

The
Robert Wood Johnson
Foundation
Annual Report 1977

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Foundation

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January 1, 1977, through December 31, 1977

The Robert Wood Johnson Foundation
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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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The
president's
statement

Where have we been and where are we going?

Last year The Robert Wood Johnson Foundation began work on a review which attempted to look both outward at medical care on the national scene and inward at our own performance. The outward look—how Americans were faring in obtaining out-of-hospital medical care—formed the basis for much of last year's President's Statement. The basic message was that things were getting better. More people were getting to physicians more often. There were more health professionals in the field. Differences in the amounts of care received by those who were wealthy and those who were poor, or by those who were white and those from minority backgrounds, were being narrowed. In addition, death rates from a number of our major killers were falling, and had done so consistently over a long enough period to make us believe these were genuine trends. True, a significant number of problems remained. Overshadowing them all were concerns about costs. Indeed, preoccupation with cost containment threatened progress on many fronts. However, in a number of sectors, matters in health and medical affairs seemed to be improving.

The inward look at the appropriateness of the areas we had selected for our initial efforts—to determine where they appeared to be proving successful and where they were not—has just been completed. Working closely with the staff, these studies have been extensively reviewed and discussed by both the Policy Committee and the full Board of Trustees. The findings which emerged, and some of our collective decisions about where we should put our efforts during the upcoming years are the subject of this, my sixth annual Statement.

As I have indicated in the past, at the time of the Foundation's emergence on the national scene, we were very conscious of the fact that we were one of but a very few major foundations to come into being since the 1950's. It was more than apparent in the area of health and medical care in which we were to work that our funds would represent but a tiny fraction of those expended—indeed, they would represent less than 0.1 percent of what this nation would spend on health care in that year. This led to the decision to target our programs quite narrowly. After considerable study, and with the help of many others working in the field, the trustees selected the improvement of access to primary care services—to general front line, ambulatory medical care—as our initial principal goal.

The methods we could use to assist those working in this area were relatively limited. As a foundation there were, basically, four avenues

open to us. We could support research looking for new ways to solve problems in the delivery of care. We could fund study groups or public commissions to examine, debate, and recommend ways to resolve issues. We could help develop a limited number of demonstration programs to put new kinds of medical care services and more health professionals in areas where they were not. We could support educational institutions and programs to train health professionals.

Considerable study led to the decision to focus primarily on the “demonstration approach” in both the establishment of new services and the education of health professionals. While a number of activities in the other two categories have received assistance—particularly in support of research on ambulatory care problems—service and training demonstrations have received the bulk of our funds.

The rationale behind this decision was severalfold. In 1972 there was only modest public interest in the problems posed by the existing inequities in the delivery of ambulatory medical care. Despite numerous reports of difficulties many were having in getting such care, the bulk of efforts and funds were being directed at hospital needs. There was no general public pressure pushing efforts toward improving out-of-hospital care. Moreover, few were building on what had gone before—the expensive, time consuming, existing and earlier efforts which had explored feasibility, efficacy, or the affordability of developing new ways of delivering care.

One real strength of demonstrations is their capacity to help capture public and professional interest and to build toward the more general consensus that necessarily precedes progress. Well designed demonstration programs can keep in the public eye potential solutions to serious problems which affect only a minority of Americans.

American decision making only rarely follows the reading of the findings of a commission or a technical report. In general, people seem better able to make positive decisions after seeing a new program in operation. They like to examine it, test its strengths and weaknesses—metaphorically kick the tires, slam the doors, and the like—before “buying” a proposed improvement. Concerns about the technologic practicality of new approaches, about their costs, about whether their implementation will damage or destroy the institutions initiating them, or fears that they will have unanticipated negative ripple effects, tend to block adoption of new solutions to old problems. In addition, the type of cynicism that marks our current society—the general belief that any attempts to improve unsatisfactory social situations tend to make them worse—seemed best addressed by demonstration programs.

Foundations have a special privilege of being able to support new ideas before general agreement is reached regarding their worth. We hoped that with selected demonstration programs we could put some new units in place which might prove sufficiently sensible and practical to gain broader acceptance and subsequent implementation by others.

We also recognized that while some of the new approaches we funded might succeed, a number would not.

Our review process involved assessment of how successful our programs had been in becoming established, or in broadening public attention to the problems they were designed to address. Although no substitute for long-range external studies, this review has helped us better understand what works and what doesn't, and make some decisions about future programs. Our support of external evaluation, research, and public policy efforts was not included in this review. It involved a careful look at two major areas, the service and the training demonstrations which have utilized the lion's share of our funds.

As might be anticipated, our service programs proved easier to judge because we could develop several reasonably objective indices with which to rate them. However, we were able to develop some reasonable proxy measures to make some early judgments about our educational programs as well.

Service programs

Since 1972 approximately 42 percent of our funds have helped to expand or strengthen health care services. One hundred eighty-seven programs have been developed which offer medical care to those previously poorly served. Our principal efforts have been directed at placing those services in areas where the private practice of medicine had not previously taken hold, or had begun to disappear. We have tried to follow the strategy of establishing an "institutional presence" which can attract, capture, and hold health professionals where they have been unwilling or unable to offer services in the past. Our intent has been to put units in place which will be there long after we and our funds are gone. These new service programs have been developed by a wide variety of groups: by major academic medical centers; by community hospitals; by state and local health departments; and in the case of free-standing group practices, by community boards or other groups specially constituted for the task. These programs are in remote rural areas, in crowded inner cities, and the varying shades of in-between. The "institutional presence" has taken many different forms depending on sponsoring agency, geography, culture, or the problems to be addressed, but these programs have certain commonalities.

First, they serve groups of people who were previously unable to get primary care without great difficulty. Second, they provide a wide range of personal health services. Third, in addition to delivering basic medical care, they are often undertaking other health-related activities in the community. Fourth, they are group oriented, often involving both physicians and new kinds of health practitioners. Lastly, most have employed professional administrators.

The performance index we developed attempted to rate each program



in several ways: its effectiveness in improving access to care; its overall productivity; the strength and appropriateness of its organizational structure; how well it had been able to attract patients; whether the care given had acceptable continuity; and whether the program had evolved to independent financial viability.

Using this rating scale, with weighting of indices according to importance, slightly more than three-fourths of our medical service programs were given satisfactory overall scores. The programs developed by medical schools and older institutions were performing somewhat better than programs undertaken by community hospitals and more recently established institutions. The majority of programs had been successful in broadening access to medical services. Less than 10 percent were rated as unsatisfactory in giving continuing medical care. In part because of their recent origin, almost half the projects were rated as less efficient or less productive than we believed they might be, and about one-third of practices were caring for fewer patients than their staffing suggested they could. However, these were defects viewed as manageable, and moving toward correction.

The most serious problems lay in the inability of many programs to achieve financial viability. Only two-thirds of service programs we have assisted were rated as satisfactory in this sector. Almost half of the inner-city and remote rural projects placed in the areas of greatest need and greatest poverty were having financial difficulty, and this was true of the majority of service programs primarily serving low-income minority groups.

We have learned much from this review of our service programs. Most simply, it has shown us that dedicated people can develop new arrangements for delivering medical care in ways that are satisfying for both those receiving services and the health professionals dispensing it. We have also relearned that the development of these new arrangements—organizing the program, recruiting personnel and deploying them appropriately—takes time. They involve different kinds of arrangements and considerably more time than does the act of a single physician opening an individual office. For one, given the breadth of services offered, these programs involve more people. For another, the groups we assist are necessarily non-profit—although physicians determine the design and content in matters medical—and a board is ultimately responsible for the programs.

Our review has also helped lay some old prejudices to rest. One of the beliefs of the late 60's was that our older, established institutions could not mount new efforts in ambulatory care. Thus in the 1960's a whole series of new programs were developed to move around them. Our experience would suggest otherwise. Older institutions have redirected their priorities and moved vigorously in ambulatory care with considerable success and without damage to their established programs. Although it has been poorly recognized, many of the improvements in

access to care noted in my last year's Statement have been a direct result of broader institutional responsiveness. Ten years ago less than 1 in 10 patient-visits occurred in the out-patient departments of large medical centers or in large groups practices. Today roughly one in four visits are to such institutions. Thus increasing amounts of ambulatory care are under the auspices of other than the solo physician.

Our service programs have also shown that a rich variety of arrangements can be developed which will put health professionals in place in areas where they would not go before. It has been particularly pleasing to us to see how varied the approaches and design of these practices can be. Clearly there is no one right way to go.

But perhaps most arresting, these new service programs have dramatically brought to the fore the problems in the ways this nation finances (or fails to finance) out-of-hospital care. One out of three of our service programs face serious financial dilemmas, and this rises sharply with programs directed toward care of lower income groups, particularly those that are minorities. Here another commonly held belief has been shown to be wrong. At the outset we and others felt that financial insolvency of medical practices was usually due to poor planning and bad management. Clearly this is sometimes the case. However, our six years of experience has shown us that even the best of practices—one which is well organized, seeing sufficient numbers of patients, employing appropriate collection practices, making effective use of non-physician personnel, using restraint in the use of high-cost hospital services, and the like—cannot survive if it attempts to care for very many low-income patients. The reimbursement formulas of both private insurance and public payment programs need recasting to encourage more out-of-hospital care.

To our sorrow, medical service programs directed at these low-income groups—and particularly those projects which attempt to go beyond the provision of very simple, basic physician services to include such much needed services as dentistry or home care or counselling—face even more serious financial difficulties. As a nation, we have not found satisfactory ways of paying for out-of-hospital services for many of our less fortunate citizens.

Educational programs

During the same time period, we have funded a series of programs which we have grouped under the label of education and training. About 39 percent of our funds have gone into these programs. In the main, these efforts have been directed at, and closely tied to, the needs of our medical service programs. Thus we have aided projects strengthening the education of physicians for ambulatory or primary care careers, or training new kinds of health professionals who will work in ambulatory settings, or managers to staff such ventures. Here we have again used demonstration projects to try to obtain answers to two questions.

First, can established educational institutions shift some of their emphasis to better train physicians and other health professionals for ambulatory care careers without damaging themselves in the process?

Since World War II we have, as a nation, developed an impressive number of truly great academic medical science centers. Many have worried about whether these institutions can move more strongly into ambulatory care training without eroding their excellence in tertiary care, research, and the development of new scientific knowledge. Demonstration programs seemed a way of finding out.

Second, will strengthening the training of health professionals for ambulatory care change the type and content of the subsequent medical practices these individuals establish? Will it also change decisions about where to locate such practices?

To date we have helped educational institutions launch 124 programs to train people for new careers in ambulatory health care. We have funded nine programs to train newly graduated doctors for primary care. A new program to develop faculty for academic family practice programs has recently been established in three schools. Programs to permit pediatricians to delve more deeply into developmental problems are under way in several institutions. Young physicians are being trained for special emergency medical careers at two sites. With our assistance, 11 schools are teaching their dental students to better handle the problems of the handicapped in their offices. Nineteen programs are training nurse practitioners for expanded clinical roles, and a nationwide program to create more nursing school faculty to educate these new professionals is now based in four schools. Six institutions are training physician's assistants, health associates and other kinds of new health practitioners. Programs to train both physician and non-physician managers for new and more complex practices have also received our support. Our Clinical Scholars Program, now based in nine schools, has permitted 237 young physicians who have largely completed their clinical training to acquire new skills in non-biologic disciplines to better deal with the larger, more complex problems of our current health system. One hundred thirty-two have completed their studies and moved to new positions of responsibility, and 105 are still in training. Our Health Policy Fellowship program is in its fourth year and has to date permitted 24 health professionals to work for a year within our government in Washington.

It is only fair to say that in the educational sector, our judgments cannot yet be as definitive as with our service programs. Educating people takes considerable time, and there is a long lag period between the development of physicians or other health professionals for new careers and an evaluation of how they function in the field.

However, our first concern—the responsiveness of established institutions—is being met in a satisfactory way. An impressive number of established academic medical centers and other institutions have



undertaken these educational ventures and seem to have flourished in the process. These programs have helped allay some of the worries which tended to impede their initiation by educational institutions, and more are entering the field using funds from a variety of private as well as public sources. Concerns about whether new health professionals or primary care physicians could function at acceptable levels of quality seem to be diminishing. Studies of nurse practitioners and physician's assistants indicate that they are functioning well, although such problems as areas of responsibility and the degree to which they are dependent on physicians are as yet unsettled. There are now over 6,500 physician's assistants in practice settings, and over 80 percent are involved in expanded-duty careers.

Our own service programs also suggest that the kinds of educational demonstration projects we have established are putting out people who are rapidly assimilated in practice settings. Ninety-one percent of our service programs use nurse practitioners. Forty-four percent are employing physician's assistants. Eighty-five percent of them use some type of professional health care manager, and most of the physicians in these practices are generalists emerging from primary care residencies. Concerns about the cost of such programs remain. Institutions which take on the responsibilities for training generalists and new health professionals for ambulatory careers continue to have trouble underwriting these costs.

Our second question—does changing the education of health professionals change the type and content of their practices and where they settle—cannot be answered this early in the game. However, we have studies in place to track these individuals' careers to see if we can acquire satisfactory answers to this question over a period of years.

To sum up—our review of programs to put new ambulatory medical services in place and to educate health professionals to deliver these services more effectively has led us to conclude we are playing a useful role. We have now begun to accomplish what we set out to do—we have helped put live, functioning, testable demonstrations in place. Demonstrations of the type we have initiated have helped keep ambulatory care problems in the public view. I believe they have also helped move the nation toward a broader attack on these problems than might otherwise have been the case. Indeed, in a number of areas, public consensus regarding the importance of these new developments has caused public monies to begin to flow in support of programs initially supported only in our demonstrations. It has been pleasing to note that the federal sector is now involved in new efforts to establish regionalized medical services and to train the personnel to staff them. Primary care residencies in internal medicine and pediatrics, formerly supported largely by our funds, are now also eligible for support by new federal monies. Federal efforts to regionally organize emergency medical care has followed our 44-region program which concluded this

year. Also, a large federal rural health initiative has come into being since the development of our Rural Practice Project.

Our early beliefs that the trend toward group practices seemed a sensible and logical way to strengthen the delivery of services also seem borne out by recent data. Since 1969, the number of groups has increased by a third, and the number of physicians practicing in group arrangements is up by over 60 percent. Likewise, the number of pre-paid group practices seems to be increasing steadily. During the last five years, the number of such groups nationally has grown by 80 percent. Major federal programs to support creation of new Health Maintenance Organizations, the National Health Service Corps to place young physicians in underserved areas, and two major federal programs currently pending—one for improved child health services and one for inner-city ambulatory care services—suggest that there is increasing public consensus that some of the problems we have attempted to address should be considered public priorities.

Where does all this lead us in our plans for the future? First and foremost, a rather searching review has persuaded both staff and trustees that we chose a sensible route in our decision to encourage carefully planned demonstrations of new ways to give care, and better ways to train those who will give it. We will continue with a number of these efforts and build upon them. Thus we will continue support of selected service and training programs which potentially are of regional or national importance.

But because some of the problems apparent in 1972 seem to have been overcome or are under sustained attack, we will now direct yet more efforts at certain particular groups of people who continue to have problems of access to health care, or tend to get less from medicine than it would seem we could deliver. In our early years we were simply concerned with getting more primary care to those seeking it, most of whom were mobile and could take personal responsibility for getting to services. Now we are looking at some groups that do not have this capability and whose needs are somewhat broader than just primary medical care alone.

Our review indicates that beyond the bounds of our programs to date there are several groups whose medical care continues to be less than it should. These include certain children and the frail elderly, particularly those who are from low-income or minority backgrounds, and people with chronic illnesses requiring long-term care.

All of these groups share some characteristics. For one reason or another—because of their age, their helplessness, their dependency, or their isolation—they need help from others to get to needed services or to get needed services to them. Even when proper care or management has been developed for these groups, they often need other people to help them carry out the plan. They cannot do it alone. Our medical care system, structured as it is to deal primarily with acute life crises, is

not well designed for the problems which are often so burdensome for these groups. Much of the task here is organizational. We need different kinds of programs or special new systems involving the use of other people to adequately help these groups. In the case of the chronically ill, a health care systems approach seems more promising than a categorical disease approach. Moreover, we must find ways of doing all these things without incurring excessive costs.

Our failure to bring needed medical care to these particular groups continues to say something sad about the erosion of human support systems in the United States. As families have fragmented, as church attendance has declined, as other human life support systems have frayed, these people have tended to be forgotten or shunted aside or ignored. On the other hand, there is a good deal of evidence that people are still willing to help one another if given the opportunity, and it is that optimistic road we have chosen to go. It is our belief that our country has the human resources and the ingenuity to get adequate care and support to these groups at prices which would not be unacceptable.

In the coming years, we will put major emphasis on seeking out further programs for the care of children from birth through school age. Programs for better ambulatory care of the chronically ill which might result in new alliances between physicians and other helping persons or institutions will also receive more attention. Selected community-based systems for the better care of the frail elderly—particularly programs which would reduce needs for institutionalization—are also under study.

In moving into these areas we will explore support of some projects designed to recast ambulatory care more broadly in settings that we have not to date explored. These might include the out-patient departments of teaching hospitals, community hospital emergency rooms, selected programs initiated by state health departments, minority-run institutions, or by agencies not traditionally involved in rendering medical care. Because most patient care, and particularly ambulatory care, is given by private physicians, we will continue to seek ways in which we can work more closely with the private sector in developing new practice arrangements for those poorly served. Since it is clear that continuing viability of service programs offering better out-of-hospital care for low-income Americans is dependent on better financing of such efforts, we will look for experiments in reimbursement which can create more stability for such programs.

As in the past, we will continue to support selected educational programs designed to turn out the men and women who can meet the needs of new ambulatory service programs. We will also continue to assist certain research and evaluation projects that are essential to support our more extensive demonstration service and training programs. Additionally, to help meet the information needs of others who are seeking to improve primary care services in this country, we are

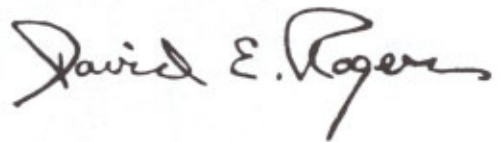


incorporating broader communications efforts in our programs so that the most important lessons gained can be shared with those who can benefit from this knowledge. Such sharing is necessarily an essential element of effective demonstration programs as well as those involving research and evaluation.

The fact that this nation has made real progress in some very difficult areas relating to medical care suggests we can do the same in others. True, such problems will not be solved without enormous cooperative efforts on the part of many. However, our outward and inward looking review has persuaded us that we as a nation have the necessary talents to move forward if we can agree once again to be unembarrassed about striving for apparently simple goals like equity in access to medical care, or proper care for our children, or more considerate treatment of our elderly.

We need to regain confidence that we have within us and our social institutions the capacity to make appropriate changes. We must not let the cynics deflect us—we need to cast off the notion that our people and our institutions can't seem to do anything constructive in areas of social concern. Improvements in large social systems can take place, and we've now had the privilege of seeing it happen.

It thus remains our conviction that if we carefully and precisely address our efforts to correct the evident shortfalls in medical care, and stick with our programs long enough, some of these can also be brought to heel within the next decade. One of the compelling lessons learned from our review is that changes for the better take time, continuing attention, and effort. So do most things that are lasting and worthwhile.

A handwritten signature in black ink that reads "David E. Rogers". The signature is written in a cursive style with a long, sweeping tail on the letter "s".

The 1977
grant program

The 1977 grant program

During 1977 the Foundation made 119 grants totalling \$36.4 million in support of programs and projects seeking in a variety of ways to improve primary health care in this country.¹ The three principal types of activity supported were:

- The development of improved ways to deliver ambulatory care services, \$14.2 million, or 39 percent of the 1977 grant funds;
- The education and training of various types of health professionals needed to plan, staff, and manage such services, \$16.5 million, or 45 percent; and
- The evaluation of certain Foundation programs, the conduct of highly targeted health care research, and the development of information useful to those formulating and evaluating public policy in health affairs, \$3.4 million, or nine percent.

Other activities that do not fall into the above categories accounted for \$2.3 million, or seven percent, of the 1977 grant funds.

In terms of the Foundation's objectives, the \$36.4 million was allocated as follows:

- \$24.1 million, or 66 percent, went to programs to increase access to general medical and health care;
- \$8.2 million, or 23 percent, went to programs to improve the quality of care; and
- \$1.5 million, or four percent, to programs to improve the formulation of public policy in health affairs.

¹ During 1977 the Foundation recorded \$7,171,272 in refunds and cancellations from appropriations made in prior years. Thus the net grant total for 1977, as shown in the Financial Statements section of this Annual Report, is \$29,189,915.

An additional \$2.6 million, or seven percent of the funds granted in 1977, 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.

Of the requests received in 1977 by the Foundation, 614 totalling approximately \$194 million were seeking assistance for activities relevant to the Foundation's program objectives. Since becoming a national philanthropy at the end of 1971, the Foundation has received in-program requests totalling \$1.3 billion and has made grants totalling \$271 million. The relationships between these in-program requests and the grants made during the period are depicted in the charts on the facing page. On page 26, the cumulation of Foundation grants since 1971 is shown by geographical region.

Program information

Each grant made in 1977 has been briefly and individually described in a series of Program Summaries that are available upon request from the Foundation. The titles of these grants are printed in color in the list beginning on page 52. Requests for a Program Summary on any of these grants should include the title of the grant, the institutional recipient, and the grant ID number. Address requests to:

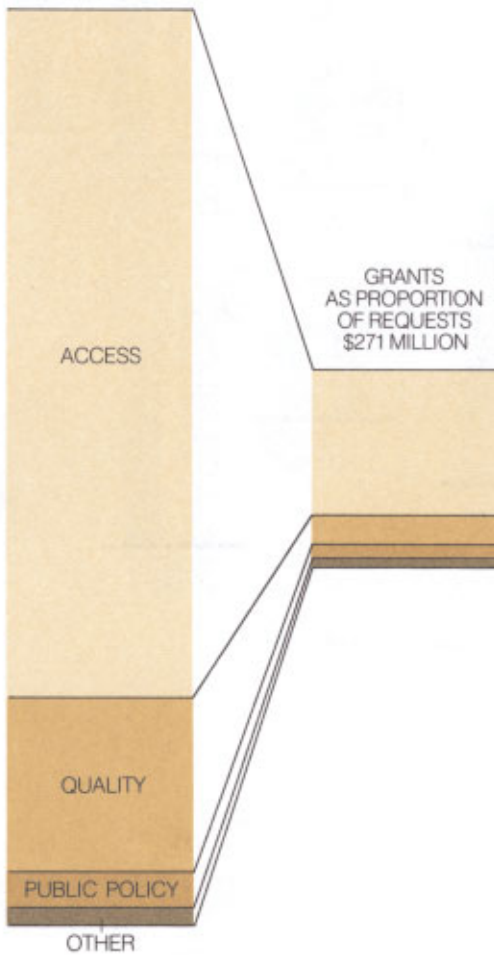
Communications Office
The Robert Wood Johnson Foundation
Post Office Box 2316
Princeton, New Jersey 08540.

During 1977 the Foundation also published the first two issues of Special Report, a non-periodic publication describing the outcomes of activities assisted by grants that appear to be

1972-1977 analysis of proposals and grants

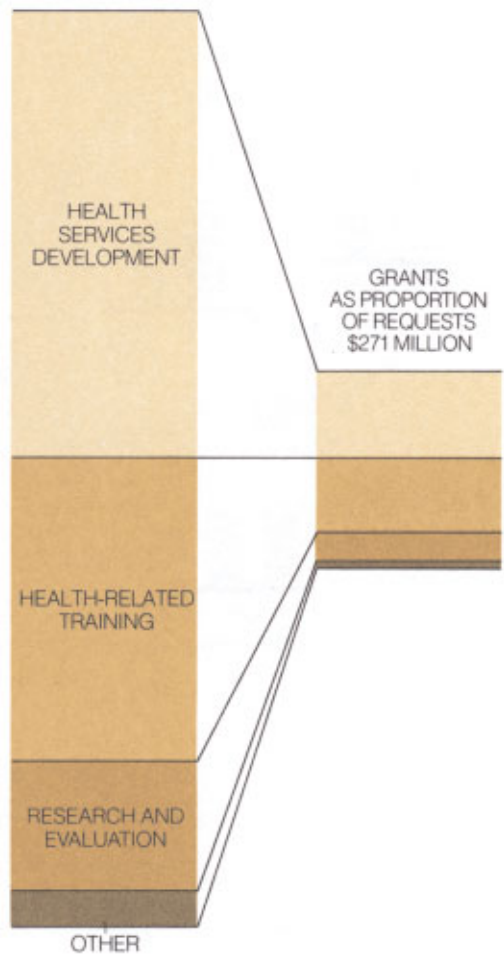
ANALYSIS BY FOUNDATION OBJECTIVES

PROPOSALS WITHIN
FOUNDATION'S PROGRAM
\$1.3 BILLION

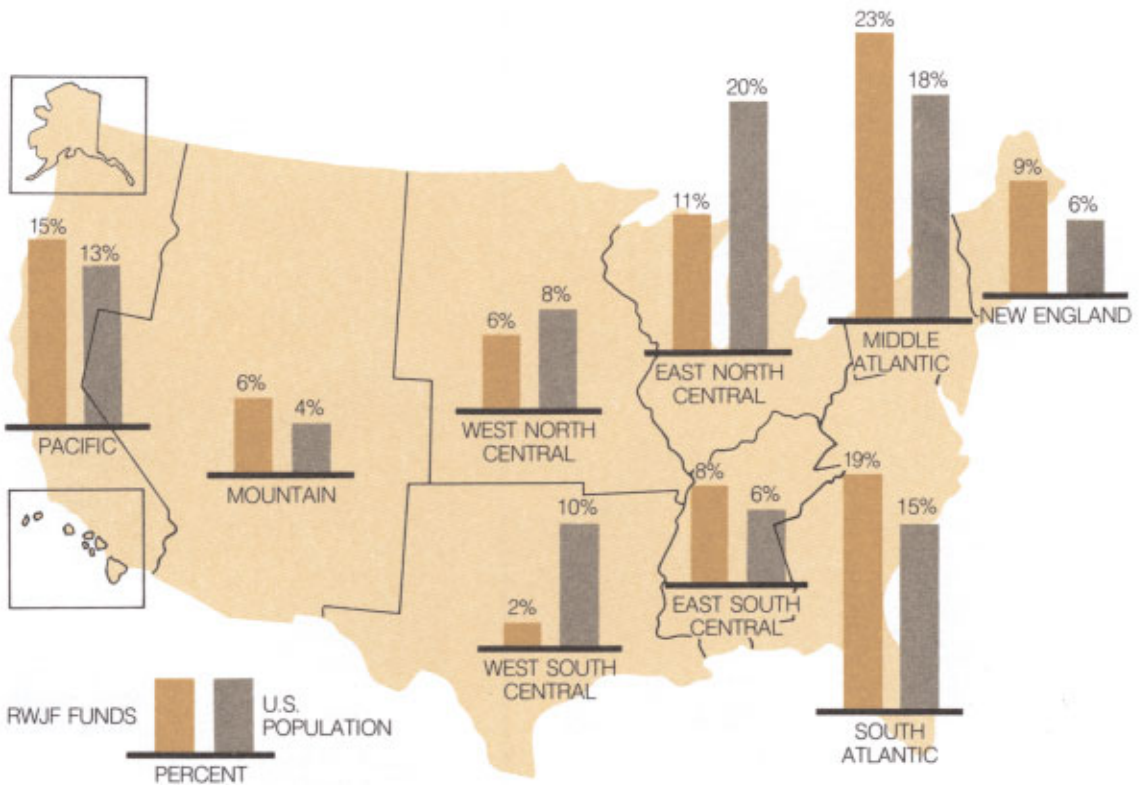


ANALYSIS BY TYPES OF ACTIVITY FUNDED

PROPOSALS WITHIN
FOUNDATION'S PROGRAM
\$1.3 BILLION



1972-1977 grant funds by geographical region compared to population



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

of general interest because of the findings uncovered or the issues they illustrate.

The first Special Report (1977—Number One) contains articles on: (1) a family nurse practitioner program in rural, northern California; (2) a program that added professional staff to the health committees of eight state legislatures; and (3) pioneering efforts by a University of Colorado center to prevent and treat child abuse and neglect. The other Special Report (1977—Number Two), is on the development of regionalized emergency medical services. Copies of these documents are also available from the Foundation's Communications Office. Please be sure to include in your request the year and number of the Special Report you would like to receive.

Major developments in the 1977 grant program

Building on two years of study and planning that involved numerous consultants as well as staff, early in 1977 the Foundation announced its Municipal Health Services Program, co-sponsored by the American Medical Association and the U.S. Conference of Mayors. Mayors of the country's 50 largest cities were invited to submit proposals for bringing together the staff, funds and other resources of their municipal hospitals and health departments to create satellite primary care centers. Thirty-three proposals were taken under review in 1977, from which as many as five grants of up to \$3 million each will be awarded in 1978. A national advisory committee whose members were appointed by the Foundation and the two co-sponsors are reviewing the proposals and will make funding recommendations to the Foundation.

Among the individual groups that began or further developed urban service projects with Foundation assistance during 1977 were the Bedford-Stuyvesant Family Health Center, a

group practice planned for a commercial area of Brooklyn redeveloped by the Bedford-Stuyvesant Restoration Corporation; Hyde Park-Kenwood Community Health Center, on Chicago's southside; La Clinica de la Raza, expanding to serve a greater number of Mexican-American families in the Fruitvale section of Oakland, California; Roxbury Dental and Medical Group, in Boston; and Detroit's Health Care Institute, which will consolidate outpatient operations of six hospitals and operate a large ambulatory care facility already under construction.

California rural practice network

The Foundation for Comprehensive Health Services (FCHS), organized with the assistance of the University of California at Davis family practice department, was among several rural initiatives assisted during the year. FCHS is creating a network of primary care group practices in medically underserved rural communities of northern California. The FCHS central management unit will assume responsibility for personnel recruitment and training; financial management; quality of care review; fund raising; and negotiation of contracts with federal and state agencies and insurance carriers. UC-Davis family practice residents will help staff the practices.

The Rural Practice Project

Six small-town, community-based medical practices, each directed by a physician-administrator team, received grants this year under the Rural Practice Project administered for the Foundation by the University of North Carolina at Chapel Hill. This brought the number of rural practices in the Project to nine.

Service program expanded

The Medical Mission Sisters, a Catholic order of doctors, nurses, and other health professionals, will use its 1977 grant to help groups of local residents to create health care

services in 10 or more rural and inner-city communities. With an earlier grant, the Sisters planned this overall program and began working with local groups in Greener, North Carolina; the Westport Parish section of Baltimore; and Albuquerque, New Mexico.

The Community Hospital Program

More than 200 community hospitals and their medical staffs have applied for grants to develop new practices in medically underserved areas—rural, urban, and suburban—under the Foundation's Community Hospital-Medical Staff Sponsored Primary Care Group Practice Program. Fifteen grants awarded in 1977 brought to 46 the number of institutions participating in this, the Foundation's most extensive effort assisting the private sector of medicine to expand ambulatory care services in this country. Additional grants will be made in 1978.

The University of Chicago's Center for Health Administration Studies and the University of Washington Center for Health Services received grants in 1977 to conduct studies of the Community Hospital Program. Surveys will be made in 12 communities where hospitals have received grants to determine if there are improvements in people's access to care. The implementation and development of the new practices, and their relationships with the sponsoring hospitals, will also be documented.

Group practice management

Finally in the service area, Medical Group Management Association will use a second Foundation grant to establish a Financial Management Assistance Center that will provide technical assistance to group practices; conduct training programs for financial managers of group practices, HMO's, and clinics; develop and promote the adoption of accounting standards for medical group practices; and collect and publish comparative cost and productivity information on group practices.

Primary care residencies

Residency training programs to prepare physicians for primary care were launched in 1977 by the University of Pennsylvania and the University of Washington in Seattle with Foundation assistance. Similar programs at Harvard University and the University of Rochester received continuing support. Altogether, the Foundation has assisted the development of primary care residencies at nine university medical centers since 1972. These programs are preparing young internists and pediatricians for generalist careers. Residents in obstetrics-gynecology at the University of Washington and the University of Rochester are also included in the primary care training programs. In addition, in conjunction with these programs, nurse practitioners or physician's assistants are being trained for joint practice careers with primary care physicians.

Family practice faculty fellowships

Family physicians—practitioners and teachers alike—are agreed that the shortage of faculty prepared for academic careers is one of the most pressing problems in this burgeoning medical specialty. The reasons are readily apparent: in 1970 there were 290 resident physicians in 49 family practice training programs; by 1977 the number of residents had jumped to 5,000 and the number of programs to 321. To help meet this need, the Foundation in 1977 made grants to the family practice departments of three university medical centers—at the Universities of Iowa, Utah, and Washington in Seattle. Each is developing two-year research and study fellowships for promising young faculty members to be drawn from throughout the country. The programs include study in such subjects as biostatistics, epidemiology, and research methodologies.

Other training programs

Nurse practitioners and physician's assistants have demonstrated their effectiveness in working with physicians to provide primary

care. The Foundation has supported a number of projects to train as well as deploy these new health practitioners. The most recent grants—in 1977 to the University of Alabama-Birmingham School of Nursing and Pittsburgh's Allegheny General Hospital—are designed to equip emergency room nurses who serve in smaller, outlying community hospitals with primary care skills. By expanding the nurses' skills, these projects are intended to help the participating hospitals improve services for non-critical patients seeking primary care in emergency departments. These patients constitute 70 to 80 percent of hospital emergency room visits.

In 1972 and again in 1977 the Foundation made major grants to Meharry Medical College for faculty development. Meharry is one of the country's two principal medical centers educating black doctors, dentists, and nurses, and it is the leading educator of black health professionals for the South.

Student loan guarantees

Projections of student aid needed in medicine, dentistry and osteopathy—when compared with anticipated funds from all sources to meet these needs—indicate there will be a shortfall of between \$70 million and \$100 million during the next four years. In 1977, in cooperation with United Student Aid Funds, Incorporated, the Foundation initiated a student loan guarantee program to help reduce that shortfall.

The loan guarantee program follows the Foundation's earlier student aid program which provided \$16.5 million in grants directly to medical, dental and osteopathic schools, which in turn used these funds for student loans and scholarships. Funds from the 1977 grant are expected to make approximately \$3.7 million available to students through their schools.

School Health Services Program

In 1977, building on the experience of several projects begun with earlier grants, the

Foundation announced it would assist as many as four states that wish to improve health services offered to children in schools by training and employing nurse practitioners. Invitations to apply for grants of up to \$1.2 million each under the School Health Services Program were sent to governors and senior health and education officials in all 50 states. The Program schedule calls for applications to be submitted and reviewed, and grants made, in 1978.

Additional child health projects

In other approaches to child health, the National 4-H Council and the Boys' Clubs of America are beginning demonstration projects to improve the health of their members. The 4-H Council will fund as many as three statewide projects seeking to increase individual responsibility for accident prevention and personal health, and better use of community health resources. Projects by five Boys' Clubs will incorporate health education in each Club's program, and provide health care that includes medical examinations and referrals to cooperating local health care providers. Both organizations will use these pilot projects to develop guidelines and other materials for national health programs involving all their members.

Additional grants in this Foundation program area include: a Stanford University project of training and research designed to help clarify the role of pediatricians in meeting the ambulatory care needs of adolescents; continuation of the Hazard-Appalachian Regional Hospital outreach program for mothers, infants, and young children. Also conclusion of a University of Pennsylvania project with 1,800 children in a nearby rural county to determine the cost-effectiveness of various preventive dental service arrangements and health education; and a University of California, Los Angeles study of health decision-making among children that includes the use of specially developed classroom

materials designed to enhance the child's health decision-making abilities and self-reliance.

To increase understanding of health issues

Over the past five years, the Foundation and many of the non-profit medical groups it has assisted in providing primary care services to low-income groups have come to recognize that private insurance and public agencies' current reimbursement formulas will not permit even the best managed of these programs to become self-supporting. Even when these out-of-hospital service programs reduce overall costs of care, they continue to require operating subsidies outside of present reimbursement arrangements.

Accordingly, the Foundation in 1977 assisted projects of the U.S. Conference of Mayors and the National Rural Center, both working to identify ways that reimbursement formulas might be modified to put efficient ambulatory care programs on a self-supporting basis without increasing overall reimbursement costs. The U.S. Conference project is aimed at meeting the financial needs of inner-city service programs. The National Rural Center is similarly focused on problems in rural areas.

The U.S. Conference also is incorporating a health affairs component in a series of leadership institutes it conducts for mayors from throughout the country.

A broad study of national health care issues by the National Chamber of Commerce has received support from a wide variety of sources, including the Foundation. Business today expends approximately \$35 billion a year on health insurance alone, and can be expected to take an increasingly active role in shaping public policy in health affairs. The Chamber study will address such topics as the escalating costs of medical care; the reliance of government on regulatory approaches to cost containment; the need for market forces and incentives in health care; and the various proposals for national health insurance.

The George Washington University Health Staff Seminar, which provides opportunities for senior federal staff in Washington to meet informally and explore current national health issues, received continuation support from the Foundation. A second grant was also made in support of a health policy summer project conducted in Washington for nursing students by the National League for Nursing.

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Financial statements

Introduction to statements

The annual financial statements of the Foundation appear on the following pages. A listing of investments other than Johnson & Johnson common stock held by the Foundation at December 31, 1977, appears on pages 45 through 51, and a summary of grants appears on pages 52 through 103.

In 1977, the Foundation authorized \$36,361,187 in grant commitments. During that same year cancellations and refunds of prior years' grants totalled \$7,171,272. Thus the net addition made during the year to the Foundation's total grant commitments was \$29,189,915.

The quoted market value of the assets of the Foundation at December 31, 1977 was \$915,997,863, compared with \$957,916,251 at December 31, 1976. Investment income for 1977 amounted to \$27,996,841, an increase of 10% over the \$25,411,602 earned in 1976. The total of new grant commitments, investment and administrative expenses and excise taxes exceeded income in 1977 by \$5,863,859. This compares with an excess of grants and expenses over income of \$22,345,554 in 1976, and brings the total of grants and expenses over income for the six-year period ended December 31, 1977 to \$160,400,171.

At the beginning of 1977, the Foundation owned 8,811,086 shares of Johnson & Johnson common stock. During the year, 200,000 shares were sold, leaving a balance in the portfolio of 8,611,086 at December 31, 1977.

William R. Walsh, Jr.
Vice President and 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, 1977, and 1976, and the related statement of investment income, expenses, grants and changes in foundation principal for the years then ended. Our examinations were 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.

In our opinion, the aforementioned financial statements present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1977, and 1976, 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 1, 1978.

The Robert Wood Johnson Foundation
**Statement of Assets,
 Liabilities and Foundation Principal**
 at December 31, 1977 and 1976

| | <u>1977</u> | <u>1976</u> |
|---|----------------------|----------------------|
| Assets | | |
| Cash | \$ 293,661 | \$ 177,341 |
| Investments (at cost or market value on dates of gifts) (Notes 1 and 2): | | |
| Johnson & Johnson common stock— 8,611,086 shares in 1977, 8,811,086 shares in 1976 (quoted market value \$660,900,851 and \$687,264,708) | 246,851,079 | 252,584,419 |
| Other corporate common stocks (quoted market value \$52,619,611 and \$66,970,796) | 56,786,138 | 64,099,178 |
| Fixed income investments (quoted market value \$196,066,055 and \$197,327,464) | 202,781,993 | 195,770,830 |
| Land, building, furniture and equipment at cost, net of depreciation (Note 1) | 6,117,685 | 6,175,942 |
| | <u>\$512,830,556</u> | <u>\$518,807,710</u> |
| Liabilities and Foundation Principal | | |
| Liabilities: | | |
| Unpaid grants (Note 1) | \$ 92,403,985 | \$ 99,401,707 |
| Federal excise tax payable | 1,111,732 | 1,302,632 |
| Total liabilities | <u>93,515,717</u> | <u>100,704,339</u> |
| Foundation Principal | 419,314,839 | 418,103,371 |
| | <u>\$512,830,556</u> | <u>\$518,807,710</u> |

See notes to financial statements, page 44.

The Robert Wood Johnson Foundation
**Statement of Investment Income,
 Expenses, Grants and Changes in Foundation Principal**
 for the years ended December 31, 1977 and 1976

| | <u>1977</u> | <u>1976</u> |
|--|----------------------|----------------------|
| Investment income: | | |
| Dividends | \$ 14,915,762 | \$ 11,861,351 |
| Interest | 13,081,079 | 13,550,251 |
| | <u>27,996,841</u> | <u>25,411,602</u> |
| Less federal excise tax and direct investment expenses | 1,307,975 | 1,178,403 |
| | <u>26,688,866</u> | <u>24,233,199</u> |
| Expenses: | | |
| Salaries, employee benefits and payroll taxes | 1,901,070 | 1,721,604 |
| Professional services | 210,012 | 280,989 |
| Contract expenditures for the development and administration of special programs | 122,165 | 359,057 |
| Building occupancy expense | 370,881 | 259,262 |
| Meeting and travel expenses | 182,283 | 218,036 |
| Other administrative expenses | 576,399 | 671,429 |
| | <u>3,362,810</u> | <u>3,510,377</u> |
| Income available for grants | 23,326,056 | 20,722,822 |
| Grants, net | <u>29,189,915</u> | <u>43,068,376</u> |
| Excess of expenses and grants over investment income | <u>(5,863,859)</u> | <u>(22,345,554)</u> |
| Additions to Foundation Principal: | | |
| Net capital gains on sales of securities (Note 3) | 6,291,694 | 16,058,745 |
| Less related federal excise tax | 2,001 | 295,267 |
| | <u>6,289,693</u> | <u>15,763,478</u> |
| Contributions received | 785,634 | 783,311 |
| | <u>7,075,327</u> | <u>16,546,789</u> |
| Net increase (decrease) in Foundation Principal | 1,211,468 | (5,798,765) |
| Foundation Principal, beginning of year | <u>418,103,371</u> | <u>423,902,136</u> |
| Foundation Principal, end of year | <u>\$419,314,839</u> | <u>\$418,103,371</u> |

See notes to financial statements, page 44.

Notes to financial statements

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, 1977, unpaid grants are as follows:

| Year Grant Authorized | Amount Unpaid at December 31, 1977 |
|--------------------------|---------------------------------------|
| 1973 | \$ 2,569,335 |
| 1974 | 16,863,447 |
| 1975 | 17,977,800 |
| 1976 | 25,555,682 |
| 1977 | 29,437,721 |
| | <u>\$92,403,985</u> |

Depreciation of \$151,576 in 1977 and \$81,728 in 1976 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.

- 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.
- The net capital gains (losses) on sales of securities for the years ended December 31, 1977, and 1976 were as follows:

| | 1977 | 1976 |
|--------------------------------|--------------------|---------------------|
| Johnson & Johnson common stock | \$8,176,482 | \$15,591,809 |
| Other securities, net | (1,884,788) | 466,936 |
| | <u>\$6,291,694</u> | <u>\$16,058,745</u> |

- 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 \$134,500 and \$139,000 in 1977 and 1976, respectively.

Other corporate common stocks
at December 31, 1977

| | Shares | Cost | Quoted market value |
|--|---------------|-------------|--------------------------------|
| Airco Inc. | 6,000 | \$ 148,920 | \$ 207,000 |
| Allied Stores Corporation | 13,000 | 186,477 | 282,750 |
| Aluminum Co. of America | 17,000 | 860,241 | 792,625 |
| American Express Company | 6,800 | 253,000 | 243,950 |
| American Home Products Corporation | 25,000 | 1,035,477 | 693,750 |
| American Telephone and Telegraph Company | 9,194 | 575,558 | 556,237 |
| Ashland Oil, Inc. | 11,000 | 377,850 | 335,500 |
| Atlantic Richfield Company | 18,000 | 917,767 | 924,750 |
| Bankers Trust New York Corporation | 4,000 | 158,900 | 139,000 |
| Beatrice Foods Company | 8,600 | 214,934 | 213,925 |
| Bendix Corporation | 9,466 | 417,575 | 346,692 |
| Bethlehem Steel Corporation | 9,000 | 336,125 | 190,125 |
| Boise Cascade Corporation | 8,500 | 248,300 | 215,688 |
| Borg-Warner Corporation | 11,000 | 325,710 | 306,625 |
| Bristol-Myers Company | 18,000 | 702,155 | 605,250 |
| Browning-Ferris Industries, Inc. | 10,000 | 93,250 | 103,750 |
| Burroughs Corporation | 15,800 | 1,608,751 | 1,151,425 |
| Caterpillar Tractor Company | 5,000 | 270,833 | 274,375 |
| Celanese Corporation | 3,700 | 196,901 | 156,325 |
| Chase Manhattan Corporation | 12,000 | 384,733 | 358,500 |
| Chubb Corporation | 5,300 | 185,550 | 185,500 |
| Citizens & Southern Corp. | 7,000 | 180,150 | 108,500 |
| Clark Equipment Company | 19,000 | 706,460 | 636,500 |
| Coca-Cola Company | 8,200 | 472,278 | 305,450 |
| Colt Industries, Inc. | 3,800 | 176,510 | 182,400 |
| Commonwealth Edison Company | 8,100 | 250,371 | 233,888 |
| Consolidated Foods Corporation | 9,000 | 232,348 | 221,625 |
| Dana Corporation | 20,000 | 526,509 | 482,500 |
| Dow Chemical Company | 4,000 | 105,180 | 107,000 |
| Du Pont (E. I.) de Nemours & Company | 4,000 | 515,855 | 481,500 |
| Eastman Kodak Company | 5,400 | 631,074 | 276,075 |
| Eaton Corporation | 7,600 | 309,168 | 277,400 |
| Emerson Electric Company | 21,000 | 870,028 | 706,125 |
| Emhart Corporation | 10,875 | 298,561 | 350,719 |
| Exxon Corporation | 18,000 | 770,366 | 866,250 |
| Firestone Tire & Rubber Company | 20,000 | 493,727 | 320,000 |
| First Chicago Corporation | 13,300 | 294,063 | 246,050 |
| Ford Motor Company | 300,000 | 13,017,744 | 13,725,000 |
| Foster Wheeler Corporation | 9,000 | 155,970 | 254,250 |

| | Shares | Cost | Quoted market value |
|---|---------------|-------------|--------------------------------|
| General Motors Corporation | 6,700 | \$ 475,941 | \$ 421,263 |
| General Reinsurance Corporation | 6,200 | 1,113,948 | 1,054,000 |
| Halliburton Company | 9,700 | 614,380 | 631,713 |
| Hewlett-Packard Company | 5,900 | 508,071 | 432,175 |
| Household Finance Corporation | 12,500 | 258,195 | 228,125 |
| Hyster Company | 7,300 | 197,788 | 200,750 |
| Inco Limited | 9,000 | 261,000 | 154,125 |
| Intel Corporation | 10,000 | 524,700 | 450,000 |
| International Business Machines Corporation | 11,300 | 3,272,216 | 3,090,550 |
| International Paper Company | 14,500 | 793,014 | 634,375 |
| International Telephone & Telegraph Corporation | 17,600 | 491,410 | 558,800 |
| Kaiser Aluminum & Chemical Corporation | 8,000 | 248,753 | 246,000 |
| K Mart Corporation | 26,000 | 926,851 | 711,750 |
| Lincoln National Corporation | 4,500 | 153,563 | 156,375 |
| Lubrizol Corporation | 9,100 | 400,697 | 320,775 |
| Marshall Field & Company | 12,500 | 288,750 | 409,375 |
| Martin Marietta Corporation | 8,100 | 173,005 | 195,413 |
| McDonald's Corporation | 10,000 | 488,711 | 515,000 |
| McDonnell Douglas Corporation | 10,600 | 252,553 | 283,550 |
| Missouri Pacific Corporation | 12,000 | 572,293 | 555,000 |
| Mobil Corporation | 5,000 | 236,824 | 318,125 |
| Motorola, Inc. | 13,000 | 635,578 | 476,125 |
| National Starch & Chemical Corp. | 10,300 | 563,703 | 677,225 |
| Northwest Airlines, Inc. | 10,000 | 313,750 | 236,250 |
| PPG Industries, Inc. | 7,500 | 254,487 | 202,500 |
| Pall Corporation | 11,250 | 262,125 | 334,688 |
| Panhandle Eastern Pipeline Company | 6,500 | 316,799 | 304,687 |
| Pet, Inc. | 6,500 | 209,896 | 239,687 |
| Pfizer Inc. | 8,000 | 214,572 | 219,000 |
| Phelps Dodge Corporation | 9,500 | 417,002 | 204,250 |
| Potlatch Corporation | 15,000 | 537,494 | 431,250 |
| Procter & Gamble Company | 2,500 | 234,999 | 214,687 |
| Public Service Electric and Gas Company | 12,000 | 213,548 | 274,500 |
| Revlon, Incorporated | 4,700 | 174,306 | 207,387 |
| Roadway Express, Inc. | 5,800 | 240,700 | 182,700 |
| Santa Fe Industries, Inc. | 4,000 | 160,043 | 159,500 |
| Schering-Plough Corporation | 14,000 | 1,033,884 | 418,250 |
| Schlumberger, Ltd. | 6,000 | 404,535 | 436,500 |
| Scovill Manufacturing Company | 15,000 | 323,700 | 343,125 |
| Seafirst Corporation | 12,000 | 406,852 | 426,000 |
| Sears, Roebuck & Company | 13,000 | 629,889 | 364,000 |
| Shell Oil Company | 6,800 | 222,802 | 227,800 |
| Smithkline Corporation | 12,000 | 465,609 | 597,000 |
| Southern Railway Company | 13,500 | 790,994 | 678,375 |

| | Shares | Cost | Quoted market value |
|------------------------------------|---------------|---------------------|--------------------------------|
| Square D Company | 11,000 | \$ 299,282 | \$ 284,625 |
| TRW Inc. | 7,100 | 209,450 | 230,750 |
| Texas Gas Transmission Corporation | 7,600 | 303,562 | 323,000 |
| Texas Instruments, Inc. | 5,000 | 468,828 | 367,500 |
| Textron, Inc. | 12,600 | 342,893 | 333,900 |
| Trans Union Corporation | 4,500 | 157,095 | 147,375 |
| Travelers Corp. | 7,000 | 256,048 | 217,000 |
| Union Camp Corporation | 11,700 | 657,911 | 539,662 |
| Union Carbide Corporation | 6,200 | 379,260 | 254,200 |
| Union Pacific Corporation | 10,000 | 551,838 | 488,750 |
| United States Steel Corporation | 7,700 | 318,634 | 242,550 |
| Westmoreland Coal Company | 4,200 | 245,725 | 180,600 |
| West Point-Pepperell, Inc. | 11,200 | 424,526 | 408,800 |
| Weyerhaeuser Company | 18,400 | 672,700 | 503,700 |
| Yellow Freight Systems, Inc. | 16,000 | 546,775 | 440,000 |
| Zions Utah Bancorporation | 6,000 | 166,312 | 169,500 |
| | | <u>\$56,786,138</u> | <u>\$52,619,611</u> |

Fixed income investments
at December 31, 1977

| | Face amount | Cost | Quoted market value |
|---|-------------------|-------------------|------------------------|
| U.S. Treasury obligations: | | | |
| 5.62% to 6.45% bills due 1-19-78 to 3-16-78 | \$ 5,975,000 | \$ 5,818,982 | \$ 5,928,459 |
| 5¼% to 8% notes due 12-31-77 to 8-15-84 | 20,360,000 | 20,319,374 | 20,146,765 |
| 7¼% to 8¼% bonds due 5-15-90 to 8-15-92 | 14,100,000 | 13,894,672 | 13,495,742 |
| | <u>40,435,000</u> | <u>40,033,028</u> | <u>39,570,966</u> |
| Other federal obligations: | | | |
| Federal National Mortgage Association | | | |
| 7¾% debentures, series G, due 12-10-79 | 1,000,000 | 1,031,875 | 1,005,000 |
| 7.35% debentures, series C, due 12-10-82 | 225,000 | 224,438 | 221,063 |
| 6¾% debentures, series B, due 9-12-83 | 3,000,000 | 2,995,313 | 2,853,750 |
| 6¼% debentures, series A, due 6-11-84 | 2,000,000 | 1,936,250 | 1,845,000 |
| 7.65% debentures, series A, due 3-11-85 | 13,735,000 | 13,699,761 | 13,511,806 |
| 7¼% debentures, series C, due 7-10-85 | 1,000,000 | 971,875 | 963,750 |
| 7.45% debentures, series D, due 9-10-85 | 500,000 | 496,094 | 488,125 |
| 8.15% debentures, series A, due 2-10-86 | 8,000,000 | 7,962,500 | 8,030,000 |
| 7½% debentures, series C, due 10-13-87 | 1,300,000 | 1,280,906 | 1,264,250 |
| 7.81% debentures, series A, due 10-10-91 | 5,000,000 | 5,066,406 | 4,887,500 |
| 7.05% debentures, series B, due 6-10-92 | 5,000,000 | 5,000,094 | 4,618,750 |
| Export Import Bank of the U.S. | | | |
| 8.35% debentures, series 1978-B, due 8-28-78 | 2,000,000 | 2,000,000 | 2,002,500 |
| Federal Home Loan Banks | | | |
| 7⅞% consolidated bonds, series B, due 11-25-83 | 3,000,000 | 2,983,125 | 2,951,250 |
| Federal Home Loan Mortgage Corp. | | | |
| 7.15% guaranteed mortgage bonds, due 5-26-82 to 97 | 3,000,000 | 3,013,125 | 2,677,500 |
| Tennessee Valley Authority | | | |
| 7.35% power bonds, series C, due 7-1-97 | 4,000,000 | 4,000,000 | 3,690,000 |
| Thirteen Banks for Cooperatives | | | |
| 7¾% consolidated bonds due 1-2-86 | 10,000,000 | 9,877,500 | 9,925,000 |
| Twelve Federal Land Banks | | | |
| 6.80% consolidated bonds due 10-23-79 | 4,000,000 | 4,063,750 | 3,960,000 |
| 7.85% consolidated bonds due 1-20-88 | 9,355,000 | 9,267,175 | 9,296,531 |
| | <u>76,115,000</u> | <u>75,870,187</u> | <u>74,191,775</u> |

| | Face amount | Cost | Quoted market value |
|--|--------------|--------------|---------------------|
| Other bonds and notes: | | | |
| ARCO Pipeline Co. | | | |
| 7¾ % guaranteed notes due 10-1-86 | \$ 1,500,000 | \$ 1,505,875 | \$ 1,486,875 |
| BankAmerica Corp. | | | |
| 6⅝ % notes due 2-1-80 | 3,000,000 | 2,986,800 | 2,943,750 |
| Bank of America | | | |
| 6⅝ % capital notes due 7-1-79 | 1,000,000 | 1,011,250 | 982,500 |
| Beneficial Corp. | | | |
| 6¾ % debentures due 7-15-79 | 2,000,000 | 2,000,000 | 1,970,000 |
| 7½ % debentures due 7-15-02 | 3,000,000 | 2,982,000 | 2,718,750 |
| CIT Financial Corp. | | | |
| 6⅜ % debentures due 10-1-86 | 1,300,000 | 1,177,579 | 1,160,250 |
| Chemical New York Corp. | | | |
| 6⅝ % notes due 4-15-80 | 3,000,000 | 2,982,900 | 2,932,500 |
| Chesapeake & Ohio Railway Co. | | | |
| 8⅛ % notes (equipment trust) due 5-1-79 | 1,000,000 | 1,039,810 | 1,007,500 |
| Chesapeake & Potomac Telephone Co. of Virginia | | | |
| 7¼ % debentures due 6-1-12 | 2,000,000 | 1,977,500 | 1,752,500 |
| Citicorp | | | |
| 6⅝ % notes due 11-15-79 | 1,500,000 | 1,507,940 | 1,473,750 |
| Commercial Credit Co. | | | |
| 6⅞ % notes due 7-15-79 | 3,000,000 | 2,985,000 | 2,970,000 |
| Consolidated Natural Gas Co. | | | |
| 7⅝ % debentures due 5-1-97 | 3,000,000 | 3,036,930 | 2,850,000 |
| Consumers Power Co. | | | |
| 7½ % first mortgage bonds due 6-1-02 | 3,000,000 | 3,018,750 | 2,505,000 |
| Dow Chemical Co. | | | |
| 7.40% debentures due 7-15-02 | 2,000,000 | 2,000,000 | 1,872,500 |
| First Chicago Corp. | | | |
| 6¼ % notes due 7-15-78 | 500,000 | 503,595 | 498,750 |
| 7¾ % notes due 10-15-86 | 2,250,000 | 2,233,125 | 2,216,250 |
| First Bank System Inc. | | | |
| 6¾ % notes due 9-15-79 | 500,000 | 502,500 | 491,250 |
| Ford Motor Company | | | |
| 6½ % notes due 7-15-79 | 3,000,000 | 3,017,500 | 2,966,250 |
| General Electric Co. | | | |
| 6¼ % debentures due 7-15-79 | 2,000,000 | 1,997,500 | 1,960,000 |
| General Electric Credit Corp. | | | |
| 7% notes due 2-15-79 | 1,000,000 | 1,020,000 | 995,000 |
| General Motors Acceptance Corp. | | | |
| 8⅛ % notes due 6-15-86 | 2,000,000 | 2,032,500 | 2,025,000 |
| General Telephone Co. of Florida | | | |
| 7½ % first mortgage bonds due 8-1-02 | 1,000,000 | 990,570 | 895,000 |

| | Face amount | Cost | Quoted market value |
|--|--------------|--------------|---------------------|
| Household Finance Corp. | | | |
| 7½ % debentures, series IF, due 8-1-95 | \$ 3,000,000 | \$ 3,000,000 | \$ 2,741,250 |
| International Bank for Reconstruction & Development | | | |
| 4¼ % debentures due 1-15-79 | 1,500,000 | 1,455,511 | 1,455,000 |
| Manufacturers Hanover Trust Co. | | | |
| 6½ % capital notes due 4-1-79 | 1,000,000 | 1,006,250 | 990,000 |
| Michigan Consolidated Gas Co. | | | |
| 7⅝ % first mortgage bonds due 7-1-97 | 2,000,000 | 1,978,125 | 1,800,000 |
| Michigan National Corp. | | | |
| 8½ % capital notes due 10-1-87 | 500,000 | 500,000 | 496,250 |
| Mountain States Telephone & Telegraph Co. | | | |
| 7¼ % debentures due 6-1-13 | 2,000,000 | 2,000,000 | 1,825,000 |
| Norfolk & Western Railway Co. | | | |
| 7¾ % guaranteed notes, 6th series (equipment trust), due 12-1-90 | 1,100,000 | 1,086,679 | 1,045,000 |
| Northern Illinois Gas Co. | | | |
| 7⅝ % first mortgage bonds due 7-1-97 | 2,000,000 | 2,005,540 | 1,835,000 |
| Northwestern Bell Telephone Co. | | | |
| 7½ % debentures due 4-1-05 | 3,000,000 | 3,042,500 | 2,730,000 |
| Pacific Gas & Electric Co. | | | |
| 7½ % first and refunding mortgage bonds, series YY, due 6-1-04 | 3,000,000 | 3,000,000 | 2,655,000 |
| Public Service Electric & Gas Co. | | | |
| 2⅞ % first and refunding mortgage bonds due 6-1-79 | 1,000,000 | 941,570 | 935,000 |
| Shipco Inc. | | | |
| 7.70% government guaranteed bonds due 8-1-90 | 2,000,000 | 2,000,000 | 1,922,500 |
| Southern Bell Telephone & Telegraph Co. | | | |
| 6½ % notes due 7-15-79 | 2,000,000 | 1,987,500 | 1,960,000 |
| 7⅝ % debentures due 7-15-10 | 3,000,000 | 2,952,500 | 2,688,750 |
| Southern California Edison Co. | | | |
| 3⅝ % first and refunding mortgage bonds, series E, due 8-15-78 | 1,000,000 | 975,160 | 971,250 |
| 7⅝ % first and refunding mortgage bonds, series BB, due 8-15-97 | 1,000,000 | 997,170 | 896,250 |
| Southern Pacific Co. | | | |
| 4¼ % guaranteed bonds, 25th series (equipment trust), due 4-1-79 | 500,000 | 483,435 | 480,625 |
| Southwestern Bell Telephone Co. | | | |
| 6½ % notes due 5-1-79 | 3,000,000 | 2,976,250 | 2,951,250 |
| 7⅝ % debentures due 5-1-12 | 3,000,000 | 2,990,400 | 2,673,750 |

| | Face amount | Cost | Quoted market value |
|---|----------------------|----------------------|------------------------|
| Standard Oil Co. of Ohio | | | |
| 6⅛ % notes due 12-1-79 | \$ 500,000 | \$ 495,625 | \$ 486,875 |
| 7½ % notes due 12-1-86 | 1,000,000 | 976,250 | 971,250 |
| Textron Inc. | | | |
| 7½ % sinking fund debentures due 7-15-97 | 2,000,000 | 2,000,000 | 1,930,000 |
| Toledo Edison Co. | | | |
| 7½ % first mortgage bonds due 8-1-02 | 2,000,000 | 1,995,000 | 1,680,000 |
| Union Pacific Railroad Co. | | | |
| 5.90% notes (equipment trust no. 2) due 1-1-79 | 1,000,000 | 1,000,000 | 986,250 |
| | <u>84,650,000</u> | <u>84,355,089</u> | <u>79,779,625</u> |
| Demand notes and cash: | | | |
| Atlantic Richfield Co. | 208,000 | 208,000 | 208,000 |
| General Electric Co. | 221,000 | 221,000 | 221,000 |
| General Motors Acceptance Corp. | 564,000 | 564,000 | 564,000 |
| Tenneco Corporation | 241,000 | 241,000 | 241,000 |
| Investment Cash | 1,176,119 | 1,176,119 | 1,176,119 |
| | <u>2,410,119</u> | <u>2,410,119</u> | <u>2,410,119</u> |
| | <u>203,610,119</u> | <u>202,668,423</u> | <u>195,952,485</u> |
| Purchased Interest | 113,570 | 113,570 | 113,570 |
| | <u>\$203,723,689</u> | <u>\$202,781,993</u> | <u>\$196,066,055</u> |

Summary of grants
for the year ended December 31, 1977

Adelphi University
Garden City, New York

Study of the role of nurses in primary care (ID#3282)
[\$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 Alabama, School of Nursing
Birmingham, Alabama

Primary care training program for emergency department nurses (ID#4077)

University of Alaska
Anchorage, Alaska

Rural health aide training (ID#4142)
[\$47,439 authorized in 1976]

Alderson-Broadus College
Philippi, West Virginia

Physician's assistants program in primary care (ID#2471)
Cancelled
[\$693,000 authorized in 1973 and \$267,986 authorized in 1976]

Allegheny General Hospital
Pittsburgh, Pennsylvania

Primary care training program for emergency department nurses (ID#3036)

American Academy of Pediatrics
Evanston, Illinois

Program of workshops in school health (ID#3924)

Publication of a survey on pediatric practice (ID#3918)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 86,825 | \$ 56,891 | \$ 87,987 | \$ 55,729 |
| 6,859 | | 6,859 | |
| | 235,966 | | 235,966 |
| 47,439 | 40,036 | 87,475 | |
| 253,109 (4) | | 151,240 | 101,865 |
| | 268,409 | 21,497 | 246,912 |
| | 9,985 | 9,985 | |
| | 19,577 | 19,577 | |

American Fund for Dental Health
Chicago, Illinois

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)
[\$5,405,721 authorized in 1976]

American Group Practice Foundation
Alexandria, Virginia

Program to equip physicians with professional management skills for group practices (ID#2128)
[\$499,825 authorized in 1976]

American Health Planning Association
(formerly American Association for Comprehensive Health Planning)
Alexandria, Virginia

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

American Medical Student Association Foundation
Schaumburg, Illinois

Field service in community health for health science students (ID#2200)
[\$318,840 authorized in 1976]

Appalachian Regional Hospitals, Inc.
Hazard, Kentucky

Outreach service for the care of mothers, infants, and young children (ID#3040)
[\$623,619 authorized in 1974]

Arizona State University, College of Nursing
Tempe, Arizona

Rural emergency medical care training program with Maricopa County Hospital (ID#0944)
[\$294,540 authorized in 1976]

Aspira of America, Inc.
New York, New York

Program to increase minority enrollment in medical schools (ID#3041)
[\$256,490 authorized in 1975]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 23,200 | \$ | \$ 23,200 | \$ |
| 5,262,994 | | 1,000,496 | 4,262,498 |
| 390,655 | | 110,929 | 279,726 |
| 108,954 | | 106,800 | 2,154 |
| 219,356 | | 79,506 | 139,850 |
| 92,730 | 195,000 | 189,051 | 98,679 |
| 251,166 | | 77,629 | 173,537 |
| 32,224 | 323,808 | 123,543 | 232,489 |

Association of American Medical Colleges
Washington, D.C.

Administration of the Foundation's medical student aid program
Cancelled
[\$56,880 authorized in 1974]

Program to strengthen the management capabilities of academic medical centers (ID#3164)
[\$540,000 authorized in 1974]

Workshops on financial-aid programs for medical students (ID#3804)

Association of Physician Assistant Programs
Washington, D.C.

Program with the American Academy of Physician's Assistants to foster training of new health practitioners (ID#2485)
[\$225,000 authorized in 1976]

Association of Science-Technology Centers
Washington, D.C.

Planning and development of teaching materials in health (ID#2635)
[\$475,440 authorized in 1976]

Association of University Programs in Health Administration
Washington, D.C.

Summer internship program in health services management
[\$332,817 authorized in 1975]

Barrio Comprehensive Child Care Center
(formerly the Commission for Mexican-American Affairs)
San Antonio, Texas

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

Baylor College of Medicine
Houston, Texas

Preparation of physicians in primary care
Cancelled
[\$240,000 authorized in 1973]

Bedford-Stuyvesant Family Health Care Center, Inc.
Brooklyn, New York

Establishment of a primary care service program in the inner city (ID#2787)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 10,468 (7,126) | \$ | \$ 3,342 | \$ |
| 129,865 | 539,732 | 175,923 | 493,674 |
| | 73,000 | 18,250 | 54,750 |
| 187,500 | | 53,232 | 134,268 |
| 475,440 | | 116,108 | 359,332 |
| 237,372 | | 125,942 | 111,430 |
| 237,412 | | 170,164 | 67,248 |
| 20,110 (470) | | 19,640 | |
| | 584,709 | 61,712 | 522,997 |

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
[\$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)
Cancelled and refunded
[\$67,452 authorized and paid prior to 12/31/76]

Boys' Clubs of America
New York, New York

Health services and education program (ID#0953)

The Brookings Institution
Washington, D.C.

Publication of a study of government spending on health care for the poor (ID#3169)
[\$48,960 authorized in 1976]

Town of Brookline, Massachusetts, Public Schools
Brookline, Massachusetts

Health program for infants and preschool children (ID#2486)
[\$712,058 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 69,050 | \$ | \$ 46,970 | \$ 22,080 |
| 192,376 | | | 192,376 |
| 1,098,267 | | 353,302 | 744,965 |
| 256,586 | | 132,922 | 123,664 |
| 178 (5,315) | | (5,137) | |
| | 498,138 | 62,895 | 435,243 |
| 48,960 | | 48,960 | |
| 614,403 | | 309,504 | 304,899 |

University at Buffalo Foundation, Inc.
Buffalo, New York

Preparation of a monograph on nurse practitioner training and employment (ID#3947)

Cabin Creek Health Association
Cabin Creek, West Virginia

Community primary care health services (ID#3039)

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 and \$455,323 authorized in 1976]

University of California, Los Angeles
Los Angeles, California

Planning and conducting an evaluation of the Foundation's school health services program (ID#3133)
[\$619,715 authorized in 1976]

University of California, Los Angeles, School of Medicine
Los Angeles, California

Program to prepare physicians in primary care (ID#2177)
[\$547,625 authorized in 1976]

Study of health decision making among children (ID#4126)

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

Establishment of a health policy center (ID#2455)
[\$1,000,000 authorized in 1976]

Program to prepare physicians and nurses in primary care
[\$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 programs to prepare physicians for careers in primary medical care (ID#2378)
[\$149,417 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ | \$ 24,978 | \$ 24,978 | \$ |
| | 176,551 | 19,365 | 157,186 |
| 61,179 | | 61,179 | |
| 374,004 | | 166,420 | 207,584 |
| 594,835 | | 41,381 | 553,454 |
| 516,530 | | 138,847 | 377,683 |
| | 303,461 | | 303,461 |
| 925,000 | | 323,178 | 601,822 |
| 545,916 | | 219,300 | 326,616 |
| 615,470 | | 77,494 | 537,976 |
| 160,819 | | 18,000 | 142,819 |
| 76,406 | | | 76,406 |

University of California, San Francisco, School of Nursing
San Francisco, California
Study of nurse practitioner education (ID#3009)
[\$61,846 authorized in 1976]

Center for Research in Ambulatory Health Care Administration
Denver, Colorado
Program to train managers of ambulatory care centers
[\$491,191 authorized in 1974]
[Financial management assistance program \(ID#3057\)](#)

University of Chicago
Chicago, Illinois
Development of a national index to measure access to physician care
Cancelled
[\$1,042,470 authorized in 1975]
Study of the implementation of a national health insurance program
[\$252,422 authorized in 1975]
[Evaluation of the Foundation's Community Hospital Ambulatory Care Program \(ID#3163\)](#)

Children's Hospital Medical Center
Boston, Massachusetts
Training clinical faculty in child development (ID#2424)
[\$257,007 authorized in 1974 and \$450,000 authorized in 1976]

Children's Research Institute of California
Sacramento, California
Study of the California child health care program (ID#2788)
[\$286,750 authorized in 1976]

Children's Television Workshop
New York, New York
[Development of teaching materials in dental health \(ID#3900\)](#)

Christian Action Ministry
Chicago, Illinois
Development of a community-wide health program
[\$295,200 authorized in 1975]

La Clinica de la Raza
Oakland, California
[Program to improve community health services \(ID#3124\)](#)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 46,384 | \$ | \$ 46,384 | \$ |
| 43,084 | | 43,084 | |
| | 353,094 | | 353,094 |
| 59,749 (3,861) | | 55,888 | |
| 160,346 | | 127,933 | 32,413 |
| | 1,151,689 | 395,519 | 756,170 |
| 470,170 | | 223,306 | 246,864 |
| 175,687 | | 137,516 | 38,171 |
| | 25,000 | 25,000 | |
| 123,764 | | 76,440 | 47,324 |
| | 267,185 | 23,358 | 243,827 |

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]

Clinical Scholars Program

National program to prepare young physicians for leadership roles in
medical care (ID#2493) (See Schedule B, page 101)

Cancelled and refunded

[\$5,900,000 authorized in 1972 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
[\$1,162,655 authorized in 1975]

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)

Cancelled

[\$222,000 authorized in 1973 and \$333,773 authorized in 1976]

Planning an evaluation of the Foundation's Municipal Health Services
Program (ID#4105)

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

Program to improve primary care services for children

Cancelled and refunded

[\$500,000 authorized in 1974 and \$595,927 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 C, page 102)

[\$14,935,022 authorized in 1976]

The Community Hospital Group, Inc.
Edison, New Jersey

Purchase of out-patient equipment (ID#3997)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|--|-----------------------------------|--------------------------|--|
| \$ 31,416 | \$ | \$ 27,610 | \$ 3,806 |
| 3,664,159 (723,855) | 5,920,783 | 1,723,033 (40,886) | 7,178,940 |
| 904,439 | | 423,592 | 480,847 |
| 76,974 | | 25,250 | 51,724 |
| 366,876 (5,182) | | 147,553 | 214,141 |
| | 21,570 | 21,570 | |
| 324,897 (328,108) | | 5,642 (8,853) | |
| 14,001,082 | 7,137,793 | 4,052,410 | 17,086,465 |
| | 25,000 | 25,000 | |

University of Connecticut
Hartford, Connecticut

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

Cornell University, Medical College
New York, New York

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

Study of doctor-patient communications (ID#2473)
[\$243,091 authorized in 1976]

Administration of the Foundation's Municipal Health Services Program (ID#3791)
(Administrative responsibility for the program transferred to the
Johns Hopkins Hospital, see ID#4323)

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

Grants to dental schools to train dentists in the care of the handicapped
Cancelled
[\$4,700,000 authorized in 1973]

Duke University, School of Medicine
Durham, North Carolina

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)
[\$392,987 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 343,234 | \$ | \$ 155,433 | \$ 187,801 |
| 101,936 | | | 101,936 |
| 222,368 | | 75,040 | 147,328 |
| | 208,390 | 117,816 | 90,574 |
| 714,057 | | 286,131 | 427,926 |
| 2,561,124 (137,690) | | 957,563 | 1,465,871 |
| 733,182 | | 224,092 | 509,090 |
| 181,682 | | 91,884 | 89,798 |
| 360,885 | | 136,591 | 224,294 |

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]

Emergency Medical Response Program

Grants to communities developing regional systems
Cancelled and refunded
[\$15,000,000 authorized in 1973]

University of Florida, College of Medicine
Gainesville, Florida

Primary care training and service program
[\$870,371 authorized in 1975]

University of Florida, College of Nursing
Gainesville, Florida

Planning an educational program in clinical primary care nursing (ID#2390)
[\$66,695 authorized in 1976]

The Foundation Center
New York, New York

Data collection and analysis on the foundation field (ID#3486)
[\$187,500 authorized in 1975]

Foundation for Comprehensive Health Services
Sacramento, California

Primary care delivery for rural California (ID#3789)
[\$77,000 authorized in 1976]

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)
[\$150,000 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|--|-----------------------------------|--------------------------|--|
| \$ 156,424 | \$ | \$ 49,071 | \$ 107,353 |
| 1,940,370 (186,321) | | 1,077,250 (36,273) | 713,072 |
| 570,744 | | 165,954 | 404,790 |
| 33,347 | | 33,347 | |
| 93,750 | 150,000 | 112,500 | 131,250 |
| 77,000 | 475,000 | 199,038 | 352,962 |
| 206,357 | | 109,322 | 97,035 |
| 93,750 | | 75,000 | 18,750 |

Genesee Hospital
Rochester, New York

Expansion of an ambulatory care program
[\$187,000 authorized in 1973]

Preparation of a film on hospital-sponsored primary care group medical practices (ID#3438)

George Washington University
Washington, D.C.

Seminar program for government health staff professionals (ID#3117)

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

Program to train physicians and nurses in primary care (ID#2474)
[\$600,000 authorized in 1973]

Georgetown University, Graduate School
Washington, D.C.

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

Completion of a monograph on the Legis 50 program to strengthen the role of state legislatures in health (ID#4132)

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

Administrative grant for senior program consultant services (ID#3903)

Analysis of health policy issues (ID#3805)

Georgia Department of Human Resources
Atlanta, Georgia

Planning for primary care health services programs (ID#3687)

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)
[\$299,585 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 66,723 | \$ | \$ 39,768 | \$ 26,955 |
| | 12,803 | 12,803 | |
| | 575,000 | 190,043 | 384,957 |
| 101,738 | 24,492 | 86,070 | 40,160 |
| 508,212 | | 247,286 | 260,926 |
| | 14,350 | | 14,350 |
| | 157,985 | 53,350 | 104,635 |
| | 163,364 | 40,841 | 122,523 |
| | 73,753 | 73,753 | |
| 20,199 | | 18,052 | 2,147 |
| 229,407 | | 97,380 | 132,027 |

Harvard University, Medical School
Boston, Massachusetts
Program to train physicians for primary medical care (ID#3089)
[\$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
Cancelled
[\$750,000 authorized in 1973]
Support of the School of Public Health (ID#3107)
[\$1,000,000 authorized in 1976]
Planning regionalized health care systems (ID#4073)

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

Harvard University, Graduate School of Education
Cambridge, Massachusetts
Completion of a report on child health care (ID#3430)

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

Health Care Institute, Inc.
Detroit, Michigan
Development of a primary care service and education program (ID#2042)

Health Care Management Systems, Inc.
La Jolla, California
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]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 654,974 | \$ 733,788 | \$ 714,394 | \$ 674,368 |
| 125,000 (1,799) | | 123,201 | |
| 916,666 | | 250,000 | 666,666 |
| | 10,000 | 10,000 | |
| 229,700 (229,700) | | | |
| | 3,500 | 3,500 | |
| 75,531 | | 75,531 | |
| | 176,820 | 46,826 | 129,994 |
| 107,953 | | 107,560 | 393 |
| 39,577 | | 39,577 | |

Hospital Research and Educational Trust
Chicago, Illinois

Study of the role of public hospitals in ambulatory care (ID#2412)
[\$325,000 authorized in 1976]

Hyde Park-Kenwood Community Health Center, Inc.
Chicago, Illinois

Development of a primary care health services program (ID#3269)

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

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

Indiana University Foundation
Bloomington, Indiana

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

University of Iowa, College of Medicine
Iowa City, Iowa

Family Practice Faculty Fellowship Program (ID#4141)

The Johns Hopkins Hospital
Baltimore, Maryland

Administration of the Foundation's Municipal Health Services Program (ID#4323)
(Administrative responsibility for the program transferred from Cornell University
Medical College, see ID#3791)

The Johns Hopkins University
Baltimore, Maryland

School of health services training program
[\$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]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 184,240 | \$ | \$ 136,602 | \$ 47,638 |
| | 238,825 | 105,190 | 133,635 |
| 241,221 (76,159) | | 165,062 | |
| 198,606 | | 97,865 | 100,741 |
| | 781,051 | | 781,051 |
| | 189,000 | | 189,000 |
| 598,000 | | | 598,000 |
| 1,578,669 | | 372,866 | 1,205,803 |

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)
[\$130,473 authorized in 1976]

Joint Commission on Accreditation of Hospitals
Chicago, Illinois

Ambulatory health care services accreditation program (ID#2428)
[\$338,165 authorized in 1976]

Lake Erie College
Painesville, Ohio

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

Legis 50
Englewood, Colorado

Program to strengthen the role of state legislatures in health (ID#4281)
[\$1,184,998 authorized in 1975]

Little Sisters of the Assumption Family Health Service, Inc.
New York, New York

Expansion of child care and family services (ID#3168)

Loyola University of Chicago
Chicago, Illinois

Workshops program in ambulatory care, in collaboration with the National
Assembly of Women Religious (ID#3224)

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]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 388,237 | \$ | \$ 242,328 | \$ 145,909 |
| 97,854 | | | 97,854 |
| 295,089 | | 78,680 | 216,409 |
| 423,296 | | 131,943 | 291,353 |
| 455,265 | 23,000 | 478,265 | |
| | 25,000 | 25,000 | |
| | 9,140 | 9,140 | |
| 22,011 | | 3,420 | 18,591 |
| 81,670 | | | 81,670 |

The Matheny School
Peapack, New Jersey
Patient equipment support (ID#3724)
[\$5,000 authorized in 1976]

Mayo Foundation
Rochester, Minnesota
Development of a primary care satellite network (ID#3809)

The Medical Center at Princeton
Princeton, New Jersey
Facility expansion (ID#4303)

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 (ID#3119)
Cancelled
[\$161,702 authorized in 1975]

Meharry Medical College
Nashville, Tennessee
Faculty development program (ID#3216)

University of Michigan, School of Public Health
Ann Arbor, Michigan
Program on health manpower development (ID#2479)
[\$375,000 authorized in 1973 and \$424,911 authorized in 1976]

Middlesex County College
Edison, New Jersey
Refresher training to return inactive RN's to nursing service (ID#3937)

Middlesex General Hospital
New Brunswick, New Jersey
Patient equipment support (ID#3435)
Support for the Hospital's Family Health Center (ID#4063)
Planning for expanded affiliation with the College of Medicine and Dentistry of
New Jersey (ID#3890)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 5,000 | \$ 20,000 | \$ 25,000 | \$ |
| | 350,000 | 30,000 | 320,000 |
| | 20,000 | | 20,000 |
| 200,800 | | 51,580 | 149,220 |
| 80,850 (79,056) | 257,920 | 98,429 | 161,285 |
| | 2,500,000 | 625,000 | 1,875,000 |
| 486,045 | | 264,171 | 221,874 |
| | 15,029 | 15,029 | |
| | 250,000 | 250,000 | |
| | 144,200 | 61,800 | 82,400 |
| | 7,000 | 7,000 | |

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)
[\$433,705 authorized in 1976]

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]

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]

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)
[\$471,225 authorized in 1976]

Mount Sinai School of Medicine
New York, New York

Program to develop primary care services for children (ID#3792)
Refunded
[\$198,925 authorized in 1976]

Administrative grant for senior program consultant services (ID#3235)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 34,680 | \$ | \$ 34,680 | \$ |
| 406,250 | | 54,909 | 351,341 |
| 620,781 | | 174,199 | 446,582 |
| 208,803 | | 139,202 | 69,601 |
| 329,573 | | 113,689 | 215,884 |
| 9,104 | | | 9,104 |
| 450,258 | | 62,900 | 387,358 |
| 149,193 (154) | 150,000 | 176,443 (154) | 122,750 |
| | 183,803 | 45,951 | 137,852 |

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

Fellowships in health policy program
[\$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]

National Board of Medical Examiners
Philadelphia, Pennsylvania

Program to complete the development of a computer-based license
examination (ID#2576)

National Bureau of Economic Research
New York, New York

Research and training program in health economics (ID#3081)
[\$274,091 authorized in 1976]

National Chamber Foundation
Washington, D.C.

Program to study national health care issues (ID#3964)

National 4-H Council
Chevy Chase, Maryland

Health education program development (ID#2754)

National Fund for Medical Education
Hartford, Connecticut

Support of summer programs for minority premedical students (ID#2583)
[\$160,000 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 643,149 | \$ | \$ | \$ 643,149 |
| 231,400 | | 157,741 | 73,659 |
| 56,867 | | 53,926 | 2,941 |
| 210,160 | | | 210,160 |
| 147,474 | | 108,008 | 39,466 |
| | 475,000 | 54,780 | 420,220 |
| 274,091 | | 65,812 | 208,279 |
| | 5,000 | | 5,000 |
| | 201,308 | 25,164 | 176,144 |
| 156,700 | | 78,350 | 78,350 |

National League for Nursing
New York, New York

Summer study program in health policy (ID#3121)

National Medical Fellowships
New York, New York

Scholarship program for minority medical students (ID#2929)
[\$1,000,000 authorized in 1976]

National Planning Association
Washington, D.C.

Study of the impact of student aid programs
Cancelled
[\$206,728 authorized in 1973]

National Rural Center
Washington, D.C.

Analysis of the financial needs of service programs in rural areas (ID#3362)

University of Nebraska, Medical Center
Omaha, Nebraska

Planning primary care service programs
[\$503,000 authorized in 1973]

New Brunswick Tomorrow
New Brunswick, New Jersey

City of New Brunswick redevelopment program (ID#3614)

New England Medical Center Hospital
Boston, Massachusetts

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

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)
[\$264,592 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ | \$ 145,684 | \$ 48,943 | \$ 96,741 |
| 750,000 | | 250,000 | 500,000 |
| 373 (373) | | | |
| | 234,951 | | 234,951 |
| 136,421 | | 136,421 | |
| | 1,500,000 | 257,625 | 1,242,375 |
| 102,760 | | 49,900 | 52,860 |
| 283,790 | | 199,627 | 84,163 |
| 242,821 | | 53,578 | 189,243 |

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)
Cancelled
[\$147,597 authorized in 1974 and \$450,340 authorized in 1976]

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 North Carolina, School of Medicine
Chapel Hill, North Carolina

Study of primary care health centers (ID#3602)
Cancelled
[\$254,288 authorized in 1974]

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)
[\$82,465 authorized in 1976]

Study of rural health care initiatives (ID#4230)

North Communities Health Plan Foundation
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]

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)
[\$123,947 authorized in 1976]

Pace University, Graduate School of Nursing
New York, New York

Curriculum design for family nurse practitioner training (ID#2029)

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 459,067 (46,107) | \$ | \$ 26,505 | \$ 386,455 |
| 1,000,000 | | 1,000,000 | |
| 75,614 (1,265) | 48,595 | 122,944 | |
| 1,536,335 | | 446,384 | 1,089,951 |
| 82,465 | | 77,611 | 4,854 |
| | 20,369 | | 20,369 |
| 25,000 | | 25,000 | |
| 2,962,549 | | 240,905 | 2,721,644 |
| 80,351 | | | 80,351 |
| | 162,550 | 69,081 | 93,469 |

University of Pennsylvania
Philadelphia, Pennsylvania

Study of chronic care, in association with Middlesex General Hospital,
New Brunswick, New Jersey (ID#3217)

University of Pennsylvania, School of Dental Medicine
Philadelphia, Pennsylvania

Dental care program for school-age children in rural Pennsylvania (ID#3837)
[\$2,023,854 authorized in 1975]

University of Pennsylvania, School of Medicine
Philadelphia, Pennsylvania

Program to train physicians for careers in primary care (ID#1499)

University of Pennsylvania, Wharton School
Philadelphia, Pennsylvania

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

Perinatal Program

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

University of Pittsburgh, School of Medicine
Pittsburgh, Pennsylvania

Expansion of a child care program (ID#2738)
[\$475,809 authorized in 1974]

Plainsboro Volunteer Fire Company No. 1
Plainsboro, New Jersey

Equipment and facility needs (ID#4074)

Posen-Robbins School District
Oak Park, Illinois

Planning and development of a school-based health care system (ID#3305)
[\$62,707 authorized in 1976]

Princeton Area United Community Fund
Princeton, New Jersey

Annual contribution (ID#3434)
[\$55,500 authorized in 1976 for 1975 and 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|--|-----------------------------------|--------------------------|--|
| \$ | \$ 310,105 | \$ 111,336 | \$ 198,769 |
| 768,700 | 547,000 | 571,381 | 744,319 |
| | 401,765 | 49,533 | 352,232 |
| 203,043 | | 203,043 | |
| 14,338,196 | | 2,742,421 | 11,595,775 |
| 314,404 | 35,568 | 314,404 | 35,568 |
| | 10,000 | 10,000 | |
| 47,030 | 467,527 | 211,640 | 302,917 |
| 29,000 | 27,500 | 29,000 | 27,500 |

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 (ID#3122)
[\$462,650 authorized in 1973]

Planning and conducting the evaluation of a preventive dental care program
for school-age children (ID#2890)
[\$771,611 authorized in 1976]

Rio Grande Federation of Health Centers
San Antonio, Texas

Support of a technical assistance program (ID#2538)
[\$243,180 authorized in 1976]

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

Program to train physicians for careers in primary care (ID#3090)
[\$1,395,000 authorized in 1973]

Administration of the Foundation's Community Hospital Ambulatory Care
Program (ID#3751)

Roxbury Dental and Medical Group
Roxbury, Massachusetts

Support of an urban group practice (ID#3649)

Rural Health Care Association
Denver, Colorado

Strengthening rural primary care practices in Colorado (ID#4100)
[\$462,400 authorized in 1974]

Rural Practice Project

Program to develop nonprofit group medical practices in rural areas
(See Schedule D, page 103)

Cancelled

[\$12,000,000 authorized in 1975]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|--|-----------------------------------|--------------------------|--|
| \$ 73,382 | \$ | \$ 73,382 | \$ |
| 92,785 | 197,824 | 191,697 | 98,912 |
| 671,673 | | 129,136 | 542,537 |
| 220,722 | | 83,259 | 137,463 |
| 563,144 | 643,760 | 511,110 | 695,794 |
| | 567,637 | 141,910 | 425,727 |
| | 106,000 | | 106,000 |
| 90,886 | 95,868 | 114,853 | 71,901 |
| 11,616,345 (5,000,000) | | 1,120,681 | 5,495,664 |

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

St. Peter's Medical Center
New Brunswick, New Jersey
Patient equipment support (ID#3436)

St. Peter's Medical Center, School of Nursing
New Brunswick, New Jersey
Support of a nurse training program (ID#3228)

St. Vincent de Paul Society
New Brunswick, New Jersey
Program of assistance to the indigent (ID#3432)
[\$30,000 authorized in 1976]

Salvation Army
New Brunswick, New Jersey
Program of assistance to the indigent (ID#3433)
[\$50,000 authorized in 1976]
Purchase of a van (ID#4132)

Seton Hall University, College of Nursing
South Orange, New Jersey
Planning an educational program in clinical primary care nursing (ID#3102)
[\$41,270 authorized in 1976]

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

Stanford University Medical Center
Stanford, California
Support of a research and training program in ambulatory pediatrics (ID#3229)
[\$65,300 authorized in 1976]
Study of the training of new health practitioners in primary care, with the
University of California, Davis (ID#2944)
[\$198,573 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ 80,915 (16,186) | \$ | \$ 64,729 | \$ |
| | 250,000 | 250,000 | |
| | 30,000 | 30,000 | |
| 15,000 | 15,000 | 30,000 | |
| 25,000 | 25,000 | 50,000 | |
| | 6,500 | 6,500 | |
| 41,270 | | 41,270 | |
| 864,644 | | 110,653 | 753,991 |
| 48,975 | 272,498 | 67,110 | 254,363 |
| 198,573 | | 51,693 | 146,880 |

Stephens College
Columbia, Missouri

Study of teacher training in health education (ID#3775)

Student National Medical Association
Washington, D.C.

Support for the minority medical preceptorship program (ID#2331)
Cancelled
[\$201,299 authorized in 1976]

County of Suffolk, New York
Hauppauge, New York

Study of a regionalized emergency medical response system (ID#4160)

Sun Valley Forum on National Health, Inc.
Sun Valley, Idaho

Program of symposia on health policy issues (ID#2930)

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

Study of rural health service programs (ID#2285)
[\$499,709 authorized in 1976]

University of Texas Medical Branch at Galveston
Galveston, Texas

Primary care services for school-age children (ID#2763)
[\$1,171,960 authorized in 1976]

Program to increase minority enrollment in medical schools (ID#2422)
[\$339,268 authorized in 1976]

Tulane University
New Orleans, Louisiana

Program to increase minority enrollment in medical schools
[\$618,492 authorized in 1974]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|----------------------------------|---------------------------|------------------|------------------------------------|
| \$ | \$ 24,770 | \$ 24,770 | \$ |
| 150,974 (150,974) | | | |
| | 146,317 | 29,263 | 117,054 |
| | 22,000 | 22,000 | |
| 375,890 | | 52,226 | 323,664 |
| 347,995 | | 66,792 | 281,203 |
| 458,545 | | | 458,545 |
| 934,512 | | 302,738 | 631,774 |
| 289,694 | | 72,719 | 216,975 |
| 457,706 | | 152,823 | 304,883 |

Tuskegee Institute
Tuskegee, Alabama

Development of a primary care health service program in rural Alabama
[\$1,419,880 authorized in 1975]

United States Conference of Mayors
Washington, D.C.

Dissemination of health services information (ID#4069)

Analysis of the financial needs of service programs in inner-city areas (ID#3994)

United Student Aid Funds, Inc.
New York, New York

Guaranteed student loan program for medical, dental, and osteopathic students (ID#3014)

United Way of Central Jersey, Inc.
New Brunswick, New Jersey

Annual contribution (ID#3431)

[\$150,000 authorized in 1976]

University of Utah, College of Medicine
Salt Lake City, Utah

Family Practice Faculty Fellowship Program (ID#4145)

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)
[\$99,991 authorized in 1976]

Administration of the Nurse Faculty Fellowships Program (ID#3787)

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)
[\$495,400 authorized in 1976]

| Unpaid grants January 1, 1977 | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|--|-----------------------------------|--------------------------|--|
| \$ 930,240 | \$ | \$ 315,602 | \$ 614,638 |
| | 75,000 | 50,000 | 25,000 |
| | 234,951 | | 234,951 |
| | 525,000 | 525,000 | |
| 150,000 | 165,000 | 315,000 | |
| | 587,601 | | 587,601 |
| 198,016 | | 114,450 | 83,566 |
| 99,991 | | 49,051 | 50,940 |
| | 94,100 | 23,525 | 70,575 |
| 48,722 | | 48,722 | |
| 436,299 | | 263,167 | 173,132 |

University of Washington, Seattle
Seattle, Washington

Evaluation of the Foundation's Community Hospital Ambulatory Care Program (ID#4016)

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

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

Program to train physicians for careers in primary care (ID#3221)
[\$96,073 authorized in 1976]

Family Practice Faculty Fellowship Program (ID#4113)

University of Wisconsin
Madison, Wisconsin

Studies in the organization of health care services (ID#2492)
Cancelled
[\$486,000 authorized in 1973 and \$269,230 authorized in 1976]

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 (ID#4170)
[\$376,000 authorized in 1973]

Administrative grant for senior program consultant services (ID#3622)
[\$80,195 authorized in 1976]

Other refunds in 1977 (See Schedule A, page 100)

| Unpaid grants January 1, 1977* | 1977 grants authorized | 1977 payments | Unpaid grants December 31, 1977 |
|---------------------------------------|---------------------------|---------------------------------------|------------------------------------|
| \$ | \$ 287,438 | \$ 23,413 | \$ 264,025 |
| 336,687 | | 96,078 | 240,609 |
| 96,073 | 554,636 | 57,600 | 593,109 |
| | 623,832 | | 623,832 |
| 450,718 (5,830) | | 196,041 | 248,847 |
| 31,230 | | | 31,230 |
| 83,077 | 21,965 | 41,276 | 63,766 |
| 80,195 | | 80,195 | |
| <u>\$92,396,172</u> <u>165,737</u> | <u>\$36,361,187</u> | <u>\$36,353,374</u> <u>165,737</u> | <u>\$92,403,985</u> |
| <u>\$92,230,435*</u> | | <u>\$36,187,637</u> | |

* Unpaid grants at December 31, 1976, as reported on the comparative balance sheet on page 42, totaled \$99,401,707. For information purposes only, cancellation and refunds of \$7,171,272, representing 1977 activity, have been reflected in the above Summary as reductions of unpaid grants as of January 1, 1977. This brings the net total to \$92,230,435.

Schedule A—Other Refunds in 1977*

| | |
|---|------------------|
| American Academy of Pediatrics (ID#2103) Evanston, Illinois | \$ 16,124 |
| University of California, Los Angeles, School of Medicine (ID#0600) Los Angeles, California | 45,445 |
| Cottonwood Health Group, Inc. (ID#0207) Tekamah, Nebraska | 18,319 |
| Harvard Community Health Plan, Inc. (ID#0065) Boston, Massachusetts | 11,292 |
| University of Michigan Medical School (ID#0295) Ann Arbor, Michigan | 10,597 |
| 25 refunds and cancellations of less than \$10,000 each | <u>63,960</u> |
| | <u>\$165,737</u> |

* These are refunds against grants that were paid in 1976 or earlier and had no outstanding balance payable as of January 1, 1977

Schedule B—Clinical Scholars Program

| | |
|--|--------------------|
| University of California, Los Angeles, School of Medicine | \$ 714,232 |
| University of California, San Francisco, School of Medicine and Stanford University, School of Medicine | 799,673 |
| Columbia University, College of Physicians and Surgeons | 187,745 |
| George Washington University, School of Medicine | 194,502 |
| Johns Hopkins University, School of Medicine | 225,217 |
| McGill University, McIntyre Medical Sciences Center | 799,997 |
| University of North Carolina, School of Medicine | 800,000 |
| University of Pennsylvania, School of Medicine | 799,478 |
| University of Washington, Seattle, School of Medicine | 600,147 |
| Yale University, School of Medicine | <u>799,792</u> |
| | <u>\$5,920,783</u> |

Schedule C—Community Hospital—Medical Staff Group Practice Program

| | |
|--|--------------------|
| Humboldt General Hospital, Winnemucca, Nevada | \$ 500,000 |
| Joint Hospital Committee for Extramural Affairs, Aberdeen, Washington | 494,160 |
| La Crosse Lutheran Hospital, La Crosse, Wisconsin | 244,547 |
| Mercy Hospital, Watertown, New York | 500,000 |
| Nashua Hospital Association, Nashua, New Hampshire | 500,000 |
| New York Infirmary, New York, New York | 500,000 |
| Providence Medical Center, Seattle, Washington | 500,000 |
| St. Lawrence Hospital, Lansing, Michigan | 491,993 |
| St. Vincent Hospital and Medical Center, Portland, Oregon | 499,727 |
| San Bernardino County Medical Center, San Bernardino, California | 499,967 |
| Scottsdale Memorial Hospital, Scottsdale, Arizona | 498,103 |
| Sisters of Mercy Health Corporation, Sioux City, Iowa | 500,000 |
| Waterville Osteopathic Hospital, Waterville, Maine | 467,994 |
| Wausau Hospitals, Inc., Wausau, Wisconsin | 456,117 |
| Williamsburg County Memorial Hospital, Kingstree, South Carolina | 485,185 |
| | <u>\$7,137,793</u> |

Schedule D—Rural Practice Project

| | | |
|---|------------------|---------------------|
| Original appropriation | | <u>\$12,000,000</u> |
| Grants approved in 1977: | | |
| Associated Community Action of the North East Adirondack Region, Inc. Willsboro, New York | \$ 480,463 | |
| Bakersville Community Medical Clinic, Inc. Bakersville, North Carolina | 288,269 | |
| Dunes Family Health Care, Inc. Reedsport, Oregon | 460,457 | |
| Family Health Care, Inc. Tooele, Utah | 443,897 | |
| Mille Lacs Family Health Foundation, Inc. Onamia, Minnesota | 483,970 | |
| Mission Valley Health Services Center, Inc. St. Ignatius, Montana | 471,616 | |
| Grants approved in 1976 | 1,196,689 | |
| Amount cancelled in 1977 | 5,000,000 | |
| Balance of appropriation available at 12/31/77 | <u>3,174,639</u> | |
| | | <u>\$12,000,000</u> |

Secretary's report

Secretary's report*

Blair L. Sadler, Assistant Vice President, resigned his position with the Foundation in August 1977, to become Vice President of Scripps Medical Institutions, Hospitals and Clinics, La Jolla, California. Mr. Sadler joined the Foundation in July 1973. He was intimately involved in the initial development of the Foundation's programs, and played a leadership role in the design and implementation of the national Emergency Medical Services Program.

Also leaving the Foundation in August 1977 was Calvin Bland, Program Officer, who assumed the position of Associate Vice President, St. Christopher's Hospital for Children in Philadelphia. During his more than three-year tenure with the Foundation, Mr. Bland was actively involved in many of the Foundation's service projects.

In June 1977, H. Thomas Luce, Controller, resigned his position to devote full time to his outside business interests. Mr. Luce came to the Foundation in November 1971, and took an active part in its financial accounting operations. The position of Controller was assumed by James L. Crutchfield in June 1977. He had been Treasurer of Jelco Laboratories and Divisional Controller with Chicopee Manufacturing Company. Mr. Crutchfield is a graduate of the University of North Carolina and received his MBA degree from the same institution.

In October 1977, Richard A. Berman resigned as Senior Program Consultant to take the appointment as Director of the New York State Office of Health Systems Management. Mr. Berman, arriving at the Foundation early in 1973, provided assistance in the organization and management of health care service programs and was of great assistance to staff in the development and administration of the Municipal Health Services Program during its inception.

Arthur A. Berarducci completed his assignment with the Foundation as a Senior Program Consultant in June 1977 and resumed full-time duties as Director of Ambulatory Services Planning at the Peter Bent Brigham Hospital. Mr. Berarducci came to the Foundation in 1976 and helped in the organization and management of health care service programs.

At the December 1977 meeting of the Board of Trustees the following were elected to the offices indicated: W. R. Walsh, Jr. to Vice President and Treasurer; Frank Karel, III to Vice President for

**To present as up-to-date a picture of staffing as possible, this report covers the period through February 15, 1978.*

Communications; J. W. Wood, III to Secretary and General Counsel; and John M. Thoens to Assistant Treasurer.

Board activities

The Board of Trustees met six times in 1977 to conduct business, review proposals, and appropriate funds for the implementation of new programs. In addition, the Policy, Finance, Audit, and Nominations Committees met as required to consider and prepare recommendations to the Board. During 1977, the Policy Committee, the full Board of Trustees, and the Foundation staff engaged in a thorough review of the Foundation's grantmaking policies. It was determined that the Foundation should continue to pursue its basic original objective of seeking to improve access to primary care services, broadening its focus in certain areas. The President's Statement in this Annual Report details the results of this review, the conclusions reached regarding new areas of activity, and the areas of current program emphasis within the broad general objective.

J. Warren Wood, III
Secretary and General Counsel

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:

Miss Margaret E. Mahoney, Vice President
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, New Jersey 08540

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