The Robert Wood Johnson Foundation Annual Report 1976

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Annual Report 1976

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The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation is an independent philanthropy interested in improving health care in the United States. It was established in 1936 by General Robert Wood Johnson, who died in 1968.

Robert Wood Johnson devoted his life to public service and to building a family-owned business into a major international corporation. An astute businessman, a statesman, soldier, and patriot, General Johnson devoted much of his life to improving the world around him. He had a tenacity of spirit that enabled him to accomplish many of his goals, but he also planned for the long-range fulfillment of other objectives that could not be achieved in one man's lifetime.

Despite the intensity and determination he displayed in his role as a business leader, General Johnson had a warmth and compassion for those less privileged than he. He was always keenly aware of the need to help others, and during his lifetime, he helped many quietly and without fanfare.

The true measure of General Johnson's deep concern for the needs of others was his decision to leave virtually his entire estate to The Robert Wood Johnson Foundation. With the settlement of this bequest in December, 1971, the Foundation began its transition from a local institution active primarily in New Brunswick, New Jersey, to a national philanthropy.

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Contents

The president's statement

Progress in American health affairs: things do change—and sometimes for the better

When a group of people or an organization works hard on a problem confronting society, it becomes important to reexamine the situation at reasonable intervals to see if the problem is still there. It is all too easy to get so involved in the process—the demands of day-to-day tasks—that shifts in the magnitude or the nature of the problem under attack can escape notice. There is a risk of overrunning one's goals or missing the target because the issue has changed in size or location.

Five years ago The Robert Wood Johnson Foundation started its national efforts as a philanthropy to improve the medical care of Americans. In our first report in 1972, I made the point that the medical care system is not static, but something that is undergoing constant change. However, it was our conviction that the rate of improvement in health affairs could be catalyzed and accelerated if we could diagnose and identify ideas " 'whose time has come'—or more accurately 'can come' " and move to support them.

For many reasons detailed in previous annual reports, we elected to focus our efforts on three particular problems which appeared of pressing national importance at that time. These were the difficulties that many people were experiencing in obtaining prompt and appropriate general medical care, the quality of that care, and the absence of sound objective information on which to base public policy decisions regarding health matters. Specifically, we stated as our mission: "The encouragement of institutions and individuals who are attempting to improve the American health care delivery system to make high quality care more available to non-hospitalized Americans." Put more simply, we hoped to make ambulatory care a higher priority for the health institutions and professions and for many of the other people working on health matters.

Recently, The Robert Wood Johnson Foundation staff has taken stock of what has been happening in the areas to which we have been directing our attention. To try to quantify the magnitude of the changes, we have made broad use of national data and evidence accumulating from studies we and others have supported. We have also tried to assess what these changes mean in the quality of people's lives.

The findings are exciting and encouraging. Things are getting better. In most instances the evidences of progress I shall cite have been poorly recognized, even by those who are health professionals and health

planners. These improvements deserve more attention. They show that this nation is bettering the delivery of medical care to its citizens. In our pluralistic, sometimes groping American way, multiple groups, institutions and individuals have all been working to strengthen ambulatory care services, and they have made real progress. There are more health professionals involved in ambulatory care. Institutions of many sorts have shifted their focus to out-of-hospital issues. Medical services are more available to those who are poor or from minority backgrounds. Compelling evidence is accumulating showing that planned organization of medical services for certain groups with special kinds of problems can reduce both the burden of illness and its costs.

In parallel with these changes in medical care, certain broad indicators show that the health status of Americans is improving. I am not suggesting that these indications of improving American health have been a result of better medical care, but it is most satisfying to see evidence that they are both going in the same direction.

So this is a message of hope and encouragement. The evidence to be presented has strengthened our convictions stated quite idealistically in our first Annual Report of 1972: "That by the conscious and thoughtful voluntary actions of people, it is possible to better the human condition." This 1976 report indicates that our American system—composed of multiple, independent institutions and people going at problems in their own way—does work, and perhaps better than we are sometimes wont to recognize. We are generally a terribly self-critical nation. But here the message is: *When multiple groups of Americans decide to attack a problem, they can really make a difference.*

1972 Revisited

It is worth recalling that 1972 was a period of considerable national discouragement. We were enmeshed in a protracted war. Many had doubts about the ability of our pluralistic American system to cope with complex domestic issues which marred the quality of American life. The vision of the Great Society of the 60's had waned. The enormous expenditures directed at social problems during that period—without apparent improvements—had provoked widespread disillusionment and discouragement. This led to the belief in the minds of many that planned efforts to improve conditions rarely produced satisfactory results.

The field of health and medical care had been one of great activity during the dozen years preceding our entry into the field. Between 1960 and 1973, total national health expenditures increased almost fourfold. Philanthropic contributions to health and medical activities had increased similarly during this period. Most compelling, public expenditures for health and medical care had escalated an alarming near sevenfold. Indeed, health expenditures for the first time since World War II exceeded expenditures for defense, and many were asking whether the vast amounts

of monies directed toward either sector were in any way guaranteeing an improved or more secure life. Despite the enormous expenditures in health, there was the uneasy feeling at large that things were getting worse, and "the health care crisis" was much in the discussions of the day. Medical care seemed increasingly hard to come by for all people, be they rich, poor, or middle-class. Shortages of health professionals who rendered general medical care services seemed to be growing worse. Institutions—hospitals, academic medical centers, and public health facilities—did not appear responsive to the unmet needs, and horror stories about the unavailability of care or its crippling costs for individuals were much in the public eye. The conventional wisdom, as reflected by many writers of the times, was that increasing expenditures in medical care had not led to improved health, and cynicism regarding the ability of our society and our institutions to better the situation was widespread.

Things do change

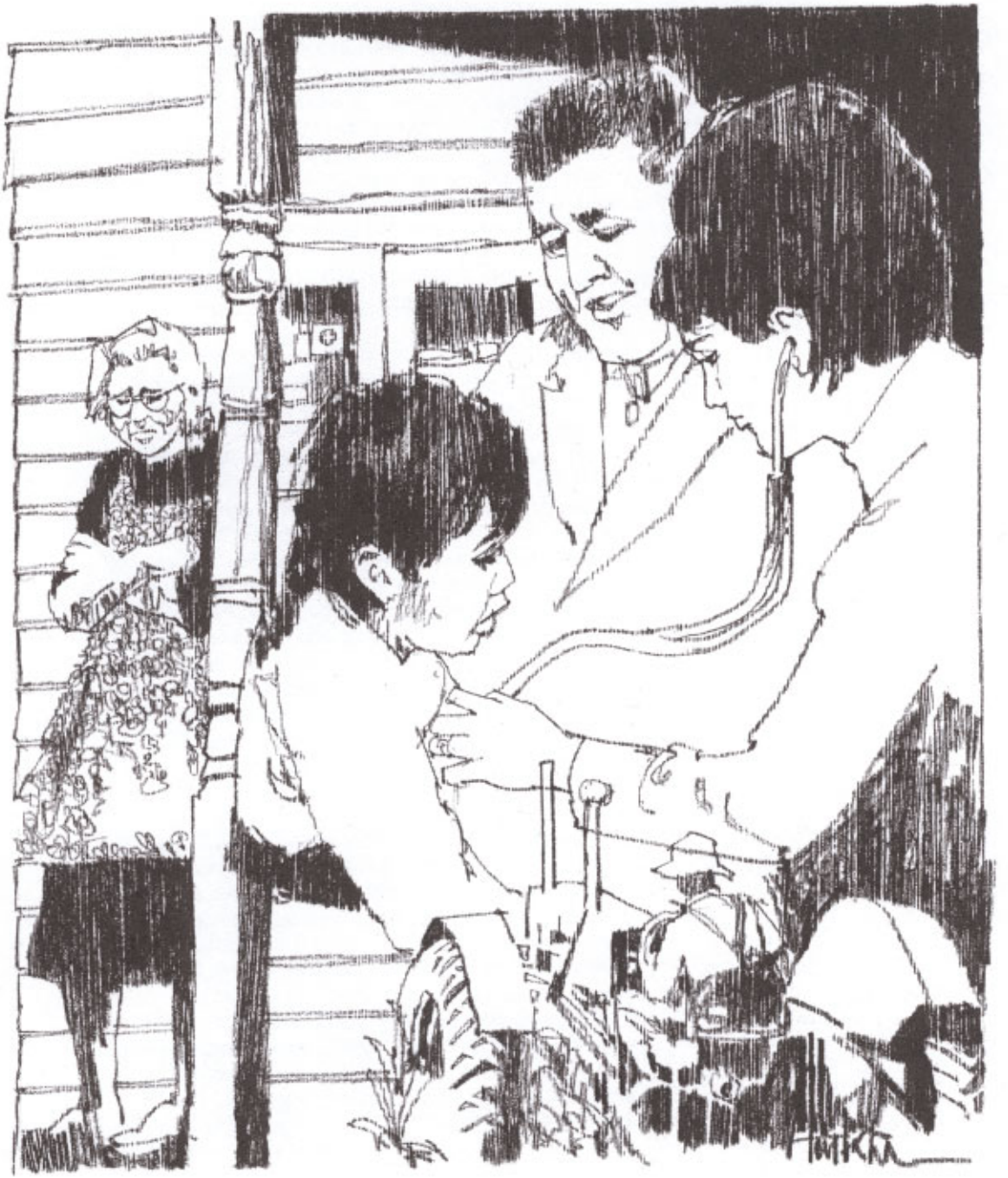
So what is the reality today? What has happened in the field of health and medical care affairs during this five years? Are things growing better or are things growing worse at the close of America's 200th birthday?

The answer—and it can be unequivocal—is that things have changed and changed for the better. Indeed, in some sectors remarkable improvements have taken place. I will focus principally on the improvements occurring in problem areas of particular interest to this foundation, but some intriguing gains in the health of Americans which have received little attention will also be noted. Before doing so, it is worth stating again the obvious—that we as a foundation have been only a very small actor on this very large stage, and on it for only a short time. Nevertheless, the fact that large amounts of human effort by many have led to these changes is gratifying, and reinforces our conviction that our initial selection of goals and strategies was appropriate.

Changes in access to medical care

Is physician care still as difficult to come by as it was five years ago? The answer appears to be a qualified "no." Data on the number of visits people make to doctors do not tell us all we wish to know. For example, they tell us nothing of what went on in the encounter. However, they do offer one narrow window on how medical services are deployed. Between 1969 and 1975, physician visits per person per year rose by 19 percent. This suggests that physicians are more accessible. There are also indications that physician care is more available to those who need it most. Of principal concern in 1972 were the inequities in the availability of care for those who were poor or black or located in inner-city centers of poverty or isolated rural areas. What has happened here?

In the mid-1960's, people with low incomes saw physicians 16 percent less frequently than did those with high incomes. This was of



concern because of the abundant evidence that serious illness is more common among the poor. But by 1975, this inequity in the availability of physician services had been largely eliminated. Indeed, people of low income are now seeing physicians slightly more often than those of high income, averaging six visits per year compared with a national average of about five. This suggests that we have found ways of getting low-income people into the health system, and at levels of use which seem more commensurate with their larger number of health and medical problems. That these figures can be applied fairly broadly is also suggested by the sharp decrease in the number of Americans not seeing a physician during a particular year. In 1970, 32 percent of Americans fell into this category. This had dropped to 23 percent by 1976.

These overall changes in those receiving physician attention were also paralleled by the improvement in the availability of physicians to minority groups. In 1970, black Americans saw physicians 12.5 percent less often than did white Americans. Again, by 1976, this gap had largely disappeared: blacks, also a group with greater illness burdens, were, as a group, seeing physicians as frequently as whites.

Gratifying though they are, these figures on physician utilization need to be interpreted with caution. Obviously, if one believes that better medical care can improve the health and welfare of Americans, getting to medical care is a necessary prerequisite for all that follows. But there is also evidence that some of these new physician visits are not what we would hope them to be. The "Medicaid Mill" scandals, the overcrowding of hospital emergency rooms are cases in point. We need much more solid evidence that a physician visit yields better medical care than those bare figures tell us. *But the point remains that great efforts have been made to improve access to care, that change has occurred, and it seems to be change in the proper direction.*

Decreasing shortages of health professionals

And what of the crisis in the production of health professionals? In the early 1970's much criticism was being leveled at academic institutions because of their failure to increase the number of young men and women being trained as doctors, dentists, nurses and other health professionals. In contrast to the foregoing, here the changes can be readily confirmed. Between 1970 and 1976, medical schools have increased the number of physicians in training by 50 percent. In contrast to the 40,000 Americans in medical schools in 1970, almost 60,000 will be in training during 1976. Of equal importance, residency opportunities for those interested in generalist careers are rapidly expanding, and American-trained physicians are filling these. Nursing schools have also increased their enrollment by an impressive 52 percent. Further, there has been increasing emphasis on broadening and upgrading the clinical training of the nurse graduates to give them

larger and more direct patient care responsibilities. The number of dentists emerging yearly is almost 25 percent higher than in 1970, and a number of dental schools are training their graduates to serve groups of people with special dental care needs—particularly the physically and mentally handicapped.

New kinds of health workers—notably physician's assistants—are also entering the field in rapidly increasing numbers. In 1972 approximately 400 individuals were emerging from training institutions. In 1976 many additional institutions have established new educational programs for physician's assistants, and 1,500 will enter health care careers this year.

All of these changes in health manpower suggest institutional responsiveness of a high order. There are even some indications that we may be at hazard of overshooting projected national needs for health professionals.

Better organized care for special groups at special risk

During this five-year period a number of programs—some supported by the Foundation, a number supported by others—have convincingly demonstrated that the organization of medical care for special groups with special problems can significantly reduce mortality, the burdens of chronic illness, or the needs for hospitalization. Let me illustrate by three examples:

1. Improving the outcome of pregnancy

The evidence mounts that properly organized and appropriate care of pregnant women before and at the time of delivery can make significant inroads on infant mortality, birth defects, and maternal mortality. In most instances such care need not be complex or expensive. During the last ten years, the Frontier Nursing Service in Kentucky has succeeded in reducing infant deaths in a poverty stricken, remote, rural area by an organized system of nurse and midwife care. In fact their infant mortality rates are now below those in the rest of the state. In a similar fashion, a Georgia study showed that the introduction of a well-organized maternal and infant care program was successful in sharply reducing prematurity and in dropping infant mortality by 40 percent in areas served when compared with similar counties in which no such services were available. Both of these programs also succeeded in significantly reducing maternal mortality as well.

2. Reducing illness in children

In a similar vein, well-organized programs for youngsters have clearly decreased the days of illness and the use of expensive hospital facilities in a number of areas where planned programs have been put in place. The Boston Pediatric Center reduced the need for hospitalization of children by 36 percent in just two years following the introduction of a comprehensive program of child care. A similar effort carried out in a

Rochester neighborhood health center led to a 50 percent reduction in the number of hospital days required for children participating in the project, and the amount of time children were ill was also dramatically reduced.

Let me try to make these figures come alive. A comprehensive health program for children established in a poor section of east Baltimore produced a 60 percent reduction in the incidence of rheumatic fever among children in the program. Translated into human terms, in the five years prior to the introduction of the program, 51 children in the target area developed rheumatic fever with its very significant incidence of crippling heart disease. Only 11 were so afflicted during a similar period while receiving well-organized care. This means 40 children will have been spared possible heart disease of a kind which used to kill many in their young adulthood.

3. Organized care of chronic disease

Other studies have shown that thoughtfully organized care for certain specific types of chronic illness can again make a heartening difference in human misery. An impressive study emanating from Memphis—a joint effort of the local health department, the City of Memphis Hospital, and the University of Tennessee—deserves wide attention.

Facilities to care for diabetics were decentralized for ready accessibility and staffed by specially trained nurses guided by protocols. Over a two-year period, the costs of ambulant care for diabetics were reduced to 1/5 that given in the medical center facilities. At the same time there was a 42 percent reduction in hospitalization required for the diabetic individuals receiving care. Episodes of diabetic acidosis, serious infection, and problems relating to peripheral vascular disease were greatly reduced by a plan that introduced a simple, straightforward and humane system of care.

The improving health of Americans

Have these changes in the apparent availability of physicians, the increased numbers of health professionals, and better organized programs to manage special groups been paralleled by any changes in health statistics? Again, the answer is yes.

First, although it has been largely ignored, death rates of Americans have been falling for the last seven years when adjusted for our aging population. From the mid-1950's until 1968, the downward trend in age-adjusted death rates leveled off and fluctuated within a narrow range. However, between 1968 and 1975, they dropped by almost 14 percent. This rate of decrease is as high as we have seen any time this century.

Similarly—and again without much heralding—infant mortality rates have also been continuing to decline. From 1970 to 1975 they fell by over 19 percent—from 20 to 16.1 per 1,000 live births—the lowest ever recorded in the United States. This seems of particular interest because the conventional wisdom of 1972 was that we had gone about as far as we could go toward reducing neonatal deaths. While family planning activities are an important component of this change, this is not the whole story, and infant mortality rates are continuing to fall. The last figures available indicate a range of 15.7 for the 12-month period ending in March 1976. Lest we become too self-congratulatory about this, it should be pointed out that similar improvements in infant survival have occurred in most industrialized Western nations. Thus, the relative ranking of the United States within the family of nations has not changed materially.

Accompanying these changes in infant mortality, national maternal mortality dropped an impressive 50 percent—from 21.5 to 10.8 per 100,000 live births between 1970 and 1975. Our foundation's national program, which is helping eight regions establish planned systems for progressive perinatal care, was developed on the basis of such evidence. These efforts should yield yet further data on this subject in the years to come.

Some other indicators of improving health statistics should also receive broader attention. The story of coronary heart disease, our leading cause of death, is a fascinating illustration. After its initial

recognition in 1912, deaths reported from coronary artery disease increased steadily throughout the 30's, the 40's, and the 50's. It is generally believed this increase has continued relentlessly. Indeed, a recent national television program was titled "Heart Disease—a 20th Century Epidemic."

In point of fact, the increasing toll of deaths due to coronary artery disease peaked in 1963, although this was not appreciated or well recognized until almost ten years later. During the seven-year period from 1968 to 1975, death rates due to coronary heart disease have fallen 18 percent. Not only is a fall occurring, but it seems to be accelerating. Here again is a quite dramatic change. The reasons for the decline are not known. Is it more exercise? Is it less use of saturated fats? Is it declining use of cigarettes? (There has been a 34 percent fall in the incidence of smoking among young men between 21 and 24 years of age.) Is it more equanimity? Better medical treatment?

While we are all much aware of the rising death rates caused by cancer, 10 of the first 15 causes of U.S. deaths have declined. Thus, downward trends in deaths due to strokes, diabetes and peptic ulcers, as well as coronary artery disease, have also been taking place. That we do not know the reasons for these improvements is frustrating, but the changes should not be ignored. These shifts do not suggest an overall worsening health situation for those who live in the United States. We must be doing some things right, and there seems room for some cautious optimism.

These encouraging evidences of progress also illustrate another point—how subtly change can occur without our recognizing that it has taken place! Often there is a long period of intense effort and considerable turbulence with very little apparent effect, and discouragement begins to mount. Then all of a sudden, changes appear to take place almost overnight without our really knowing why. But the message is clear. Access to health care is improving, more institutions and people are involved, and we are beginning to achieve equity in access to medical services for the poor and poor minority people. In parallel with this, certain statistics regarding the health of Americans are showing improvement. It is important to be aware of these changes in planning for a healthier future.

The problem of rising health care costs

To my sorrow the problem which triggered public concern about health and medical care remains very much with us. The costs of health care continue to rise. Here the "crisis" continues. Since the 1960's, escalating health care costs have been one of the major problems facing the nation. They remain so. During the last decade, we spent more for health and medical care than we did during the entire previous 35 years. An average hospital stay cost $311 in 1965. It was $1,017 in 1975. With health expenditures per family rising from $567 in 1960 to $2,188

in 1975, this has proved a steadily growing burden for most American families. If they cannot be contained, costs may prove to be the Achille's heel of this country's arrangements for health services.

Agenda for the future

Do all these encouraging changes in the area this foundation has selected for attention mean we should shift our focus and our mission? The answer is, I believe, both yes and no. Clearly there are some areas—simply additions of more people to the health manpower pools, for example—which do not need our assistance. On the other hand, there are some special subsets in our population that are continuing to have very real problems in obtaining the medical care they need and deserve.

While as a nation we have reduced the problems the poor have experienced in obtaining medical attention, we have not, to date, done as well in eliminating the difficulties which rural citizens experience in getting medical care. In 1970 urban residents saw physicians three percent more frequently than did those of rural areas. By 1976 the number of physician visits made by rural dwellers had actually fallen, leaving a gap of 12 percent. Part of this gap continues to relate to the disparity in health care financing between urban and rural areas. Both public and private health insurance programs continue to make it financially more attractive for health professionals to remain in urban communities.

In addition there have been disappointingly small gains for two groups—children and the elderly in low-income categories. Both have lagged far behind the rest of us, and we have not, as a nation, succeeded in moving them into the mainstream of American medical care.

The reasons for this are the obvious ones. Both children and those who are old need outside help to get into the system. They are dependent on others. Consequently, it requires special programs and special organizational structures to assure that available services are brought to them, or they to the services. The profound, often lifelong impact of neglected health problems in children and the cost burden such neglect places on society, are too well known to need detailing here. The kinds of evidence described which shows that specially designed systems can both reduce costs and the burden of illness for children make us feel that new approaches to render their care and that of other special groups more effective deserve our encouragement.

There is also the problem of the "quality" or the "texture" of the patient-health professional interaction. It varies widely in its promptness, its appropriateness, its dignity, and its human caring qualities. A colleague recently paraphrased Gertrude Stein in describing the situation when he said in frustration, "A physician visit is not a physician visit is not a physician visit." The vast majority of the well-to-do

receive their medical care in private settings—in the physician's office, in the home, or through telephone contact with their doctor. The poor receive a much greater proportion of their care from hospital out-patient departments and health clinics. Indeed, during the five-year period we have been examining, there was a 40 percent increase in out-patient visits to hospitals. The quality of these interactions needs more attention to make them more appropriate and more people-oriented. The "physician visit" of an indigent mother to an overcrowed out-patient department with long waits, hard benches, shifting medical personnel, and impersonal care is not the same "physician visit" which I or my family make to our doctor.

If these "physician visits" are to improve, it is clear that this nation needs to change many of its ways of delivering out-of-hospital care. There is considerable evidence which suggests that better organized ambulatory care will not only lead to more responsive patient services, but will also effectively contain medical care costs. But here we are faced with a troublesome national paradox. While as a nation we finance expensive hospital care through a variety of insurance and public assistance programs, we have not developed satisfactory ways to cover the costs of ambulatory care which might eventually put the rein on escalating medical expenses for most people. Thus, a major question is how can we continue to encourage institutions to expand their capacity to provide efficient ambulatory care services—and it is clear that they are trying—in a financial climate which is simply not adequate to sustain their new program development? The development of better answers to this question remains a major and obvious national challenge, which in the future must be met with health financing programs which are less inflationary than those of the past.

The foundation's role

So what is the proper role for foundations—and, more particularly, for this foundation—in the health scene? Basically I have come to believe that we can do two things. First, we can identify an issue or a problem before a national consensus regarding it has emerged, and then serve as a focal point for those wishing to work on it. We can indicate our willingness to listen to and encourage those who are thinking about it, and fund a few of the hundreds who wish to participate in moving toward its solution.

We have said before that one of the privileges of a foundation is to be able to focus on a problem perceived by many to be serious, and then stick with it long enough to see if the attempted solutions gain acceptance and are introduced into the mainstream of national activity. We can let people know we are also concerned, and encourage and assist those who are trying to put in place programs of potential benefit to the public so that these programs can be examined, prodded and pushed to see if they are workable.

Secondly, we can in this way initiate a "process." We can allow institutions and professional groups and individuals to address a particular problem and gain experience in working with it in ways that simply cannot be done by government.

Clearly a nation cannot avoid working on a critical problem until all the knowledge and techniques for its solution are available. But responsible government leadership must proceed with caution in areas where it lacks adequate knowledge and experience. Solutions to social problems need early testing, and pluralistic and varying approaches need an opportunity to be tried and seen. The time for learning and experimentation and gaining experiences comes before national consensus and decision making.

Here I believe is our foundation's *raison d'être*. Clearly, our role can be to help people build new programs and try new approaches and new mixes of talent to solve troublesome problems so that some signposts are in place for broader developments. We entered the health scene in a period of national discouragement. By indicating that we stood ready to assist those who wished to try some new ways to improve general medical care, I hope we gave some help to furthering a process which seems to be moving in ever-widening circles.

During this five-year period, we have made almost 900 grants. Approximately 145 of them have gone to individuals and groups conducting objective research studies to develop answers to many questions: what is the extent and the nature of the problems people face in finding medical care? Who are those who have special problems? Which physicians spend what kind of time managing general ambulatory medical care problems? These and other studies are developing the kinds of information required to make the sorts of assessments I have reported here. These and many other studies will, I believe, help sharpen our perceptions of where our foundation efforts will be most helpful and will hopefully contribute to a better knowledge base for those who must make larger scale decisions about health affairs.

About 400 of our grants have gone to educational institutions wishing to experiment with new ways of training health professionals for generalist medical care roles. New programs for residency training of primary care physicians, for educating new kinds of pediatricians, dentists, nurse clinicians, physician's assistants, and other types of health practitioners are now turning out differently trained people for careers in medicine and health.

About 350 of our grants have gone to groups and institutions that are developing and gaining experience with new ways of organizing and delivering care. These experiments are helping answer questions like some of the following: can regionalization of emergency services render them more effective? Can one improve the health and reduce the amount of hospitalization required for children? Can new ways of organizing care for pregnant women reduce infant or maternal mortality? Can one

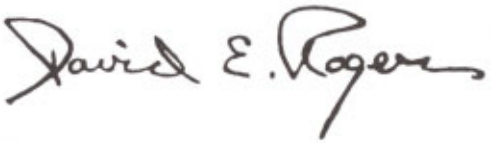
create programs for the urban poor, for the rural poor, for underserved minority groups that have a chance of becoming financially viable?

We have tried to involve the broadest possible mix of people in these efforts. Grants have been made to universities and junior colleges, to hospitals and free-standing clinics, to government groups and community organizations. I believe our funds have given many of these groups and institutions an opportunity to re-examine what they are doing and test new ways for fulfilling their objectives.

It is quite clear from our experience to date that the diverse groups who make up our society can make progress. There remains a large and important agenda ahead, but our five years of experience has validated our belief that multiple groups focusing on the same problem can produce a variety of imaginative and encouraging potential solutions to larger national problems. What is happening seems an example of how independent people and groups can see national priorities and respond to them.

Obviously, the improvements in health affairs I have cited cannot be directly attributed to the activities of this foundation, but as individuals who have staked their all on this area, we feel some considerable satisfaction from the evidences of improvement. One of my colleagues recently put it this way: "When the winning car crosses the finish line at the Indianapolis 500, and you see the small sign advertising your spark plugs on the car's side, you know the spark plugs didn't win the race, but you're aware they were there and hope they played some role in the victory."

To help identify and describe a problem, to serve as a focal point, and to help groups become involved in the process of improving the personal medical care system, has clearly been our role. We are encouraged by what is happening. As this country looks forward to its next 100 years, it is my hope that we can discard the feeling that our social institutions are unable to cope with national problems. In the area in which we have been working, they can, and they have, and they are!



The 1976 grant program

The 1976 grant program

During 1976 the Foundation made 258 grants, committing a total of $43.6 million to groups and institutions using varying approaches to make high quality, ambulatory health services more broadly available.

These grant funds were distributed among the three objectives of the Foundation as follows:

- Programs to increase access to general medical care received $35.2 million, or 81 percent of the 1976 funds.
- Programs to improve the quality of care received $4.4 million, or 10 percent.
- Programs to improve the formulation of public policy in health affairs received $3 million, or 7 percent.

The remaining $1 million, or 2 percent of the funds granted in 1976, went to a variety of charitable institutions and programs in the New Brunswick, New Jersey area where the Foundation maintains an historic and continuing interest.

Viewed from another perspective, the $43.6 million was allocated to the following types of activities:

- $24.4 million, or 56 percent, went to institutions and groups developing and putting in operation new or improved ways to deliver ambulatory care services.
- $10.8 million, or 25 percent, went into the education and training of various kinds of health professionals needed to plan, staff, and manage such services.
- $7.9 million, or 18 percent, went to support independent evaluation of certain Foundation programs, for highly targeted health care research, and to groups developing data useful to those formulating and evaluating public policy.

Of the approximately 1,800 requests for support received by the Foundation in 1976, 895 addressed problems within the Foundation's program objectives. It would have required $173 million to fund all of these efforts. The charts on the facing page show the distribution of 1976 requests and grants by the Foundation's objectives and by types of activities funded. As shown there, the Foundation's resources could only provide about 25 percent of the funds requested. The chart on page 28 shows how the Foundation's funds have been distributed nationally over the past five years.

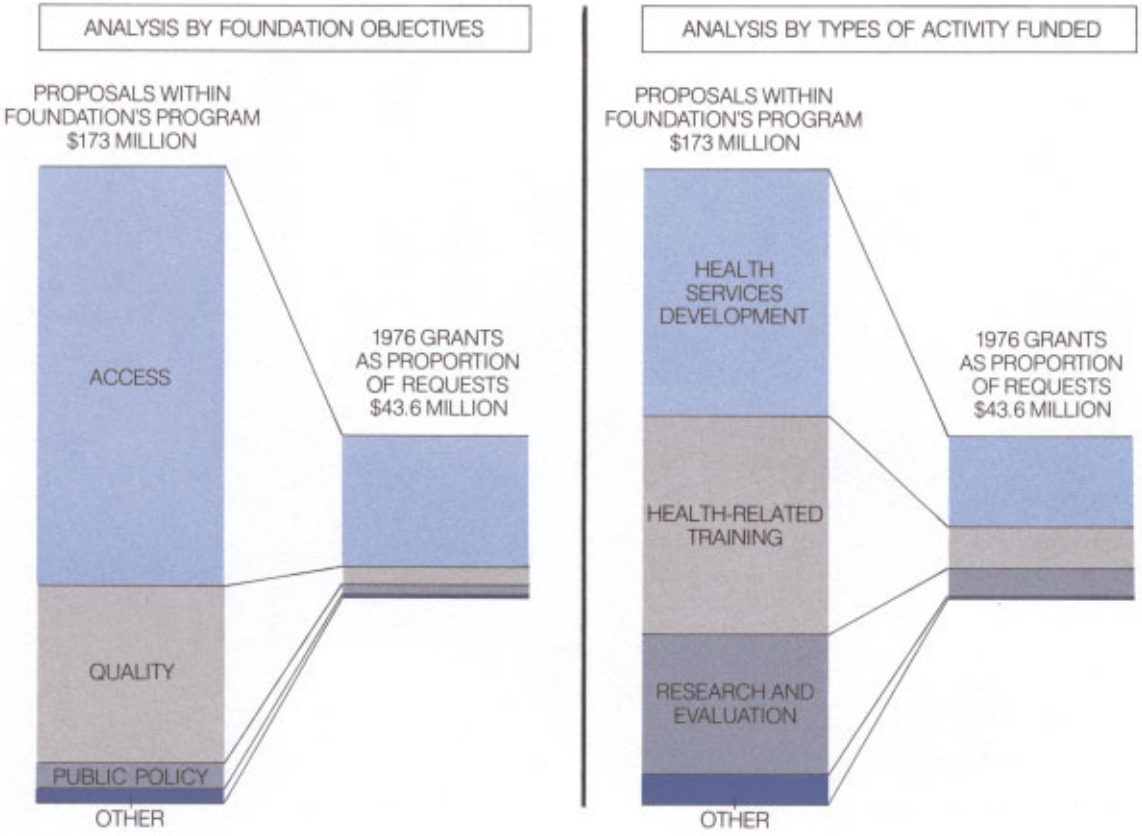
Program information

In each of the Foundation's four previous annual reports, this section has included a brief description of a representative group of grants, but it has not always been possible to do this in sufficient detail to satisfy the interested reader, and many grants were of course never described. This year, the descriptive part of this section will be limited to major developments in the 1976 grant program. However, two other, more comprehensive reporting arrangements have been instituted.

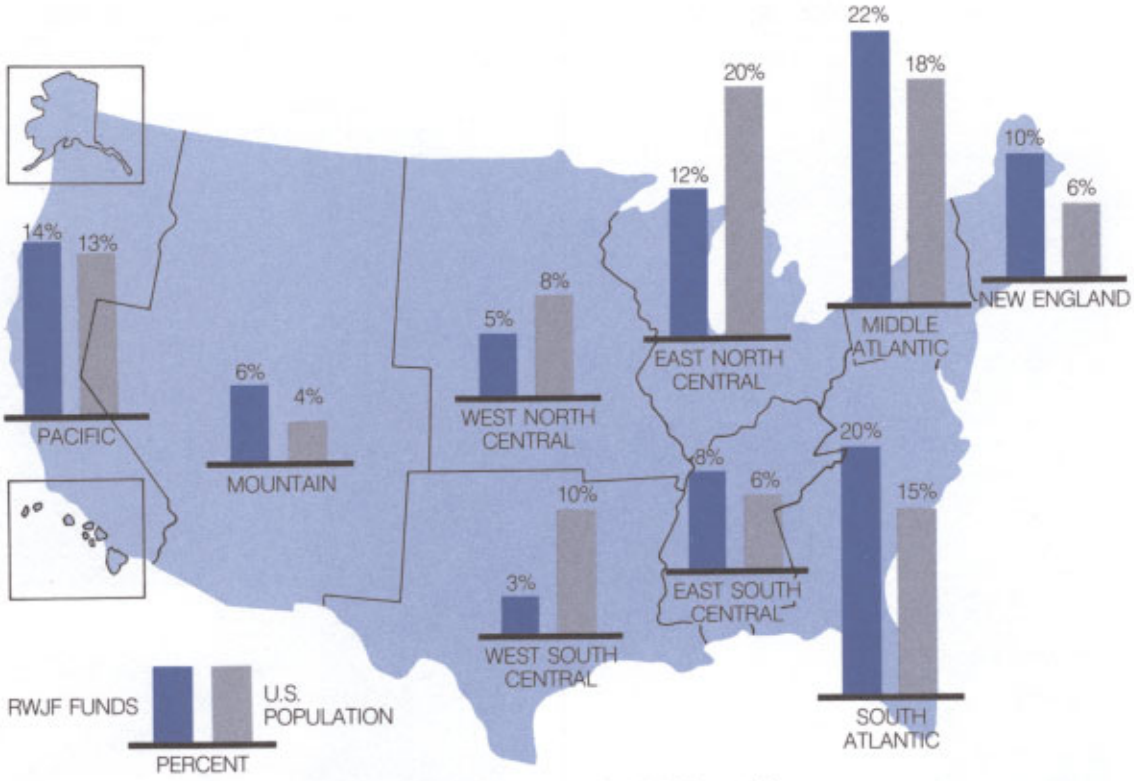
First, for each grant made in 1976, a concise description of the activity being supported—a Program Summary—is now available. The titles of these grants are printed in blue in the list beginning on page 46.

If you would like to receive a particular Program Summary, address your request to: Office

Analysis of 1976 proposals and grants



1972-1976 Grant funds by geographical region compared to population



Source of population data: U.S. Department of Commerce, *Statistical Abstract 1973.*

of Information Services, The Robert Wood Johnson Foundation, P.O. Box 2316, Princeton, New Jersey 08540. Each request should include the title of the grant, the institutional recipient, and the grant ID number.

In addition, during 1977, the Foundation will begin issuing Special Report, a nonperiodic publication describing the outcomes of activities supported by particular grants that appear to be of broad interest because of findings uncovered or the issues they illustrate.

Major developments in the 1976 grant program

This year, the American Fund for Dental Health, with Foundation support, launched a national program to test the thesis that tooth decay—the most common dental problem of children—can be markedly reduced with the application of rather simple, well-tested preventive procedures. Different combinations of such measures as the application of fluorides and sealants will be provided to different groups of children in 10 communities. Over the next 5½ years, approximately 20,000 children will take part in the Program. An independent evaluation will measure the costs and the relative degrees of protection afforded by each combination of preventive measures.

In 1976, the Foundation also renewed its support for several other child health programs —for example, the health component of the Brookline (Massachusetts) Early Education Project. Known as BEEP, this program brings parents and the public school system together in sharing responsibility for the health and early educational development of infants and preschool children.

Primary care group practices

During 1976 thirty-one hospitals in 27 states received grants under the Foundation's national program to assist community hospitals and their medical staffs develop primary care group practices. Before its conclusion, approximately 50 hospitals—hopefully including one hospital in almost every state—will receive grants under this program, as described in the 1974 and 1975 annual reports.

First grants also were made to establish community-sponsored group practices under the Rural Practice Project, another of the Foundation's national programs described in the 1975 annual report. Recipients were newly formed groups in Pacolet, South Carolina; Paoli, Indiana; and Plainfield, Vermont.

Inner-city areas continued to present difficult access-to-care problems, and the Foundation is assisting a gradually increasing number of nonprofit groups attempting to overcome them. In 1976, an existing family health center operated by the East Central Citizens Organization in Columbus, Ohio received funds to expand medical services in what had been a doctorless city neighborhood of 16,000 people.

A 1976 grant to the American Group Practice Foundation will support a series of regional training programs to prepare physicians to manage primary care group practices like those being established and expanded with Foundation assistance.

In an effort to upgrade the quality of care offered ambulatory patients, the Joint Commission on Accreditation of Hospitals is expanding the scope of its review and accreditation programs. With Foundation support the Commission will complete planning and pilot testing, and begin surveying selected group practices, health centers, and other ambulatory care facilities that wish to be reviewed and accredited.

Training for primary care

To expand the cadre of well trained physicians offering general medical services, 10 medical schools are using the Foundation's

funds to expand training in ambulatory care in internal medicine and pediatric residency programs. With a 1976 grant, the University of California, Los Angeles established such a primary care residency program.

Nurse practitioners working with physicians in ambulatory care settings have shown they can meet the needs of many patients seeking general medical care. However, because of shortages of qualified nurse faculty, only a few nursing schools have introduced nurse practitioner training as an option in their professional curricula. To aid in reducing this shortage, the Foundation announced in 1976 its Nurse Faculty Fellowships Program. In each of three years, beginning in 1977, 20 nursing school faculty members selected from nominations by nursing schools throughout the country will receive one-year fellowships to prepare them for teaching careers in clinical primary care.

In 1976 four nursing schools (the University of Colorado, Indiana University, the University of Maryland, and the University of Rochester) were awarded grants to train the nurse faculty fellows. A grant was also given to the Vanderbilt University School of Nursing for administration of the Program.

Even though physician's assistants, like nurse practitioners, have shown they too can assume significant primary care responsibilities with physician supervision, many students of health manpower production have been concerned because training programs for these two new health professions are developing quite independently of each other. Joint training offers the possibility of cost savings and an opportunity to study the similarities and differences in clinical skills and approaches to patient management that characterize these two new professions. Such a cooperative venture has been instituted with Foundation support by the University of California, Davis and Stanford University.

Student aid

Of the 258 grants made in 1976, 115 were the result of a one-year extension of the Foundation's Medical Student Aid Program, which provides scholarship and loan funds to all U.S. medical and osteopathic schools. These funds are designated for certain groups that evidence suggests opt more frequently for generalist medical careers—women students, students from rural backgrounds, and students from the country's black, Indian, Mexican-American, and U.S.-mainland Puerto Rican populations.

Several other grants were made to institutions that are increasing the number of minority health professionals by offering special study programs to help undergraduate students qualify for admission to medical and dental schools. This year the University of Mississippi Medical Center and Morehouse College became the sixth and seventh institutions to receive support for such a program. This Mississippi program will be conducted in association with five predominantly black colleges in the state: Alcorn, Jackson State, Mississippi Valley State, Rust, and Tougaloo.

Program evaluation

From the outset, whenever feasible, the Foundation has funded independent evaluations of its major programs. Four institutions received support for such studies in 1976: the University of Texas, to evaluate the Rural Practice Project; the Rand Corporation, to evaluate the National Preventive Dentistry Program; the University of California, San Francisco, for a comparative study of primary care residency programs; and the University of California, Los Angeles, to plan, develop, and conduct an evaluation of a school health program.

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Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants. This bibliography has been compiled from among the reports received in 1976, and from among the publications of the Foundation's staff.

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Financial statements

Introduction to statements

The annual financial statements of the Foundation appear on the following pages. A listing of securities other than Johnson & Johnson common stock held by the Foundation at December 31, 1976, appears on pages 41 through 45, and a summary of grants appears on pages 46 through 99.

The Foundation authorized $43,582,909 in grants in 1976, compared with $54,561,824 in 1975. The reduction was due in part to the provision of the Tax Reform Act of 1976 which stabilized the minimum payout requirement at 5% of average asset value.

Investment income for 1976 was $25,411,602, compared with $25,118,814 for 1975. Deductions from this income for direct investment expenses and Federal excise tax were $1,178,403 in 1976 and $1,156,758 in 1975. The total of grants net of refunds and cancellations, plus administrative expenses incurred in 1976, was $46,578,753, or $22,345,554 in excess of the net investment income for that year. The excess of grants and administrative expenses over net investment income in 1975 was $32,643,613, and the cumulative excess of grants and expenses over net investment income since 1971 amounts to $154,536,312.

The size of the staff has expanded rapidly during the past five years. In 1976 staff development reached completion, and the staff is now projected to be adequate to plan, administer and evaluate the full program on a long-term basis. To provide the space required for its operations, the Foundation also completed and occupied its own headquarters building in Plainsboro Township, New Jersey. The new quarters and final additions to program staff contributed to the increase in administrative expenses in 1976 over 1975.

At January 1, 1976 the Foundation owned 9,089,123 shares of Johnson & Johnson common stock. During the year, 278,037 shares were divested, leaving a balance in the portfolio of 8,811,086 shares at December 31, 1976. The assets of the Foundation at December 31, 1976, based on quoted market values amounted to $957,916,251, compared with $1,058,047,886 at December 31, 1975.

William R. Walsh, Jr.
Treasurer

Opinion of Independent Certified Public Accountants

To the Trustees of
The Robert Wood Johnson Foundation:

We have examined the statement of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation as of December 31, 1976, and the related statement of investment income, expenses, grants and changes in foundation principal for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously examined and reported upon the financial statements for the year ended December 31, 1975.

In our opinion, the aforementioned financial statements present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1976 and 1975, and the investment income, expenses, grants and changes in foundation principal for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Coopers & Lybrand

Newark, New Jersey,
February 4, 1977.

The Robert Wood Johnson Foundation
Statement of Assets,
Liabilities and Foundation Principal
at December 31, 1976 and 1975

	1976	1975
Assets		
Cash	$ 177,341	$ 160,649
Securities (at cost or market value on dates of gifts) (Notes 1 and 2):		
Johnson & Johnson common stock 8,811,086 shares in 1976, 9,089,123 shares in 1975 (quoted market value $687,264,708 and $815,748,789)	252,584,419	260,554,822
Other corporate common stocks (quoted market value $66,970,796 and $61,455,537)	64,099,178	73,554,346
Fixed income securities (quoted market value $197,327,464 and $175,579,433)	195,770,830	184,634,125
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	6,175,942	5,103,478
	$518,807,710	$524,007,420
Liabilities and Foundation Principal		
Liabilities:		
Unpaid grants (Note 1)	$ 99,401,707	$ 98,949,540
Federal excise tax payable	1,302,632	1,155,744
Total liabilities	100,704,339	100,105,284
Foundation Principal	418,103,371	423,902,136
	$518,807,710	$524,007,420

See notes to financial statements, page 40.

The Robert Wood Johnson Foundation
Statement of Investment Income, Expenses, Grants and Changes in Foundation Principal
for the years ended December 31, 1976 and 1975

	1976	1975
Investment income:		
Dividends	$ 11,861,351	$ 10,311,959
Interest	13,550,251	14,806,855
	25,411,602	25,118,814
Less Federal excise tax and direct investment expenses	1,178,403	1,156,758
	24,233,199	23,962,056
Expenses:		
Salaries, employee benefits and payroll taxes	1,721,604	1,364,340
Professional services	280,989	297,920
Contract expenditures for the development and administration of special programs	359,057	223,548
Building occupancy expense	259,262	110,133
Meeting and travel expenses	218,036	186,646
Other administrative expenses	671,429	389,178
	3,510,377	2,571,765
Income available for grants	20,722,822	21,390,291
Grants	43,068,376	54,033,904
Excess of expenses and grants over investment income	(22,345,554)	(32,643,613)
Additions to Foundation Principal:		
Net capital gains on sales of securities (Note 3)	16,058,745	11,568,220
Less related Federal excise tax	295,267	159,384
	15,763,478	11,408,836
Contributions received	783,311	686,168
	16,546,789	12,095,004
Net decrease in Foundation Principal	(5,798,765)	(20,548,609)
Foundation Principal, beginning of year	423,902,136	444,450,745
Foundation Principal, end of year	$418,103,371	$423,902,136

See notes to financial statements, page 40.

1. Summary of significant accounting policies:

   Grants are recorded as payable in the year the grant requests are authorized by the Board of Trustees. At December 31, 1976, unpaid grants are as follows:

Year Grant Authorized	Amount Unpaid at December 31, 1976
1972	$ 926,465
1973	7,000,044
1974	24,426,985
1975	31,800,280
1976	35,247,933
	$99,401,707

   Depreciation of $81,728 in 1976 and $14,648 in 1975 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

   Interest and dividend income is recorded when received and expenses are recorded, except for federal excise taxes, when paid. The difference between the cash and accrual basis for such amounts is considered to be immaterial.

2. The quoted market values of investments, particularly in the case of the sizable holding of Johnson & Johnson common stock, may be greater than the realizable values of such investments.

3. The net capital gains (losses) on sales of securities for the years ended December 31, 1976 and 1975 were as follows:

	1976	1975
Johnson & Johnson common stock	$15,591,809	$12,752,587
Other securities, net	466,936	(1,184,367)
	$16,058,745	$11,568,220

4. Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs accrued. Pension expense approximated $139,000 and $117,000 in 1976 and 1975, respectively.

Other corporate common stocks
at December 31, 1976

	Shares	Cost	Quoted market value
Airco Inc.	10,500	$ 261,704	$ 324,188
Allied Stores Corporation	6,500	186,477	299,000
Aluminum Co. of America	7,000	321,431	400,750
Amax Inc.	18,000	1,008,530	1,075,500
American Express Company	6,800	253,000	276,250
American Home Products Corporation	25,000	1,035,477	800,000
American Telephone & Telegraph Company	4,000	248,880	254,000
Atlantic Richfield Company	18,000	912,025	1,039,500
Barnett Banks of Florida, Inc.	16,000	377,875	248,000
Baxter Travenol Laboratories, Inc.	14,000	586,636	567,000
Beatrice Foods Company	12,600	317,404	357,525
Bendix Corporation	11,466	505,730	511,670
Bethlehem Steel Corporation	9,000	336,125	363,375
Boise Cascade Corporation	5,000	152,050	168,125
Bristol-Myers Company	9,000	702,155	615,375
Burroughs Corporation	14,000	1,493,871	1,282,750
Carnation Company	9,000	675,125	708,750
Caterpillar Tractor Company	6,000	325,000	348,000
Celanese Corporation	6,700	355,567	329,975
Chubb Corporation	6,500	226,250	260,000
Citicorp	15,000	577,923	491,250
Citizens & Southern Corp.	7,000	180,150	120,750
The Coca-Cola Company	4,100	472,278	323,900
Colt Industries, Inc.	3,800	176,510	207,100
Commonwealth Edison Company	8,100	250,371	256,162
Consolidated Foods Corporation	9,000	232,348	239,625
Dana Corporation	11,200	262,144	324,800
The Dow Chemical Company	4,000	105,179	173,500
Eastman Kodak Company	10,400	1,184,807	894,400
Eaton Corporation	7,600	309,168	333,450
Emerson Electric Co.	21,000	870,028	724,500
Emhart Corporation	8,700	298,560	316,463
Exxon Corporation	28,000	1,215,781	1,501,500
Firestone Tire & Rubber Company	25,000	619,311	593,750
First Chicago Corporation	13,300	294,063	304,238
Florida Power & Light Company	33,000	892,725	911,625
Ford Motor Company	300,000	16,272,180	18,450,000
Foster Wheeler Corporation	9,200	317,041	384,100
General Motors Corporation	7,200	511,493	565,200
General Reinsurance Corporation	1,500	243,100	288,000
Halliburton Company	3,700	233,100	240,962
Hercules Incorporated	25,000	864,020	700,000
Hewlett-Packard Company	5,900	508,071	514,775

	Shares	Cost	Quoted market value
Hughes Tool Company	9,500	$ 446,933	$ 372,875
International Business Machines Corporation	12,100	3,539,477	3,377,413
International Paper Company	4,500	210,452	309,937
International Telephone & Telegraph Corporation	20,600	575,268	697,825
Kaiser Aluminum & Chemical Corporation	10,000	310,862	366,250
S. S. Kresge Company	35,000	1,217,362	1,426,250
Longs Drug Stores Inc.	17,000	579,548	575,875
The Lubrizol Corp.	7,600	346,502	273,600
Lucky Stores, Inc.	35,750	546,224	545,188
MGIC Investment Corporation	15,000	328,557	318,750
Marshall Field & Company	22,000	508,200	500,500
Martin Marietta Corporation	8,100	173,005	208,575
Masonite Corporation	25,000	560,215	612,500
McDonnell Douglas Corporation	12,600	300,063	299,250
Mead Corporation	12,900	140,696	267,675
Minnesota Mining & Manufacturing Company	12,000	850,465	679,500
Mobil Corporation	25,000	1,478,507	1,625,000
Motorola, Inc.	10,000	489,840	570,000
NLT Corporation	30,000	586,000	720,000
National Starch & Chemical Corporation	10,300	563,703	515,000
Northwest Airlines, Inc.	10,000	313,750	297,500
PPG Industries, Inc.	5,000	254,487	287,500
PepsiCo, Inc.	11,900	839,448	947,538
Phelps Dodge Corporation	11,000	490,589	453,750
The Procter & Gamble Company	3,600	346,955	337,050
Public Service Electric & Gas Company	12,000	213,548	276,000
Revlon, Incorporated	4,700	174,305	208,562
The Reynolds & Reynolds Company (A)	22,000	540,375	412,500
Schering-Plough Corporation	14,000	1,033,884	626,500
Schlumberger Limited	9,000	567,818	867,375
Sears, Roebuck & Co.	9,000	879,741	621,000
Shell Oil Company	3,400	222,802	268,175
Southern Railway Company	7,500	449,625	465,000
Sperry Rand Corporation	6,800	287,883	290,700
Square D Company	11,000	299,282	306,625
Standard Oil Company (Indiana)	20,000	929,458	1,192,500
TRW, Inc.	9,500	280,250	349,125
Texas Gas Transmission Corporation	7,600	303,562	363,850
Textron, Inc.	11,600	325,360	319,000
Travelers Corp.	8,600	311,725	316,050
Tucson Gas & Electric Company	25,000	360,750	387,500
Union Camp Corporation	5,400	249,498	359,775
Union Carbide Corporation	5,200	330,850	321,750
United States Steel Corporation	7,700	318,635	383,075
Wells Fargo & Company	21,000	523,000	567,000

	Shares	Cost	Quoted market value
Westmoreland Coal Company	4,200	$ 245,725	$ 235,200
West Point-Pepperell, Inc.	11,200	424,527	456,400
Weyerhaeuser Company	14,400	512,300	669,600
Xerox Corporation	4,700	496,417	274,950
Yellow Freight Systems, Inc.	14,000	482,775	598,500
Zions Utah Bancorporation	6,000	166,312	159,000
		$64,099,178	$66,970,796

Fixed income securities
at December 31, 1976

	Face amount	Cost	Quoted market value
U.S. Treasury obligations:			
Bills due 6-2-77	$ 345,000	$ 337,622	$ 338,400
Bills due 6-16-77	5,155,000	5,037,591	5,047,364
Bills due 9-20-77	9,600,000	9,121,409	9,277,344
Bills due 10-18-77	5,105,000	4,861,360	4,914,736
6⅞% notes due 7-31-78	10,000,000	10,107,500	10,234,300
6⅝% notes due 8-31-78	5,000,000	5,002,450	5,101,560
6¼% notes due 9-30-78	5,000,000	5,014,063	5,075,000
5¼% notes due 12-31-78	2,000,000	1,995,312	1,995,000
7¾% notes due 11-15-81	3,000,000	3,005,625	3,193,110
8% notes due 5-15-82	2,000,000	2,016,875	2,150,000
8¼% bonds due 5-15-90	2,000,000	2,019,375	2,223,120
7½% bonds due 8-15-93	2,100,000	2,008,125	2,189,250
	51,305,000	50,527,307	51,739,184
Other bonds and notes:			
ARCO Pipeline Co.			
7¾% guaranteed notes due 10-1-86	1,500,000	1,505,875	1,558,125
Associates Corporation of North America			
Demand notes	7,000	7,000	7,000
BankAmerica Corp.			
6⅝% notes due 2-1-80	3,000,000	2,986,800	3,003,750
Bank of America			
6⅝% capital notes due 7-1-79	1,000,000	1,011,250	1,002,500
Beneficial Corp.			
6¾% debentures due 7-15-79	2,000,000	2,000,000	2,012,500
7½% debentures due 7-15-02	3,000,000	2,982,000	2,868,750
CIT Financial Corp.			
6⅜% debentures due 10-1-86	1,300,000	1,177,579	1,217,125
Chemical New York Corp.			
6⅝% notes due 4-15-80	3,000,000	2,982,900	2,981,250

	Face amount	Cost	Quoted market value
Chesapeake & Potomac Telephone Co. of Virginia			
6½% notes due 6-1-78	$ 3,000,000	$ 3,000,000	$ 3,007,500
7¼% debentures due 6-1-12	2,000,000	1,977,500	1,915,000
Commercial Credit Co.			
6⅞% notes due 7-15-79	3,000,000	2,985,000	3,000,000
Consolidated Natural Gas Co.			
7⅝% debentures due 5-1-97	3,000,000	3,036,930	2,857,500
Consumers Power Co.			
7½% first mortgage bonds due 6-1-02	3,000,000	3,018,750	2,617,500
Dow Chemical Co.			
7.40% debentures due 7-15-02	2,000,000	2,000,000	1,947,500
Export Import Bank of the U.S.			
8.35% debentures, series 1978-B due 8-28-78	2,000,000	2,000,000	2,080,000
Federal Home Loan Banks			
7⅜% consolidated bonds, series B due 11-25-83	3,000,000	2,983,125	3,101,250
Federal Home Loan Mortgage Corp.			
7.15% guaranteed mortgage bonds due 5-26-82 to 97	3,000,000	3,013,125	2,827,500
Federal National Mortgage Association			
Discount notes due 8-10-77	5,000,000	4,841,375	4,856,600
7.35% debentures, series C due 12-10-82	225,000	224,438	231,750
6¾% debentures, series B due 9-12-83	3,000,000	2,995,312	3,011,250
6¼% debentures, series A due 6-11-84	2,000,000	1,936,250	1,925,000
7.65% debentures, series A due 3-11-85	13,735,000	13,699,761	14,181,388
8.15% debentures, series A due 2-10-86	8,000,000	7,962,500	8,480,000
7.05% debentures, series B due 6-10-92	5,000,000	5,000,094	4,893,750
Federated Department Stores Inc.			
Demand notes	91,000	91,000	91,000
First Chicago Corp.			
7¾% notes due 10-15-86	2,250,000	2,233,125	2,325,938
Ford Motor Company			
6½% notes due 7-15-79	1,000,000	1,015,000	1,010,000
Ford Motor Credit Company			
Demand notes	8,000	8,000	8,000
General Electric Credit Corp.			
6⅝% notes due 8-15-77	5,000,000	5,000,000	5,000,000
7% notes due 2-15-79	1,000,000	1,020,000	1,016,250
General Finance Corporation			
Demand notes	7,000	7,000	7,000
General Motors Acceptance Corp.			
Demand notes	96,000	96,000	96,000

	Face amount	Cost	Quoted market value
General Telephone Co. of Florida			
7½% first mortgage bonds due 8-1-02	$ 1,000,000	$ 990,570	$ 915,000
Walter E. Heller & Company			
Demand Notes	15,000	15,000	15,000
Household Finance Corp.			
7½% debentures, series IF due 8-1-95	3,000,000	3,000,000	2,883,750
Manufacturers Hanover Trust Co.			
6½% capital notes due 4-1-79	1,000,000	1,006,250	1,002,500
Michigan Consolidated Gas Co.			
7⅝% first mortgage bonds due 7-1-97	2,000,000	1,978,125	1,867,500
Mountain States Telephone & Telegraph Co.			
7¾% debentures due 6-1-13	2,000,000	2,000,000	2,000,000
Northern Illinois Gas Co.			
7⅝% first mortgage bonds due 7-1-97	2,000,000	2,005,540	1,905,000
Northwestern Bell Telephone Co.			
7½% debentures due 4-1-05	3,000,000	3,042,500	2,928,750
Pacific Gas & Electric Co.			
7½% first and refunding mortgage bonds, series YY due 6-1-04	3,000,000	3,000,000	2,775,000
Quaker Oats Company			
Demand notes	18,000	18,000	18,000
Southern Bell Telephone & Telegraph Co.			
6½% notes due 7-15-79	2,000,000	1,987,500	2,017,500
7⅜% debentures due 7-15-10	3,000,000	2,952,500	2,951,250
Southern California Edison Co.			
7⅜% first and refunding mortgage bonds, series BB due 8-15-97	1,000,000	997,170	937,500
Southwestern Bell Telephone Co.			
6½% notes due 5-1-79	3,000,000	2,976,250	2,992,500
7⅜% debentures due 5-1-12	3,000,000	2,990,400	2,932,500
Tennessee Valley Authority			
7.35% power bonds, series C due 7-1-97	4,000,000	4,000,000	3,960,000
Textron Inc.			
7½% sinking fund debentures due 7-15-97	2,000,000	2,000,000	1,862,500
Thirteen Banks for Cooperatives			
7¾% consolidated bonds due 1-2-86	10,000,000	9,877,500	10,500,000
Toledo Edison Co.			
7½% first mortgage bonds due 8-1-02	2,000,000	1,995,000	1,800,000
Twelve Federal Land Banks			
6.80% consolidated bonds due 10-23-79	4,000,000	4,063,750	4,080,000
7.85% consolidated bonds due 1-20-88	9,355,000	9,267,175	9,822,750
	145,607,000	144,960,919	145,305,676
Purchased interest	282,604	282,604	282,604
	$197,194,604	$195,770,830	$197,327,464

Summary of grants
for the year ended December 31, 1976

Academy of Political Science
New York, New York
Study of the role of local governments in providing health services (ID#2857)

Adelphi University
Garden City, New York
Study of the role of nurses in primary care
[$290,299 authorized in 1974]

University of Alabama
Birmingham, Alabama
Program to help rural communities establish health services
[$100,000 authorized in 1975]

University of Alaska
Anchorage, Alaska
Planning project for rural health aide training (ID#3113)

Alderson-Broaddus College
Philippi, West Virginia
Physician's assistants program in primary care (ID#2471)
[$693,000 authorized in 1973]

Allegheny General Hospital
Pittsburgh, Pennsylvania
Design of a primary care training program for emergency room nurses (ID#3181)

American Academy of Arts and Sciences
Boston, Massachusetts
Preparation of a special report on American health care (ID#3026)

American Academy of Pediatrics
Evanston, Illinois
Study of pediatric training programs (ID#2103)

American Arbitration Association
New York, New York
Program to improve the management of ambulatory care institutions
[$167,000 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$	$ 23,250	$ 23,250	$
221,186		134,361	86,825
43,600		36,741	6,859
	47,439		47,439
217,846	267,986	232,723	253,109
	22,930	22,930	
	20,000	20,000	
	22,890	22,890	
104,375		104,375	

American Association for Comprehensive Health Planning
Alexandria, Virginia

Technical assistance for health planning agencies
[$360,000 authorized in 1975]

American Board of Clinical Engineering
Minneapolis, Minnesota

Administration of a certification program for clinical engineers (ID#2333)

American College of Nurse-Midwives Foundation
Washington, D.C.

Study of the role of nurse-midwives in American health care (ID#2658)

American Fund for Dental Health
(formerly the American Fund for Dental Education)
Chicago, Illinois

Administration of the Foundation's dental student aid program (ID#3129)
[$40,000 authorized in 1972]

Administration of the Foundation's program to train dentists in the care of the handicapped
[$150,000 authorized in 1973]

Planning and implementation of a preventive dental care program for school-age children (ID#3218)

American Group Practice Foundation
Alexandria, Virginia

Program to equip physicians with professional management skills for group practices (ID#2128)

American Medical Association Education and Research Foundation
Chicago, Illinois

Planning for professional certification of new health practitioners
[$51,365 authorized in 1974]

Publication of a casebook report on doctor-nurse joint practices, with the National Joint Practice Commission (ID#2439)

American Medical Student Association Foundation
(formerly the Student American Medical Association Foundation)
Rolling Meadows, Illinois

Field service in community health for health science students (ID#2200)
[$250,000 authorized in 1973]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 309,610	$	$ 200,656	$ 108,954
	20,000	20,000	
	11,351	11,351	
10,000	10,000	20,000	
49,535		26,335	23,200
	5,405,721	142,727	5,262,994
	499,825	109,170	390,655
9,670		9,670	
	25,000	25,000	
40,000	318,840	139,484	219,356

American Nurses' Foundation, Inc.
Kansas City, Missouri
Support of a symposium on primary care (ID#3283)

American Society of Contemporary Medicine and Surgery
Chicago, Illinois
Development of a nationwide telephone consultation service for physicians
[$300,000 authorized in 1974]

Appalachian Regional Hospitals, Inc.
Hazard, Kentucky
Outreach service for the care of mothers, infants, and young children
[$623,619 authorized in 1974]

Arizona State University College of Nursing
Tempe, Arizona
Rural emergency medical care training program with Maricopa County Hospital (ID#944)

Aspira of America, Inc.
New York, New York
Program to increase minority enrollment in medical schools
[$256,490 authorized in 1975]

Association of American Medical Colleges
Washington, D.C.
Administration of the Foundation's medical student aid program (ID#3130)
[$56,880 authorized in 1974]
Program to strengthen the management capabilities of academic medical centers
[$540,000 authorized in 1974]

Association of Physician Assistant Programs
Washington, D.C.
Program with the American Academy of Physicians Assistants to foster training of new health practitioners (ID#2485)
[$123,473 authorized in 1973]

Association of Science-Technology Centers
Washington, D.C.
Planning and development of teaching materials in health (ID#2635)
[$307,071 authorized in 1975]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$	$ 18,364	$ 18,364	$
75,000		75,000	
325,294		232,564	92,730
	294,540	43,374	251,166
192,692		160,468	32,224
19,985	10,000	19,517	10,468
298,863		168,998	129,865
293	225,000	37,793	187,500
194,840	475,440	194,840	475,440

Association of University Programs in Health Administration
Washington, D.C.
Summer internship program in health services management
[$332,817 authorized in 1975]
Study of the role of ambulatory care in health care management training (ID#2821)

Baylor College of Medicine
Houston, Texas
Preparation of physicians in primary care
[$240,000 authorized in 1973]

Bedford-Stuyvesant Restoration Corporation
Brooklyn, New York
Planning for a primary care health center
[$138,100 authorized in 1975]

Beth Israel Hospital
Boston, Massachusetts
Development of a research capability in ambulatory care
[$512,337 authorized in 1974]

Boston City Hospital
Boston, Massachusetts
Program to prepare physicians and nurses for careers in general medical care
[$395,451 authorized in 1974, and $1,189,677 authorized in 1975]

Boston University
Boston, Massachusetts
Studies in the quality of patient care
[$519,729 authorized in 1975]

Boy Scouts of America
North Brunswick, New Jersey
National program of health education (ID#0954)
[$144,000 authorized in 1973]

The Brookings Institution
Washington, D.C.
Publication of a study of government spending on health care for the poor (ID#3169)

Town of Brookline, Massachusetts, Public Schools
Brookline, Massachusetts
Health program for infants and preschool children (ID#2486)
[$642,386 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 299,817	$	$ 62,445	$ 237,372
	27,335	27,335	
121,195		101,085	20,110
138,100		69,050	69,050
333,223		140,847	192,376
1,364,482		266,215	1,098,267
478,987		222,401	256,586
18,000	67,630	85,452	178
	48,960		48,960
329,039	712,058	426,694	614,403

University of California, Berkeley
Berkeley, California

Research on selection criteria for future physicians
[$139,256 authorized in 1975]

University of California, Davis, School of Medicine
Davis, California

Program for the preparation and placement of rural nurse practitioners (ID#2487)
[$1,178,000 authorized in 1973]

University of California, Los Angeles
Los Angeles, California

Program to prepare physicians in primary care (ID#2177)

Planning and conducting an evaluation of the Foundation's school health services program (ID#3133)

University of California, San Francisco, School of Medicine
San Francisco, California

Establishment of a health policy center (ID#2455)
[$1,200,000 authorized in 1973]

Program to prepare physicians and nurses in primary care
[$500,067 authorized in 1974, and $656,344 authorized in 1975]

Program to prepare faculty in emergency medicine
[$715,917 authorized in 1975]

Evaluation of the Foundation's Clinical Scholars Program
[$207,403 authorized in 1975]

Analysis of Foundation-supported programs to prepare physicians for careers in primary medical care (ID#2378)

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

Study of nurse practitioner education (ID#3009)

Canonsburg General Hospital
Canonsburg, Pennsylvania

Program to plan an ambulatory care system
[$54,150 authorized in 1975]

Center for Research in Ambulatory Health Care Administration
Denver, Colorado

Program to train managers of ambulatory care centers
[$491,191 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 119,736	$	$ 58,557	$ 61,179
438,919	455,323	520,238	374,004
	547,625	31,095	516,530
	619,715	24,880	594,835
215,370	1,000,000	290,370	925,000
969,387		423,471	545,916
692,964		77,494	615,470
186,938		26,119	160,819
	149,417	73,011	76,406
	61,846	15,462	46,384
54,150		54,150	
201,696		158,612	43,084

University of Chicago
Chicago, Illinois

Development of a national index to measure access to physician care
[$1,042,470 authorized in 1975]

Study of the implementation of a national health insurance program
[$252,422 authorized in 1975]

Planning an evaluation of the Foundation's Community Hospital Ambulatory Care Program (ID#2284)

Children's Hospital
Washington, D.C.

Development of a child care program
[$135,628 authorized in 1974]

Children's Hospital Medical Center
Boston, Massachusetts

Training clinical faculty in child development (ID#2424)
[$257,007 authorized in 1974]

Children's Research Institute of California
Sacramento, California

Study of the California child health care program (ID#2788)

Chinatown Action for Progress, Inc.
New York, New York

Planning a primary care health center
[$49,412 authorized in 1975]

Christian Action Ministry
Chicago, Illinois

Development of a community-wide health program
[$295,200 authorized in 1975]

La Clinica de la Raza
Oakland, California

Planning an expanded health services program
[$48,599 authorized in 1975]

La Clinica del Pueblo de Rio Arriba
Tierra Amarilla, New Mexico

Development of a mother and infant care training program
[$134,765 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 814,438	$	$ 754,689	$ 59,749
252,422		92,076	160,346
	24,994	24,994	
7,695		7,695	
143,609	450,000	123,439	470,170
	286,750	111,063	175,687
49,412		49,412	
262,900		139,136	123,764
48,599		48,599	
80,330		48,914	31,416

Clinical Scholars Program[1]

National program to prepare young physicians for leadership roles in medical care
[$5,900,000 authorized in 1972, $748,381 authorized in 1973, and $4,405,641 authorized in 1974]

University of Colorado, School of Medicine
Denver, Colorado

Center for the Prevention and Treatment of Child Abuse and Neglect
[$588,000 authorized in 1972, and $1,162,655 authorized in 1975]

Project to provide rural doctors with student assistance
[$519,000 authorized in 1973]

Planning of a new medical curriculum to prepare non-M.D. primary care practitioners
[$155,400 authorized in 1974]

Columbia University
New York, New York

Public policy program in health services and manpower by the Center for the Conservation of Human Resources (ID#2889)
[$222,000 authorized in 1973]

Columbia University, College of Physicians and Surgeons
New York, New York

Program to improve primary care services for children
[$500,000 authorized in 1974, and $595,927 authorized in 1975]

Commission for Mexican-American Affairs
San Antonio, Texas

Support of a child care program
[$526,791 authorized in 1975]

Community Hospital-Medical Staff Group Practice Program

Grants for the development of hospital-sponsored primary care group practices (ID#2870) (See Schedule A, page 92)

The Community Hospital Group, Inc.*
Edison, New Jersey

Purchase of out-patient equipment (ID#2981)

University of Connecticut
Hartford, Connecticut

Development of a school-based health care program
[$618,557 authorized in 1975]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 7,785,314	$	$ 4,121,155	$ 3,664,159
1,425,644		521,205	904,439
161,143		161,143	
102,224		25,250	76,974
59,853	333,773	26,750	366,876
601,573		276,676	324,897
426,231		188,819	237,412
	14,935,022	933,940	14,001,082
	25,000	25,000	
566,869		223,635	343,234

Cornell University, Medical College
New York, New York

Planning for ambulatory care
[$499,000 authorized in 1973]

Study of doctor-patient communications (ID#2473)
[$154,767 authorized in 1974]

Dartmouth College, Medical School
Hanover, New Hampshire

Development of a primary care service and training program
[$1,154,685 authorized in 1974]

Dental Training Program[2]
Grants to dental schools to train dentists in the care of the handicapped
[$4,700,000 authorized in 1973]

Charles R. Drew Postgraduate Medical School
Los Angeles, California

Planning for a primary care training and service program
[$164,057 authorized in 1974]

Duke University, School of Medicine
Durham, North Carolina

Research and training in primary care community practice
[$1,134,375 authorized in 1972]

Faculty training and research program in family medicine
[$802,885 authorized in 1975]

East Kentucky Health Services Center, Inc.
Hindman, Kentucky

Expansion of a nonprofit rural group practice
[$344,050 authorized in 1975]

ECCO Family Health Center
Columbus, Ohio

Expansion of an ambulatory health care services program (ID#2911)

Educational Testing Service
Princeton, New Jersey

Planning and development of a program to evaluate the Foundation's dental training program for the care of the handicapped
[$300,530 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 160,000	$	$ 58,064	$ 101,936
63,690	243,091	84,413	222,368
959,235		245,178	714,057
3,568,135		1,007,011	2,561,124
82,028		82,028	
100,875		100,875	
802,885		69,703	733,182
344,050		162,368	181,682
	392,987	32,102	360,885
213,918		57,494	156,424

Emergency Medical Response Program[1]
Grants to communities developing regional systems
[$15,000,000 authorized in 1973]

University of Florida, College of Medicine
Gainesville, Florida
Primary care training and service program
[$183,000 authorized in 1973, and $870,371 authorized in 1975]

University of Florida, College of Nursing
Gainesville, Florida
Planning an educational program in clinical primary care nursing (ID#2390)

Forsyth Dental Center
Boston, Massachusetts
Publication of a report on dental hygienists' role in primary dental care (ID#2886)

The Foundation Center
New York, New York
Data collection and analysis in the foundation field
[$187,500 authorized in 1975]

Foundation for Comprehensive Health Services
Sacramento, California
Primary care delivery for rural California (ID#2843)

Frontier Nursing Service
Wendover, Kentucky
Expansion of a nurse-run primary care network
[$508,360 authorized in 1975]

Fund for the City of New York
New York, New York
Program to improve the quality of care in municipal hospitals (ID#2708)

Genesee Hospital
Rochester, New York
Expansion of an ambulatory care program
[$187,000 authorized in 1973]

George Washington University
Washington, D.C.
Seminar program for government health staff professionals
[$498,178 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 5,301,686	$	$ 3,361,316	$ 1,940,370
832,841		262,097	570,744
	66,695	33,348	33,347
	12,897	12,897	
150,000		56,250	93,750
	77,000		77,000
326,624		120,267	206,357
	150,000	56,250	93,750
80,017		13,294	66,723
180,068		180,068	

George Washington University, School of Medicine
Washington, D.C.

Program to train physicians and nurses in primary care
[$600,000 authorized in 1973]

Georgetown University, Graduate School
Washington, D.C.

Evaluation of the program to strengthen the role of state legislatures
[$233,300 authorized in 1973]

Planning and development of a health policy center
[$1,328,734 authorized in 1974]

Glenville Health Association
Cleveland, Ohio

Development of a nonprofit group practice
[$400,000 authorized in 1973]

The Greater Hartford Process
Hartford, Connecticut

Development of primary care health programs
[$247,267 authorized in 1974]

Group Health Foundation
Washington, D.C.

Program with the University of Pennsylvania to prepare managers for prepaid group practices
[$48,000 authorized in 1974]

Program to equip physicians with professional management skills for HMOs (ID#2107)

Harvard University, Medical School
Boston, Massachusetts

Research in selection criteria for training future primary care doctors
[$167,250 authorized in 1972]

Program to train physicians for primary medical care
[$337,644 authorized in 1973, and $821,004 authorized in 1974]

Harvard University, School of Public Health
Cambridge, Massachusetts

Studies of the effectiveness of selected medical procedures
[$750,000 authorized in 1973]

Support of the School of Public Health (ID#3107)

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 349,655	$	$ 247,917	$ 101,738
90,513		90,513	
1,189,905		681,693	508,212
50,000		50,000	
28,132		28,132	
20,199			20,199
	299,585	70,178	229,407
39,750		39,750	
842,642		187,668	654,974
311,413		186,413	125,000
	1,000,000	83,334	916,666

Harvard University, School of Public Health, Graduate School of Education, and School of Government
Cambridge, Massachusetts
National study of child health and ambulatory health care standards
[$500,000 authorized in 1973]

Harvard University, Department of Economics
Cambridge, Massachusetts
Health economics training program
[$423,000 authorized in 1973]

Harvard University, Graduate School of Education
Cambridge, Massachusetts
Preparation of a report on child health care (ID#2527)

Harvard University, Center for Community Health and Medical Care
Boston, Massachusetts
Program in health services development
[$375,000 authorized in 1973]

Health Care Management Systems, Inc.
Tooele, Utah
Development of information systems for ambulatory care
[$396,152 authorized in 1974]

Health and Education Council, Inc.
Baltimore, Maryland
Development of an ambulatory care system
[$261,503 authorized in 1974]

Hospital for Joint Diseases and Medical Center
New York, New York
Feasibility study for a primary care service program (ID#2699)

Hospital Research and Educational Trust
Chicago, Illinois
Study of the role of public hospitals in ambulatory care (ID#2412)

Hyde Park-Kenwood Community Health Center, Inc.
Chicago, Illinois
Development of a primary care health services program (ID#2306)

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 30,551	$	$ 30,551	$
288,600		58,900	229,700
	54,600	54,600	
173,692		98,161	75,531
265,387		157,434	107,953
159,611		120,034	39,577
	29,900	29,900	
	325,000	140,760	184,240
	25,000	25,000	

University of Illinois, Abraham Lincoln School of Medicine
Chicago, Illinois

Expansion of Urban Preceptorship Program
[$576,390 authorized in 1972]

Indiana University Foundation
Bloomington, Indiana

Planning a new health practitioner training program for Gary, Indiana
[$107,185 authorized in 1974]

Program to prepare clinical nursing faculty in primary care
[$297,653 authorized in 1975]

Institute of Society, Ethics and the Life Sciences
Hastings-on-the-Hudson, New York

Study of ethical values in health care policy formulation
[$293,000 authorized in 1973]

The Johns Hopkins University
Baltimore, Maryland

School of health services training program
[$3,000,000 authorized in 1973, and $3,000,000 authorized in 1975]

The Johns Hopkins University, Center for Health Services Research and Development
Baltimore, Maryland

Evaluation of the Foundation's perinatal program
[$2,013,220 authorized in 1974]

The Johns Hopkins University, School of Medicine
Baltimore, Maryland

Program to prepare faculty in emergency medicine
[$754,272 authorized in 1974]

Feasibility study of evaluation tools to select medical school applicants (ID#2714)

Joint Commission on Accreditation of Hospitals
Chicago, Illinois

Ambulatory health care services accreditation program (ID#2428)

University of Kentucky, College of Dentistry
Lexington, Kentucky

Training and evaluation of dental hygienists in primary dental care
[$269,795 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 380,000	$	$ 138,779	$ 241,221
35,728		35,728	
273,766		75,160	198,606
4,171		4,171	
2,608,399		2,010,399	598,000
1,872,943		294,274	1,578,669
526,252		138,015	388,237
	130,473	32,619	97,854
	338,165	43,076	295,089
76,776		76,776	

Lake Erie College
Painesville, Ohio

Program with the Cleveland Clinic to train physician's assistants
[$526,853 authorized in 1975]

Legis 50
(formerly the Citizens Conference on State Legislatures)
Englewood, Colorado

Program to strengthen the role of state legislatures in health
[$1,184,998 authorized in 1975]

Maine Medical Center
Portland, Maine

Community service and teaching program in primary care
[$359,000 authorized in 1973]

Massachusetts Institute of Technology, Alfred P. Sloan School of Management
Cambridge, Massachusetts

Program to improve primary care team skills
[$440,449 authorized in 1974]

University of Massachusetts
Worcester, Massachusetts

Program to improve methods for evaluating the quality of health care services
[$225,191 authorized in 1975]

The Matheny School*
Peapack, New Jersey

Equipment support for 1976 (ID#3118)

Medical Center of Gary, Inc.
Gary, Indiana

Program to train family health practitioners
[$300,000 authorized in 1975]

Medical Mission Sisters
Philadelphia, Pennsylvania

Program of primary care services for rural and urban communities
[$161,702 authorized in 1975]

Medical Student Aid Program

Supplemental support for grants to U.S. medical schools for scholarships and loans (ID#3132)

(See Schedule B, page 94)

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 526,853	$	$ 103,557	$ 423,296
1,054,785		599,520	455,265
80,940		80,940	
148,115		126,104	22,011
197,042		115,372	81,670
	5,000		5,000
262,713		61,913	200,800
161,702		80,852	80,850
	2,500,000	2,500,000	

Meharry Medical College
Nashville, Tennessee
Improvement of teaching and service programs in primary care
[$5,000,000 authorized in 1972]

University of Michigan, Medical School
Ann Arbor, Michigan
Support of a workshop on financial-aid programs for medical students (ID#2958)

University of Michigan, School of Public Health
Ann Arbor, Michigan
Program on health manpower development (ID#2479)
[$375,000 authorized in 1973]

Middlesex County College Foundation, Inc.*
Edison, New Jersey
Health sciences scholarship program (ID#2617)
Support of a nurse training program (ID#3067)

Middlesex General Hospital*
New Brunswick, New Jersey
Purchase of equipment (ID#2878)
Affiliation plans with the College of Medicine and Dentistry of New Jersey (ID#3652

Mile Square Neighborhood Health Center, Inc.
Chicago, Illinois
Planning an expanded health services program
[$69,360 authorized in 1975]

University of Mississippi Medical Center
Jackson, Mississippi
Program to increase minority enrollment in medical schools (ID#2296)

University of Missouri, Kansas City, School of Medicine
Kansas City, Missouri
Program to prepare physicians and nurses for careers in general medical care
[$901,670 authorized in 1974]

Mohawk Valley Medical Center, Inc.
Shelburne Falls, Massachusetts
Development of a community-based primary care practice in rural Massachusetts
[$169,458 authorized in 1975]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 750,000	$	$ 750,000	$
	13,625	13,625	
94,537	424,911	33,403	486,045
	7,500	7,500	
	25,160	25,160	
	250,000	250,000	
	25,000	25,000	
69,360		34,680	34,680
	433,705	27,455	406,250
859,566		238,785	620,781
79,158		79,158	

Montefiore Hospital and Medical Center
Bronx, New York

Training physicians and other professionals in team practice
[$584,877 authorized in 1975]

Development of a child care program with the Martin Luther King Health Center
[$579,530 authorized in 1975]

Montgomery County, Maryland, Medical Care Foundation, Inc.
Wheaton, Maryland

Program to improve access to physician care
[$121,327 authorized in 1974]

Morehead Clinic
Morehead, Kentucky

Development of primary care satellite clinics in northeast Kentucky
[$245,860 authorized in 1974]

Morehouse College
Atlanta, Georgia

Program to increase minority enrollment in medical schools (ID#2716)

Mount Sinai School of Medicine
New York, New York

Program to develop primary care services for children (ID#2825)
[$600,000 authorized in 1973]

National Academy of Sciences, Institute of Medicine
Washington, D.C.

Fellowships in health policy program
[$710,000 authorized in 1973, and $1,215,040 authorized in 1975]

Support of the Institute of Medicine
[$850,000 authorized in 1975]

National Academy of Sciences, National Research Council
Washington, D.C.

Administration of the Foundation's regional emergency medical response program
[$360,000 authorized in 1975]

Support of the Academy's Emergency Medical Services Committee
[$274,200 authorized in 1975]

National Association of Health Services Executives
New York, New York

Program to assist minority health administrators
[$232,862 authorized in 1975]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 407,305	$	$ 198,502	$ 208,803
535,914		206,341	329,573
28,195		28,195	
126,480		117,376	9,104
	471,225	20,967	450,258
117,750	198,925	167,482	149,193
1,393,255		750,106	643,149
762,500		531,100	231,400
260,604		203,737	56,867
274,200		64,040	210,160
204,399		56,925	147,474

National Bureau of Economic Research
New York, New York
Research and training program in health economics (ID#3081)
[$210,000 authorized in 1972]

National Fund for Medical Education
Hartford, Connecticut
Support of summer programs for minority premedical students (ID#2583)

National Health Council
New York, New York
Program to strengthen organizations and agencies working in health
[$250,000 authorized in 1973]

National League for Nursing
New York, New York
Support of a summer fellowship program in public policy (ID#2739)
Study of employment patterns of recently graduated nurses (ID#2735)

National Medical Fellowships
New York, New York
Scholarship program for minority medical students (ID#2929)

National Planning Association
Washington, D.C.
Study of the impact of student aid programs
[$206,728 authorized in 1973]
Publication of an analysis of federal expenditures in health (ID#2286)
Administration of the Foundation's Community Hospital Program (ID#2869)
Analysis of health policy issues (ID#2491)

University of Nebraska, Medical Center
Omaha, Nebraska
Planning primary care service programs
[$503,000 authorized in 1973]

University of Nevada
Reno, Nevada
Program to train health professions students in primary care
[$1,051,000 authorized in 1972]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 103,499	$ 274,091	$ 103,499	$ 274,091
	160,000	3,300	156,700
25,600		25,600	
	32,837	32,837	
	40,778	40,778	
	1,000,000	250,000	750,000
81,170		80,797	373
	101,262	101,262	
	544,864	544,864	
	159,469	159,469	
245,735		109,314	136,421
24,000		24,000	

City of New Brunswick*
New Brunswick, New Jersey

Emergency medical services program for the New Brunswick area (ID#2963)

New Brunswick Tomorrow*
New Brunswick, New Jersey

Support of a health professions workshop (ID#2921)

New England Medical Center Hospital
Boston, Massachusetts

Study of decision making in the health care system
[$149,880 authorized in 1975]

New England Municipal Center
Durham, New Hampshire

Planning a technical assistance program in health for rural communities (ID#2307)

College of Medicine and Dentistry of New Jersey
Newark, New Jersey

Planning for training and service programs
[$493,000 authorized in 1973]

Program to prepare minority students for preprofessional careers in medicine and dentistry (ID#2795)

College of Medicine and Dentistry of New Jersey, Rutgers Medical School
Piscataway, New Jersey

Program to strengthen family physician training in New Jersey (ID#2636)
[$147,597 authorized in 1974]

The Foundation of the College of Medicine and Dentistry of New Jersey
Newark, New Jersey

Program to raise private-sector funds for the development of the College
[$5,000,000 authorized in 1975]

University of New Mexico, College of Nursing
Albuquerque, New Mexico

Study of family nurse practitioner training (ID#3295)

University of North Carolina, School of Medicine
Chapel Hill, North Carolina

Study of primary care health centers
[$254,288 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$	$ 57,000	$ 57,000	$
	1,000	1,000	
149,880		47,120	102,760
	21,375	21,375	
314,521		30,731	283,790
	264,592	21,771	242,821
110,698	450,340	101,971	459,067
1,000,000			1,000,000
	17,781	17,781	
201,276		125,662	75,614

University of North Carolina, School of Medicine
(continued from page 78)

Administration of the Foundation's rural community practice models program
[$2,074,081 authorized in 1975]

Administrative grant for senior program consultant services (ID#3634)

North Communities Health Plan Foundation
(formerly Evanston Medical Consumers)
Evanston, Illinois

Development of a nonprofit group practice
[$188,000 authorized in 1973]

Nursing Faculty Fellowships Program

Program to equip nursing faculty with primary care clinical skills
[$3,000,000 authorized in 1975]

(See Schedule C, page 98 for a listing of grant recipients under the program to date)

University of Oregon Health Sciences Center, School of Nursing
Portland, Oregon

Data collection and analysis of the Foundation's Nurse Faculty Fellowships Program (ID#3296)

University of Pennsylvania
Philadelphia, Pennsylvania

Study of the economics and financing of emergency medical systems
[$188,388 authorized in 1974]

Study of chronic care, in association with Middlesex General Hospital, New Brunswick, New Jersey (ID#2709)

University of Pennsylvania, School of Dental Medicine
Philadelphia, Pennsylvania

Dental care program for school-age children in rural Pennsylvania
[$2,023,854 authorized in 1975]

University of Pennsylvania, Wharton School
Philadelphia, Pennsylvania

Program to prepare managers for prepaid group practices
[$678,033 authorized in 1974]

Perinatal Program[3]

Grants for the development of regional high-risk pregnancy networks
[$17,600,000 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 1,952,989	$	$ 416,654	$ 1,536,335
	82,465		82,465
75,000		50,000	25,000
3,000,000		37,451	2,962,549
	123,947	43,596	80,351
60,808		60,808	
	24,916	24,916	
1,851,945		1,083,245	768,700
437,729		234,686	203,043
15,600,000		1,261,804	14,338,196

University of Pittsburgh, School of Medicine
Pittsburgh, Pennsylvania

Expansion of a child care program
[$475,809 authorized in 1974]

Posen-Robbins School District 143½
Oak Park, Illinois

Planning a school-based health care system (ID#2762)

Princeton Area United Community Fund
Princeton, New Jersey

Support of the 1975 and 1976 campaigns (ID#3108)

Public Technology, Inc.
Washington, D.C.

Emergency medical services technical assistance program
[$673,967 authorized in 1974]

The Rand Corporation
Santa Monica, California

Evaluation of regional emergency medical response systems
[$462,650 authorized in 1973]

Planning and conducting the evaluation of a preventive dental care program for school-age children (ID#2890)

Rio Grande Federation of Health Centers
San Antonio, Texas

Support of a technical assistance program (ID#2538)

University of Rochester
Rochester, New York

Program to train physicians and nurses for general medical care
[$1,395,000 authorized in 1973]

University of Rochester, School of Medicine and Dentistry
Rochester, New York

Study to improve physician-patient communications (ID#2352)

Roxbury Dental and Medical Group, Inc.
Roxbury, Massachusetts

Expansion of a nonprofit group practice
[$224,840 authorized in 1974]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 421,983	$	$ 107,579	$ 314,404
	62,707	15,677	47,030
	55,500	26,500	29,000
207,818		134,436	73,382
190,546		97,761	92,785
	771,611	99,938	671,673
	243,180	22,458	220,722
845,779		282,635	563,144
	25,000	25,000	
119,882		119,882	

Rural Health Care Association
Denver, Colorado
Strengthening rural primary care practice in Colorado and adjacent states
[$462,400 authorized in 1974]

Rural Practice Project
Program to develop nonprofit group medical practices in rural areas
[$12,000,000 authorized in 1975]
(See Schedule D, page 99 for listing of grant recipients under this program to date)

Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois
System of education and service in ambulatory care
[$434,000 authorized in 1973, and $161,835 authorized in 1975]

St. Joseph Hospital
Albuquerque, New Mexico
Development of a rural health clinic network
[$213,000 authorized in 1973]

St. Peter's Medical Center*
New Brunswick, New Jersey
Purchase of equipment (ID#2850)

St. Peter's Medical Center, School of Nursing*
New Brunswick, New Jersey
Support of a nurse training program (ID#2990)

St. Vincent de Paul Society*
New Brunswick, New Jersey
Program of assistance to the indigent (ID#3115)

Salvation Army*
New Brunswick, New Jersey
Program of assistance to the indigent (ID#3114)

Seton Hall University, College of Nursing
South Orange, New Jersey
Planning an educational program in clinical primary care nursing (ID#3102)

University of Southern California, School of Medicine
Los Angeles, California
Study of the role of medical specialists in primary care
[$213,090 authorized in 1974, and $1,403,644 authorized in 1975]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 245,950	$	$ 155,064	$ 90,886
12,000,000		383,655	11,616,345
277,467		196,552	80,915
35,950		35,950	
	250,000	250,000	
	30,000	30,000	
	30,000	15,000	15,000
	50,000	25,000	25,000
	41,270		41,270
1,507,181		642,537	864,644

University of Southern California, School of Medicine
(continued from page 84)

Research and publication of a report on physician location and specialty choice (ID#3330)
[$100,000 authorized in 1975]

Southern Regional Council, Inc.
Atlanta, Georgia

Study of rural health problems
[$151,598 authorized in 1975]

Stanford University Medical Center
Stanford, California

Planning of a research and training program in pediatrics (ID#2895)

Study of the training of new health practitioners in primary care, with the University of California, Davis (ID#2944)

Student National Medical Association
Washington, D.C.

Support for the minority medical preceptorship program (ID#2331)
[$145,380 authorized in 1975]

Tennessee Department of Public Health
Nashville, Tennessee

Development of a primary care center in Hamilton County
[$417,346 authorized in 1975]

University of Tennessee, College of Medicine
Memphis, Tennessee

Development of a primary care network
[$801,504 authorized in 1974]

University of Texas, Austin
Austin, Texas

Evaluation of the Foundation's Rural Practice Project and other rural health service programs (ID#2285)

University of Texas Medical Branch at Galveston
Galveston, Texas

Primary care services for school-age children (ID#2763)
[$824,796 authorized in 1974]

Program to increase minority enrollment in medical schools (ID#2422)

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 75,000	$ 19,608	$ 94,608	$
60,638		60,638	
	65,300	16,325	48,975
	198,573		198,573
109,035	201,299	159,360	150,974
417,346		41,456	375,890
542,302		194,307	347,995
	499,709	41,164	458,545
401,382	1,171,960	638,830	934,512
	339,268	49,574	289,694

Thomas Jefferson University
Philadelphia, Pennsylvania
Planning for ambulatory care
[$650,000 authorized in 1973]

Tulane University
New Orleans, Louisiana
Program to increase minority enrollment in medical schools
[$618,492 authorized in 1974]

Tuskegee Institute
Tuskegee, Alabama
Development of a primary care health service in rural Alabama
[$436,045 authorized in 1974, and $1,419,880 authorized in 1975]

United Student Aid Funds, Inc.
New York, New York
Planning a guaranteed student loan program for medical, dental, and osteopathic students (ID#3197)

United Way of Central Jersey, Inc.*
New Brunswick, New Jersey
Support for the 1976 campaign (ID#3116)

Upper Connecticut Valley Hospital Association
Colebrook, New Hampshire
Development of a hospital-based primary care group practice
[$234,638 authorized in 1974]

Utah Valley Hospital
Provo, Utah
Network of rural health clinics
[$344,840 authorized in 1972]

Vanderbilt University
Nashville, Tennessee
Program to improve rural community health services
[$312,780 authorized in 1975]
Administrative grant for senior program consultant services (ID#3641)

University of Vermont, College of Medicine
Burlington, Vermont
Development of an electronic system for a unitary patient record
[$600,000 authorized in 1972]

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 179,260	$	$ 179,260	$
586,407		128,701	457,706
1,325,077		394,837	930,240
	15,850	15,850	
	150,000		150,000
209,538		209,538	
65,843		65,843	
286,715		88,699	198,016
	99,991		99,991
99,379		99,379	

University of Virginia, School of Medicine
Charlottesville, Virginia

Development of a primary care program
[$312,743 authorized in 1974]

Washington University, School of Medicine
St. Louis, Missouri

Development of an ambulatory care teaching practice (ID#2484)
[$600,000 authorized in 1973]

University of Washington, Seattle, School of Medicine
Seattle, Washington

Study of the training of new health practitioners
[$520,351 authorized in 1975]

Planning for a primary care residency program (ID#3221)

University of Wisconsin
Madison, Wisconsin

Studies in the organization of health care services (ID#2492)
[$486,000 authorized in 1973]

Study of new health practitioners in ambulatory care
[$217,760 authorized in 1974]

Yale University, School of Medicine
New Haven, Connecticut

Research on the structure and quality of primary pediatric care
[$376,000 authorized in 1973]

Administrative grant for senior program consultant services (ID#3622)

Refunds
Cancellations

* *Local projects in the New Brunswick, New Jersey area.*
[1] *Listings of grant recipients under this program appeared in the 1973 and 1974 Reports.*
[2] *A listing of grant recipients under this program appeared in the 1974 Report.*
[3] *A listing of grant recipients under this program appeared in the 1975 Report.*

Unpaid grants January 1, 1976	1976 grants authorized	1976 payments	Unpaid grants December 31, 1976
$ 194,889	$	$ 146,167	$ 48,722
176,056	495,400	235,157	436,299
474,008		137,321	336,687
	96,073		96,073
329,900	269,230	148,412	450,718
90,515		59,285	31,230
196,286		113,209	83,077
	80,195		80,195
$98,949,540	$43,582,909	$43,130,742	$99,401,707
	57,733	57,733	
	456,800	456,800	
	$43,068,376	$42,616,209	

Schedule A—Community Hospital—Medical Staff Group Practice Program*

Bethesda Lutheran Hospital, St. Paul, Minnesota	$	499,790
Crittenden Memorial Hospital, West Memphis, Arkansas		494,029
Durham County Hospital Corporation, Durham, North Carolina		499,916
Griffin Hospital, Derby, Connecticut		500,000
Hadley Memorial Hospital, Washington, D.C.		457,006
Hollywood Presbyterian Hospital—Olmsted Memorial, Los Angeles, California		499,981
Holston Valley Community Hospital, Kingsport, Tennessee		466,197
Holy Cross Hospital, Salt Lake City, Utah		443,308
Lakewood Hospital, Lakewood, Ohio		498,020
Lovelace Center for the Health Sciences, Albuquerque, New Mexico		374,853
Lutheran Charities Association of St. Louis, Missouri, St. Louis, Missouri		475,105
Lutheran General and Deaconess Hospitals, Park Ridge, Illinois		500,000
Lutheran Hospital and Medical Center, Wheat Ridge, Colorado		500,000
Lutheran Hospital of Maryland, Inc., Baltimore County, Maryland		496,170
The Memorial Hospital, Worcester, Massachusetts		475,000
Memorial Hospital of Alamance County, Inc., Burlington, North Carolina		487,944
Memorial Hospital of Phoenix, Phoenix, Arizona		498,942
Mercy Hospital, Springfield, Massachusetts		490,000

* *Additional grants will be made under this program in 1977.*

Mercy Hospital, Inc., Baltimore, Maryland	$ 499,985
Portland Adventist Hospital, Portland, Oregon	492,658
Richmond Memorial Hospital, Richmond, Virginia	497,000
St. Aloisius Hospital, Harvey, North Dakota	499,533
St. Francis Hospital, Honolulu, Hawaii	491,030
St. Francis Hospital, Topeka, Kansas	446,296
St. Joseph Hospital, Lancaster, Pennsylvania	497,620
St. Joseph's Hospital and Medical Center, Paterson, New Jersey	500,000
St. Luke's Hospital, Aberdeen, South Dakota	498,169
St. Margaret Memorial Hospital, Pittsburgh, Pennsylvania	401,944
St. Vincent's Hospital, Billings, Montana	499,709
Herbert J. Thomas Memorial Hospital Association, South Charleston, West Virginia	485,456
Charles S. Wilson Memorial Hospital, Johnson City, New York	469,361
	$14,935,022

Schedule B—Medical Student Aid Program*

University of Alabama, School of Medicine	$	23,741
Albany Medical College of Union University		16,204
University of Arizona, College of Medicine		17,819
University of Arkansas, School of Medicine		33,215
Baylor College of Medicine		23,633
Boston University, School of Medicine		21,265
The Bowman Gray School of Medicine of Wake Forest University		18,574
Brown University, Division of Biological and Medical Sciences		6,918
Case Western Reserve University, School of Medicine		21,372
Chicago College of Osteopathic Medicine		15,558
University of Health Sciences, The Chicago Medical School		14,051
University of Chicago, The Division of the Biological Sciences and The Pritzker School of Medicine		21,157
University of Cincinnati, College of Medicine		17,712
College of Osteopathic Medicine and Surgery		17,067
University of Colorado, School of Medicine		24,925
Columbia University, College of Physicians and Surgeons		24,172
University of Connecticut, School of Medicine		13,620
Cornell University, Medical College		18,250
Creighton University, School of Medicine		18,573
Dartmouth Medical School		9,288
Duke University, School of Medicine		21,589
Albert Einstein College of Medicine of Yeshiva University		20,297
Emory University, School of Medicine		21,158
University of Florida, College of Medicine		16,528
Medical College of Georgia, School of Medicine		32,786
George Washington University, School of Medicine and Health Sciences		19,543
Georgetown University, School of Medicine		21,158
Hahnemann Medical College and Hospital		18,682
Harvard Medical School		30,525

** Grants made under a one-year extension of this 1972 national program.*

University of Hawaii, John A. Burns School of Medicine	$ 8,103
Howard University, College of Medicine	47,428
University of Illinois, College of Medicine	34,078
Indiana University, School of Medicine	42,476
The University of Iowa, College of Medicine	45,383
Jefferson Medical College of Thomas Jefferson University	26,756
The Johns Hopkins University, School of Medicine	22,127
Kansas City College of Osteopathic Medicine	24,065
University of Kansas, School of Medicine	32,570
University of Kentucky, College of Medicine	28,587
Kirksville College of Osteopathic Medicine	28,048
Loma Linda University, School of Medicine	22,988
Louisiana State University, School of Medicine, New Orleans	20,189
Louisiana State University, School of Medicine, Shreveport	9,718
University of Louisville, School of Medicine	27,941
Loyola University of Chicago, Stritch School of Medicine	19,328
University of Maryland, School of Medicine	22,235
University of Massachusetts, Medical School	6,811
Mayo Medical School	6,275
Meharry Medical College, School of Medicine	40,430
University of Miami, School of Medicine	18,466
The University of Michigan, Medical School	34,939
Michigan State University, College of Human Medicine	19,005
Michigan State University, College of Osteopathic Medicine	7,027
University of Minnesota, Duluth, School of Medicine	6,275
University of Minnesota, Minneapolis, Medical School	46,244
University of Mississippi, School of Medicine	35,477
University of Missouri, Columbia, School of Medicine	24,711
University of Missouri, Kansas City, School of Medicine	6,919
Mount Sinai School of Medicine of the City University of New York	15,666
University of Nebraska, College of Medicine	36,877

Schedule B—Medical Student Aid Program (Continued)

University of Nevada, School of Medical Sciences	$ 7,027
College of Medicine and Dentistry of New Jersey, New Jersey Medical School	62,060
College of Medicine and Dentistry of New Jersey, Rutgers Medical School	35,047
The University of New Mexico, School of Medicine	21,373
New York Medical College	18,466
New York University, School of Medicine	23,096
State University of New York at Buffalo, School of Medicine	21,373
State University of New York, Downstate Medical Center, College of Medicine	25,680
State University of New York at Stony Brook, Health Sciences Center, School of Medicine	6,811
State University of New York, Upstate Medical Center, College of Medicine	19,005
University of North Carolina, School of Medicine	23,742
University of North Dakota, School of Medicine	13,379
Northwestern University, Medical School	27,510
Medical College of Ohio at Toledo	14,698
The Ohio State University, College of Medicine	25,249
University of Oklahoma, College of Medicine	29,879
University of Oregon, Medical School	22,450
The Medical College of Pennsylvania	37,415
The Pennsylvania State University, College of Medicine	15,775
The University of Pennsylvania, School of Medicine	21,050
Philadelphia College of Osteopathic Medicine	15,882
University of Pittsburgh, School of Medicine	21,589
University of Puerto Rico, School of Medicine	27,187
The University of Rochester, School of Medicine and Dentistry	17,390
Rush Medical College	8,534
Saint Louis University, School of Medicine	19,866
University of South Alabama, College of Medicine	6,275
Medical University of South Carolina, College of Medicine	27,295

The University of South Dakota, School of Medicine	$ 13,056
University of South Florida, College of Medicine	6,273
University of Southern California, School of Medicine	21,050
Southern Illinois University, School of Medicine	6,275
Stanford University, School of Medicine	22,342
Temple University, School of Medicine	22,773
The University of Tennessee, College of Medicine	29,125
Texas College of Osteopathic Medicine	6,811
The University of Texas Health Science Center at Dallas, Southwestern Medical School	23,742
The University of Texas Medical Branch at Galveston, Medical School	32,570
The University of Texas Health Science Center at Houston, Medical School	7,242
The University of Texas Health Science Center at San Antonio, Medical School	26,541
Texas Tech University, School of Medicine	6,275
Tufts University, School of Medicine	24,388
Tulane University, School of Medicine	25,895
University of Utah, College of Medicine	19,220
Vanderbilt University, School of Medicine	18,036
The University of Vermont, College of Medicine	20,297
Medical College of Virginia of Virginia Commonwealth University, School of Medicine	25,572
University of Virginia, School of Medicine	22,558
Washington University, School of Medicine	24,065
University of Washington, School of Medicine	24,496
Wayne State University, School of Medicine	25,572
West Virginia University, School of Medicine	21,912
University of Wisconsin, Madison, School of Medicine	26,003
The Medical College of Wisconsin	17,282
Yale University, School of Medicine	19,004
	$2,500,000

Schedule C—Nursing Faculty Fellowships Program

University of Colorado Medical Center, School of Nursing, Denver, Colorado	$ 675,000
Indiana University Foundation, Indianapolis, Indiana	675,000
University of Maryland, School of Nursing, Baltimore, Maryland	675,000
University of Rochester, School of Nursing, Rochester, New York	665,054
Vanderbilt University, School of Nursing, Nashville, Tennessee, Administration of the Program	89,200
Balance of appropriation	220,746
	$3,000,000

Schedule D—Rural Practice Project

Northeast Washington County Community Health, Inc., Plainfield, Vermont	$ 403,682
Palmetto Family Health Care Center, Inc., Pacolet, South Carolina	394,075
Southern Indiana Community Health Care, Inc., Paoli, Indiana	398,932
Balance of appropriation	10,803,311
	$12,000,000

Secretary's report

Secretary's report*

On March 25, 1976, Edward R. Eberle was elected to the Board of Trustees of the Foundation to replace the Honorable DuBois S. Thompson, who had become a Trustee Emeritus. Mr. Eberle is a director of Public Service Electric and Gas Company of New Jersey, and recently retired as Chief Executive Officer and Chairman of the Board after 42 years of service with the public utility. Mr. Eberle has served as Chairman of the New Jersey Governor's Economic Recovery Commission, Chairman of the Newark Chamber of Commerce, and is a trustee and director of a number of corporations and institutions.

Staff changes

John L. Simon and Andrew M. Kulley have joined the Foundation staff as Program Officers. Mr. Simon was previously Director of Operations for the Georgetown University Community Health Plan and an instructor at Georgetown's School of Medicine. He is a graduate of the University of Rochester and received a master's degree in public health from the Sloan Institute of Health Services Administration at Cornell University.

Dr. Kulley came to the staff in early 1977 from the National Center for Health Services Research in Rockville, Maryland. Prior to that he served as Assistant Professor in the Department of Sociology and Anthropology at Purdue University. He is a graduate of Gettysburg College and received his master's and doctorate of philosophy degrees from Purdue University.

Catherine E. McDermott joined the Foundation in 1976 as Director of Personnel. Ms. McDermott previously served as Personnel Director and Office Manager of the Carnegie Corporation of New York. She obtained her B.A. degree from the College of Mount Saint Vincent in New York City.

Ingeborg G. Mauksch joined the Foundation as a Senior Program Consultant and is directing the Foundation's Nurse Faculty Fellowship Program. Dr. Mauksch is the Valere Potter Distinguished Professor of Nursing and Family Nurse Clinician at Vanderbilt University. She received her diploma in nursing from Massachusetts General Hospital, Boston, and is a graduate of Teachers College, Columbia University,

**To present as up-to-date a picture of staffing as possible, this report covers the period through February 15, 1977.*

New York. Dr. Mauksch received her master's and doctorate of philosophy degrees from the University of Chicago.

David L. Cusic and Deborah A. Freund left the Foundation staff in the summer of 1976. Mr. Cusic assumed faculty responsibilities at Duke University and is pursuing studies leading toward a doctoral degree at the University of North Carolina. Mr. Cusic came to the Foundation in 1973 as a Program Officer and was actively involved in many of the Foundation's projects. Ms. Freund arrived at the Foundation in 1975 as a Program Assistant and was primarily engaged in research and evaluation activities. She resigned this position to return to the University of Michigan where she is on the faculty and is completing her studies leading to a doctorate of philosophy degree.

In January 1977, John L. Dugan, Jr., resigned his position as Director of Administrative Services to become Executive Vice President of the American Diabetes Association in New York City. Mr. Dugan joined the staff in 1975 and was actively involved in the administrative activities of the Foundation.

In November 1976, Marshall V. Rozzi resigned as Senior Program Consultant to devote full time to his position as Associate Administrator for Program Development at the C. S. Wilson Memorial Hospital, Johnson City (Binghamton), New York.

In February 1977, Dr. Irwin R. Merkatz concluded his assignment with the Foundation to resume full-time administrative and teaching duties at Case Western Reserve School of Medicine. Dr. Merkatz came to the Foundation in 1974 as Senior Program Consultant and served as coordinator of the Foundation's program of regionalized networks for perinatal care.

Board activities

During the calendar year of 1976 the Board of Trustees met seven times to conduct business, review proposals, and appropriate funds for the implementation of new programs. In addition, the Policy, Finance, Audit, Building, and Nominations Committees met as required to consider and prepare recommendations to the Board.

J. Warren Wood, III
Secretary

Application for grants

Application for grants

The Robert Wood Johnson Foundation is a private philanthropy interested in improving health in the United States. It is concentrating its resources on a few well defined needs in health: the need to improve access to health care; the need to improve the performance of health care services in order to ensure quality care; and the need to develop mechanisms for the objective analysis of public policies in health.

The Foundation will encourage and support only those projects and programs which show promise of having significant regional and national impact, with one exception, which will be local projects in the New Brunswick, New Jersey area, where the Foundation was established.

The initial policy guidelines that have been established by the Foundation's board of trustees will normally preclude support for the following types of activities:

1. Endowment, construction, equipment, or general operating expenses.
2. Biomedical research.
3. International activities or programs and institutions in other countries.
4. Direct support to individuals.

Also, the Foundation will not be able to support programs concerned with a particular disease or with broad public health problems such as drug abuse, alcoholism, mental health, population dynamics, the effects of environmental contamination on health, or the care of the aged. The Foundation's inability to support such programs in no way implies a failure to recognize their importance, but is simply a consequence of the conviction that to make significant progress in the three problem areas described will depend in large measure on the Foundation's ability to concentrate its resources on them.

There are no formal grant application forms. Applicants should prepare a letter which states briefly and concisely the objectives and significance of the project, the program design, the qualifications of

the organization and the individuals concerned, the mechanisms for evaluating results, and a budget. This letter should be accompanied by a copy of the applicant institution's tax exempt status under the Internal Revenue Code. Ordinarily, preference will be given to organizations which have qualified for exemption under Section 501(c) (3) of the Internal Revenue Code, and which are not "private foundations" as defined under Section 509(a). Public instrumentalities performing similar functions are also eligible.

Proposal letters should be addressed to:

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Princeton, New Jersey 08540

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