



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.

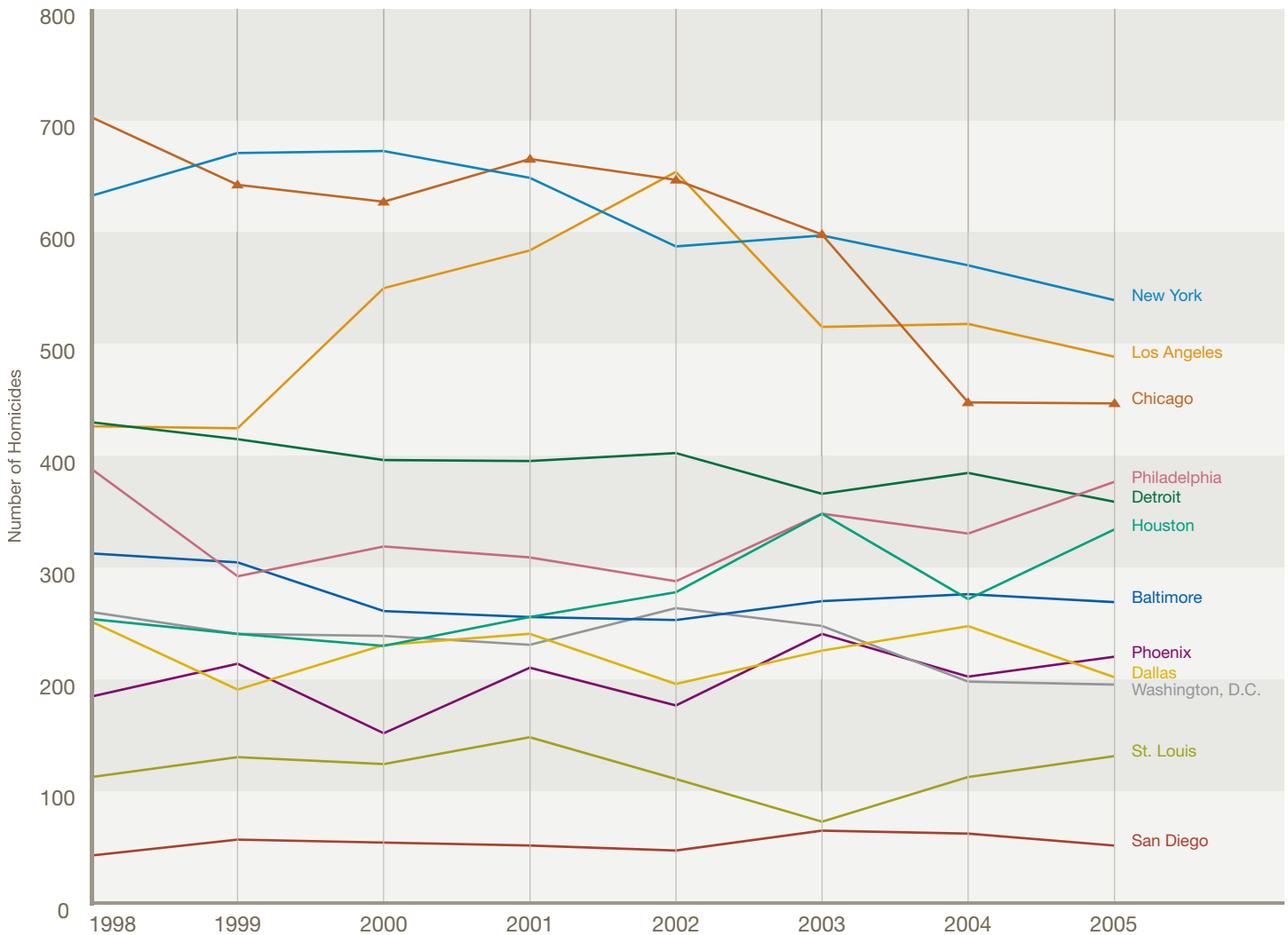
Reducing violence in a community requires more than an increased police presence and tougher gun laws. CeaseFire, originally funded through RWJF's *Local Initiative Funding Partners Program*, has reduced shootings in some Chicago neighborhoods by as much as 62 percent. CeaseFire works with all parts 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).