



Robert Wood Johnson Foundation



# We Will Reverse the Epidemic of Childhood Obesity

President's Message

FROM THE ROBERT WOOD JOHNSON FOUNDATION 2006 ANNUAL REPORT

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“It is the calm and silent water  
that *drowns* a man.”

*Ashanti Proverb*

# We Will Reverse the Epidemic of Childhood Obesity

**After my residency in internal medicine in Boston**, our young family moved to Philadelphia, where I went to work as an instructor at Temple University's School of Medicine. I was so new at this that sometimes I wasn't quite sure who was the teacher and who was the student, and I loved every minute of it.

But all was not perfect.

Heading home after teaching with my preschooler in tow, we quickly realized we couldn't find a grocery or supermarket with the fresh fruit, produce and other healthy foods we were accustomed to eating.

How could this be? The answer was out on the street itself.

My office looked down on North Broad Street, a 13-mile arrow-straight boulevard laid out by William Penn himself. The street runs through the middle of some of the worst urban blight of any American city in the past 40 years.

Unseen beneath the boulevard, the SEPTA subway flows north like a tributary from Center City, ferrying to Temple thousands of commuter students who seldom witness what life is like on the streets surrounding their campus oasis.

What they would find is a neighborhood of about 20,000 people who are poor, mostly African-American and Hispanic, and chronically disadvantaged.<sup>1</sup>

Lower North Philadelphia can be a menacing world for children. Too many kids hang out in front of abandoned or boarded-up buildings, vulnerable to gangs, gun violence and worse. For many, it's not safe to walk to school, walk to a community center or use the playground (if one exists).

Barely one-third of the workforce has jobs. Less than 30 percent graduate from high school. Most of the housing is old and decaying. Even today, some homes lack indoor plumbing and phones. A majority of residents are renters; less than half own cars.

The U.S. Census Bureau in 1995 first began measuring whether households have access to food. That's when nutrition experts began talking about "food security," when families have enough food at all times for active, *healthy* living.<sup>2</sup>

In Lower North Philadelphia, however, the issue is "food insecurity." That's jargon for what happens when people go hungry. Or can't always afford nutritious, healthy food.<sup>3</sup> Or live where the only places to buy groceries are high-priced convenience stores stocked with everything that is bad for you and almost nothing that's good for you.

It's a national problem. The latest census data tell us that just over 15 percent of all households with children are food insecure.<sup>4</sup> That's an alarming 12.4 million children.<sup>5</sup>

More than half of these families can't afford to feed their kids good meals balanced with fresh fruit and vegetables. And the great majority—81 percent—rely instead on high-calorie, energy-dense junk food,<sup>6</sup> which means fatty foods loaded with refined grains and added sugars.<sup>7</sup>

**These few square miles just up the street from the Liberty Bell and Independence Hall are an incubator for childhood obesity, a textbook model for what can happen to the health of an entire generation when environment, economics and individual behavior become perniciously intertwined.**

Even today the only alternatives in that neighborhood are a handful of bodegas and corner stores where you can't buy an apple but you can wash down one ounce of Cheetos (10 grams of fat)<sup>8</sup> with a 22-ounce Coca-Cola Classic Slurpee (330 calories + about 88 grams of carbohydrates).<sup>9</sup>

Three blocks off Temple's campus stands a shuttered supermarket flanked by a wig shop and Popeye's Chicken & Biscuits (1 spicy chicken breast + buttermilk biscuit = 770 calories for \$2.99).<sup>10</sup> It's a busy place. A recent survey found that compared with other areas of the city, residents of Lower North Philadelphia are about 33 percent more likely to eat fast food and local take-out because that's all there is and it's cheap. Not surprisingly, nearly 30 percent of the children over age 5 have medical or physical disabilities, many of them diet-related.<sup>11</sup>

This is the great paradox of food insecurity in America. When there isn't enough *good* food available, low-income families and kids have to eat what *is* available—food that is low in nutrients, high in calories, and certain to make a hard life even worse. They don't call it "junk food" for nothing.

One of my colleagues visited the area last year and encountered a little girl in the third grade who had just discovered her first banana. Imagine, in modern-day America!

How this is about to change and what it means for the future of the health and health care of everyone in America, we'll get to shortly. But first, let's take a look at the big picture.

**Coast to coast, the insidious spread of childhood obesity** is the rule rather than the exception, even in the most food-secure corners of the country. City, suburbia, exurbia, rural countryside—no family or community is immune.

Just like the calm and silent water of the proverb, most of America didn't realize an epidemic was rising until the shape of kids, teens and adults everywhere was changing and, along with it, the health of our entire society.

Today more than 33 percent of all children and adolescents, and about 65 percent of all adults are overweight or obese.<sup>12</sup> That works out to nearly 13 million kids and teenagers, and some 144 million men and women, more than half the population of the United States.<sup>13</sup>

Like anyone who travels, I see overweight and obese kids everywhere, from airport concourses to the schools, community centers, clinics and grantee sites that I visit. It is a common sight. Kids of all ages, huffing and puffing, unable to climb stairs, parked in front of video games and computer screens as they munch their way through mountains of fatty snacks and sip gallons of sugary drinks.

If you think kids look bigger, it's because they are. This past year more than 250,000 children under age 6 exceeded the weight standards for regular car seats and new "husky" car seats were being developed and marketed.

In 1963 an average weight 10-year-old girl weighed about 77 pounds; today she weighs about 88. The average weight for a 10-year-old boy back then was about 74 pounds; today he weighs about 85 pounds. And that's just the average.<sup>14</sup>

Remember when kids actually went outdoors and *played*? Traveling today, I drive past paved-over school playgrounds, barren of jungle gyms, swings, kids and laughter, eerie and empty relics of the good old days before so many schools abandoned recess. I watch kids at airport boarding gates, comforting themselves with junk food. And I make a promise to myself that we have to change all this.



**It is an all-American crisis.** The galloping prevalence of obesity cuts across all categories of age, gender, education, income, profession, locale, parentage, race and ethnicity.

The epidemic explodes when it collides with determinative social and economic facts of life that segregate America's "haves" from our "have-nots"—factors such as race and ethnicity, poverty, failing housing and failed education, and the geography of food quality and supply.

Among our children, the epidemic is particularly virulent and is redirecting the trajectories of millions of young lives away from hope and health and toward despair and disease.

By 2004 the accumulating evidence elevated our own foundation's awareness to Code Red. So, with *TIME* and *ABC News*, we convened a national summit on obesity at Williamsburg, Virginia.

Many of our high-profile allies in this struggle were there: David Satcher, former U.S. Surgeon General; Professor Kelly Brownell of Yale; Dr. Tim Johnson of ABC.

In words that haunt me still, Vice Admiral Richard Carmona, U.S. Surgeon General at the time, described the epidemic in the starkest of terms:

**“As we look to the future and where childhood obesity will be in 20 years...it is every bit as threatening to us as is the terrorist threat we face today. It is the threat within.”<sup>15</sup>**

Fortunately, the public and our leaders are awakening to the danger. Through our philanthropy and the support of others, evidence of the epidemic's course and consequences has now reached a convincing weight and mass that can no longer be avoided or overlooked.

The public agrees. In a survey we sponsored last year with the Harvard School of Public Health, 92 percent of Americans said childhood obesity is a serious national problem.<sup>16</sup>

Unless we turn back the epidemic of obesity at its point of origin—among our children—our society will pay a terrible human and financial price for as far out into the future as we can see.







As a result, the United States is on the threshold of powerful and necessary social change propelled by our collective instinct to survive. This is not new to Americans. We've stood here before and we've changed before—and in ways that look like they will be sustained.

In 1965, 43 percent of us smoked cigarettes.<sup>17</sup>  
Today only 20.9 percent of us light up.<sup>18</sup>

In 1982, drunk drivers killed about 22,000 people.  
In 2005, the toll had fallen to just over 12,000.<sup>19</sup>

In 1983, only 24 percent of us used seatbelts.<sup>20</sup>  
Today 82 percent of us buckle up.<sup>21</sup>

These statistics tell a story of radical transformations in individual behavior that were impossible to achieve without simultaneous policy, social and cultural change. The lives saved are countless and the misery avoided is incalculable, all because the country chose to change to survive.

Now it is time to do it again, and the stakes are even higher.

When David Satcher was Surgeon General, he said, "Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking."<sup>22</sup>

A controversial prophesy, certainly, but one America cannot afford to ignore. The growing body of evidence is too powerful. Accordingly, the Robert Wood Johnson Foundation is taking action.

We believe the significant threat calls for a substantial investment that will help set the national agenda for change and will provoke significant increases in other private and public investment.

**So the Robert Wood Johnson Foundation will spend \$500 million over the next five years to help reverse the epidemic of childhood obesity.**

We must be bold enough to expect permanent, sustainable results by 2015, with benefits to the population, health care and the economy extending deep into this century.

Our approach is direct, practical and strong:

- First, make the case—with solid research and objective evidence—for the problem, and what works to roll it back and what doesn't. We will need as much effort on the community level as on the policy and industry level.
- Second, test and retest the best approaches, then widely install the most promising models as a firewall against the epidemic's further spread. A pile of bricks does not equal a wall. So, this will require that each of the most important approaches be integrated to have the full effect.
- Third, educate and motivate our leaders, and invest in advocacy to foster change.



And build a resource base big enough to match the enormity of the problem. How will we know it is working? We'll know when the evidence tells us so.

Next to adequate and sustained funding for programs that work, it is evidence we need more than anything else, evidence that establishes:

- How to get kids to eat well and physically move more;
- What school and family actions work best;
- That industry's interest in healthier lifestyles and eating habits is sincere and produces innovations that work; and
- That government "gets it," with realistic and responsive policies and budgets.

Our commitment is ambitious. With it comes risk and resistance. But it is a commitment the Robert Wood Johnson Foundation was invented to make. Our experience and the evidence command us to make it now.

As we progress, it is essential that we understand the epidemic itself and its effect on each of us and on all of us.

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**How did we get so fat?** Part of the answer is easy; most of the answer is not.

The easy part first: Blame our primeval ancestors who learned the hard way to fend off starvation by hunting down and gorging themselves on fat-laden prey. Thanks to them, we are hardwired through our genes to crave fatty, energy-packed foods.

Fast-forward through the eons and we still like to consume whopping platters of mega-calories. Pile on the carbohydrates, and don't forget sugar and alcohol, too.

Herein lies a big part of the origin of today's obesity crisis: Unlike our cave-dwelling ancestors, we don't burn up energy running cross-country to catch dinner.

Instead, our food is abundantly more plentiful and is produced, prepared and presented to us in gigantic high-calorie portions far beyond what humans need to survive and function. It proves

once again that you really can't fool Mother Nature. We may have drastically altered our food environment, but our genes have stayed the same.

Unlike our parents and their parents before them, we have thrown the age-old formula of "energy in = energy out" far out of balance. Biologically, this is why so many of us are overweight or obese.

We need to tell America in big bold letters:

## ENERGY IN = ENERGY BURNED

How do we know the formula works? Calories are energy; we can measure how we use, abuse and burn them.

The details are in the data.

In the first study of its kind, researchers at Harvard late last year found that the gap between the energy our kids take in and what they burn off is more like an abyss.

The study, which we sponsored, shows that America's overweight teens consumed an average of 700 to 1,000 calories more than required each day over a 10-year period. This energy gap resulted in an average of 58 extra pounds for overweight teens.<sup>23</sup>

It's not just the heaviest kids who are falling into the energy gap—it's all of them. Over a 10-year period, both children and teens, on average, consumed 110 to 165 more calories than they burned each day. For all teenagers, that means an excess of 10 pounds, on average, per person. And they carry their over-eating habits along with them into adulthood and parenting.<sup>24</sup>

A generation ago, a standard day's energy intake for American adults was 2,234 calories. Today we're up to an average of 2,757 calories a day, a jump of nearly 20 percent. And pay attention to this detail: Most of that comes from lots more fats and oils (up 63 percent), grains (up 43 percent) and sugar (up 19 percent).<sup>25</sup>

Do we work it off? No way. A quarter of all adults report no leisure time physical activity at all—no gardening, calisthenics, walking for exercise—nothing.<sup>26</sup>

Among kids, 10 percent say they don't take part in any moderate or vigorous activity at all. More of them are spending three or more hours a day watching TV (37.2 percent) than spending any time in daily physical education classes at school (33 percent).<sup>27</sup>

Do the math. To lose a pound a week, you need to burn off 3,500 calories. That's 500 calories a day. Huge numbers of us, however, are heading in the opposite direction by adding, not subtracting extra calories. Only fat can follow.

So, we ask, why don't we stick to the energy in = energy burned formula?

This question is much tougher to answer. Coming into play is a confounding, twisted complex of genetics, biology, socioeconomic and environmental dynamics, commercial and cultural environments, and, above all, the awesome influence on children of the promotion of branded food and beverage products in the marketplace.<sup>28</sup>

In other words, if we're going to have any chance to reverse this epidemic and save our kids' future, it is not enough to tell them to put down the Twinkies and fries, turn off the TV and go play ball. It's going to take a lot more than that. We are going to have to weave together environment, economics and individual behavior in healthful instead of harmful ways.

**Until recently, much of the evidence** about obesity's consequences has been sketchy, anecdotal and not substantial enough to act on.

That's not good enough to foster fundamental, wide-scale change. We're finally learning what we need to know about childhood obesity. Factors that we now know for certain are driving the epidemic among children include:

- **Individual choice and behavior are important.** True, a quarter of all teens drink as many as four cans of sweetened beverages a day, the 600-calorie equivalent of adding an extra meal.<sup>29</sup> And they don't burn it off. On average, kids spend an amazing 6.71 nonschool hours a day in front of a TV, video game or computer, watching movies, and listening to music.<sup>30</sup> Sitting there, they'll opt for junk food every time. I know. I've been a working mom.
- **The world our kids live in plays a big role, too.** Only 10 percent of kids walk to school, the rest are driven in. Too many kids can't find safe places to walk, bike or play. Most schools have cut out daily physical education. And too many schools have relied on junk-food vending machines and cafeterias serving cheap, high-fat foods like pizza and fries to make up for budget gaps. So much for energy in = energy burned.
- **Where families live and what they earn make a difference.** If your family resides in a depressed neighborhood and is struggling to make ends meet, you are more likely to be overweight or obese. Between 1971 and 2004, the rate of overweight among 16-year-olds from families living just above the poverty level surged a shocking 233 percent. The list of causes is an invitation for achievable prevention: These kids habitually skip breakfast, have poor food choices at home, drink lots of sweetened beverages, and have limited access to supermarkets with healthy foods.<sup>31</sup>
- **The food and beverage industries are big power drivers.** They spend more than \$10 billion a year marketing high-calorie food packed with fat, sugar and salt to kids ages 2 to 11, still young enough to be forming their own food preferences. Not coincidentally, children in this age group are most strongly influenced by food product advertising.<sup>32</sup>
- **We've turned into a 24/7 fast-food, junk-food nation.** One-fourth of all Americans eat fast food at least once a day. One-fourth of all vegetables eaten in the United States are french fries.<sup>33</sup> Americans consume 16 pounds of potato chips per capita a year.<sup>34</sup> That's 38,912 calories. To burn them off, an obese 130-pound 10-year-old girl would have to walk briskly for about 115 hours a year. And her parents' Venti Strawberries & Crème Frappuccino with whipped cream from Starbucks is 770 calories.
- **Race, class, ethnicity and gender matter.** More than 40 percent of all African-American teenagers are overweight or at risk of becoming overweight; nearly 24 percent are obese.<sup>35</sup> African-American and Hispanic women, the mothers of the highest-risk kids, are at higher risk themselves for overweight and obesity than white women. Mexican-American men have higher obesity prevalence rates than white and black men. Women with low incomes are 50 percent more likely to



be obese than women with higher incomes.<sup>36</sup> About one-half of adult Pima Indians have diabetes; 95 percent of them are obese.<sup>37</sup> Increasingly, Pima youth are diagnosed with “adult diabetes” before age 20 and increasingly are likely to suffer kidney failure by the time they reach their mid-50s.<sup>38</sup>

What does it all add up to? In 1970 less than 5 percent of all children and adolescents were obese.<sup>39</sup> Today childhood obesity prevalence rates are rising so radically that, in comparison America’s business-as-usual ways of countering dangerous health threats seem stuck in place.

These kids grow up. At least 25 percent of all adults in 42 states are now obese.<sup>40</sup> To reverse the epidemic, we have to begin with the children, and it’s going to take all our kids and all the adults to do it.

If this page were a wall, the handwriting would be all over it.

**By now most of us would agree that** obesity is a menacing juggernaut that is adversely affecting people of all ages. Physically, medically and psychologically, the epidemic is changing the kind of people we are in ways we have never experienced before.

If our strategy to reverse the epidemic is to succeed, we need to thoroughly understand exactly what is happening. We do that the old-fashioned way—by measurement.

For perspective, here’s how the Institute of Medicine reports the speed of the obesity epidemic’s spread, based on data collected between 1963 and 2004.<sup>41</sup> As a physician, I am so shocked by the acceleration that it takes my breath away.

- For children ages 2 to 5, the obesity rate nearly *tripled* from 5 percent to 14 percent.
- For children ages 6 to 11, the rate *jumped almost fivefold*, 4 percent to 19 percent.
- For children ages 12 to 19, the rate *increased* from 5 percent to 17 percent.

America’s adolescents are now the most obese teenagers in the world. One study comparing teens in the United States with teens in 15 European countries and Israel found that no one else’s kids come close.<sup>42</sup>

**At the core of our concern:** The medical, psychosocial and financial consequences of obesity are threatening the country’s public and private capacities to contain the epidemic over time. In fact, for more young people than we can yet fathom, their fates as adults may be sealed already.

Medically, overweight and obese children are at much higher risk for terribly debilitating chronic conditions like type 2 diabetes and high blood pressure that just a short time ago were considered adult illnesses.<sup>43</sup>



An obese toddler already is trapped in a spiral of escalating risk. If obese at age 4, he or she has a 20 percent chance of being an obese adult. An obese teenager's risk of becoming an obese adult is as high as 80 percent.<sup>44</sup> If you are still obese in your 20s, the chance of premature death becomes very real and very high, with current odds running 50 to 100 percent against you.<sup>45</sup>

Indeed, death from obesity and diet-related factors may occur as much as 20 years sooner than normal—sooner, even, than your own parents—because the medical realities keep getting worse the older you get.

Researchers analyzing government health care data on adults discovered a 79 percent increase in the number of obesity-related cases of diabetes and a 29 percent increase in obesity-related high blood pressure.<sup>46</sup>

Besides diabetes, serious illnesses related to obesity may include many of the top 10 causes of death: cardiovascular disease; stroke; colon, kidney and breast cancers; plus musculoskeletal disorders and gall bladder disease.

It's as if millions of obese kids are having their medical charts for adult chronic care prepared in advance, just waiting for them to come of age and mature into obese and sickly seniors.

Psychosocially, what hits obese kids especially hard is that their quality of life is severely compromised by their condition. Anxiety, depression, more missed days at school and low self-esteem are routine parts of each day.<sup>47</sup> They report elevated levels of sadness, loneliness and nervousness.<sup>48</sup>

At school, they tend to function less well academically and socially. Unable to keep up with their peers, they report being teased, punched and bullied—even becoming bullies themselves.<sup>49</sup> The psychosocial scars may last a lifetime. Overweight adolescents are less likely to marry as adults than their average-weight peers; obese adolescents have lower household income as adults than nonobese adolescents.<sup>50</sup>

Financially, the prospects are foreboding.

RAND researchers predict that obesity will disable up to 22 percent more adults in the coming years, with as many as 25 percent more people entering nursing homes by 2020 at a huge cost. They estimate one of every five health care dollars spent by older members of our families will be to treat conditions related to their obesity.<sup>51</sup>

Another intriguing RAND study concluded that if you are obese and manage to survive middle age, your later years are likely to be miserable.

If you are an obese 70-year-old, for example, you can expect to live for maybe 14 more years. But you are likely to be seriously disabled, with a 40 percent chance that you will need help bathing, dressing, using the toilet, getting in and out of a chair, and, ironically, even eating.<sup>52</sup>

The cost of your care will be just as wretched, running about a quarter of a million in 2006 dollars. You can expect Medicare to pick up about \$150,000 of that, leaving you on the hook for at least \$100,000.<sup>53</sup>

But we'll all be on the hook as the true cost of obesity to society continues to grow.

Federal officials publicly put the yearly obesity-related medical expenses and lost productivity at between \$99 billion and \$117 billion. However, internal CDC documents posted on the Internet set the cost much higher, at "over \$200 billion annually."<sup>54</sup> And that's before the current crop of 13 million overweight and obese kids even reach adulthood.

This is frightening. Many of these kids may never escape the corrosive health, psychosocial and economic costs of their obesity.

**"Obesity, diabetes, and other diseases caused by poor diet and sedentary lifestyle now affect the health, happiness, and vitality of millions of men, women, and, most tragically, children and pose a major threat to the health care resources of the United States."**

Kelly D. Brownell, Ph.D., Yale Center for Eating and Weight Disorders



### But is childhood obesity a true epidemic?

Here is this physician's diagnosis:

- Childhood obesity is an epidemic unlike others. Though not a virus, it is virulent. Though not infectious, it is spreading rapidly. Though treatable, it resists treatment.
- It is an epidemic about complex social and human behaviors. How we bring it under control will be as much about the art and practice of social change as about the science and medicine of behavioral change.
- The questions we ask about this epidemic and the answers we find will hold the power to alter the course of America's health history—as it occurs.

**My prognosis: Untreated, the sum of the epidemic's parts add up to a disastrous total so dire that it may well overwhelm our health and financing systems.**

- The needless loss of countless lives will bring unspeakable suffering to the next generation coming of age and an immeasurable forfeit of human potential.
- Our public and private treasuries will be drained of resources badly needed for other national priorities.
- Health programs for the elderly, the disabled and the poor will be destabilized.
- The country's health care financing and delivery systems, already in precarious condition, will be overcome by the sheer weight of the health and medical needs of the obese.

**And my prescription: Americans, working together, can prevent this scenario from happening. It will take a great common effort, joining all of us in a common cause for the common good.**

The good news is that the work's already begun.

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**The full magnitude of the threat** finally is beyond doubt and debate. The Institute of Medicine, in an exhaustive progress report sponsored by RWJF, confirmed that the country is slowly moving in the right direction.<sup>55</sup>

What movement we see, however, is jerky and fragmented, with a hodgepodge of disconnected, uncoordinated efforts rising in schools, communities, businesses, youth organizations, philanthropies and government at all levels.

The similarities to the turbulent early days of the stop-smoking effort are striking. There certainly is much from that experience that applies to what we need to do today. For example, the need to unify the disjointed obesity field, much as we did with the anti-tobacco forces. In fact, reversing the childhood obesity epidemic will require the nation's most massive mobilization ever to protect the health of the public. We are willing to help lead the way, but we cannot do it alone. And we are unwilling to waste time and money on approaches that do not work.

Granted, much of the responsibility falls to statehouses, town halls, local school districts, families and individuals.

But the tide will not be turned until the effort is energetically and strategically embraced with the full force of a responsive government and motivated elected leaders, a responsible food and beverage industry and its executives, and the on-the-ground energies of regional and local nongovernmental agencies, community groups and hometown leaders.

Which brings us back to our Philadelphia story.

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**Philadelphia is a microcosm** of what we are learning about how "food geography" affects diet, health and childhood obesity and how to respond.

The Food Trust in Philadelphia is one of our obesity-fighting grantees. From its early days teaching disadvantaged kids about good nutrition, the Trust has emerged as an influential regional player in improving the flow of healthy foods from farm to market to distressed communities and urban schools throughout southeastern Pennsylvania.

We like how it turns research into action. For example, The Food Trust's hard data on childhood obesity informed the decision by Philadelphia schools to ban soda vending machines from every school in the city. It is the strongest such measure in the country.<sup>56</sup>

When the Trust mapped Philadelphia's food landscape, it uncovered previously undetected connections between poor neighborhoods, poor access to healthy food and poor health outcomes.<sup>57</sup> The mapping also revealed a pattern of high death rates from diet-related diseases in low-income neighborhoods without supermarkets.<sup>58</sup>

This is a key finding because Philadelphia has the second-lowest number of supermarkets per capita in the country. For hundreds of thousands of adults and children every day, the corner store is the first and often the only stop for food shopping and snacks.<sup>59</sup> One response that we support is The Food Trust's Corner Store Campaign to build grade-schoolers' demand for healthy snacks and convince corner stores to supply that demand. It even comes with a student-designed "Snack Smart Street Soldiers," comic book.

The Food Trust also helped the city realize that a supermarket could be part of economic development, creating both new jobs and new dollars.

And now there is good news for the entire neighborhood: a new 24-hour Fresh Grocer supermarket is scheduled to replace the abandoned supermarket. *USA Today* reports it is part of "a landmark study that will test whether having easy access to fresh fruits and vegetables improves a community's sense of health and well-being."<sup>60</sup>

"It's a natural experiment," says Allison Karpyn, The Food Trust's research director, "the first of its kind in the country."<sup>61</sup> It won't be the last, and it will become not just an experiment, but ubiquitous.

**Little Rock, Arkansas**, is 1,172 miles and a whole world apart from North Broad Street in Philadelphia.

But when it comes to childhood obesity, they have something ominous in common. In each state, 27 percent of children ages 2 to 5 are obese or overweight.<sup>62</sup> And in Arkansas, as in Philadelphia, unusual approaches are producing unexpectedly dramatic results.

Arkansas might not seem the most likely state to lead the fight to reverse the obesity epidemic. After all, there is something about Arkansas governors that lends them great weight.

When future governor Bill Clinton was 13, he already weighed 185 pounds;<sup>63</sup> at 15, he was up to 210.<sup>64</sup> His last year as governor, at age 46 with a famous fondness for Big Macs and barbecue, his cholesterol (227) and weight (226) were synchronous.<sup>65</sup>

When Gov. Mike Huckabee's chair collapsed under him during a cabinet meeting in 2002,<sup>66</sup> he weighed about 300 pounds. "The only reason I don't have an exact figure is because my scale stopped at 280 pounds," he said.<sup>67</sup>

Today these one-time political adversaries—by now trimmed down—are working together to reverse the epidemic of childhood obesity. We are proud to be their partner and, together, we already are delivering results all across the country.

For instance, when Gov. Huckabee signed Act 1220 into law in 2003, it became the nation's most ambitious statewide effort to combat childhood obesity. Its premise is smart: We can change unhealthy behavior and the social and economic environments encouraging it through a clever mix of information, reliable data, motivated parents, school reforms and strong public leaders.





Act 1220 is as much a movement as it is the law.

Components include:

- Measuring each student's body mass index (BMI) yearly.
- Confidentially reporting the results to parents.
- Supplying parents with how-to guidance on nutrition and physical activity.
- Serving healthier foods in school cafeterias.
- Barring student access to vending machines in grade schools.
- Requiring schools to publicly disclose food and beverage contracts and revenues.
- Mandating 30 minutes of physical activity each day in grades K–12.<sup>68</sup>

Data is the best driver for change, so it made sense for us to support the original collection and ongoing analysis of the state's student BMI data. The return on our investment was almost immediate.

In August 2006, in Little Rock, Gov. Huckabee and Dr. Joe Thompson, a pediatrician, former RWJF Clinical Scholar, state Surgeon General and director of the Arkansas Center for Health Improvement, announced the big news:

**The progression of childhood obesity among Arkansas public school students has been halted. The percentage of overweight children and adolescents has decreased, and the percentage of kids at a healthy weight has increased.<sup>69</sup>**

“We stopped the locomotive train of childhood obesity in its tracks,” said Gov. Huckabee. “Now it’s time to turn the train around and move full speed ahead to healthier living.”<sup>70</sup>

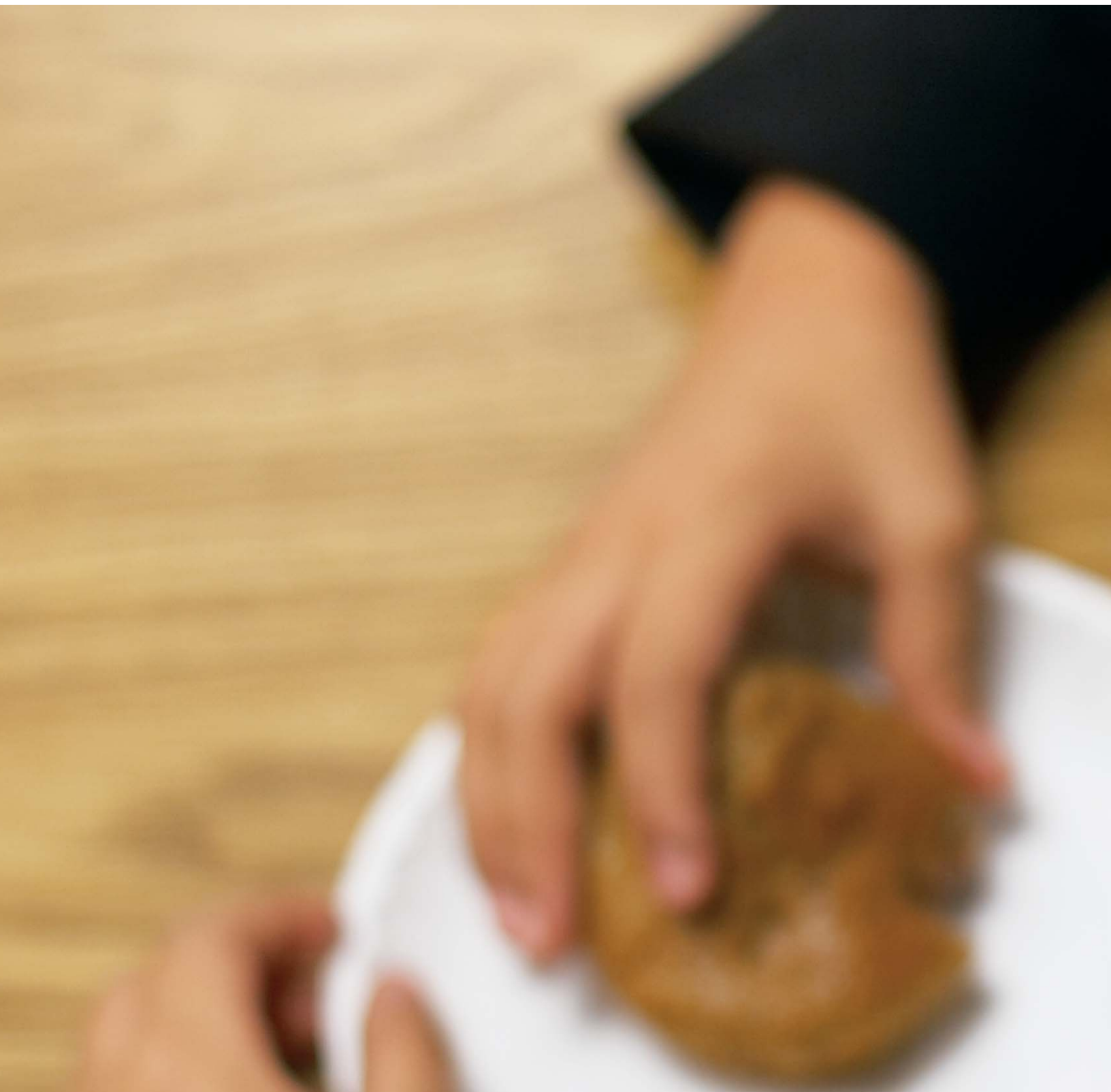
The real story, though, comes from parents like Rhonda Sanders. She had long known that her 10-year-old daughter—at 5 feet and 137 pounds—was “heavy.”

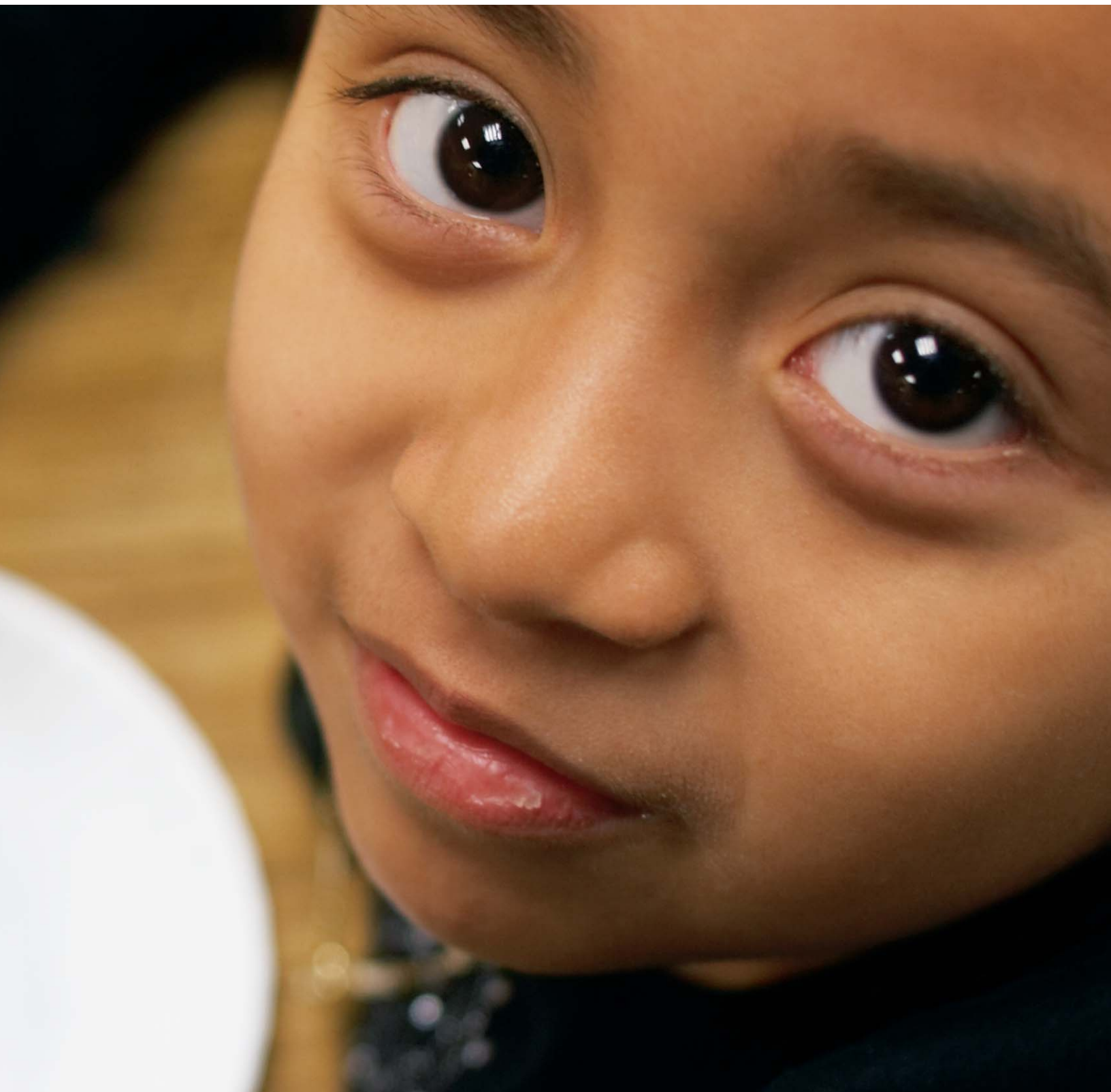
Then the first report from the state came in the mail. Her daughter's BMI, at 26.4, was higher than 98 percent of all Arkansas kids her age, a discouraging distinction.

That letter changed everything for the Sanders family. Jumping on the trampoline replaced TV time. Fruit replaced potato chips. Rhonda says her daughter, now 13, is 5 feet, 6 inches tall, weighs only 120, and is “in the normal, healthy-weight range.”<sup>71</sup>

The Arkansas experience is proving, Dr. Thompson says, that curtailing childhood obesity is not simply a matter of individuals changing on their own. “There are some individual characteristics, but it’s a family issue, it’s an environmental issue, it’s a community issue. If communities have sidewalks,









if communities have places that people can go and play, a good sports program for young people, then they're going to actually be outside and doing more."<sup>72</sup>

In other words, when communities create environments that promote physical activity—we call it “active living by design”—the lives of all our people improve. It's a bit like that great baseball movie, *Field of Dreams*—“if you build it, they will come.”

Just ask families like the Sanders. When they set out on a weekend walk, they can pick up the 24-mile Arkansas River Trail right in downtown Little Rock. Last fall the trail jumped to the river's opposite shore with the opening of one of the world's longest pedestrian bridges, a 3,463-foot concrete arc<sup>73</sup> called the Big Dam Bridge. At a 3.5-mile-per-hour pace, over and back is about long enough for Rhonda's daughter to burn off the 105 calories in an 8-oz. soda.<sup>74</sup>

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**Meanwhile, from the Harlem offices of his postpresidential foundation,** Bill Clinton is mounting a more national attack on the epidemic. Along with the American Heart Association, he has created the Alliance for a Healthier Generation. Gov. Huckabee is co-chair.

The Alliance shares our goal of reversing the epidemic in the next 10 years. Among their early accomplishments: persuading leaders of the food and beverage industries—brand names like Campbell's, Kraft, Coke and Pepsi—to follow new standards for healthier snacks and beverages sold in schools.

This is a Big Deal. For years, many key players in the food and beverage industries resisted suggestions that their products and marketing were environmental factors contributing to obesity. Now their own leaders are stepping up to help kids lower calories and live healthier lives.

We want them to succeed. The guidelines are science-based, but voluntary. If in fact industry leaders make their brands publicly accountable, with specific actions and timetables, the return on their investment to society will be huge. As in any business plan, it is the implementation of a vision that is the ultimate measure of success. The steps taken today will help ensure a healthy workforce and lower health care costs for businesses, taxpayers and individuals far into the future.

We fervently hope that the stated commitments of industry become a reality in our schools and neighborhoods.

We enthusiastically applaud the business community's awakening to how they can help reverse the epidemic. We view the role of business as a change agent to be natural and beneficial.

Just over 70 years ago, Robert Wood Johnson himself expressed a lesson hard-earned during the Great Depression. Business is a “true social asset,” he said. “It is to the enlightened self-interest of industry to accept and fulfill its share of social responsibility.”<sup>75</sup> He was right then—and now.

We enter the Alliance picture as the primary sponsor of their Healthy Schools Program at the absolute epicenter of the struggle: In the country's 123,000 schools, attended every school day by 54 million children and teenagers.<sup>76</sup>

Starting with 231 schools in 13 states, the idea is to help schools set specific standards for student nutrition, physical activity and staff wellness; and then reward the schools that meet the mark. We expect the program to spread to thousands of schools nationwide in the next five years.

The Healthy Schools Program has what it takes to rise to the scope and scale of the epidemic. This type of response is on a level sufficient to make a lasting difference if we have the staying power—which we do. And it sure helps when big names are in the lead, grabbing the nation's attention and building motivation.

School is where our children spend their days learning lessons and habits that will stay with them for life. It makes no sense to teach them well in the classroom but tempt them in the hallway and cafeteria with sodas and snacks. Or tell them it's important to get an hour of activity every day while cutting physical education.

Of course, we know that schools didn't cause the obesity epidemic. We recognize that schools struggle with the realities of tight budgets, high academic expectations and an educational culture that commands they “teach to the test.” But America will never reverse the obesity epidemic unless schools are a leading part of the solution.

We are encouraged by how enthusiastically schools are answering the challenge.<sup>77</sup>

- **In Waterford, Maine**, a student group called “The Mixed Nuts” successfully pitched school administrators to remove sodas from all vending machines, eliminate trans fats in cafeteria foods, replace fried chips with baked chips, and limit days the school sells cookies.
- **At Plaza Park Middle School** in Evansville, Indiana, so many kids arrive early for school that a local run/walk club organized morning walks. Quickly, more than one-third of the school’s nearly 600 students were loping around school grounds and interior hallways. Principal Mary Schweizer reports that learning’s up, discipline problems are down and the kids are on their second year logging more than 12,000 calorie-burning miles.
- **In Minnesota**, Pattie Reiplinger, nutrition services director for the Cass Lake-Bena school district, convinced local food and beverage distributors to supply low-fat milk, bottled water and low-calorie juices. And she placed low-sugar, low-fat snacks in student vending machines.
- **Reynolds Middle School** in Lancaster, Pennsylvania, took down the “Do Not Skate” signs and now teaches in-line skating as part of regular physical education classes, pulling in kids who had been sitting out more conventional activities.

Out West, the California Endowment is midway through a four-year, \$26 million push for strong new state and local anti-obesity policies, including increases in children’s physical activity, improvements in nutrition, and reductions in the risk for childhood diabetes and obesity. They call the initiative Healthy Eating, Active Communities.<sup>78</sup>

Success is coming quickly. In 2005 Gov. Schwarzenegger signed the toughest laws in the nation banning junk food, soda, fruit drinks and sugared waters from the state’s public schools. New state mandates also expanded physical education for all grades. Public health authorities called the actions “the most impressive gains in school nutrition since school lunch was introduced after World War II.”<sup>79</sup>

What intrigues us is that, much as the Alliance for a Healthier Generation is leveraging the powers and responsibilities of business and industry to help reverse the epidemic, so, too, the California Endowment is leveraging the powers and responsibilities of government to do the same.

In the meantime, Philadelphia’s private, nonprofit The Food Trust is recasting Lower North Philadelphia’s food geography. And Arkansas is linking specific school-based policies with data collection and analysis to convince parents and children of the need to change fundamental aspects of their lives.



What we are witnessing is a rapidly maturing matrix of evidence-driven models that are defining what works through appraisal and evaluation and that have wide application locally and nationally. The best news is that, as we look toward 2015, we realize that pathfinders such as these are already clearing the trail.

**In the daily workings of our philanthropy**, we've made a promise to ourselves—that we will make a difference in our lifetime. And we are confronting this epidemic as a difference-making opportunity of a lifetime.

Each generation is given but a handful of chances to define for itself where it's going to wind up, how it's going to get there—and what it means for the generations to follow.

I can think of at least three moments in the past half century that dramatically shifted the course of American medical and scientific history.

The first was March 26, 1953, when Jonas Salk called a press conference to announce the discovery of a polio vaccine.

The second was just four weeks later, in the April 25, 1953, issue of the science journal *Nature*, when James Watson and Francis Crick published their discovery of the double helix structure of DNA.

The third time was January 11, 1964, when U.S. Surgeon General Luther Terry courageously reported that cigarette smoking causes cancer and other deadly diseases.

These are among the great medical and public health tipping points in the modern history of the world. America's reversal of the epidemic of childhood obesity will be of the same order of magnitude.

The Robert Wood Johnson Foundation has been in the business of seeking transformative social change for a little more than a generation. Along the way, we've gained world-class experience in identifying what needs to be changed, how to do it and when to do it.

John Gardner, one of the last century's greatest champions for social change, put it this way: "We are all faced with a series of great opportunities, brilliantly disguised as insoluble problems."<sup>80</sup>

Our job is to rip away the disguises, expose those seemingly insoluble problems for the opportunities they really are, and come up with solutions big enough and bold enough that their trajectories will take us far beyond the most distant horizon.

We are in the early stages of an epic undertaking that will be more difficult than the still unfinished 40-year campaign to break America's addiction to tobacco. One big difference: Unlike smoking, eating is a biological necessity. To transform the culture of how an entire society fulfills a biological necessity requires a clear vision and the will to turn it into reality.

We have the will and we have the vision. This is what we see when we look 10 years into our future and beyond:

- The prevention of obesity in our children and youth is an ongoing national health and health care priority. Along with smoke-free air and flu shots, it is a given. Prevention and public health communities are united, motivated and effective. Energy in = energy burned is wired into the country's mind-set.



- Parents and families are informed and lead their children in healthy eating and physical activity habits. Children and teenagers, aware of obesity's threat to their own quality and longevity of life, are energetic champions of healthy behavior within their families and among their peers. (Parents remember how, as children themselves, they pestered their own parents to quit smoking.)
- Federal funding of prevention, behavioral and population research is reliable, up to the task and sustained. The government supports translation of key research into action. Through private sector collaboratives, the government also organizes national guidelines for school nutrition and physical activity, advertising and marketing to children and youth, and ensures the flow of credible, objective information to the public.
- Industry produces and markets healthy foods and beverages to children and youth with the same sophistication and effectiveness with which they previously promoted energy-dense, high-calorie products. Industry is a partner with the prevention field, advocating energy in = energy burned behaviors as a way to build brand, secure market share and improve the health of their customers.
- Schools are free of junk food and sweetened beverages and are no longer reliant on their sale. Instead, schools are aggressive providers of nutritious food and physical activity. Junk food is out, and recess and physical education are back. Energy in = energy burned is core curriculum.
- Civic leaders pursue bold public policies to curb obesity and promote the good health of their populations, similar to how local governments protect the public from secondhand smoke and how New York City banned trans fats to improve heart health. Energy in = energy burned is a top-rank attribute of public planning as state and local governments decide how to improve the built infrastructure and better design public spaces for active living.
- Communities set as top public priorities access to affordable fresh fruit and vegetables for low-income families in disadvantaged neighborhoods. Supermarkets and farm markets are valued as necessary for the public's health and seen as good for the local economy.

- Finally, by 2015, the epidemic of obesity among our children is reversed. Societal observers conclude that the communal response to the obesity epidemic at the beginning of the 21st century transformed our national awareness that the health of a people is constructed through the efforts of all parts of society: schools, business, communities and public policies. The role of health care is to repair the damage we cannot yet prevent. They tell us that the abating epidemic in obesity is altering for the better the health future of generations to come.

**This is our vision, our expectation and our call to action.**

John F. Kennedy, quoting *Proverbs* in a speech on the eve of his assassination, warned that “*Where there is no vision, the people perish.*”<sup>81</sup>

We agree.

Our vision is driven by a compelling body of evidence that charges us to act and act now to reverse the epidemic with all the force and faithfulness of a public health imperative. We know it won't be easy. We know we cannot wait.

From the harsh history of Africa comes hard-earned wisdom:

**He who does not seize opportunity today, will be unable to seize tomorrow's opportunity.**

We get it. The Robert Wood Johnson Foundation is seizing the opportunity today. Tomorrow will be too late.

Respectfully submitted,



Risa Lavizzo-Mourey, M.D., M.B.A.  
*President and Chief Executive Officer*







“He who does not *seize* opportunity today,  
will be unable to seize tomorrow’s opportunity.”

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- <sup>72</sup> Interview by Susan Dentzer, *NewsHour with Jim Lehrer*, June 15, 2004. [www.pbs.org/newshour/bb/health/jan-june04/thompson\\_ex.html](http://www.pbs.org/newshour/bb/health/jan-june04/thompson_ex.html)
- <sup>73</sup> "Trails met, 'Big Dam Bridge' Opens." *Arkansas Democrat-Gazette*, October 1, 2006. <http://library.ardemgaz.com/ShowArchiveStory.asp?Path=ArDemocrat/2006/10/01&ID=Ar01701&Qry=pedestrian+bridge>
- <sup>74</sup> "Are We Drinking Too Much Soda." Colorado State University Cooperative Extension. [www.ext.colostate.edu/PUBS/columncc/cc010821.html](http://www.ext.colostate.edu/PUBS/columncc/cc010821.html)
- <sup>75</sup> From 1935's "Try Reality," cited in *Robert Wood Johnson: The Gentleman Rebel*, by Lawrence G. Foster. Lillian Press 1999, page 224.
- <sup>76</sup> "Program to Help Schools Create a Healthier Environment for the Nation's Students." Alliance for a Healthier Generation. Press release, February 13, 2006. [www.clintonfoundation.org/021306-nr-cf-hshk-usa-pr-program-to-help-schools-create-healthier-environment-for-students.htm](http://www.clintonfoundation.org/021306-nr-cf-hshk-usa-pr-program-to-help-schools-create-healthier-environment-for-students.htm)
- <sup>77</sup> School anecdotes from "Success Stories." Alliance for a Healthier Generation Healthy Generations. [www.healthiergeneration.org/engine/renderpage.asp?pid=s018](http://www.healthiergeneration.org/engine/renderpage.asp?pid=s018)
- <sup>78</sup> "The California Endowment Commits \$26 Million To Prevent Childhood Obesity." Press release, October 14, 2004. [www.calendow.org/news/press\\_releases/2004/10/101404.stm](http://www.calendow.org/news/press_releases/2004/10/101404.stm)
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Robert Wood Johnson Foundation

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Spring 2007



Robert Wood Johnson Foundation

## Year in Review

For more than 30 years the Robert Wood Johnson Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health of those we serve.

As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we help people lead healthier lives and get the care they need.

Working with diverse partners, we address many of the most difficult health and health care issues facing the United States, attacking problems at their deepest roots. We advance our mission by supporting training, education and research and through groundbreaking demonstrations that promote effective services, particularly for the most vulnerable among us. This Year in Review provides a comprehensive analysis of our work in 2006.



## Statistical Highlights

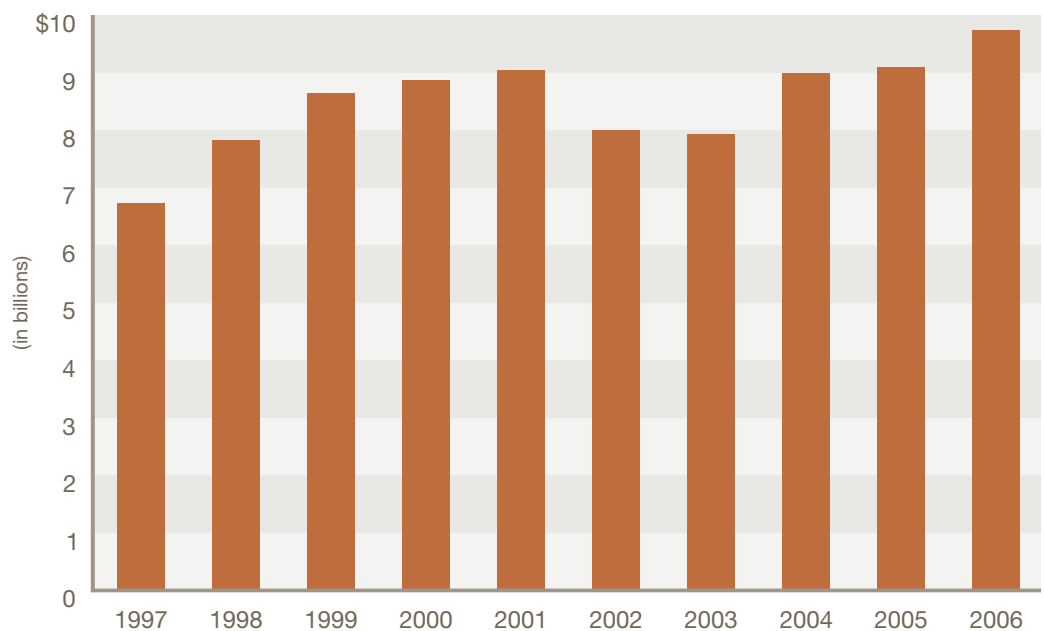
In 2006 we awarded 928 grants and contracts providing \$403 million in support of programs and projects to improve health and health care in the United States. The awards were distributed as follows:

### The Year in Review

January 1–December 31, 2006

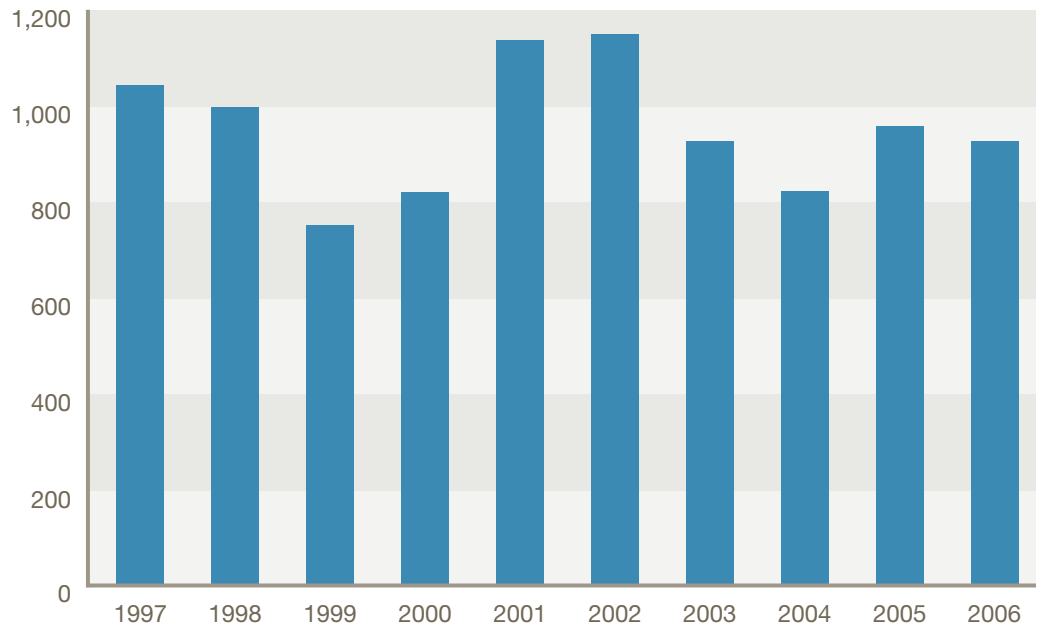
Total Assets	\$9.74 billion
Total Dollar Amount of Grants and Contracts Awarded*	\$403 million
Total Dollar Amount of Grants and Contracts Paid**	\$367.57 million
Total Number of Proposals Received	6,588
Total Number of Grants and Contracts Awarded	928
Average Grant Amount	\$434,533

### Assets of the Foundation 1997–2006

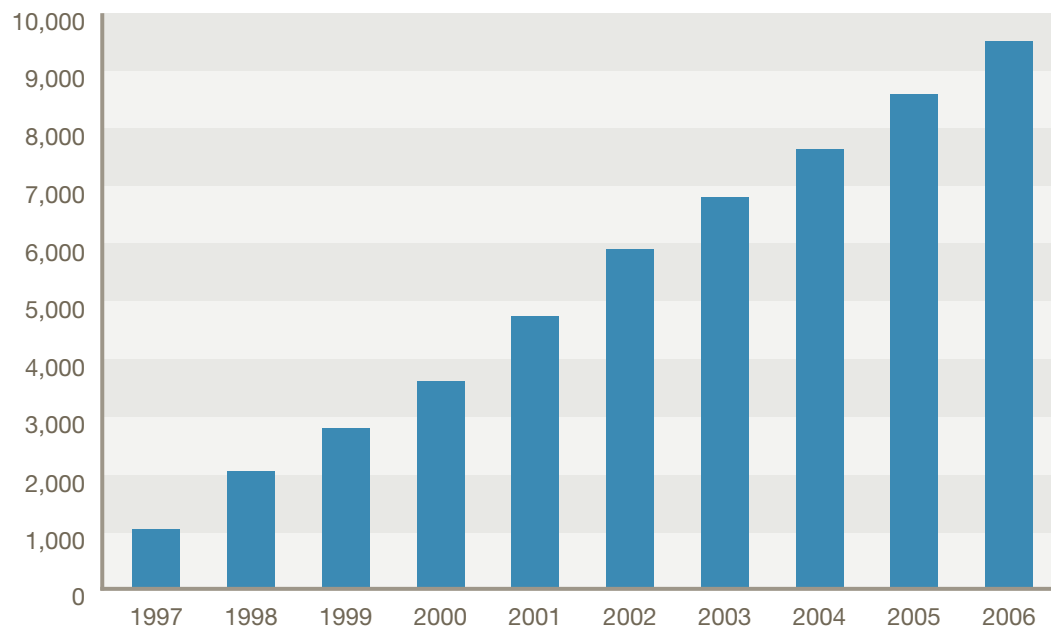




### Number of Grants and Contracts Awarded by Individual Years

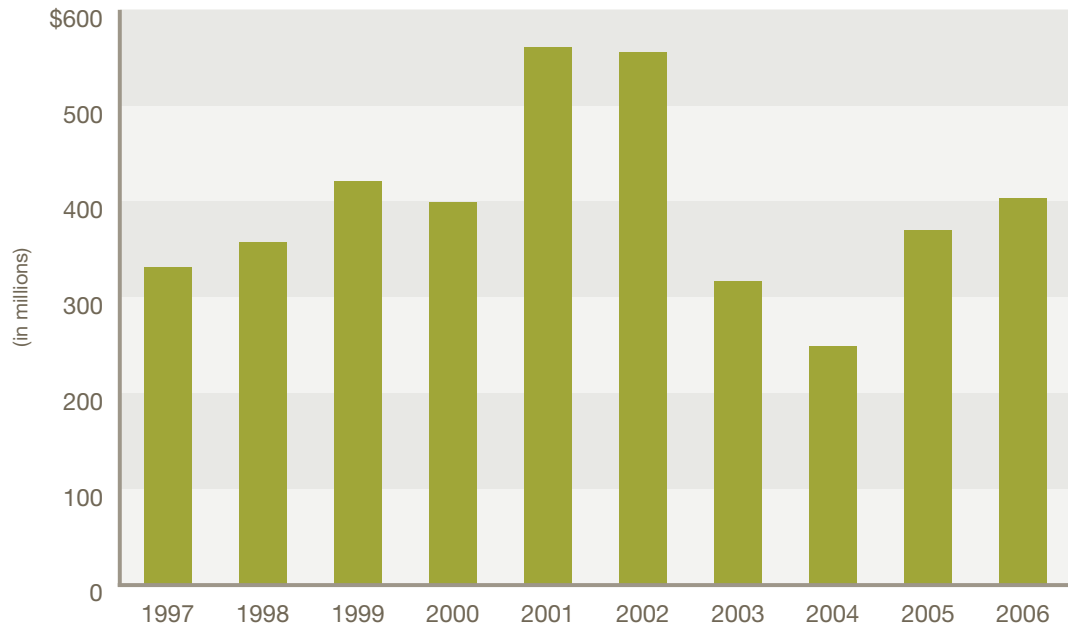


### Cumulative Number of Grants and Contracts Awarded

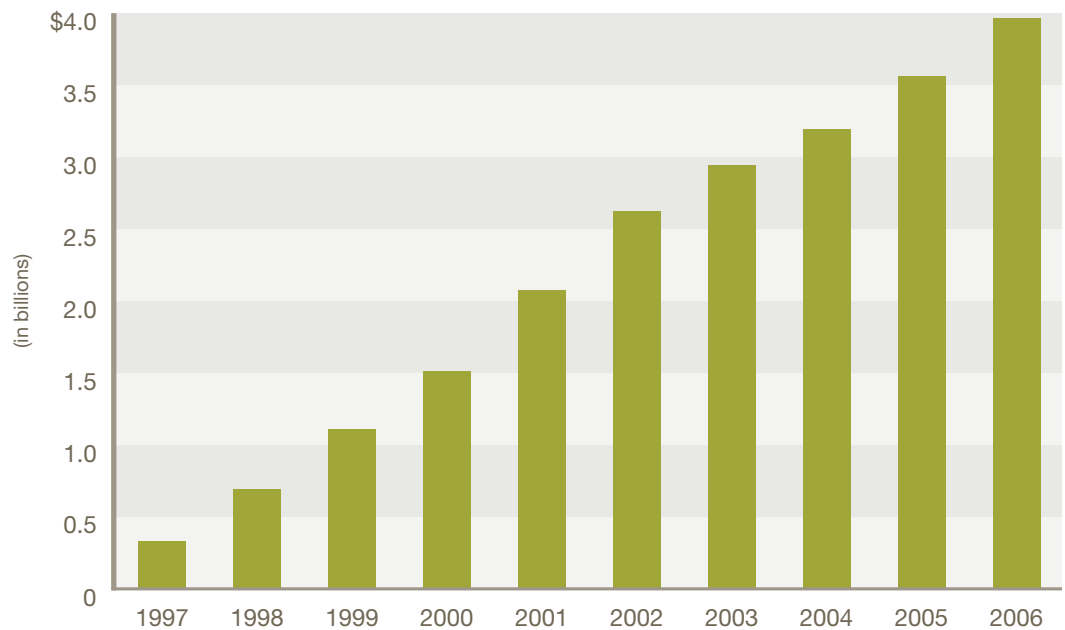




### Dollar amount of Grants and Contracts Awarded\* by Individual Years



### Cumulative Dollar Amount of Grants and Contracts Awarded\*

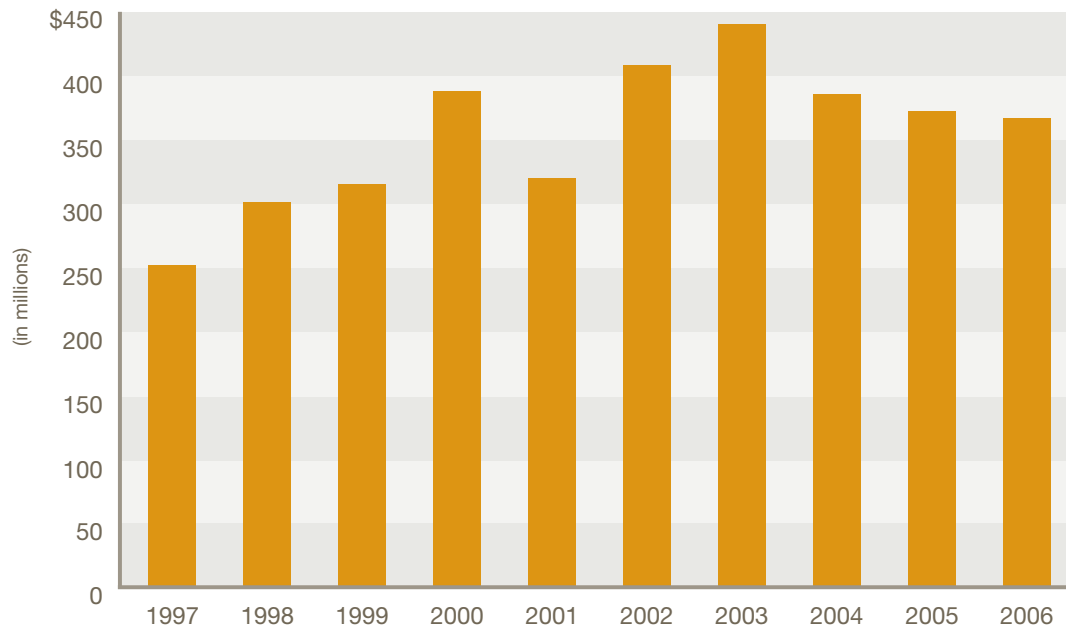


\*Grants and Contracts Awarded reflects commitments made in the current year (2006) for program activities, for which payments may be made in 2006 or in subsequent years.

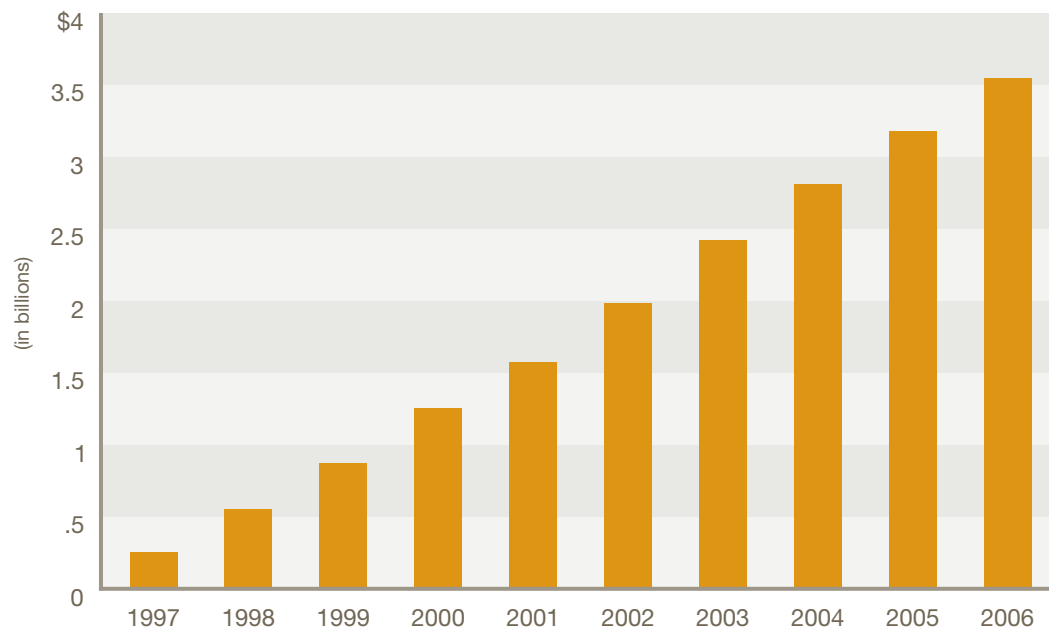




### Dollar Amount of Grants and Contracts Paid\*\* by Individual Years



### Cumulative Dollar Amount of Grants and Contracts Paid\*\*



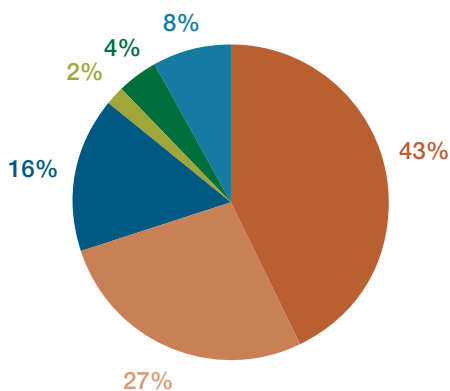
\*\*Grants and Contracts Paid reflects program authorizations and awards made in the current year (2006) or in prior years for which payments were made in 2006.



## Distribution of Funds

In 2006 we awarded 928 grants and contracts providing \$403 million in support of programs and projects to improve health and health care in the United States. The awards were distributed as follows:

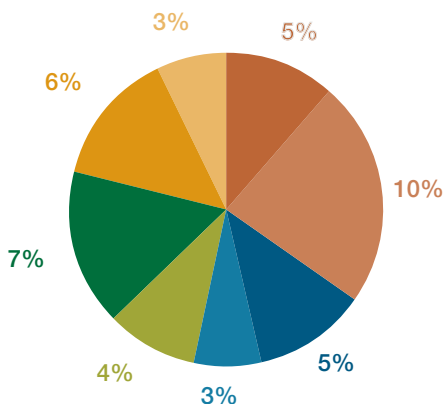
### Distribution of Awards by Portfolios (\$403 Million)



- 43% Targeted**  
\$173.84 million for programs that address specific improvements in eight targeted health and health care challenges within a defined time period.
- 27% Human Capital**  
\$106.97 million for programs that attract, develop and retain high-quality leadership and a workforce to improve health and health care.
- 16% Vulnerable Populations**  
\$64.80 million for programs that promote community-based projects that improve health and health care outcomes for society's most vulnerable people.
- 2% Pioneer**  
\$8.06 million for programs that promote breakthroughs in health and health care through innovative projects.
- 4% Other**  
\$17.14 million for programs that are consistent with the Foundation's overall mission but are not aligned with a portfolio or targeted objective.
- 8% New Jersey**  
\$32.19 million for programs mainly in New Brunswick and the surrounding Middlesex County communities as well as health initiatives throughout the state.



### Distribution of Awards in Targeted Portfolio, by Program Area (\$173.84 Million)



- 5% **Addiction Prevention and Treatment (\$19.18 million)**
- 10% **Childhood Obesity (\$41.61 million)**
- 5% **Coverage (\$19.40 million)**
- 3% **Disparities (\$10.71 million)**
- 4% **Nursing (\$17.87 million)**
- 7% **Public Health (\$29.41 million)**
- 6% **Quality Health Care (\$23.12 million)**
- 3% **Tobacco Use and Exposure (\$12.54 million)**

### Distribution by Geographical Region (\$403 Million)

Region	Percentage of RWJF Funds
West-North-Central	2.31%
East-North-Central	10.08%
New England	11.47%
Middle Atlantic	30.00%
South Atlantic	20.71%
East-South-Central	1.47%
West-South-Central	5.16%
Mountain	3.94%
Pacific	14.86%



## Addiction Prevention and Treatment

Substance-use disorders and addictions afflict more than 20 million Americans, often with devastating effects on their health and on the well-being of their families.

We know from definitive studies that only a small fraction of those who might benefit from addiction care get the treatment they need. Access to treatment is limited and few treatment programs are based on practices known to produce the best results.

In 2006 the Foundation continued to support efforts to improve community systems of care by helping youth deal with substance-use issues through national programs such as *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol & Crime*<sup>®</sup>. RWJF also continues to improve the effectiveness and efficiency of treatment through *Paths to Recovery: Changing the Process of Care for Substance Abuse Programs*<sup>™</sup>, designed to get more people into treatment and keep them there.

Over the past decade there has been significant progress in developing and testing effective evidence-based interventions for addiction. But these practices are not yet readily available in most communities nor routinely used among the 13,000 publicly funded treatment programs. Studies show that people suffering from alcohol dependence, for example, receive recommended care about 10 percent of the time in primary care settings; as few as 17 percent of addiction treatment programs use recommended pharmaceutical interventions for the treatment of alcohol or opioid dependence. Less than 50 percent of addiction treatment programs use proven psychosocial interventions such as cognitive behavioral therapy, contingency management and motivational enhancement therapy.

In 2006 we made a major commitment to stimulating the spread of evidence-based practices with the launch of *Advancing Recovery: State/Provider Partnerships for Quality Addiction Care*, an \$11-million program designed to encourage treatment providers to use evidence-based practices through innovative partnerships with single state agencies.

To promote effective implementation of evidence-based practices, *Advancing Recovery* will support partnerships between provider organizations that deliver care and state agencies that purchase and regulate treatment services.



These partnerships focus specifically on increasing the rate of use of treatment practices in five categories identified by the National Quality Forum:

- Use of medications for specific diagnoses;
- Screening and brief interventions in primary care settings;
- Use of specific psychosocial clinical interventions;
- Use of post-treatment care;
- Provision of case management, wraparound and supportive services.

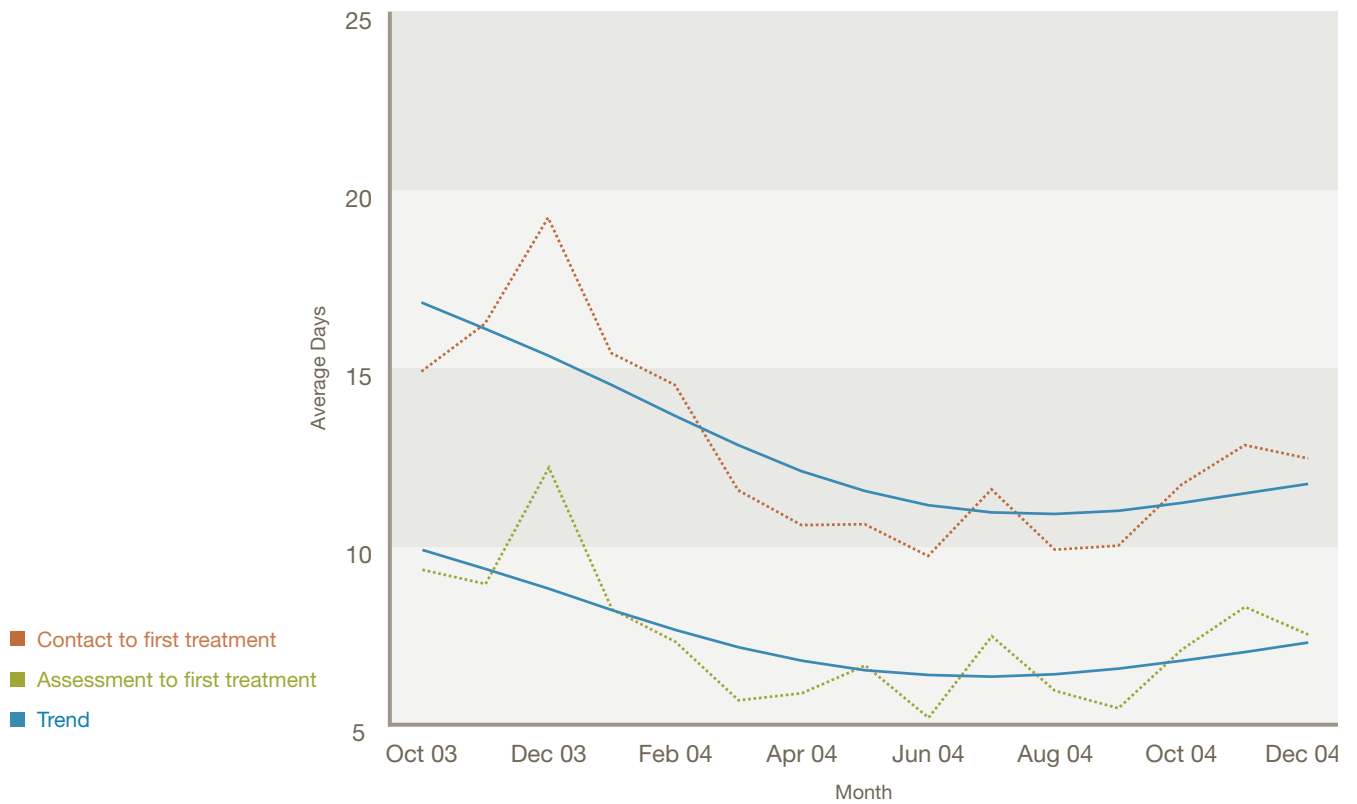
Advancing Recovery takes an innovative approach by bringing state agencies and treatment programs together to develop and improve *administrative* practices that encourage and sustain greater use of evidence-based *clinical* practices at the program level. The first round of funding for the initiative began in November 2006. Six state-provider partnerships in Missouri, Maine, Delaware, Florida, Kentucky and Rhode Island were selected to participate in a learning network. In addition to partnership grants, the initiative provides educational and communications support to help grantees overcome barriers to using proven methods.

In the coming year we will continue to support our current treatment programs for alcohol and drug addiction, and will make supplemental investments to measure the quality of care, overcome barriers to achieving quality care in local treatment settings, and help states develop reimbursement, licensing and accreditation policies that encourage greater use of evidence-based treatment practices.

For additional information about our initiatives and objectives, visit [www.rwjf.org/addiction](http://www.rwjf.org/addiction).



### Mean Days Between Contact and First Treatment Session and Between Assessment and First Treatment Session by Month of Admission



SOURCE: The Network for the Improvement of Addiction Treatment: Enhancing Access and Retention. *Drug and Alcohol Dependence*, 2006.



Robert Wood Johnson Foundation

## Childhood Obesity

The focus of this year's President's Message, Childhood Obesity is one of the most pressing public health threats facing our nation. Rates of childhood obesity in the United States have quadrupled over the past three decades, and the epidemic is widely recognized as a public health crisis.

If current trends continue, today's young people could be the first generation in American history to live sicker and die younger than their parents' generation. The Robert Wood Johnson Foundation (RWJF) is dedicated to reversing the childhood obesity epidemic by improving the environments in which children live, learn and play, and by supporting policy changes that promote healthier eating and increased physical activity. We place special emphasis on reaching African-American, Hispanic, Native American and Asian/Pacific Islander children living in low-income communities, who are at greatest risk for obesity and its related health threats.

Two years ago, Congress passed the Child Nutrition and WIC Reauthorization Act, which required nearly all schools to develop wellness policies by the start of the 2006–2007 academic year. Because schools hold enormous potential to improve children's eating and activity patterns, the Foundation has focused on encouraging schools to include the most promising obesity-prevention practices in their wellness policies.

To provide guidance to schools, RWJF helped initiate and fund the Alliance for a Healthier Generation's Healthy Schools Program, which developed and promoted policy recommendations for nutrition, physical activity and staff wellness. Two hundred thirty-one schools serving diverse populations in 13 states have been recruited as pilot sites for the Healthy Schools Program. Those schools are receiving hands-on support to implement their wellness policies, and they are helping us learn what it will take to expand the program nationwide. The Alliance has created the Healthy Schools Builder, an online tool that is available to schools throughout the country to help them learn about wellness policies and customize their own programs. All schools that implement the Healthy Schools recommendations will receive national recognition and help in making their schools even healthier.

Because evaluation is a fundamental building block of our policy efforts, RWJF is supporting two phases of evaluation for the Healthy Schools Program. The first will explore what changes were made in schools; the second will examine what effect those changes had on kids' nutrition, physical activity and—ultimately—body mass index (BMI). The Healthy Schools



Program will continually refine its recommendations based on these findings and will work to spread the most effective policies and practices to schools nationwide.

We have invested in other major initiatives to help us learn how to prevent childhood obesity and to identify the key policy levers for doing so. RWJF's *Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior* initiative is combining information about policies with school survey data to generate a complete understanding of how policies related to physical activity, nutrition and BMI screening are being implemented on the ground, as well as the impact of those policies on student behavior. The study will examine state and school district policies, school practices and community characteristics, to identify and drive effective obesity-prevention practices. We also are working with the National Cancer Institute to measure the adequacy of school-based food, physical activity and BMI policies based on their likelihood of affecting student behavior and BMI.

Through RWJF's *Healthy Eating Research: Building Evidence to Prevent Childhood Obesity* program, we support evaluations of statewide nutrition-related wellness policy initiatives in California, Connecticut, Maine, North Carolina, Pennsylvania and Washington. These projects place special emphasis on assessing which policies are most effective in improving nutrition for children at greatest risk for obesity.

In Arkansas we are funding an independent evaluation of efforts to implement a state law passed in 2003 that mandated a comprehensive approach to addressing childhood obesity in all public schools. This evaluation project and a separate RWJF-funded initiative to analyze BMI data for all Arkansas public school students should point the way to which approaches being tried in Arkansas schools are most successful. The BMI initiative already has demonstrated that, in just three years, Arkansas has halted the progression of the epidemic in the state.

Core to RWJF's mission is a focus on translating research into effective policy and practice to improve health. To that end, RWJF funded an innovative effort by California's Project LEAN and the California School Board Association to develop ways to quickly distribute information about promising wellness policies and to help other states replicate California's highly regarded programs. Partners in the Foundation's *Active Living Leadership* program are supporting the efforts of state and local policy-makers to implement school wellness policies that promote good nutrition and increased physical activity. Among the many efforts of these important partners, the National Conference of State Legislatures produced a legislative brief on school wellness policies for its members, and the American Association of School Administrators and the National League of Cities are teaming up to offer a leadership academy on the topic.

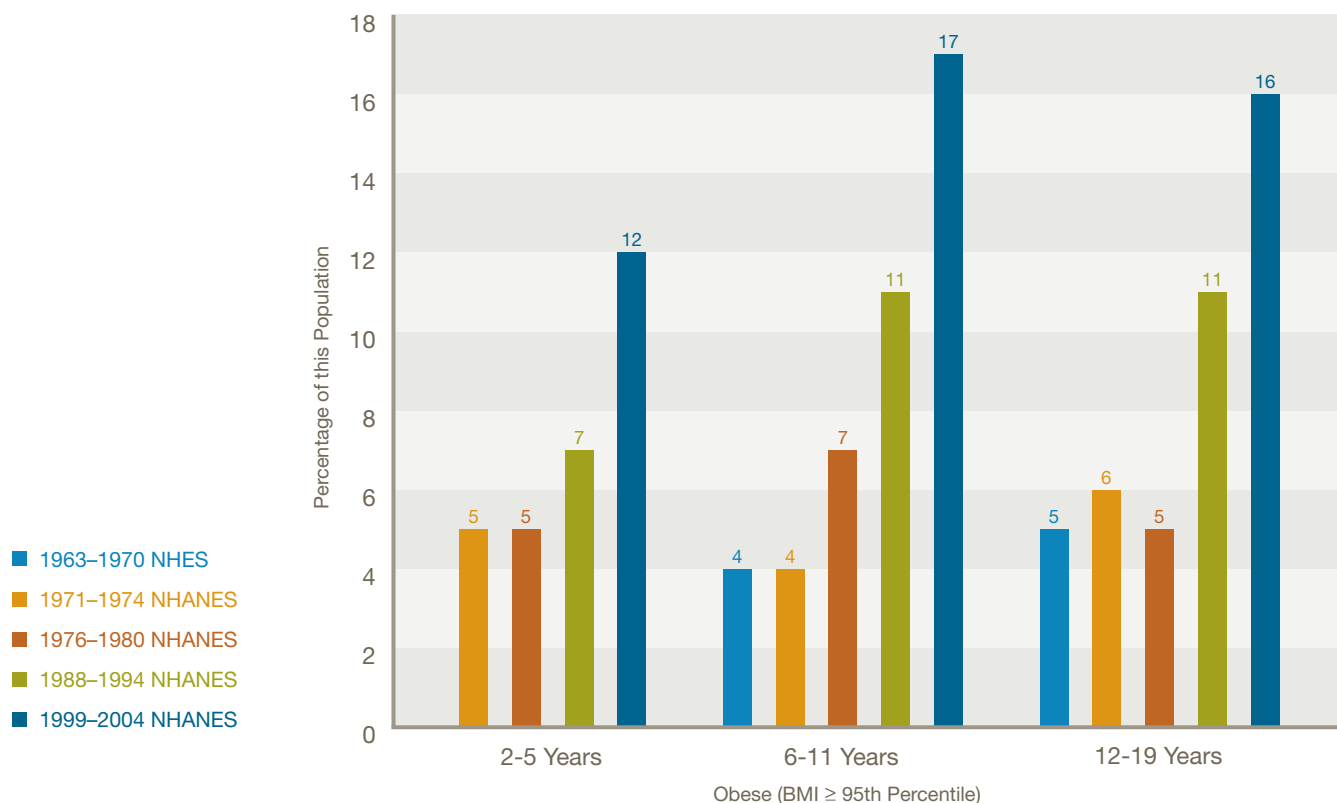




RWJF is poised to communicate the results of these school-based efforts to policy-makers, educators, parents and public health leaders throughout the nation. In 2007 the Foundation will continue its focus on school-based childhood obesity prevention programs and will monitor the implementation and impact of new school wellness policies. Beyond the school grounds, we will work to promote policy and environmental changes at the state and local level that encourage healthy eating and physical activity for all children and families, but especially those at greatest risk for obesity and related harms.

For additional information about our initiatives and objectives, visit [www.rwjf.org/obesity](http://www.rwjf.org/obesity), and the 2006 President's Message.

### Obesity Prevalence Among U.S. Children and Adolescents by Age and Time Frame, 1963–2004



SOURCE: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey for 2003 and 2004.

NOTE: NHES=National Health Examination Survey. NHANES=National Health and Nutrition Examination Survey. Data for 1963 to 1965 are for children ages 6 to 11 years; data for 1966 to 1970 are for adolescents 12 to 17 years instead of 12 to 19 years.



Robert Wood Johnson Foundation

## Coverage

Providing access to health care coverage remains an acute and difficult challenge.

Today more than 46 million Americans, including more than 8 million children, go without health insurance. This lack of coverage is the single greatest barrier to obtaining timely, appropriate health care services. Therefore, focusing on insuring children has been an important strategic choice for the Foundation—an essential step toward ensuring that *all* Americans have access to quality health care.

We have been working to enroll uninsured, eligible children in public health care coverage programs and are tracking progress toward that goal. Even though the total number of Americans without health insurance is on the rise, a recent study by the State Health Access Data Assistance Center shows that the proportion of kids who are uninsured in America has decreased by 20 percent since the creation of the State Children's Health Insurance Program (SCHIP). States with the biggest decline in the percentage of uninsured kids are Arkansas (-60 percent), Maine (-50 percent), Alabama (-47 percent), South Carolina (-46 percent) and North Dakota (-44 percent).

Despite this progress, the latest census data (2005) show that nearly 8.3 million children remain uninsured nationwide. Experts say that more than 70 percent of these children are likely eligible for low-cost or free health care coverage through SCHIP or Medicaid, but have not yet been enrolled.

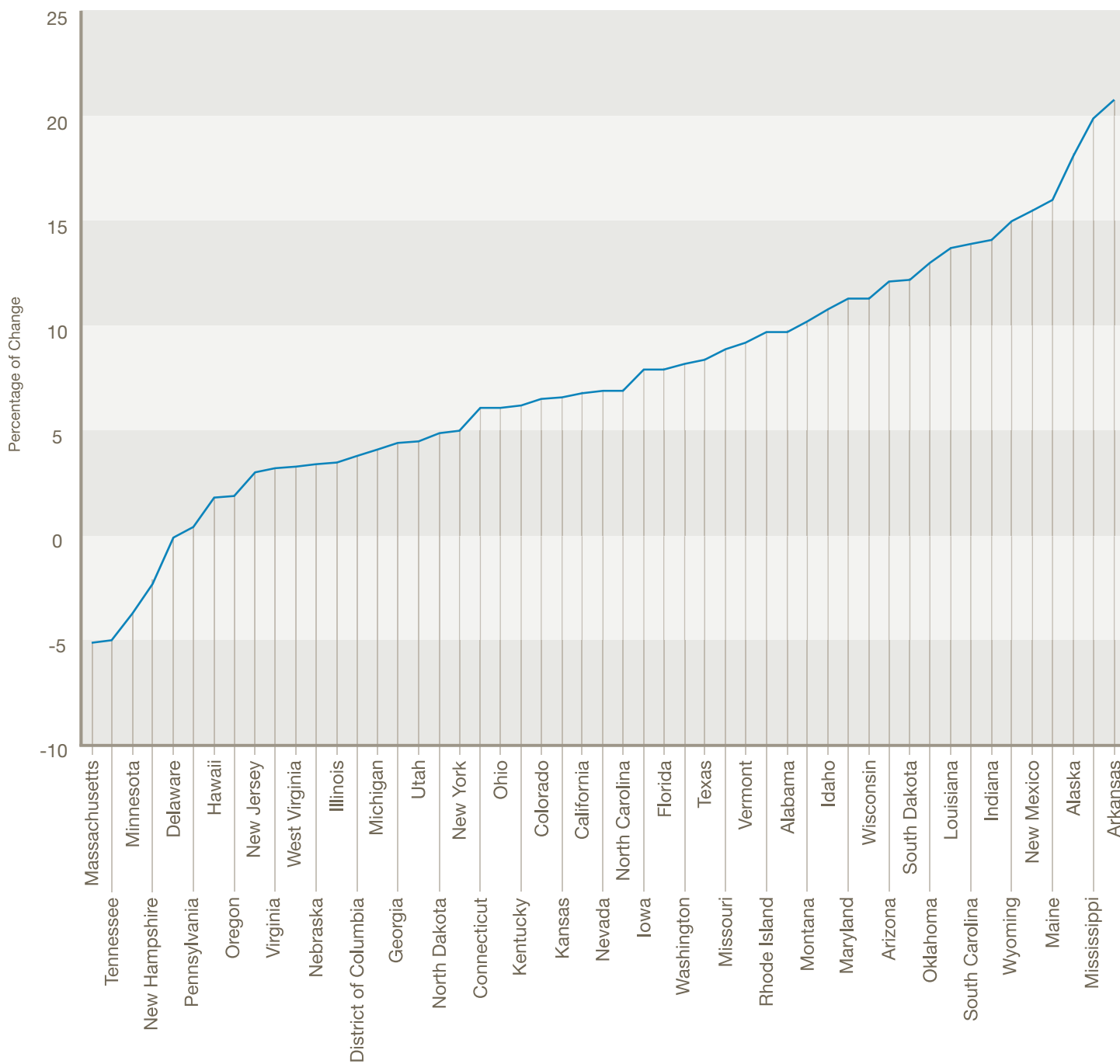
Therefore, we will continue to promote enrollment of uninsured children in SCHIP and Medicaid as one way to help achieve the goal of ensuring that all Americans have access to quality care. We will also work with the National Academy for State Health Policy to explore opportunities to expand coverage within Medicaid and SCHIP.

In addition to supporting children's coverage, we will conduct research and evaluate state reforms, while continuing to explore how burgeoning efforts on the part of states to improve coverage might influence a national approach to ensuring access to care.

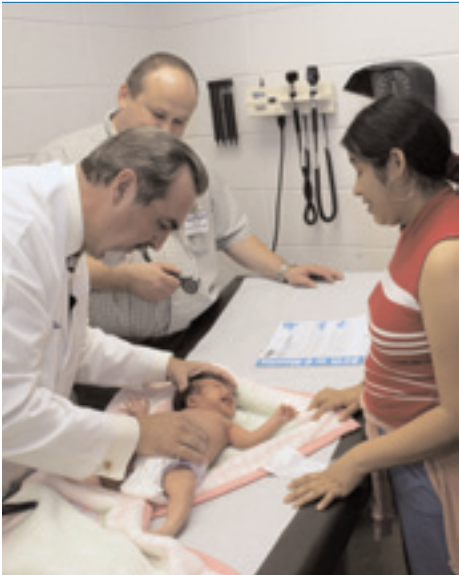
For additional information about our initiatives and objectives, visit [www.rwjf.org/coverage](http://www.rwjf.org/coverage).



## Public Insurance Coverage Change Among U.S. Children from 1997–1998 to 2003–2004



SOURCE: State Health Access Data Assistance Center, University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005, *The State of Kids' Coverage*, August 2006.



## Disparities

To ensure that all Americans get quality health care, we have been focused on finding practical, effective solutions that will help health care systems target racial and ethnic disparities as part of their overall quality improvement efforts.

The quality of health care in the United States is not what it should be. Research indicates that stark differences exist in how we deliver health care to patients from region to region—irrespective of factors such as the prevalence of certain diseases or cost—and moreover, that Americans from certain racial and ethnic backgrounds are more likely to experience lower quality health care overall.

One indicator we use to measure progress is whether health plans, hospitals and others increasingly use race and ethnicity data about patients to help inform their efforts to improve quality. Stratifying patient data by race and ethnicity can be a useful first step in understanding where gaps in quality are occurring, and why.

Many health care organizations initially expressed concern about collecting patient data by race and ethnicity, citing potential technical, legal and policy challenges to this activity. Indeed, any effort to make information about one's health and health care more widely available triggers these sorts of concerns. To analyze the legal and policy environment surrounding health information initiatives, the Foundation supported the Health Information Law Project at George Washington University, which categorizes and analyzes the most relevant legal and policy issues inhibiting greater transparency of health care information in today's world. In 2006 the Project affirmed the legality of collecting patients' race and ethnicity data for the purposes of improving health care quality.

Health plans play an essential role in tracking and monitoring the quality of care delivered to millions of patients, and are positioned to create programs that help physicians and patients manage specific diseases and coordinate care. RWJF has supported several projects involving health plans in collecting data to improve quality and identify racial and ethnic disparities. In 2006 America's Health Insurance Plans conducted a follow-up to its 2003–2004 survey that: (1) assessed the extent to which health insurance plans collect and use race and ethnicity data; (2) highlighted barriers to the collection of such data; and (3) assessed new trends and major differences from the prior survey. The 2006 survey showed that collectively, 30.9 percent of commercial, Medicaid, and Medicare plans are able to obtain or collect



racial and ethnic data from enrollees directly; 39.4 percent are able to do it indirectly; and 29.8 percent obtain data both directly and indirectly. The survey also showed a significant increase in the number of plans that now collect racial and ethnic data as part of organization-wide initiatives, rather than having programs limited to specific departments.

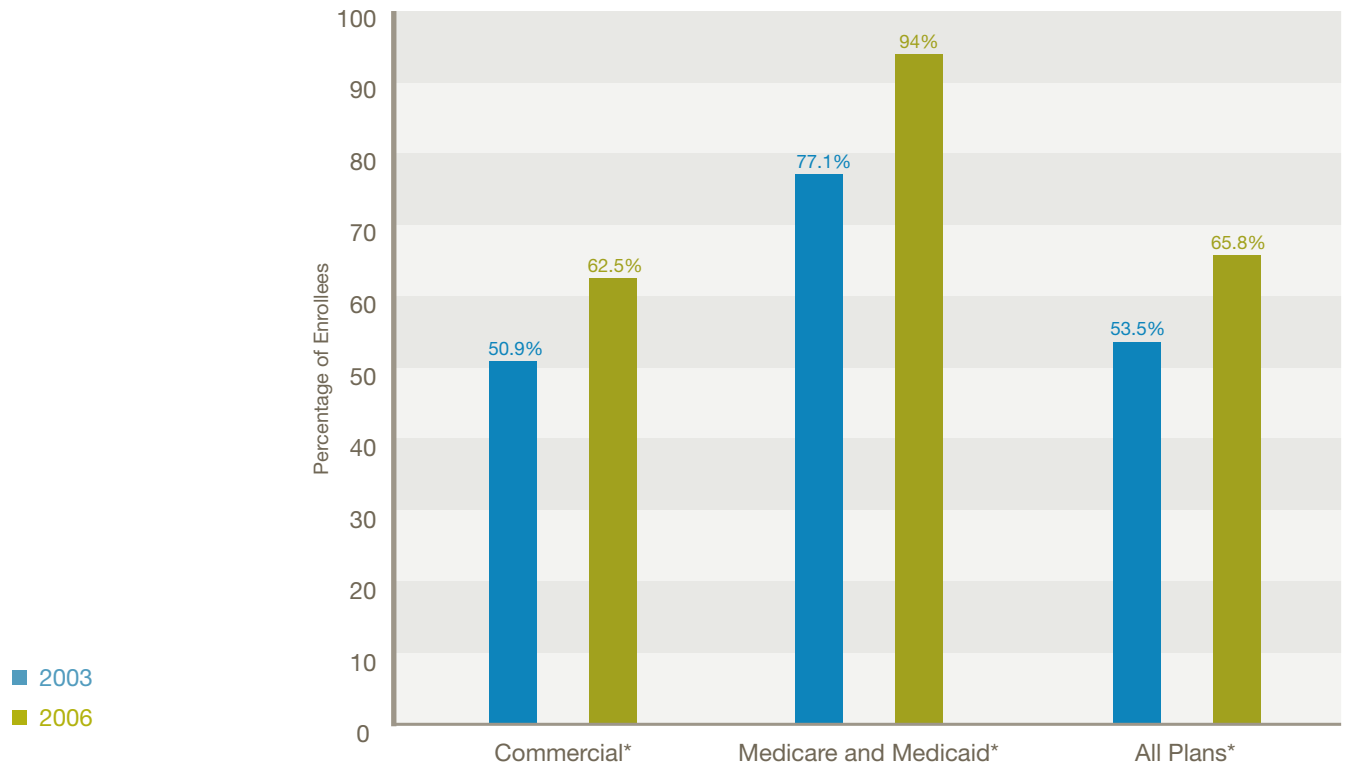
The National Health Plan Collaborative's first phase of work brought together multiple organizations, including the federal Agency for Healthcare Research and Quality and nine major health insurance companies, to examine different methods of analyzing existing data to determine if insurers could more effectively target quality improvement activities to specific enrollee populations.

RWJF has also supported several projects focusing on how hospitals collect and use race and ethnicity data to reduce disparities in care. For example, *Expecting Success: Excellence in Cardiac Care*, is a national program that brings together 10 general acute care hospitals across the nation to improve quality and reduce racial and ethnic disparities in cardiac care. Expecting Success hospitals have begun to track data based on patient race, ethnicity and primary language as a tool to ensure consistent quality of care for diverse patient populations. The Foundation also supports the Health Research and Educational Trust (HRET) to link key patient demographic information to nationally recognized measures of quality health care. HRET works with the American Medical Association and four federally qualified community health centers serving over 65,000 clients to improve the flow of this critical information.

For additional information about our initiatives and objectives, visit [www.rwjf.org/disparities](http://www.rwjf.org/disparities).



### Enrollees in Plans that Collect or Obtain Race and Ethnicity Data, by Year



SOURCE: America's Health Insurance Plans, Collection and Use of Race and Ethnicity Data for Quality Improvement: 2006 AHIP-RWJF Survey on Health Insurance Plans, November 2006.

NOTE: \*Percentage-value of equal to or less than .05 is significant.  
Data is weighted by enrollment.



## Nursing

Nursing is a major component of the Foundation's focus on improving the quality of health care for all Americans.

Having an adequate supply of nurses is essential to achieving care that is safe, effective, patient-centered, timely, efficient and equitable. One of our key objectives is to transform the way that care is delivered in hospitals to allow nurses to spend more time with their patients, with the ultimate goal of improving the quality of care in hospitals.

There is a clear link between the care that nurses provide and improved patient outcomes—fewer falls, reduced pressure ulcers, fewer unanticipated deaths. We need to do a better job of understanding and measuring nursing's contribution to high-quality care. *Transforming Care at the Bedside* (TCAB) is a program of the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement (IHI) to increase nurse retention and improve the quality of patient care. Hospitals participating in TCAB are tracking measures of quality care that are linked to the work of nurses. The National Quality Forum (NQF), an organization focused on health care quality measurement and reporting, has identified and endorsed 13 of these nursing-sensitive measures. TCAB hospitals are using four of these: fall prevalence, pressure ulcer prevalence, failure to rescue (that is, death among patients with serious but treatable conditions) and voluntary nurse turnover. We are learning through TCAB how best to track these measures; our goal is for every TCAB hospital to see improvement in at least two of these measures by 2007.

The TCAB hospitals have already made good progress on one important indicator of high-quality care: a low rate of voluntary nurse turnover. Nurses are the health care professionals who spend the most time providing direct care to patients, so when turnover is high and experienced nurses leave, patient care is compromised. Across the hospitals currently participating in TCAB, IHI reports annual nurse turnover on TCAB units has decreased from about 15 percent when the program began in 2003 to about 5 percent in 2006.

As the TCAB hospitals continue their efforts to make progress on the other NQF-endorsed nursing-sensitive measures, they report reducing falls through changes to the design of patients' rooms (for example, the installation of safety bars) and changes to hospital culture



to ensure that every staff member—from the janitor to nurses to the chief executive officer—has a role and a responsibility in preventing patient falls.

And several TCAB hospitals report that they are improving rates of rescuing as they introduce rapid response teams—groups of experienced clinicians that nurses and other hospital staff (and, in some cases, even patients and their family members) can call on if they sense that a patient’s condition is deteriorating. Because these teams intervene before a patient reaches a more critical point of distress, hospitals believe that rapid response teams are improving their rates of rescuing.

A key challenge to understanding and quantifying the hospitals’ progress on nursing-sensitive measures has been a lack of consistent data and reporting. Tracking staff turnover rates is standard practice at almost any hospital. However, a common definition of a fall (for instance, does an “assisted fall”—when a nurse catches a patient and eases him to the ground safely—constitute a fall?), or a failure to rescue, requires more nuanced effort and attention. Through a national effort led by the NQF, we are tracking collection of the NQF nursing-sensitive measures, along with barriers and facilitators to using these measures for improvement. These results will both assist and be informed by the measurement efforts of the TCAB hospitals.

In 2006, with support from an evaluation team, TCAB hospitals began using a standardized reporting form to track their data, which we expect will provide a more efficient, less burdensome reporting system in the future. Hospitals track progress on the NQF-endorsed measures as well as other dimensions of care, such as percentage of nurses’ time spent caring for patients, average length of patient stay, and staff and patient satisfaction.

Although we know anecdotally and intuitively that the work of nurses has a direct effect on length of patient stay and patient satisfaction, there is limited research that demonstrates the causal link between nurses’ contributions and improved patient outcomes. In 2007 the Foundation’s *Interdisciplinary Nursing Quality Research Initiative* will continue to build and share evidence of nurses’ effect on care quality through processes such as care coordination, pain management and symptom assessment. As we continue to generate, disseminate and translate evidence that demonstrates nurses’ direct link to improved patient care, the program will explore opportunities to reward nurses for high-quality outcomes such as offering pay-for-performance incentives.

Looking ahead, as the nursing profession ages—the average age of a nurse is nearly 47—the Foundation is expanding its efforts beyond TCAB to identify successful strategies for retaining experienced nurses. In 2006 the Foundation launched a new program,



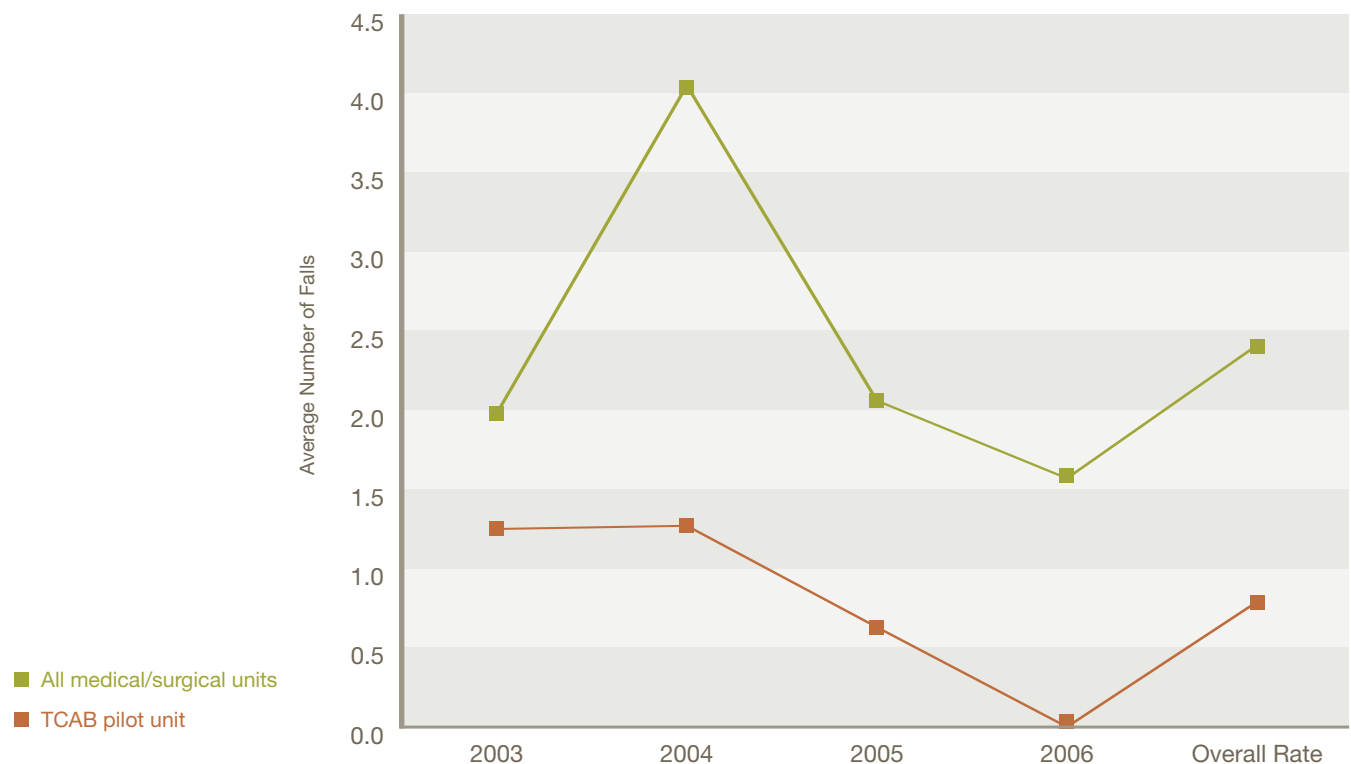


*Wisdom at Work: Retaining Experienced Nurses*, which will assess promising interventions to retain older nurses through human resources policies, the use of new technology, and changes in ergonomics and the physical design of the hospital.

Although we recognize the importance of retaining experienced nurses, we also understand that retention strategies alone will not be sufficient to curb the persistent nursing shortage in the United States. An aging faculty also creates tremendous challenges for the nursing workforce. With the majority of nurses educated at the associate degree level, with less than 12 percent going on for a baccalaureate degree, the pipeline for faculty is severely diminished. Moreover, a recent study by the National League for Nursing found that almost two-thirds of all full-time nurse faculty members are 45 to 60 years old and likely to retire in the next five to 15 years. Schools of nursing already report turning away more than 40,000 qualified student applications annually, largely because of a lack of faculty. In 2007 the Foundation will invest significant resources to address this critical shortage of nurse faculty.

For more information about our initiatives and objectives, visit [www.rwjf.org/nursing](http://www.rwjf.org/nursing).

### Annual Patient Falls at Cedars-Sinai



NOTE: Average annual patient falls resulting in injury, per 10,000 patient days

SOURCE: Cedars-Sinai Medical Center



Robert Wood Johnson Foundation

## Public Health

All Americans deserve a high-functioning, modern public health system that is capable of protecting them from everyday health threats like infectious diseases and exposure to second-hand smoke as well as less common, unsettling health emergencies like pandemic flu, bioterrorism or natural disasters.

We recognize the primacy of the public health system, with state and local public health departments at the system's core, in making our communities healthier places to live, work and play. This includes ensuring the safety of the air we breathe, the water we drink, and the food we eat, as well as advancing public policies to improve health, stimulating community involvement, triggering private action and changing, even inventing, systems of promoting and delivering the best health and health care to the most people.

In 2006 we focused on improving the performance and accountability of state and local public health departments. With the Centers for Disease Control and Prevention, the Foundation co-funded the Exploring Accreditation project, a first-of-its-kind initiative that brought together federal, state and local public health leaders to determine the viability of a voluntary national accreditation program, and if viable, its optimal structure. Exploring Accreditation is coordinated by the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, the American Public Health Association, and the National Association of Local Boards of Health, in partnership with other stakeholders.

In September a 25-member steering committee released its accreditation recommendations, which are widely viewed as a groundbreaking development in public health. The recommendations propose that a nonprofit organization be established to oversee accreditation; call for the development of accreditation standards that promote continuous quality improvement, the pursuit of excellence, and accountability for the public's health; and suggest that initial financing for the program come from interested grantmakers, government agencies, and organizations of state and local health departments. An implementation plan will be developed in the coming year.

Other initiatives have contributed significantly to our ongoing efforts to increase knowledge about accreditation programs and define standards for public health agency performance. The Multistate Learning Collaborative, a partnership with the National Network of Public Health Institutes and the Public Health Leadership Society, seeks to gather and share important information about performance standards and accreditation efforts at individual state and

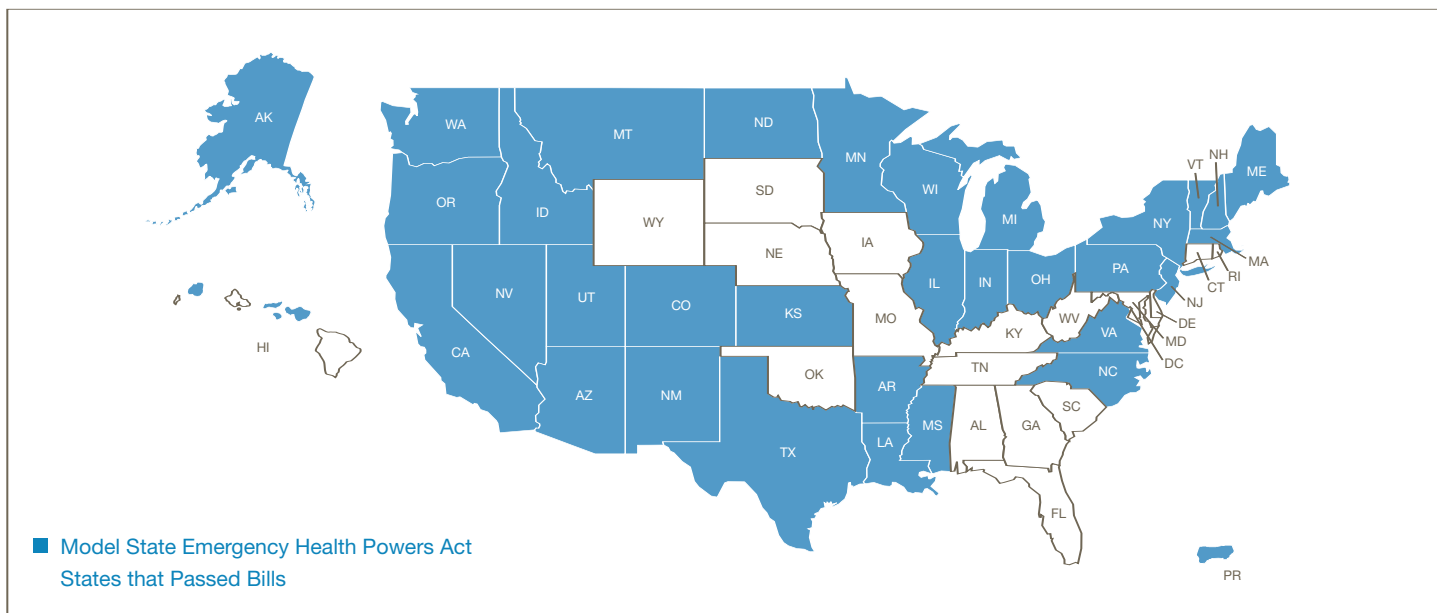


local health departments. Five states participated—Illinois, Michigan, Missouri, North Carolina and Washington. Lessons learned from these states contributed significantly to the work of Exploring Accreditation and will continue to enhance activities focused on accountability and performance in public health.

In 2007 we will continue to drive systems change in local and state public health agencies toward improved quality and performance. This will include advancing efforts for increased accountability, supporting advocacy for increased funding and other policy changes, modernizing information technology and improving the management of information, strengthening public health leadership, and prompting greater collaboration among public health agencies and others integral to the public health system, such as businesses, health care providers, educational institutions, and faith and community-based organizations. And we will focus on advancing public policies, such as smoke-free air laws, that improve health and benefit millions of Americans.

For more information about our initiatives and objectives, visit [www.rwjf.org/publichealth](http://www.rwjf.org/publichealth).

## States that Have Passed Emergency Response Laws



SOURCE: Center for Law & The Public's Health, Turning Point Act State Legislative Table, October 2006.

NOTE: Model State Emergency Health Powers Act grants public health powers to state and local public health authorities to ensure strong, effective and timely planning, prevention and response mechanisms to public health emergencies while also respecting individual rights.



Robert Wood Johnson Foundation

## Quality Health Care

The quality of American health care is far from what it could or should be.

Although in recent years Americans have benefited from advances in medical technology and science, health care in this country still looks like a wildly uneven landscape. National research studies show that Americans do not get even half of the recommended care for many chronic conditions, and pressures such as rising health care costs shape concerns about the type of health care that is delivered to whom, and for what value.

The Foundation seeks to ensure that all Americans, especially those with chronic illnesses like diabetes or heart disease or depression, receive high-quality care. We have recently focused especially on improving the quality of care for chronic conditions in outpatient settings. Transparency in health care—a concept that encourages measuring and reporting on the delivery of health care services—has been a major underpinning of this work. Although some health care organizations, such as health insurance plans, regularly collect and report on standard measurements of health care quality (for example, the number of times a diabetic patient receives a foot or eye exam), other stakeholder groups are not involved in these efforts at all. Therefore, our drive towards measuring and reporting health care quality is premised on the idea that greater transparency can help providers, patients, and policy-makers understand what quality health care is and how to achieve improvements.

One of our indicators of progress was to track in 10 regions the increase of medical providers who are reporting measures of quality to employers, consumers and other relevant groups. We promoted a stronger regional focus in 2006 with the launch of a new \$10-million program, *Aligning Forces for Quality: The Regional Market Project*, to seek substantial improvements in health care quality that can occur only in the context of local market forces.

Aligning Forces will help communities work on three key quality areas: performance measurement and public reporting; provider initiatives on improving the quality of care for chronic conditions in outpatient settings; and engagement of consumers on focused areas related to quality. In 2006 we initiated four pilot communities and launched a national competition to support work in six additional areas. The Foundation is supporting an evaluation to help assess the progress of the Aligning Forces communities, to learn more



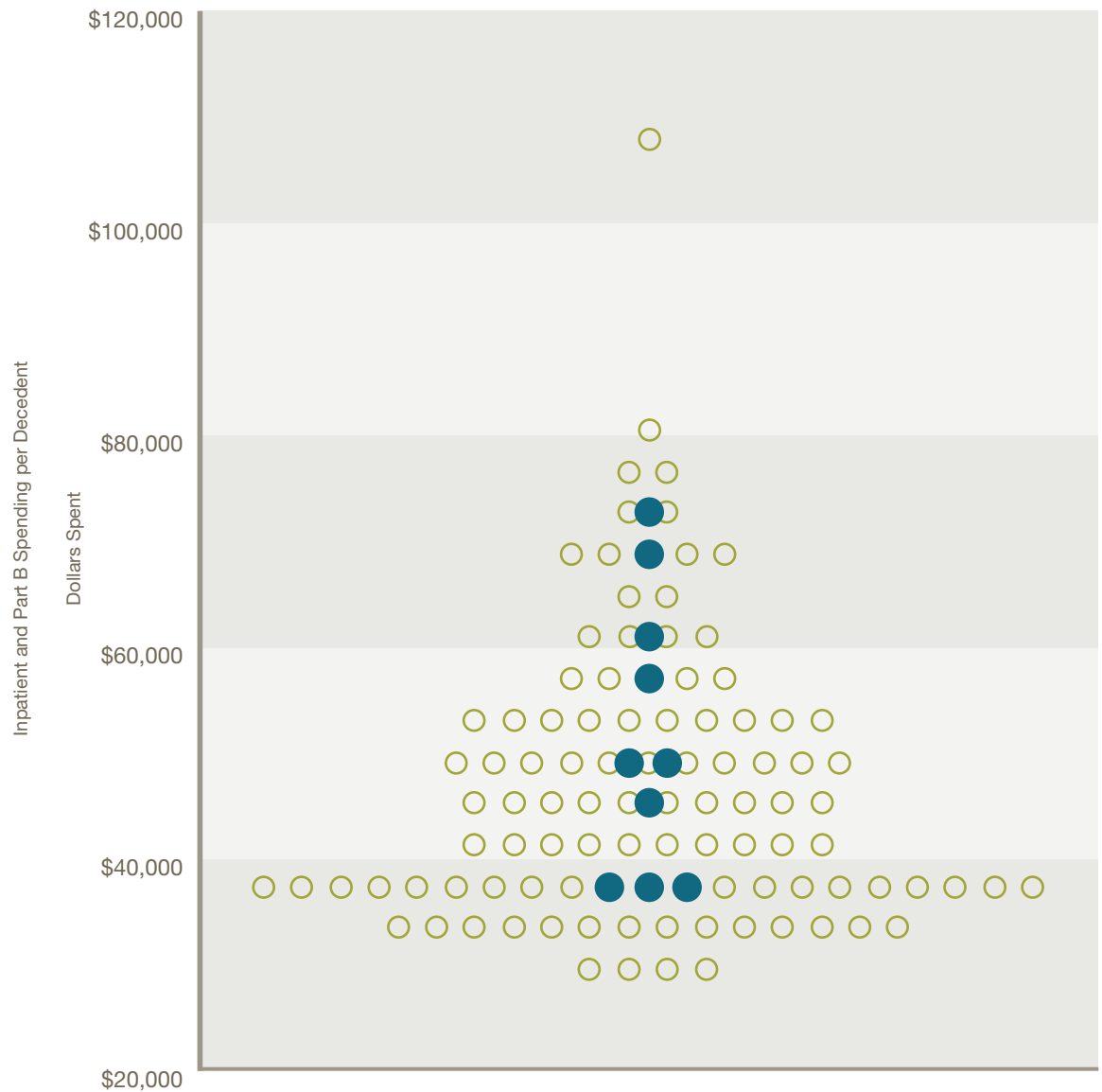
about the extent to which public reporting on quality increases in these communities, and whether these initiatives translate to actual gains in the quality of health care.

Finally, we continue to support national efforts to engage providers and others in public reporting on health care quality. Our work with the National Quality Forum, which supports consensus-building among different stakeholder groups in approving measures that matter, produced new measures for different treatment areas for chronic illness care in 2006. The Foundation also supported the first-ever report that provides a comprehensive picture of how rapidly Americans are adopting health information technology titled, *Health Information Technology in the United States: The Information Base for Progress*. Although many health care providers face formidable barriers when it comes to adopting electronic health records and other information technology systems, most experts agree that health information technology innovations hold considerable promise for improving quality of care for patients.

For additional information about our initiatives and objectives, visit [www.rwjf.org/quality](http://www.rwjf.org/quality).



### Inpatient and Part B Spending per Decedent During the Last Two Years of Life for Chronically Ill Patients Dying During the Period of 2000–2003



SOURCE: Center for the Evaluative Clinical Sciences. *The Care of Patients With Severe Chronic Illness: An Online Report on the Medicare Program*. Dartmouth Atlas of Health Care, 2006.



## Tobacco Use and Exposure

Smoking remains among the most pressing threats to America's health, and the Foundation is committed to saving lives by reducing tobacco use and exposure.

In pursuit of that goal, we are focused on advancing and sustaining policy changes that have been shown to prevent and reduce tobacco use and exposure to secondhand smoke and to help addicted smokers quit. The number of Americans protected by law from the dangers of secondhand smoke is one indicator we use to measure our progress.

Currently an estimated 37 percent of Americans are covered by comprehensive clean indoor air or "smoke-free" laws—those providing full workplace protections without exemptions, including bars and restaurants. Sixteen states and Puerto Rico have passed smoke-free laws that include restaurants and bars. Arizona, Colorado, Hawaii, Montana, New Jersey, Ohio and Puerto Rico took action in 2006, joining California, Connecticut, Delaware, Maine, Massachusetts, New York, Rhode Island, Utah, Vermont and Washington.

Hundreds of cities and counties have taken action as well, with Washington, D.C., Philadelphia, Houston and Louisville, Kentucky, a major tobacco growing state, being notable additions in 2006. Following passage of New Jersey's landmark Smoke-Free Air Act, the Foundation joined with the New Jersey Department of Health and Senior Services and public health organizations to support the Smoke-Free New Jersey: A Breath of Fresh Air campaign to increase public understanding of the health benefits of the new law and to help prepare businesses for the transition. The campaign included paid media, public education and outreach to businesses. Smoke-free laws are also sweeping the globe. In 2006 England, France, Scotland and Uruguay joined Bermuda, Bhutan, Ireland, Italy, Norway, New Zealand and Sweden as smoke-free countries.

In June 2006 the federal government released a landmark surgeon general's report on secondhand smoke. U.S. Surgeon General Richard Carmona stated, "The debate is over. The science is clear: Secondhand smoke is not a mere annoyance, but a serious health hazard that causes premature death and disease in children and nonsmoking adults."



The report found that secondhand smoke:

- Is a proven cause of lung cancer, heart disease, serious respiratory illnesses such as bronchitis and asthma, low birthweight, and sudden infant death syndrome.
- Contains more than 4,000 chemicals and at least 60 carcinogens.
- Is responsible for at least 38,000 deaths in the United States each year.
- Has no risk-free level of exposure.

The report also concluded that smoke-free workplace policies are the only effective way to protect nonsmokers from secondhand smoke; that other approaches, such as air ventilation systems and smoking and nonsmoking sections, are not effective and do not eliminate exposure; and that smoke-free laws protect health without harming business.

New research on the health impact attributed to smoke-free air policies was released in 2006. According to a study in *Circulation: Journal of the American Heart Association*, Pueblo, Colorado experienced a dramatic decrease in the number of people suffering heart attacks after the city banned smoking in workplaces and public buildings. Researchers compared admissions at Pueblo's two hospitals from 18 months before and 18 months after the comprehensive smoke-free ordinance took effect. Both hospitals provide care for all recognized heart attacks in Pueblo and the surrounding county.

In the 18 months following passage of the law, admissions for heart attacks for Pueblo City residents dropped 27 percent compared with the 18-month period before the ordinance. In the same period, heart attack hospitalizations did not change significantly for residents of surrounding Pueblo County or in the comparison city of Colorado Springs, neither of which have nonsmoking ordinances.

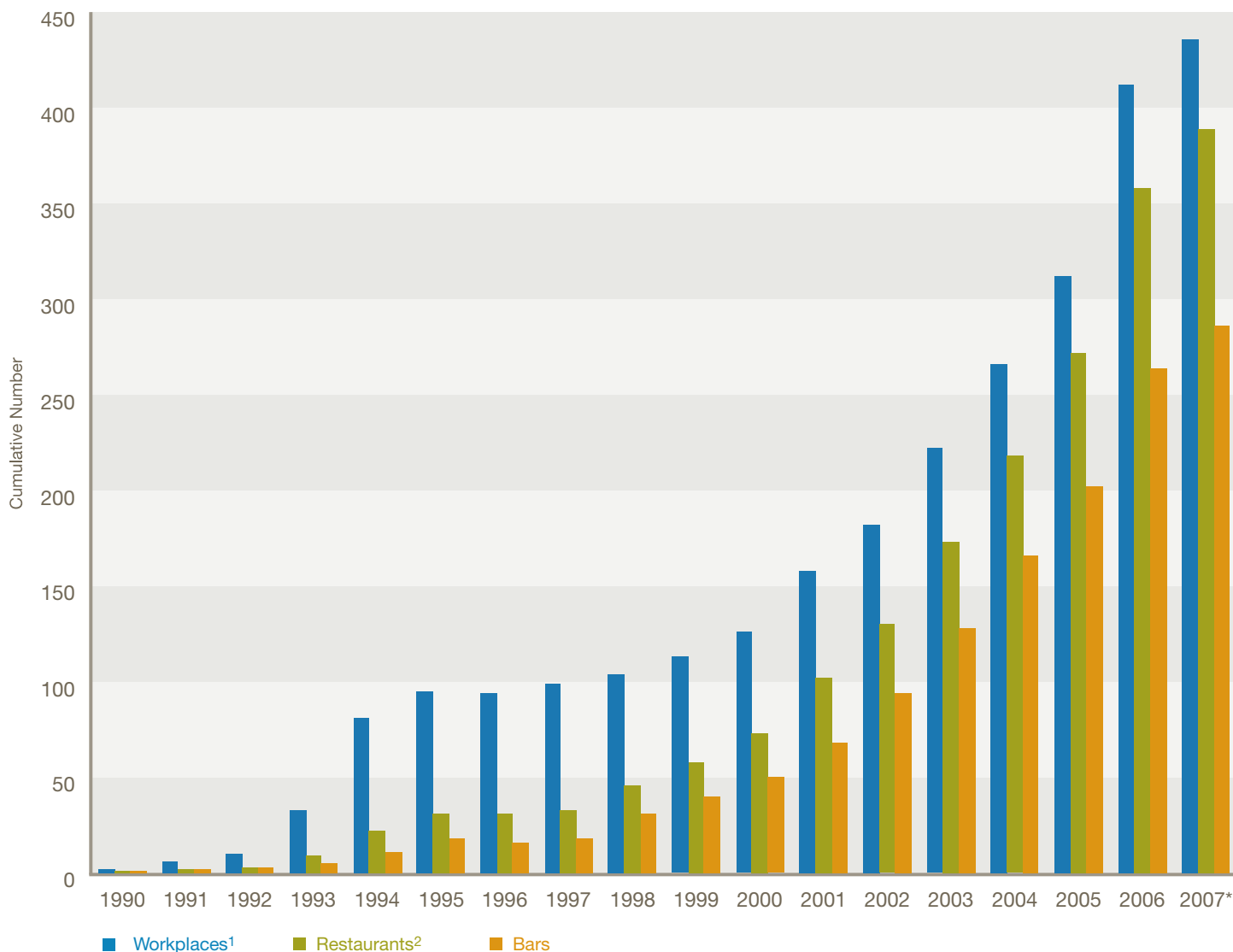
Together these measures mark significant progress toward eliminating a major threat to the public's health, but more needs to be done. We seek to have at least 50 percent of the total U.S. population protected from secondhand smoke by the end of 2007. We will use integrated strategies to help achieve this goal, including: (1) research that includes tracking and analyses of policies that affect tobacco use and exposure; (2) advocacy grants and technical assistance to states and communities for tobacco prevention and cessation; and (3) communications, including public education advertising, media relations, polling and message research, policy briefs, and news and information services to advance the public's understanding of research findings and support of advocacy efforts.

For additional information about our initiatives and objectives, visit [www.rwjf.org/tobacco](http://www.rwjf.org/tobacco).





## Municipalities with Local 100 Percent Smoke-Free Clean Indoor Air Laws, 1990–2007



\*Year to Date

<sup>1</sup>Includes both public and private non-hospitality workplaces, including, but not limited to, offices, factories and warehouses.

<sup>2</sup>Includes any attached bar in the restaurant.

Since some municipalities have 100% smoke-free coverage in more than one category, the numbers are not mutually exclusive.

Includes all municipalities with ordinances or regulations that do not allow smoking in attached bars or separately ventilated rooms and do not have size exemptions.

Only ordinances reviewed and analyzed by ANR Foundation staff using standardized criteria are included on these lists. Omission of a particular ordinance may be the result of differences of opinion in interpretation, or because staff have not yet analyzed the ordinance.

SOURCE: American Nonsmokers' Rights Foundation, 2007. Available at: [www.no-smoke.org](http://www.no-smoke.org).



Robert Wood Johnson Foundation

## Human Capital

The Human Capital Portfolio seeks to nurture a strong, capable and diverse health and health care workforce and leadership.

For more than 30 years, RWJF has supported programs that help develop leaders in health and health care, such as the *Robert Wood Johnson Health Policy Fellowships Program* and the *Robert Wood Johnson Executive Nurse Fellows Program*. Many program alumni in leadership positions today acknowledge the role RWJF has had in advancing their careers. But neither our programs, nor the health and health care leadership of our nation, are as diverse as they should be. Thus, in 2006 we looked at our leadership programming with fresh eyes, seeking to increase the diversity of our scholars and fellows, and the diversity of voices in leadership positions.

We initiated an effort to increase the diversity of the pool of qualified applicants to several of our leadership development programs. These programs had each been trying to do this, with limited success. We began work to identify and enhance the successful strategies of individual programs, but also to develop proactive marketing and outreach strategies. We plan to implement these enhanced outreach efforts for the programs' application cycles during 2007 and will track their impact.

As we looked at our history of investments in leadership development, we saw that most of our programs focused on leaders who work in large institutional settings. Another way to increase the diversity of leadership in health and health care is to expand the breadth and diversity of the settings on which our programs focus. Locally-based nonprofit organizations occupy an important role in our health and health care system, providing critical services and support. And the leadership of community nonprofits is often well-positioned to help the rest of the system appreciate the need for diversity.

Many community nonprofits are led by senior leaders who are aging out of the workforce at a time when demand for services from these organizations is increasing, along with the financial pressures they face. To combat these complex challenges, we believe that creating a leadership development experience for junior or emerging leaders that is focused on innovative, system-change thinking, will provide a model for these organizations in the future.



We are currently supporting the design of a training program that can help develop a new cadre of competent leaders in community-based nonprofits. We hope to build their abilities to influence systems, bring about organizational change, adapt innovations from other fields, create more client-focused services, work across traditional organizational barriers, and build stronger, sustainable organizations that provide better health and health care services in underserved, under-resourced communities.

We also began an effort in 2006 to track the diversity of leaders in key positions in health and health care. We will continue to track this over time to help us understand where we need to target our future investments.

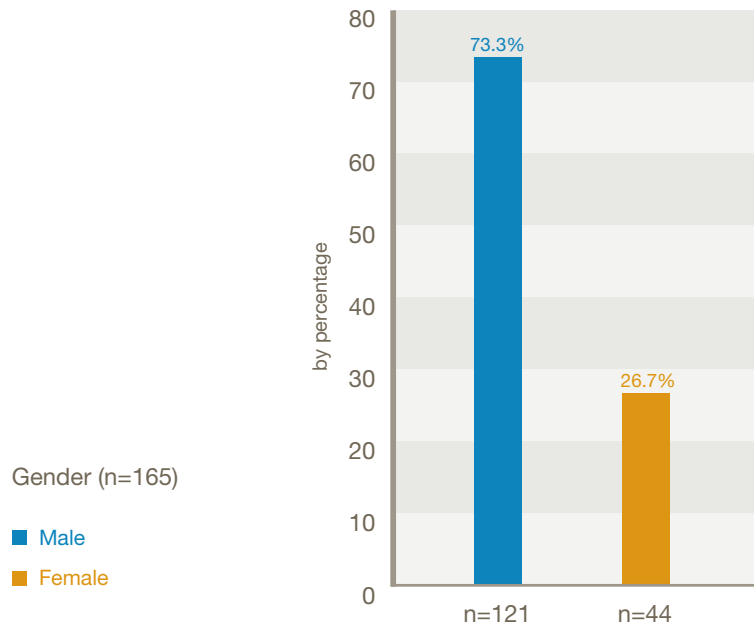
Not surprisingly, America's current group of leaders in health and health care are primarily white males in their mid-fifties, most with doctoral/professional degrees, who have occupied their current leadership positions for about six years. There are some "pockets" of diversity. Women occupy about 40 percent of senior leadership positions in state health departments and in America's major foundations. Nearly one-third of senior leadership positions in major foundations are held by African Americans.

In the coming years, as our nation becomes increasingly diverse, we will continue to track the diversity of the leadership in our health and health care system, and in the programs we support.

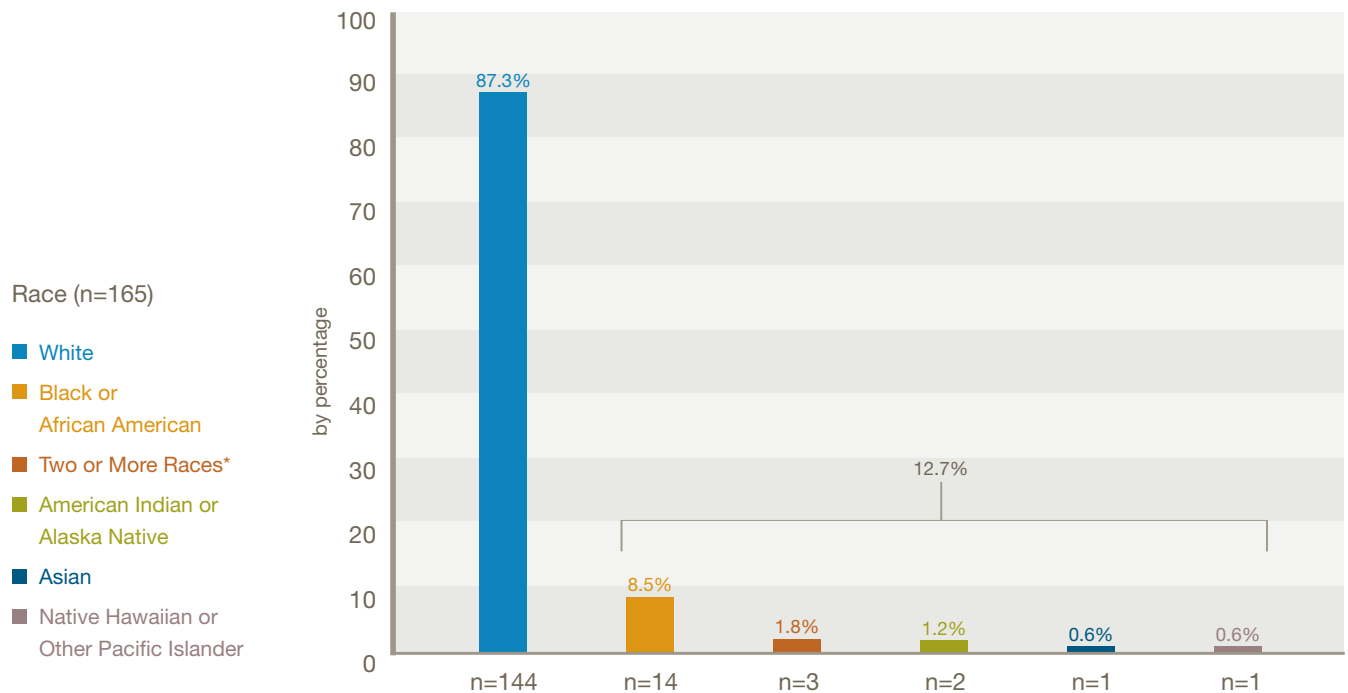
For additional information about our initiatives and objectives, visit [www.rwjf.org/humancapital](http://www.rwjf.org/humancapital).



### U.S. Health and Health Care Leaders, by Gender



### U.S. Health and Health Care Leaders, by Race



SOURCE: The Lewin Group, Health and Health Care Leadership Tracking Initiative Findings, Year One, November 2006.



Robert Wood Johnson Foundation

## Vulnerable Populations

Good health means more than just good health care. Several social factors—poverty, race, education and housing—play a critical role in the health and health care problems that affect society’s most vulnerable and often-neglected people.

Through our Vulnerable Populations efforts, we support promising new ideas at the intersection of health and social factors, with programs designed to help vulnerable Americans lead healthier lives.

In many cases, working at this critical intersection depends on building partnerships with organizations outside the traditional health sector, including schools, prisons, community groups working to reduce violence, and the legal system.

The Foundation has a strong interest in helping to meet the emerging health and social needs of vulnerable communities whose populations are changing. In 2006 we launched a new program, *Caring Across Cultures: Addressing Mental Health Needs of Diverse Children and Youth*, to bring school-connected mental health services to children who may not be served by traditional health and social services. Children from immigrant and refugee families often face economic, social and personal hardships—poverty, separation from family and challenges of acculturation—that may affect their mental health and overall well-being, but they are less likely than other children to get the services they need. In as many as 15 cities across the country, Caring Across Cultures will link schools with community organizations to reduce the cultural and language barriers to mental health services that children of immigrant and refugee families face.

Research shows that ex-offenders invariably return to their own neighborhoods upon release from jail. This population represents many of the highest-risk and hardest-to-reach individuals with serious physical and mental health problems. Their conditions often go untreated or get worse during incarceration, and they return to the community with expensive and debilitating health burdens. Community Oriented Correctional Health Services is a model that connects community health care to correctional health care so that an inmate receives care in the jail from the same community provider he or she will be referred to upon release. Through this model, inmates are seen as temporarily displaced members of the community and health centers serve as a connector for their re-entry into society.



How to pay for the ever-burgeoning costs of long-term care is a problem that haunts families and state policy-makers alike. Originally funded by RWJF in 1987, the Program to Promote Long-Term Care Insurance for the Elderly created a unique model in which consumers, private insurers and state Medicaid agencies joined together in insurance arrangements that guaranteed coverage and financial security for beneficiaries, business for insurers, and budget protection for Medicaid. This model, known as the Long-Term Care Insurance Partnership, was a great success in the four states that piloted it. Thanks to recent federal legislation, this option is now available to other states, and many are interested in developing their own partnership models. RWJF will support up to 10 states in developing these new partnerships, making affordable long-term-care insurance available to more Americans.

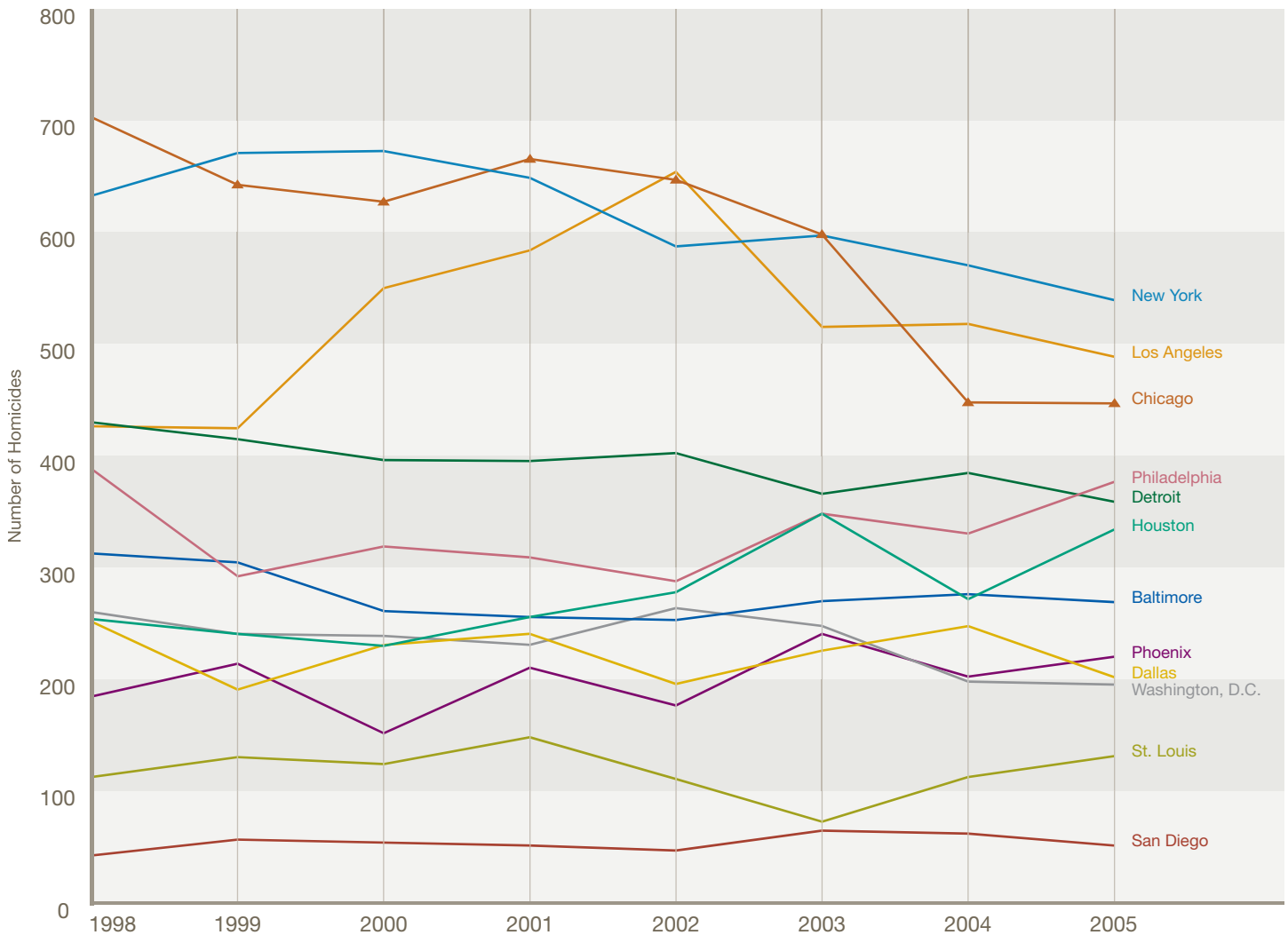
Reducing violence in a community requires more than an increased police presence and tougher gun laws. CeaseFire, originally funded through RWJF's *Local Initiative Funding Partners Program*, has reduced shootings in some Chicago neighborhoods by as much as 62 percent. CeaseFire works with all parts of the community—residents, local businesses, service organizations and faith-based leaders—to develop and implement strategies that reduce and prevent violence, particularly shootings and killings. These strategies include street-level outreach, public education and community mobilization to intervene in conflicts, deflect potential conflicts and promote alternatives to violence. Through additional RWJF support, CeaseFire will expand to new neighborhoods in Chicago and other communities throughout the United States.

We are committed to supporting innovative ideas for improving the health of America's most vulnerable people. Working with organizations outside the traditional health sector is an important part of this effort—for example, by bringing needed health care services into schools, creating better long-term-care options for the elderly, and creating supportive housing to reduce homelessness and help keep troubled families together. At the same time, we will focus new philanthropic investments on meeting the needs of families struggling with complex social problems, helping new immigrants and refugees make the transition to life in America, bridging the gap in mental health services for children, and addressing the toll of intimate partner violence.

For additional information about our initiatives and objectives, visit [www.rwjf.org/vulnerable](http://www.rwjf.org/vulnerable).



## Number of Homicides in Chicago Compared with Other Major U.S. Cities, 1998–2005



SOURCE: CeaseFire: The Campaign to STOP the Shooting. Data from the Department of Justice—Federal Bureau of Investigations, Crime in the United States. Available at: [www.fbi.gov/ucr/ucr/htm](http://www.fbi.gov/ucr/ucr/htm).



Robert Wood Johnson Foundation

## Pioneer

We face a growing chronic disease burden borne by an aging population, potential disease pandemics, and health care institutions struggling to harness the information revolution to improve the quality and coordination of patient care. The Pioneer Portfolio looks down the road toward future health and health care challenges, seeking and supporting innovative, often unconventional ideas that may lead to breakthrough solutions.

Several Pioneer Projects may be leading potentially transformative change in addressing health and health care problems. In July we launched *Project HealthDesign: Rethinking the Power and Potential of Personal Health Records*, a program designing next-generation personal health record (PHR) systems in ways that empower patients to better manage their health and health care. Patients may find today's PHRs useful in tracking medical conditions with their providers or obtaining prescription renewals; those functions, however, typically operate in isolation. If a patient moves to a new provider using a different PHR, her existing records may not transfer effectively. Project HealthDesign teams, working with patients and caregivers, will design and test distinct PHR applications that operate in sync to help people achieve varied health goals in an integrated fashion. The vision is that a patient managing asthma and diabetes, for example, uses a PHR system outfitted with tailored tools that remind her to take medications, monitor glucose levels and even incorporate air quality updates into daily decisions. Beyond giving patients access to their health information, smart PHR systems will help them manage and apply that data to improve their health, care and quality of life.

Other grantees are testing novel ways to improve disease surveillance and response efforts. At the University of Iowa, business school professors teamed up with an infectious disease expert to test whether the Iowa Electronic Markets—markets that aggregate information and are best known for predicting election and box office results—can target ahead of time what strain of, and where, influenza may strike. Having successfully piloted the program in Iowa with traders ranging from pharmacists and local health officials to school nurses, grantees are now working with the state epidemiologist to run a North Carolina market. The Navy also is exploring how flu markets may help it to accurately predict strains and vaccinate personnel appropriately. This innovative forecasting approach may supply public health officials and policy-makers with a valuable tool to complement traditional disease surveillance methods and guide decisions in fighting both conventional influenza and other disease threats. Toward that end, we recently supported the Iowa team to test the market's effectiveness in forecasting the probability of a human-transmitted avian flu outbreak.





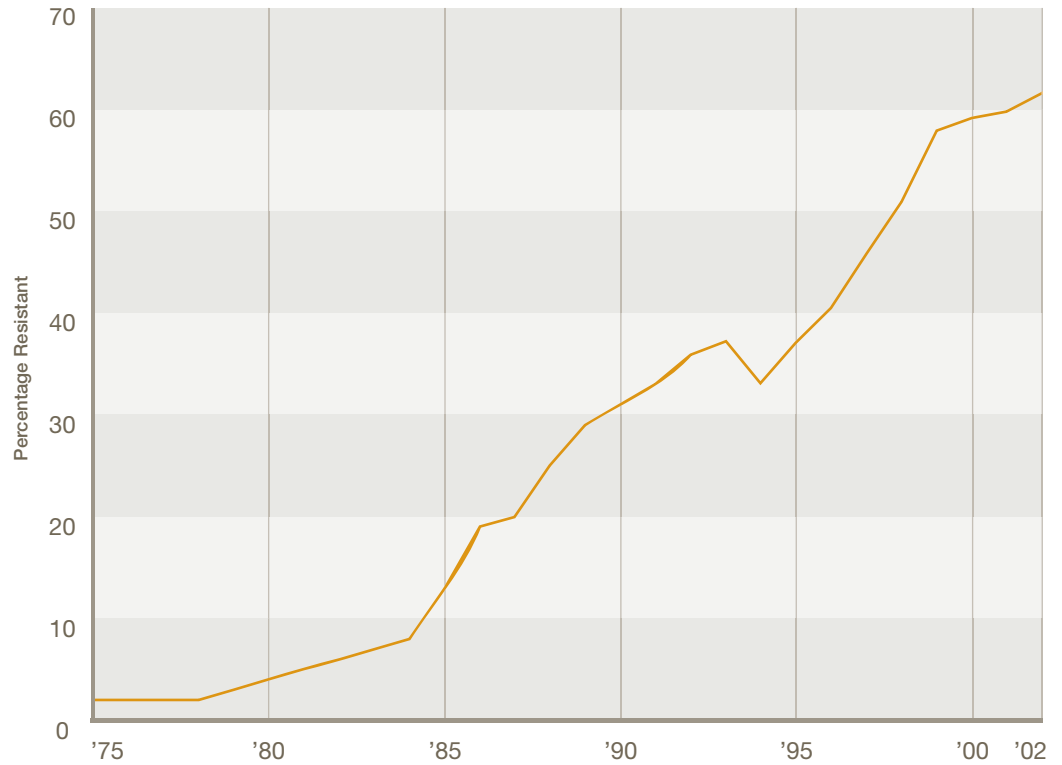
Pioneer grants also explore out-of-the-box solutions to entrenched problems such as antibiotic resistance. Ramanan Laxminaryan, an economist with Resources for the Future, believes that a natural resource economics approach holds greater promise for combating antibiotic resistance than mainstream strategies, such as changing doctors' prescribing behaviors or dampening consumer demand for drugs. Working with regulatory, health, pharmaceutical and economic experts, Laxminaryan is identifying policy alternatives for managing the nation's antibiotic supplies and reversing the crisis in drug resistance.

At the institutional level, Pioneer supported the Plexus Institute to test "positive deviance" (PD) approaches to fighting Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infections in health care facilities. PD is based on the observation that, in most communities, there are certain individuals or groups whose uncommon behavior or practices allow them to find better solutions to seemingly intractable problems than peers and colleagues who have access to the same resources. Often, approaches emerge from people at all levels of an organization that are more effective in addressing a problem than complex, top-down interventions. In hospitals fighting MRSA, this could mean that nursing aides highlight how food trays could spread bacteria from room to room and suggest preventive solutions, or an orderly notes that hand-washing all but disappears when an emergency situation occurs and communicates that to clinical staff. Plexus is working with six hospitals to identify successful PD approaches and their goal is ambitious: They want to spur a nearly 75 percent reduction in MRSA infections among participating facilities. This could reap dramatic benefits for patient health and safety and cost savings for hospitals.

For additional information about our initiatives and objectives, visit [www.rwjf.org/pioneer](http://www.rwjf.org/pioneer).



## Emerging Prevalence of Methicillin-Resistance Among *Staphylococcus Aureus* in U.S. Intensive Care Units



SOURCE: Centers for Disease Control and Prevention, National Nosocomial Infections Surveillance System, October 2006.

NOTE: Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of bacteria that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin.



Robert Wood Johnson Foundation

## New Jersey

Supports programs mainly in New Brunswick and the surrounding Middlesex County communities as well as health initiatives throughout the state.



Robert Wood Johnson Foundation

## Other

Supports programs that are consistent with the Foundation's overall mission but are not aligned with a portfolio or targeted objective.



## Grants List

To ensure that our programs are effective and create measurable impact, we have committed to an Impact Framework that reflects our different grantmaking practices and areas of focus. The framework groups most of our grantmaking into four clusters we call Portfolios—Targeted, Human Capital, Vulnerable Populations and Pioneer.

### Targeted Portfolio

As we address America's critical long-term health and health care issues, the need for short-term action and impact is also evident. Within the Targeted Portfolio, we have chosen a group of eight critical issues to address head-on by setting specific, time-limited objectives, benchmarks, a plan of action, and a budget to accomplish the objective.

### Human Capital Portfolio

We recognize the importance of investing in the backbone of our health and health care delivery system—its people. The Human Capital Portfolio focuses on enhancing opportunities to improve policy and leadership, building specific fields within health and health care, strengthening the frontline workforce, and promoting diversity and cultural sensitivity.

### Vulnerable Populations Portfolio

Enhancing health and health care requires us to acknowledge that factors such as poverty, violence, inadequate housing, and education contribute to poor health. The Vulnerable Populations Portfolio supports promising new ideas that focus on the intersection of health problems and the social factors affecting the health of society's most vulnerable people.

### Pioneer Portfolio

Supporting innovative projects that can lead to fundamental breakthroughs in the health and health care of Americans, the Pioneer Portfolio seeks to invest in high-return ideas that could have a major impact in the future.

# 2006 Grants List

## Addiction Prevention and Treatment



Robert Wood Johnson Foundation

### Advancing Recovery: State/Provider Partnerships for Quality Addiction Care

To support partnerships between treatment provider organizations that deliver care, and states that are the largest purchasers of publicly funded treatment services (70 percent) and regulators and licensers of those services.

#### Program Sites

- **Delaware Division of Substance Abuse and Mental Health**  
NEW CASTLE, DE  
\$343,744 (2 years) ID 56894
- **Florida Department of Children and Families**  
TALLAHASSEE, FL  
\$360,000 (2 years) ID 56896
- **Kentucky River Community Care Inc.**  
JACKSON, KY  
\$360,000 (2 years) ID 56898
- **State of Maine, Office of Substance Abuse**  
AUGUSTA, ME  
\$355,660 (2 years) ID 56891
- **State of Missouri Department of Mental Health**  
JEFFERSON CITY, MO  
\$360,000 (2 years) ID 56895
- **NRI Community Services, Inc.**  
WOONSOCKET, RI  
\$360,000 (2 years) ID 56897

#### Other Program Activities

- **University of Georgia Institute for Behavioral Research**  
ATHENS, GA  
Evaluation of Advancing Recovery.  
\$1,899,620 (4 years) ID 57786

### Boston University School of Public Health

BOSTON, MA

Maximizing the impact of the 2007 HBO addiction treatment project.

**\$749,333** (1 year) ID 58657

### Kimberly C. Brooks

TAKOMA PARK, MD

Strategic communications for the Foundation's Addiction Prevention and Treatment program area.

**\$18,846** (1 month) ID 56932

### Chestnut Health Systems Inc.

BLOOMINGTON, IL

Joint meeting on adolescent addiction treatment effectiveness for researchers, consumers and practitioners.

**\$26,768** (5 months) ID 56328

### Communications Projects

MULTIPLE CONTRACTORS

Meeting for grantees of the Foundation's Addiction Prevention and Treatment program area.

**\$141,500** (4 months) ID 57142

Consulting and meeting costs for the Foundation's Addiction Prevention and Treatment program area.

**\$50,000** (7 months) ID 57454

Strategic communications for the Foundation's Addiction Prevention and Treatment program area.

**\$390,000** (6 months) ID 57677

### Drug Strategies

WASHINGTON, DC

Nancy Dickerson Whitehead Awards for excellence in reporting on drug and alcohol abuse.

**\$181,746** (2 years) ID 57054

### Faces and Voices of Recovery

WASHINGTON, DC

Strengthening and sustaining the Faces & Voices of Recovery coalition.

**\$384,216** (2 years) ID 59193

### Health Care Compliance Solutions, Inc.

COLUMBUS, OH

Identifying existing models of integrated and publicly funded physical and behavioral health services.

**\$52,000** (3 months) ID 57687

### Metropolitan Group

CHICAGO, IL

Technical assistance on sustainability for RWJF-funded substance abuse prevention programs.

**\$56,430** (14 months) ID 58471

### University of Miami

School of Medicine

MIAMI, FL

Partial support for the third annual Joint Meeting on Adolescent Treatment Effectiveness (JMATE).

**\$50,000** (6 months) ID 59117

### Native American Connections Inc.

PHOENIX, AZ

Stakeholders' meeting to identify quality addiction care and treatment in Native American communities.

**\$15,000** (6 months) ID 58056

### State of Oklahoma Department of Mental Health and Substance Abuse Services

OKLAHOMA CITY, OK

Strengthening Treatment Access and Retention State Initiatives.

**\$450,000** (3 years) ID 59317

# 2006 Grants List

## Addiction Prevention and Treatment



Robert Wood Johnson Foundation

### Oregon Health and Science University School of Medicine

PORTLAND, OR

Sponsorship of the sixth annual Blending Addiction Science & Practice: Bridges to the Future conference.

**\$15,805** (6 months) ID 57091

Analyzing state implementation of evidence-based practices for alcohol and drug disorder treatment.

**\$169,868** (1 year) ID 58839

### Partnership for a Drug-Free America, Inc.

NEW YORK, NY

Campaign to reduce youth alcohol and drug use: core support.

**\$2,500,000** (1 year) ID 59181

Campaign to reduce youth alcohol and drug use: challenge grant.

**\$2,500,000** (3 years) ID 59439

### Paths to Recovery: Changing the Process of Care for Substance Abuse Programs

Initiative to strengthen the addiction treatment system's ability to successfully use process improvement techniques toward increasing patients' access to and retention in addiction treatment programs.

#### ■ University of Wisconsin–Madison College of Engineering

MADISON, WI

Technical assistance and direction for Paths to Recovery.

**\$948,926** (1 year) ID 50398

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

To develop new service delivery models that integrate comprehensive services into the juvenile justice system and promote the creation of community-based systems of care for substance-abusing youthful offenders. The initiative will also foster the development of local judicial leadership to guide juvenile justice and substance abuse treatment partnerships, and assist community-based treatment providers in assessing their effectiveness.

#### ■ Natasha D. Bordeaux

MISSION, SD

Communications consultant for Reclaiming Futures:  
Mission, South Dakota.

**\$14,795** (5 months) ID 57627

#### ■ Chapin Hall Center for Children at the University of Chicago

CHICAGO, IL

Coordination of local evaluations for Reclaiming Futures.

**\$57,991** (18 months) ID 56585

#### ■ Farrell Strategies, Inc.

PORTLAND, OR

Communications activities for Reclaiming Futures.

**\$106,490** (6 months) ID 56422

#### ■ Portland State University

PORTLAND, OR

Strategic communications and dissemination activities for Reclaiming Futures.

**\$437,500** (1 year) ID 58536

#### ■ Portland State University Graduate School of Social Work

PORTLAND, OR

Technical assistance and direction for Reclaiming Futures.

**\$631,023** (7 months) ID 50682

Technical assistance and direction for Reclaiming Futures.

**\$675,012** (5 months) ID 51452

#### ■ Diane Wilson

SOQUEL, CA

Communications consultant for Reclaiming Futures:  
Santa Cruz County, California.

**\$15,768** (6 months) ID 57135

### Research Foundation for Mental Hygiene, Inc.

NEW YORK, NY

Strengthening Treatment Access and Retention State Initiatives.

**\$450,000** (3 years) ID 59064

### Research Foundation of the City University of New York

NEW YORK, NY

Exploring opportunities to promote client engagement in improving addiction treatment.

**\$307,854** (9 months) ID 57939

### Resources for Recovery: State Practices that Expand Treatment Opportunities

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

# 2006 Grants List

## Addiction Prevention and Treatment



Robert Wood Johnson Foundation

### ■ Technical Assistance Collaborative Inc.

BOSTON, MA

Dissemination of program lessons learned to assist states.

**\$133,100** (2 years) ID 59304

### Society of General Internal Medicine

WASHINGTON, DC

Addressing the failure to evaluate alcohol's effects on general medical illnesses by systematically evaluating the evidence.

**\$700,000** (2 years) ID 58529

### State Associations of Addiction Services

WASHINGTON, DC

Conference workshops on promoting effective and evidence-based practices for leaders of addiction prevention and treatment programs.

**\$25,000** (5 months) ID 56900

### Substance Abuse Policy Research Program

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

### Program Sites

#### ■ University of Alabama at Birmingham School of Public Health

BIRMINGHAM, AL

Effects of alcohol prices and taxes on motor vehicle fatalities among young adults.

**\$187,374** (18 months) ID 58006

#### ■ Andrews University

BERRIEN SPRINGS, MI

State Medicaid policies governing substance abuse treatment programs: Are they facilitating or inhibiting access for African Americans?

**\$397,973** (30 months) ID 59271

#### ■ University of California, Davis, Medical Center

SACRAMENTO, CA

Impact of drug control policy on pain treatment in California: Are physicians unwilling to prescribe needed medications?

**\$302,290** (3 years) ID 58007

#### ■ City University of New York Graduate School and University Center

NEW YORK, NY

Effect of smoking cessation on the demand for alcohol and illicit drugs in current and prior substance-dependent populations.

**\$64,361** (19 months) ID 57283

#### ■ University of Florida

GAINESVILLE, FL

State alcohol tax policy: effects on risky behaviors and health outcomes.

**\$397,293** (3 years) ID 58005

#### ■ New York Academy of Medicine

NEW YORK, NY

Evaluation of using the pharmacy-based New York State Expanded Syringe Access Demonstration Program to also provide referrals to primary care.

**\$60,976** (17 months) ID 57509

#### ■ Rand Corporation

SANTA MONICA, CA

Impact of amphetamine abuse on health and crime.

**\$178,832** (2 years) ID 58008

### Other Program Activities

#### ■ Center for Creative Leadership

GREENSBORO, NC

Technical assistance and direction for the Substance Abuse Policy Research Program.

**\$784,323** (1 year) ID 58899

### Technical Assistance Collaborative Inc.

BOSTON, MA

Working papers for a conference aimed at developing a research agenda for behavioral health.

**\$50,000** (14 months) ID 57169

### United Nations Foundation

WASHINGTON, DC

Establishing resource centers for the support of quality substance abuse treatment.

**\$300,000** (17 months) ID 55468

### University of Wisconsin–Madison Center for Health Systems Research and Analysis

MADISON, WI

Studying the collection, management and use of addiction treatment data to help organizations track quality and improve reimbursement.

**\$160,152** (18 months) ID 57582



# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

### Active for Life:

#### Increasing Physical Activity Levels in Adults Age 50 and Older\*

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

- **Texas A&M University System Health Science Center Research Foundation**  
COLLEGE STATION, TX  
Technical assistance and direction for Active for Life.  
**\$483,564** (1 year) ID 50339  
Developing a sustainable learning network for best practices in building healthy communities for active aging.  
**\$370,000** (18 months) ID 53981

### Active Living by Design

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

#### Program Sites

- **Community Health Partnership**  
PORTLAND, OR  
Increasing physical activity in three Oregon communities through effective communications.  
**\$47,590** (2 years) ID 59270

### Other Program Activities

- **The Mailman School of Public Health at Columbia University**  
NEW YORK, NY  
Evaluation of Active Living by Design.  
**\$180,916** (3 years) ID 57573

- **University of North Carolina at Chapel Hill School of Public Health**  
CHAPEL HILL, NC  
Technical assistance and direction for Active Living by Design.  
**\$1,308,692** (1 year) ID 50185
- **Transtria L.L.C.**  
ST. LOUIS, MO  
Evaluation of Active Living by Design.  
**\$724,348** (1 year) ID 57649

### Active Living Research

To stimulate and support research that will identify environmental factors and policies with the potential to increase physical activity among children and reverse the childhood obesity epidemic.

#### Program Sites

- **University of California, Davis, College of Agriculture & Environmental Sciences**  
DAVIS, CA  
Assessing the impact of federal funding for pedestrian and bicycle regional, state and local policies.  
**\$125,000** (2 years) ID 57780
- **University of California, Los Angeles, School of Public Health**  
LOS ANGELES, CA  
Influencing the sociocultural environment to augment the effects of innovative stair design and elevator access on physical activity.  
**\$49,966** (2 years) ID 56319
- **Cambridge Public Health Commission d/b/a Cambridge Health Alliance**  
CAMBRIDGE, MA  
Evaluation of the Somerville, Massachusetts Active Living Partnership.  
**\$205,474** (2 years) ID 59453

### Dartmouth Medical School

#### HANOVER, NH

Supplement to the obesity and built environment study on overweight adolescents.

**\$51,074** (3 years) ID 58124

Studying the effects of motivation, barriers and perceptions of the built environment on physical activity levels among rural mothers.

**\$10,189** (1 year) ID 58543

### University of Florida College of Design, Construction and Planning

#### GAINESVILLE, FL

Exploring the impact of coordinated school placement to allow children to bicycle or walk to school in Florida.

**\$193,913** (2 years) ID 57937

### Harvard University School of Public Health

#### BOSTON, MA

Examining the impact of federal transportation legislation on local investments in bikeways, pedestrian facilities and active living improvements.

**\$76,879** (1 year) ID 58025

### The Mailman School of Public Health at Columbia University

#### NEW YORK, NY

Developing and validating a series of urban design measures to analyze their effect on physical activity and obesity.

**\$51,167** (1 year) ID 58089

### University of Maryland College of Health and Human Performance

#### COLLEGE PARK, MD

Studying dietary patterns, body mass index, and the availability of healthy food among urban adolescents.

**\$80,000** (2 years) ID 55698

\*Authorized under RWJF's prior program area of physical activity for those over 50.

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

- **University of Maryland at Baltimore**  
BALTIMORE, MD  
Role of perceptions in the relationship between the built environment and walking behavior.  
**\$13,395** (6 months) ID 59448
  - **University of Memphis**  
College of Education  
MEMPHIS, TN  
Analyzing the development and enactment of high school physical education policy in Tennessee and Mississippi.  
**\$204,994** (2 years) ID 57758
  - **University of Mississippi**  
UNIVERSITY, MS  
Defining activity-friendly environments in the rural south.  
**\$60,615** (1 year) ID 59456
  - **University of Missouri–Columbia**  
COLUMBIA, MO  
Evaluation of a community effort to promote physical activity in Columbia, Missouri.  
**\$205,504** (2 years) ID 59452
  - **North Carolina State University**  
College of Natural Resources  
RALEIGH, NC  
Studying diverse communities and the effects of environmental factors on leisure-time physical activities in public parks.  
**\$124,045** (3 years) ID 55862
  - **North Carolina State University at Raleigh College of Design**  
RALEIGH, NC  
Studying the factors within neighborhoods and parks that impact on children's physical activity.  
**\$205,112** (2 years) ID 59449
  - **Research Foundation of State University of New York**  
ALBANY, NY  
Study on park characteristics and the relationship to duration and intensity of children's physical activity.  
**\$205,153** (2 years) ID 59450
  - **University of South Carolina**  
Research Foundation  
COLUMBIA, SC  
Measuring the features and amenities of physical activity resources and the variety and pricing of food around public housing.  
**\$51,361** (14 months) ID 58102
  - **University of Southern California**  
College of Letters, Arts, and Sciences  
LOS ANGELES, CA  
Examining disparities in access to parks and recreation resources in southern California.  
**\$199,777** (2 years) ID 57279
  - **University of Southern Maine**  
GORHAM, ME  
Studying the interaction between children and the elements in their environment that impact physical activity in rural communities.  
**\$61,652** (1 year) ID 59455
  - **Temple University**  
PHILADELPHIA, PA  
Transforming land use regulations to create livable communities that support physical activity in everyday life.  
**\$200,000** (2 years) ID 60045
  - **University of Texas**  
Health Science Center at Houston School of Public Health  
HOUSTON, TX  
Studying the impact of Texas Senate Bill 42 on middle school children's level of physical activity.  
**\$49,985** (18 months) ID 56318
  - **Texas A&M Research Foundation**  
COLLEGE STATION, TX  
Integrating walking for transportation and physical activity for sedentary female office workers in Texas.  
**\$25,632** (14 months) ID 59444
  - **Tufts University**  
BOSTON, MA  
Understanding physical activity behaviors in a diverse population of low-income children living in rural America.  
**\$61,616** (1 year) ID 59458
  - **Tulane University**  
School of Public Health and Tropical Medicine  
NEW ORLEANS, LA  
Exploring the physical environmental influences of neighborhood crime and destination density on walking behaviors.  
**\$23,898** (18 months) ID 59445
- Other Program Activities**
- **Group Health Cooperative**  
SEATTLE, WA  
Evaluating the future role of the Active Living Research and Healthy Eating Research programs.  
**\$226,000** (1 year) ID 58019
  - **Marjorie A. Gutman, Ph.D.**  
CRANBURY, NJ  
Evaluation of Active Living Research.  
**\$259,958** (10 months) ID 53158

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

▪ **San Diego State University Foundation dba San Diego State University Research Foundation**  
SAN DIEGO, CA  
Technical assistance and direction for Active Living Research.  
**\$625,339** (6 months) ID 51836

### Active Living Resource Center

Program to improve health by encouraging collaboration among planning, health and nontraditional entities for the purpose of designing activity-friendly communities.

▪ **Bicycle Federation**  
BETHESDA, MD  
**\$493,797** (1 year) ID 56165

### American Heart Association Inc.

DALLAS, TX

Alliance for a Healthier Generation: Healthy Schools Program.  
**\$8,000,000** (4 years) ID 55563

### University of Arkansas for Medical Sciences, Arkansas Center for Health Improvement

LITTLE ROCK, AR

Defining and classifying diseases and risks linked to childhood obesity.  
**\$2,312,184** (3 years) ID 57821

Strategic and logistic planning for the Arkansas body mass index database.  
**\$135,825** (7 months) ID 57823

### Associated Black Charities, Inc.

BALTIMORE, MD

Developing a blueprint to reduce childhood obesity in Baltimore focusing on economically disadvantaged and minority children.  
**\$101,192** (1 year) ID 59700

### Baylor College of Medicine

HOUSTON, TX

Analysis of the impact of state nutrition policy change on student lunch selection and sales.  
**\$50,119** (1 year) ID 56756

### Bikes Belong Foundation

BOULDER, CO

Leveraging resources to maximize the investment in the Safe Routes to School Program.  
**\$612,163** (3 years) ID 58126

### Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior

Program to improve the understanding of the role of policy and environmental factors in youth alcohol, illicit drug, and tobacco use, as well as diet and physical activity, to evaluate their effectiveness in reducing substance use and obesity among youth.

▪ **Elsevier, Inc.**  
ST. LOUIS, MO  
*American Journal of Preventive Medicine* supplement on policy and environmental determinants of childhood obesity.  
**\$60,000** (1 year) ID 53161

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

LOS ANGELES, CA

Examining environmental influences on child dietary and physical activity behaviors.  
**\$394,182** (2 years) ID 58107

### Center for Science in the Public Interest

WASHINGTON, DC

Meeting of health and child advocates to build support for addressing junk-food marketing to children.  
**\$61,201** (7 months) ID 56978

### Communications Support for the Childhood Obesity Program Area

To manage strategic communications for the Foundation's Childhood Obesity program area to produce high-quality, consistent, timely products and messages that help increase impact.

▪ **American Heart Association Inc.**  
DALLAS, TX  
Communications materials to launch the Healthy Schools Program.  
**\$39,060** (1 month) ID 58473

▪ **Burness Communications, Inc.**  
BETHESDA, MD  
Coordination and policy communications for the Foundation's Childhood Obesity program area.  
**\$155,225** (5 months) ID 57206

▪ **Communications Projects**  
MULTIPLE CONTRACTORS  
Consulting and other activities to strengthen programming in the Foundation's Childhood Obesity program area.  
**\$50,000** (1 year) ID 56658

Consulting and meeting costs for the Foundation's Childhood Obesity program area.  
**\$50,000** (7 months) ID 57462

Strategic communications for the Foundation's Childhood Obesity program area.  
**\$100,000** (5 months) ID 58490

Strategic communications for the Foundation's Childhood Obesity program area.  
**\$4,195,560** (23 months) ID 59094

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

### ■ GMMB Inc.

WASHINGTON, DC

Strategic communications planning for the Foundation's Childhood Obesity program area.

**\$63,757** (5 months) ID 57225

### ■ Health Matrix, Inc.

McLEAN, VA

Communications support for Healthy Eating Research: Building Evidence to Prevent Childhood Obesity.

**\$58,000** (1 year) ID 57227

### ■ Pyramid Communications, Inc.

SEATTLE, WA

Active Living Research Web site redesign.

**\$23,000** (5 months) ID 57379

### Community-Based Childhood Obesity Prevention Within the Injury Free Coalition for Kids Initiative Sites

Building on the Injury Free Coalition for Kids initiative, selected sites will add healthy eating environments and programs into their ongoing focus on physical activity and developing safe play areas.

### ■ The Mailman School of Public Health at Columbia University

NEW YORK, NY

Building capacity for community-based childhood obesity prevention within the Injury Free Coalition for Kids initiative sites.

**\$53,817** (1 year) ID 57654

### ■ OMG Center for Collaborative Learning

PHILADELPHIA, PA

Brief assessment of the Injury Free Coalition for Kids obesity prevention sites.

**\$250,000** (9 months) ID 57213

### Engaging Leaders for Healthy Eating and Active Living

To educate and assist national organizations representing state and local elected and appointed officials to educate their members about successful policy approaches and support them in making changes in their states, counties and cities.

#### Program Sites

### ■ American Association of School Administrators

ARLINGTON, VA

**\$177,680** (1 year) ID 56322

### ■ International City/County Management Association

WASHINGTON, DC

**\$183,992** (1 year) ID 56356

### ■ Local Government Commission

SACRAMENTO, CA

**\$147,000** (1 year) ID 56355

### ■ National Association of Counties Research Foundation

WASHINGTON, DC

**\$193,536** (9 months) ID 56323

### ■ National Association of Latino Elected Officials - NALEO Education Fund

LOS ANGELES, CA

**\$50,000** (6 months) ID 56018

**\$164,390** (1 year) ID 57014

### ■ National Conference of State Legislatures

DENVER, CO

**\$296,826** (1 year) ID 56357

### ■ National Governors Association Center for Best Practices

WASHINGTON, DC

**\$167,764** (1 year) ID 56358

### ■ National League of Cities Institute Inc.

WASHINGTON, DC

**\$224,924** (1 year) ID 56529

### ■ United States Conference of Mayors

WASHINGTON, DC

**\$172,000** (1 year) ID 56359

#### Other Program Activities

### ■ Communications Project

MULTIPLE CONTRACTORS

Technical assistance for Engaging Leaders for Healthy Eating and Active Living.

**\$97,442** (1 year) ID 56644

### ■ National Hispanic Caucus of State Legislators

WASHINGTON, DC

Developing a survey instrument to ascertain Hispanic state legislators' perspectives, attitudes and insights about childhood obesity.

**\$50,960** (6 months) ID 56017

### FireWorks for Kids Foundation, Inc.

BRIDGEVIEW, IL

Implementing the Active Kids Initiative to create active living by impacting children's environments.

**\$50,000** (1 year) ID 58568

### Food Research & Action Center Inc.

WASHINGTON, DC

After-school, summer nutrition and physical activity programs to improve children's health.

**\$320,000** (2 years) ID 57229

### The Food Trust

PHILADELPHIA, PA

National replication of an advocacy campaign to develop more supermarkets in underserved communities.

**\$410,952** (3 years) ID 56735

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

### Georgia State University Research Foundation Inc.

ATLANTA, GA

Supporting childhood obesity prevention activities in Georgia.

**\$100,000** (1 year) ID 59074

### Grantmakers in Health

WASHINGTON, DC

Issue dialogue and brief report on policy options to accelerate progress in reducing childhood obesity.

**\$26,667** (6 months) ID 57779

### Harvard University School of Public Health

BOSTON, MA

Using mathematical models to project the U.S. childhood obesity epidemic and the interventions needed to reverse it.

**\$298,002** (2 years) ID 57891

### Healthy Eating Research: Building Evidence to Prevent Childhood Obesity

Program to support investigator-initiated research to identify and assess environmental and policy influences with the greatest potential to improve healthy eating and weight patterns among the nation's children.

#### Program Sites

#### ■ Atlanta Board of Education

ATLANTA, GA

Evaluating school food policy implementation within the Atlanta school system.

**\$189,000** (2 years) ID 58088

#### ■ University of California, Berkeley, College of Natural Resources

BERKELEY, CA

Capturing the impact of new food and beverage standards in California high schools.

**\$399,965** (3 years) ID 57926

#### ■ California Food Policy Advocates Inc.

SAN FRANCISCO, CA

Examining the role of California's Child Nutrition Commodity Food Program in creating healthy school meals.

**\$75,000** (18 months) ID 57925

#### ■ University of Chicago, Irving B. Harris School of Public Policy Studies

CHICAGO, IL

Studying the effect of school accountability policies on childhood obesity.

**\$74,995** (18 months) ID 57922

#### ■ University of Colorado at Denver and Health Sciences Center

DENVER, CO

Studying environmental and policy factors impacting healthy eating behaviors for low-income elementary school students in Colorado.

**\$399,034** (2 years) ID 57929

#### ■ Mathematica Policy Research, Inc.

WASHINGTON, DC

National study of public school food environments and policies and their relationships to diet and obesity among students.

**\$399,852** (2 years) ID 57930

#### ■ University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention

CHAPEL HILL, NC

Studying the economic impact and the role of key stakeholders in school nutrition standard policy implementation.

**\$100,000** (1 year) ID 58086

#### ■ Pennsylvania State University College of Health and Human Development

UNIVERSITY PARK, PA

Factors associated with successful development and implementation of school wellness policies.

**\$397,150** (3 years) ID 57927

#### ■ Public Health Advocacy Institute Inc.

BOSTON, MA

Improving the school food environment: legal obstacles and opportunities.

**\$74,481** (14 months) ID 57921

#### ■ Public Health Institute

OAKLAND, CA

Legal tools to address the availability and marketing of foods in K-12 schools.

**\$75,000** (1 year) ID 57936

#### ■ Rand Corporation

SANTA MONICA, CA

Study on food policies and environments in and around elementary schools and their relationship to food consumption and body mass index.

**\$287,613** (30 months) ID 57931

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

- **University of Southern Maine**  
**College of Nursing and Health Professionals**  
**GORHAM, ME**  
Impact of Maine's statewide rule on high school nutrition environments and students' dietary behaviors.  
**\$99,999** (1 year) ID 57920
  - **University of Washington**  
**School of Public Health and Community Medicine**  
**SEATTLE, WA**  
Policy legislation and nutrition study: What works to improve student health?  
**\$399,208** (3 years) ID 57932
  - **Yale University Graduate School of Arts and Sciences**  
**NEW HAVEN, CT**  
Studying the impact of school wellness policies on the school nutrition environment and student academic functioning and health.  
**\$74,954** (1 year) ID 57923
- Other Program Activities**
- **University of Minnesota**  
**School of Public Health**  
**MINNEAPOLIS, MN**  
Technical assistance and direction for Healthy Eating Research.  
**\$840,703** (1 year) ID 57440
  - **White Mountain Research Associates, L.L.C.**  
**DANBURY, NH**  
Evaluation of Healthy Eating Research.  
**\$308,011** (5 years) ID 56631
  - **Hunger Action Network of New York**  
**NEW YORK, NY**  
Increasing the amount of healthy food available to low-income children and families in several New York neighborhoods.  
**\$330,000** (4 years) ID 57123
  - **University of Illinois at Chicago**  
**Institute of Government and Public Affairs**  
**CHICAGO, IL**  
Research on girls' sports participation and lifetime physical activity and weight.  
**\$152,666** (18 months) ID 58148
  - **University of Illinois at Chicago**  
**School of Public Health**  
**CHICAGO, IL**  
Training and technical assistance on the Rapid Assessment Procedures (RAP) manual used to evaluate children's eating and fitness environments.  
**\$293,572** (2 years) ID 57596
  - **Intergenerational Programming within the Active for Life Program Sites to Reduce Childhood Obesity**  
Program to support efforts of senior service organizations to increase access to healthy, lower-calorie foods and opportunities for safe, daily physical activity through policy and environmental change among children living in low-income, culturally diverse neighborhoods and communities.
  - **City of Berkeley**  
**BERKELEY, CA**  
Intergenerational project to engage the community in healthy eating and active living at an urban recreation center.  
**\$45,000** (18 months) ID 56584
  - **First Health of the Carolinas Inc.**  
**PINEHURST, NC**  
Intergenerational project to establish an organic community garden with an after-school program.  
**\$45,000** (18 months) ID 56582
  - **Hamilton County**  
**General Health District**  
**CINCINNATI, OH**  
Intergenerational project to promote healthy eating and active living in an elementary school of a low-income neighborhood.  
**\$45,000** (18 months) ID 56583
  - **Oasis Institute**  
**ST. LOUIS, MO**  
Intergenerational project to promote healthy eating and active living in an after-school program for a low-income student body.  
**\$45,000** (18 months) ID 56581
  - **International Society of Behavioral Nutrition and Physical Activity**  
**WASHINGTON, DC**  
Support for the 2006 annual conference of the International Society of Behavioral Nutrition and Physical Activity.  
**\$8,000** (1 year) ID 55653
  - **Keystone Center**  
**KEYSTONE, CO**  
Assessing a dialogue on the role of marketing and advertising in addressing the problem of obesity.  
**\$518,356** (14 months) ID 51293

# 2006 Grants List

## Childhood Obesity



Robert Wood Johnson Foundation

### Shiriki Kumanyika, Ph.D., M.P.H.

PHILADELPHIA, PA

Support for a senior fellow in residence at the Robert Wood Johnson Foundation.

**\$3,600** (1 month) ID 56933

### Lawrence Frank and Company, Inc.

POINT ROBERTS, WA

Integrated assessment of how food and activity environments are related to body mass index in adolescents and adults.

**\$87,963** (1 year) ID 53915

### LM Strategies Consultants

OLYMPIA FIELDS, IL

Providing strategic advice to support policy and environmental approaches that reduce childhood obesity in high-risk communities.

**\$25,000** (4 months) ID 58761

### M+R Strategic Services

WASHINGTON, DC

Identifying trends and opportunities to advance the healthy eating and active living movement.

**\$69,500** (4 months) ID 57097

Identifying trends and opportunities to advance the healthy eating and active living movement.

**\$11,500** (1 month) ID 59684

### Marshfield Clinic, Marshfield Medical Research and Education Foundation

MARSHFIELD, WI

Evaluating the impact of a healthy lifestyles toolkit on food- and physical activity-related policies in child-care centers.

**\$74,108** (22 months) ID 56745

### University of Michigan Institute for Social Research

ANN ARBOR, MI

Expanded surveillance of middle and high school food policies and environments.

**\$616,525** (3 years) ID 57661

### State of Mississippi Office of the Governor

JACKSON, MS

Summit to address obesity and other health care issues in Mississippi.

**\$20,000** (1 year) ID 58101

### National Academy of Sciences– Institute of Medicine

WASHINGTON, DC

Follow-up activities to a report on preventing childhood obesity.

**\$250,000** (10 months) ID 56982

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

ATLANTA, GA

Early assessment of programs and policies on childhood obesity.

**\$3,463,502** (2 years) ID 56623

### National Governors Association Center for Best Practices

WASHINGTON, DC

Developing and implementing governors' initiatives to prevent childhood obesity.

**\$1,322,166** (18 months) ID 57652

### National Research Center for Women & Families

WASHINGTON, DC

Planning an advocacy fellowship using nationally respected women's and girls' organizations to address obesity among low-income children.

**\$94,630** (7 months) ID 56111

### Obesity Prevention in Children: Synergy with Diabetes Initiative

Program to support efforts of schools and communities to increase access to healthy, lower-calorie foods and opportunities for safe, daily physical activity through policy and environmental change in order to prevent obesity among children living in low-income, culturally diverse neighborhoods and communities.

#### Wake Forest University Health Sciences

WINSTON-SALEM, NC

Brief assessments of the obesity synergy projects with the Diabetes Initiative and Active for Life.

**\$143,174** (1 year) ID 57748

### University of Pennsylvania School of Medicine

PHILADELPHIA, PA

Support for a statistician to work on childhood obesity studies.

**\$250,075** (5 years) ID 53242

Planning the African-American Collaborative Obesity Research Network (AACORN): Phase 2.

**\$300,000** (15 months) ID 58746

### Prevention Institute

OAKLAND, CA

Developing a national database of organizations/coalitions advocating for reducing childhood obesity through healthy eating and environmental design.

**\$300,469** (1 year) ID 57865

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# 2006 Grants List

## Childhood Obesity

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Robert Wood Johnson Foundation

### Public Health Institute

OAKLAND, CA

Planning for the development of a legal resource network for childhood obesity prevention.

**\$241,299** (4 months) ID 58014

### Pyramid Communications, Inc.

SEATTLE, WA

Communications activities to maintain the Active Living Network.

**\$221,631** (1 year) ID 57280

### Raben Group, LLC

WASHINGTON, DC

Meeting on the relationship between agricultural practices and policies and childhood obesity prevention.

**\$48,000** (3 months) ID 59612

### St. Louis University

School of Public Health

ST. LOUIS, MO

Pilot study comparing the physical activity levels, eating behavior and body mass index of people living in walkable versus non-walkable neighborhoods.

**\$349,034** (1 year) ID 57152

### Samuels & Associates, Inc.

OAKLAND, CA

Training on school nutrition policy implementation and monitoring.

**\$76,824** (18 months) ID 56800

### Society of Behavioral Medicine, Inc.

MILWAUKEE, WI

Activities at the Society's 2007 annual meeting on childhood obesity and disparities.

**\$60,000** (5 months) ID 59156

### Sustainable Food Center

AUSTIN, TX

Promoting the use of local produce and healthy eating behavior in Austin city schools.

**\$265,944** (3 years) ID 57334

### Urban Institute

WASHINGTON, DC

Analysis of geographic patterns of childhood obesity.

**\$175,327** (1 year) ID 59831

### Vanderbilt University

Institute for Public Policy Studies

WASHINGTON, DC

Evaluating action demonstrations in childhood obesity prevention.

**\$99,995** (7 months) ID 55898

### David O. Washington, Ph.D.

VENICE, CA

Providing consulting services to develop a request for concepts and to design an online community support system for childhood obesity prevention.

**\$22,925** (4 months) ID 59207

### University of Washington,

Daniel J. Evans School of Public Affairs

SEATTLE, WA

Studying the impact of the child-care setting on childhood obesity.

**\$190,364** (18 months) ID 56478



# 2006 Grants List

## Coverage



Robert Wood Johnson Foundation

### AcademyHealth

WASHINGTON, DC

Creating a reinsurance institute to bring together state officials who are working to expand coverage to the uninsured.

**\$700,000** (1 year) ID 57671

### Blue Cross Blue Shield of Massachusetts Foundation

BOSTON, MA

Baseline survey of health insurance coverage in Massachusetts.

**\$72,437** (9 months) ID 58894

### Center for American Progress

WASHINGTON, DC

Exploring the relationship between health system reform and decisions by businesses to offer health coverage.

**\$107,040** (1 year) ID59310

### Changes in Health Care Financing and Organization

To support policy analysis, research, evaluation and demonstration projects that will provide public and private decision leaders with usable and timely information on health care policy and financing issues.

#### Program Sites

#### ■ University of Arkansas for Medical Sciences

LITTLE ROCK, AR

Causes and consequences of change in local public health spending.

**\$115,973** (1 year) ID 56469

#### ■ Boston University School of Public Health

BOSTON, MA

Study to examine if specialty hospitals are competitive.

**\$106,963** (1 year) ID 56468

#### ■ Brigham & Women's Hospital Inc.

BOSTON, MA

Changes in drug utilization after Medicare drug coverage in seniors without prior drug insurance.

**\$100,000** (1 year) ID 59370

#### ■ Center for Studying Health System Change

WASHINGTON, DC

Strategies to reduce health care providers' administrative burdens related to quality performance measurement and reporting.

**\$94,664** (5 months) ID 56466

Examining the extent to which increases in health care costs are due to technology.

**\$109,838** (9 months) ID 56660

#### ■ General Hospital Corporation—Massachusetts General Hospital

BOSTON, MA

Involving consumers in physician choice: making the data into usable information for chronically ill patients in consumer-directed health plans.

**\$215,448** (18 months) ID 56527

#### ■ University of Maryland Peter Lamy Center on Drug Therapy and Aging

BALTIMORE, MD

Medicare beneficiary response to coverage gaps versus actuarially equivalent continuous coverage for prescription drugs.

**\$161,184** (1 year) ID 57639

#### ■ University of Massachusetts Medical School

WORCESTER, MA

Impact of Medicare Modernization Act Part D on Medicare residents in nursing homes.

**\$221,483** (18 months) ID 58731

#### ■ Mathematica Policy Research, Inc.

WASHINGTON, DC

Evaluation of Maine's Dirigo Health Plan Reform: a subsidized health insurance program.

**\$234,530** (16 months) ID 58012

#### ■ University of Michigan Law School

ANN ARBOR, MI

Studying how for-profit hospitals impact the provision of nonprofit care.

**\$104,442** (1 year) ID 58595

#### ■ University of Michigan School of Public Health

ANN ARBOR, MI

Measuring the value of public health systems.

**\$124,999** (1 year) ID 56782

#### ■ University of Minnesota School of Public Health

MINNEAPOLIS, MN

Study on informed choice of drug coverage for Medicare beneficiaries.

**\$106,009** (1 year) ID 58099

#### ■ Rand Corporation

ARLINGTON, VA

Regionalization in local public health systems: variation in rationale, implementation and impact on public health preparedness.

**\$147,324** (1 year) ID 56470

#### ■ Rand Corporation

SANTA MONICA, CA

Effects of health plan concentration on hospital prices, costs, capacity, charity care and outcomes.

**\$374,127** (2 years) ID 56110

# 2006 Grants List

## Coverage



Robert Wood Johnson Foundation

▪ **University of Southern Maine,  
Edmund S. Muskie  
School of Public Service**  
**PORTLAND, ME**

Defensive medicine as a response to medical malpractice liability in the United States.

**\$264,111** (1 year) ID 58347

▪ **Urban Institute**  
**WASHINGTON, DC**

Medical spending and the health of the elderly.

**\$474,314** (18 months) ID 59057

▪ **State of Washington  
Department of Health**  
**OLYMPIA, WA**

Impact of the Washington State Diabetes Collaborative on patient health and economic outcomes.

**\$349,927** (20 months) ID 58064

### Other Program Activities

▪ **AcademyHealth**  
**WASHINGTON, DC**

Technical assistance and direction for Changes in Health Care Financing and Organization.

**\$995,116** (1 year) ID 57071

### Communications Support for the Coverage Program Area

To manage strategic communications for the Foundation's Coverage program area to produce high-quality, consistent, timely products and messages that help increase impact.

▪ **Communications Projects**  
**MULTIPLE CONTRACTORS**

Consulting and meeting costs for the Foundation's Coverage program area.

**\$50,000** (7 months) ID 57465

Communications support for the Foundation's Coverage program area.

**\$750,000** (1 year) ID 59703

### Covering Kids and Families

To increase the number of eligible children and adults who are benefiting from federal and state health care coverage programs.

▪ **Georgetown University Institute for  
Health Care Research and Policy**  
**WASHINGTON, DC**

Meeting for state-level advocates on improving children's health coverage.

**\$50,000** (3 months) ID 57795

▪ **GMMB Inc.**

**WASHINGTON, DC**

Paid advertising for the 2006 Back-to-School Covering Kids and Families Medicaid SCHIP campaign.

**\$2,100,000** (4 months) ID 57841

Media outreach and enrollment assistance for the 2006 Back-to-School Covering Kids and Families Medicaid SCHIP campaign.

**\$175,000** (4 months) ID 58310

▪ **State of Louisiana  
Department of Health and Hospitals**  
**BATON ROUGE, LA**

Replication of the Covering Kids and Families Process Improvement Collaborative in Louisiana.

**\$262,920** (1 year) ID 56544

▪ **Social Research Associates**  
**BRISTOL, RI**

Evaluation of Covering Kids and Families: Phase II.

**\$50,775** (15 months) ID 59268

### Economic and Social Research Institute

**WASHINGTON, DC**

Policy analysis and modeling oversight for key stakeholders interested in coverage for the uninsured.

**\$82,580** (6 months) ID 56724

### Families USA Foundation Inc.

**WASHINGTON, DC**

Children's health coverage expansion campaign.

**\$400,000** (1 year) ID 57208

Health Action 2007 conference bringing together the health consumer advocacy community.

**\$275,000** (6 months) ID 58674

### Georgetown University, Georgetown Public Policy Institute

**WASHINGTON, DC**

Updating the consumer guides for Cover the Uninsured Week.

**\$61,956** (6 months) ID 58869

### Georgia State University

**ATLANTA, GA**

Supporting state coverage activities.

**\$150,024** (1 year) ID 58170

### GMMB Inc.

**WASHINGTON, DC**

Advertising for the 2006 Cover the Uninsured Week campaign.

**\$2,995,030** (4 months) ID 56420

### Health Care for All Inc.

**BOSTON, MA**

Ensuring effective engagement of consumers on the issues of coverage and quality in health care reform efforts in Massachusetts.

**\$350,542** (6 months) ID 57399

### National Academy of Sciences- Institute of Medicine

**WASHINGTON, DC**

Compiling data to enable consumers, employers and public payers to make informed decisions about the purchase and management of health care benefits.

**\$1,719,220** (18 months) ID 56822

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# 2006 Grants List

## Coverage

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Robert Wood Johnson Foundation

### National Academy of Social Insurance

WASHINGTON, DC

Management analysis of approaches for improving access to health care.

**\$719,260** (18 months) ID 57084

### State of Oregon Department of Administrative Services Office for Oregon Health Policy and Research

SALEM, OR

Assessing the social and economic impact of eliminating Medicaid dental benefits.

**\$49,993** (1 year) ID 56913

### Rand Corporation

SANTA MONICA, CA

Investigating the effect of consumer-directed health care on the amount, patterns and quality of health care used.

**\$2,000,000** (43 months) ID 57576

### State Coverage Initiatives

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

- **AcademyHealth**

WASHINGTON, DC

Technical assistance and direction for State Coverage Initiatives.

**\$1,200,000** (1 year) ID 59513

- **National Governors Association Center for Best Practices**

WASHINGTON, DC

Providing information and assistance to governors to enable them to maintain or increase current levels of health insurance coverage.

**\$280,000** (2 years) ID 56804

### State Forums Partnership Program

Program to establish a technical assistance center to support the adoption of the New Jersey Policy Forums on Health and Medical Care project in up to eight states.

- **Texas Health Institute**

AUSTIN, TX

Establishing a national users group of state health policy institutes and centers.

**\$50,000** (8 months) ID 56415

### State Policy Research and Evaluation

Program to fund research and evaluation of state health reform initiatives with the intent to develop an evidence base for future state reform activities and federal initiatives.

- **University of Minnesota School of Public Health**

MINNEAPOLIS, MN

Technical assistance and direction for State Policy Research and Evaluation.

**\$400,000** (1 year) ID 58636

### University of Texas–Pan American College of Business Administration

EDINBURG, TX

Conference on the consequences of uninsurance and the health policy challenges of covering uninsured Hispanics.

**\$50,000** (7 months) ID 56229

# 2006 Grants List

## Disparities



Robert Wood Johnson Foundation

### AHIP Foundation Inc.

WASHINGTON, DC

Survey of the collection of race and ethnicity data among health insurance plans.

**\$128,337** (10 months) ID 56407

### Brigham & Women's Hospital Inc.

BOSTON, MA

Study on racial or ethnic disparities in the effectiveness of evidence-based diabetes guidelines.

**\$83,762** (1 year) ID 58344

### Building Community Supports for Diabetes Care

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

#### ■ Washington University in St. Louis School of Medicine

ST. LOUIS, MO

Technical assistance and direction for Building Community Supports for Diabetes Care and Advancing Diabetes Self-Management.

**\$560,269** (1 year) ID 50498

### University of California, Los Angeles, School of Public Health

LOS ANGELES, CA

Expansion of the 2007 California Health Interview Survey to address disparities in quality of care.

**\$220,670** (2 years) ID 59134

### Cambridge Health Alliance, Inc.

CAMBRIDGE, MA

Providing information to policy-makers and clinicians to improve the quality of depression care.

**\$599,999** (2 years) ID 58678

### Communications Support for the Disparities Program Area

Managing strategic communications for the Foundation's Disparities program area to produce high-quality, consistent, timely products and messages that help increase impact.

#### ■ Communications Projects

##### MULTIPLE CONTRACTORS

Second annual RWJF expert conference and related activities on addressing ethnic and racial disparities through quality improvement.

**\$99,915** (9 months) ID 56925

Consulting and meeting costs for the Foundation's Disparities program area.

**\$50,000** (7 months) ID 57466

Strategic communications for the Foundation's Disparities program area.

**\$2,500,000** (20 months) ID 57566

### Drexel University College of Medicine

PHILADELPHIA, PA

Developing a curriculum to educate health professionals about gender and ethnic health differences.

**\$50,000** (1 year) ID 57631

### Drexel University School of Public Health

PHILADELPHIA, PA

Fifth National Conference on Quality Health Care for Culturally Diverse Populations.

**\$50,014** (9 months) ID 57249

### Finding Answers: Disparities Research for Change

To use research and evaluation to test hypothetical solutions for reducing racial and ethnic disparities in health care settings and actual disparity reduction outcomes in ongoing programs.

#### Program Sites

#### ■ University of California, Irvine

IRVINE, CA

Testing coached care for Latino and Vietnamese diabetics.

**\$219,549** (2 years) ID 59758

#### ■ Choctaw Nation Health Services Authority

TALIHINA, OK

Evaluation of a negotiated diabetes treatment model for Choctaw Native Americans.

**\$262,672** (2 years) ID 59762

#### ■ The Cooper Green Hospital Foundation, Inc.

BIRMINGHAM, AL

Using multimedia technology for hypertension control for low-income, low-literacy African Americans in Birmingham, Alabama.

**\$248,920** (2 years) ID 59741

#### ■ Harvard Vanguard Medical Associates

AUBURNDALE, MA

Enhancing the Chronic Care Model to improve diabetes care for African Americans.

**\$295,454** (2 years) ID 59751

# 2006 Grants List

## Disparities



Robert Wood Johnson Foundation

### ■ Massachusetts League of Community Health Centers

CAMBRIDGE, MA

Using community health workers to reduce disparities in diabetes care.

**\$257,090** (2 years) ID 59745

### ■ Morehouse School of Medicine

ATLANTA, GA

Evaluating a program that adjusts care based on health literacy to improve hypertension care for African-American patients.

**\$250,045** (2 years) ID 59757

### ■ Neighborhood Health Plan of Rhode Island

PROVIDENCE, RI

Evaluating a telephone-based culturally sensitive depression care management program for Latino patients.

**\$261,390** (2 years) ID 59760

### ■ Olive View-UCLA Education and Research Institute

SYLMAR, CA

Evaluating a clinic-based program to detect and treat depression among low-income African-American and Latino patients.

**\$299,742** (2 years) ID 59748

### ■ University of Southern California

LOS ANGELES, CA

Studying depression-specific treatments for low-income Latino patients seeking care within a public emergency department.

**\$199,985** (2 years) ID 59743

### ■ Westside Health Services, Inc.

ROCHESTER, NY

Assessing the effectiveness of concurrent peer-review visits in reducing cardiovascular risk factors in low-income patients.

**\$236,914** (2 years) ID 59768

### ■ Yale University School of Medicine

NEW HAVEN, CT

Identifying and treating maternal depression in underserved, African-American and Latino women in a pediatric primary care setting.

**\$202,976** (2 years) ID 59747

### Other Program Activities

#### ■ University of Chicago, The Pritzker School of Medicine

CHICAGO, IL

Technical assistance and direction for Finding Answers.

**\$961,815** (1 year) ID 55273

Technical assistance and direction for Finding Answers: communications support.

**\$25,990** (5 months) ID 56798

### Foundation of the University of Medicine and Dentistry of New Jersey

NEW BRUNSWICK, NJ

Scientific advisory group for the Pew/RWJF Hispanic survey on health behavior and treatment.

**\$148,630** (1 year) ID 58366

Study to determine how mental health stigma affects the treatment of depression in Latinos.

**\$84,000** (1 year) ID 58515

### Georgetown University Medical Center

WASHINGTON, DC

Studying state-level strategies to address health and mental health disparities through cultural and linguistic competency training and licensure.

**\$266,289** (18 months) ID 59024

### GMMB Inc.

WASHINGTON, DC

Strategic communications for the Foundation's Disparities program area.

**\$65,000** (1 month) ID 56371

### Hablamos Juntos: Improving Patient- Provider Communication for Latinos

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

#### ■ University of California, San Francisco, Center for Medical Education and Research

FRESNO, CA

Technical assistance and direction for Hablamos Juntos.

**\$662,138** (1 year) ID 55860

### Mathematica Policy Research, Inc.

PRINCETON, NJ

Personal health records for underserved populations.

**\$74,832** (6 months) ID 58406

### MedStar Research Institute Inc.

HYATTSVILLE, MD

Developing a model to predict cardiovascular disease in Native Americans.

**\$69,117** (1 year) ID 57161

### Partnership for Prevention

WASHINGTON, DC

Building the evidence to eliminate disparities through the use of clinical preventive services.

**\$184,605** (2 years) ID 56019

### Pew Research Center

WASHINGTON, DC

Survey of how health, health behavior and treatment vary across diverse segments of the Hispanic population.

**\$400,000** (18 months) ID 57329

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# 2006 Grants List

## Disparities

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Robert Wood Johnson Foundation

### Medical University of South Carolina College of Medicine

CHARLESTON, SC

Studying the quality of care for diabetes among ethnic minorities with a focus on the impact of acculturation factors.

**\$74,806** (1 year) ID 58208

### Speaking Together: National Language Services Network

To support hospitals to improve the quality and availability of health care language services for patients with limited English proficiency.

#### ■ University of California, Davis

DAVIS, CA

**\$61,151** (16 months) ID 55877

#### ■ Cambridge Public Health Commission d/b/a Cambridge Health Alliance

CAMBRIDGE, MA

**\$61,652** (16 months) ID 59408

#### ■ Children's Hospital Foundation

SEATTLE, WA

**\$61,650** (16 months) ID 59407

#### ■ Hennepin County Medical Center

MINNEAPOLIS, MN

**\$59,640** (16 months) ID 59178

#### ■ University of Massachusetts Medical School

WORCESTER, MA

**\$59,992** (16 months) ID 59446

#### ■ University of Michigan

ANN ARBOR, MI

**\$61,652** (16 months) ID 55874

#### ■ New York City Health and Hospitals– Bellevue Hospital Center

NEW YORK, NY

**\$61,652** (16 months) ID 55872

#### ■ Phoenix Children's Hospital, Inc.

PHOENIX, AZ

**\$61,652** (16 months) ID 55873

#### ■ Regions Hospital Foundation

ST. PAUL, MN

**\$61,650** (16 months) ID 55869

#### ■ University of Rochester

ROCHESTER, NY

**\$61,652** (16 months) ID 55870

# 2006 Grants List

## Nursing



Robert Wood Johnson Foundation

### American Medical Informatics Association Inc.

#### BETHESDA, MD

Summit to address using health information technology to enable the reform of nursing education and practice.

**\$46,280** (1 year) ID 58201

### Ascension Health

#### ST. LOUIS, MO

Using simulation to develop a consensus on the ideal nursing unit.

**\$399,000** (6 months) ID 58298

### Boston University Health Policy Institute

#### BOSTON, MA

Examining the impact of patient census variability on nurse-to-patient ratios within surgical units and the amount of care provided at the bedside.

**\$289,706** (1 year) ID 55704

### University of California, Los Angeles, School of Nursing

#### LOS ANGELES, CA

Producing a refined and validated interdisciplinary measurement tool for nurse team functioning and vitality.

**\$50,075** (6 months) ID 58123

### Center for Health Design Inc.

#### CONCORD, CA

Developing tools and products to facilitate the adoption of evidence-based hospital design to enhance the work environment of nurses.

**\$574,814** (1 year) ID 55450

### Communications Support for the Nursing Program Area

Managing strategic communications for the Foundation's Nursing program area to produce high-quality, consistent, timely products and messages that help increase impact.

#### ■ Communications Projects

##### MULTIPLE CONTRACTORS

Second National Nurse Funders Collaborative meeting.

**\$11,677** (4 months) ID 56738

Strategic communications for the Foundation's Nursing program area.

**\$315,000** (10 months) ID 57286

Consulting and meeting costs for the Foundation's Nursing program area.

**\$50,000** (7 months) ID 57461

Strategic communications for the Foundation's Nursing program area.

**\$1,685,000** (2 years) ID 58152

### Georgia Tech Research Corporation

#### ATLANTA, GA

Developing community-based tools to increase the use of evidence-based design in hospital construction.

**\$749,896** (17 months) ID 58197

### Interdisciplinary Nursing Quality Research Initiative

To support interdisciplinary studies that address critical knowledge gaps about nursing quality and for the synthesis, translation and dissemination of results to key stakeholders.

#### Program Sites

##### ■ University of California, San Francisco, School of Nursing

###### SAN FRANCISCO, CA

Examining the causal relationship between the quality of nursing care and patient outcomes in acute inpatient units.

**\$305,643** (2 years) ID 58296

##### ■ Emory University, Neil Hodgson Woodruff School of Nursing

###### ATLANTA, GA

Developing and testing nursing-sensitive quality of care performance measures.

**\$302,219** (2 years) ID 58290

##### ■ General Hospital Corporation—Massachusetts General Hospital

###### BOSTON, MA

Testing the impact of a pre-hospital patient risk profile on nursing-sensitive quality of care performance measures for older hospitalized adults.

**\$308,018** (2 years) ID 58293

##### ■ Johns Hopkins University School of Medicine

###### BALTIMORE, MD

Linking bloodstream infection rates to intensive care nursing context of care and process.

**\$308,165** (2 years) ID 58292

# 2006 Grants List

## Nursing



Robert Wood Johnson Foundation

### ■ Massachusetts Hospital Research & Educational Association Inc.

**BURLINGTON, MA**

Testing the effects of state rollouts of the National Quality Forum's nursing-sensitive quality of care performance measures.

**\$302,050** (2 years) ID 58294

### ■ Mayo Clinic Rochester

**ROCHESTER, MN**

Improving the National Quality Forum's nursing-sensitive quality of care performance measures on failure to rescue.

**\$305,634** (2 years) ID 58295

### ■ University of Pennsylvania School of Nursing

**PHILADELPHIA, PA**

Validating the National Quality Forum's nursing-sensitive quality of care performance measures.

**\$308,151** (2 years) ID 58297

### ■ Research Foundation of the City University of New York

**NEW YORK, NY**

Developing and testing nursing quality measures with consumers and patients.

**\$309,069** (2 years) ID 58288

### ■ University of Utah College of Nursing

**SALT LAKE CITY, UT**

Measuring nursing care quality as related to pain management in an acute care setting.

**\$308,618** (2 years) ID 58299

### Other Program Activities

#### ■ Constella Group, LLC

**DURHAM, NC**

Administrative support services for the Interdisciplinary Nursing Quality Research Initiative.

**\$347,670** (1 year) ID 59257

#### ■ Mary D. Naylor, Ph.D., R.N.

**NEWTOWN SQUARE, PA**

Independent consultant for the Interdisciplinary Nursing Quality Research Initiative.

**\$79,043** (1 year) ID 59260

#### ■ University of Pennsylvania School of Nursing

**PHILADELPHIA, PA**

Technical assistance and direction for the Interdisciplinary Nursing Quality Research Initiative.

**\$201,176** (1 year) ID 59258

#### Isaacson, Miller, Inc.

**WASHINGTON, DC**

Planning for Pipeline to Placement: a national effort to increase the number of nurses on influential health care boards.

**\$297,005** (2 years) ID 57571

#### Joint Commission on Accreditation of Healthcare Organizations

**OAKBROOK TERRACE, IL**

Testing and implementing nursing-sensitive quality of care performance measures.

**\$299,490** (2 years) ID 59409

#### The Media Network, Inc.

**SILVER SPRING, MD**

Studying the factors influencing minority nurse retention on hospital medical/surgical units.

**\$104,568** (6 months) ID 58153

### Partners Investing in Nursing's Future

National program in partnership with local foundations to address nursing issues important to those at the local and state levels.

#### Program Sites

#### ■ Alaska State Hospital and Nursing Home Association

**JUNEAU, AK**

**\$255,789** (2 years) ID 58352

#### ■ BCBSM Foundation

**DETROIT, MI**

**\$246,602** (2 years) ID 58379

#### ■ Community Foundation of the Eastern Shore, Inc.

**SALISBURY, MD**

**\$250,000** (2 years) ID 58369

#### ■ Healthone

**DENVER, CO**

**\$248,000** (2 years) ID 58927

#### ■ HMSA Foundation

**HONOLULU, HI**

**\$249,997** (2 years) ID 58355

#### ■ MHA Health, Research and Educational Foundation, Inc.

**JACKSON, MS**

**\$250,000** (2 years) ID 58373

#### ■ Regional Employment Board of Hampden County, Inc.

**SPRINGFIELD, MA**

**\$250,000** (2 years) ID 58371

#### ■ The Rogosin Institute

**NEW YORK, NY**

**\$148,192** (2 years) ID 58357



# 2006 Grants List

## Nursing



Robert Wood Johnson Foundation

### ■ St. James Healthcare Foundation

BUTTE, MT

**\$246,518** (2 years) ID 58356

### ■ Ventura County Community Foundation

CAMARILLO, CA

**\$231,625** (2 years) ID 58358

### Other Program Activities

### ■ TCC Group, Inc.

NEW YORK, NY

Evaluation of Partners Investing in Nursing's Future.

**\$397,150** (52 months) ID 57289

### Prevention of Hospital Falls

To support a review of the literature on best practices in reducing falls and identification of up to eight hospitals with a superior track record in reducing falls; and convene and coach these hospitals over an 18-month period to enable them to pilot test and measure the impact of combinations of interventions to reduce falls.

### ■ Allina Health System

MINNEAPOLIS, MN

Developing innovative interventions to reduce harm from falls at hospitals.

**\$19,000** (1 year) ID 58130

### ■ Iowa Health System

DES MOINES, IA

Testing and implementing promising new diagnostics measures and ideas in Iowa hospitals to significantly reduce falls.

**\$19,000** (1 year) ID 57553

### ■ James A. Haley Veterans' Hospital

TAMPA, FL

Hip fracture prevention for vulnerable patients in acute care.

**\$19,000** (1 year) ID 57527

### ■ Kaiser Foundation Hospitals

ROSEVILLE, CA

Evidence-based program designed to decrease patient falls and fall-related injuries.

**\$19,000** (1 year) ID 57583

### ■ Long Island Jewish Medical Center

NEW HYDE PARK, NY

Identifying the best assessment tool to substantially decrease or eliminate harm from falls.

**\$18,987** (1 year) ID 57607

### ■ Meriter Hospital, Inc.

MADISON, WI

Using a multihospital approach to develop innovative ideas to reduce falls and collaboratively disseminate information.

**\$19,000** (1 year) ID 57539

### ■ Sentara Healthcare - Sentara Virginia Beach General Hospital

VIRGINIA BEACH, VA

Validating a combination of interventions to reduce falls and prevent injury in the Sentara Healthcare system.

**\$19,000** (1 year) ID 57540

### ■ University of Texas M.D. Anderson Cancer Center

HOUSTON, TX

Testing interventions to prevent falls in a comprehensive care center.

**\$18,894** (1 year) ID 57536

### Sage Publications, Inc.

THOUSAND OAKS, CA

Supplement to the *Medical Care Research and Review* journal on nursing-sensitive quality of care performance measures.

**\$30,000** (11 months) ID 56621

### Strategic Partnerships LLC

ALEXANDRIA, VA

Assessment of potential partnership opportunities with public and private-sector organizations on nurse education and retention.

**\$22,750** (4 months) ID 59054

### Supporting Regional Response Team Learning Networks

Program to provide support to health care systems, hospital associations, and other entities to establish learning networks to help hospitals implement and test rapid response team interventions, which are a promising approach to improve patient outcomes and improve the work environment for nurses.

### ■ University of California, San Francisco, School of Nursing

SAN FRANCISCO, CA

Evaluation of Supporting Regional Response Team Learning Networks.

**\$224,023** (2 years) ID 55702

### Transforming Care at the Bedside

To prototype hospital nursing unit-level strategies to improve the work environment and quality of care.

### Program Sites

### ■ Cedars-Sinai Medical Center

LOS ANGELES, CA

**\$90,078** (2 years) ID 57966

### ■ Children's Memorial Hospital

CHICAGO, IL

**\$91,189** (2 years) ID 57967

### ■ James A. Haley Veterans' Hospital

TAMPA, FL

**\$89,287** (2 years) ID 57968

# 2006 Grants List

## Nursing



Robert Wood Johnson Foundation

- **Kaiser Foundation Hospitals**  
ROSEVILLE, CA  
\$90,000 (2 years) ID 57969
  - **North Shore-Long Island Jewish Health Care Inc.**  
NEW HYDE PARK, NY  
\$90,000 (2 years) ID 57970
  - **Prairie Lakes Health Care System Inc.**  
WATERTOWN, SD  
\$90,000 (2 years) ID 57972
  - **Seton Northwest Hospital**  
AUSTIN, TX  
\$90,000 (2 years) ID 57973
  - **University of Texas M.D. Anderson Cancer Center**  
HOUSTON, TX  
\$90,000 (2 years) ID 57971
  - **ThedaCare Inc.**  
APPLETON, WI  
\$90,000 (2 years) ID 57974
  - **UPMC Presbyterian Shadyside**  
PITTSBURGH, PA  
\$90,000 (2 years) ID 57975
- Other Program Activities**
- **American Organization of Nurse Executives**  
CHICAGO, IL  
Disseminating lessons learned from Transforming Care at the Bedside projects.  
\$932,080 (2 years) ID 57978
  - **Patricia Chiverton**  
LAKEVILLE, NY  
Consulting to help develop the educational content from Transforming Care at the Bedside for nursing school curriculum on quality and safety.  
\$19,000 (1 year) ID 58032
  - **University of California, Los Angeles, School of Public Health**  
LOS ANGELES, CA  
Evaluation of Transforming Care at the Bedside III.  
\$1,000,000 (30 months) ID 57477
  - **Institute for Healthcare Improvement**  
CAMBRIDGE, MA  
Technical assistance and direction for Transforming Care at the Bedside.  
\$1,678,780 (2 years) ID 57197
  - **James A. Haley Veterans' Hospital**  
TAMPA, FL  
Developing tools for use at hospital admission for patient education and discharge planning.  
\$19,875 (1 year) ID 55788
  - **Aurora Health Care Inc.**  
MILWAUKEE, WI  
\$49,922 (9 months) ID 56361
  - **CH Allied Services, Inc., dba Boone Hospital Center**  
COLUMBIA, MO  
\$49,593 (9 months) ID 56362
  - **Children's Mercy Hospital**  
KANSAS CITY, MO  
\$50,000 (9 months) ID 56364
  - **Copley Health Systems Inc.**  
MORRISVILLE, VT  
\$29,362 (9 months) ID 56365
  - **Jersey Shore University Medical Center Foundation, Inc.**  
NEPTUNE, NJ  
\$49,603 (9 months) ID 56360
  - **Lakeland Regional Health System**  
ST. JOSEPH, MI  
\$50,000 (9 months) ID 56368
  - **St. Alphonsus Regional Medical Center, Inc.**  
BOISE, ID  
\$50,000 (9 months) ID 56363
  - **University of Texas M.D. Anderson Cancer Center**  
HOUSTON, TX  
\$49,976 (9 months) ID 56366
- Visiting Nurse Service of New York**  
NEW YORK, NY  
Invitational conference to address the nursing crisis in New York City and beyond.  
\$17,050 (10 months) ID 59111
- Wisdom at Work: Retaining Experienced Nurses**  
Program to build an evidence base for what works to retain experienced nurses and develop a better understanding of the impact of these interventions.
- Program Sites**
- **Cedars-Sinai Medical Center**  
LOS ANGELES, CA  
\$75,000 (18 months) ID 59645
  - **Centra Health, Inc.**  
LYNCHBURG, VA  
\$75,000 (18 months) ID 59646
  - **Edward Foundation**  
NAPERVILLE, IL  
\$74,978 (18 months) ID 59649
  - **Florida Health Science Center Inc.**  
TAMPA, FL  
\$74,957 (18 months) ID 59647

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# 2006 Grants List

## Nursing

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Robert Wood Johnson Foundation

▪ **Froedtert Memorial Lutheran Hospital, Inc.**  
MILWAUKEE, WI  
\$45,808 (18 months) ID 59652

▪ **Greenville Hospital Systems**  
GREENVILLE, SC  
\$75,000 (18 months) ID 59656

▪ **Mary Imogene Bassett Hospital**  
COOPERSTOWN, NY  
\$69,976 (18 months) ID 59655

▪ **Pitt Memorial Hospital Foundation Inc.**  
GREENVILLE, NC  
\$75,000 (18 months) ID 59653

▪ **Poudre Valley Health System Foundation**  
FORT COLLINS, CO  
\$72,442 (18 months) ID 59648

▪ **University of Rochester School of Nursing**  
ROCHESTER, NY  
\$75,000 (18 months) ID 59657

▪ **Rush Copley Foundation**  
AURORA, IL  
\$74,970 (18 months) ID 59654

▪ **Saint Joseph's Hospital of Atlanta, Inc.**  
ATLANTA, GA  
\$75,000 (18 months) ID 59650

▪ **Vanderbilt University Medical Center**  
NASHVILLE, TN  
\$75,000 (18 months) ID 59651

### *Other Program Activities*

▪ **The Lewin Group, Inc.**  
FALLS CHURCH, VA  
Consulting on design phase of Wisdom at Work.  
\$16,270 (1 month) ID 57842  
Evaluation and technical assistance for Wisdom at Work.  
\$506,765 (2 years) ID 58667

# 2006 Grants List

## Public Health



Robert Wood Johnson Foundation

### AcademyHealth

WASHINGTON, DC

Support for the annual public health services research interest group meeting.

**\$100,000** (18 months) ID 57393

### American Cancer Society Inc.

ATLANTA, GA

Program activities for the 13th World Conference on Tobacco OR Health.

**\$50,000** (1 year) ID 56681

### Association of State and Territorial Health Officials

WASHINGTON, DC

Identifying the needs of state health officials on legislative matters.

**\$165,278** (7 months) ID 58550

### Burness Communications, Inc.

BETHESDA, MD

Strategic communications for the Foundation's Public Health program area.

**\$95,700** (1 year) ID 58202

### Common Ground: Transforming Public Health Information Systems

To support collaborative processes among state and local public health departments to advance the use of information systems to support two different programmatic areas: preparedness and chronic disease.

#### Program Sites

#### ■ State of Alaska Department of Health & Social Services

JUNEAU, AK

**\$29,700** (15 months) ID 59781

#### ■ City of Austin Health and Human Services Department

AUSTIN, TX

**\$30,000** (15 months) ID 59784

#### ■ State of California, Health and Human Services Agency

SACRAMENTO, CA

**\$600,000** (3 years) ID 59759

#### ■ Children's Hospital Corporation

BOSTON, MA

**\$599,877** (3 years) ID 59736

#### ■ Coconino County Health Department

FLAGSTAFF, AZ

**\$509,235** (3 years) ID 59780

#### ■ Genesee County Health Department

FLINT, MI

**\$30,000** (15 months) ID 59787

#### ■ Health and Hospital Corporation of Marion County

INDIANAPOLIS, IN

**\$584,754** (3 years) ID 59734

#### ■ Health Research Incorporated

RENSSELAER, NY

**\$600,000** (3 years) ID 59735

#### ■ Kane County Health Department

AURORA, IL

**\$29,649** (15 months) ID 59788

#### ■ Kitsap County Health District

BREMERTON, WA

**\$598,904** (3 years) ID 59773

#### ■ Louisiana Public Health Institute

NEW ORLEANS, LA

**\$599,944** (3 years) ID 59776

#### ■ Louisville/Jefferson County Metro Government

LOUISVILLE, KY

**\$29,533** (15 months) ID 59793

#### ■ Madison County Health Department

WAMPSVILLE, NY

**\$11,239** (15 months) ID 59782

#### ■ Mahoning County District Board of Health

YOUNGSTOWN, OH

**\$19,872** (15 months) ID 59783

#### ■ State of Maine Department of Health and Human Services

AUGUSTA, ME

**\$595,656** (3 years) ID 59729

#### ■ Maricopa County Department of Public Health

PHOENIX, AZ

**\$29,870** (15 months) ID 59790

#### ■ Metropolitan Government of Nashville and Davidson County

NASHVILLE, TN

**\$599,872** (3 years) ID 59731

#### ■ State of Minnesota Department of Health

ST. PAUL, MN

**\$588,267** (3 years) ID 59777

#### ■ State of Missouri Department of Health and Senior Services

JEFFERSON CITY, MO

**\$600,000** (3 years) ID 59779

#### ■ Monroe County Health Department

MONROE, MI

**\$29,993** (15 months) ID 59792

#### ■ State of Montana Department of Public Health and Human Services

HELENA, MT

**\$25,627** (15 months) ID 59796

# 2006 Grants List

## Public Health



Robert Wood Johnson Foundation

▪ **Multnomah County Health Department**  
PORTLAND, OR  
**\$29,919** (15 months) ID 59797

▪ **University of North Carolina at Chapel Hill**  
CHAPEL HILL, NC  
**\$29,770** (15 months) ID 59799

▪ **Public Health Authority of Cabarrus County**  
KANNAPOLIS, NC  
**\$598,756** (3 years) ID 59756

▪ **State of Rhode Island Department of Health**  
PROVIDENCE, RI  
**\$522,623** (3 years) ID 59767

▪ **County of Santa Cruz**  
SANTA CRUZ, CA  
**\$29,996** (15 months) ID 59801

▪ **Sonoma County Department of Health Services**  
SANTA ROSA, CA  
**\$18,186** (15 months) ID 59786

▪ **State of South Carolina Department of Health and Environmental Control**  
COLUMBIA, SC  
**\$600,000** (3 years) ID 59764

▪ **Spokane Regional Health District**  
SPOKANE, WA  
**\$600,000** (3 years) ID 59732

▪ **Summit County Board of Health**  
COALVILLE, UT  
**\$30,000** (15 months) ID 59804

▪ **State of Wisconsin Department of Health and Family Services**  
MADISON, WI  
**\$600,000** (3 years) ID 59761

### *Other Program Activities*

▪ **Task Force for Child Survival and Development Inc.**  
DECATUR, GA  
Technical assistance and direction for Common Ground.  
**\$866,046** (1 year) ID 57287

### **Communications Projects**

**MULTIPLE CONTRACTORS**  
Consulting and meeting costs for the Foundation's Public Health program area.  
**\$50,000** (7 months) ID 57463

Meeting on quality improvement in public health in conjunction with the Multistate Learning Collaborative for Public Health meeting.  
**\$216,100** (1 year) ID 58773

### **Council of State and Territorial Epidemiologists**

ATLANTA, GA  
Addressing legal areas related to the interpretation of health information privacy rules for public health practice and research.  
**\$115,015** (15 months) ID 58480

### **Georgetown University**

WASHINGTON, DC  
Studying the effects of public housing on children's health.  
**\$25,000** (1 year) ID 59496

### **Global Health Solutions Inc.**

DECATUR, GA  
Developing a new paradigm for the public health information infrastructure.  
**\$2,500,000** (3 years) ID 58420

**Harvard University, John F. Kennedy School of Government**  
CAMBRIDGE, MA  
Developing and validating a crisis leadership preparedness scale to measure leadership ability in a public health crisis.  
**\$45,065** (1 month) ID 58877

**Harvard University School of Public Health**  
BOSTON, MA  
Improving cooperation among federal, state and local leaders when responding to natural and man-made disasters.  
**\$31,473** (1 month) ID 58902

**The Mailman School of Public Health at Columbia University**  
NEW YORK, NY  
Study on the roles of city and state departments of public health during Hurricane Katrina.  
**\$104,775** (1 year) ID 57199  
Sponsorship of the Allan Rosenfield Fund to support master of public health students based on financial need.  
**\$25,000** (1 month) ID 58003

**Multistate Learning Collaborative for Public Health: Innovators in Accreditation and Other Systematic Performance and Capacity Assessment Processes**  
To create a peer network of innovator states with experience in designing and implementing a process for systematic assessment of local public health agency capacity and performance.

### *Program Sites*

▪ **State of Florida Department of Health**  
TALLAHASSEE, FL  
**\$150,000** (15 months) ID 59866

# 2006 Grants List

## Public Health



Robert Wood Johnson Foundation

- **JSI Research and Training Institute, Inc. d/b/a/ Community Health Institute**  
BOW, NH  
\$149,939 (15 months) ID 59872
- **Kansas Health Institute**  
TOPEKA, KS  
\$147,963 (15 months) ID 59863
- **Michigan Public Health Institute**  
OKEMOS, MI  
\$149,308 (15 months) ID 59868
- **State of Minnesota Department of Health**  
ST. PAUL, MN  
\$150,000 (15 months) ID 59870
- **Missouri Institute for Community Health Inc.**  
JEFFERSON CITY, MO  
\$150,000 (15 months) ID 59871
- **University of North Carolina at Chapel Hill School of Public Health**  
CHAPEL HILL, NC  
\$149,419 (15 months) ID 59874
- **State of Ohio Department of Health**  
COLUMBUS, OH  
\$150,000 (15 months) ID 59875
- **United Way of Illinois Inc.**  
OAK BROOK, IL  
\$150,000 (15 months) ID 59865
- **State of Washington Department of Health**  
OLYMPIA, WA  
\$150,000 (15 months) ID 59876

### Other Program Activities

#### ▪ National Network of Public Health Institutes

##### NEW ORLEANS, LA

Open meeting for the Multistate Learning Collaborative for Public Health selected sites and for applicant sites not selected.

**\$83,113** (5 months) ID 56935

Technical assistance and direction for the Multistate Learning Collaborative for Public Health.

**\$810,000** (15 months) ID 58789

#### National Association of County and City Health Officials

##### WASHINGTON, DC

Communicating a common operational definition for local governmental public health agencies.

**\$400,000** (18 months) ID 57248

Training newly appointed public health officials in applying knowledge and specific skills to their leadership roles.

**\$597,938** (1 year) ID 58517

Developing recommendations for a national public health accreditation system to build state and local public health agency capacity.

**\$749,528** (18 months) ID 58881

Workshop to address ethics and public health practice.

**\$40,000** (1 year) ID 59893

#### National Association of Local Boards of Health

##### BOWLING GREEN, OH

Identifying legal authority for public health governance in the United States.

**\$75,000** (1 year) ID 57133

#### National Conference of Commissioners on Uniform State Laws

##### CHICAGO, IL

Uniform interstate act to grant volunteer health workers quick interstate recognition and protection and ensure surge capacity during emergencies.

**\$100,195** (1 year) ID 57186

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

##### ATLANTA, GA

Nonprofit administration of potential tobacco settlement funding for smoking cessation.

**\$49,595** (4 months) ID 57483

Developing a program to improve cooperation among federal, state and local leaders when responding to natural and man-made disasters.

**\$561,136** (6 months) ID 58631

#### National Network of Public Health Institutes

##### NEW ORLEANS, LA

Assessing and providing technical assistance for emerging public health institutes.

**\$847,106** (31 months) ID 57396

#### North American Quitline Consortium

##### PHOENIX, AZ

Improving the potential of U.S. quitlines to capitalize on tobacco policy control success.

**\$399,925** (2 years) ID 58531

#### University of North Carolina at Chapel Hill School of Public Health

##### CHAPEL HILL, NC

Pilot study of public health workforce competency, agency capacity and performance.

**\$102,337** (1 year) ID 56915

# 2006 Grants List

## Public Health



Robert Wood Johnson Foundation

### Public Health Foundation

WASHINGTON, DC

Developing a Web-accessible database of community health status indicators.

**\$399,999** (16 months) ID 58838

### Public Health Institute

OAKLAND, CA

Sponsorship of the California Health Strategy Summit.

**\$50,000** (3 months) ID 58047

### Public Health Systems Research

To help establish the field of public health systems research as a needed resource that will enable governmental health agencies to improve their performance.

### Program Sites

#### ■ Center for Studying Health System Change

WASHINGTON, DC

Examining effective strategies that local communities have used to meet expanded public health workforce needs.

**\$56,652** (7 months) ID 59943

Examining local community strategies to develop their public health surge capacity to handle emergencies affecting many people.

**\$67,173** (7 months) ID 59945

#### ■ Columbia University Health Sciences

NEW YORK, NY

Examining how intraorganizational public health networks are linked to process and outcomes.

**\$209,952** (2 years) ID 59946

#### ■ University of Kentucky Research Foundation

LEXINGTON, KY

Assessment of training needs for public health financial managers.

**\$124,970** (18 months) ID 59947

#### ■ Mathematica Policy Research, Inc.

WASHINGTON, DC

Examining state capacity to develop the 10 leading indicators defined in Healthy People 2010 overall and by geographic group.

**\$199,135** (15 months) ID 59944

#### ■ University of Minnesota

MINNEAPOLIS, MN

Developing a program to expand the use of continuous quality improvement principles to public health agencies.

**\$200,002** (2 years) ID 59951

#### ■ University of Minnesota School of Public Health

MINNEAPOLIS, MN

Examining public health system organization and public health performance in rural communities.

**\$199,070** (18 months) ID 59950

#### ■ Rand Corporation

SANTA MONICA, CA

Study on and development of a tool to measure connectivity among public health partnerships.

**\$195,991** (1 year) ID 59948

#### ■ University of Washington

SEATTLE, WA

Examining the relationship between local health department costs and county level disparities in mortality rates for African Americans and Caucasians.

**\$161,789** (1 year) ID 59949

### Other Program Activities

#### ■ AcademyHealth

WASHINGTON, DC

Building an evidence base for public health systems research.

**\$500,002** (3 years) ID 58271

### Rand Corporation

SANTA MONICA, CA

Extending a learning collaborative for public health/pandemic preparedness.

**\$134,000** (8 months) ID 58603

### State Health Leadership Initiative

Program to accelerate the development of the leadership capacity of state health officers as policy-makers, administrators, and advocates for the health of the public.

#### ■ Harvard University, John F. Kennedy School of Government

CAMBRIDGE, MA

Evaluation of the State Health Leadership Initiative.

**\$149,825** (1 year) ID 53543

### Task Force for Child Survival and Development Inc.

DECATUR, GA

Developing a new paradigm for the public health information infrastructure.

**\$568,681** (7 months) ID 53531

Preparing an oral history of smallpox eradication in West Africa.

**\$19,620** (7 months) ID 57258

### University of Wisconsin School of Medicine and Public Health

MADISON, WI

Vision of health for the 21st Century: a celebration for Surgeon General Koop.

**\$10,000** (5 months) ID 58272

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# 2006 Grants List

## Public Health

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Robert Wood Johnson Foundation

### Young Epidemiology Scholars (YES) Program: A National Effort to Attract the Attention of Young Scholars to the Health of the Public

To attract the best and the brightest high school students to become the public health leaders of the future.

#### *Program Sites*

- **College Entrance Examination Board**  
NEW YORK, NY  
\$5,332,662 (3 years) ID 47845

#### *Other Program Activities*

- **Montclair State University Foundation**  
MONTCLAIR, NJ  
Increasing the use of the Young Epidemiology Scholars' teaching units.  
\$322,306 (3 years) ID 58878



# 2006 Grants List

## Quality



Robert Wood Johnson Foundation

### Advancing Diabetes Self-Management

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

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

ST. LOUIS, MO

Technical assistance and direction for Building Community Supports for Diabetes Care and Advancing Diabetes Self-Management. (1 year) ID 50498

### Aligning Forces for Quality: The Regional Market Project

To support the first steps in accelerating improvements in care at the community level by cultivating and aligning market forces with quality improvement efforts.

#### Program Sites

- **Greater Detroit Area Health Council Inc.**

DETROIT, MI

\$629,760 (3 years) ID 52015

- **Healthy Memphis Common Table**

GERMANTOWN, TN

\$605,827 (3 years) ID 51566

- **MN Community Measurement**

ST. PAUL, MN

\$634,404 (3 years) ID 57377

- **Puget Sound Health Alliance**

SEATTLE, WA

\$616,516 (3 years) ID 57378

### Other Program Activities

- **Center for Health Improvement**

SACRAMENTO, CA

Technical assistance and direction for Aligning Forces for Quality.

\$624,689 (1 year) ID 51570

Consulting for Aligning Forces for Quality.

\$42,614 (1 month) ID 57451

Technical assistance for Aligning Forces for Quality.

\$118,801 (1 year) ID 58410

Consultant fund for technical assistance for Aligning Forces for Quality.

\$110,000 (9 months) ID 59086

- **Judith H. Hibbard, Dr.P.H.**

EUGENE, OR

Providing technical assistance to sites under Aligning Forces for Quality.

\$57,527 (1 year) ID 58907

- **Pennsylvania State University College of Health and Human Development**

UNIVERSITY PARK, PA

Evaluation of Aligning Forces for Quality.

\$499,698 (2 years) ID 53019

- **Susan L. Prows**

PORTLAND, OR

Providing technical assistance to sites under Aligning Forces for Quality.

\$81,558 (1 year) ID 59291

### American Board of Medical Specialties Research & Education Foundation

EVANSTON, IL

Preparing the physician workforce to improve performance in practice.

\$749,433 (1 year) ID 55708

### Avalere Health, LLC

WASHINGTON, DC

Analysis of the capacity and adequacy of New Jersey's health care system using metrics of access to care and provider supply.

\$50,000 (5 months) ID 58242

### Boston University School of Public Health

BOSTON, MA

Print and Web materials to educate senior management on organizational transformation aimed at improving quality of patient care.

\$102,760 (1 year) ID 58891

### University of California, Los Angeles, Neuropsychiatric Institute

LOS ANGELES, CA

Conference on geographic transitions and the mental health of minority families.

\$25,070 (6 months) ID 57338

### J. Emilio Carrillo, M.D., M.P.H.

BROOKLYN, NY

RWJF senior fellow in residence working on disparities in health and health care.

\$4,000 (6 months) ID 58807

### Center for Information Therapy, Inc.

WASHINGTON, DC

Conference focusing on the role of the marketplace and consumers in improving health care quality.

\$46,498 (3 months) ID 56927

# 2006 Grants List

## Quality



Robert Wood Johnson Foundation

### Center to Advance Palliative Care

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

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

NEW YORK, NY

Matching other funders' support of the Center to Advance Palliative Care.

**\$5,000,000** (5 years) ID 55713

### Communications Project

#### MULTIPLE CONTRACTORS

Consulting and meeting costs for the Foundation's Quality program area.

**\$50,000** (7 months) ID 57455

### Dartmouth Medical School Center for the Evaluative Clinical Sciences

HANOVER, NH

Developing publication guidelines for quality improvement.

**\$299,992** (2 years) ID 58073

### East Kentucky Health Services Center, Inc.

HINDMAN, KY

Developing and implementing an electronic health records program for rural primary care clinics.

**\$49,893** (1 year) ID 57372

### Endocrine Society

CHEVY CHASE, MD

Developing strategies to increase minority involvement in clinical trials.

**\$50,000** (15 months) ID 57750

### Eve Shapiro Medical Writing

BETHESDA, MD

Background paper on hospital experience with apology after medical errors and the reduction in medical malpractice claims.

**\$10,326** (5 months) ID 58785

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

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

- **Brigham & Women's Hospital Inc.**

BOSTON, MA

Technical assistance and direction for Health e-Technologies.

**\$426,345** (1 year) ID 48514

### Health Tracking

Initiative to track and report on changes in the U.S. health care system and how they affect Americans' health.

- **Center for Studying Health System Change**

WASHINGTON, DC

Health Tracking Household Survey.

**\$2,499,786** (18 months) ID 57849

Planning for the 2007 Community Tracking Study Physician Survey.

**\$295,587** (1 year) ID 57893

Providing funds to allow for quick strike analyses of emerging issues in the health care system.

**\$99,931** (5 months) ID 57894

Planning and fielding an employer survey in the state of Massachusetts.

**\$642,197** (30 months) ID 57895

### University of Illinois at Chicago College of Nursing

CHICAGO, IL

End-of-life toolkit for nursing school faculty and practicing nurses.

**\$30,431** (1 year) ID 53123

### Improving Asthma Care for Children

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

- **Steeger/Thomson Communications, Inc.**

PHILADELPHIA, PA

Dissemination of lessons from the Pediatric Asthma Initiative.

**\$400,000** (18 months) ID 52807

### Improving Chronic Illness Care

Program to help health care organizations redesign care to improve the clinical and functional outcomes of patients with chronic illness.

- **Group Health Cooperative**

SEATTLE, WA

Transitional support for building the field of chronic illness care.

**\$1,498,591** (3 years) ID 53022

Adding a research associate to help provide research on and dissemination of the Improving Chronic Illness Care model.

**\$185,728** (2 years) ID 58194

### Leap Frog Group

WASHINGTON, DC

Implementation and dissemination of an effort to promote high-quality health care through rewards and incentives.

**\$1,121,772** (1 year) ID 53409

# 2006 Grants List

## Quality



Robert Wood Johnson Foundation

### Manning Selvage & Lee, Inc.

WASHINGTON, DC

Strategic communications for the Foundation's Quality program area.

**\$699,650** (6 months) ID 53030

Communications support to the Dartmouth Atlas research project.

**\$100,000** (9 months) ID 58802

### National Academy of Sciences– Institute of Medicine

WASHINGTON, DC

Workshops for disseminating reports on the future of emergency care in the U.S. health system.

**\$100,000** (1 year) ID 56237

Roundtable on health disparities to address developing solutions and encouraging communication.

**\$150,000** (2 years) ID 56387

Forum on the science of quality improvement and implementation.

**\$622,207** (18 months) ID 58291

### National Partnership for Women and Families Inc.

WASHINGTON, DC

Building consumer demand for health care transparency and accountability in outpatient care.

**\$787,398** (1 year) ID 52755

### National Quality Forum

WASHINGTON, DC

Identifying and assessing disclosure of health care cost and price information.

**\$113,980** (7 months) ID 59115

### Pacific Business Group on Health

SAN FRANCISCO, CA

Consumer-Purchaser Disclosure Project: advocating for transparency and accountability in the health care system.

**\$681,348** (1 year) ID 56186

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

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

#### ■ University of Colorado Health Sciences Center at Fitzsimons

AURORA, CO

Technical assistance and direction for Prescription for Health.

**\$749,581** (1 year) ID 48433

Costs for expenditure study incentive for sites under Prescription for Health.

**\$54,500** (1 year) ID 56912

#### ■ Foundation of the University of Medicine and Dentistry of New Jersey

NEW BRUNSWICK, NJ

Evaluation of Prescription for Health.

**\$488,616** (2 years) ID 53221

### Pursuing Perfection: Raising the Bar for Health Care Performance

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

#### ■ Institute for Healthcare Improvement

CAMBRIDGE, MA

Technical assistance and direction for Pursuing Perfection.

**\$214,319** (18 months) ID 57336

### Rewarding Results: Aligning Incentives with High-Quality Health Care

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

#### ■ Boston University School of Public Health

BOSTON, MA

Meeting to disseminate lessons learned from Rewarding Results.

**\$34,989** (3 months) ID 58579

### Rutgers, The State University, The Center for State Health Policy

NEW BRUNSWICK, NJ

Conference on the economics of nursing including nursing care, quality and reimbursement of care.

**\$150,000** (7 months) ID 59289

### Medical College of Wisconsin Inc.

MILWAUKEE, WI

Developing required and elective courses for medical students in palliative care.

**\$513,694** (2 years) ID 57511

# 2006 Grants List

## Tobacco



Robert Wood Johnson Foundation

### American Nonsmokers' Rights Foundation

BERKELEY, CA

Providing rapid response funding to enable communities and groups to support, protect or implement smoke-free policies.

**\$1,000,000** (1 year) ID 57556

Core support and infrastructure development for the American Nonsmokers' Rights Foundation.

**\$3,000,000** (2 years) ID 58339

### Campaign for Tobacco-Free Kids

WASHINGTON, DC

Raising awareness of the need for tobacco prevention funding and strategizing on moving the issue forward.

**\$140,000** (3 months) ID 59058

### Communications Support for the Tobacco Program Area

To manage strategic communications for the Foundation's Tobacco program area to produce high-quality, consistent, timely products and messages that help increase impact.

- **Burness Communications, Inc.**

BETHESDA, MD

Strategic communications for the Foundation's Tobacco program area.

**\$128,555** (1 year) ID 56989

- **Communications Projects**

MULTIPLE CONTRACTORS

Consulting and meeting costs for the Foundation's Tobacco program area.

**\$50,000** (7 months) ID 57464

Strategic communications for the Foundation's Tobacco program area.

**\$972,445** (15 months) ID 59722

### Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation

Program to evaluate and disseminate effective, developmentally appropriate cessation treatment programs for adolescents who smoke and try unsuccessfully to quit.

- **University of Illinois at Chicago School of Public Health**

CHICAGO, IL

**\$918,770** (1 year) ID 57859

### Kids Involuntarily Inhaling Secondhand Smoke

ROSEVILLE, CA

Outreach and educational efforts for restaurants, bars, hotels and labor unions on the positive impact of clean indoor air policy.

**\$480,280** (2 years) ID 57793

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

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

- **General Hospital Corporation—Massachusetts General Hospital**

BOSTON, MA

**\$154,659** (7 months) ID 56820

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

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

- **The Praxis Project Inc.**

WASHINGTON, DC

Technical assistance for Policy Advocacy on Tobacco and Health.

**\$500,000** (1 year) ID 55445

### 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.

- **University of Kentucky Research Foundation**

LEXINGTON, KY

Support for the Research Network on the Etiology of Tobacco Dependence to analyze data from foundation-supported studies.

**\$513,463** (3 years) ID 58538

# 2006 Grants List

## Tobacco



Robert Wood Johnson Foundation

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

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

- **University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research**  
CHAPEL HILL, NC  
Smoke-Free Families National Dissemination Office.  
**\$588,190** (2 years) ID 53311

### Smoke-Free New Jersey

To leverage resources to ensure the successful implementation of the New Jersey Smoke-Free Air Act, which went into effect on April 15, 2006.

#### Program Sites

- **GMMB Inc.**  
WASHINGTON, DC  
Public education campaign to promote the benefits of the New Jersey Smoke-Free Air Act.  
**\$379,960** (9 months) ID 57452  
Continued support for a public education campaign to promote the benefits of the New Jersey Smoke-Free Air Act.  
**\$380,000** (7 months) ID 57882
- **Institute of Medicine and Public Health of New Jersey Inc.**  
LAWRENCEVILLE, NJ  
Integrated communications plan to assist in the implementation of the New Jersey Smoke-Free Air Act.  
**\$117,455** (1 year) ID 57807

- **The Strategy Group, Inc.**  
EVANSTON, IL

Educating New Jersey businesses on the New Jersey Smoke-Free Air Act.  
**\$355,500** (7 months) ID 57884

#### Other Program Activities

- **State of New Jersey Department of Health and Senior Services**  
TRENTON, NJ

Evaluation of the New Jersey Smoke-Free Air Act.  
**\$160,000** (1 year) ID 58492

### Substance Abuse Policy Research Program

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

- **University of Massachusetts Medical School**  
WORCESTER, MA

Evaluating how perceived availability and knowledge of commercial sources of tobacco contribute to tobacco use.  
**\$35,000** (1 year) ID 57704

- **State of North Carolina Department of Health and Human Services**  
RALEIGH, NC

Studying the Department of Correction's pilot indoor and outdoor tobacco ban for employees, inmates and visitors at one facility.  
**\$23,196** (3 months) ID 57808

- **Public Health Institute**  
OAKLAND, CA

Impact of smoke-free air policies on young smokers' demand for and use of treatment.  
**\$282,810** (15 months) ID 58009

- **Society for Research on Nicotine and Tobacco**  
MADISON, WI

Review of barriers to consumer demand for and use of smoking cessation medications and dissemination of the findings for policy implications.  
**\$29,833** (11 months) ID 59930

### Tobacco Policy Change: A Collaborative for Healthier Communities and States

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

#### Program Sites

- **Aberdeen Area Tribal Chairmen's Health Board**  
ABERDEEN, SD

Developing and strengthening a clean indoor air policy for the Northern Plains Tribes.  
**\$75,000** (1 year) ID 59339

- **American Cancer Society, Inc., Mid-South Division, Inc.**  
BIRMINGHAM, AL

Building a grassroots campaign to support the introduction and passage of a smoke-free ordinance in Jackson, Mississippi.  
**\$95,000** (1 year) ID 59333

Developing and conducting a smoke-free campaign in Tuscaloosa, Alabama.  
**\$138,720** (1 year) ID 59336

Pursuing a public policy change to mandated coverage of smoking cessation services by Medicaid.  
**\$71,120** (1 year) ID 59341

# 2006 Grants List

## Tobacco



Robert Wood Johnson Foundation

- **American Cancer Society, Inc.,  
New England Division, Inc.**  
FRAMINGHAM, MA  
Sustaining Medicaid smoking cessation benefits in Massachusetts.  
**\$92,300** (1 year) ID 59325
- **American Cancer Society, Inc.,  
New England Division, Inc.**  
WILLISTON, VT  
Advocating for programs to reduce adult smoking and address disparities in treatment among low-income and mentally ill people in Vermont.  
**\$85,000** (1 year) ID 59346
- **American Lung Association of  
the City of New York Inc.**  
NEW YORK, NY  
Promoting policies to deter the tobacco industry from targeting minority youth.  
**\$75,000** (1 year) ID 59319
- **American Nonsmokers' Rights  
Foundation**  
BERKELEY, CA  
Expanding and enhancing the database system to track and report on tobacco-related laws.  
**\$148,178** (2 years) ID 56051
- **Black Hills Center for  
American Indian Health**  
RAPID CITY, SD  
Implementing a comprehensive tobacco-free policy for the Navajo nation.  
**\$74,965** (1 year) ID 59340
- **Center for MultiCultural Health**  
SEATTLE, WA  
Eliminating secondhand smoke exposure by supporting clean indoor air policies and the use of Master Settlement funds for tobacco prevention and cessation.  
**\$50,000** (1 year) ID 59323
- **Colorado Tobacco Education  
and Prevention Alliance**  
DENVER, CO  
Increasing the number of smoke-free sites in the Denver metropolitan region through collaborative educational activities.  
**\$102,409** (1 year) ID 59322
- **Fort Peck Tribes**  
POPLAR, MT  
Implementing and enforcing a commercial tobacco-free ordinance among a Native American tribe.  
**\$75,000** (1 year) ID 59328
- **Greater Cleveland  
Health Education and  
Service Council Inc.**  
CLEVELAND, OH  
Promoting clean indoor air in the greater Cleveland area.  
**\$150,000** (1 year) ID 59320
- **Human Services Coalition of  
Dade County, Inc.**  
MIAMI, FL  
Building grassroots support for an increased tobacco tax to fund tobacco cessation programs and expand health coverage for low-income Floridians.  
**\$75,000** (1 year) ID 59345
- **Indigenous People Task Force**  
MINNEAPOLIS, MN  
Developing and implementing a statewide tribal smoke-free advocacy campaign.  
**\$99,939** (1 year) ID 59327
- **Juneau Affiliate Inc.  
National Council on Alcoholism and  
Drug Dependence**  
JUNEAU, AK  
Supporting an ordinance to end smoking in bars and private clubs.  
**\$69,855** (1 year) ID 59330
- **Lori New Breast**  
HEART BUTTE, MT  
Engaging Native American tribal governments in tobacco reduction policy development.  
**\$40,210** (9 months) ID 57077
- **Nez Perce Tribe**  
LAPWAI, ID  
Expanding tobacco policy control among the Nez Perce.  
**\$66,974** (1 year) ID 59331
- **City of Portland**  
PORTLAND, ME  
Eliminating smoking in rental housing units.  
**\$74,901** (1 year) ID 59343
- **Public Health Institute**  
OAKLAND, CA  
Efforts to restrict tobacco sponsorship of rodeos.  
**\$149,996** (1 year) ID 59344

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# 2006 Grants List

## Tobacco

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Robert Wood Johnson Foundation

- **South Carolina African American Tobacco Control Network**

**SUMMERVILLE, SC**

Supporting smoke-free indoor workplace and public place ordinances in South Carolina.

**\$81,000** (1 year) ID 59337

- **Texas A&M Research Foundation**

**COLLEGE STATION, TX**

Implementing a grassroots education and advocacy campaign to protect nonsmokers from secondhand smoke.

**\$74,985** (1 year) ID 59338

### *Other Program Activities*

- **Freeman Consulting Group, Inc.**

**ROSWELL, GA**

Consulting and technical assistance for the Foundation's tobacco policy advocacy work.

**\$126,203** (1 year) ID 52075

- **Kathleen Jerome**

**FLORENCE, MA**

Consulting and technical assistance for the Foundation's tobacco policy advocacy work.

**\$122,240** (1 year) ID 52069

- **Jerry Spegman**

**PORTLAND, OR**

Consulting and technical assistance for the Foundation's tobacco policy advocacy work.

**\$120,312** (1 year) ID 52072

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### Achieving Competence Today (ACT) Collaborative

To disseminate an action-based interprofessional curriculum that incorporates quality improvement.

■ **Beth Israel Deaconess Medical Center Inc.**  
BOSTON, MA  
\$97,642 (2 years) ID 59380

■ **Christiana Care Health System Inc.**  
NEWARK, DE  
\$99,980 (2 years) ID 59415

■ **University of Cincinnati College of Medicine**  
CINCINNATI, OH  
\$100,000 (2 years) ID 59418

■ **Hospital of the University of Pennsylvania**  
PHILADELPHIA, PA  
\$100,000 (2 years) ID 59416

■ **University of Missouri–Columbia**  
COLUMBIA, MO  
\$100,000 (2 years) ID 59417

### Alliance for Aging Research

WASHINGTON, DC

Creating a blue-ribbon commission to address the health care challenge of the growing senior population and lack of trained care providers.

\$47,522 (8 months) ID 56240

### Association of American Medical Colleges

WASHINGTON, DC

Developing and supporting multidisciplinary health care team training.

\$197,666 (17 months) ID 56487

Preparation and publication of data on minorities in medical education.

\$328,940 (96 months) ID 56993

### Baylor College of Medicine

HOUSTON, TX

Creating a Web-based educational resource to attract students from diverse backgrounds for careers in medicine and the health professions.

\$305,369 (2 years) ID 57363

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

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

#### ■ American Association of Homes and Services for the Aging

WASHINGTON, DC

Special issue of *The Gerontologist* on the Better Jobs, Better Care program.

\$62,247 (18 months) ID 56931

#### ■ Pennsylvania State University College of Health and Human Development

UNIVERSITY PARK, PA

Evaluation of Better Jobs, Better Care: supplemental funding.

\$261,230 (2 years) ID 58408

### Burness Communications, Inc.

BETHESDA, MD

Communications support for six RWJF Human Capital national programs.

\$378,500 (1 year) ID 58348

### Center for Creative Leadership

GREENSBORO, NC

Planning for the RWJF Emerging Leaders Program.

\$157,129 (5 months) ID 58505

### Communications Projects

MULTIPLE CONTRACTORS

First annual clinical issues joint conference for RWJF Human Capital scholars and fellows.

\$225,000 (1 year) ID 57314

Consulting and meeting costs for the Foundation's Human Capital program area.

\$50,000 (7 months) ID 57456

Distributing the third edition of *On Doctoring: Stories, Poems, Essays*.

\$155,000 (1 year) ID 57695

Human Capital communications projects on the front-line workforce.

\$315,000 (16 months) ID 58456

Policy advocacy training for RWJF alumni fellows and scholars.

\$313,340 (1 year) ID 58876

### Cornell University, Joan and Sanford I. Weill Medical College

NEW YORK, NY

David E. Rogers Health Policy Colloquium.

\$20,384 (1 year) ID 57610



# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### Family League of Baltimore City, Inc.

BALTIMORE, MD

Implementing a leadership development program to improve the health of babies born in Baltimore.

**\$400,000** (18 months) ID 58034

### Generalist Physician Faculty Scholars Program

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

#### ■ University of Texas Health Science Center at San Antonio

SAN ANTONIO, TX

Technical assistance and direction for the Generalist Physician Faculty Scholars Program.

**\$259,785** (1 year) ID 47953

Leadership training workshop for the Generalist Physician Faculty Scholars classes of 2007 and 2008.

**\$29,549** (9 months) ID 56857

### Georgetown University Law Center

WASHINGTON, DC

Integrating community health workers into the health care system by creating a national network to strengthen and sustain their workforce.

**\$240,000** (2 years) ID 55510

### Global Business Network, L.L.C.

SAN FRANCISCO, CA

Scenario planning workshop on future workforce implications in health and health care.

**\$143,820** (5 months) ID 57648

### The Harold Amos Medical Faculty Development Program

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

#### Program Sites

#### ■ Baylor College of Medicine

HOUSTON, TX

Colleen Buggs, M.D., Ph.D.

**\$129,337** (1 year) ID 56909

#### ■ Brigham & Women's Hospital Inc.

BOSTON, MA

Eldrin Lewis, M.D., M.P.H.

**\$375,456** (4 years) ID 53505

Thomas Dean Sequist, M.D., M.P.H.

**\$375,456** (4 years) ID 53508

#### ■ University of California, Los Angeles, David Geffen School of Medicine at UCLA

LOS ANGELES, CA

Valencia Walker, M.D.

**\$375,456** (4 years) ID 53510

#### ■ Case Western Reserve University School of Medicine

CLEVELAND, OH

G. Brandon Atkins, M.D., Ph.D.

**\$416,560** (4 years) ID 58816

#### ■ University of Chicago, The Pritzker School of Medicine

CHICAGO, IL

Monica E. Peek, M.D., M.P.H.

**\$326,364** (42 months) ID 58386

#### ■ Children's Hospital

BOSTON, MA

Aymin Delgado, M.D., M.P.H.

**\$365,400** (4 years) ID 53502

#### ■ Children's Hospital of Los Angeles

LOS ANGELES, CA

Jeffrey S. Upperman, M.D.

**\$96,860** (1 year) ID 57191

#### ■ Dana Farber Cancer Institute Inc.

BOSTON, MA

Levi Garraway, M.D., Ph.D.

**\$375,456** (4 years) ID 53503

#### ■ General Hospital Corporation– Massachusetts General Hospital

BOSTON, MA

Anthony M. Reginato, M.D., Ph.D.

**\$365,400** (4 years) ID 53507

#### ■ Johns Hopkins University School of Medicine

BALTIMORE, MD

Carlos Weiss, M.D., M.H.S.

**\$416,340** (4 years) ID 58830

#### ■ Massachusetts General Hospital

BOSTON, MA

William Curry, M.D.

**\$416,560** (4 years) ID 58819

#### ■ University of Michigan Medical School

ANN ARBOR, MI

Andrew Campbell, M.D.

**\$375,456** (4 years) ID 51891

#### ■ Montefiore Medical Center

BRONX, NY

Chinazo Cunningham, M.D.

**\$365,400** (4 years) ID 53499

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### University of Pennsylvania School of Medicine

PHILADELPHIA, PA

Eliot Friedman, M.D.

**\$416,560** (4 years) ID 58821

### University of Texas M.D. Anderson Cancer Center

HOUSTON, TX

Andrea Hayes-Jordan, M.D.

**\$375,456** (4 years) ID 53504

Valerae O. Lewis, M.D.

**\$416,556** (4 years) ID 58825

### University of Texas Southwestern Medical Center

DALLAS, TX

Richard King, M.D.

**\$416,560** (4 years) ID 58824

### University of Washington School of Medicine

SEATTLE, WA

Eduardo Mendez, M.D.

**\$375,456** (4 years) ID 49588

### Wayne State University School of Medicine

DETROIT, MI

Willie Underwood III, M.D.

**\$375,456** (4 years) ID 51897

### Other Program Activities

### Emory University School of Medicine

ATLANTA, GA

Technical assistance and direction for the Harold Amos Medical Faculty Development Program.

**\$556,730** (1 year) ID 48488

### Health Workforce Solutions LLC

ALAMEDA, CA

Increasing visibility for innovative nursing care delivery models that promote new roles.

**\$729,504** (1 year) ID 57241

### Innovators Combating Substance Abuse

Program to highlight substance abuse as a leading health problem by recognizing those who are striving to bring creative solutions to the field of substance abuse.

### Johns Hopkins University School of Medicine

BALTIMORE, MD

Helping RWJF Innovators in Combating Substance Abuse award recipients increase their skills, reach and visibility.

**\$645,065** (18 months) ID 53145

### Investigator Awards in Health Policy Research Program

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

### Program Sites

### University of California, Los Angeles, School of Public Health

LOS ANGELES, CA

Studying the decision-making process employed by elders in their limited health insurance choices.

**\$269,534** (27 months) ID 57585

### University of California, Riverside, College of Humanities, Arts and Social Sciences

RIVERSIDE, CA

Ethnicity, social class and the primary care medical visit: the process of provider-patient communication.

**\$267,501** (2 years) ID 56971

### Carnegie Mellon University, H. John Heinz III School of Public Policy and Management

PITTSBURGH, PA

Synthesizing lessons for drug policy and policy research.

**\$173,299** (29 months) ID 57586

### City University of New York, Baruch College

NEW YORK, NY

Examining the disjunctures and discrepancies in prenatal and newborn genetic screening.

**\$275,000** (2 years) ID 57622

### Columbia University Institute for Social and Economic Research and Policy

NEW YORK, NY

Study on healthy adolescent relationships: temporal dynamics, normative scripts and the transition to sexual activity.

**\$274,928** (2 years) ID 56967

### Dartmouth Medical School Center for the Evaluative Clinical Sciences

HANOVER, NH

Analysis of productivity and technology diffusion in health care.

**\$275,000** (3 years) ID 56970

### George Washington University, Columbian College & Graduate School of Arts and Sciences

WASHINGTON, DC

Examining the interplay between elite and mass politics in Medicare policy.

**\$275,000** (2 years) ID 57624

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

■ **Indiana University**  
**College of Arts and Sciences**  
BLOOMINGTON, IN  
Explaining elevated health risks of middle-class African Americans.  
**\$274,734** (3 years) ID 57623

■ **McGill University**  
**Faculty of Medicine**  
MONTREAL, QUEBEC  
Research to develop an individual and population life-course approach to the determinants of health.  
**\$57,325** (1 year) ID 52170

■ **University of North Carolina at Chapel Hill**  
**School of Public Health**  
CHAPEL HILL, NC  
Examining the use of racial and ethnic identity in medical evaluations.  
**\$283,570** (2 years) ID 58094

■ **University of Pennsylvania**  
**School of Arts and Sciences**  
PHILADELPHIA, PA  
Studying the disconnect between safety theory and safety practice in the American medical system.  
**\$282,281** (3 years) ID 58103

■ **Pennsylvania State University**  
**Social Science Research Institute**  
UNIVERSITY PARK, PA  
Study on the impact of recent disasters on the health and health care of poor and underserved populations in major cities.  
**\$224,343** (2 years) ID 58090

### *Other Program Activities*

■ **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**  
NEW BRUNSWICK, NJ  
Technical assistance and direction for the Investigator Awards in Health Policy Research Program.  
**\$862,236** (1 year) ID 57118

### **Jobs to Careers: Promoting Work-Based Learning for Quality Care**

To establish systems that train, develop, reward and advance current front-line health and health care workers to improve the quality of care and ensure the quality of services provided to patients and communities.

### *Program Sites*

■ **Asante Health System**  
MEDFORD, OR  
**\$432,785** (3 years) ID 56289

■ **Baltimore Alliance for Careers in Healthcare, Inc.**  
BALTIMORE, MD  
**\$434,208** (3 years) ID 56291

■ **Northern Arizona University**  
FLAGSTAFF, AZ  
**\$435,987** (3 years) ID 56297

■ **Owensboro Community and Technical College**  
OWENSBORO, KY  
**\$431,965** (3 years) ID 56302

■ **Philadelphia Hospital and Health Care District - District 1199C Training and Upgrading Fund**  
PHILADELPHIA, PA  
**\$436,641** (3 years) ID 56292

■ **Portland Community College**  
PORTLAND, OR  
**\$436,697** (3 years) ID 59375

■ **Stanley Street Treatment and Resources**  
FALL RIVER, MA  
**\$435,386** (3 years) ID 56304

■ **Waianae District Comprehensive Health and Hospital Board, Inc.**  
WAIANAE, HI  
**\$436,527** (3 years) ID 56305

■ **WorkSource- Greater Austin Area Workforce Board**  
AUSTIN, TX  
**\$428,240** (3 years) ID 56307

### *Other Program Activities*

■ **Jobs for the Future Inc.**  
BOSTON, MA  
Technical assistance and direction for Jobs to Careers.  
**\$901,893** (1 year) ID 56462

■ **University of North Carolina at Chapel Hill Institute on Aging**  
CHAPEL HILL, NC  
Planning for an evaluation of Jobs to Careers.  
**\$40,498** (5 months) ID 57290  
Evaluation of Jobs to Careers.  
**\$1,036,019** (55 months) ID 59245

■ **Maryjoan Ladden, Ph.D., R.N., C.S.**  
BROOKLINE, MA  
National scan to determine solutions for the national nursing faculty shortage.  
**\$96,900** (5 months) ID 59754

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### The Lewin Group, Inc.

FALLS CHURCH, VA

Identifying and tracking the diversity of key leaders in health and health care.

**\$308,914** (33 months) ID 53142

### National Academy of Sciences– Institute of Medicine

WASHINGTON, DC

Support for a health policy synergy workshop for fellows and scholars across RWJF Human Capital programs.

**\$88,733** (3 months) ID 57397

### National Urban Fellows Inc.

NEW YORK, NY

Support for three National Urban Fellows mentorships at RWJF.

**\$195,000** (14 months) ID 57952

### New Connections: Bringing Diversity to RWJF Grantmaking and Increasing Secondary Data Analyses

Program aimed at bringing new perspectives to RWJF grantmaking by supporting researchers from historically disadvantaged and underrepresented communities to conduct secondary analysis on existing datasets and to help RWJF address specific research questions.

#### Program Sites

#### ■ Bettina M. Beech, Dr.P.H.

NASHVILLE, TN

Examining policies to support healthy eating among rural high school students in the Delta.

**\$42,930** (1 year) ID 58131

#### ■ Columbia University, New York State Psychiatric Institute

NEW YORK, NY

Studying built environment and overweight in early childhood to understand disparities and key mechanisms.

**\$55,998** (1 year) ID 58141

#### ■ James Jennings, Ph.D.

CAMBRIDGE, MA

Studying the impact of changing demography on racial and ethnic relations in community health centers in low-income neighborhoods.

**\$40,096** (1 year) ID 58129

#### ■ Kent State University School of Arts and Sciences

KENT, OH

Explaining racial disparities in quality of care and health care utilization among black and white adults: The Chronic Illness and Caregiving Survey.

**\$52,756** (1 year) ID 58132

#### ■ University of Michigan College of Arts, Sciences, and Letters

DEARBORN, MI

Studying access and consumption of addiction treatment service in primary care and specialty care settings.

**\$57,266** (1 year) ID 58133

#### ■ Pennsylvania State University Social Science Research Institute

UNIVERSITY PARK, PA

Investigating racial and ethnic disparities in the quality and location of care.

**\$48,561** (1 year) ID 58135

#### ■ Deinya Phenix

BROOKLYN, NY

Studying detention, education and community-based services among former New York City jail inmates.

**\$47,925** (1 year) ID 58138

#### ■ Research Foundation of the City University of New York– Hunter College

NEW YORK, NY

Studying the determinants of access to and utilization of health care among new immigrants.

**\$57,876** (1 year) ID 58134

#### ■ St. Luke's-Roosevelt Hospital Center

NEW YORK, NY

Study to determine the impact of household instability and the obesogenic environment on adolescent obesity.

**\$54,320** (1 year) ID 58140

#### ■ San Diego State University Foundation dba San Diego State University Research Foundation

SAN DIEGO, CA

Studying acculturation and health disparities among Latinos.

**\$46,887** (1 year) ID 58142

#### ■ University of Texas Health Science Center at Houston

HOUSTON, TX

Studying racial and ethnic differences in the quality of care of immigrants and non-immigrants in the United States.

**\$50,046** (1 year) ID 58147

#### ■ Texas Women's University College of Health Sciences

DENTON, TX

Studying Hispanics' use of health information on the Internet and the implications for health care professionals.

**\$41,887** (1 year) ID 58136

#### Other Program Activities

#### ■ Communications Project

MULTIPLE CONTRACTORS

Administrative and communications support for New Connections.

**\$478,000** (3 years) ID 58115

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### University of New Mexico Foundation

ALBUQUERQUE, NM

Endowment for the RWJF Center for Health Policy.

**\$8,000,000** (5 years) ID 58866

### New York Academy of Medicine

NEW YORK, NY

Jeremiah A. Barondess Fellowship in the clinical transaction.

**\$50,000** (1 year) ID 58642

### University of North Carolina at Chapel Hill School of Dentistry

CHAPEL HILL, NC

Academic support for rural, low-income and minority students interested in the health professions.

**\$49,988** (1 year) ID 56550

### Partnerships for Quality Education

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

#### ▪ Rutgers, The State University, The Center for State Health Policy

NEW BRUNSWICK, NJ

Evaluation of Achieving Competence Today III: interdisciplinary action-based learning on quality improvement for students in academic health centers.

**\$76,747** (6 months) ID 57840

### University of Pennsylvania School of Medicine

PHILADELPHIA, PA

Sponsorship of a national meeting on women's advancement in academic medicine and science.

**\$50,000** (1 year) ID 58482

### Pipeline, Profession and Practice: Community-Based Dental Education

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

#### ▪ Columbia University School of Dental and Oral Surgery

NEW YORK, NY

Technical assistance and direction for Pipeline, Profession and Practice.

**\$1,305,860** (1 year) ID 48388

### Research Foundation of the City University of New York

NEW YORK, NY

Collaborative front-line and allied workforce development program among high schools, public hospitals and public colleges.

**\$410,785** (3 years) ID 57192

### Robert Wood Johnson Clinical Scholars Program

Program to augment clinical training by providing new skills and perspectives necessary to achieving leadership positions both within and outside the walls of academia in the 21st century.

#### Program Sites

#### ▪ University of California, Los Angeles, School of Medicine

LOS ANGELES, CA

**\$1,243,299** (2 years) ID 56941

#### ▪ University of Michigan Medical School

ANN ARBOR, MI

**\$863,119** (2 years) ID 56940

**\$51,500** (23 months) ID 58656

#### ▪ University of Pennsylvania School of Medicine

PHILADELPHIA, PA

**\$1,053,210** (2 years) ID 56939

#### ▪ Yale University School of Medicine

NEW HAVEN, CT

**\$1,052,733** (2 years) ID 56938

#### Other Program Activities

#### ▪ Kansas Health Institute

TOPEKA, KS

Assessment of a program site for the Robert Wood Johnson Clinical Scholars Program.

**\$7,000** (3 months) ID 56669

#### ▪ University of North Carolina at Chapel Hill School of Medicine

CHAPEL HILL, NC

Planning grant for the Robert Wood Johnson Clinical Scholars Program.

**\$103,714** (3 months) ID 59376

#### ▪ Stanford University School of Medicine

STANFORD, CA

Technical assistance and direction for the Robert Wood Johnson Clinical Scholars and Physician Faculty Scholars programs.

**\$809,068** (8 months) ID 48346

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

### Robert Wood Johnson 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.

#### Program Sites

- **Third Sector New England Inc.**  
**BOSTON, MA**  
Special solicitation to recognize community health leaders impacting the Gulf Coast region affected by Hurricanes Katrina and Rita.  
**\$600,000** (1 year) ID 57236

#### Other Program Activities

- **Communications Project**  
**MULTIPLE CONTRACTORS**  
Technical assistance and direction for the Robert Wood Johnson Community Health Leadership Program.  
**\$589,090** (6 months) ID 59378
- **Third Sector New England Inc.**  
**BOSTON, MA**  
Technical assistance and direction for the Robert Wood Johnson Community Health Leadership Program.  
**\$1,044,954** (1 year) ID 57712

### Robert Wood Johnson Executive Nurse Fellows Program

To provide advanced leadership opportunities for nurses in senior executive roles in health services, public health and nursing education who aspire to help lead and shape the U.S. health care system of the future.

- **University of California,  
San Francisco,  
Center for the Health Professions**  
**SAN FRANCISCO, CA**  
Special leadership summit for the Robert Wood Johnson Executive Nurse Fellows Program.  
**\$270,000** (16 months) ID 59021

### Robert Wood Johnson Foundation Physician Faculty Scholars Program

Program intended to strengthen the leadership and academic productivity of junior medical school faculty who are dedicated to improving health and health care.

- **Arkansas Children's Hospital  
Research Institute**  
**LITTLE ROCK, AR**  
Studying the impact of environmental factors on asthma in the Delta Region of Arkansas—Tamara T. Perry, M.D.  
**\$300,000** (3 years) ID 57406
- **Boston University  
School of Medicine**  
**BOSTON, MA**  
Studying maternal depression in the Healthy Families' Home Visitation Program—Michael Silverstein, M.D., M.P.H.  
**\$299,939** (3 years) ID 57410

- **University of California,  
San Francisco, Medical Center**

**SAN FRANCISCO, CA**

Targeting of colorectal cancer screening to healthy elders—Louise C. Walter, M.D.

**\$300,000** (3 years) ID 57413

- **University of Chicago,  
The Pritzker School of Medicine**

**CHICAGO, IL**

Development and evaluation of interventions to safely reduce patients' out-of-pocket prescription costs—G. Caleb Alexander, M.D.

**\$291,933** (3 years) ID 57400

- **Dartmouth Medical School  
Center for the Evaluative  
Clinical Sciences**

**HANOVER, NH**

Decision quality among the frail elderly: How do local health care systems perform?

—Julie P. W. Bynum, M.D., M.P.H.

**\$299,995** (3 years) ID 57403

- **Foundation of the  
University of Medicine and  
Dentistry of New Jersey**

**NEW BRUNSWICK, NJ**

Providing maximal intensity tobacco dependence treatment for hospitalized smokers with cardiac disease—Michael B. Steinberg, M.D.

**\$299,960** (3 years) ID 57411

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

- **Harvard University**  
**School of Public Health**  
**BOSTON, MA**  
Examining the strengths and challenges of hospitals that serve minority populations—Ashish Jha, M.D., M.P.H.  
**\$300,000** (3 years) ID 57404
- **Indiana University**  
**School of Medicine**  
**INDIANAPOLIS, IN**  
Studying community involvement as a model to implement primary care diabetes prevention  
—Ronald T. Ackerman, M.D., M.P.H.  
**\$300,000** (3 years) ID 57398
- **University of Miami**  
**School of Medicine**  
**MIAMI, FL**  
Prevention of elderly pedestrian injury  
—Carl I. Schulman, M.D., M.S.P.H.  
**\$299,849** (3 years) ID 57409
- **University of Michigan**  
**Medical School**  
**ANN ARBOR, MI**  
Enhancing adherence to an Internet-mediated walking program by building e-communities  
—Caroline R. Richardson, M.D.  
**\$300,000** (3 years) ID 57408
- **University of Pittsburgh**  
**School of Medicine**  
**PITTSBURGH, PA**  
Prevention of adolescent smoking through school-based media literacy  
—Brian A. Primack, M.D.  
**\$300,000** (3 years) ID 57407
- **University of Texas**  
**Health Science Center at Houston**  
**HOUSTON, TX**  
Study aimed at preventing surgical site infections—Lillian S. Kao, M.D.  
**\$300,000** (3 years) ID 57405
- **Medical College of Wisconsin Inc.**  
**MILWAUKEE, WI**  
Iron deficiency and prolonged bottle-feeding: risk factors and racial/ethnic disparities  
—Jane M. Brotanek, M.D., M.P.H.  
**\$298,356** (3 years) ID 57402
- **Yale University**  
**School of Medicine**  
**NEW HAVEN, CT**  
Reducing sex-related HIV risk behaviors in patients receiving treatment for opioid dependence  
—Lynn E. Sullivan, M.D.  
**\$299,930** (3 years) ID 57412
- **Yeshiva University, Albert Einstein**  
**College of Medicine**  
**BRONX, NY**  
Improving antiretroviral adherence measurement in current and former drug users—Karina M. Berg, M.D.  
**\$299,986** (3 years) ID 57401
- Robert Wood Johnson Health & Society Scholars Program**  
Program to build the field of population health by training scholars to investigate the connections among biological, behavioral, environmental, economic and social determinants of health; and develop, evaluate and disseminate knowledge and interventions based upon integration of these determinants.  
  
**Program Sites**
  - **University of California, San Francisco, Center for Health and Community**  
**SAN FRANCISCO, CA**  
**\$5,494,679** (5 years) ID 53567
  - **Columbia University Institute for Social and Economic Research and Policy**  
**NEW YORK, NY**  
**\$5,494,384** (5 years) ID 53571
  - **Harvard University School of Public Health**  
**BOSTON, MA**  
**\$5,494,665** (5 years) ID 53572
  - **University of Michigan Center for Social Epidemiology and Population Health**  
**ANN ARBOR, MI**  
**\$5,476,781** (5 years) ID 53575
  - **University of Pennsylvania, Leonard Davis Institute of Health Economics**  
**PHILADELPHIA, PA**  
**\$5,494,678** (5 years) ID 53573

# 2006 Grants List

## Human Capital



Robert Wood Johnson Foundation

- **University of Wisconsin  
School of Medicine  
and Public Health**  
MADISON, WI  
\$5,494,384 (5 years) ID 53574

### Other Program Activities

- **Communications Project**  
MULTIPLE CONTRACTORS  
Technical assistance and direction for the Robert Wood Johnson Health & Society Scholars Program.  
\$2,499,971 (5 years) ID 48419

### Robert Wood Johnson Health Policy Fellowships Program

To allow midcareer health professionals and behavioral and social scientists to experience a one-year residency in Washington, D.C., working for a member of Congress on health policy.

### Program Sites

- **Albion College**  
ALBION, MO  
Alfred M. Pheley, Ph.D.  
\$71,000 (2 years) ID 59857
- **Creighton University  
Medical Center**  
OMAHA, NE  
Eugene C. Rich, M.D.  
\$155,000 (2 years) ID 57220
- **Emory University  
School of Medicine**  
ATLANTA, GA  
Arthur L. Kellermann, M.D., M.P.H.  
\$155,000 (3 years) ID 57217

- **University of Florida  
College of Medicine**  
GAINESVILLE, FL  
Nancy Hardt, M.D.  
\$154,499 (3 years) ID 57216

- **University of Michigan  
Cancer Center**  
ANN ARBOR, MI  
Carmen R. Green, M.D.  
\$155,000 (3 years) ID 57215

- **National Academy of Sciences–  
Institute of Medicine**  
WASHINGTON, DC  
John C. Ring, M.D.  
\$52,500 (1 year) ID 59433

- **Nova Southeastern University  
College of Allied Health and Nursing**  
FORT LAUDERDALE, FL  
Barbara L. Kornblau, J.D., O.T.R./L.  
\$155,000 (3 years) ID 57218

- **Ohio University  
College of Osteopathic Medicine**  
ATHENS, OH  
Kira Bacal, M.D., Ph.D., M.P.H.  
\$11,664 (1 year) ID 60135

- **The University of Texas  
Health Science Center at  
Houston Medical School**  
HOUSTON, TX  
Guy L. Clifton, M.D.  
\$155,000 (3 years) ID 57214

- **Tidewell Hospice  
and Palliative Care Inc.**  
TAMPA, FL  
Howard Tuch, M.D.  
\$155,000 (3 years) ID 57221

### Other Program Activities

- **Georgetown University  
Institute for Health Care  
Research and Policy**  
WASHINGTON, DC  
Assessment of the Robert Wood Johnson Health Policy Fellowships Program.  
\$157,885 (1 year) ID 53139

- **National Academy of Sciences–  
Institute of Medicine**  
WASHINGTON, DC  
Technical assistance and direction for the Robert Wood Johnson Health Policy Fellowships Program.  
\$859,296 (1 year) ID 58093

### Robert Wood Johnson Scholars in Health Policy Research Program

Program to help develop a new generation of creative thinkers in health policy research within the disciplines of economics, political science and sociology.

### Program Sites

- **University of California, Berkeley,  
School of Public Health**  
BERKELEY, CA  
\$6,627,486 (5 years) ID 58335
- **Harvard University  
School of Public Health**  
BOSTON, MA  
\$6,627,524 (5 years) ID 58333
- **University of Michigan  
School of Public Health**  
ANN ARBOR, MI  
\$6,627,525 (5 years) ID 58332



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# 2006 Grants List

## Human Capital

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Robert Wood Johnson Foundation

### Other Program Activities

- **Boston University  
Health Policy Institute**  
BOSTON, MA

Technical assistance and direction for the Robert Wood Johnson Scholars in Health Policy Research Program.

**\$650,920** (1 year) ID 58334

### San Francisco Foundation

**SAN FRANCISCO, CA**

Evaluation of a program to increase the skills of the health care workforce in the Bay Area of California.

**\$115,000** (2 years) ID 56836

### Spitfire Strategies, LLC

**WASHINGTON, DC**

Marketing support to help six Human Capital national programs increase applicant diversity.

**\$350,000** (2 years) ID 58083

### Summer Medical and Dental Education Program

Program to develop and implement a six-week academic enrichment program for undergraduate college students from minority groups, rural areas and economically disadvantaged backgrounds who are interested in pursuing careers in medicine or dentistry.

- **Association of  
American Medical Colleges**

**WASHINGTON, DC**

Technical assistance and direction for the Summer Medical and Dental Education Program.

**\$934,383** (1 year) ID 53037

### Tides Center

**SAN FRANCISCO, CA**

Connecting and leveraging health leadership through network-building, collaborative learning and technology.

**\$254,812** (2 years) ID 57126

### Rick Williams

**LOS GATOS, CA**

Review of existing policy advocacy training programs for health care professionals for possible use by former RWJF fellows.

**\$14,000** (6 months) ID 57110

### Yale University School of Medicine

**NEW HAVEN, CT**

Study on how to successfully support diversity in academic medicine.

**\$49,868** (1 year) ID 56814

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### Alaska Native Tribal Health Consortium

ANCHORAGE, AK

Improving the oral health of Alaska Natives by using rural outreach trips to gain support for the Dental Health Aide Therapist Program.

**\$15,300** (4 months) ID 58516

### Clyde H. Barganier

MONTGOMERY, AL

Consultant for the Foundation's Hurricane Katrina Response Team in Alabama.

**\$25,000** (11 months) ID 56901

Consultant for the Foundation's Hurricane Katrina Response Team in Alabama.

**\$14,000** (6 months) ID 60108

### Bedford Stuyvesant Restoration Corporation

BROOKLYN, NY

Developing a strategic plan to evaluate, redefine and expand programs serving low-income children and families.

**\$25,000** (6 months) ID 56683

### Kaye W. Bender, Ph.D., R.N.

TERRY, MS

Consultant for the Foundation's Hurricane Katrina Response Team in Mississippi.

**\$18,543** (7 months) ID 57469

### Benjamin Rose Institute

CLEVELAND, OH

Testing a refined version of the Veterans Affairs' Partnership for Dementia Care.

**\$124,976** (33 months) ID 57816

### University of California, Berkeley

BERKELEY, CA

Expand Binational Health Week: to improve health services, information, resources, health promotion and prevention activities for Latinos.

**\$25,000** (6 months) ID 58084

### University of California, Los Angeles, National Center for Child Traumatic Stress

LOS ANGELES, CA

Psychological first aid field operations guide.

**\$15,120** (6 months) ID 58833

### California Youth Connection

SAN FRANCISCO, CA

Expanding California Youth Connection's capacity to provide technical assistance to other states in training foster youth as policy advocates.

**\$119,337** (8 months) ID 58610

### The Carter Center Inc.

ATLANTA, GA

Twenty-Second Annual Rosalynn Carter Symposium on Mental Health Policy: Disaster Mental Health in the Wake of Hurricane Katrina.

**\$50,000** (1 year) ID 57177

### Cash & Counseling

To expand a proven model of consumer-directed supportive services to more states, allowing thousands more older adults and people with disabilities to have choice and control over the care they receive.

#### ■ Boston College Graduate School of Social Work

CHESTNUT HILL, MA

Technical assistance and direction for Cash & Counseling.

**\$1,236,476** (1 year) ID 49698

Development of software to collect and manage consumer data for the Cash & Counseling states.

**\$112,002** (7 months) ID 57074

### Center for Healthcare Strategies Supporting Organization Inc.

HAMILTON, NJ

Promoting expansion of the Partnership for Long-Term Care.

**\$1,347,510** (3 years) ID 57815

### Center for Multicultural Human Services

FALLS CHURCH, VA

Establishing a technical assistance center on developing a community-based model for providing mental health services to immigrants and refugees.

**\$748,908** (3 years) ID 58384

### Children's Hospital of Philadelphia

PHILADELPHIA, PA

Assessment of a program aimed at maximizing the cognitive potential of children from low-resource families.

**\$134,400** (8 months) ID 58418

### Christian Health Ministries

NEW ORLEANS, LA

Providing post-Katrina pastoral counseling services to people living in the greater New Orleans area.

**\$100,000** (1 year) ID 59634

### University of Colorado, Center for the Study and Prevention of Violence

BOULDER, CO

Dissemination and replication of violence prevention programs.

**\$2,184,207** (4 years) ID 58328

### University of Colorado at Denver and Health Sciences Center

DENVER, CO

Increasing infant preventive health service delivery in an inner-city population.

**\$51,377** (1 year) ID 57038

### Common Sense Media

SAN FRANCISCO, CA

Conference examining the impact of media and entertainment on children and families.

**\$50,000** (7 months) ID 58306

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### Communications Support for the Vulnerable Populations Program Area

To manage strategic communications for the Foundation's Vulnerable Populations program area to produce high-quality, consistent, timely products and messages that help increase impact.

- **Burness Communications, Inc.**  
**BETHESDA, MD**  
Communications for the Robert Wood Johnson Foundation Commission on Health in America.  
**\$44,575** (1 month) ID 59883

- **Communications Projects**  
**MULTIPLE CONTRACTORS**  
Communications planning for the Robert Wood Johnson Foundation Commission on Health in America.  
**\$280,000** (7 months) ID 56618

Consulting and meeting costs for the Foundation's Vulnerable Populations program area.

**\$50,000** (7 months) ID 57458

Consulting and meeting costs for the Foundation's Hurricane Katrina Response Team.

**\$50,000** (7 months) ID 58429

Strategic communications for the Foundation's Vulnerable Populations program area.

**\$1,050,000** (18 months) ID 58454

### Community Empowerment Association, Inc.

**PITTSBURGH, PA**

Expanding mental health services for at-risk adolescents living in impoverished communities.

**\$400,000** (18 months) ID 53467

### Community Oriented Correctional Health Services, Inc.

**OAKLAND, CA**

Replication of an innovative public health model for correctional health care in jails and re-entry efforts for high-risk prisoners.

**\$7,395,637** (3 years) ID 55964

### Community Partnerships for Older Adults

Program to foster efforts of local public-private partnerships to improve long-term care and supportive services systems for older adults.

#### Program Sites

- **AgeOptions, Inc.**  
**OAK PARK, IL**  
Creating an integrated collaborative long-term-care system for suburban elderly.  
**\$750,000** (4 years) ID 57497
- **C.S.S. of Washtenaw County**  
**ANN ARBOR, MI**  
Establishing an elder-friendly community that promotes improved long-term care and independence.  
**\$750,000** (4 years) ID 57505
- **Easter Seals New Hampshire Inc.**  
**MANCHESTER, NH**  
Redesigning community long-term care and supportive services for the frail elderly.  
**\$750,000** (4 years) ID 57504
- **City of Fremont**  
**FREMONT, CA**  
Creating a coordinated system of services for a culturally diverse population of frail elderly.  
**\$750,000** (4 years) ID 57503

### Mountain Projects Inc.

**WAYNESVILLE, NC**

Developing a comprehensive seamless continuum of care for older adults.

**\$750,000** (4 years) ID 57499

### Olympic Area Agency on Aging

**PORT HADLOCK, WA**

Developing comprehensive aging and long-term-care services for a rural elderly population.

**\$750,000** (4 years) ID 57496

### Rappahannock-Rapidan Community Services Board

**CULPEPER, VA**

Developing local and regional community awareness and action to address long-term-care issues of the elderly.

**\$750,000** (4 years) ID 57501

### United Way of Northeast Florida Inc.

**JACKSONVILLE, FL**

Developing a coordinated and accessible long-term-care system for older adults.

**\$750,000** (4 years) ID 57500

#### Other Program Activities

- **University of Southern Maine, Edmund S. Muskie School of Public Service**  
**PORTLAND, ME**  
Technical assistance and direction for Community Partnerships for Older Adults.  
**\$1,515,476** (1 year) ID 47891

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### Corporation for Supportive Housing NEW YORK, NY

Establishing supportive housing as an essential component of reintegrating ex-offenders into communities.

**\$6,000,000** (3 years) ID 53461

### Council of State Governments– Southern Governors' Association LEXINGTON, KY

Developing a Gulf Coast health information technology task force.

**\$735,060** (1 year) ID 56637

### Creative Interventions

#### OAKLAND, CA

Developing and implementing a community-based intervention model for domestic violence among immigrants and refugees.

**\$300,000** (3 years) ID 57982

### Faith in Action

Program to expand the continued replication of the Interfaith Volunteer Caregivers Model, providing volunteer caregiving to people of all ages with chronic health conditions.

#### Program Sites

#### ■ Church Triumphant Inc.

BRYANT, AR

**\$75,000** (2 years) ID 57722

#### ■ Delaware Ecumenical Council on Children and Families Inc.

WILMINGTON, DE

**\$50,000** (2 years) ID 57730

#### ■ Executive Service Corps-Nebraska Inc.

OMAHA, NE

**\$75,000** (2 years) ID 57723

#### ■ Faith in Action Caregivers Inc.

WHEELING, WV

**\$12,630** (2 years) ID 57721

#### ■ Gulf Coast Community Foundation of Venice Inc.

VENICE, FL

**\$75,000** (2 years) ID 57725

#### ■ Horizon Health Inc.

PIERZ, MN

**\$75,000** (2 years) ID 57714

#### ■ Interfaith Caregivers Program

AKRON, OH

**\$75,000** (2 years) ID 57719

#### ■ Interfaith Caregiving Network Incorporated

WAUKESHA, WI

**\$35,000** (2 years) ID 57718

#### ■ North Hills Community Outreach, Inc.

ALLISON PARK, PA

**\$75,000** (2 years) ID 57720

#### ■ Northwest Portland Ministries Inc.

PORTLAND, OR

**\$13,600** (2 years) ID 57727

#### ■ Pembina County Memorial Hospital

CAVALIER, ND

**\$74,920** (2 years) ID 57735

#### ■ Round Rock Caregivers

ROUND ROCK, TX

**\$75,000** (2 years) ID 57733

#### ■ St. Vincent Catholic Charities

LANSING, MI

**\$75,000** (2 years) ID 57717

#### ■ Shenendehowa Senior Citizens Inc.

CLIFTON PARK, NY

**\$50,000** (2 years) ID 57715

#### ■ Vermont Rural Education Collaborative Inc.

CABOT, VT

**\$42,000** (2 years) ID 57724

#### Other Program Activities

#### ■ Wake Forest University School of Medicine

WINSTON-SALEM, NC

Technical assistance and direction for Faith in Action.

**\$1,266,697** (1 year) ID 57125

Faith in Action national conference.

**\$310,962** (2 years) ID 57781

#### Family Support America

CHICAGO, IL

Preparing legacy materials on Family Support America's efforts to promote community-based family support service centers for future use by the field.

**\$31,459** (3 months) ID 58960

#### Foundation Center

NEW YORK, NY

Tracking philanthropy's response to the Gulf Coast hurricanes.

**\$35,000** (19 months) ID 57250

#### Foundation for the Mid South Inc.

JACKSON, MS

Supporting health access and services to vulnerable populations in the aftermath of Hurricanes Katrina and Rita.

**\$500,000** (19 months) ID 57502

#### Georgia Tech Research Corporation

ATLANTA, GA

Supporting the redevelopment of health care in the wake of Hurricane Katrina.

**\$177,098** (7 months) ID 57653

#### Grantmakers in Aging Inc.

DAYTON, OH

Grantmakers in Aging  
2006 Annual Conference.

**\$30,000** (1 year) ID 58011

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### **Growth Philanthropy Network Inc.**

**NEW YORK, NY**

Developing best practices for expanding and scaling social programs.

**\$300,000** (3 years) ID 56688

### **University of Illinois at Chicago School of Public Health**

**CHICAGO, IL**

Technical assistance and dissemination of the Chicago Project for Violence Prevention model.

**\$3,023,814** (4 years) ID 55535

### **Impact Strategies Inc.**

**WASHINGTON, DC**

Identifying options for technical assistance to increase youth access to health-promoting activities in the nonschool hours.

**\$250,000** (6 months) ID 57185

### **Injury Free Coalition for Kids: Dissemination of a Model Injury Prevention Program for Children and Adolescents**

Program to reduce and prevent injuries to children through a hospital-based, research-driven model, implemented in partnership with coalitions of community stakeholders.

#### ■ **The Mailman School of Public Health at Columbia University**

**NEW YORK, NY**

Technical assistance and direction for the Injury Free Coalition for Kids.

**\$1,456,084** (2 years) ID 59675

### **Joint Center for Political and Economic Studies Inc.**

**WASHINGTON, DC**

Identifying and assessing opportunities for improving services to youth transitioning from foster care to adulthood.

**\$273,100** (8 months) ID 57866

### **Lincoln Literacy Council**

**LINCOLN, NE**

Improving health for low English proficiency patients through health literacy training.

**\$179,549** (2 years) ID 57366

### **Living Cities Inc.: The National Community Development Initiative**

**NEW YORK, NY**

Operating support for the Louisiana Disaster Recovery Foundation to aid victims of Hurricanes Katrina and Rita.

**\$200,000** (2 years) ID 56655

### **Local Initiative Funding Partners Program**

A matching grants program designed to establish partnerships between RWJF and local grantmakers in support of innovative, community-based projects that improve health and health care for vulnerable populations.

#### *Program Sites*

#### ■ **African Community International Inc.— The African Center**

**INDIANAPOLIS, IN**

Increasing access to primary health care for African refugees.

**\$505,770** (4 years) ID 58029

#### ■ **Alliance for Inclusion & Prevention Inc.**

**ROSLINDALE, MA**

Building the capacity of local mental health providers to deliver school-based services.

**\$513,762** (4 years) ID 58058

#### ■ **Bay Area Black United Fund Inc.**

**OAKLAND, CA**

Reducing the health inequities among African Americans in the San Francisco Bay Area.

**\$513,762** (4 years) ID 58031

#### ■ **Community Foundation of Central Florida Inc.**

**ORLANDO, FL**

Linking low-income minority children to medical and social services.

**\$499,240** (3 years) ID 58039

#### ■ **Cook Inlet Tribal Council Inc.**

**ANCHORAGE, AK**

Transitional housing, education and therapy program for Alaska Native vulnerable populations.

**\$513,762** (4 years) ID 58067

#### ■ **La Comunidad Hispana Inc.**

**KENNETT SQUARE, PA**

Providing bilingual workplace health services to Mexican immigrants.

**\$489,742** (4 years) ID 58044

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### ■ Maternity Care Coalition

PHILADELPHIA, PA

Improving the health and parenting skills of incarcerated pregnant and postpartum women and their babies.

**\$446,921** (4 years) ID 58037

### ■ MetroHealth Foundation Inc.

CLEVELAND, OH

Medical-legal collaborative to remove barriers to health care for vulnerable populations.

**\$500,000** (4 years) ID 58033

### ■ Supportive Older Women's Network

PHILADELPHIA, PA

Providing a network of support services for families headed by grandparents.

**\$495,534** (4 years) ID 58024

### ■ University of Texas Medical Branch at Galveston

GALVESTON, TX

School-based telehealth program to increase access to behavioral health services for disadvantaged adolescents.

**\$500,000** (4 years) ID 58030

### ■ United Community Center Inc.

MILWAUKEE, WI

Addressing the cultural and medical needs of Wisconsin's Latino population.

**\$385,320** (3 years) ID 58038

### ■ United Way of Central Louisiana Inc.

ALEXANDRIA, LA

Worksite wellness initiative to decrease the incidence of cardiovascular disease and stroke.

**\$504,608** (3 years) ID 58055

### Other Program Activities

#### ■ Health Research & Educational Trust of New Jersey

PRINCETON, NJ

Technical assistance and direction for the Local Initiative Funding Partners Program.

**\$1,350,142** (1 year) ID 55693

#### Louisiana Public Health Institute

NEW ORLEANS, LA

Consulting services reporting on the local and state perspective of the recovery from Hurricane Katrina.

**\$28,775** (11 months) ID 56921

#### Michigan Public Health Institute

OKEMOS, MI

Testing the effectiveness of an online interactive diffusion tool used to identify potential early adopters of the Green House Project model.

**\$102,407** (1 year) ID 57114

#### Morehouse School of Medicine

ATLANTA, GA

Meeting to define guidelines for health care access for prisoners re-entering the community.

**\$30,000** (6 months) ID 56858

#### National Council on the Aging Inc.

WASHINGTON, DC

Assessing the potential for the National Council on Aging's proposed Center for Diffusion of Innovations in Aging Services.

**\$50,000** (4 months) ID 57349

### National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults

To replicate the Portland Identification and Early Referral (PIER) Program—an intervention that uses evidence-based psychosocial and pharmacologic interventions in the early identification and treatment of adolescents and young adults with severe mental illness.

#### Program Sites

##### ■ Maine Medical Center

PORTLAND, ME

**\$2,000,000** (4 years) ID 59639

#### Other Program Activities

##### ■ Maine Medical Center

PORTLAND, ME

Technical assistance and direction for the National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults.

**\$1,043,078** (1 year) ID 58287

#### Prevention Institute

OAKLAND, CA

Overview of violence prevention programs with a focus on youth and intimate partner violence.

**\$40,000** (3 months) ID 56950

Advancing promising approaches to primary prevention of intimate partner violence.

**\$111,395** (6 months) ID 58219

# 2006 Grants List

## Vulnerable Populations



Robert Wood Johnson Foundation

### Robert Wood Johnson Foundation Commission on Health in America

To explore the social and economic factors that affect health (e.g., poverty, education, housing) to lead to changes in national, state and local policies, and promote private-sector initiatives that will reduce health inequities among Americans.

#### Program Sites

- **George Washington University,  
The Center for Health and  
Health Care in Schools**  
WASHINGTON, DC  
Creating and managing the  
Robert Wood Johnson Foundation  
Commission on Health in America.  
**\$3,139,613** (3 years) ID 58974
- **George Washington University  
School of Public Health and  
Health Services**  
WASHINGTON, DC  
Planning grant for the organizational  
home for the Robert Wood Johnson  
Foundation Commission on  
Health in America.  
**\$264,656** (8 months) ID 57450

#### Other Program Activities

- **University of California,  
San Francisco,  
School of Medicine**  
SAN FRANCISCO, CA  
Building the knowledge base on  
the socioeconomic gaps in health.  
**\$2,509,582** (3 years) ID 58970
- **Communications Project**  
MULTIPLE CONTRACTORS  
Communications for the Robert Wood  
Johnson Foundation Commission on  
Health in America.  
**\$4,350,805** (2 years) ID 58933

### RS Eden

MINNEAPOLIS, MN

Developing an integrated network to  
improve access to care for high-risk  
men with histories of substance abuse,  
mental illness and homelessness.

**\$450,000** (1 year) ID 58045

### St. Thomas Health Services Inc.

NEW ORLEANS, LA

Restoration of pediatric services in the  
aftermath of Hurricane Katrina.

**\$50,000** (1 year) ID 57552

### San Francisco Foundation Community Initiative Funds

SAN FRANCISCO, CA

Expanding the knowledge and field  
building exchange of diversity-focused  
community funds to address the needs  
of disadvantaged populations.

**\$33,600** (7 months) ID 58945

### Shreveport-Bossier Community Renewal Inc.

SHREVEPORT, LA

Improving the health and well-being of  
isolated families and communities.

**\$305,760** (1 year) ID 50652

### Sickness Prevention Achieved Through Regional Collaboration Inc.

NEWTON, MA

Guidance and technical assistance  
for a polling place vaccination program  
for the elderly.

**\$320,907** (1 year) ID 57520

### Technical Assistance Collaborative Inc.

BOSTON, MA

Improving the transition of youth ages  
18–24 to adult behavioral health services  
post-Hurricane Katrina.

**\$189,240** (10 months) ID 56884

Implementing permanent supportive  
housing for people with disabilities  
in Louisiana.

**\$2,353,248** (3 years) ID 59160

### The Three Doctors Foundation Inc.

NEWARK, NJ

Business plan and infrastructure support  
for the Three Doctors Foundation.

**\$259,000** (1 year) ID 57419

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

Program to improve the health and  
safety of young people in urban areas  
by improving collaboration among  
youth-serving agencies and organizations.

- **The Greater Richmond  
Chamber Foundation**

RICHMOND, VA.

**\$400,000** (1 year) ID 56636

### United States Committee for Refugees and Immigrants Inc.

WASHINGTON, DC

Comprehensive model of social services  
and legal assistance to meet the  
physical and mental health needs of  
unaccompanied immigrant children.

**\$410,570** (2 years) ID 57137

### Daniel W. Webster, Sc.D., M.P.H. BETHESDA, MD

Literature review of violence prevention.

**\$8,575** (1 month) ID 56869

# 2006 Grants List

## Pioneer



Robert Wood Johnson Foundation

### Academy for Educational Development Inc.

WASHINGTON, DC

Designing innovations in tobacco cessation products and services to boost treatment use and national quit rates.

**\$387,102** (18 months) ID 57171

### Ashoka

ARLINGTON, VA

Testing the use of online collaborative competitions as a tool for social change.

**\$758,800** (18 months) ID 57515

### Beth Israel Deaconess Medical Center Inc.

BOSTON, MA

Assessing the value of personal health records to patients, providers and other stakeholders.

**\$178,651** (1 year) ID 56392

### Brigham & Women's Hospital Inc.

BOSTON, MA

Studying the effect of improved prescription drug label design on medication adherence and patient safety.

**\$318,034** (2 years) ID 56937

### Communications Leadership Institute Inc.

WASHINGTON, DC

Identifying new methods that may motivate consumers to take action on health and health care issues.

**\$150,000** (1 year) ID 56011

### Communications Projects

MULTIPLE CONTRACTORS

Strategic communications for the Foundation's Pioneer program area.

**\$250,000** (6 months) ID 57170

Consulting and meeting costs for the Foundation's Pioneer program area.

**\$50,000** (7 months) ID 57457

RWJF's Pioneer program area thought leaders conference.

**\$63,000** (6 months) ID 57541

### Digital Innovations Group Inc., Games for Changes

NEW YORK, NY

Funders briefing on video games and informal learning.

**\$10,200** (1 month) ID 57765

### FasterCures

WASHINGTON, DC

Creating a medical research investment analysis service to leverage more philanthropic funding of innovative disease treatments.

**\$748,000** (2 years) ID 57689

### The University of Iowa, Henry B. Tippie College of Business

IOWA CITY, IA

Using electronic prediction markets to forecast avian flu activity.

**\$245,685** (2 years) ID 53052

### John and Mary R. Markle Foundation dba The Markle Foundation

NEW YORK, NY

Conference to increase awareness of Connecting for Health efforts to identify and promote optimal environments for personal health technologies.

**\$100,000** (10 months) ID 56712

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

OAKLAND, CA

Hosting a roundtable on navigating the intersections of electronic health records and personal health records.

**\$25,000** (5 months) ID 58436

### North Carolina State University, College of Textiles

RALEIGH, NC

Developing a new health care garment for patients.

**\$236,110** (1 year) ID 58514

### One Economy Corporation

WASHINGTON, DC

Investing in wide-scale patient self-management tools to enable people to manage their own health in Washington, D.C.

**\$981,500** (2 years) ID 58524



# 2006 Grants List

## Pioneer



Robert Wood Johnson Foundation

### Project HealthDesign: Rethinking the Power and Potential of Personal Health Records

To expand the personal health records vision and encourage the market to develop a variety of products that will meet the diverse needs of patients.

#### Program Sites

- **Art Center College of Design**  
PASADENA, CA  
Living profiles: transmedia personal health record systems for adolescents.  
**\$300,000** (18 months) ID 59889
- **University of Colorado Health Sciences Center at Fitzsimons**  
AURORA, CO  
Developing a personal health record to assist older adults with transitions of chronic care.  
**\$300,000** (18 months) ID 59880
- **Joslin Diabetes Center**  
BOSTON, MA  
Personal health application for adult diabetes self-management.  
**\$300,000** (18 months) ID 59888
- **University of Massachusetts Medical School**  
WORCESTER, MA  
Supporting patient and provider management of chronic pain with personal digital assistant applications linked to personal health records.  
**\$300,000** (18 months) ID 59887

- **Research Triangle Institute**  
RESEARCH TRIANGLE PARK, NC  
Personal health record system for at-risk sedentary adults.  
**\$300,000** (18 months) ID 59885
- **University of Rochester**  
ROCHESTER, NY  
Personal health management assistance focusing on management of heart conditions.  
**\$300,000** (18 months) ID 59886
- **Vanderbilt University Medical Center**  
NASHVILLE, TN  
Developing a child-focused personal medication management system.  
**\$300,000** (18 months) ID 59881
- **University of Washington Medical Center**  
SEATTLE, WA  
Development of a personal health record system for the home-based co-management of hypertension and diabetes between office visits.  
**\$300,000** (18 months) ID 59882

#### Other Program Activities

- **University of Miami**  
CORAL GABLES, FL  
Ethical, legal and social consultancy for the sites under Project HealthDesign.  
**\$149,190** (20 months) ID 59879
- **University of Wisconsin–Madison School of Nursing**  
MADISON, WI  
Technical assistance and direction for Project HealthDesign.  
**\$337,524** (1 year) ID 57495

#### University of Rochester Center for Future Health

ROCHESTER, NY  
Creating synergies between personal health monitoring and machine health monitoring.  
**\$372,392** (1 year) ID 57948

#### X Prize Foundation Inc.

SANTA MONICA, CA  
Creating an RWJF X Prize innovation competition to foster health and health care breakthroughs.  
**\$300,000** (10 months) ID 57761

# 2006 Grants List

## New Jersey



Robert Wood Johnson Foundation

### American National Red Cross, Central New Jersey Chapter

PRINCETON, NJ

Development of a backup communications system for disaster response.

**\$163,000** (2 years) ID 56995

### Anshe Emeth Community Development Corporation of Central Jersey Inc.

NEW BRUNSWICK, NJ

Expansion of services for the working poor.

**\$47,510** (1 year) ID 57729

### Center School

HIGHLAND PARK, NJ

Summer therapy program for high-risk, learning disabled students.

**\$55,000** (1 year) ID 52996

### Children's Futures: Improving Health and Development Outcomes for Children in Trenton, New Jersey

Program to employ a comprehensive set of interventions designed to improve the health of children in Trenton, New Jersey.

#### ■ Children's Futures Inc.

TRENTON, NJ

Implementation of Children's Futures.

**\$14,500,000** (5 years) ID 59484

#### ■ Children's Futures Support Fund Inc.

TRENTON, NJ

Technical assistance and direction for Children's Futures.

**\$1,090,919** (10 months) ID 51915

### Communications Project

MULTIPLE CONTRACTORS

Consulting and meeting costs for the Foundation's New Jersey program area.

**\$50,000** (7 months) ID 57460

### Corner House Foundation

PRINCETON, NJ

Work and career preparation program for at-risk youth.

**\$50,000** (1 year) ID 50766

### Council of New Jersey Grantmakers Inc.

TRENTON, NJ

Building capacity to assist New Jersey's philanthropic community.

**\$50,000** (2 years) ID 50647

### Creative Heartwork Inc.

MORRIS PLAINS, NJ

Developing a therapeutic arts program for children who have experienced trauma in Essex, Morris, and Somerset, New Jersey.

**\$50,000** (18 months) ID 59326

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

EAST BRUNSWICK, NJ

Facility repairs and equipment for the Raritan Valley Workshop for people with disabilities.

**\$103,966** (1 year) ID 57024

### First Baptist Community Development Corp. dba Renaissance Community Development Corp.

SOMERSET, NJ

Neighborhood family support services program.

**\$335,400** (1 year) ID 52998

### Foundation of the University of Medicine and Dentistry of New Jersey

NEW BRUNSWICK, NJ

Expanding the New Jersey myocardial infarction data acquisition system to include stroke patients.

**\$250,000** (5 years) ID 57787

Expanding education programs to help decrease health disparities.

**\$175,000** (1 year) ID 58021

### Homefront Inc.

LAWRENCEVILLE, NJ

Emergency assistance for working poor families.

**\$125,000** (1 year) ID 53004

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

EDISON, NJ

Camping program for health-impaired children.

**\$436,946** (1 year) ID 52995

### New Brunswick Development Corporation

NEW BRUNSWICK, NJ

Revitalization program for the City of New Brunswick, New Jersey.

**\$550,002** (1 year) ID 52994

### New Brunswick Tomorrow

NEW BRUNSWICK, NJ

Citywide program to strengthen human services and resources.

**\$475,000** (1 year) ID 52993

### New Jersey Commission on Higher Education

TRENTON, NJ

Sponsorship of New Jersey Governor's Schools.

**\$652,500** (3 months) ID 57826

### New Jersey Foundation for Aging Inc.

TRENTON, NJ

Supporting the public/private partnership for New Jersey's aging services network.

**\$95,218** (1 year) ID 53005

### New Jersey Health Care Quality Institute Inc.

TRENTON, NJ

Improving health care quality in New Jersey.

**\$125,000** (1 year) ID 55546

# 2006 Grants List

## New Jersey



Robert Wood Johnson Foundation

### New Jersey Health Initiatives

To support innovative community-based projects that address one or more of the Foundation's program areas in health and health care.

#### Program Sites

#### ■ Burlington County College

PEMBERTON, NJ

Disaster response training for staff at homes for the aging.

**\$308,257** (3 years) ID 57917

#### ■ Camden Area

##### Health Education Center

CAMDEN, NJ

Comprehensive program for seniors with chronic health conditions.

**\$50,000** (1 year) ID 59483

#### ■ Help and Reconciliation Ministry & Bible Training College

NEWARK, NJ

Planning activities to reduce childhood obesity among African-American and Hispanic children in Newark, New Jersey.

**\$51,261** (1 year) ID 58444

#### ■ Institute for Nursing Inc.

TRENTON, NJ

Providing case management and monitoring to licensed nurses with drug and alcohol addictions in New Jersey.

**\$15,023** (7 months) ID 56537

#### ■ Jersey Shore University Medical Center Foundation, Inc.

NEPTUNE, NJ

Developing and implementing an integrated mental health delivery system for disadvantaged youth.

**\$295,949** (2 years) ID 57910

#### ■ Nanticoke Lenni-Lenape Indians Inc.

BRIDGETON, NJ

Promoting healthy lifestyles among Native Americans.

**\$150,000** (28 months) ID 57896

#### ■ NCADD-New Jersey Inc.

ROBBINSVILLE, NJ

Implementing an evidence-based outcomes measurement model to improve addiction treatment in New Jersey.

**\$282,179** (3 years) ID 57938

#### ■ State of New Jersey Department of Human Services

TRENTON, NJ

Promoting quality health care and wellness for children and adolescents in foster care.

**\$290,100** (3 years) ID 58690

#### ■ New Jersey Pediatric Council on Research and Education Inc.

TRENTON, NJ

Obesity prevention project aimed at improving life skills for children and their families.

**\$304,862** (3 years) ID 57916

#### ■ Prevent Child Abuse—New Jersey Chapter Inc.

NEW BRUNSWICK, NJ

Developing a training program for home visitation services to prevent child abuse and neglect.

**\$308,974** (3 years) ID 57909

#### ■ Project Self-Sufficiency of Sussex County Inc.

SPARTA, NJ

Supportive services for recovering chemically-dependent mothers.

**\$300,000** (3 years) ID 57918

#### ■ Strengthen Our Sisters

WEST MILFORD, NJ

Providing health care for victims of domestic violence.

**\$24,987** (6 months) ID 58441

#### Other Program Activities

#### ■ George Washington University Center for Health Services Research and Policy

WASHINGTON, DC

Providing programmatic guidance and technical support to the New Jersey Health Initiatives' Expecting Success project.

**\$233,222** (34 months) ID 59071

#### ■ Health Research & Educational Trust of New Jersey

PRINCETON, NJ

New Jersey Health Initiatives Expecting Success: Excellence in Cardiac Care Learning Network.

**\$507,214** (32 months) ID 59816

#### ■ Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research

NEW BRUNSWICK, NJ

Funding for a 10-hospital learning collaborative on disparities in cardiovascular disease care among African Americans and Latinos in New Jersey.

**\$188,736** (1 year) ID 58464

Technical assistance and direction for New Jersey Health Initiatives.

**\$841,922** (1 year) ID 58465

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# 2006 Grants List

## New Jersey

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Robert Wood Johnson Foundation

### **PAX Real Solutions to Gun Violence** **NEW YORK, NY**

Implementing a campaign to prevent gun violence among school students in New Brunswick, New Jersey.

**\$205,504** (2 years) ID 56759

### **Planned Parenthood Association of the Mercer Area**

**TRENTON, NJ**

Latina outreach coordinator and staff training.

**\$74,804** (1 year) ID 53006

### **Princeton Outreach Projects Inc.**

**PRINCETON, NJ**

Emergency medical assistance program for Mercer County, New Jersey.

**\$40,000** (1 year) ID 53010

### **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**

**NEW BRUNSWICK, NJ**

Establishment of a New Jersey Health Policy Center.

**\$3,000,000** (4 years) ID 51602

### **Rutgers University Foundation**

**NEW BRUNSWICK, NJ**

Improving the response rate of a statewide survey to explore the impact of nurse staffing levels and work environment on patient outcomes.

**\$49,911** (2 years) ID 56952

Support for the New Brunswick Health Sciences Center.

**\$1,500,800** (1 year) ID 58105

### **Salvation Army**

**NEW BRUNSWICK, NJ**

Assistance to needy and indigent families in New Brunswick.

**\$411,963** (1 year) ID 53009

### **Society of St. Vincent de Paul Council of Metuchen NJ Inc.**

**KENDALL PARK, NJ**

Annual support for an assistance program for indigent people in central New Jersey.

**\$200,000** (1 year) ID 52992

### **Somerset Medical Center Foundation Inc.**

**SOMERVILLE, NJ**

Somerset Medical Center Capital Campaign.

**\$2,000,000** (1 year) ID 57628

### **State Theatre Regional Arts Center at New Brunswick Inc.**

**NEW BRUNSWICK, NJ**

Support of 2006–2007 performance and educational programs.

**\$50,000** (3 months) ID 52997

### **United Way of Central Jersey Inc.**

**MILLTOWN, NJ**

Support for the 2006–2007 annual campaign.

**\$749,500** (1 year) ID 52991

### **United Way of Greater Mercer County Inc.**

**LAWRENCEVILLE, NJ**

Support for the 2006–2007 annual campaign.

**\$338,605** (1 year) ID 52990

### **Women Aware**

**NEW BRUNSWICK, NJ**

Management development and client services program for a battered women's shelter.

**\$35,000** (1 year) ID 53001

# 2006 Grants List

## Other



Robert Wood Johnson Foundation

### AcademyHealth

WASHINGTON, DC

Field-building activities for health services research.

**\$160,000** (2 years) ID 51812

### Boca Raton Community Hospital

BOCA RATON, FL

Establishing an institute of geriatrics.

**\$296,352** (18 months) ID 57476

### Burness Communications, Inc.

BETHESDA, MD

Producing and distributing television news stories on Foundation-funded projects.

**\$224,990** (3 months) ID 50704

### University of California, San Francisco, School of Medicine

SAN FRANCISCO, CA

Preparation and dissemination of a paper on a flu pandemic: Would some people suffer more than others?

**\$43,044** (6 months) ID 57738

### Center for Effective Philanthropy

CAMBRIDGE, MA

Support for the ongoing activities of the Center for Effective Philanthropy.

**\$300,000** (1 year) ID 58325

### Center on Philanthropy at Indiana University

INDIANAPOLIS, IN

Symposium on health and philanthropy and leveraging change.

**\$21,800** (5 months) ID 57202

### Communications Projects

MULTIPLE CONTRACTORS

Communications assistance for grantee activities.

**\$250,000** (1 year) ID 50701

Policy Synthesis Project: Phase IV.

**\$1,587,322** (3 years) ID 50720

Publishing the RWJF Anthology Volume X.

**\$743,500** (1 year) ID 50744

Building relationships between RWJF grantees and policy-makers.

**\$1,497,500** (1 year) ID 51220

Production of policy products on the Foundation's program areas for key audiences.

**\$250,000** (1 year) ID 57072

Consulting and meeting costs for the Foundation's Other program area.

**\$50,000** (7 months) ID 57459

Ad hoc grantee and guest expenses for the Foundation's annual program meeting.

**\$120,000** (8 months) ID 57568

Health and Health Care program expense fund.

**\$25,000** (7 months) ID 59202

### Council of New Jersey Grantmakers Inc.

TRENTON, NJ

Connecting grantees of Council of New Jersey Grantmakers members with their congressional and state legislative leaders and policy-makers.

**\$10,000** (3 months) ID 60022

### Foundation Center

NEW YORK, NY

Improving the Foundation Center's data collection and outreach to nonprofits.

**\$500,000** (1 year) ID 58500

### Foundation for the National Institutes of Health Inc.

BETHESDA, MD

Meeting to celebrate the 10th anniversary of the National Institutes of Health Office of Behavioral and Social Sciences Research.

**\$50,000** (4 months) ID 57234

### Andrew Goodman

LOS ANGELES, CA

Learning from partnerships with Hollywood's creative community to promote health.

**\$97,750** (9 months) ID 56015

### Grantmakers in Health

WASHINGTON, DC

Strengthening collaboration and information-sharing among health philanthropies.

**\$750,000** (3 years) ID 50688

### Harvard University School of Public Health

BOSTON, MA

Supplemental funding for determining key public opinion indicators in health.

**\$35,000** (6 months) ID 57813

Examining the attitudes of minority groups toward the health system and public health.

**\$609,318** (1 year) ID 58506

### Independent Sector

WASHINGTON, DC

Support for the ongoing activities of the Independent Sector.

**\$600,000** (3 years) ID 55399

# 2006 Grants List

## Other



Robert Wood Johnson Foundation

### The Leonard Group

WINSLOW, ME

Providing technical assistance to the Foundation's Health Group and its Childhood Obesity and Public Health program areas.

**\$224,037** (1 year) ID 60075

### Manhattan Institute for Policy Research Inc.

NEW YORK, NY

Developing a set of recommendations for the future of the Food and Drug Administration.

**\$30,000** (11 months) ID 55504

### MDRC

NEW YORK, NY

Building organizational capacity on issues of health and health care.

**\$2,000,000** (38 months) ID 58059

### National Council of the Churches of Christ in the U.S.A.

NEW YORK, NY

Survey of faith-based health services.

**\$227,000** (1 year) ID 53246

### University of North Carolina at Chapel Hill School of Public Health

CHAPEL HILL, NC

Meeting of journal editors on external validity reporting to help translate science into practice.

**\$16,950** (6 months) ID 56944

### OMG Center for Collaborative Learning

PHILADELPHIA, PA

Evaluation roundtable to build foundation effectiveness.

**\$50,000** (3 years) ID 53593

### Pacific News Service

SAN FRANCISCO, CA

Strategic plan to develop a self-sustaining national association of ethnic media journalists.

**\$100,000** (1 year) ID 56293

### Pennsylvania State University College of Communications

UNIVERSITY PARK, PA

Establishment of the General Robert Wood Johnson Program in Ethical Leadership at the Arthur W. Page Center for Integrity in Public Communication.

**\$750,000** (1 year) ID 56674

### Philanthropic Research Inc. d.b.a. GuideStar

WILLIAMSBURG, VA

Expanding GuideStar's services and database on nonprofit organizations.

**\$275,000** (3 years) ID 56310

### Philanthropy Roundtable

WASHINGTON, DC

Activities to promote excellence in philanthropy.

**\$125,000** (3 years) ID 55514

### Radio Bilingue Inc.

FRESNO, CA

Strategic plan for the creation of a health desk to develop and deliver comprehensive Spanish-language health messages to Latino communities.

**\$100,000** (1 year) ID 57320

### Amelie Ramirez, Dr.P.H.

SAN ANTONIO, TX

Support for senior fellow in residence at the Robert Wood Johnson Foundation.

**\$49,480** (10 months) ID 59673

### SeaWeb

SILVER SPRING, MD

Assessing media coverage of philanthropy.

**\$50,000** (9 months) ID 56648

### Small Supplements for Select Closing Grants

To provide coordinated funds for managed transitions of key grants.

#### ■ University of Alabama at Birmingham School of Medicine

BIRMINGHAM, AL

Capstone meeting for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy.

**\$100,000** (1 year) ID 48082

#### ■ American Medical Association

CHICAGO, IL

Developing sustainable education plans and materials to incorporate A Matter of Degree: Reducing High-Risk Drinking Among College Students within the American Medical Association.

**\$100,000** (1 year) ID 59226

#### ■ University of Arkansas for Medical Sciences

LITTLE ROCK, AR

National meeting aimed at disseminating an evidence-based typology of the structure and dynamics of the public health delivery system.

**\$74,704** (1 year) ID 59229

Developing a marketing and communications plan and outreach campaign for the Arkansas State Coverage Initiative.

**\$100,000** (1 year) ID 59242

# 2006 Grants List

## Other



Robert Wood Johnson Foundation

- **Association of State and Territorial Health Officials**  
WASHINGTON, DC  
Developing branding and marketing tools to improve strategic effectiveness for state public health agencies.  
**\$100,000** (1 year) ID 59231
- **Buffalo Niagara Medical Campus Inc.**  
BUFFALO, NY  
Developing and disseminating a planners guide to improving food systems and building healthy communities that promote healthy eating.  
**\$36,724** (1 year) ID 59742
- **Education Development Center Inc.**  
NEWTON, MA  
Disseminating a model program aimed at preventing college binge drinking.  
**\$99,883** (1 year) ID 59737
- **Family Health Initiatives Inc.**  
PENNSAUKEN, NJ  
Conference to disseminate the results of a statewide approach to improving access to care for drug- and alcohol-affected women and children.  
**\$25,000** (1 year) ID 59238
- **Feet First**  
SEATTLE, WA  
Disseminating and replicating the Eat Better, Feel Better Project, in Seattle elementary schools.  
**\$50,000** (1 year) ID 59755
- **Foundation of the University of Medicine and Dentistry of New Jersey**  
NEW BRUNSWICK, NJ  
Disseminating lessons learned on increasing smoking cessation services for Latino smokers.  
**\$59,977** (1 year) ID 59237
- **Georgia Tech Research Corporation**  
ATLANTA, GA  
Supplemental support to conduct a health impact assessment to evaluate the impact of placing a major medical facility in an Atlanta residential area.  
**\$94,731** (1 year) ID 59878
- **Health Level Seven, Inc.**  
ANN ARBOR, MI  
Hiring staff to implement Health Level Seven's strategic business plan.  
**\$100,000** (1 year) ID 59243
- **Health Management Associates, Inc.**  
LANSING, MI  
Consulting services to help Indiana Covering Kids and Families develop a business plan.  
**\$56,500** (1 year) ID 60232
- **Henry J. Austin Health Center Inc.**  
TRENTON, NJ  
Developing a strategy to disseminate a weight loss program for children and families to federally qualified health centers.  
**\$60,000** (1 year) ID 59236
- **Housing Authority of Louisville/Jefferson County Metro Government**  
LOUISVILLE, KY  
Sustainability plan and documentary for increasing access to healthy foods to address overweight and obesity among low-income children.  
**\$35,000** (1 year) ID 59750
- **University of Illinois at Chicago School of Public Health**  
CHICAGO, IL  
Dissemination activities for Partners with Tobacco Use Research Centers: Advancing Transdisciplinary Science and Policy Studies.  
**\$100,000** (1 year) ID 59749
- **Iowa Care Givers Foundation**  
DES MOINES, IA  
Dissemination of information on the Iowa Better Jobs Better Care program aimed at building a strong long-term-care workforce.  
**\$100,000** (1 year) ID 59241
- **Jewish Family Service of Atlantic County Inc.**  
MARGATE, NJ  
Expansion of the development of a regional health information network to enhance the well-being of patients.  
**\$60,000** (1 year) ID 59240
- **University of Kentucky Research Foundation**  
LEXINGTON, KY  
Disseminating the results of increasing the availability and promoting the use of the National Library of Medicine's Datasets for Public Health System.  
**\$100,000** (1 year) ID 59230

# 2006 Grants List

## Other



Robert Wood Johnson Foundation

- **The Mailman School of Public Health at Columbia University**  
**NEW YORK, NY**  
Continued outreach to policy-makers on Free to Grow: Head Start Partnerships to Promote Substance-Free Communities.  
**\$100,000** (1 year) ID 59228
- **Missouri Institute for Community Health Inc.**  
**JEFFERSON CITY, MO**  
Developing a social marketing campaign for the Missouri Voluntary Accreditation Program for local public health agencies.  
**\$100,000** (1 year) ID 59234
- **National Foundation for the Centers for Disease Control & Prevention Inc.**  
**ATLANTA, GA**  
Updating a Web-based software tool to assess the impact of alcohol-related disease.  
**\$99,840** (1 year) ID 59738  
  
Developing and testing two health impact assessment workshops aimed at helping communities to increase physical activity.  
**\$96,928** (1 year) ID 59746
- **National Network of Public Health Institutes**  
**NEW ORLEANS, LA**  
Disseminating lessons learned from the Multistate Learning Collaborative for Public Health.  
**\$100,000** (1 year) ID 59244
- **State of New Jersey Department of Health and Senior Services**  
**TRENTON, NJ**  
Developing program materials and training guidelines to begin a statewide expansion of HealthEASE, a wellness program for seniors.  
**\$60,000** (1 year) ID 59239
- **North Carolina Foundation for Advanced Health Programs Inc.**  
**RALEIGH, NC**  
Disseminating the North Carolina New Organizational Vision Award special licensure program for home care agencies and nursing facilities.  
**\$99,833** (1 year) ID 59740
- **PedNet Coalition Inc.**  
**COLUMBIA, MO**  
Expansion of Healthy Eating Columbia, a demonstration aimed at increasing healthy food choices for elementary school students in Columbia, Missouri.  
**\$30,181** (1 year) ID 59817
- **Theisen Consulting LLC**  
**ATLANTA, GA**  
Consulting services to help Florida Covering Kids and Families develop a business plan.  
**\$43,000** (1 year) ID 60158  
  
Consulting services to help the Illinois Maternal and Child Health Coalition develop a business plan.  
**\$50,000** (1 year) ID 60162
- **Wake Forest University Health Sciences**  
**WINSTON-SALEM, NC**  
Dissemination of major findings, methodological innovations and challenges of the evaluation of Free to Grow: Head Start Partnerships to Promote Substance-Free Communities.  
**\$100,000** (1 year) ID 59739
- **Society of General Internal Medicine**  
**WASHINGTON, DC**  
Creation of a Founders' Award for the Society of General Internal Medicine.  
**\$150,000** (1 year) ID 56515
- **Spitfire Strategies, LLC**  
**WASHINGTON, DC**  
Strategic communications training for RWJF grantees.  
**\$745,000** (11 months) ID 50685  
  
Strategic communications training for RWJF grantees.  
**\$797,230** (14 months) ID 50686
- **Tsunami Long-Term Relief Efforts**  
Funding for longer-term relief efforts in Southeast Asia in response to the December 2004 earthquake and tsunami.
  - **CARE USA**  
**ATLANTA, GA**  
Water and sanitation for tsunami-affected communities in Aceh, Indonesia.  
**\$740,000** (44 months) ID 57138
  - **EMDR Humanitarian Assistance Programs Inc.**  
**HAMDEN, CT**  
Assessing the feasibility of training Aceh health care workers in treating post-traumatic stress disorder in tsunami victims.  
**\$12,760** (1 month) ID 56881  
  
Training Indonesian mental health clinicians to treat post-traumatic stress disorder in tsunami victims.  
**\$146,065** (1 year) ID 58698