	1,722	1,757
Increase in accounts payable	6,356	109
Increase in unpaid grants	91,545	22,339
Increase in accumulated postretirement benefit obligation	815	1,353
Other	(756)	(504)
Net cash used in operating activities	(207,966)	(190,327)

Cash flows from investing activities:

Proceeds from security sales	2,441,472	3,439,212
Cost of security purchases	(2,256,386)	(3,282,781)
Acquisition of property and equipment	(5,517)	(4,605)
Net cash provided by investing activities	179,569	151,826
Net increase in cash and cash equivalents	(28,397)	(38,501)
Cash and cash equivalents at beginning of year	152,911	191,412
Cash and cash equivalents at end of year	\$ 124,514	\$ 152,911

Supplemental data:

Federal excise tax paid	\$ 5,624	\$ 5,917
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The President's Message

The American Paradox: Lack of health insurance in a land of plenty

Four major reasons for the legislation's surprising success: children were seen as deserving health insurance; widespread under-enrollment of Medicaid-eligible children existed in most states; a budget surplus was available to provide the needed funding; and the incremental cost of covering children is low, because their projected medical expenditures are relatively modest.

To date, CHIP's results have been mixed. Now, 27 states and the District of Columbia have programs covering children in families with incomes of at least 200 percent of the federal poverty level, while before, only seven states did so (New Jersey has the most generous program in the country, covering children in families with incomes up to 350 percent of the federal poverty level). Nearly 2 million new children have been enrolled. Yet there is some concern that those who have lost coverage come from families with lower incomes, while the newly enrolled children come from families with somewhat higher incomes. More importantly, however, more children are uninsured now than before 1997; the most recent estimate is 11 million, a net loss of one million children.

One reason for the loss appears to be welfare reform. Welfare and Medicaid were linked administratively in many states. The uncoupling of these two programs created widespread confusion, even among the county workers who administer welfare. Many people who have left welfare for work (often for low-wage jobs that do not offer health benefits) do not realize or are not told that they are still eligible for Medicaid coverage for their children and themselves.

Another reason for CHIP's mixed results is that enthusiasm for expanding health insurance coverage for poor children is not universal. Some state politicians hesitate to spend the required state matching dollars, and many state welfare and Medicaid officials feel conflicted while they would like to enroll more children, they still wish to keep state budgets under control.



Rev. Kenneth S. Robinson, MD
Memphis, Tennessee

This is a poor, urban, African-American community. Many people here do not have health insurance. A large number are the working poor who cannot afford to buy it.

I frequently minister to those who have no health care provider and who are acutely ill as a result of preventable diseases. That is devastating to me as a pastor and as a physician. I've performed scores of funerals for persons who, had they been diagnosed and appropriately treated at earlier stages of their illnesses, would not necessarily have succumbed to those diseases. It is demoralizing to individuals in our community to know that good, quality health care is available but they cannot afford it and cannot access it.

We are a nation that espouses

FACTS

Average Annual Medical Expenditure per Person, by Age Group, 1996

65 +	\$5,511
45-64	\$1,800
18-44	\$1,445
6-17	\$ 767
under 6	\$1,085

Sources: Medical Expenditure Panel Survey, 1996. Agency for Health Care Research and Quality [Online]. Available at www.meps.ahrq.gov/data.htm [1999, December 30].



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egalitarian principles. We preach the greatest good for the greatest number. But we are not practicing those ideals when it comes to health care.

I believe we are our brothers and sisters keepers. We must ask ourselves, How can a nation of plenty, a democratic society, have such an inequitable health care system? Clearly, from an ethical perspective, in order to put our ideals into practice, we must assure access to affordable, quality health care for all Americans.

Rev. Kenneth S. Robinson, MD, is pastor and chief executive of St. Andrew AME Church, and assistant dean at The University of Tennessee, Memphis, College of Medicine. He received an RWJF Community Health Leadership Award in 1998.

Financial Statements

Notes to Financial Statements

NOTE 1:

ORGANIZATION:

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

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

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

NOTE 2:

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

Marketable securities are reported on the basis of quoted market value as reported on the last business day of the year on securities exchanges throughout the world. Realized gains and losses on investments in securities are calculated based on the first-in, first-out method. Investments in limited partnership interests are stated at fair value based on financial statements and other information received from the partnerships. Fair value is the estimated net realizable value of holdings priced at quoted market value, where market quotations are available, historical cost or other estimates including appraisals. Because of the uncertainty of valuations for certain of the underlying investments which do not have quoted market values, the values for those investments could differ had a ready market existed. The realization of the Foundation's investment in these partnership interests is dependent upon the general partners' distributions during the life of each partnership.

Property and equipment are capitalized and carried at cost. Maintenance and repairs are charged to expense as incurred. Depreciation of \$2,519,375 in 1999 and \$1,963,752 in 1998 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

The Internal Revenue Service provides that each year the Foundation must distribute within 12 months of the end of such year, approximately 5% of the average fair value of its assets not used in carrying out the charitable purpose of the Foundation. The distribution requirement for 1998 has been met and the 1999 requirement is expected to be met during 2000.

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

The preparation of financial statements in conformity with generally accepted accounting principles requires management to

make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. The Foundation makes significant estimates regarding the value of limited partnership investments, discounts for contributions receivable and unpaid grants, and useful lives of property and equipment. Actual results could differ from these estimates.



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NOTE 3:**FEDERAL EXCISE TAX:**

The Internal Revenue Code imposes an excise tax on private foundations equal to 2 percent of net investment income (principally interest, dividends, and net realized capital gains, less expenses incurred in the production of investment income). This tax is reduced to 1 percent for foundations that meet certain distribution requirements. In 1999 and 1998, the Foundation satisfied these requirements and is, therefore, eligible for the reduced rate.

The provision for federal excise tax consists of a current provision on realized net investment income and a deferred provision on unrealized appreciation of investments. The current provision for 1999 on net investment income at 1 percent was \$6,244,429. The current provision in 1998 at 1 percent was \$5,977,692. The change in unrealized appreciation reflected on the Statements of Activities includes a provision for deferred taxes based on net unrealized appreciation of investments at 2 percent. The increase in unrealized appreciation in 1999 and 1998 resulted in an increase of the deferred federal excise tax liability of \$11,711,892 and \$14,625,494, respectively.

NOTE 4:**CONTRIBUTION RECEIVABLE:**

The Foundation recorded as contribution receivable the present value of the estimated future benefit to be received as a remainderman in a trust and the estimated amount to be received as a beneficiary in an estate. The interest rate used to discount the trust receivable to present value ranges from 6.0% to 6.5%.

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Financial Statements

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NOTE 5:**INVESTMENTS:**

At December 31, 1999 and 1998, the cost and fair values of the investments are summarized as follows (in thousands):

	1999		1998	
	Cost	Fair Value	Cost	Fair Value
Johnson & Johnson Common 57,260,354 and 61,420,354 shares in 1999 and 1998, respectively	\$ 68,394	\$5,339,528	\$ 73,363	\$5,151,632
Other equity investments:				
Domestic equities	580,717	864,028	501,369	638,669
International equities	320,811	449,041	290,312	317,388
Emerging market equities	180,074	247,665	182,049	145,657
Limited partnership interests	668,339	781,625	388,331	419,483
Fixed income investments	797,616	749,920	856,003	854,812
	\$2,615,951	\$8,431,807	\$2,291,427	\$7,527,641

Pursuant to its limited partnership agreements, as of December 31, 1999, the Foundation had unfunded commitments of approximately \$634 million which are expected to be funded over the next three to five years.

The net realized gains on sales of securities for 1999 and 1998 were as follows (in thousands):

	1999	1998
Johnson & Johnson Common Stock	\$ 393,603	\$393,519
Other securities, net	113,732	78,488
Less, Federal and excise tax	(5,019)	(4,650)

\$502,316

\$467,357



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NOTE 6:**PROPERTY AND EQUIPMENT:**

At December 31, 1999 and 1998, property and equipment, a component of other assets, was comprised of (dollars in thousands):

	1999	1998	Depreciable Life in Yrs.
Land and land improvements	\$ 2,902	\$2,910	15
Buildings	13,955	12,732	40
Furniture and equipment	19,148	14,667	3 5
<hr/>			
Total	36,005	30,309	
Less, Accumulated depreciation	(16,732)	(14,213)	
<hr/>			
Property and equipment, net	\$19,273	\$16,096	

NOTE 7:**UNPAID GRANTS:**

At December 31, 1999 the unpaid grant liability is expected to be paid in future years as follows (in thousands):

2000	\$150,229
2001	144,281
2002	85,009
2003	40,515
2004 and thereafter	30,990
	<hr/>
	451,024
Less, Discounted to present value	(51,044)
	<hr/>
	\$399,980

Generally accepted accounting principles require contributions made (unpaid grants) to be recorded at the present value of estimated future cash flows. As of December 31, 1999, the Foundation has discounted the amount of unpaid grant liability by applying interest rate factors ranging from 6% to 6.5% and an estimated cancellation rate of 3%. At December 31, 1998, the unpaid grant liability was discounted to present value by \$39,262,158.



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NOTE 8:**BENEFIT PLANS:***Retirement Plan*

Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through a combination of the purchase of individually-owned annuities and cash payout. The Foundation's policy is to fund costs incurred. Pension expense was \$1,433,419 and \$1,288,358 in 1999 and 1998, respectively.

Postretirement Benefits

The Foundation provides postretirement medical and dental benefits to all employees who meet eligibility requirements. In addition, the Foundation has adopted supplemental benefit plans to provide additional benefits for certain key employees who meet certain requirements.

	1999	1998
Benefit obligation at December 31	\$ 8,583	\$ 8,519
Fair value of plan assets at December 31		
Funded status	\$(8,583)	\$ (8,519)
(Accrued) benefit cost recognized in the statement of financial position	\$ (8,617)	\$ (7,802)
Weighted-average assumptions as of December 31		
Discount rate:		
Medical and dental plans	7.25%	6.00%
Supplemental benefit plans	6.48%	5.10%
Expected return on plan assets	N/A	N/A

For measurement purposes, a 7% annual rate of increase in per capita cost of covered health care benefits was assumed for 2000. The rate was assumed to decrease gradually to 5.5% for 2005 and remain at that level thereafter

	1999	1998
Benefit cost	\$1,034	\$1,593
Employer contributions	220	240
Plan participants' contributions		
Benefits paid	220	240



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The President's Message

The American Paradox: Lack of health insurance in a land of plenty

States also have varying levels of capacity. As we are learning through some of our grant programs, there are lots of problems when trying to implement a program like CHIP problems the federal architects left to the states to solve.

We are bailing with a leaky bucket. True, CHIP and Medicaid expansions are covering new children, but at the same time welfare reform and other barriers are creating more uninsured children.

For the country, the policy stakes are high. Recall that conventional wisdom in the wake of the failed Clinton Health Plan is that only incremental reforms are possible. If the CHIP/Medicaid expansion also fails, then the policy lesson becomes that incremental reform can't succeed either. We would then have to accept the fact that many millions of Americans must remain uninsured. The physical, financial, and moral costs of that conclusion would be devastating.

Next steps for covering the uninsured.

What can be done to expand health insurance coverage in this environment?

An obvious first step is to make sure that the CHIP/Medicaid expansion for children fulfills its potential. For its part, The Robert Wood Johnson Foundation has devoted almost \$50 million to *Covering Kids*, a program supporting coalitions in 49 states and the District of Columbia to identify children eligible for health insurance coverage, reduce the administrative barriers to enrollment, and develop local support in favor of expansions.

Another step would be to identify additional populations for incremental expansions. Likely targets include low-income workers and their families; the parents of children who qualify for CHIP; people who have to purchase their coverage in the individual market; and early retirees. And for each increment, we will need to find a way to pay for coverage for those who cannot pay on their own.

Third, we will need to change public attitudes toward the uninsured. To do so will require both personalizing the plight of the uninsured as well as answering some important questions: Who are the uninsured? What does lacking health insurance mean for these men, women, and children? What



*Kristina Desjarlais,
James Fisher and Jessika
Spokane, Washington*

I have health insurance for Jessika and me through a program called Healthy Options. I pay \$10 a month and we both go to the community health clinic. I really don't know what I would do without it. I live paycheck-to-paycheck.

I'm going to school full-time, I have a work-study job, and I'm on welfare right now. I'm not proud of it, but it's only temporary.

I'm a single mom and I'm working hard to better myself. Having health insurance really takes a big load off me. Jessika is in day care, so she gets sick often. It's a huge relief knowing I can bring her right to the clinic.

I don't want Jessika to suffer just because I'm poor and struggling right now. And I'm hoping when I'm done with school and get a full-time job that I'll get health insurance with it. Then I

are the social costs, measured in terms of absenteeism from work and school, avoidable hospitalizations, and unnecessary disability and death? By humanizing this otherwise abstract concept, the plight of the uninsured could be made more real for the majority of people who already enjoy health insurance coverage.

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can sort of step aside and someone else can get my place at the clinic, someone who s going through hard times like I am now.

Having this insurance is like a stepping stone. It s helping me get back on my feet.

Kristina Desjarlais is a full-time student, studying to become a medical transcriptionist. James Fisher is Desjarlais fiancé and Jessikas father.

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