

The  
Robert Wood Johnson  
Foundation  
Annual Report 1979



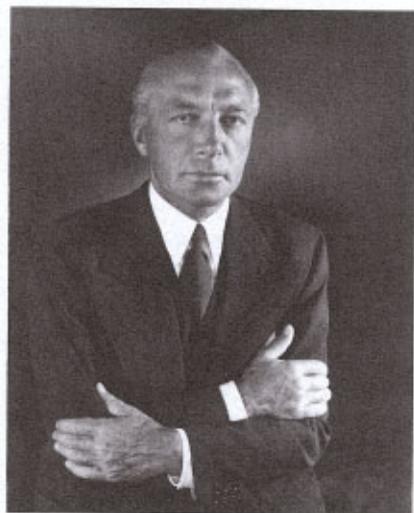
The  
Robert Wood Johnson  
Foundation  
**Annual Report 1979**

January 1, 1979 through December 31, 1979

The Robert Wood Johnson Foundation  
P.O. Box 2316  
Princeton, New Jersey 08540

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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

## Progress in getting a doctor

Eight years have passed since The Robert Wood Johnson Foundation began working to improve health and medical care on the national scene. In 1972 our own studies and those of many others identified a number of important needs. One, about which there was rather broad agreement, captured our attention: the serious difficulties we were having in this country in delivering general out-of-hospital care to substantial segments of our population. Further, because of the contemporary perceptions about the causes of this problem, most believed that this situation was going to endure for a long time. America seemed to be producing too many specialist physicians and not enough generalists; the flight of all services from the worst poverty areas, both urban and rural, was accelerating; and inequities in reimbursement were encouraging yet further declines in generalist services.

We therefore decided to make an attack on this problem the major initial focus of the Foundation and, to that end, since early 1972 we have pursued a three-pronged strategy. First, and receiving major emphasis, we have encouraged and given front-end funding now totalling \$173.3 million to groups and institutions developing programs to bring general medical care to people in many parts of this country lacking adequate health coverage. Second, we have awarded \$125.5 million to aid in the development of new programs designed to educate and train more doctors, nurses, and other health professionals to deliver general medical care services.

We were not alone in these first two endeavors. As we proceeded with our programs, others were also busily at work on other facets of the same problem. Other foundations—the Commonwealth Fund, the Carnegie Corporation, the Kellogg Foundation, the Kaiser Family Foundation, the Duke Endowment, and a number of others—were working in similar areas. So were federal and state governments with much larger numbers of dollars. Thus during the decade a variety of new ways of delivering services were being tested, medical school classes were being significantly expanded, 25 new medical schools were being established, and residency programs for those interested in family practice and generalist career residency tracks in medicine and pediatrics were swiftly proliferating.

The third prong of our own effort was somewhat different. As we began our support of service and training programs, we also initiated some large-scale and long-range studies to determine more precisely

the nature and extent of the access to care problem for various Americans. For it was clear that all of us—health professionals, planners, and government alike—lacked good data on just how serious was the absence of primary care services, who was most vulnerable or most in need, and how much time would be needed to correct the problems.

Given these paralleling efforts of private and public initiatives, how has this major socio-technologic problem come out as we enter the 1980's? Two national studies supported by the Foundation have yielded new data on the availability of generalist physician care, and the news is encouraging. The nation has come quite a way in making more doctors more available to Americans. But we have also gained some other insights. We now know more precisely the particular groups of people who are having the most troublesome problems in getting the medical care they need.

This information has helped us to target certain of our programs somewhat differently than in years past. Thus, let me first report selected findings from those studies, and then briefly describe a few programs which represent new efforts to get at the continuing problem of making medical care available to all of our citizens.

In 1973 the Foundation asked Ronald Andersen and Lu Ann Aday of the University of Chicago to expand their research to include a national study of the public's perception of their ability to obtain medical care. At the same time, in conjunction with the U.S. Department of Health, Education, and Welfare, we asked Robert Mendenhall and his associates at the University of Southern California to build into their ongoing research the design and conduct of a parallel national study on the precise nature and content of the practices of physicians in 24 different specialties.

With these studies we hoped to get solid information about the availability of general medical care from two points of view—that of the *patient* seeking care, and that of the *physician* dispensing it. The University of Chicago study was designed to find out how many Americans had a regular doctor whom they knew and who knew them. The University of Southern California study was undertaken to find out what doctors actually did in their practices, and which of them, irrespective of specialty label, provided continuing general medical care services to their patients.

Data from the University of Chicago study, based on a careful survey of a representative sample of 8,000 people, first became available in 1978 and revealed an interesting and unexpected picture of patients' perceptions of the availability of regular care. To our surprise, 78 percent of those sampled indicated that they had a principal physician whom they could identify by name. Of the 22 percent who did not have a specific physician, seven percent indicated they were seldom ill and did not need a regular physician. Three

percent stated they had no regular doctor at that time, either because they had recently moved, or because their doctors had recently closed their practices.

Thus, this study indicated that only about 12 percent of Americans were without a regular source of care in 1976, the year the data were collected. Obviously this number is not unimportant. To have 26 million Americans without a regular physician should be a matter of continuing national concern. While many in this group received their care from institutions, at least two percent of the population appeared to be unable to obtain any regular source of care, and Spanish-Americans in the Southwest and poor blacks in urban areas seemed to be those having the greatest difficulties. This then was the picture as perceived from the *patient* side of the coin.

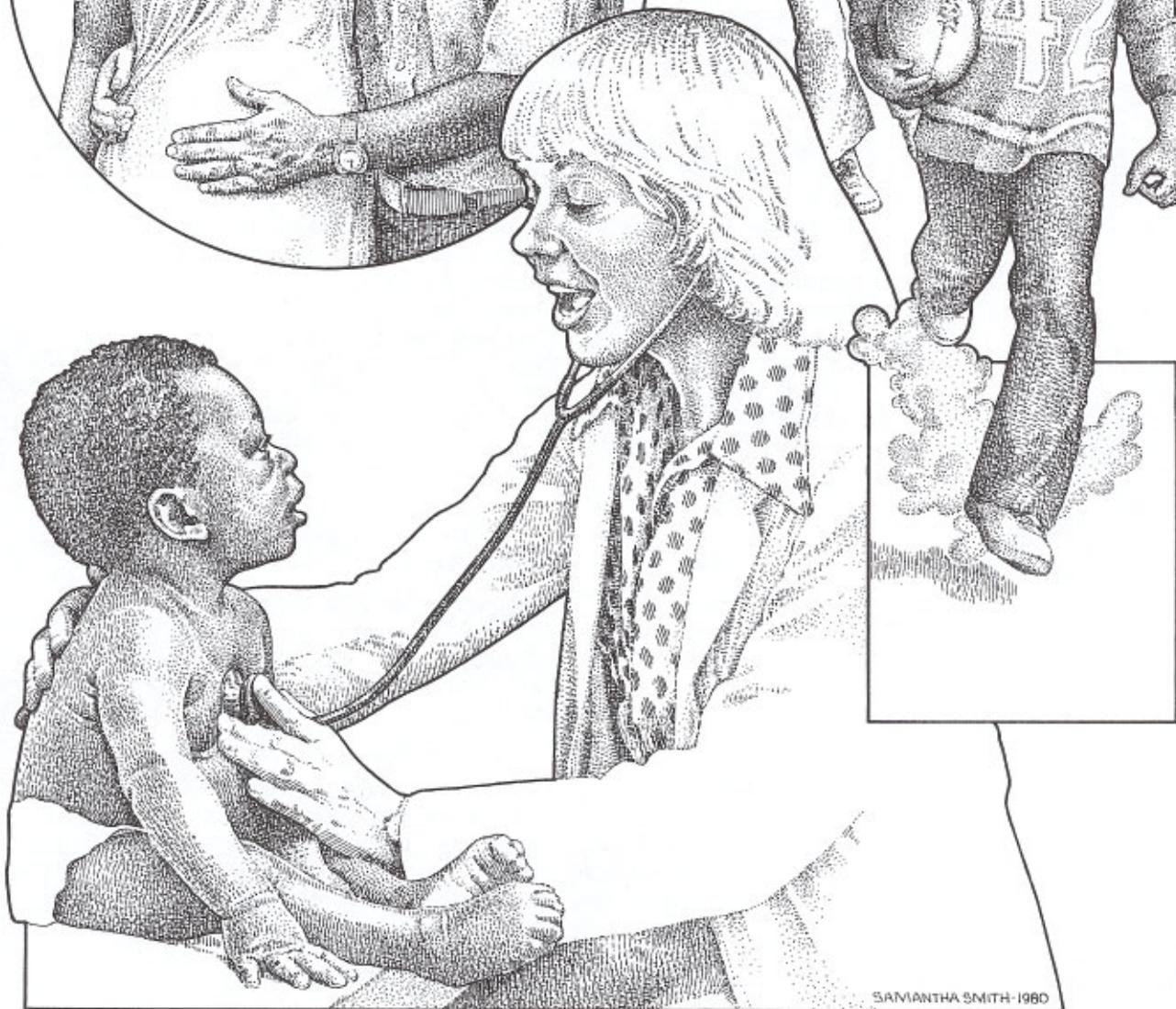
During 1979, the University of Southern California study of care as viewed by *physicians* also yielded interesting new information. First, it showed that 80 percent of continuing, principal-care services were rendered by generalist physicians—a much higher percentage than most had surmised. But the study also showed that to a surprising degree, physicians in the specialties sampled were the principal source of continuing general care to a substantial portion of their patients. One out of five patients received their continuing general care from a specialist.

As expected, general and family practitioners headed the list in giving continuing care to the most patients, but among the 14 specialties for which data are currently available, physicians who labelled themselves as specialists indicated that they considered 20 to 72 percent of all of their patient interactions to be in the “principal care” category. A system of cross checks confirmed this assertion.

As might be anticipated, there were some differences in the kinds of patients given such general care by specialists when compared with generalist physicians. Sub-specialty physicians in a field like internal medicine appeared to be more likely to assume principal care responsibilities for the medical needs of older patients—perhaps because a special medical problem first brought them together. Conversely, specialists in obstetrics and gynecology were important principal-care providers to young women—primarily those in their 20’s, but much less so to women in their 40’s.

Using this information obtained from physicians, we were able to estimate that at least 62 percent of the population had a principal-care doctor in 1976. Thus from the two studies we had a range—somewhere between 62 percent and 78 percent of Americans appeared to have a personal physician offering them continuing care in 1976.

Using the more conservative figure of 62 percent obtained from the University of Southern California study—coupled with national data on such factors as numbers of physicians, medical school



enrollments, increasing choice of generalist careers by young physicians, and population trends—it has been possible to project the future supply of physicians and their capacity to meet the demands for principal care in the United States. These projections suggest that personal physicians who can serve as principal providers of care will probably be available for 85 percent of the population by 1985, and 94 percent by 1990. Given the mobility of Americans and the good health of many young adults, we believe it is probable that approximately 10 percent of the population will, at any particular time, not choose to have a regular physician.

Thus, if current trends continue, it would appear that most Americans who wish to have a regular physician whom they know and who knows them should be in a position to make such a liaison by the mid-1980's.

This is cheerful and largely unanticipated news. This peculiarly American mix of specialists and generalists is giving continuing care to more people than is commonly recognized. Further, projections made possible by actually having such data available suggest that individualized personal physician care will be available for most Americans sooner than previously thought.

As is apparent, these studies focused on what physicians actually do. They do not answer all the questions which can properly be raised about what might be the optimal ways of delivering medical care to all Americans. Nevertheless, this important new information has made us feel that it is wise to back away from the simple question of numbers of health professionals in order to target our efforts more precisely and carefully on the problems of particular groups who are lagging behind. These studies and others have also given us more incisive answers to a series of questions which have dictated a major part of the thrust of some of our recent grant-making. As examples:

*Q. Who is continuing to have the most difficulty in getting appropriate general medical care?*

A. The answer remains, those who are poor at both extremes of life—poor children (and the mothers who give birth to them) and the poor elderly. To these groups can be added those of all ages with severe chronic-illness problems which impair function.

*Q. What are their most pressing medical problems?*

A. For children, the answer seems twofold. First, they often do not receive what we know well how to do—to give them (and their mothers) proper medical care prior to and during birth; to be sure children are appropriately immunized, that vision and hearing problems are de-

tected and corrected, anemia treated, and the like. Second, children are confronting physicians with problems related to growth, development, learning, and adjustment not formerly considered within the province of medicine. The problems form a large and growing part of what is labelled the "new morbidity." Here there are large gaps in our knowledge of what to do.

For the sick or infirm elderly, the lack of well-coordinated systems to offer them medical care, coupled with life-support services which can permit them to lead productive, reasonably independent lives outside of institutions appears the major shortfall. Similar problems plague those with chronic illnesses.

Q. *Are physicians and other health professionals properly prepared to handle the medical care problems brought to them by these groups?*

A. Partly, but not alone. Physicians caring for mothers and children tell us that it is not lack of know-how, but the lack of systems to funnel expectant mothers or needy children to them which have been major factors contributing to the poor U.S. scorecard on immunizations, the high incidence of uncorrected defects, or pockets of high infant mortality. Here better organization and closer liaison with others—nurse practitioners, physician assistants, and other health professionals—seems increasingly important. However, in addition, pediatricians have indicated that they would like broader training so that they can better manage a variety of chronic illnesses, handicapping conditions, and behavioral and learning disorders which now occupy a considerable amount of their time.

Those working with older people have similarly indicated that the lack of integration at a community level of the diverse array of available services has blunted or impaired the effectiveness of medical care.

Those working on the problems of patients with chronic, long-term illnesses point to similar needs, and the absence of organizational units attuned to the problems of their patients which require careful monitoring and continuing assistance and support.

In addition, there is a growing consensus that the outpatient clinics of many teaching hospitals do not provide the desired degree of continuity and comprehensiveness in delivering general medical care. This is of immediate concern to the thousands of people who depend on those services for their treatment; it is doubly troublesome for

medical educators, for it is in these settings that thousands of medical students and young doctors receive their ambulatory care training.

Q. *Where are those most in medical need located?*

A. In the poorest parts of our large urban cities and remote rural areas. Poor minority citizens, both black and Spanish-speaking who live in these settings are having the greatest difficulties.

Q. *Can we find ways of better organizing—or better coupling—private and public initiatives to deal with these particular problems of these special groups?*

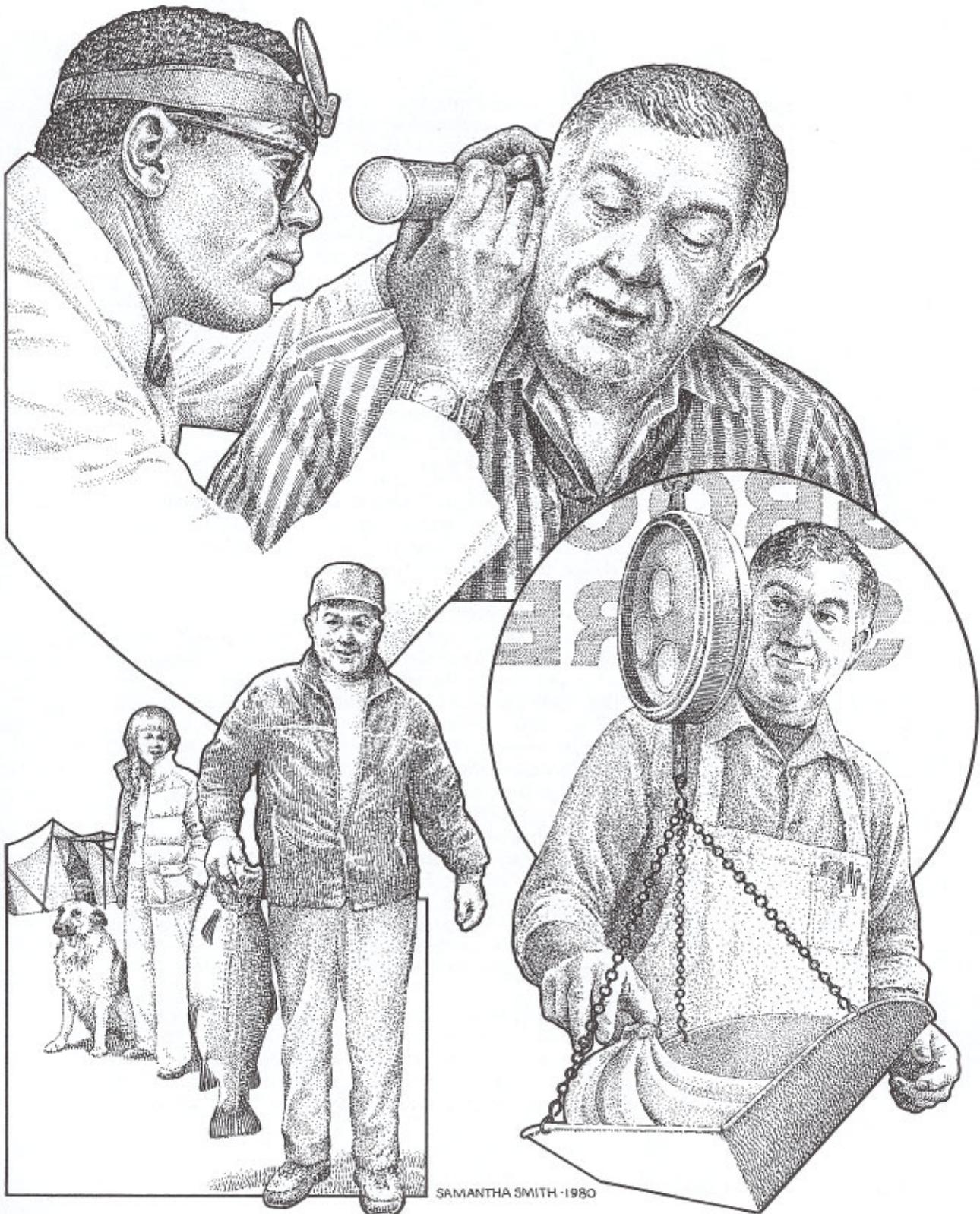
A. We hope some of the answers to this question will emerge from nine programs—representing a Foundation commitment of more than \$80 million—that we have helped launch during the past two years.

The programs I will describe represent efforts to deal with the particular groups and their particular problems cited above. Many are attempts to create better private/public linkages to make services available to these special groups. Time alone will tell whether such approaches are successful.

### **Rural Infant Care Program**

During 1979 the Foundation launched a program designed to help up to 10 medical schools work with their state health departments to demonstrate how infant deaths and disabilities might be reduced in isolated rural areas with higher-than-average infant mortality. In this program we have joined forces with the U.S. Public Health Service, which in 1979 introduced two programs that will provide \$70 million for services to health departments of states with pockets of excessively high infant mortality.

The Rural Infant Care Program is predicated on a belief that, given the difficulties state health departments will face in developing these projects in remote areas, their chances of success can be substantially enhanced by the active involvement of the highly skilled obstetricians, pediatricians and other health professionals available in medical schools serving their states. Such professionals will share in planning and organizing the specialized programs for these remote communities, and actively participate in two-way professional exchanges between obstetrical and pediatric units of the smaller community hospitals, outpost nursing stations, and the university or major affiliated teaching hospital. In this way, the Foundation's program is intended to help strengthen and institutionalize the federal government's efforts.



SAMANTHA SMITH - 1980

### **School Health Services Program**

It would appear that the increasing number of families in which both parents or the sole parent is employed, the disappearance of older, close-knit communities, and the increasing number of teenage parents are among the important factors that make it difficult for children to get the medical care they need. One approach that seems to have worked in a number of communities faced with this situation is to shore-up the traditional school nurse system to offer more primary care services within the school.

More than 37,000 children in rural Utah, North Dakota, Colorado and New York are now receiving medical attention under the Foundation's School Health Services Program. In these states, school nurses trained as nurse practitioners are assuming more responsibilities for the actual care of a broader range of child-health problems. Backed up by a supervising physician working in the community, these nurses are managing problems of minor trauma and most episodic, acute illnesses. They perform physical examinations, screen for health problems, and immunize against preventable diseases. In addition, these nurses have gained additional skills enabling them to work with parents and physicians to help care for children with chronic diseases, and to ensure that children referred for special care actually receive the needed services.

### **General Pediatrics Academic Development Program**

Although most of the problems managed by pediatricians are now encountered and dealt with in the ambulatory setting, the training of general pediatricians for the most part has remained hospital bound. The marked drops in pediatric mortality and morbidity due to the control of acute, life-threatening infectious diseases have unmasked other, more complex kinds of childhood problems which rarely require hospitalization. Consequently, the young pediatrician in training has less opportunity than many pediatricians deem desirable to become familiar with many of the clinical problems which will be confronted in practice.

The General Pediatrics Academic Development Program was developed to answer the need for additional training and knowledge about these problems. The program is assisting six university departments to expand and strengthen their programs in general pediatrics by training future faculty, conducting clinical research, and developing models of patient care for the problems seen in general pediatric practices.

Examples that will receive expanded attention are: the search for childhood indicators of serious adult disease; the long-term effects of childhood illness on subsequent development; the incorporation into pediatric practice of interventions shown to be feasible in preventing significant adult impairment; and the development and practical

application of new knowledge concerning learning and behavioral disorders which are amenable to intervention by the general pediatrician.

### **Teaching Hospital General Medicine Group Practice Program**

The need for improved ambulatory care services within the nation's teaching hospitals—whose 25 percent share of all hospital-based ambulatory care continues to increase each year—is generally recognized by medical educators. Many have also expressed concern about the quality of their students' and residents' educational experiences in the fragmented clinic system that characterizes many teaching hospital outpatient departments today.

The Teaching Hospital General Medicine Group Practice Program was launched in 1979 to assist up to 15 medical school-affiliated hospitals to improve the services offered adult patients who use the hospitals' clinics and emergency rooms as their principal source of general medical care. Working through their departments of medicine, the participating hospitals will establish group medical practices to provide personalized medical care on a continuing basis.

In addition to improving the services offered the patients who will be enrolled by each of the new practices—many of whom will be residents of the inner-city areas that surround so many of our large teaching hospitals—these new practices will give faculty, students, and young residents a much more realistic and appealing setting in which to teach and learn ambulatory care as it is practiced outside the teaching environment. Hopefully these group practices will offer a means to ensure continuity for patient and physician alike, and the development of stable professional career tracks for faculty specializing in ambulatory general medicine.

### **Municipal Health Services Program**

Started in 1978, the Municipal Health Services Program has awarded grants to Baltimore, Cincinnati, Milwaukee, San Jose, and St. Louis to help them organize and deliver general medical care to families living in underserved areas.

The program draws on the experiences of several municipalities which have made health care services available to underserved neighborhoods by consolidating and building upon available institutional resources of public health departments and municipal hospitals, without significant increases in their municipal health budgets. This program encourages the blending of such resources and is intended to bring together in single neighborhood locations the services of public health programs (e.g., clinics for maternal and child health, community mental health, drug and alcohol abuse, VD, and TB services), with the traditional outpatient medical services previously available only at the municipal hospital.

For low-income inner-city residents, we hope these neighborhood centers can become the places where they are known, their medical

records are maintained, and where they are appropriately treated for health and medical needs, regardless of their ability to pay. The program is cosponsored by the American Medical Association and the U.S. Conference of Mayors. Further, as part of a special study, the federal government has approved special Medicaid arrangements to eliminate certain copayments and expand the range of services normally covered.

#### **Urban Health Initiatives Program**

A second program helping to improve medical care in underserved areas of our large cities is a collaborative effort with the U.S. Public Health Service—the Urban Health Initiatives Program. Under this program, beginning in late 1978, the Foundation began making grants to medical schools and major teaching hospitals to provide physician care for at least 25,000 people living in medically underserved neighborhoods in up to 12 cities. The Foundation grants are being made contingent upon these institutions also receiving U.S. Public Health Service subsidies for the new medical services to be provided.

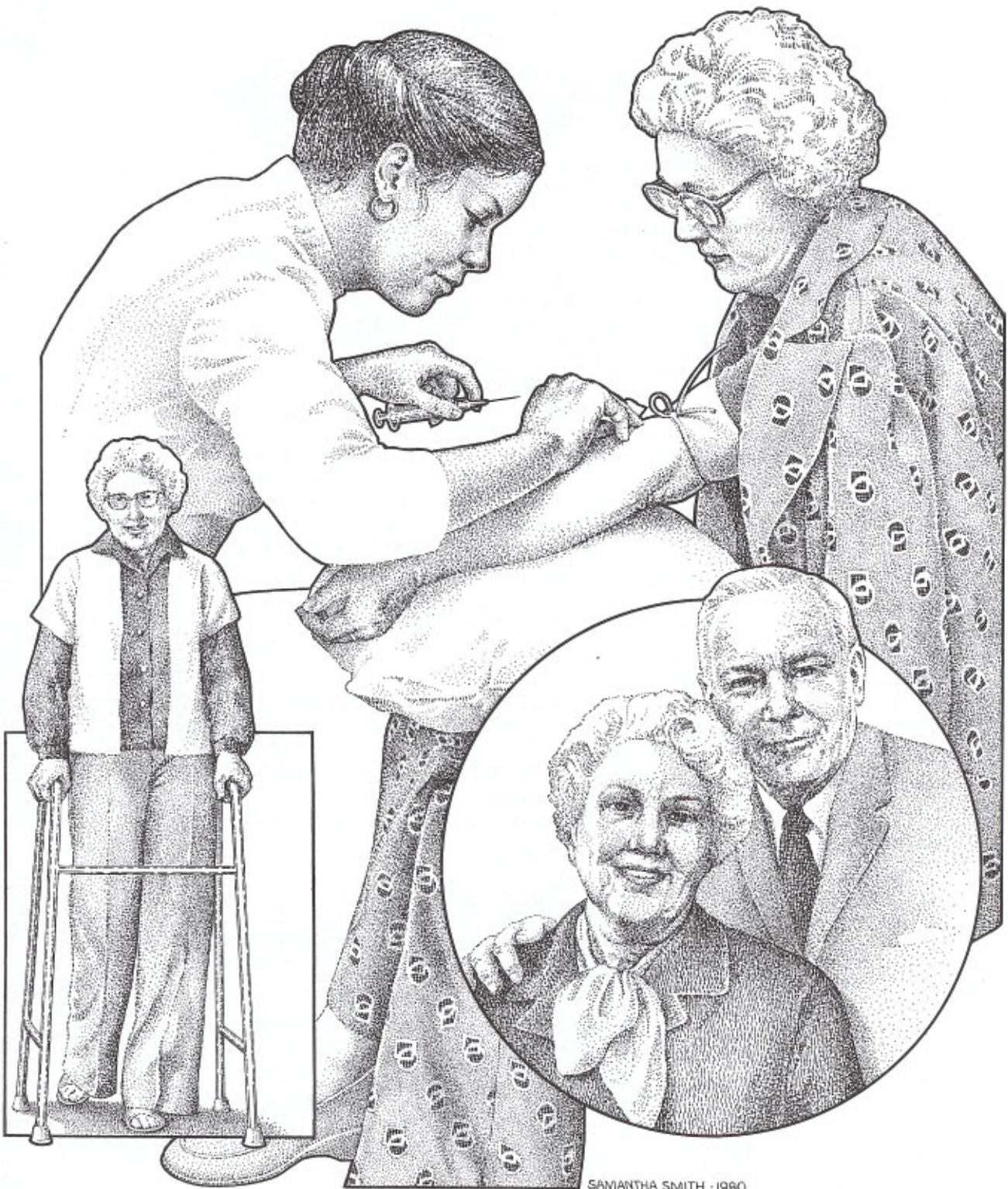
The Foundation's funds are being used by these institutions to develop and manage the new service delivery locations, while the federal dollars will go to underwrite services. In addition, the National Health Service Corps is expected to assign physicians and other health providers to these sites.

These grants are based on the belief that publicly supported, inner-city primary care centers have a better chance of becoming viable if they are established by and retain a close relationship with a medical school or teaching hospital. These large institutions can supervise and rotate staff, offer advanced medical training to those who need it, provide backup and referral services for patients, and advanced management and planning assistance for the projects.

#### **Hospital-Sponsored Ambulatory Dental Services Program**

Paralleling the Urban Health Initiatives Program is our Hospital-Sponsored Ambulatory Dental Services Program, which also represents a combination of public-private initiative and builds on the increasing interest of young dentists in an additional year of advanced generalist training following dental school.

A three-year federal funding program is expanding the number of hospitals offering general dentistry residencies, and the Foundation's effort is underwriting the expansion of outpatient dental services in 25 of these hospitals. Under the Foundation's program, people who receive their medical care in these hospitals' outpatient services, and who have previously lacked adequate access to dental care, are being offered emergency, basic, and preventive dental services.



### **Chronic Disease Care Program**

This program has been designed to assist up to 10 community hospitals and their medical staffs to develop physician-directed, nurse-managed systems of long-term care for non-institutionalized chronically ill patients regardless of age. Unlike most of the other programs, which replicate or expand a particular model for delivering health care, this is a pilot effort to help grantees develop new or different models to better deliver chronic-care services.

Our grants are encouraging the design and implementation of innovative and previously untested ways to link practicing physicians, their patients, community resources, and the hospital in a system of continuous and monitored care for multiple categories of chronic disease. This is to be accomplished by organizing a system that provides the particular services needed *in common* by patients *with different* categorical diseases.

It is our hope that such a system can be an analogue to that of inpatient hospital care. When physicians admit acutely ill patients to hospitals, the physicians are assured that their prescribed treatment plan will be carried out, their patients will be professionally monitored, and the multiple resources and services required for management of their patients will be appropriately coordinated and carried out. The entire process continues even when the physician is absent from the hospital. The Chronic Disease Care Program seeks to offer practicing physicians a parallel means for the continuous care of their non-hospitalized, chronically-ill patients.

### **Program for the Health-Impaired Elderly**

Similarly, the Program for the Health-Impaired Elderly will assist up to eight states in testing an integrative approach to help health-impaired elderly gain access to adequate care, and to help public and private agencies dedicated to serving the elderly extend their missions. Within the designated communities, it seeks to foster the highest level of cooperation among local voluntary agencies and groups and appropriate public agencies at state and local levels:

- To create a coordinating organizational unit authorized by the major service agencies to develop and coordinate a community network of care for the elderly.
- To identify the elderly individuals in need of help in the community served, their needs, and to follow through with linkage to available resources.
- To work toward the development of a broad range of interventions that allow flexibility and added responsiveness in meeting the needs of the health-impaired elderly, including persons receiving care in institutions.

- To overcome eligibility restraints on services which limit access for some older citizens.
- To strengthen the “natural support system” of elderly people’s families and friends.

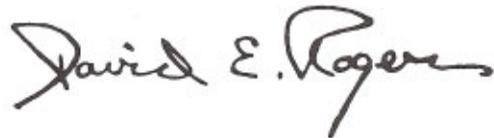
These nine targeted programs, in addition to the other grants we made in 1979, are based in part on information derived from the two national studies on access to care described earlier in this report.

As is apparent, the results of the studies on the increasing availability of physicians have had a heartening effect. Knowing that we have, as a nation, made such strides in improving the availability of physician care, has given us new resolve to tackle the remaining agenda—and to do it with more precisely targeted efforts directed toward those who continue to have problems getting medical care.

The decade ahead looks like a tough one. The economic and political uncertainties put this country at hazard of losing some of the gains in health and medical care made during the 1970’s. Indeed there is evidence that this is already beginning to occur, and it is the poor and the isolated who are the first disenfranchised. To prevent this, the nation will continue to need up-to-date data on how the U.S. is faring in matters medical, coupled with accurately focused programs to correct remaining shortfalls.

As in the past, we continue to be refreshed and impressed by the imaginativeness, dedication and energies of those working to make our system of medical care work for all of us. At a time when newspapers and television report daily crises in virtually all aspects of our lives as individuals and as a nation, it is pleasing to report on one problem—the availability of medical care rendered by personal physicians—which seems to be moving toward solution.

As is apparent from what I have described, we cannot and do not work alone. The programs we are assisting are a demonstration of this fact. Each is based on certain new knowledge, but each in one way or another is also based on previous experience pointing toward what might be done to solve a particular problem. It has been particularly gratifying to see the voluntary sector working in parallel with those in the public sector toward this end.





The 1979  
grant program

## The 1979 grant program

During 1979, the Foundation made grants totalling \$42.5 million. Among the types of activities supported, the amounts granted for each were as follows:

- expansion of ambulatory care services, \$22.1 million, or 52 percent;
- education and training of various types of health professionals—principally to plan, manage, and staff ambulatory care services—\$12.8 million, or 30 percent; and
- evaluation of major programs assisted by the Foundation and the conduct of targeted health care research and analysis, \$7.5 million, or 18 percent.

Viewed from the perspective of the Foundation's objectives, the 1979 grants were allocated as follows:

- \$36.0 million, or 85 percent, to increase access to primary care services;
- \$3.1 million, or 7 percent, to improve the performance of the health care system in order to ensure quality care;
- \$2.6 million, or 6 percent, to improve capabilities for the formulation of health policy;
- \$0.8 million, or 2 percent, for a variety of charitable purposes in the New Brunswick, New Jersey area where the Foundation maintains continuing interest.

Since becoming a national philanthropy in 1972, the Foundation's expenditures have totalled \$361.0 million. The distribu-

tion of these funds by types of activities supported and by the Foundation's objectives is shown in the chart on page 25. The geographic distribution of these appropriations is shown in the chart on page 26.

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### Major developments in the 1979 grant program

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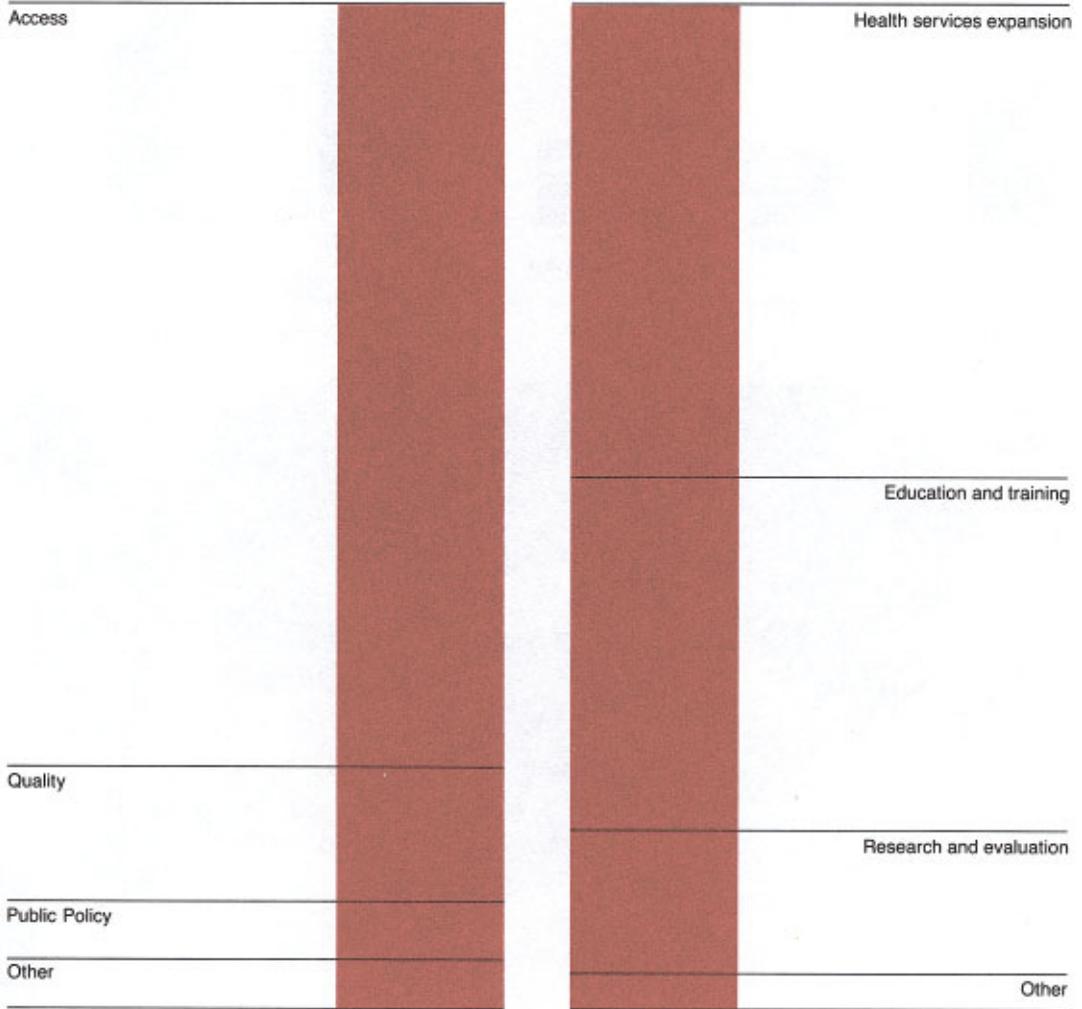
The Foundation funds a number of national programs that comprise a series of grants to assist selected institutions addressing a specific well-defined national program within the scope of the Foundation's objectives. Grants were made in 1979 in four of nine such programs described in "The President's Statement" beginning on page 8.

—Twenty-five hospitals in 19 states were funded to provide dental care for underserved groups under the Hospital-Sponsored Ambulatory Dental Services Program (see pages 57 and 58 for a list of these grantees).

—Grants to improve teaching and research as they relate to the practice of general pediatrics were made under the General Pediatrics Academic Development Program to Duke University, The Johns Hopkins University, University of Pennsylvania—Children's Hospital, University of Rochester, Stanford University, and Yale University.

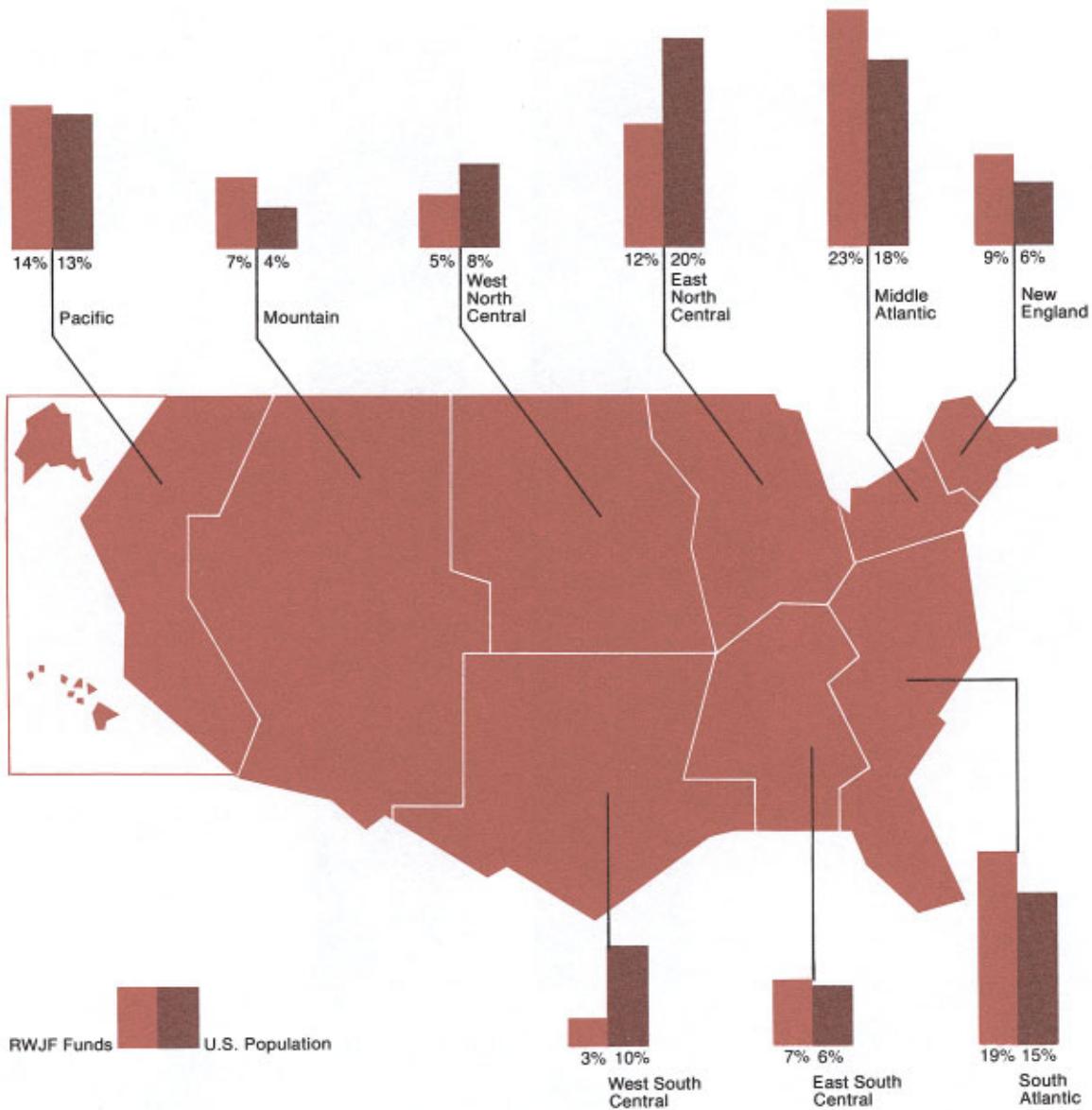
—The development of physician-directed, nurse-managed units to care for ambulatory patients with chronic disease were funded under the Chronic Disease Care Program

**Appropriations by  
RWJF Objectives and  
Types of Activities  
Funded, 1972-1979**



RWJF 8-year appropriations: \$361 million

**1972-1979 Appropriations  
by Geographical Regions  
Compared to Population**



at Daniel Freeman Hospital Medical Center, Inglewood, California; Cedars of Lebanon Hospital Corporation, Miami, Florida; Ellis Hospital, Schenectady, New York; and the University of Oklahoma Tulsa Medical College. Four additional grants are planned in 1980.

—Grants to Bexar County Hospital District in San Antonio, Case Western Reserve University, and the University of Southern California brought to seven the number of institutions planning and developing inner-city primary care networks under the Urban Health Initiatives Program. Additional Foundation grants are planned for 1980, and all grants under this program are contingent upon the receipt of federal support for the services to be provided by the planned networks.

During 1979 planning was completed, advisory committees formed, applications received, and reviews begun on two other national programs described in "The President's Statement." The Rural Infant Care Program will assist up to 10 states to combine the resources of medical schools and state health departments to develop services to reduce infant death and disability in isolated rural areas. Under the Teaching Hospital General Medicine Group Practice Program up to 15 medical school-affiliated hospitals will receive grants to improve ambulatory services for their adult patients. Each will create a group practice to provide personalized general medical care on a round-the-clock basis. Grants under both these programs are planned for 1980.

The final grants under the Foundation's Community Hospital—Medical Staff Group Practice Program announced in 1974, were made to Huron Road Hospital, East Cleveland, Ohio; and Jackson Hospital and Clinic, Montgomery and the Northeast Alabama Regional Medical Center, Anniston, Alabama. This brings to 53 the number of hospitals and their medical staffs which are

establishing group medical practices offering primary care to underserved people in 37 states and the District of Columbia.

For most of its national programs, the Foundation underwrites external studies to determine how well these programs meet their goals. In 1979 nine grants were made to plan or conduct such studies.

### **Care of children, adolescents**

In addition to the national programs cited above, the Foundation also responded to a number of institutions seeking support of a variety of projects to improve care of young people.

The Pennsylvania State Department of Health received a grant to train pediatric nurse practitioners—backed up by pediatricians practicing in the community—to improve school health services statewide. Priority for nurse practitioner training is being given to nurses serving handicapped students and to school nurses in districts with the greatest medical need that are also ready to reorganize their school practice settings to accommodate school nurse practitioners.

For children who depend on hospitals for their medical care, overcoming discontinuity and fragmentation of care are major challenges. Oklahoma City is like many other cities, in that the principal source of care for a large number of children is the outpatient department and emergency room of a large public hospital—Oklahoma Children's Memorial Hospital in this instance. With the Foundation's assistance, the University of Oklahoma College of Medicine is organizing and will staff a hospital ambulatory care unit offering these children primary care services on a more systematic basis. In New York City—in the Bronx—Montefiore Hospital and Medical Center received a grant to tailor an outpatient unit to offer comprehensive care for adolescent patients

with a wide range of chronic diseases. Studies of selected chronic diseases and the training of residents and fellows will be phased-in as the unit develops. Boston City Hospital also received assistance to develop plans to improve its primary care services for inner-city adolescents and young families.

Other grants benefiting children include: continued support for training in child development—at Children's Hospital Medical Center in Boston—for young pediatricians planning academic careers; refinement of new diagnostic procedures that have grown out of the Brookline, Massachusetts Early Education Project supported jointly by the Foundation and the Carnegie Corporation for the past eight years; and a detailed evaluation of the various service components in a federally financed, locally operated program to meet prenatal and early infancy care needs of high-risk families in rural Chemung County, New York.

#### **Urban health services**

People living in inner cities have difficulty getting adequate primary care due to the shrinking number of practicing physicians and other medical resources in these areas. However, the hospitals and medical centers that remain, and the urban development corporations that have emerged in many of these areas, offer two institutional bases for developing or expanding ambulatory, general medical services in urban areas. An example of each was funded by the Foundation in 1979, in addition to the grants made under the previously described Urban Health Initiatives Program.

In Camden, New Jersey, the Foundation supported the planning and management staff for an effort by 500-bed Cooper Medical Center to develop and oversee expanded ambulatory care services, including the Center's own outpatient department, and to attract the public and private financial support needed for these services.

With a grant from the Foundation, together with funds raised from a number of other public and private sources, the East Los Angeles Community Union, an urban development corporation, is opening a family health center. The Center will offer primary care services to the 160,000 residents in the medically underserved northeast section of East Los Angeles.

#### **Rural primary care services**

For people living on small incomes in rural areas, gaining access to general medical care is often as difficult as in inner-city communities, and for several decades the situation appeared to be worsening. Beginning early in the 1970's, the federal government and a number of private institutions, including the Foundation, supported various approaches to filling the rural primary care gap. By 1979, although much remains to be done and the future is still unclear, these efforts were gaining momentum. Consider the Tuskegee story.

In 1973, the Foundation responded to a request from the John A. Andrew Memorial Hospital and Health Center of Tuskegee Institute for support to extend primary care services into three central Alabama counties where poverty is the rule rather than exception. For six years Tuskegee and the Foundation have been joined in this effort. Then, in 1979, the federal government agreed to subsidize operating costs of the primary care network and to incorporate into the network the various federally financed, categorical health programs in the area. The Foundation made an additional grant in 1979 to support the management team needed to complete and operate this enlarged rural health program.

In Georgia, the Department of Human Resources received assistance to implement plans drawn under an earlier Foundation grant to create a network of 40 family

health centers staffed by nurse practitioners in small, rural counties which have been unable to attract full-time physicians.

A grant to Pennsylvania State University will underwrite the development of clinical, educational and technical assistance ties among seven rural health centers in central Pennsylvania and the University's Medical Center at Hershey and various units at University Park.

The University of Nevada received support for a new Office of Rural Health which will work with physicians and hospitals in the state's outlying areas to conduct such activities as the recruitment of additional physicians and improvement of emergency medical care. A similar rural network was funded through the University of Utah to link—as a first step—five ambulatory care programs in that state.

Providing emergency medical care for people living in rural areas continues to pose great difficulties—population is sparse, there are few physicians, and hospitals are small and their emergency rooms often do not have adequate physician coverage. In 1979 the Foundation responded to innovative proposals to train and employ physician assistants to augment medical coverage of emergency rooms in rural Iowa and Maine. Advanced training is included in Iowa for a small number of emergency room nurses, and both programs include evaluations to assess their effectiveness.

### **Federation of health centers**

The Rio Grande Federation of Health Centers unites 24 groups operating 56 health centers providing primary care services to Mexican-American families in Texas and New Mexico. Federation staff assist the centers with financial and other management problems, with information about state and federal funding programs and their reporting requirements, and with recruitment and retention of physicians and other health

professionals. Continued Foundation support approved in 1979 will be used to expand and strengthen these efforts, and to assist staff from member-centers to enroll in a special health administration program operated by Trinity University, in San Antonio, with support from the Kellogg Foundation and the federal government.

### **Dentistry for the handicapped**

Dental care is one of the greatest unmet health care needs of handicapped people today. In part this is because dentists have not been trained to cope with the variety of problems encountered in caring for individuals with physical and mental disabilities. Accordingly, in 1974 the Foundation funded a four-year program administered by the American Fund for Dental Health (AFDH) that enabled 11 dental schools to include such training for their students. The next step—in 1978—was to assist the American Association of Dental Schools (AADS) to develop curriculum guidelines for care of the handicapped, based in part on the 11 schools' experience. Then in 1979 the Foundation supported an AFDH conference-workshop co-sponsored by the AADS and the American Dental Association for representatives from all dental schools to introduce and promote implementation of guidelines.

Also in 1979, the Foundation joined the American Dental Association in supporting the National Foundation of Dentistry for the Handicapped in its efforts to organize and promote preventive and restorative dental services for handicapped people. Founded in Colorado just five years ago, the National Foundation is already operating service programs in eight states and continuing to expand. Key to its progress has been an organizing strategy that brings together practicing dentists, handicapped people, and other concerned organizations and agencies that together have garnered support from

state legislatures and local foundations for the new dental services.

### **Student assistance programs**

The Foundation's grants of \$2.5 million to United Student Aid Funds in New York, have made possible more than 5,663 loans totalling \$18.8 million for medical, osteopathic, and dental students throughout the country under the Foundation's Guaranteed Student Loan Program. Developed two and one-half years ago in response to soaring tuition and other costs of education for these health professions, and intended as a "last resort" source of aid to keep needy students in school, this program has enlisted the participation of 28 banks across the country and is administered by United Student Aid Funds. A 1979 appropriation is expected to guarantee an additional \$9 million in loans.

As the costs of professional education continue to escalate and the ability of students and their families to meet these costs diminishes, effective financial aid offices have become essential in medical, osteopathic, and dental schools, and in 1979 the Foundation also continued its support of workshops and the development of manuals for personnel staffing these offices.

In addition, continued support was approved for a number of programs to improve the educational opportunities for minority students interested in medical education. These programs stress the early identification and encouragement of pre-medical students in colleges and high schools by professional counselors; special summer studies in science, mathematics, and other subjects; assistance in obtaining student aid; and liaison between undergraduate colleges and premedical students and medical school admissions officers. A Tulane University program received continued assistance last year, and this year continued support was approved for programs operated by Aspira

of America; Morehouse College, involving consortium arrangements with Atlanta's other predominantly black academic institutions; and the University of Mississippi Medical Center and Jackson State University, also involving a consortium with four predominantly black colleges and universities in Mississippi.

### **Maintaining an information base**

In addition to the previously mentioned evaluation studies, the Foundation's 1979 grants include support for a limited number of research activities that fall within the Foundation's program boundaries.

A proportion of these funds went to a few highly productive research groups engaged in a range of relevant health service and policy studies—to the Health Policy Research Group of Georgetown University School of Medicine, to the Conservation of Human Resources Project of Columbia University, and to Tufts University.

Other grants—for specific projects—were made to Georgetown University, the Institute for Prepayment Studies, the University of Pittsburgh, and the University Health Policy Consortium of Brandeis University, Boston University and Massachusetts Institute of Technology.

The Georgetown group received support for a three-year study to determine the degree to which patients can be educated to make more effective use of medical services. Patients in two health maintenance organizations are participating in the study, which is evaluating four "educational interventions" to teach and encourage patients to make correct decisions affecting their health, as well as to make appropriate use of medical services.

The Institute for Prepayment Studies, in Newark, is examining the pilot test of a New Jersey Blue Cross-Blue Shield plan that seeks to reduce hospital days and contain health care costs by: (1) writing

capitation contracts with practicing generalist physicians; (2) increasing other ambulatory care benefits; and (3) offering optional cost sharing for subscribers on hospitalization benefits, with major medical coverage to prevent catastrophic losses to subscribers. The Foundation-assisted study seeks to determine the impact of this type of reimbursement plan on such factors as total per capita health costs, access to care, and quality of care.

An early national program funded by the Foundation provided start-up funds to develop regionalized emergency medical service (EMS) systems in 44 areas of the country. Federal funds have subsequently made it possible for more than 100 other regions to organize and coordinate the ambulance, communications, and other elements that comprise EMS systems. Recognizing that long-term financial viability is now a principal challenge facing most of these and other developing systems, a group at the University of Pittsburgh is analyzing and documenting a variety of alternative funding models and the EMS systems that pioneered them. Plans are to make this material available to state and local officials and others concerned with emergency medical services.

Funds to the University Health Policy Consortium are to underwrite a study into hospital-based ambulatory care costs as compared to those in other settings. Among the factors bearing on costs to be examined are differences in the medical needs of patients cared for in hospital and other settings, hospital pricing policies, and hospital roles in education and in providing certain specialized clinical services.

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### Program information

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A list of all grants made in 1979 begins on page 51, followed by a list of grants made in previous years, which were still active in 1979 (i.e., those with unpaid balances on January 1, 1979). A descriptive Program Summary for most of those grants is available free upon request. Requests should include the title of the grant, the institutional recipient, the grant ID number, and should be addressed to:

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

Also available without charge from the same address are copies of the following issues of *Special Report*, a non-periodic publication describing the progress and outcomes of activities assisted by the Foundation:

- Dental Care for Handicapped Americans
- School Health Services
- Regionalized Perinatal Services
- A New Survey on Access to Medical Care
- Emergency Medical Services
- New Roles for Nurses in Family Care; Citizen-Legislators: Coping with the Health Agenda; Unraveling the Battered Child Syndrome.



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## Bibliography

Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants.

In 1979 these reports cited 53 books, 74 book chapters, 408 journal articles, 219 reports, and 17 films, tapes and other audiovisual products.

This bibliography is a sample of citations from each category reported in 1979, and from among the publications of the Foundation's staff. These publications are available through medical libraries and/or the publishers. Copies are not available from the Foundation.

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# Financial statements

## Introduction to statements

The annual financial statements for the Foundation appear on the following pages. A listing of grants authorized during 1979 appears on pages 51 through 64, and a summary of grants authorized in prior years which had not been paid in full as of January 1, 1979 appears on pages 65 through 78. A detailed list of investment securities held at December 31, 1979, although not included herein, is available upon request to: Communications Office, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08540.

Grants authorized in 1979, net of cancellations and refunds of prior years' grants, totaled \$39,499,691. This amount, when added to investment and administrative expenses and excise taxes for the year, exceeded income by \$7,717,536. The comparable figure for 1978 was \$16,158,103, and the total by which grants, expenses and taxes exceeded income for the eight years ended December 31, 1979 was \$184,275,810.

Investment income for 1979 was \$36,760,277, an increase of 11% over the \$33,057,604 earned in 1978. Expenses in 1979 were \$3,812,775, an increase of 11% over 1978.

At the beginning of 1979, the Foundation owned 8,411,086 shares of Johnson & Johnson common stock. During the year, 400,000 shares were sold, leaving a balance in the portfolio of 8,011,086 shares at December 31, 1979.

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, 1979 and 1978, 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 financial statements referred to above, present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1979 and 1978, 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,  
January 18, 1980.

**The Robert Wood Johnson Foundation**  
**Statement of Assets,**  
**Liabilities and Foundation Principal**  
at December 31, 1979 and 1978

	<u>1979</u>	<u>1978</u>
<b>Assets</b>		
Cash	\$ 158,794	\$ 340,453
Investments (at cost, or market value on dates of gifts) (Note 2):		
Johnson & Johnson common stock— 8,011,086 shares in 1979, 8,411,086 shares in 1978 (quoted market value \$634,878,566 and \$620,317,593)	229,651,059	241,117,739
Other corporate common stocks (quoted market value \$44,233,227 and \$42,378,982)	48,255,987	47,405,401
Fixed income investments (quoted market value \$192,220,795 and \$193,706,875)	223,912,879	213,257,384
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	6,116,237	6,218,146
	<u>\$508,094,956</u>	<u>\$508,339,123</u>

**Liabilities and Foundation Principal**

<b>Liabilities:</b>		
Unpaid grants (Note 1)	\$ 89,655,806	\$ 96,580,851
Federal excise tax payable	741,344	673,592
Total liabilities	90,397,150	97,254,443
Foundation principal	417,697,806	411,084,680
	<u>\$508,094,956</u>	<u>\$508,339,123</u>

See notes to financial statements, page 50.

**The Robert Wood Johnson Foundation**  
**Statement of Investment Income,**  
**Expenses, Grants and Changes in Foundation Principal**  
for the years ended December 31, 1979 and 1978

	<u>1979</u>	<u>1978</u>
<b>Investment income:</b>		
Dividends	\$ 18,528,832	\$ 16,558,812
Interest	18,231,445	16,498,792
	<u>36,760,277</u>	<u>33,057,604</u>
Less: Federal excise tax	726,427	654,294
Investment expenses	438,920	342,926
	<u>35,594,930</u>	<u>32,060,384</u>
<b>Expenses:</b>		
Program development and evaluation	2,970,713	2,618,498
General administration	842,062	824,358
	<u>3,812,775</u>	<u>3,442,856</u>
<b>Income available for grants</b>	31,782,155	28,617,528
<b>Grants, net of refunds and cancellations</b>	<u>39,499,691</u>	<u>44,775,631</u>
<b>Excess of expenses and grants over investment income</b>	<u>7,717,536</u>	<u>16,158,103</u>
<b>Additions to foundation principal:</b>		
Net capital gains on sale of securities (Note 3)	13,229,050	7,206,559
Less related federal excise tax	14,917	19,298
	<u>13,214,133</u>	<u>7,187,261</u>
Contributions received	1,116,529	740,683
	<u>14,330,662</u>	<u>7,927,944</u>
<b>Net increase (decrease) in foundation principal</b>	6,613,126	( 8,230,159)
<b>Foundation principal, beginning of year</b>	<u>411,084,680</u>	<u>419,314,839</u>
<b>Foundation principal, end of year</b>	<u>\$417,697,806</u>	<u>\$411,084,680</u>

See notes to financial statements, page 50.

## 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, 1979, unpaid grants are as follows:

<u>Year Grant Authorized</u>	<u>Amount Unpaid at December 31, 1979</u>
1975	\$ 3,224,390
1976	6,852,363
1977	9,399,051
1978	34,487,232
1979	35,692,770
	<u>\$89,655,806</u>

Depreciation of \$200,327 in 1979 and \$169,297 in 1978 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 sizeable 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, 1979 and 1978 were as follows:

	<u>1979</u>	<u>1978</u>
Johnson & Johnson common stock	\$17,546,645	\$9,221,122
Other securities, net	( 4,317,595)	( 2,014,563)
	<u>\$13,229,050</u>	<u>\$7,206,559</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 \$155,300 and \$142,400 in 1979 and 1978, respectively.

**Summary of grants  
authorized in the year ended December 31, 1979**

	<b>1979 grants authorized</b>
Affiliated Hospitals Center, Inc. Boston, Massachusetts <i>Administration of the Foundation's Teaching Hospital General Medicine Group Practice Program (ID#5094)</i>	\$ 226,976
Ambulatory Pediatric Association Tucson, Arizona <i>Support of a study of national patterns of medical care for children (ID#5240)</i>	36,668
American College of Physicians Philadelphia, Pennsylvania <i>Study of the practice and training of internists (ID#5239)</i>	158,550
American Fund for Dental Health Chicago, Illinois <i>National conference—workshop in training dentists for care of the handicapped (ID#4915)</i>	147,500
American Health Planning Association Washington, D. C. <i>Development of area-wide planning for ambulatory services (ID#5139)</i>	260,000
American Nurses' Foundation, Inc. Kansas City, Missouri <i>Analysis of changing career patterns for nurses in the 1980's (ID#5016)</i>	24,961
<i>Workshops on the evolving roles of physicians and nurses in health care (ID#5054)</i>	24,852
Aspira of America, Inc. New York, New York <i>Program to increase minority enrollment in medical schools (ID#5191)</i>	365,203
Association of American Medical Colleges Washington, D. C. <i>Financial aid administration programs (ID#4657)</i>	130,000

	1979 grants authorized
Association of Physician Assistant Programs Arlington, Virginia <i>Support for the Association's national office (ID#4506)</i>	\$ 225,000
Baylor College of Medicine Houston, Texas <i>Planning of a national conference on CPR (ID#5461)</i>	15,000
Boston City Hospital Boston, Massachusetts <i>Development of urban health program for adolescents and young families (ID#5036)</i>	95,075
<i>Program to train physicians in primary care (ID#5011)</i>	100,000
Brandeis University Waltham, Massachusetts <i>Support of the Committee on the Growth of Hospital-Sponsored Ambulatory Care (ID#5180)</i>	608,881
Town of Brookline, Massachusetts, Public Schools Brookline, Massachusetts <i>Health program for infants and preschool children (ID#5181)</i>	519,392
University at Buffalo Foundation, Inc. Buffalo, New York <i>Preparation of a monograph on nurse practitioner training and employment (ID#5177)</i>	1,673
University of California, Los Angeles Los Angeles, California <i>Planning the evaluation of the Urban Health Initiatives Program (ID#5377)</i>	24,971
University of California, Los Angeles, School of Dentistry Los Angeles, California <i>Planning the evaluation of the Foundation's Hospital-Sponsored Ambulatory Dental Services Program (ID#5378)</i>	25,660
University of California, Los Angeles, School of Medicine Los Angeles, California <i>Development of options for the evaluation of the Foundation's Chronic Disease Care Program (ID#5319)</i>	8,589
<i>Planning the evaluation of the Foundation's Teaching Hospital General Medicine Group Practice Program (ID#5317)</i>	24,966

	<b>1979 grants authorized</b>
University of California, San Francisco, School of Medicine San Francisco, California	
<i>Program to train faculty in emergency medicine (ID#4819)</i>	\$ 167,740
Cedars-Sinai Medical Center Los Angeles, California	
<i>Integrating case management services with discharge planning (ID#5315)</i>	20,000
University of Chicago Chicago, Illinois	
<i>Development of a national index to measure access to physician care (ID#5226)</i>	10,040
<i>Evaluation of the Foundation's Community Hospital-Medical Staff Group Practice Program (ID#3869)</i>	1,419,985
Children's Hospital Medical Center Boston, Massachusetts	
<i>Program to train clinical faculty in child development (ID#4546)</i>	497,340
<i>Administration of the Foundation's General Pediatrics Academic Development Program (ID#4847)</i>	86,203
Chronic Disease Care Program	
<i>Development of physician directed, nurse managed programs providing ambulatory care for patients with chronic diseases (ID#4555)</i>	
Cedars of Lebanon Hospital Corporation Miami, Florida	531,857
Daniel Freeman Hospital Medical Center Inglewood, California	553,045
Ellis Hospital Schenectady, New York	563,612
University of Oklahoma, Tulsa Medical College Tulsa, Oklahoma	535,074
Clinical Scholars Program Princeton, New Jersey	
<i>The Robert Wood Johnson Foundation Clinical Scholars Program—administrative costs (ID#5421)</i>	65,000

	<b>1979 grants authorized</b>
Columbia University New York, New York <i>Public policy programs in health services and manpower (ID#5072)</i>	\$ 423,967
<i>Tracking the distribution of ambulatory services in major cities (ID#4535)</i>	50,000
Columbia University, School of Social Work New York, New York <i>Study of the role of social work practice and training in primary health care (ID#2977)</i>	25,000
Committee to Combat Huntington's Disease New York, New York <i>Support to improve coordination in chronic disease care by voluntary health agencies (ID#4878)</i>	24,403
Community Hospital Group, Inc. Edison, New Jersey <i>Equipment support for The Robert Wood Johnson, Jr. Rehabilitation Institute (ID#4736)</i>	25,000
Community Hospital-Medical Staff Group Practice Program <i>Grants for the development of hospital-sponsored primary care group practices (ID#4470)</i>	
Holy Cross Hospital Salt Lake City, Utah	56,692
Huron Road Hospital East Cleveland, Ohio	500,000
Jackson Hospital and Clinic, Inc. Montgomery, Alabama	492,214
Northeast Alabama Regional Medical Center Anniston, Alabama	500,000
Comprehensive Interdisciplinary Developmental Services, Inc. Elmira, New York <i>Study of Chemung County, New York, maternal and early infant care program (ID#5263)</i>	183,203
Cooper Medical Center Camden, New Jersey <i>Development of an integrated urban health system for Camden City (ID#5089)</i>	374,527

	<b>1979 grants authorized</b>
Cornell University, Medical College New York, New York <i>Administration of the Foundation's Chronic Disease Care Program (ID#5030)</i>	\$ 147,333
<i>Improving chronic disease care in private practice settings (ID#4873)</i>	22,016
Duke University, School of Medicine Durham, North Carolina <i>Faculty training and research program in family medicine (ID#5261)</i>	60,000
The East Los Angeles Community Union East Los Angeles, California <i>Support of a family health care center (ID#5158)</i>	232,000
Educational Testing Service Princeton, New Jersey <i>Evaluation of the Foundation's program to train dentists in the care of the handicapped (ID#4890)</i>	81,029
General Pediatrics Academic Development Program <i>Grants to expand research and training for academic careers in general pediatrics (ID #4610)</i>	
Duke University Medical Center Durham, North Carolina	723,123
The Johns Hopkins University, School of Medicine Baltimore, Maryland	800,000
Medical Associates Research and Education Foundation Philadelphia, Pennsylvania	799,968
University of Rochester, School of Medicine and Dentistry Rochester, New York	837,570
Stanford University, School of Medicine Stanford, California	842,604
Yale University, School of Medicine New Haven, Connecticut	787,165
The George Washington University Washington, D.C. <i>National Health Policy Forum (ID#5209)</i>	300,000
Georgetown University, School of Medicine Washington, D.C. <i>Analysis of health policy issues (ID#4195)</i>	187,495
<i>Developing a system of medically assisted self-care (ID#4485)</i>	431,888

	<b>1979 grants authorized</b>
Georgia Department of Human Resources Atlanta, Georgia <i>Primary care health services program (ID#3830)</i>	\$ 615,781
Group Health Foundation Washington, D.C. <i>Program to equip physicians with professional management skills (ID#4985)</i>	151,280
Harvard University, Medical School Boston, Massachusetts <i>Development of options for the evaluation of the Foundation's Health Impaired Elderly Program (ID#5292)</i>	25,000
Harvard University, School of Public Health Boston, Massachusetts <i>Support for the School of Public Health (ID#5213)</i>	670,000
Health Policy Fellowships Program <i>One-year fellowships with federal government in Washington, D. C. for faculty from academic health science centers (ID#4849)</i>	
Charles R. Drew Postgraduate Medical School Los Angeles, California	36,900
Cornell University, Medical College New York, New York	36,000
Howard University, College of Medicine Washington, D.C.	36,000
The Johns Hopkins University, School of Medicine Baltimore, Maryland	35,250
Montefiore Hospital and Medical Center Bronx, New York	37,200
The Pennsylvania State University, College of Medicine Hershey, Pennsylvania	35,400
Hospital Research and Educational Trust Chicago, Illinois <i>Support of the preparation of reports on the development of multi-hospital systems (ID#5349)</i>	24,980

**1979 grants  
authorized**

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**Hospital-Sponsored Ambulatory Dental Services Program***Programs of general and emergency dental care and oral hygiene education for dentally-underserved people (ID#4553)*

Affiliated Hospitals Center, Inc. Boston, Massachusetts	\$ 340,165
Buffalo General Hospital Buffalo, New York	500,000
The Genesee Hospital Rochester, New York	337,033
Highland General Hospital Oakland, California	321,503
Illinois Masonic Medical Center Chicago, Illinois	414,275
University of Iowa Hospitals and Clinics Iowa City, Iowa	497,443
Loma Linda University Medical Center Loma Linda, California	383,838
Long Island Jewish-Hillside Medical Center New Hyde Park, New York	399,518
Lutheran Medical Center Brooklyn, New York	499,925
Middlesex General Hospital New Brunswick, New Jersey	449,366
Newark Beth Israel Medical Center Newark, New Jersey	498,366
North Carolina Memorial Hospital Chapel Hill, North Carolina	500,000
The Medical College of Pennsylvania Philadelphia, Pennsylvania	444,097
Provident Hospital, Inc. Baltimore, Maryland	343,385
Public Health Trust of Dade County, Florida—Jackson Memorial Hospital Miami, Florida	435,390
The Richmond County Hospital Authority Augusta, Georgia	326,966
St. Anthony Hospital Oklahoma City, Oklahoma	210,856
St. Clare's Hospital Schenectady, New York	401,581

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**1979 grants  
authorized**

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Hospital-Sponsored Ambulatory Dental Services Program ( <i>continued</i> )	
St. Francis Hospital Honolulu, Hawaii	\$ 471,387
Saint Francis Hospital and Medical Center Hartford, Connecticut	291,794
St. Luke's Hospital Cleveland, Ohio	336,388
University of Southern California Medical Center Los Angeles, California	444,963
University of Tennessee Memorial Hospital and Research Center Knoxville, Tennessee	411,796
University of Washington, School of Dentistry Seattle, Washington	464,567
Wilmington Medical Center Wilmington, Delaware	409,360
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Institute for Prepayment Studies, Inc. Newark, New Jersey	
<i>Evaluation of a primary care oriented reimbursement system (ID#4352)</i>	498,923
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University of Iowa, College of Medicine Iowa City, Iowa	
<i>Advanced emergency medicine for physician assistants and emergency nurses (ID#4837)</i>	309,419
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Jackson State University Jackson, Mississippi	
<i>Program to increase minority enrollment in medical schools (ID#5342)</i>	104,780
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The Johns Hopkins Hospital Baltimore, Maryland	
<i>Administration of the Foundation's Municipal Health Services Program (ID#4410)</i>	118,971
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The Johns Hopkins University Baltimore, Maryland	
<i>Administration of the Foundation's School Health Services Program (ID#5028)</i>	54,346

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**1979 grants  
authorized**

<p>The Johns Hopkins University, School of Hygiene and Public Health Baltimore, Maryland</p> <p><i>Planning support for the school's efforts to develop new community-oriented programs (ID#4983)</i></p>	<p>\$ 25,000</p>
<p>Lake Erie College Plainesville, Ohio</p> <p><i>Program with the Cleveland Clinic to train physician assistants (ID#5013)</i></p>	<p>182,242</p>
<p>University of Louisville Health Sciences Center Louisville, Kentucky</p> <p><i>Planning for expanded ambulatory care services (ID#5025)</i></p>	<p>24,660</p>
<p>Maine Medical Center Portland, Maine</p> <p><i>Postgraduate physician assistant residency program in emergency medicine (ID#4844)</i></p>	<p>295,171</p>
<p>University of Michigan, School of Public Health Ann Arbor, Michigan</p> <p><i>An economic analysis of school health (ID#4995)</i></p>	<p>25,000</p>
<p>Middlesex County College Edison, New Jersey</p> <p><i>Refresher training to return inactive RN's to nursing service (ID#4732)</i></p> <p><i>Health sciences scholarship program (ID#3849)</i></p>	<p>16,925</p> <p>13,000</p>
<p>Middlesex General Hospital New Brunswick, New Jersey</p> <p><i>Purchase of equipment (ID#4734)</i></p>	<p>250,000</p>
<p>University of Mississippi Medical Center Jackson, Mississippi</p> <p><i>Program to increase minority enrollment in medical schools (ID#4632)</i></p>	<p>368,717</p>
<p>Montefiore Hospital and Medical Center Bronx, New York</p> <p><i>Development and implementation of a service program for adolescents with chronic illness (ID#4858)</i></p> <p><i>Administration of the Foundation's Urban Health Initiatives Program (ID#5029)</i></p>	<p>338,744</p> <p>198,982</p>



	1979 grants authorized
University of Oregon, School of Nursing Portland, Oregon <i>Data collection and analysis of the Foundation's Nurse Faculty Fellowships Program (ID#3682)</i>	\$ 201,667
Palmetto Family Health Care Center, Inc. Pacolet, South Carolina <i>Support of a rural health network (ID#5323)</i>	25,000
Pennsylvania State Department of Health Harrisburg, Pennsylvania <i>A statewide program to improve school health services (ID#4744)</i>	404,360
The Pennsylvania State University, College of Human Development University Park, Pennsylvania <i>Support of a program to assist seven rural group practices (ID#4472)</i>	343,107
The Pennsylvania State University, College of Medicine Hershey, Pennsylvania <i>Study of professional performance during medical disaster mobilization (ID#5208)</i>	14,867
University of Pennsylvania Philadelphia, Pennsylvania <i>Study of chronic care in association with Middlesex General Hospital, New Brunswick, New Jersey (ID#5212)</i>	123,589
<i>Supplementary support to strengthen data analysis of the rural dental health project (ID#5293)</i>	28,592
Philadelphia Health Management Corporation Philadelphia, Pennsylvania <i>State-of-the-art paper on emergency medical information systems (ID#5169)</i>	24,853
University of Pittsburgh, Graduate School of Public Health Pittsburgh, Pennsylvania <i>Development of a guide for financing, organizing, and staffing pre-hospital emergency medical service (ID#5140)</i>	171,569
Plainsboro Rescue Squad, Inc. Plainsboro, New Jersey <i>Support for building fund (ID#5365)</i>	10,000
Rio Grande Federation of Health Centers, Inc. San Antonio, Texas <i>Support of a technical assistance program (ID#4826)</i>	332,108

	<b>1979 grants authorized</b>
University of Rochester, School of Medicine and Dentistry Rochester, New York <i>Administration of the Foundation's Community Hospital-Medical Staff            Group Practice Program (ID#3755)</i>	\$ 406,242
Rutgers University New Brunswick, New Jersey <i>Studies in the organization of health care services (ID#5074)</i>	185,576
St. Peter's Medical Center New Brunswick, New Jersey <i>Patient equipment support (ID#4735)</i> <i>Support of a nurse training program (ID#3842)</i>	250,000 30,000
St. Vincent de Paul Society New Brunswick, New Jersey <i>Program assistance (ID#3876)</i>	17,000
Salvation Army New Brunswick, New Jersey <i>Program assistance (ID#3875)</i>	27,000
University of South Dakota, School of Medicine Vermillion, South Dakota <i>Administration of the Foundation's Rural Infant Care            Program (ID#5147)</i>	177,089
University of Southern California, School of Medicine Los Angeles, California <i>Study of practice profiles of graduates of primary care            residency programs (ID#4690)</i>	378,884
Tufts University, School of Medicine Boston, Massachusetts <i>Analysis of policy issues impacting on the future of            medical care (ID#4851)</i>	179,998
Tuskegee Institute Tuskegee Institute, Alabama <i>Primary care health services program (ID#3850)</i>	347,722

	1979 grants authorized
United Student Aid Funds, Inc. New York, New York <i>The Foundation's Guaranteed Student Loan Program for medical,            dental, and osteopathic students (ID#3981)</i>	\$ 1,000,000
United Way of Central Jersey, Inc. New Brunswick, New Jersey <i>Support for the 1979 campaign (ID#3877)</i>	185,000
United Way-Princeton Area Communities Princeton, New Jersey <i>Support for the 1979 campaign (ID#3874)</i>	30,000
Urban Health Initiatives Program <i>Grants to plan and develop expanded ambulatory care services (ID#4866)</i>	
Bexar County Hospital District San Antonio, Texas	600,000
Case Western Reserve University, School of Medicine Cleveland, Ohio	609,079
University of Southern California, School of Medicine Los Angeles, California	596,130
University of Utah, College of Medicine Salt Lake City, Utah <i>Development of a network of rural health programs (ID#4702)</i>	177,778
Vanderbilt University, School of Nursing Nashville, Tennessee <i>Administration of the Foundation's Nurse Faculty Fellowships            Program (ID#4910)</i>	149,748
University of Vermont, College of Medicine Burlington, Vermont <i>Planning for an evaluation of hospices (ID#5350)</i>	28,595

**1979 grants  
authorized**

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Virginia Commonwealth University  
Richmond, Virginia

*Administration of the Foundation's Hospital-Sponsored  
Ambulatory Dental Services Program (ID#4733)*

\$ 227,772

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University of Washington, Seattle  
Seattle, Washington

*Evaluation of the Foundation's Community Hospital-Medical Staff  
Group Practice Program (ID#4189)*

387,639

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\$42,535,552

Refunds of prior years' grants (517,045)

Cancellation of prior years' grants (2,518,816)

Grants net for 1979 \$39,499,691

**Summary of grants  
authorized in previous years,  
and with unpaid balances on January 1, 1979**

Adelphi University  
Garden City, New York

*Study of the role of nurses in primary care*  
1974—\$290,299

University of Alabama, School of Nursing  
Birmingham, Alabama

*Primary care training program for emergency  
department nurses (ID#4077)*  
1977—\$235,966

University of Alaska  
Anchorage, Alaska

*Rural health aide training program (ID#3790)*  
1978—\$164,694

Allegheny General Hospital  
Pittsburgh, Pennsylvania

*Primary care training program for emergency  
department nurses (ID#3036)*  
1977—\$268,409

American College of Physicians  
Philadelphia, Pennsylvania

*Support of the Society for Research and  
Education in Primary Care Medicine  
(ID#4260)*  
1978—\$129,056

American Fund for Dental Health  
Chicago, Illinois

*Planning and implementation of a preventive  
dental care program for school-age children  
(ID#4770)*  
1978—\$858,289; 1976—\$4,959,806

American Group Practice Foundation  
Alexandria, Virginia

*Program to equip physicians with professional  
management skills for group practices  
(ID#2128)*  
1976—\$499,825

Appalachian Regional Hospitals, Inc.  
Hazard, Kentucky

*Outreach service for the care of mothers,  
infants, and young children (ID#3040)*  
1977—\$195,000

Arizona State University, College of Nursing  
Tempe, Arizona

*Rural emergency medical care training program  
with Maricopa County Hospital (ID#0944)*  
1976—\$294,540

University of Arizona, College of Medicine  
Tucson, Arizona

*Special follow-up study of high risk neonates  
(ID#4682)*  
1978—\$563,594

Aspira of America, Inc.  
New York, New York

*Program to increase minority enrollment in  
medical schools (ID#3041)*  
1977—\$309,986

Association of American Medical Colleges  
Washington, D.C.

*Program to strengthen the management  
capabilities of academic medical centers  
(ID#3164)*  
1977—\$539,732

*Workshops on financial-aid programs for  
medical students (ID#3804)*  
1977—\$73,000

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)*  
1976—\$225,000

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

*Development of teaching materials in health  
(ID#4302)*

1978—\$176,915; 1976—\$475,440

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

*Summer internship program in health services  
management (ID#3821)*

1978—\$299,962

Barrio Comprehensive Child Care Center  
San Antonio, Texas

*Primary care service program for Mexican-  
American children (ID#3834)*

1978—\$390,000

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

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

1977—\$584,709

Beth Israel Hospital  
Boston, Massachusetts

*Development of a research capability in  
ambulatory care*

1974—\$512,337

Boston City Hospital  
Boston, Massachusetts

*Program to prepare physicians and nurses for  
careers in general medical care*

1975—\$1,189,677

Boston University  
Boston, Massachusetts

*Developmental assistance for independent  
practice associations (ID#4265)*

1978—\$441,425

Boys' Clubs of America  
New York, New York

*Health services and education program  
(ID#0953)*

1977—\$498,138

Town of Brookline, Massachusetts, Public  
Schools

Brookline, Massachusetts

*Health program for infants and preschool  
children (ID#4545)*

1978—\$387,251

Cabin Creek Health Association  
Cabin Creek, West Virginia

*Community primary care health services  
(ID#3039)*

1977—\$176,551

University of California, Davis, School of  
Medicine

Davis, California

*Program for the preparation and placement of  
rural nurse practitioners (ID#2487)*

1976—\$455,323

University of California, Los Angeles  
Los Angeles, California

*Planning and conducting an evaluation of the  
Foundation's School Health Services Program  
(ID#3133)*

1976—\$594,835

University of California, Los Angeles,  
School of Medicine

Los Angeles, California

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

1976—\$547,625

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

1977—\$303,461

University of California, San Francisco,  
School of Medicine

San Francisco, California

*Establishment of a health policy center  
(ID#2455)*

1976—\$1,000,000

*Program to prepare physicians and nurses in  
primary care*

1975—\$656,344

*Program to prepare faculty in emergency  
medicine*

1975—\$715,917

*Evaluation of the Foundation's Clinical Scholars Program*  
1975—\$207,403

*Analysis of programs to prepare physicians for careers in primary medical care (ID#2378)*  
1976—\$132,000

Case Western Reserve University,  
School of Medicine  
Cleveland, Ohio

*Special follow-up of high risk neonates (ID#4789)*  
1978—\$494,999

Center for Research in Ambulatory Health Care Administration  
Denver, Colorado

*Financial management assistance program (ID#3057)*  
1977—\$353,094

University of Chicago  
Chicago, Illinois

*Evaluation of the Foundation's Community Hospital-Medical Staff Group Practice Program (ID#3163)*  
1977—\$1,151,689

Children's Hospital Medical Center  
Boston, Massachusetts

*Training clinical faculty in child development (ID#2424)*  
1976—\$450,000

*Administrative grant for senior program consultant services (ID#4723)*  
1978—\$122,073

La Clinica de la Raza  
Oakland, California

*Program to improve community health services (ID#3124)*  
1977—\$267,185

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

*Development of a mother and infant care training program*  
1974—\$134,765

Clinical Scholars Program

*National program to prepare young physicians for leadership roles in medical care (ID#2493)*

University of California, Los Angeles,  
School of Medicine  
Los Angeles, California  
1977—\$714,232; 1974—\$856,103

University of California, San Francisco,  
School of Medicine and Stanford  
University, School of Medicine  
San Francisco, California  
1977—\$799,673

Columbia University, College of  
Physicians and Surgeons  
New York, New York  
1977—\$187,745; 1974—\$829,343

The George Washington University,  
School of Medicine  
Washington, D.C.  
1977—\$194,502; 1974—\$860,670

The Johns Hopkins University,  
School of Medicine  
Baltimore, Maryland  
1977—\$225,217

McGill University, McIntyre Medical  
Sciences Center  
Montreal, Quebec  
1977—\$799,997

University of North Carolina,  
School of Medicine  
Chapel Hill, North Carolina  
1977—\$800,000

University of Pennsylvania,  
School of Medicine  
Philadelphia, Pennsylvania  
1977—\$799,478

University of Washington, Seattle,  
School of Medicine  
Seattle, Washington  
1977—\$600,147; 1974—\$798,230

Yale University, School of Medicine  
New Haven, Connecticut  
1977—\$799,792

Educational development funds  
1974—\$770,647

University of Colorado, School of Medicine  
Denver, Colorado

*Center for the Prevention and Treatment of  
Child Abuse and Neglect*  
1975—\$1,162,655

*Planning of a new medical curriculum to  
prepare non-M.D. primary care practitioners*  
1974—\$155,400

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)  
1976—\$333,773

*Evaluation of the Foundation's Municipal  
Health Services Program (ID#4027)*  
1978—\$392,026

Community Hospital-Medical Staff  
Group Practice Program

*Grants for the development of hospital-  
sponsored primary care group practices*  
(ID#4470)

Appalachian Regional Hospitals, Inc.  
West Liberty, Kentucky  
1978—\$483,980

Bethesda Lutheran Hospital  
St. Paul, Minnesota  
1976—\$499,790

Crittenden Memorial Hospital  
West Memphis, Arkansas  
1976—\$494,029

Durham County Hospital Corporation  
Durham, North Carolina  
1976—\$499,916

Griffin Hospital  
Derby, Connecticut  
1976—\$500,000

Hadley Memorial Hospital  
Washington, D.C.  
1976—\$457,006

Community Hospital-Medical Staff  
Group Practice Program (*continued*)

Hollywood Presbyterian Hospital—  
Olmsted Memorial  
Los Angeles, California  
1976—\$499,981

Holston Valley Community Hospital  
Kingsport, Tennessee  
1976—\$466,197

Holy Cross Hospital  
Salt Lake City, Utah  
1976—\$443,308

Humboldt General Hospital  
Winnemucca, Nevada  
1977—\$500,000

Joint Hospital Committee for  
Extramural Affairs  
Aberdeen, Washington  
1977—\$494,160

La Crosse Lutheran Hospital  
La Crosse, Wisconsin  
1977—\$244,547

Lakewood Hospital  
Lakewood, Ohio  
1976—\$498,020

Lovelace Center for the Health Sciences  
Albuquerque, New Mexico  
1976—\$374,853

Lutheran Charities Association of  
St. Louis, Missouri  
St. Louis, Missouri  
1976—\$475,105

Lutheran General and Deaconess Hospitals  
Park Ridge, Illinois  
1976—\$500,000

Lutheran Hospital and Medical Center  
Wheat Ridge, Colorado  
1976—\$500,000

Lutheran Hospital of Maryland, Inc.  
Baltimore County, Maryland  
1976—\$496,170

Community Hospital-Medical Staff  
Group Practice Program (*continued*)

Marion County Hospital Authority  
Buena Vista, Georgia  
1978—\$500,000

The Memorial Hospital  
Worcester, Massachusetts  
1976—\$475,000

Memorial Hospital of Alamance County, Inc.  
Burlington, North Carolina  
1976—\$487,944

Memorial Hospital of Phoenix  
Phoenix, Arizona  
1976—\$498,942

Mercy Hospital  
Springfield, Massachusetts  
1976—\$490,000

Mercy Hospital  
Watertown, New York  
1977—\$500,000

Mercy Hospital, Inc.  
Baltimore, Maryland  
1976—\$499,985

Nashua Hospital Association  
Nashua, New Hampshire  
1977—\$500,000

New York Infirmery  
New York, New York  
1977—\$500,000

Portland Adventist Hospital  
Portland, Oregon  
1976—\$492,658

Providence Hospital  
Washington, D.C.  
1978—\$500,000

Providence Medical Center  
Seattle, Washington  
1977—\$500,000

Richmond Memorial Hospital  
Richmond, Virginia  
1976—\$497,000

Community Hospital-Medical Staff  
Group Practice Program (*continued*)

St. Aloisius Hospital  
Harvey, North Dakota  
1976—\$499,533

St. Francis Hospital  
Honolulu, Hawaii  
1976—\$491,030

St. Francis Hospital  
Topeka, Kansas  
1976—\$446,296

St. Joseph Mercy Hospital  
Ann Arbor, Michigan  
1978—\$499,910

St. Joseph Hospital  
Lancaster, Pennsylvania  
1976—\$497,620

St. Joseph's Hospital and Medical Center  
Paterson, New Jersey  
1976—\$500,000

St. Lawrence Hospital  
Lansing, Michigan  
1977—\$491,993

St. Luke's Hospital  
Aberdeen, South Dakota  
1976—\$498,169

St. Margaret Memorial Hospital  
Pittsburgh, Pennsylvania  
1976—\$401,944

St. Vincent Hospital and Medical Center  
Portland, Oregon  
1977—\$499,727

St. Vincent's Hospital  
Billings, Montana  
1976—\$499,709

San Bernardino County Medical Center  
San Bernardino, California  
1977—\$499,967

Scottsdale Memorial Hospital  
Scottsdale, Arizona  
1977—\$498,103

Community Hospital-Medical Staff  
Group Practice Program (*continued*)

Sisters of Mercy Health Corporation  
Sioux City, Iowa  
1977—\$500,000

Herbert J. Thomas Memorial Hospital  
Association  
South Charleston, West Virginia  
1976—\$485,456

Waterville Osteopathic Hospital  
Waterville, Maine  
1977—\$467,994

Wausau Hospital, Inc.  
Wausau, Wisconsin  
1977—\$456,117

Williamsburg County Memorial Hospital  
Kingstree, South Carolina  
1977—\$485,185

Charles S. Wilson Memorial Hospital  
Johnson City, New York  
1976—\$469,361

University of Connecticut Health Center  
Hartford, Connecticut  
*Development of a school-based health care  
program (ID#3835)*  
1978—\$537,225; 1975—\$618,557

Cornell University, Medical College  
New York, New York  
*Study of doctor-patient communications  
(ID#2473)*  
1976—\$243,091

Dartmouth College, Medical School  
Hanover, New Hampshire  
*Development of a primary care service and  
training program (ID#0957)*  
1974—\$1,154,685

Dental Training Program  
*Grants to dental schools to train dentists in the  
care of the handicapped (ID#3825)*

University of Kentucky, College of  
Dentistry  
Lexington, Kentucky  
1978—\$133,667

Duke University, School of Medicine  
Durham, North Carolina  
*Faculty training and research program in family  
medicine*  
1975—\$802,885

ECCO Family Health Center  
Columbus, Ohio  
*Expansion of an ambulatory health care services  
program (ID#2911)*  
1976—\$392,987

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  
(ID#1056)*  
1974—\$280,900

Family Practice Faculty Fellowship Program  
*Program to prepare physicians for academic  
careers in family practice (ID#3457)*

Case Western Reserve University,  
School of Medicine  
Cleveland, Ohio  
1978—\$538,503

University of Iowa, College of Medicine  
Iowa City, Iowa  
1977—\$781,051

University of Missouri, Columbia,  
School of Medicine  
Columbia, Missouri  
1978—\$654,944

University of Utah, College of Medicine  
Salt Lake City, Utah  
1977—\$587,601

University of Washington, Seattle,  
School of Medicine  
Seattle, Washington  
1977—\$623,832

University of Florida, College of Medicine  
Gainesville, Florida  
*Primary care training and service program  
(ID#2031)*  
1975—\$870,371

*Program to train physicians in primary care*  
(ID#4808)  
1978—\$449,794

The Foundation Center  
New York, New York

*Data collection and analysis on the foundation*  
*field (ID#3486)*  
1977—\$150,000

Foundation for Comprehensive Health Services  
Sacramento, California

*Primary care delivery for rural California*  
(ID#3789)  
1977—\$475,000

Frontier Nursing Service  
Wendover, Kentucky

*Expansion of a nurse-run primary care network*  
(ID#1210)  
1975—\$508,360

Fund for the City of New York  
New York, New York

*Program to improve the quality of care in*  
*municipal hospitals (ID#2708)*  
1976—\$150,000

The George Washington University  
Washington, D.C.

*Seminar program for government health staff*  
*professionals (ID#3117)*  
1977—\$575,000

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

*Administrative grant for senior program*  
*consultant services (ID#3903)*  
1977—\$157,985

*Expansion of a primary care prepaid group*  
*practice program (ID#4259)*  
1978—\$100,000

*Analysis of health policy issues (ID#4194)*  
1978—\$174,702

Good Samaritan Hospital and Medical Center  
Portland, Oregon

*Primary care training for emergency nurses*  
(ID#4512)  
1978—\$314,459

Group Health Foundation  
Washington, D.C.

*Program to equip physicians with professional*  
*management skills for HMO's (ID#2107)*  
1976—\$299,585

Harvard University, Medical School  
Boston, Massachusetts

*Program to train physicians for primary medical*  
*care (ID#3089)*  
1977—\$733,788

Harvard University, School of Public Health  
Cambridge, Massachusetts

*Support of the School of Public Health*  
(ID#3107)  
1976—\$1,000,000

Health Care Institute, Inc.  
Detroit, Michigan

*Development of a primary care service and*  
*education program (ID#2042)*  
1977—\$176,820

Hermann Hospital Estate  
Houston, Texas

*Primary care training for emergency nurses*  
(ID#4078)  
1978—\$322,211

Hyde Park-Kenwood Community  
Health Center, Inc.

Chicago, Illinois  
*Development of a primary care health services*  
*program (ID#3269)*  
1977—\$238,825

Indiana University Foundation  
Indianapolis, Indiana

*Program to prepare clinical nursing faculty in*  
*primary care (ID#3844)*  
1978—\$240,029; 1975—\$297,653

The Johns Hopkins Hospital  
Baltimore, Maryland

*Administration of the Foundation's Municipal*  
*Health Services Program (ID#4323)*  
1977—\$189,000

- Foster family care program for the frail elderly*  
(ID#4617)  
1978—\$164,197
- The Johns Hopkins University  
Baltimore, Maryland  
*School of health services training program*  
(ID#2238)  
1975—\$3,000,000
- The Johns Hopkins University, Center for  
Health Services Research and Development  
Baltimore, Maryland  
*Evaluation of the Foundation's perinatal  
program (ID#4023)*  
1978—\$795,000; 1974—\$1,989,220
- The Johns Hopkins University,  
School of Medicine  
Baltimore, Maryland  
*Program to prepare faculty in emergency  
medicine (ID#3206)*  
1978—\$713,554
- Study of evaluation tools to select medical  
school applicants (ID#3811)*  
1978—\$172,483
- Joint Commission on Accreditation of Hospitals  
Chicago, Illinois  
*Ambulatory health care services accreditation  
program (ID#2428)*  
1976—\$338,165
- Lake Erie College  
Painesville, Ohio  
*Program with the Cleveland Clinic to train  
physician's assistants*  
1975—\$526,853
- Maricopa County General Hospital  
Research Foundation  
Phoenix, Arizona  
*Primary care training for emergency nurses*  
(ID#3876)  
1978—\$291,314
- Mayo Foundation  
Rochester, Minnesota  
*Development of a primary care satellite network*  
(ID#3809)  
1977—\$350,000
- Medical Center of Gary, Inc.  
Gary, Indiana  
*Program to train family health practitioners*  
(ID#2105)  
1975—\$300,000
- Medical Mission Sisters  
Philadelphia, Pennsylvania  
*Program of primary care services for rural and  
urban communities (ID#3119)*  
1977—\$257,920
- Meharry Medical College  
Nashville, Tennessee  
*Faculty development program (ID#3216)*  
1977—\$2,500,000
- University of Michigan, School of Public Health  
Ann Arbor, Michigan  
*Program on health manpower development*  
(ID#2479)  
1976—\$424,911
- University of Mississippi Medical Center  
Jackson, Mississippi  
*Program to increase minority enrollment in  
medical schools (ID#2296)*  
1976—\$433,705
- University of Missouri, Kansas City,  
School of Medicine  
Kansas City, Missouri  
*Program to prepare physicians and nurses for  
careers in general medical care (ID#1474)*  
1974—\$901,670
- Montefiore Hospital and Medical Center  
Bronx, New York  
*Development of a child care program with the  
Martin Luther King Health Center*  
(ID#2270)  
1975—\$579,530
- Morehouse College  
Atlanta, Georgia  
*Program to increase minority enrollment in  
medical schools (ID#2716)*  
1976—\$471,225

Mount Sinai School of Medicine  
New York, New York  
*Program to develop primary care services for children (ID#3792)*  
1977—\$150,000

*Administrative grant for senior program consultant services (ID#3840)*  
1978—\$138,973; 1977—\$183,803

Municipal Health Services Program  
*Program to expand municipally-sponsored inner-city health services (ID#3960)*

City of Baltimore, Maryland  
1978—\$2,852,275

City of Cincinnati, Ohio  
1978—\$3,000,000

City of Milwaukee, Wisconsin  
1978—\$2,963,570

City of St. Louis, Missouri  
1978—\$3,000,000

City of San Jose, California  
1978—\$2,975,205

National Academy of Sciences,  
Institute of Medicine  
Washington, D.C.  
*Fellowships in health policy program (ID#4496)*  
1978—\$408,430; 1975—\$1,086,000

*Support of the Institute of Medicine (ID#3836)*  
1978—\$750,000

National Academy of Sciences,  
National Research Council  
Washington, D.C.  
*Support of the Academy's Emergency Medical Services Committee (ID#2162)*  
1975—\$274,200

National Board of Medical Examiners  
Philadelphia, Pennsylvania  
*Program to complete the development of a computer-based license examination (ID#2576)*  
1977—\$475,000

National Bureau of Economic Research  
New York, New York  
*Research and training program in health economics (ID#3081)*  
1976—\$274,091

The National Council on the Aging, Inc.  
Washington, D.C.  
*Expand health care services for the elderly (ID#4696)*  
1978—\$350,000

National 4-H Council  
Chevy Chase, Maryland  
*Health education program development (ID#2754)*  
1977—\$201,308

National Fund for Medical Education  
Hartford, Connecticut  
*Support of summer programs for minority premedical students (ID#4474)*  
1978—\$175,000

National League for Nursing  
New York, New York  
*Summer study program in health policy (ID#3121)*  
1977—\$145,684

National Medical Fellowships  
New York, New York  
*Scholarship program for minority medical students (ID#2929)*  
1976—\$1,000,000

National Rural Center  
Washington, D.C.  
*Analysis of the financial needs of service programs in rural areas (ID#3362)*  
1977—\$234,951

Nebraska Methodist Hospital  
Omaha, Nebraska  
*Primary care training for emergency nurses (ID#4689)*  
1978—\$306,113

City of New Brunswick  
New Brunswick, New Jersey  
*Development of a regionalized EMS system*  
(ID#3674)  
1978—\$200,060

New Brunswick Tomorrow  
New Brunswick, New Jersey  
*City of New Brunswick redevelopment program*  
(ID#3614)  
1977—\$1,500,000

College of Medicine and Dentistry of  
New Jersey  
Newark, New Jersey  
*Program to prepare minority students for  
preprofessional careers in medicine and  
dentistry (ID#2795)*  
1976—\$264,592

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)*  
1976—\$450,340

University of North Carolina,  
School of Medicine  
Chapel Hill, North Carolina  
*Administration of the Foundation's Rural  
Practice Project (ID#2115)*  
1975—\$2,074,081

*Publication of a study of primary care health  
centers (ID#3817)*  
1978—\$63,706

*Study of rural health care initiatives (ID#4080)*  
1978—\$476,927

University of North Carolina,  
School of Public Health  
Chapel Hill, North Carolina  
*Role of state and local health departments in  
ambulatory care (ID#4344)*  
1978—\$121,732

Northwestern University  
Evanston, Illinois  
*Research on the management of ambulatory  
care services (ID#4429)*  
1978—\$225,000

Nurse Faculty Fellowships Program  
*Program to equip nursing faculty with primary  
clinical skills*

University of Colorado Medical Center,  
School of Nursing  
Denver, Colorado  
1975—\$675,000

Indiana University Foundation  
Indianapolis, Indiana  
1975—\$675,000

University of Maryland, School of Nursing  
Baltimore, Maryland  
1975—\$675,000

University of Rochester, School of Nursing  
Rochester, New York  
1975—\$665,054

Vanderbilt University, School of Nursing  
Nashville, Tennessee  
Administration of the Program  
1975—\$193,036

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)  
1976—\$123,947

Pace University, Graduate School of Nursing  
New York, New York  
*Graduate program in primary care nursing*  
(ID#3839)  
1978—\$350,030; 1977—\$162,550

University of Pennsylvania  
Philadelphia, Pennsylvania  
*Study of chronic care in association with  
Middlesex General Hospital, New Brunswick,  
New Jersey (ID#3217)*  
1977—\$310,105

University of Pennsylvania,  
School of Dental Medicine  
Philadelphia, Pennsylvania

*Dental care program for school-age children in rural Pennsylvania (ID#3837)*  
1977—\$547,000

University of Pennsylvania, School of Medicine  
Philadelphia, Pennsylvania

*Program to train physicians for careers in primary care (ID#1499)*  
1977—\$401,765

University of Pennsylvania, School of Nursing  
Philadelphia, Pennsylvania

*Graduate program in primary care nursing (ID#4271)*  
1978—\$543,943

#### Perinatal Program

*Grants for the development of regional high-risk pregnancy networks (ID#1966)*

Arizona Medical Association Foundation  
Phoenix, Arizona  
1974—\$2,200,000

Case Western Reserve University,  
School of Medicine  
Cleveland, Ohio  
1974—\$2,225,000

Columbia University, College of  
Physicians and Surgeons  
New York, New York  
1974—\$2,199,925

Charles R. Drew Postgraduate  
Medical School  
Los Angeles, California  
1974—\$2,200,000

Professional Staff Association of Los Angeles  
County—Harbor General Hospital  
Torrance, California  
1974—\$2,200,000

University of Southern California  
Los Angeles, California  
1974—\$2,198,721

State University of New York,  
Upstate Medical Center  
Syracuse, New York  
1974—\$2,176,354

#### Perinatal Program (continued)

University of Texas, Health Sciences Center  
Dallas, Texas  
1974—\$2,200,000

Posen-Robbins School District  
Posen, Illinois

*Planning and development of a school-based health care system (ID#3305)*  
1977—\$467,527

Princeton Area United Community Fund  
Princeton, New Jersey

*Annual contribution (ID#3858)*  
1978—\$30,000

The Rand Corporation  
Santa Monica, California

*Planning and conducting the evaluation of a preventive dental care program for school-age children (ID#4769)*  
1978—\$1,563,219

Rio Grande Federation of Health Centers  
San Antonio, Texas

*Support of a technical assistance program (ID#2538)*  
1976—\$243,180

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

*Program to train physicians for careers in primary care (ID#3090)*  
1977—\$643,760

*Administration of the Foundation's Community Hospital-Medical Staff Group Practice Program (ID#3753)*  
1978—\$448,948; 1977—\$567,637

University of Rochester, School of Nursing  
Rochester, New York

*Graduate program in primary nursing (ID#4350)*  
1978—\$424,560

Roxbury Dental and Medical Group  
Roxbury, Massachusetts

*Support of an urban group practice (ID#3649)*  
1977—\$106,000

Rural Practice Project

*Program to develop nonprofit group medical practices in rural areas (ID#2382)*

Associated Community Action of the North  
East Adirondack Region, Inc.  
Willsboro, New York  
1975—\$480,463

Bakersville Community Medical Clinic, Inc.  
Bakersville, North Carolina  
1975—\$288,269

Dunes Family Health Care, Inc.  
Reedsport, Oregon  
1975—\$460,457

Family Health Care, Inc.  
Tooele, Utah  
1975—\$443,897

Mille Lacs Family Health Foundation, Inc.  
Onamia, Minnesota  
1975—\$483,970

Mission Valley Health Services Center, Inc.  
St. Ignatius, Montana  
1975—\$471,616

New River Health Association, Inc.  
Scarbro, West Virginia  
1975—\$412,331

Northeast Washington County Community  
Health, Inc.  
Plainfield, Vermont  
1975—\$403,682

Peninsula Family Practice, Inc.  
Leland, Michigan  
1975—\$463,062

Roanoke-Amaranth Community Health  
Group, Inc.  
Jackson, North Carolina  
1975—\$499,500

Southern Indiana Community Health  
Care, Inc.  
Paoli, Indiana  
1975—\$398,932

Surry County Family Health Group, Inc.  
Surry, Virginia  
1975—\$499,406

St. Vincent de Paul Society  
New Brunswick, New Jersey

*Program of assistance to the indigent (ID#3860)*  
1978—\$15,000

Salvation Army  
New Brunswick, New Jersey

*Program of assistance to the indigent (ID#3859)*  
1978—\$25,000

School Health Services Program

*Program to improve school-based child health services (ID#3239)*

Colorado Department of Health  
Denver, Colorado  
1978—\$1,177,256

New York State Education Department  
Albany, New York  
1978—\$1,200,000

North Dakota State Department of Health  
Bismarck, North Dakota  
1978—\$1,200,000

Utah State Board of Education  
Salt Lake City, Utah  
1978—\$1,200,000

Scranton Primary Health Care Center, Inc.  
Scranton, Pennsylvania

*Development of a primary care group practice (ID#4171)*  
1978—\$457,931

Seton Hall University, College of Nursing  
South Orange, New Jersey

*Program in clinical primary care nursing (ID#3701)*  
1978—\$455,685

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

*Study of the role of medical specialists in primary care*  
1975—\$1,403,644

*A college-medical school consortium for disadvantaged premedical students (ID#4219)*

1978—\$637,936

Stanford University Medical Center  
Stanford, California

*Support of a research and training program in ambulatory pediatrics (ID#3229)*

1977—\$272,498

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

1976—\$198,573

County of Suffolk, New York  
Hauppauge, New York

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

1977—\$146,317

Tennessee Department of Public Health  
Nashville, Tennessee

*Development of a primary care center in Hamilton County (ID#2209)*

1975—\$417,346

University of Tennessee, College of Medicine  
Memphis, Tennessee

*Development of a regional primary care network (ID#3208)*

1978—\$480,000

University of Texas Medical Branch at  
Galveston

Galveston, Texas

*Primary care services for school-age children (ID#2763)*

1976—\$1,171,960

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

1976—\$339,268

Tulane Medical Center  
New Orleans, Louisiana

*Program to increase minority enrollment in medical schools (ID#4478)*

1978—\$300,000; 1974—\$618,492

Tuskegee Institute

Tuskegee Institute, Alabama

*Development of a primary care health service program in rural Alabama*

1975—\$1,266,438

United States Conference of Mayors  
Washington, D.C.

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

1977—\$234,951

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

*The Foundation's guaranteed student loan program for medical, dental, and osteopathic students (ID#3982)*

1978—\$1,000,000

United Way of Minneapolis Area  
Minneapolis, Minnesota

*Planning effort for coordinated health services to seniors (ID#4516)*

1978—\$64,000

Urban Health Initiatives Program

*Grants to plan and develop expanded ambulatory care services (ID#4665)*

Charles R. Drew Postgraduate  
Medical School

Los Angeles, California

1978—\$600,000

Louisiana State University, New Orleans  
New Orleans, Louisiana

1978—\$633,662

Montefiore Hospital and Medical Center  
Bronx, New York

1978—\$608,365

Sisters of Mercy Health Corporation  
Farmington Hills, Michigan

1978—\$640,650

Vanderbilt University, Center for  
Health Services

Nashville, Tennessee

*Program to improve rural community health services (ID#3838)*

1978—\$404,630; 1975—\$312,780

Vanderbilt University, School of Medicine  
Nashville, Tennessee

*Planning for a primary care center (ID#3673)*

1978—\$249,979

Vanderbilt University, School of Nursing  
Nashville, Tennessee

*Administrative grant for senior program  
consultant services (ID#3641)*

1976—\$99,991

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

1977—\$94,100

Virginia Commonwealth University  
Richmond, Virginia

*Administration of the Foundation's Hospital-  
Sponsored Ambulatory Dental Services  
Program (ID#4620)*

1978—\$237,544

Washington University, School of Medicine  
St. Louis, Missouri

*Development of an ambulatory care teaching  
practice (ID#2484)*

1976—\$495,400

University of Washington, Seattle  
Seattle, Washington

*Evaluation of the Foundation's Community  
Hospital-Medical Staff Group Practice*

*Program (ID#4016)*

1977—\$287,438

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

*Program to train physicians for careers in  
primary care (ID#4272)*

1977—\$554,636

University of Washington, Seattle,  
School of Nursing  
Seattle, Washington

*Graduate program in primary care nursing  
(ID#3802)*

1978—\$649,413

University of Wisconsin  
Madison, Wisconsin

*Studies in the organization of health care  
services (ID#2492)*

1976—\$269,230

# Secretary's report

## Secretary's report\*

In March 1979, Foster B. Whitlock, who had been a member of the Foundation's Board of Trustees from 1966 to 1971, was elected a trustee. Mr. Whitlock retired two years ago as vice chairman of the board of Johnson and Johnson and president of Johnson and Johnson International, after 40 years with that corporation. He has previously served as a trustee and member of the Board of Governors of Rutgers University, and is currently a director and trustee of several voluntary health organizations, including Project HOPE and the Overlook Hospital Foundation in Summit, New Jersey. His broad experience adds an important perspective, and we are happy to welcome him back to our Board.

### **Staff changes**

In February 1980, Leighton E. Cluff, M.D., a vice president of the Foundation since 1976, was elected to the new position of executive vice president. After advancing to a professorship of medicine at The Johns Hopkins University, Dr. Cluff served for 10 years as professor and chairman of the Department of Medicine at the University of Florida. In addition to his Foundation responsibilities, he continues to be active in a variety of capacities in health affairs on the national scene.

Others assuming new positions in 1979 include Linda H. Aiken, Ph.D., and Thomas W. Moloney who were elected in July to assistant vice president for research and assistant vice president for planning and development, respectively. Dr. Aiken has been with the Foundation since 1974 and most recently served as the Foundation's director of research. Mr. Moloney arrived at the Foundation in 1975 and as a program officer was involved in the development of certain national invitational grants and monitoring of grant activities.

In February 1980, Ruby P. Hearn, Ph.D., and William E. Walch were appointed to the positions of senior program officer and senior information services officer, respectively. Both Dr. Hearn and Mr. Walch joined the staff of the Foundation in 1975, Dr. Hearn as program officer and Mr. Walch as information services officer.

In July, Thomas E. Gregg came to the Foundation as program officer from the American Hospital Association/Blue Cross-Blue Shield

\*To present as up-to-date a picture of staffing as possible, this report covers the period through February 15, 1980.

Association in Chicago where he held an advanced fellowship in health services administration. Mr. Gregg, a graduate of Central Michigan University, holds a master's degree in business administration from that institution and a post master's degree in health care administration from George Washington University.

Seven senior program consultants joined the Foundation in 1979.

Joining the Foundation in April were Michael H. Alderman, M.D., David A. Kindig, M.D., and Mo Katz, M.P.H. Dr. Alderman will direct the Foundation's Chronic Disease Care Program. He is an associate professor in the Departments of Medicine and Public Health and associate attending physician at Cornell University Medical College. Dr. Kindig and Mr. Katz will administer the Urban Health Initiatives Program. Dr. Kindig is director and Mr. Katz deputy director of the Montefiore Hospital and Medical Center, Bronx, New York.

Catherine DeAngelis, M.D., was appointed a senior program consultant in June to direct the Foundation's School Health Services Program. Dr. DeAngelis is associate professor, pediatrics, and director, pediatric primary care, The Johns Hopkins Medical Institutions, Baltimore, Maryland. In June, Stanley N. Graven, M.D., was appointed a senior program consultant to administer the Foundation's Rural Infant Care Program. Dr. Graven is a professor in the Departments of Pediatrics and Obstetrics and Gynecology, University of South Dakota, Sioux Falls, South Dakota. Also in June, H. Richard Nesson, M.D., was appointed to administer the Foundation's Teaching Hospital General Medicine Group Practice Program. Dr. Nesson is director, office of extramural health programs, Harvard School of Public Health, and associate professor of medicine, Harvard Medical School. He is also associated with the Beth Israel and Peter Bent Brigham Hospitals in Boston.

In October, Clifton R. Gaus, Sc.D., joined the Foundation as a senior program consultant for data research and analysis. Dr. Gaus is director of the health policy group at Georgetown University School of Medicine and previously held the position of associate administrator for policy planning and research, Health Care Financing Administration, U.S. Department of Health, Education, and Welfare.

#### **Board activities**

The Trustees met six times in 1979 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.

J. Warren Wood, III  
*Secretary and General Counsel*

## 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, or the effects of environmental contamination on health. 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  
Post Office Box 2316  
Princeton, New Jersey 08540.

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