ADVANCES®

The Robert Wood Johnson Foundation Quarterly Newsletter

INSIDE THIS ISSUE

ISSUE 2, 2002

Published quarterly by

the Communications Department of

The Robert Wood Johnson Foundation®

College Road East, P.O. Box 2316

Princeton, NJ 08543–2316

The Sports Philanthropy Project: A Training Ground for Sports Foundations

There's a tremendous power in professional sports teams that's waiting to be fully realized. It's not measured by how many points can be scored in a game or how fast a ball can be thrown, but rather in the power of sports teams to be visible catalysts for community change.

The attention star athletes garner, the financial and human resources of team philanthropies, and the leadership sports teams can provide by working with community partners can make huge positive differences in a neighborhood or a city.

"The world of sports philanthropy is a relatively new one and has so much potential for doing great things in a community," says Patricia Goodrich, executive director of the New Jersey Nets and Devils Foundation. "We are working with underserved kids in the inner city in partnership with Boys and Girls Clubs and other established programs. These young people are invested in basketball, many see it as their field of dreams — so they'll listen to what the players tell them about the power of education and such."

Jacksonville Jaguars "Honor Rows" students are rewarded for good grades and community service with game tickets and special acknowledgment.

To encourage this burgeoning field, The Robert Wood Johnson Foundation (RWJF) founded and most recently has funded the Sports Philanthropy Project (SPP) with a three-year, $2.9-million grant to help sports teams enhance their philanthropic activities and build partnerships with community initiatives that promote health and other social benefits. The project will provide technical assistance to up to 20 professional sports teams in developing or fine-tuning their foundations and sponsor annual conferences to bring these foundations together. SPP also will maintain a Web site <www.sportsphilanthropyproject.com> where sports foundations can exchange ideas about best practices in their field and gain access to specific areas of expertise, such as marketing communications and program evaluation. The project also hopes to connect sports foundations with RWJF-sponsored community programs in their areas. (See related *Profile*, page 4.)

While the old brand of team foundations still exists — supporting player or owner pet causes, sponsoring player appearances and giving away free tickets — more recently, a new breed of sports philanthropy has emerged in which teams are eager to make the best use of their resources and invest in the communities that support them. The Philadelphia Eagles' team foundation is one example. Its Eagles Youth Partnership has served as a model sports foundation, working extensively with SPP since its inception.

The Eagles sponsor an eyemobile that gives underserved youths free eye exams and prescription glasses. Right guard Jermane Mayberry, who has amblyopia (an underdeveloped optic nerve, also known as lazy eye), often goes out on the eyemobile. Because Mayberry did not have an eye exam until he was 16, it was too late to correct the condition and he had difficulty in school. With the cachet of Mayberry, it has become cool for kids to get their eyes checked and wear glasses, according to Sarah Martinez-Helfman, executive director of the Eagles Youth Partnership. Over the five years of its existence, the eyemobile has seen 4,800 youths and detected many cases of amblyopia early enough to correct it.

See **Sports Philanthropy —** page 2

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From **Sports Philanthropy —** page 1

"Sports teams can do what no other corporation or philanthropy can do," says Joe Marx, senior communications officer at RWJF. "People take notice. Whether you're a kid or an adult, you like to be affiliated with a professional team, especially if it's through a program that helps people. Sports have an enormous emotional hook and value to a community. These teams can do so much to bring about change if they are focused."

RWJF's focus on sports philanthropy began with a funding partnership with the Jacksonville Jaguars Foundation to incorporate important health initiatives, such as reducing teen tobacco use, in the Jaguars' work with youth. The Jaguars Foundation created an "Honor Rows" program that provides game tickets to community agencies serving youths. The agencies give the tickets to children in their programs who meet certain academic, behavioral and public service goals and also sign a pledge not to use tobacco, alcohol or other drugs. Kids who meet the goals go to a Jaguars game, are given special T-shirts and are recognized during the game. The Jaguars Foundation also provides technical assistance to community agencies in setting goals, measuring performance and improving their ability to do their work. Through SPP, the Jaguars Foundation will serve as a demonstration and best practices site for other teams' foundations.

In 1998, encouraged by the Jaguars' success, RWJF funded a pilot of SPP, which worked closely with three professional teams: the New Jersey Nets, the St. Louis Rams and the Baltimore Ravens. Gregory Johnson, SPP director, spent several weeks at each team foundation, helping them map out a plan for the future.

The New Jersey Nets team foundation wanted to give college scholarships to underserved teenagers who could be future community leaders for a revitalized Newark, N.J. Team public relations officials planned to unveil a high-profile scholarship program with each of New Jersey's more than 40 colleges. But Johnson advised them instead to focus and build relationships with a handful of colleges, according to Goodrich of the New Jersey Nets and Devils Foundation. Team officials decided to work with 11 colleges. At Johnson's suggestion, the foundation also stipulated that the colleges match the scholarship and not take away financial aid that the student had already received. Additionally, with the counsel of SPP, the foundation asked colleges to provide a mentor for each student and offer scholarship recipients public service jobs for their work-study program.

Torry Holt, wide receiver for the St. Louis Rams, lends a hand in a community event.

The St. Louis Rams had a more established foundation, but needed help in streamlining their grants. They originally gave grants to about 50 agencies each year and, after consultation with SPP, instead decided to work with six to eight programs that held the most promise and offered the most accountability. The foundation recently began an ambitious diversity awareness project following several incidents of violence that made players realize that race and other issues still divide St. Louis. RWJF and Johnson's presence helped validate the importance of the Rams Foundation to the team's executives, says Allison Collinger, who directs the activities of the St. Louis Rams Foundation and also is director of corporate relations for the St. Louis Rams.

"The impact of the Sports Philanthropy Project is incredible," Collinger says. "The first time I met my colleagues at other sports foundations in the NFL was through the SPP. When I started doing this, there was not a high level of sophistication. Now the bar is being raised. If we can work together and learn to be more focused, imagine what power we can unleash."

— **SUSAN G. PARKER**

Organizations Attending Sports Philanthropy Project's Third Annual Conference, 2001

Always Dream Foundation
APCO Worldwide
Arizona Diamondbacks
Athletes Reaching Out
Atlanta Falcons Youth Foundation
Baltimore Ravens Foundation for Families
Baseball Tomorrow Fund
Boston Red Sox
Buffalo Bills Youth Foundation
California Governor's Office of Service and Volunteerism
Cardinals Care
Carolina Panthers Charities
Cleveland Browns Foundation
Colorado Avalanche
Colorado Rapids Community Care Foundation
Council on Foundations
Dallas Stars Foundation
DC United Foundation
Denver Nuggets
Eagles Youth Partnership
Faith in Action
Fannie Mae Foundation
Fireworks for Kids Foundation
Florida Marlins Community Foundation
Forever Young Foundation
The Foundation Center
Galaxy Foundation
Gary Payton Foundation
Golden State Warriors Foundation
Heads Up
Helene Blieberg Associates
Houston Texans Foundation
The Institute for Civil Society
Jackie Robinson Foundation
Jacksonville Jaguars Foundation
Kurt Warner First Things First Foundation
Lichtman, Trister, Singer & Ross
Local Initiative Funding Partners
Magic Johnson Foundation
Major League Baseball
Major League Soccer
MaliVai Washington Kids Foundation
Marshall Faulk Foundation
Mia Hamm Foundation
National Football League
New England Patriots Foundation
New Jersey Nets and Devils Foundation
New York Jets
Oakland Athletics
Pacers Foundation
Rays of Hope Foundation
Robert R. McCormick Tribune Foundation
San Francisco 49ers Foundation
San Francisco Giants Community Fund
San Jose Sharks Foundation
Save the Children
Sehorn's Corner Foundation
St. Louis Rams Foundation
Stanford University Office of Financial Aid
State Street Global Advisors
Texas Rangers
U.S. Soccer Foundation
U.S.A. Tennis Foundation
W. Haywood Burns Institute
Washington Redskins Leadership Council
Youth Sports Connection

An Artist's Work Speeds Recovery Efforts

Eight months after the cleanup began at the World Trade Center, Rhonda Shearer, a Greenwich Village sculptor, hasn't forgotten the heroes of Sept. 11. Days after the attacks, Shearer converted her Spring Street art studio (just minutes from ground zero) into a supply warehouse. Through WTC Ground Zero Relief, a special project of the nonprofit Art Science Research laboratory, she has continued to monitor the supply needs of the 1,200 New York City firefighters, police officers and other rescue workers at the site.

When the attacks occurred, Rhonda was in Italy; her husband, Harvard biologist and best-selling author Stephen Jay Gould, was stranded in Kentucky. The couple's 23-year-old daughter London, a freelance photographer, was in New York and witnessed the event. The instant she saw the vast clouds of dust and wreckage, she knew that the rescue workers would need respirators. And, since sculptors frequently use respirators when working with noxious materials, London knew where to get them. When Rhonda and Stephen returned to the city several days later, they continued their daughter's initiative to outfit the workers with necessary supplies. They've been doing it ever since.

Photographs by Randall Hagadorn

Rhonda Shearer (center) speaks with a firefighter holding a steel-cutting device.

Threadbare trousers and dilapidated boots worn by rescue workers were replaced through an RWJF grant.

"I had been planning to move my artwork into the [3,000 square-foot supply] warehouse," says Shearer. "But following the tragedy, it was difficult to focus on art. It was better to stick to basics: Do you need shovels?" The answer was "yes" — and some boots and winter clothing and tools, too.

Numerous corporations made goodwill donations to the fire and police departments. But often the sizes were too small or the equipment was not appropriate for the job.

Since Sept. 11, Shearer has reportedly given out $2 million worth of supplies — from respirators and winter clothing to tools — some donated and some purchased with monetary contributions, including $60,000 from the Rockefeller Foundation. Recently, after Shearer and Gould issued a formal plea for help, The Robert Wood Johnson Foundation responded with a $700,000 grant award, which was immediately disbursed. "As I read [Shearer's] proposal, it was hard to believe," says Paul Jellinek, vice president at RWJF. "Here were these guys, the center of international attention, trying to work without the proper equipment." Within hours of reading the proposal, Jellinek drove from RWJF's headquarters in Princeton to New York City to tour the warehouse and speak with workers. Five working days later, the grant monies were in place. "It's just amazing. Using the shovels and rakes [purchased with RWJF funding], the rescuers just recovered the bodies of 12 firemen," Shearer said. Workers also needed a special type of saw to cut thick rebar; and only seven of these saws were available anywhere. "We bought all seven saws," says Shearer. "Efforts are moving along so much quicker now."

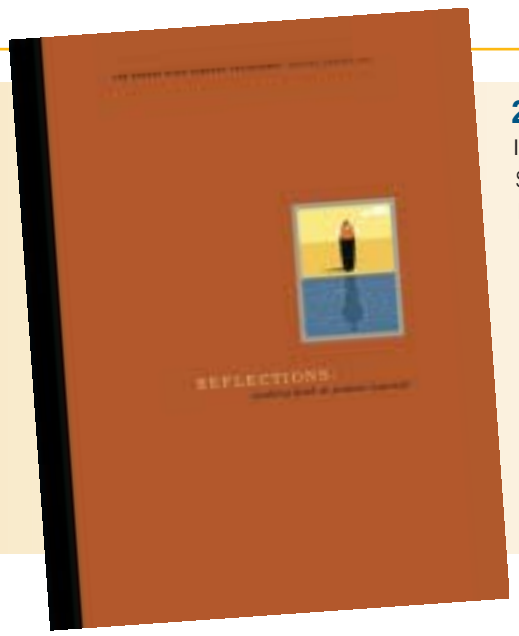
Rhonda Shearer (left) watches Timothy McGuinness (Engine Co. No. 216, Brooklyn) adjust his new pick.

Check out the continuing special report, *RWJF Responds,* on the Foundation's Web site <www.rwjf.org> for up-to-date information on how RWJF and its grantees are responding to the Sept. 11 tragedies.

In Memoriam

John M. Eisenberg, M.D., M.B.A., director of the federal Agency for Healthcare Research and Quality (AHRQ), died March 10, 2002. AHRQ is the lead federal agency charged with conducting and sponsoring research to enhance the quality, appropriateness and effectiveness of health care services, and to improve the cost of and access to care. Eisenberg was a former Robert Wood Johnson Clinical Scholar.

A clinician and researcher, Eisenberg held key positions in academic and clinical medicine. Prior to his appointment at AHRQ, he was chair of the Department of Medicine and physician-in-chief at Georgetown University. Previously, he was chief of the Division of General Internal Medicine at the University of Pennsylvania. Eisenberg was a founding commissioner of the Congressional Physician Payment Review Commission, serving as its chairman from 1993 to 1995. He earned his medical degree at the Washington University School of Medicine in St. Louis (1972) and his M.B.A. at the Wharton School of the University of Pennsylvania.



2001 Annual Report Available

In the recently published RWJF 2001 Annual Report, President and CEO Steven A. Schroeder, M.D., who is retiring from the Foundation in 2002, looks back on his years at RWJF and shares seven key lessons "in the hope that they will stimulate others to take up the challenge of helping philanthropy achieve its full potential."

In 2001, according to the Annual Report, the Foundation authorized 1,023 grants and contracts totaling a record $561.2 million.

Copies of the report can be ordered or downloaded at the Foundation's Web site <www.rwjf.org>. Printed copies also can be obtained by writing to the Communications Department, P.O. Box 2316, Princeton, NJ 08543–2316.

Wilma Wells, Ph.D.

Walt Whitman once wrote, "I see great things in baseball." Now, philanthropic organizations are starting to view professional sports through Whitman's eyes and are seeing great, untapped possibilities in sports philanthropy. With the support of The Robert Wood Johnson Foundation, the Sports Philanthropy Project is reaching out to teams across the nation, helping them to use their high profile to become powerful partners in addressing the health challenges facing their communities. In St. Louis, where the Sports Philanthropy Project has worked closely with the St. Louis Rams football team, the Rams and two other major professional sports teams have joined forces with the Danforth Foundation, St. Louis Children's Hospital and several other foundations to create a wide-ranging program to prevent child injuries in their community. In this interview with *Advances*, Danforth Foundation Vice President Wilma Wells, Ph.D., talks about the experience of playing with an all-star team of sports philanthropists.

What do sports teams bring to philanthropy that other organizations don't?

Wells — Sports team foundations are in the public eye in a way that most corporate and private philanthropies are not. For better or worse, sports figures are accepted role models. Beyond visibility, they also can bring skills and resources, such as marketing and team building. Sports team foundations are a relatively new area of philanthropy, so they're trying to figure out collectively the most effective and innovative ways to make a difference.

Why did you ask the St. Louis teams to work on this project with you?

Wells — I was worried about young children in our community who do not have safe outdoor play spaces in their neighborhoods. I thought a play space initiative had the potential to build communities, to bring disconnected people together. When we were initially exploring this idea at the Danforth Foundation, we felt all three sports teams — the Rams, the Cardinals and the Blues — were natural partners. In their purest form, sports are a primary form of play and socialization for young and old alike. Some teams were already involved in building ball fields in inner-city neighborhoods.

How did you expand from building playgrounds to the larger issue of preventing child injuries?

Wells — In our discussions with St. Louis Children's Hospital, the vision of what this project could accomplish was broadened. The hospital already had an effort in place, through the RWJF-funded *Injury Free Coalition for Kids.* The hospital had created playgrounds in one underserved neighborhood. Children's Hospital was using the playgrounds as a catalyst for a broader conversation about children's health and from there was building a comprehensive approach to injury prevention. A group of us working together — the sports team philanthropy partners, St. Louis Children's Hospital and the Danforth Foundation — thought we could create healthy play spaces that would be a gateway to building healthy communities in neighborhoods around St. Louis.

Why were the local teams so important to this effort?

Wells — Sports teams have a unique ability to bring attention to community issues. They can rally communities across a number of lines — geographic, socio-economic, racial, educational. People identify with them. So sports teams can bring people together for the initial conversation. We can say without a doubt that if you bring [Rams player] Marshall Faulk to a community to promote a certain issue, you will bring positive media attention. Teams also can help to maintain momentum and create sustained interest in these issues. In return, the other foundations involved are sharing with the team foundations their years of experience of working in the community.

How do you make sure that the sports team's involvement doesn't overshadow the project itself?

Wells — Because of the other partners who are involved — many who provide much-needed expertise, such as knowledge of the community, political skills or understanding of children's health issues — we have enough "depth on the bench" to build effective strategies to solve a community problem. That will lead to media and community attention based on results that go well beyond the sports pages.

How does a team's image in its community affect its ability to be a strong philanthropic partner? Don't you run the risk that an unpopular owner, a prima donna superstar, a player scandal or even a losing season might cast a negative light on your project?

Wells — I don't think people make a direct leap from "We have a losing team or a player scandal" to "We have a team whose philanthropic activities are not welcome in our community." Every philanthropic organization has to consider the impact a flawed spokesperson would have on an initiative, especially when that spokesperson has a high profile. But I believe the benefits far outweigh any of those risks.

How do you encourage a team to move away from its old "pet projects" to engage in a new, broader vision of philanthropy?

Wells — Our sports team foundations were quite eager to join this partnership. In fact, they were intrigued by the strong community base and the holistic nature of the project. As sports philanthropy matures and interacts with other philanthropic sectors, it will define its place in the broader vision.

It seems as though every major athletic star has a personal foundation. Can you get them to join forces for something that's not so individual?

Wells — There is room for team and individual philanthropy. By and large, sports teams and individuals on those teams take their philanthropy quite seriously. They are becoming more involved in long-term relationships with other organizations and causes. That's one great strength of RWJF's Sports Philanthropy Project. By bringing owners, staff and players on these teams together and connecting them with the right community partners and experts in the field, you help teams and individuals think through the tough issues and develop proactive strategies for making a more powerful impact. More and more, those strategies include developing strategic partnerships. In St. Louis we are very lucky to have sports team and individual foundations that are out in front of these issues.

— Interview by Elizabeth Austin

Regional Alcohol Policies Can Affect Traffic Death Rates

Between 1995 and 1997, some 44 percent of urban motor vehicle crashes in the United States involved alcohol, including inebriated pedestrians and cyclists killed by a sober driver. Interestingly, alcohol-related fatality rates varied by a factor of 12 across the largest U.S. cities during that period. What accounts for these differences from city to city?

Because localities have the power to toughen their own state's alcohol-control laws, significant differences in laws, licensing policies, enforcement and taxes have evolved at the local level. This study looked at the association between regulatory policies and the incidence of alcohol-related traffic deaths at the city level, and sought to identify whether certain regulatory and enforcement policies regarding alcohol might better protect the public's health and safety.

In 1998, researchers sent questionnaires to city alcoholic beverage-control offices and to local city police departments in 107 cities across 38 states. Ninety-seven cities responded. The questionnaire asked about laws governing access to alcohol, licensure rules for restaurants and stores that sell alcohol, disciplinary procedures for outlets that violate these laws, enforcement practices, policies relating to driving under the influence (DUI) of alcohol, resources available to police officers, and public relations and education targeting the public or alcohol outlets.

The cities with the lowest alcohol-related traffic fatality rates per capita were Lincoln, Neb.; Syracuse, N.Y.; Madison, Wis.; and New York City. The cities with the highest rates were Dallas; Kansas City, Mo.; Albuquerque, N.M.; and Nashville, Tenn. However, when considering the amount of time spent in vehicles, the cities with the highest alcohol-related traffic fatality rates per miles traveled were New Orleans and Newark, N.J.

The study found that cities with nine or fewer of 20 key regulations on alcohol sales and use had an alcohol fatality rate that was almost one-and-a-half times that of cities using 15 or more of the 20 regulations. For example, cities with stricter policies on access to alcohol and those with stricter licensing rules had significantly fewer alcohol-related traffic fatalities. Also, cities with more serious penalties enforced against outlets that violated alcohol regulations had lower alcohol-related traffic death rates. Aggressive DUI policies (lower blood alcohol concentration limits, frequency and randomness of sobriety checkpoints) also were associated with lower rates of traffic deaths. Neither police resources nor public education correlated with alcohol-related traffic fatalities.

The study did reveal one unexpected finding: Cities with stricter enforcement policies had higher traffic fatality rates. This finding may be due to the fact that cities often toughen their enforcement policies *after* they suffer an increase in alcohol-related traffic fatalities. Enforcement measures such as raids and underage compliance checks also appear to be more sporadic than routine.

Cities differed significantly in their regulation of alcohol. Eighty-five percent of the cities prohibited public drinking, 70 percent did not allow drinking in a car and 62 percent prohibited drive-through alcohol outlets. Cities with stricter control of alcohol access had a lower rate of traffic fatalities. In addition, the study identified 12 cities that had no dedicated alcohol enforcement agents.

To reduce traffic deaths, the researchers suggest that "localities consider greater restrictions on alcohol accessibility [and] disciplinary measures for alcohol outlets that violate beverage laws." They also recommend stricter licensing requirements, blood alcohol content limits less than .08 and random sobriety checkpoints.

Cohen DA, Mason K and Scribner R. "The Population Consumption Model, Alcohol Control Practices and Alcohol-Related Traffic Fatalities." *Preventive Medicine*, 34(2): 187–197, 2002.

Making Strides in the Outpatient Treatment of Depression

Depression is a common and debilitating mental health disorder in the United States. Estimates suggest that 5 to 10 percent of adults suffer from depression; the toll it takes on their day-to-day quality of life is on par with heart disease and greater than that of diabetes, arthritis and peptic ulcer disease.

While the frequency of depression is a pressing issue, of even greater concern is availability and utilization of treatment for the condition. Despite a new crop of safer, more effective, and easier-to-use medications and increased access to psychotherapy under managed care plans, the majority of individuals with depression still appear to go untreated.

Using data from two large national surveys — one completed in 1987 and the other in 1997 — this study examined changes in the outpatient treatment of depression over time. Survey participants were periodically interviewed and they recorded in a diary their medical history for that calendar year, including medications taken, visits to health care professionals and hospital outpatient visits.

The findings suggest that treatment of depression is on the rise: More individuals with depression sought treatment in 1997 than in 1987. In fact, the overall rate of outpatient treatment of depression more than tripled, increasing from .73 per 100 persons in 1987 to 2.33 in 1997. In comparison, over the same 10-year period, utilization of

Treatment Characteristics of Persons Treated for Depression in 1987 and 1997*

	1987	1997
Mean third-party payment of visits, %	49.3	69.3
Psychotherapy, %	71.1	60.2
Mean number of visits	12.6	8.7
Mean third-party payment, %	48.1	65.6
Pharmacotherapy, %	44.6	79.4
Antidepressants	37.3	74.5
SSRIs	0	58.3
Other	37.3	28.0
Anxiolytics	15.7	13.1
Benzodiazepines	15.7	10.0
Other	1.2	3.9
Antipsychotics	4.6	3.6
Mood stabilizers	3.1	8.8
Stimulant	0.1	0.7
Mean number of prescriptions	7.1	7.8
Mean third-party payment, %	39.3	55.2
Psychotherapy and pharmacotherapy, %	28.8	48.1
Psychotherapy and antidepressants	23.2	45.2
Provider type, %		
Physician	68.9	87.3
Psychologist	29.8	19.1
Social worker	6.3	8.1
Other	16.9	14.8

*Data are from 1987 National Medical Expenditure Survey and 1997 Medical Expenditure Profile Survey. Percentages are weighted estimates. "Mean third-party payment of visits" denotes the average of individual mean third-party payment of visits. "Mean third-party payment %" denotes the average of individual mean third-party payment for psychotherapy visits. Individuals may have used more than one class of antidepressant.

general medical outpatient care by the U.S. population changed very little.

Although the rates of outpatient treatment for depression increased among all population groups, the rates for Hispanics and blacks remained significantly lower than the rate for whites. Overall, treatment rates in both 1987 and 1997 were highest for females, divorced or separated individuals, the unemployed and those with at least a high school education.

It appears that individuals' insurance coverage has an effect on their access to outpatient treatment for depression. In 1987 and again in 1997, individuals without insurance were less likely to receive treatment for depression. However, on the brighter side, even among individuals without insurance, the rate of treatment increased significantly over the decade, jumping from .48 per 100 persons to 1.54.

How patients were treated for depression changed from 1987 to 1997. In 1987, about 70 percent of individuals treated for depression received psychotherapy, while 45 percent used prescribed medications. In 1997, however, nearly 80 percent of individuals treated for depression used medications, while 60 percent received psychotherapy. The tremendous jump in the use of psychotropic medications can probably be attributed to two factors: Third-party payers began to cover more of the cost of prescription medications and new and effective types of antidepressant medications became available after 1987.

There also was a shift in the type of health care provider treating depression. Patients increasingly sought care from physicians and were less likely to use the services of a psychologist.

"These changes suggest that access to mental health services has increased and that there has been an increased emphasis on pharmacologic treatments," the authors conclude. Public education campaigns by the federal government and the pharmaceutical industry may have helped lessen the stigma of seeking treatment for depression in general and using medication to treat depression in particular. However, despite overall advances in the treatment of depression, the lower rates of treatment among blacks, Hispanics, the uninsured and those with less education suggest that "an unmet need for treatment may be especially great within these groups."

Olfson M, Marcus SC, Druss B, Elinson L, Tanielian T and Pincus HA. "National Trends in the Outpatient Treatment of Depression." *The Journal of the American Medical Association*, 287(2): 203–209, 2002.

Can the Right Tools Empower Consumers To Make Wise Health Care Decisions?

Do I need to see a doctor for my cold? Do my symptoms merit a visit to the emergency room? Health care consumers often grapple with questions like these — and they don't always have the right information or resources to make an appropriate decision. Some employers and health plans have disseminated health care information, set up telephone advice lines and offered other "self-care interventions" to empower individuals to manage their own health and health care. These efforts have been moderately successful; about half the time the target population used fewer health care services and spent fewer health care dollars. This study, however, examines a program that took self-care intervention one step further, intervening at the community level.

Healthwise, a nonprofit organization that produces information and decision-support products to help consumers manage their own health care, provided the residents of four counties surrounding Boise, Idaho, with access to a self-care manual, a telephone advice line staffed by nurses and an informational Web site from May 1996 through December 1998. All three tools offered information about when to seek physician care or practice self-care for particular problems and how to self-treat, if appropriate.

The researchers, who are not affiliated with Healthwise, examined changes in self-care trends in the greater Boise area and in two demographically similar comparison communities: Billings, Mont., and Eugene/Springfield, Ore. They surveyed community residents about their use of the self-care resources just prior to the start of the intervention and again at 24 and at 36 months. In addition, they collected and analyzed data on health care costs and visits to outpatient clinics, physician offices and the emergency department prior to and during the intervention.

The survey findings show that residents of Boise were more likely to report having and using a self-care manual — and making health care decisions based on it — than were residents of either comparison community. Some 90 percent of Boise residents surveyed at the close of the intervention said they owned a self-care manual and about two-thirds reported using it.

Women, married persons, individuals with children and those with more than a high school education were most likely to use a self-care manual. What happened when they and others used self-care resources to make health care decisions? The most common response was that their fears about

a symptom or problem were calmed. The second most common answer was that the materials helped to self-treat a condition. The nurse advice line was used most often to gauge the seriousness of a symptom and determine whether or not to go to the emergency room.

During the intervention, health care costs and visits to health care providers continuously declined in both comparison communities. The authors suggest that this is "strong evidence of a regional secular trend of reducing medical care costs and visits."

In Boise, however, costs and visits increased until about October 1997 and only then began to drop. The authors offer two possible explanations for this: secular forces reduced utilization and affected Boise later than the other communities; or the trend toward lower utilization already existed in the area and the intervention tipped the balance toward that trend in Boise. The authors contend that the survey findings and utilization data "taken together" support the latter view. After all, "most believe that using the self-care resources saved them from seeking unnecessary care."

Hibbard JH, Greenlick M, Jimison H, Capizzi J and Kunkel L. "The Impact of a Community-Wide Self-Care Information Project on Self-Care and Medical Care Utilization." *Evaluation and the Health Professions*, 24(4): 404–423, 2001.

Drug Use in the Community: There's More to It Than Meets the Eye

It's often assumed that poor, urban neighborhoods are a hub for *both* heavy drug use and the visible drug market. Drug sales and drug use do not, in fact, go hand in hand. While drug dealing is more apparent and more prevalent in urban, minority communities, studies have demonstrated higher rates of drug use among wealthier, white adolescents living in the suburbs than among lower-income, minority youth in the nation's inner cities.

To better understand the nature of the relationship between drug-related problems and neighborhood characteristics, this study examined drug use and drug sales in "disproportionately poor, urban, and African-American" communities. The researchers used 1995, 1997 and 1999 survey data from the evaluation of *Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol*, a national program of The Robert Wood Johnson Foundation that helped build broad-based anti-drug coalitions in select U.S. communities. The data compared findings from telephone surveys of residents in 12 *Fighting Back* communities and 29 comparison communities. Survey participants reported their use of illicit drugs, their friends' illicit drug use and their observations on neighborhood drug dealing activity. In addition, for each community, the investigators used 1990 census data to assess population density, poverty level and proportion of minority residents.

The findings showed that residents of poor, inner-city, minority communities more frequently observed drug sales in their neighborhoods, but there was "little relationship between reported drug use and these neighborhood characteristics." In other words, the more disadvantaged neighborhoods were home to heavy and visible drug trafficking activities, but not necessarily sites of heavier drug use.

What does this mean? According to the authors, "conflating drug sales with use, so that poor and minority areas are assumed to be the focus of the problem of drug use, is plainly wrong."

The visibility of drug sales in poor, minority neighborhoods, unfortunately, forms our perceptions: "What we see is what we believe." Substance abuse in middle class neighborhoods is "more readily concealed," but lower visibility does not necessarily mean lower use. Often, residents of more advantaged, mostly white neighborhoods are going into poorer, black neighborhoods to buy drugs.

So, the real problem in these neighborhoods is drug sales. "The drug market established itself in disadvantaged communities in part because of the low social capital in these neighborhoods. The drug economy further erodes that social capital," the researchers write. As a result, community coalitions and community-based drug prevention efforts targeted at the drug users in these communities "are likely to have minimal effects." Instead, the authors suggest, prevention efforts should focus on revitalizing the social capital in these neighborhoods so they can get rid of rampant drug dealing. In addition, programs to reduce the demand for drugs must identify and target consumers from outside these neighborhoods who travel in to purchase drugs and thereby support the local criminal drug market.

Saxe L, Kadushin C, Beveridge A, Livert D, Tighe E, Rindskopf D, Ford J and Brodsky A. "The Visibility of Illicit Drugs: Implications for Community-Based Drug Control Strategies." *American Journal of Public Health*, 91(12): 1987–1994, 2001.

Research Note

A Citywide Screening of Third-Graders for Asthma

Asthma is a serious, and growing, child health concern in the United States, affecting 5 million children under age 18. The U.S. Centers for Disease Control and Prevention found that asthma rates for 5- to 14-year olds increased 74 percent between 1980 and 1994, making it the third ranking cause of hospitalization among children under age 15. Minorities and children living in inner cities are more likely to die from or be incapacitated by the illness.

A citywide survey of third-graders in Passaic, N.J., uncovered undiagnosed cases, referred some children for further medical evaluation and tracked the rates of medication use among diagnosed children.

Researchers were able to assess 500 of the 1,050 third-graders in Passaic during the 1998–99 school year using child self-report questionnaires, spirometry readings (measuring air flow while individuals inhale and exhale) and parental questionnaires. About 440 of these children were nonwhite, reflecting the ethnic composition of the city.

While parents reported that 21 percent of the children studied were diagnosed with asthma or a related respiratory condition, the screening identified problems in an additional 5 percent of undiagnosed children found to have abnormal spirometry readings. Only half of these children were reported to be taking medication for their breathing problems.

While Asian children comprised the smallest population group, they had the highest rate — nearly 50 percent — of abnormal spirometry readings. Some 39 percent of black children had abnormal readings, followed by 28 percent for both white and Dominican children.

Children in nonsmoking homes had fewer abnormal readings than did those in homes with some smoking. Children from homes with regular smokers had the highest rates of abnormal readings.

The researchers recommend that school-based screening, education and treatment for asthma could help to reduce children's suffering from this condition.

Freeman N, Schneider D and McGarvey P. "School-Based Screening for Asthma in Third-Grade Urban Children: The Passaic Asthma Reduction Effort Survey." *American Journal of Public Health*, 92(1): 45–46, 2002.

Ecstasy Use Increasing Among College Students

The party drug ecstasy (MDMA) is particularly popular right now among teens and young adults. Much of its attractiveness is attributed to the "unique sense of well-being, affection and love" it produces in users. In seeking these good feelings with ecstasy, users put themselves at risk for heart and liver problems, psychosis, coma and death. Despite these potential hazards, ecstasy's popularity among college students remains strong. In fact, in this recent study, which looked at ecstasy use among students, the researchers found a nearly 70 percent increase in two years. In contrast, over the same period, use of other illicit drugs decreased or remained stable.

Using data from the 1997 and 1999 Harvard School of Public Health College Alcohol Study — which surveys more than 14,000 students at 119 four-year colleges in the United States — the researchers documented this rise and examined the characteristics and behavior of ecstasy users. In addition, data from a smaller survey of 10 colleges with high rates of binge drinking showed that ecstasy use among college students again increased in 2000.

The surveys helped paint a picture of the "typical" ecstasy user. College students who used ecstasy were more likely to engage in several high-risk behaviors, including marijuana use, binge drinking and sex with multiple partners. Ecstasy use and marijuana use, in particular, were closely linked. More than 90 percent of ecstasy users also used marijuana.

Ecstasy has a reputation as a social drug, often used at all-night dance parties known as raves. The social nature of the drug was borne out in the characteristics common to ecstasy users. They are more likely to spend time with friends rather than study, have an affiliation with a fraternity or sorority and consider parties important. The researchers also found that ecstasy use was more common among students who were male, white, under 21 and attending college in the northeast. Older, married students were significantly less likely to use ecstasy.

The authors urge policymakers and college administrators to note the continued rise in ecstasy use; typical drug prevention efforts may not be working with ecstasy, they contend. They suggest that efforts to curb on-campus ecstasy use should entail fully informing students beginning "at least during early adolescence" about the significant risks associated with the drug and offering social alternatives to parties.

Strote J, Lee JE and Wechsler H. "Increasing MDMA Use Among College Students: Results of a National Survey." *Journal of Adolescent Health*, 30(1): 64–72, 2002.

Research Note

Is Health Habit Counseling a Turnoff to Patients?

Half of all causes of death in the United States are related to unhealthy behaviors, and about 1.3 million people each year die from conditions that could have been prevented or delayed. Moreover, the nation spends 95 percent of its health care dollars on treating diseases after they arise.

Primary care physicians are well positioned to counsel patients on health behaviors. While such counseling has been shown to have a positive impact on certain health habits, primary care physicians do not frequently offer it, in part because they fear that raising sensitive behavior issues may drive patients away.

This study measured the extent to which counseling on a variety of health behaviors affects patient satisfaction with the visit. Researchers observed 138 community family physicians in northeast Ohio, directly observing about 2,460 adult outpatient visits. Patients were asked to fill out a survey gauging their satisfaction with the visit. Depending on the patient, providers discussed a range of behaviors, including exercise, diet, substance use, contraception and prevention of sexually transmitted diseases.

Researchers found that patients who were asked about their tobacco use and counseled on quitting were more likely to be very satisfied with the physician visit. Patient satisfaction was not significantly related to discussion of other health behaviors.

Researchers also found that providers did not frequently discuss certain health habits with patients. For instance, physicians discussed exercise and diet in about one-quarter of patient visits, but raised the issue of contraception use in 5 percent of visits and prevention of sexually transmitted diseases in less than 1 percent.

"The findings of this paper provide important evidence that, as currently performed by community-based family physicians, health habit advice does not diminish patient satisfaction," the researchers conclude. "Study findings should reinforce physicians' confidence in discussing health habits with patients."

Barzilai DA, Goodwin MA, Zyzanski SJ and Stange KC. "Does Health Habit Counseling Affect Patient Satisfaction?" *Preventive Medicine*, 33: 595–599, 2001.

Dr. Stange was a Robert Wood Johnson Foundation Generalist Physician Faculty Scholar at the time of this research.

Seat-Belt Use Among Low-Income Hispanic Children

Hispanic 5- to 12-year-olds in the United States are 60 percent more likely to die in a motor vehicle accident than their non-Hispanic white peers. Their crash injuries are also more severe; the hospital discharge rate for Hispanic children with motor vehicle-related injuries is twice that of non-Hispanic whites. Given these alarming statistics, it is not surprising to learn that Hispanic children involved in crashes are four times less likely to use a seat belt or booster seat than non-Hispanic white children.

But what about seat-belt use among Hispanic children who are not in accidents? Are they using age-appropriate restraints in everyday situations? Do other factors — the type of vehicle, number of passengers, seat-belt use by fellow travelers — influence whether children use seat restraints? To answer these questions, the researchers observed school-age children for eight months as they traveled in vehicles to and from nine elementary schools in two low-income Hispanic communities.

They found that 29 percent of the 2,741 children observed were wearing seat belts, well below the national average of 53 percent. Even more disturbing, the study found that fewer than 15 percent of children traveling in the back seat were wearing a seat belt.

Further analysis revealed that seat-belt use tracked other factors. For example, only 19 percent of children traveling in pickup trucks were belted in compared to 31 percent of children riding in four-door vehicles. Children riding with a belted driver were four times more likely to be wearing a seat belt than those traveling with a driver who was not belted.

While driving children to school may not be thought of as a high-risk activity, non-belted passengers can be injured in collisions occurring at speeds as low as five miles per hour. This study underscores the need to understand why Hispanic children, especially those riding in the back seat, are less likely to use seat belts than white children, and to promote seat-belt use among this population.

Edgerton EA, Duan N, Seidel JS and Asch S. "Predictors of Seat-Belt Use Among School-Aged Children in Two Low-Income Hispanic Communities." *American Journal of Preventive Medicine*, 22(2): 113–116, 2002.

Dr. Edgerton was a Robert Wood Johnson Clinical Scholar at the time of this research.

Rallying to Improve End-of-Life Care, Locally

"There are two ways to use public engagement strategies to improve end-of-life care," says Karen Orloff Kaplan, Sc.D., director of *Last Acts*, The Robert Wood Johnson Foundation's national program to engage professionals and the public in improving care at the end of life. "One is by working with national organizations to press for change, which *Last Acts* has done for the last four years. The other is to work from the ground up, because so much change takes place at the community level."

Generating local action is the goal of Rallying Points, the newest *Last Acts* initiative. A $12-million effort over the next three years, Rallying Points aims to provide technical and practical support to more than 300 coalitions throughout the country. These coalitions are working to improve end-of-life care for patients and their families in their own communities.

"The Foundation's end-of-life grantmaking has three strategies: professional education, institutional change and public engagement," explains Victoria Weisfeld, M.P.H., RWJF senior communications officer for both *Last Acts* and Rallying Points. "Public engagement has always been the most challenging to envision, but when these community coalitions came together, we knew that we had found the seeds of our strategy."

The community coalitions were formed as part of the Bill Moyers television series, "On Our Own Terms," which aired on PBS® in September 2000 and was supported by RWJF and several other major funders. These monies included support for an extensive outreach campaign that invited communities to form coalitions to increase viewership of the program and foster discussions about needs on the local level. More than 300 communities participated, and the enthusiasm that was generated sustained many of the coalitions after the series ended.

Consisting of professionals in some cases, consumer groups in others and sometimes a combination of the two, these coalitions engage in a wide variety of work. "They do everything from arranging in-service trainings on palliative care for professionals to setting up community meetings on how to work with the media to helping congregations hold conferences about spirituality and the end of life," Kaplan says.

With the launch of the Rallying Points initiative last November, the coalitions are about to get several big boosts. First, three regional resource centers will provide technical assistance on basic issues such as raising funds, recruiting board members and reaching out to the community. To help coalition programs address the needs of diverse populations, the services of the National Resource Center on Diversity in End-of-Life Care in Washington, D.C., will be available as well. Second, Rallying Points will provide coalitions with assistance from consultants, whom the program has vetted, for more specific initiatives. A coalition is entitled to receive consultant services up to three times, but after the first consultation, it must increasingly share in the cost of consultant services. The aim is to help coalitions develop relationships with local funders and learn how to become self-sufficient. Some of the consultant services will be "turnkey" programs consisting of specific ideas and instructions for local activities. Third, Rallying Points will provide an array of resources, networking opportunities and an informational Web site.

With only a three-year window in which to accomplish its goals, Rallying Points aims to help coalitions create concrete projects that will improve end-of-life care in their communities. "There's not a lot of time," Weisfeld says, "so Rallying Points will very much be an action-oriented project."

— **Raymond Rigoglioso**

See <www.rallyingpoints.org> *for more information on this initiative.*

Program Pairs Seniors with Disadvantaged Youths

Growing old in America has become a dreaded fate. In addition to the natural infirmities that come with age, seniors commonly feel isolated and lonely and are inactive, all of which contribute to further deterioration of their health. Giving older adults a sense of purpose and connecting them with others is known to improve their mental and physical well-being. That's what Experience Corps, a highly successful senior volunteer program, has been doing since 1995: training seniors to tutor and mentor disadvantaged elementary school-aged children, thereby improving the health and well-being of both the seniors and youngsters involved.

Now The Robert Wood Johnson Foundation is providing Experience Corps with $6.8 million to expand its program in three cities. RWJF hopes that by increasing the number of participating schools in three locales, it can learn what system changes are needed to institutionalize this type of program on a larger scale.

Photograph by Bill Johnson

Experience Corps volunteer Elaine Davis works with a student at the Alain Locke Elementary School in Philadelphia.

"Experience Corps is an exceptionally promising service program, mobilizing older Americans on behalf of disadvantaged youngsters," says Judith Stavisky, M.Ed., M.P.H., RWJF senior program officer. "We felt it was important to take this program to the next level of impact, from early success to national significance."

Since beginning as an 18-month pilot in five cities across the country, Experience Corps has evolved into a national network of projects run by community-based organizations and governmental agencies in 15 cities. It has received recruitment help from AARP (formerly the American Association of Retired Persons), which has sent mailings to members who live near Experience Corps schools. Elderhostel, a nonprofit educational and travel organization for adults 55 and older, also has contributed to recruitment efforts by donating hundreds of scholarships to corps members who complete a year of service.

More than 1,000 older adults currently work with Experience Corps. Each volunteer commits at least 15 hours of service a week to tutoring and mentoring one or two students and helping with before- and after-school programming.

The proposed expansion will place 1,600 more volunteers in three Experience Corps sites:

See **Experience of Age —** page 12

Program Puts Rehabilitation Back into Juvenile Justice

When a youth becomes part of the juvenile justice system, a judge often issues several orders, including substance abuse treatment, a return to school and family counseling. Often, that's when the real problems start.

"The kids get orders but they never get carried out," says Bridgett E. Jones, J.D., a former public defender. "Then they come back for violating probation. It's a revolving door and it's a hurried system. No one is really looking at the kid to see what is going on."

Reclaiming Futures aims to change that. This national program of The Robert Wood Johnson Foundation recently awarded 11 communities a total of $2.7 million in grants to improve substance abuse treatment and other services for young people in trouble with the law. Four out of five of the 2 million young people who enter the justice system each year have an alcohol or drug problem, according to Laura Burney Nissen, Ph.D., director of *Reclaiming Futures*, which is based at Portland State University.

What's more, up to two-thirds of juvenile justice facilities do not offer any substance abuse treatment at all, according to Kate Kraft, Ph.D., senior program officer at RWJF, which launched *Reclaiming Futures* in May 2000. Juvenile drug abuse violations involving young people jumped 144 percent between 1987 and 1996.

"One of our principal objectives is getting the community involved," Kraft says. "Not only must kids be accountable for their actions but communities must be accountable to youths and provide them with a range of developmental experience necessary to become functional adults."

The 11 communities will each receive up to $250,000 to plan a new local comprehensive care system.

In four following years, sites can apply to receive up to $250,000 annually to implement the plans. The funded communities are: Anchorage, Alaska; Barron, Wis.; Chicago; Concord, N.H.; Dayton, Ohio; Jackson, Ky.; Marquette, Mich.; Mission, S.D.; Portland, Ore.; Seattle; and Santa Cruz, Calif.

The system will involve juvenile court judges and officers, law enforcement officials, schools, substance abuse treatment professionals, and youths and their families. A key requirement is that each community include youths and family members who have been involved in the juvenile justice system on its steering committee, says Jones, co-deputy director of *Reclaiming Futures*.

Seattle, for example, is focusing on youths who are repeat offenders and reaching African Americans, a group that is disproportionately represented in the court system. The grantee, King County Superior Court, is pulling together a disparate group of community organizations that rarely work together. In addition to the juvenile justice system, faith communities, schools, the recreation department and family service agencies will be part of a collaborative team.

In each community, teams will meet regularly to help youths and their families develop a treatment plan. They will make sure that a judge's orders are followed through as well. Some projects also may help unemployed parents find funds to pay for substance abuse treatment and have youths tested for learning disabilities. All funded communities must have substance abuse treatment facilities in place that can serve up to 40 youths.

"Juvenile courts were supposed to be rehabilitation systems," says Jones. "That never happened. My hope is that *Reclaiming Futures* will get us back to the original concept of juvenile justice."

— **Susan G. Parker**

See <www.reclaimingfutures.org> *for more information on the program.*

Covering Kids Campaign Wins Three Top Honors

The *Covering Kids* Initiative's communications campaign has won several prestigious awards for research-based advertising, public affairs and philanthropic communications. The sweep of accolades was capped off on April 9 when RWJF and its partners Wirthlin Worldwide and GMMB, as well as communications consultant Elaine Arkin, received the grand prize in the 2002 David Ogilvy Awards from the Advertising Research Foundation. The team also received the Ogilvy gold medallion in the services category. The *Covering Kids* communications campaign informs low-income parents that their uninsured children may be eligible for low-cost or free health coverage through Medicaid or the State Children's Health Insurance Program (SCHIP). Paid campaign ads, public service announcements and other materials urge parents to call 1-877-KIDS-NOW for eligibility and enrollment information.

The *Covering Kids* communications campaign also was recognized by the Council on Foundations with a bronze medal in the category of public information campaigns through its 2002 Wilmer Shields Rich Awards Program. The campaign team also won two Pollie awards from the American Association of Political Consultants. The team won first place in the categories of public affairs team of the year and national public affairs campaign of the year. In addition, *Covering Kids* received an honorable mention for overall earned media campaign.

Members of the *Covering Kids* initiative communications campaign team, pictured at the April awards ceremony of the Advertising Research Foundation. *Bottom row, left to right:* Jean Statler, senior vice president, Wirthlin Worldwide; Annie Burns, partner, GMMB; Kim Callinan, vice president, GMMB; Barbara Matacera-Barr, program associate, RWJF; Kristine Hartvigsen, communications director, RWJF national program office of *Covering Kids/Covering Kids & Families. Top row, left to right:* J. Toscano, senior vice president, GMMB; Maury Giles, senior research executive, Wirthlin Worldwide; David Smith, partner, GMMB; Stuart Schear, senior communications officer, RWJF; Dave Richardson, executive vice president, Wirthlin Worldwide.

The campaign is entering its third year and remains focused on increasing the enrollment of uninsured children in Medicaid and SCHIP.

For more information about the campaign, log on to <www.coveringkids.org>.

SELECTED GRANTS

Projects to Assure That All Americans Have Access to Basic Health Care at Reasonable Cost

- Developing a Web-based health insurance training and education tool for uninsured New Yorkers, $700,000 to the Greater New York Hospital Foundation, N.Y.
- *Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children.* Award to one site under *Supporting Families After Welfare Reform: Access to Medicaid, SCHIP and Food Stamps,* $375,000 to San Bernardino County Human Services System, San Bernardino, Calif.
- *Covering Kids and Families.* Awards to four sites, totaling $3.3 million.

Projects to Improve Care and Support for People with Chronic Health Conditions

- For developing small community homes as alternatives to nursing homes, $304,990 to Center for Growing and Becoming, Sherburne, N.Y.
- For improving the availability of information and research on long-term care, $749,981 to Visiting Nurse Service of New York.
- For increasing access to health coverage for people with chronic disabling conditions, $395,550 to George Washington University Medical Center, Washington.
- *Depression in Primary Care: Linking Clinical and System Strategies.* Awards to nine sites, totaling $869,103.
- *Targeted End-of-Life Projects Initiative.* Award of five program grants, totaling $1.7 million.
- *Circle of Life Awards: Celebrating Innovation in End-of-Life Care*, $265,710 to Health Research and Educational Trust, Chicago.
- For a national conference and community meetings on African-American perspectives on end-of-life care, $450,000 to Tuskegee University National Center for Bioethics in Research and Health Care, Tuskegee, Ala.
- For a national initiative to promote improved cancer pain management through collaboration with the American Cancer Society, $421,800 to University of Wisconsin–Madison Medical School.

Projects to Promote Healthy Communities and Lifestyles

- For using geographic information systems approaches to identify asthma risk factors in three North Carolina counties, $662,701 to Duke University, Nicholas School of the Environment and Earth Sciences, Durham, N.C.
- Evaluating the effectiveness of self-help programs to increase levels of physical activity among sedentary women, $749,373 to the Miriam Hospital, Providence, R.I.
- For improving the transmission of clinical data to public health databases, $362,682 to State of Missouri Department of Health and Senior Services, Jefferson City.
- For conducting a health assessment survey to improve health outcomes in Chicago communities, $747,629 to Mount Sinai Hospital Medical Center of Chicago.
- For developing a Web-based software tool to assess the impact of alcohol-related disease, $692,739 to National Foundation for the Centers for Disease Control and Prevention, Atlanta.
- For identifying environmental, policy and psychosocial factors important for designing culturally appropriate physical activity programs for women, $399,513 to St. Louis University School of Public Health.
- For evaluation of *Active for Life: Increasing Physical Activity Levels in Adults Age 50 and Older*, $740,606 to the University of South Carolina Research Foundation, Columbia.
- For identifying childhood origins of actual causes of preventable death in the United States, $399,607 to University of Washington School of Medicine, Seattle.
- For an urban seminar series on children's health and safety, $749,791 to Harvard University, John F. Kennedy School of Government, Cambridge, Mass.
- For continuing an education campaign on vaccines and immunization, $749,630 to the Infectious Diseases Society of America, Alexandria, Va.
- *The Center for Health and Health Care in Schools.* Awards to 15 sites, totaling $3.4 million.

Projects to Reduce the Personal, Social and Economic Harm Caused by Substance Abuse — Tobacco, Alcohol and Illicit Drugs

- Evaluation of *Reclaiming Futures: Building Community Solutions to Substance Abuse and Delinquency,* $2 million to the Urban Institute, Washington.
- For developing a virtual center to provide information on guidelines for tobacco-dependence treatment, $749,996 to American Cancer Society, Atlanta.
- For conducting research on state-level lobbying expenditures and campaign contributions by the tobacco industry, $309,093 to Common Cause Education Fund, Washington.
- For expanding coverage of tobacco-cessation services: testing a new Medicare benefit, $355,949 to Connecticut Peer Review Organization, Middletown.
- For expanding research and communications activities on substance abuse policies, $338,264 to National Conference of State Legislatures, Washington.
- *Addressing Tobacco in Managed Care.* Awards to three sites, totaling $599,835.
- *Innovators Combating Substance Abuse.* Award of $299,926 to University of Minnesota School of Public Health, Minneapolis.
- *Partners with Tobacco Use Research Centers: Advancing Transdisciplinary Science and Policy Studies.* One renewal award of $1.4 million to the Miriam Hospital.
- *Reclaiming Futures: Building Community Solutions to Substance Abuse and Delinquency.* Awards to 11 sites, totaling $2.6 million.
- *Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy.* Two renewal awards, totaling $523,747.
- *SmokeLess States: National Tobacco Policy Initiative.* Awards to four sites — Delaware, District of Columbia, Iowa and West Virginia — totaling $2.4 million.
- *Substance Abuse Policy Research Program.* Awards to six sites, totaling $1.5 million.
- Evaluation of the tobacco harm-reduction movement and its implications for nicotine addiction and public health, $340,276 to University of Michigan School of Public Health, Ann Arbor.
- For assessment of the effects of economic development activities on employment, alcohol outlet density and homicide, $340,942 to University of Minnesota School of Public Health.
- For development and implementation of a pilot office-based buprenorphine treatment for Medicaid patients, $399,988 to University of Washington School of Medicine.
- For prevention of illegal alcohol sales at community events. A renewal award of $394,736 to University of Minnesota School of Public Health.

Other Programs and Those That Cut Across Foundation Goals

- For creation of an endowed chair for a professorship in health and health care, $2.7 million to the University of California, San Francisco Foundation.
- *Investigator Awards in Health Policy Research.* Awards to three sites, totaling $824,740.
- For a study of the health plan selection for Medicare-eligible enrollees in the federal employees health benefits program, $208,604 to Emory University, Rollins School of Public Health, Atlanta.
- *Minority Medical Faculty Development Program.* For a study of the influence of African-American males' self-perceptions on hypertension, $363,930 to Hektoen Institute for Medical Research, Chicago.
- For providing tools, clothes and supplies for recovery workers at the World Trade Center site, $700,000 to Art Science Research Laboratory, New York.
- MTCT-Plus: Preventing Mother-to-Child Transmission of HIV in Africa. One award of $5 million to the Joseph L. Mailman School of Public Health at Columbia University, New York.
- For a New Jersey post-hospital patient support program, $738,648 to Friends' Health Connection, New Brunswick.
- For the Neighborhood Family Support Services Program, $509,546 to Renaissance Community Development Corporation, Somerset, N.J.
- For expanding the services of the Charter School Family Support Center of Camden, N.J., $432,174 to Rutgers University Foundation, New Brunswick, N.J.

New Grant Results Reports Posted on RWJF Web Site

Since January 2002, 44 new Grant Results Reports and two National Program Reports have been posted at <www.rwjf.org>. These reports, which detail the results of grants that are now closed, are organized by topic area. Among the newly posted reports:

- ***Video teleconferences train professionals to recognize and report child abuse and neglect.*** The University of Maryland Foundation held a series of videoconferences in 1999 and 2001 based on Douglas J. Besharov's book *Recognizing Child Abuse: A Guide for the Concerned*. The videoconferences were broadcast to sites across the country including hospitals and health care facilities, schools, social service agencies, child-care centers and law enforcement departments. The book is available for $14.95; the 21-module training curriculum is $140. Individual videos on legal issues, physical abuse, sexual abuse, physical neglect, psychological maltreatment and parental disability are $25 each. For more information and an order form, see <www.welfareacademy.org/newsite/childabu>.
- ***Community-based education for Medicaid recipients in managed care.*** The Community Service Society (CSS) of New York developed *Your Health Plan Handbook: How to Get the Health Care Your Family Needs from a Managed Care Plan*. The 36-page handbook covers basic information on Medicaid managed care: what it is; how it differs from traditional Medicaid; how to choose a plan; consumer rights within managed care; how to register complaints if problems arise. Bruce C. Vladeck, Ph.D., professor of health policy at Mt. Sinai Medical Center, says it is "a comprehensive and easy-to-read resource which will help Medicaid recipients understand how to use a managed care plan, and how to get the care they need." The handbook is available for $5 from <www.cssny.org/publications/books-health.htm>.
- ***Conference about the national tobacco settlement for governors and their policy advisers.*** The National Governors Association Center for Best Practices held the conference "The National Tobacco Settlement: Making the Money Count" three months before most states were scheduled to receive their initial payments under the settlement. It also created a Web page about settlement issues. See <www.nga.org> for more information. The Centers for Disease Control and Prevention (CDC) gave participants copies of its publication *Best Practices for Comprehensive Tobacco Control Programs*, which describes the key elements for effective state tobacco-control programs, including programs designed for communities, schools and the entire state. The document can be downloaded from the CDC Web site <www.cdc.gov/tobacco/bestprac.htm>.

— **Molly McKaughan**

Report on Nursing Shortage Offers Five Recommendations

The current shortage of nurses in the United States is fundamentally different from past shortages, according to a new report, *Health Care's Human Crisis: The American Nursing Shortage*, commissioned by The Robert Wood Johnson Foundation.

The report attributes the problem to dissatisfaction with the profession by nurses and competition from other career opportunities for women. It also points to an aging nursing workforce, the aging of the baby boom generation, a smaller pool of young people in the workforce and nursing's failure to attract large percentages of men and minorities.

With the goals of re-envisioning the nursing profession and helping it establish a full partnership with the profession of medicine, the report offers five recommendations:

- Develop new models of nursing and health care provision and advance the study of nursing's contributions to health care outcomes and consumer satisfaction.
- Reinvent work environments and nursing education to address the needs and values of those currently in the profession and to appeal to a new generation of nurses.
- Establish a national nursing workforce measurement and data collection system.
- Create a clearinghouse of effective strategies to advance cultural change within the nursing profession.
- Form a national Forum to Advance Nursing, an independent body that would draw together a wide range of interested parties to work on the recommendations above.

A complete copy of *Health Care's Human Crisis: The American Nursing Shortage* can be downloaded from <www.rwjf.org>.

From **Experience of Age —** page 9

800 in Philadelphia, where the corps already operates in 12 schools; and 400 in each of two additional sites, which will be chosen through a competitive proposal process.

"When schools are thinking about how they're going to meet the needs of the children they're educating, we want them not only to think about the paid staff they employ, but also about community resources," says Marc Freedman, president of Civic Ventures in San Francisco and project director of the RWJF grant. "Older adults represent a huge, untapped asset."

Plenty of young children from single-parent households or whose parents both work are starved for time with adults, Freedman says. "Kids in this generation are growing up alone," he says. Crowded classes also deprive children of the individual attention they need. Lacking adult guidance, many face numerous emotional and physical health risks.

Having a long-term relationship with a caring adult, however, reduces a child's risk for drug and alcohol abuse, smoking and violent behavior, studies have shown. Children who have worked with Experience Corps volunteers have improved their reading scores and academic performance; received fewer suspensions and referrals to the principal's office; and exhibited greater self-confidence, cooperation and calm, Freedman says. Ultimately, Freedman hopes that all public school systems will benefit from Experience Corps. He dreams of the day when communities will ask, "How can you *not* have the Experience Corps in your school district?"

— **Andrea Kott**

See <www.experiencecorps.org> *for more information on the program.*