The Robert Wood Johnson Foundation

Annual Report 1975

January 1, 1975, through December 31, 1975

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The Robert Wood Johnson Foundation
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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

In my first report of 1972 I indicated that we held as a basic belief that through the conscious and voluntary actions of people it is possible to better the human condition. Our work to date has strengthened that conviction and encouraged us about the vitality of the human spirit.

The four years since that report have brought with them profound changes in the nature of the world. And with these changes have come shifts in American perceptions about the way we manage our national affairs together with doubts in the minds of some about our collective abilities to cope with the complex economic, health, and social problems that seem to threaten the fabric of our particular culture. Many analyses of the national mood suggest that anxiety, cynicism, and discouragement are prevalent forces of the day.

But we have had a different window on the scene. Our work has put us in contact with an impressive number of individuals and groups working to improve the health of residents of this country. Polls to the contrary, there are a remarkable number of people with considerable cheerful faith in the future who are working energetically to make it better. The problems are many, but there are many who are attempting to overcome them in new and imaginative ways.

This four-year span has seemed very short to those of us who have been involved in planning and developing our program and the staff and the organization to implement it. However, as measured against the pace of current life, it is a significant period. It is as long as a U.S. President has to establish his program before standing for reelection. It is twice as long as most legislators have to make an initial imprint on the state or national scene. So while four years is too short a period in which to harvest the results of new ventures or to determine their eventual worth or ultimate impact, it is not too soon to report how our funds have been distributed during this formative period.

Our focus

Recognizing that our funds would be but a tiny fraction of those expended in the health field, from the outset, we adopted the policy that we would invest our funds in a few carefully targeted areas. We made considerable effort to identify those of high national priority that were not currently being adequately addressed by others. It was also agreed that we would devote most of our efforts to long-range

projects which would hopefully increase the productive capacity of the health system—a long-term strategy directed at the needs of tomorrow, rather than a strategy focusing on the immediate needs of today.

After considerable study, we took as a general goal *the encouragement of institutions and individuals who are attempting to improve the American health care delivery system to make high quality medical care more available for non-hospitalized Americans.* This was identified as an area which could not be readily addressed with reasonable intensity by either government or other private institutions during the next decade. Moreover—recognizing that it takes eight years to train a new physician or five or six years to develop an ambulatory group practice, a clinic, a health maintenance organization, or to reorganize a hospital outpatient department—it was clear that developing an adequate national capacity to deal with general medical care problems would certainly require us to target our principal efforts on the future. Although no private foundation could have the resources in itself to create the capacity to resolve the problems of out-of-hospital care, we believed that we could make a contribution by assisting those working with primary ambulatory care who were taking new initiatives in this area during a period of uncertainty and risk.

Under this general rubric we selected three objectives which seemed to us and those who counseled us to need both thought and action:

(1) Improving access to general medical care services.

(2) Improving the quality of health, dental, and medical care, and the methods by which quality of care could be measured.

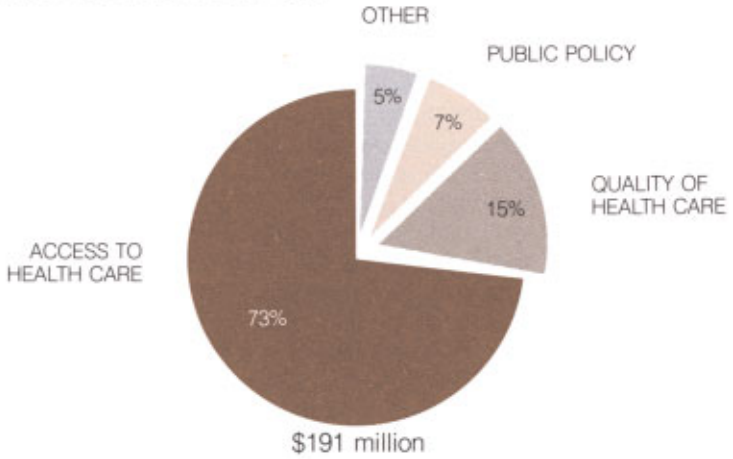
(3) Encouraging the development of timely, well-targeted policy research which could develop objective data of use to those formulating or assessing public policies in health.

In moving on each of these objectives, our programs can be broadly grouped under one of three banners. We have helped institutions and groups seeking to develop new ways of delivering care. We have aided programs training new kinds of health professionals or which offer those already trained the opportunity to develop new skills to better deal with ambulatory care problems. We have invested in programs which are attempting to increase the national awareness and understanding of the problems America faces in planning and putting into place more effective systems to deliver general medical care.

Not every grant the Foundation has made relates directly to the out-of-hospital care issue. However, the overall thrust of the Foundation's activities has been designed to try to assist those who are moving in this direction.

These early and quite fundamental decisions have been major determinants of our staffing and operational style. Targeting our efforts and our resources quite narrowly has permitted us to start with a relatively small staff. To develop the capacity and knowledge to deal

Figure 1 MAJOR OBJECTIVES 1972-1975



effectively with the complex problems inherent to the areas which we have selected for attention, we have called heavily on individuals from many diverse backgrounds to help us. While the final decisions have remained ours, our efforts have been enormously aided by the many people working in health affairs who have assisted us in shaping programs, in examining them critically, and in pointing us to new sources of information.

About 50 percent of our funds have been awarded to proposals brought to us for consideration. However, we have also put an almost equal share of our funds into Foundation-initiated invitational programs —our national programs. Often we have found that many individuals and groups are working in a single problem area. In response to such a coalescence of interests around a particular problem, and with the advice and counsel of leaders in the field, we have designed certain, more broadly oriented invitational programs which have permitted organizations, institutions, and people that might not ordinarily reach our doors to apply for grants.

We have also initiated independently conducted evaluation studies with most of our national programs to determine their effectiveness and overall impact. For with these programs, which can be viewed as the field testing of new approaches or new techniques, we have had to consider carefully who will be the ultimate "purchasers" who might replicate them and incorporate them into the mainstream of health activities. In the final analysis, individual health practitioners will be the people who determine both the worth and eventual staying power of these experiments. But many new programs will require that some

of the country's major institutions assume their long-range funding if the programs are to become a part of America's ways of managing health and medical problems. Thus government, private and municipal hospitals, and other major private sources of the capital required to maintain the health system will need to invest in certain of these programs if they are to become firmly established. These organizations understandably require much more sophisticated information and evidence that the investment is sound or cost-effective than is usually the case if individuals are making a purchase decision. Thus the collection of solid, objective data to evaluate the value of our programs has seemed crucial to the eventual replication of some of them.

Our four-year expenditures

During our first four years of operation we have obligated a total of approximately $191 million for 675 grants.

As noted in Figure 1, the bulk of our funds, 73 cents of every dollar, has gone to support efforts designed to expand access to health and medical care. The rest has been devoted to our other two areas of activity. Fifteen cents of every dollar went to efforts to improve the quality of health services, and seven cents went to programs designed to improve the processes of formulating public policy in health.

Figure 2 subdivides these appropriations by the kinds of activities supported. In addressing the access issue, the major share went to programs testing new ways of delivering ambulatory services. This included support for 20 new hospital-sponsored group practices, for the development of 26 free-standing group practices, primarily in underserved areas, and to aid in the development of 5 prepaid health maintenance organizations. In attempting to improve access to care for children, we have assisted five regions working to strengthen their school health programs. National programs to improve emergency medical systems and to develop regionalized programs to coordinate the care of pregnant women and their infants were also designed to improve the delivery of health services.

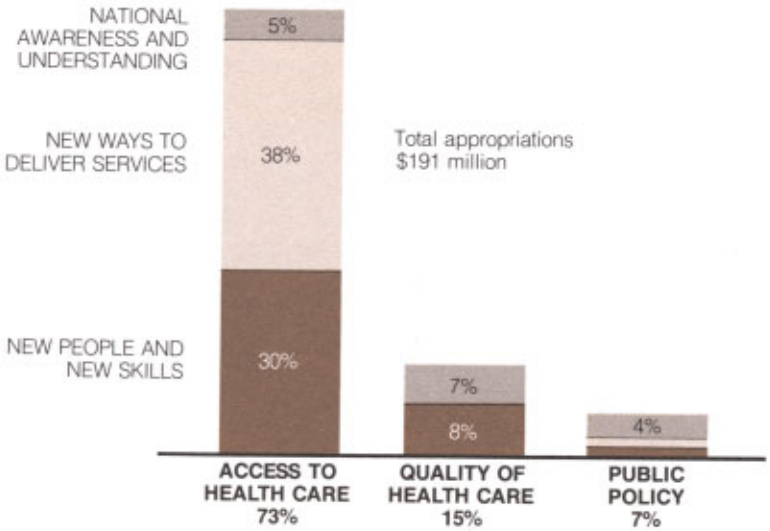
The development of new medical manpower, or to allow established health professionals to develop new skills to be applied to ambulatory care, has received 30 percent of the funds targeted on the access issue. Included is support of 12 new residency programs designed to train young internists, pediatricians, and nurses for careers in primary care. Twenty-two programs are educating new kinds of health professionals—nurse practitioners, physician's assistants, and other health workers for careers in out-of-hospital settings. Two major student-aid programs involving all of our nation's medical and dental schools have permitted support of more minority students, students from rural areas, and women who wish to enter these professions. Studies suggest that these groups tend to enter primary care disciplines more frequently than others.

Programs to increase national awareness and understanding of problems people face in obtaining care included support of 25 studies being conducted by scholars in a number of disciplines to examine and document the extent, severity, and distribution of access to care problems, or to develop new ways to measure or alleviate them.

To date we have made few grants for the actual application of techniques or methods for determining or measuring the quality of care received. The lack of basic research in the field and the absence of structures for the appropriate use of measures of quality in the ambulatory field have restricted our opportunities here. Modest amounts of money have gone to attempts to develop new methods for measuring the quality of care and for developing new ways to look at the qualitative performance of our medical and health institutions.

Our major investments in the quality area have been in programs permitting health professionals to acquire new skills which might upgrade quality. The Robert Wood Johnson Foundation Clinical Scholars Program now operates in 12 academic health centers, offering young clinicians specially tailored opportunities to acquire such new kinds of non-biological skills as epidemiology, sociology, and the management sciences, and bring them to bear on the quality, organization, and delivery of medical care. We have also supported a series of management seminars for academic leaders under the auspices of the Association of American Medical Colleges and the Sloan School of

Figure 2 MAJOR ACTIVITIES BY OBJECTIVES 1972-1975

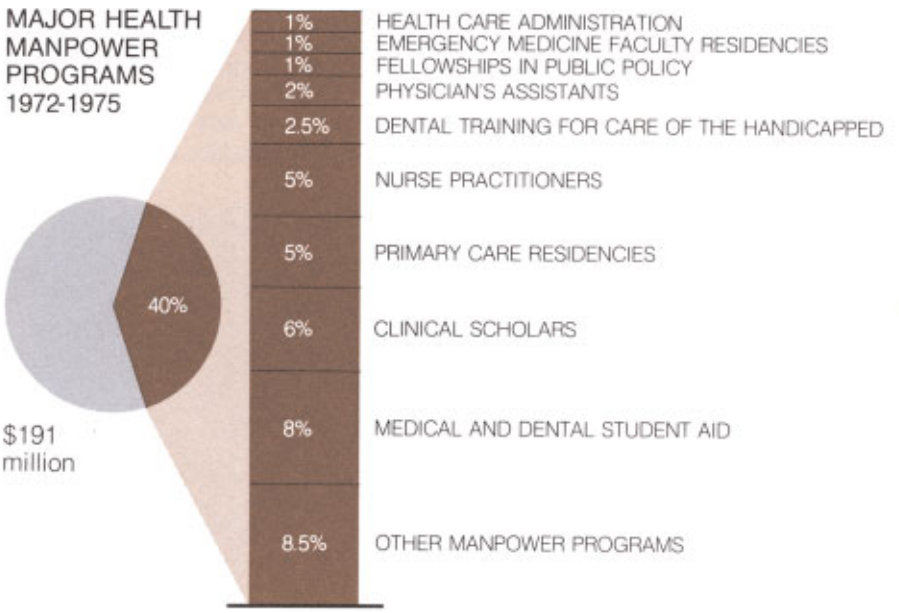


Management. Six new programs are training health care administrators and group practice managers to cope with new and more complex organizations for delivering ambulatory services and hopefully to improve the quality of care these organizations provide.

We have spent lesser sums in the area of public policy in health affairs. Funds were awarded for the establishment of two public policy centers—one at the University of California at San Francisco focusing on issues of federal concern, and one at Georgetown University concentrating on public policy problems at state and local levels. We have supported a program to enable the health committees of state legislatures to acquire staff to help them with their work. We have established The Robert Wood Johnson Fellowships in Public Policy under the auspices of the Institute of Medicine and the American Political Science Association to enable annually selected groups of six faculty members from academic health centers to spend a year acquiring public policy experience and new skills on the Washington scene.

Looking at the distribution of our funds in yet another way, the largest amount has gone toward efforts to put new systems of general medical care in place. Hand in hand with this emphasis, we have expended about 40 percent of our monies to train the new kinds of manpower which will be required to organize, staff, and manage such services. The kinds of manpower programs supported are further detailed in Figure 3.

Figure 3



As noted in Figure 4, during our first four years, 45 percent of our funds have gone into eight nationally oriented programs addressing certain well-defined problems in the health field. The Perinatal Program is assisting eight regions now developing regionalized high-risk pregnancy care networks. Another is helping 44 regions to develop their emergency medical response system networks. Our Rural Practice Project is designed to help a limited number of physicians and health service managers, in cooperation with 20 to 25 small communities, to put new medical care practices in place. One national program is helping 11 dental schools to train young dentists to deal with handicapped individuals. A program conducted under the auspices of the Citizens Conference on State Legislatures is assisting a limited number of state legislatures to acquire staff with expertise in health affairs. A program to be announced in 1976 will, over its three-year lifetime, seek to develop a cadre of university nursing school faculty with special skills in primary care. Not indicated in Figure 4 because funds have not yet been formally appropriated, but well under way, is a program which will enable some 60 community hospitals and their medical staffs to develop new primary care group practices. Grants in this program will be awarded during 1976.

As can also be seen in Figure 4, we have allocated $3 million to independently conducted evaluation efforts with these national programs —studies we hope will convincingly determine their effectiveness and their potential for broader implementation on the American scene.

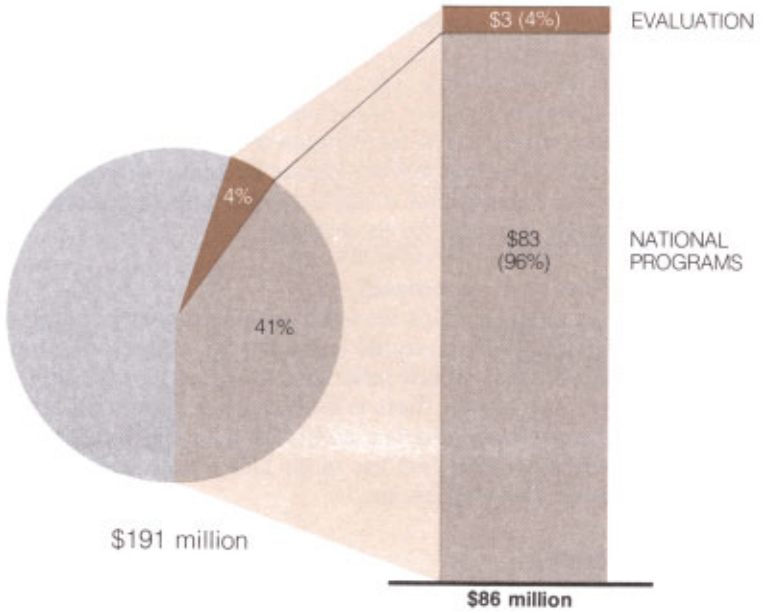
The geographical distribution of the Foundation's grants is portrayed in Figure 5. During our first four years, the Foundation has funded projects in 49 of the 50 states and Puerto Rico. While the west south central and east north central regions have received somewhat less support than their proportionate share of the national population base, the distribution of our funds to date correlates quite reasonably with the distribution of our population in this country, reflecting our wish to be nationally responsive.

How well we are addressing the needs of those most poorly served continues to concern us. As noted in Figure 6, we have invested a greater percentage of our funds in medically underserved populations in inner cities and rural areas than these groups represent in our population. One might argue that even more of our funds should have been directed toward these areas because of the disproportionate health needs in these areas. The lack of well-formulated programs has hampered us here, but we are currently considering how we might better this record in the future.

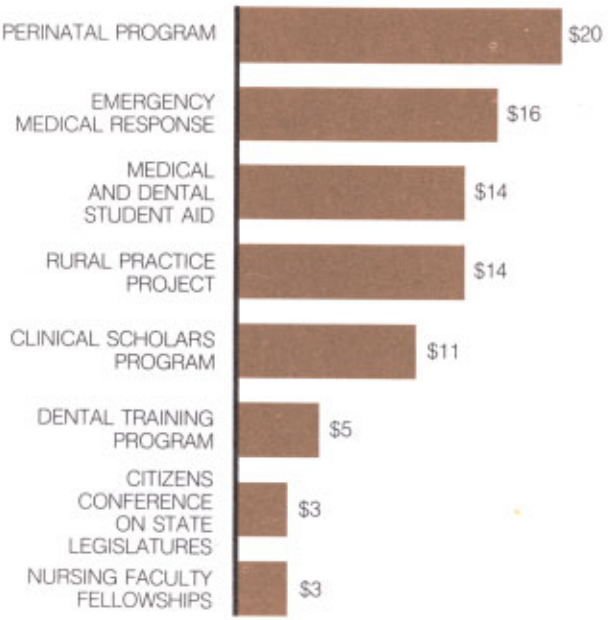
I have indicated that, from the beginning, the Trustees and staff agreed that we would target our resources on pressing problems in health which simply could not be readily undertaken by the public sector at this time. Figure 7 shows that we have, to date, distributed our resources quite differently than those of the federal government,

Figure 4

NATIONAL PROGRAMS 1972-1975



Total National Programs $86 million



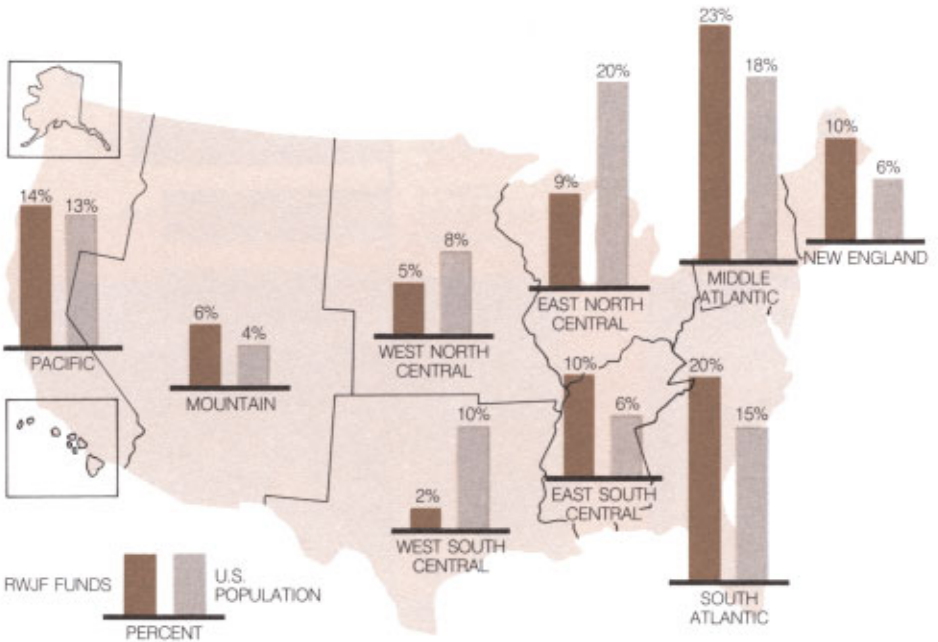
and somewhat differently than other foundations devoting some or all of their resources to health matters. As can be seen, most of the federal health dollar—almost 80 cents—goes to the direct financing of health care services. These extraordinary costs permit very little—only about seven cents of the federal health dollar—to go for the organization or delivery of primary health services or for training health manpower for this purpose. The distribution of our funds has been quite different. The bulk of our dollar—about 80 cents—has gone to new experiments in the organization or delivery of health care services or to train the people required for its delivery.

What have we learned?

The areas in which we work are proving very complex. Because general attention to the ambulatory care sector is so recent in origin, and because so few generally satisfactory or broadly applicable models are in existence, there is little agreement on what are the best ways to go. The profound absence of monies with which to try new experiments in out-of-hospital care has made many quite understandably reticent to tackle these problems.

Figure 5

1972-1975 GRANTS BY GEOGRAPHICAL REGION COMPARED TO POPULATION



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

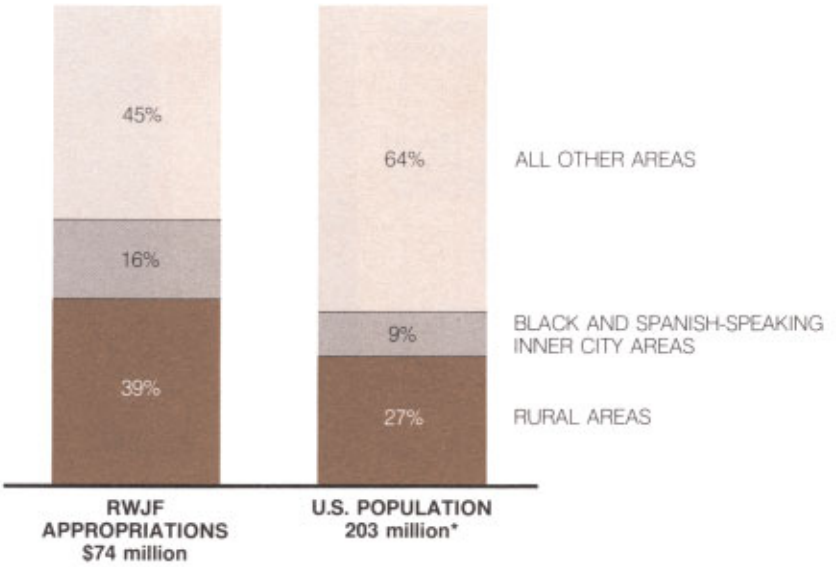
We have recognized that responsible Foundation action in this area requires an enormous amount of careful work by staff and Trustees, careful evaluation of programs by us and by external consultants, on-site visits to determine if proposals are what they appear to be on paper, and considerable attention to the potential ripple effects, both good and bad, which can accompany new ventures. The Foundation is a busy laboratory.

We have also learned that working out solutions in the difficult areas that we have selected for attention will require considerably more time than we—or those who approach us for help—had originally anticipated. Improving the nation's way of delivering care, or training new health professionals, or assessing quality of care rendered, or developing data about public problems in health takes time.

What is increasingly evident is that one of our major opportunities as a foundation is to stick with a program long enough to see it through its formative stages, if it is progressing satisfactorily. Clearly our mission is not simply that of putting out a certain number of demonstrations and then moving on to a new area. The short range, scatter-gun approach has been the *bête noire* of many programs of the past. We

Figure 6

1972-1975 PROJECTS PROVIDING SERVICE TO INNER-CITY MINORITIES AND TO RURAL GROUPS COMPARED TO U.S. POPULATION IN THESE AREAS



*Computed from U.S. Department of Commerce, Statistical Abstract 1973, Table 17, based on 1970 estimates

should be objective. We should be critical. We should gather data to determine the worth of programs we support and the possibilities of their replication. We must translate the results of these efforts into understandable terms and put them before the American people, especially those who must make decisions in health affairs at local, state, regional, and national levels. It follows from all of this that we must also be patient.

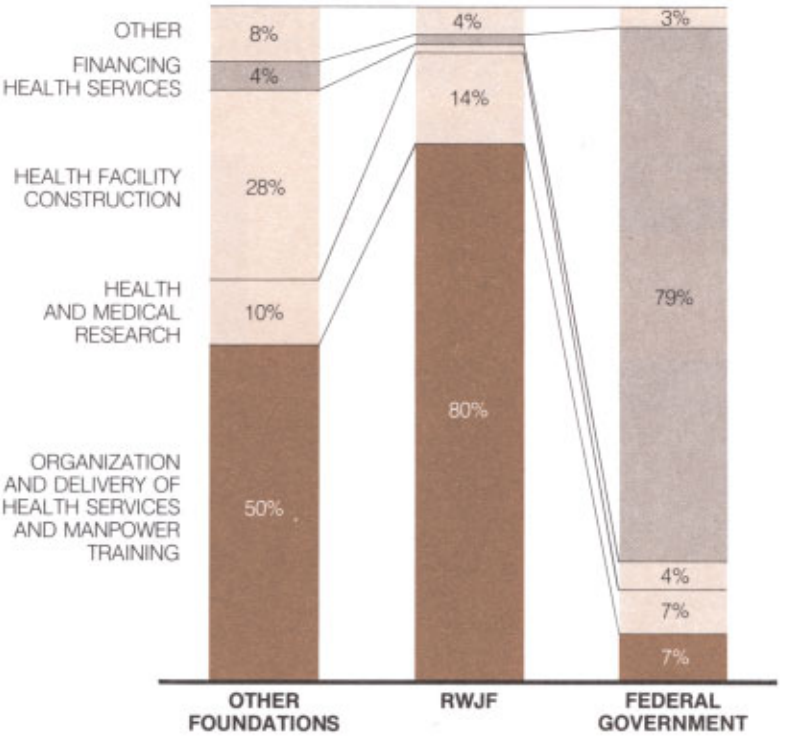
When do we stop?

The point at which our funds will no longer be necessary in the areas of our current concern has been a subject of continuing discussion among staff and Trustees.

From the outset, it has been recognized that we must balance several factors if we are to be an effective force. One of our major advantages as a private philanthropy is flexibility and the capacity to respond with reasonable speed to problems in the health field as they are identified.

Figure 7

1972-1975 RWJF APPROPRIATIONS COMPARED TO OTHER FOUNDATIONS AND THE FEDERAL GOVERNMENT



Thus we need to be certain that we are not obligating too large a fraction of our funds to long-term programs which would curtail this flexibility. On the other hand, one of the unique features of being a foundation is the capacity for "institutional memory"—to set long-term goals and to follow through in difficult and complex areas which are not amenable to immediate or rapidly derived answers.

We are attempting to maintain such a balance while giving increased attention to particular areas within our stated concerns not yet adequately addressed by our efforts. At present, the national problems which led to our selection of program activities are still with us—indeed are perhaps even more pressing than when we entered the field. The indications that the country wishes to improve its capacity to deliver ambulatory services, and to do so at a cost which is realistic, are still very much present. The gaps in national policy which existed four years ago are still present today. There remains a great deal of uncertainty about what a national health insurance program will do, when or if it will come, or how it will affect the health sector. There is a growing awareness, however, that any national insurance plan that fails to provide alternatives to costly in-hospital care courts disaster. At the same time, institutions and groups working in health across the country are having trouble in shifting their emphasis from hospital to ambulatory care because of serious financial uncertainties.

We are supporting the development of new kinds of physicians and new types of health professionals, but there are not enough of them as yet to determine what adjustments and improvements will be made by their appearance on the health scene. We are supporting new models for delivering primary care, but there remains an insufficient number of demonstrations for the country to decide how ambulatory care needs might best be served. Some of our programs are helping hospitals improve and expand their ambulatory services, but the continuing problem of out-patient care as a source of financial losses has had a deterrent effect on the willingness of institutions to improve their capabilities in this area. Although our help is allowing some medical schools to develop training for physicians for general medical care careers, the priorities of most academic medical centers, the internal reward systems in medical schools, the absence of funding mechanisms, and the lack of university-based strengths in the area of general care have tended to keep academic health centers quite hospital oriented and less responsive to general medical needs than they or the general public wish them to be.

Thus, while things are moving, it will take this country a long time to make the appropriate and necessary adjustments required to develop an adequate primary care capacity. When national action is taken in this area, it will be shaped by the advice of the leadership and with the background of experience this country is now developing. Hopefully the programs and people we assist will contribute to this process.

What next?

While we continue to work toward our initial aspirations, we need to do better in certain areas which fall well within our current program activity. Our troubled inner cities are facing the most difficult of problems in developing more humane and effective ambulatory medical care programs. The lack of an adequate economic base, the scarcity of institutions to take action, and the enormous numbers of people who require care, mean our inner cities will need special attention for some time to come. We hope to find more effective ways of helping with these problems.

It is also clear that as a nation we have neglected some of the important health needs of our children—our most precious national resource. Many of the things we know how to do to improve health or to avoid serious handicapping conditions for children are not being implemented. Most are neither complicated nor terribly expensive. We hope to increase our efforts to aid those working to improve performance in this area.

Better ways to measure the quality of care given once the access barrier has been hurdled are also much needed. Useful knowledge is lacking and the absence of valid indices of quality and reasonable and inexpensive ways to apply them have presented serious problems to those working on health matters for this nation. We would like to encourage some attention to these neglected topics.

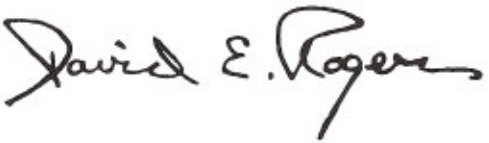
The postgraduate training received in academic health centers continues to determine the career patterns of our physicians. Many academic centers are revising their residency training to prepare internists, pediatricians, and to a lesser extent, obstetricians and gynecologists, for more generalist oriented careers. However, the funding of such programs is difficult and changes have been slow. To date most university-based primary care residency programs compete poorly with traditional programs now existing in clinical departments, and it will require considerably more effort to redress this situation. Also, while departments of family practice are emerging, there are a number of problems and unresolved issues. There is a scarcity of faculty, and to date no general agreement among medical educators on what constitutes the academic discipline of family practice. We continue to be interested in the efforts of educational institutions to improve training and career opportunities in primary care specialties.

It is also clear that we need more people to organize and manage out-of-hospital medical care programs. Those with managerial skills knowledgeable in health affairs are in extremely short supply. Technically competent leaders in these fields are much needed if ambulatory health care delivery systems are going to be developed and significantly improved. We remain concerned with this problem.

Changes in medical practice or ways of delivering care have come about most swiftly when a new technology has been introduced. It was

the development of new ways of monitoring and assessing maternal and fetal functioning—and of intervening successfully—which made our recent program for pregnant women at high risk seem a sensible venture. Although we are not supporting biomedical research or the development of new technology in medicine as such, we are attempting to maintain a systematic surveillance of technical developments which might aid in improving general medical care.

Put quite simply, helping groups to try new experiments which may contribute to better health for Americans remains our basic commitment. We can assist those who are preparing people for new careers in medicine or the delivery of medical care to those not now receiving it. We can encourage the development of ways to determine whether the country has a system of acceptable quality. We can help create broader awareness of the public policy issues involved. We can attempt to stay with our programs long enough to determine their promise and to evaluate and report their impact. We can help market programs when they look promising. However, improvements come slowly in any complex system, and we are but a small part of it. Nonetheless, we are encouraged by the efforts being made by the many working in the field, and we continue to be challenged by the unusual opportunity afforded us to help some of those who are busily engaged on the front lines.



The 1975 grant program

Description of selected grants

The grants described in this section have been selected to provide an illustrative account of activities supported during 1975. A complete listing of grants by institutional recipients begins on page 50.

Programs to assist institutions and groups gain experience with new ways to deliver services

The largest share of the Foundation's 1975 grant funds went to non-profit institutions and organizations developing new ways to deliver primary care services. The programs typically involve physicians, dentists, nurse practitioners, and/or physician's assistants working together to meet a need in their communities for expanded access to general medical care.

The people served by these professionals live in a variety of rural, urban and suburban settings across the country, and the grantees include community organizations, nonprofit group medical practices, hospitals and their medical staffs, and academic health centers. In addition, special geographic, demographic, economic, cultural and other factors have led to wide variation in the design of these programs.

This differentiation graphically illustrates America's pluralism and the important point that the size and diversity of this country preclude simple or singular solutions.

Rural Practice Project

The Foundation's Rural Practice Project was launched as a new national program in the fall of 1975. Drawing on the experience of earlier rural health initiatives by many groups, it was designed to assist the development of primary care group practices serving up to 25 small towns across the country. Each project will be built around a physician-administrator team working with a nonprofit community group eligible to receive a Foundation grant.

The rural practice model will share a fundamental characteristic of other group practices assisted by the Foundation in that its team of professionals will care for a relatively small, identifiable community and provide continuing care to a group of patients who are well known to the practice team and registered with the practice. In this way, the patterns of illness in the community, the larger public health needs, and other pertinent problems will be continuing concerns and sources of additional professional activity and stimulation for those involved in health care.

The program is administered for the Foundation by the School of Medicine of the University of North Carolina at Chapel Hill.

Other rural practices

Among the earlier rural initiatives upon which the Rural Practice Project is based is the East Kentucky Health Services Center in Hindman, Kentucky. With a planning grant in 1972 and an implementation grant in 1973, together with assistance from other foundations and funding sources, the Center is providing primary medical, dental, and health services for about 12,000 persons. In 1975, the Foundation made another grant in response to the Center's plans for doubling the number of persons served. The East Kentucky Health Center will establish a satellite facility in the Right Beaver Creek area, 25 miles from

Hindman, and will extend its outreach activities using a specially equipped mobile van purchased with the aid of a Kresge Foundation grant.

Another rural practice—the Mohawk Valley Medical Center—received a developmental grant in 1975 to expand and strengthen its primary care services in a rural area around Shelburne Falls in northwestern Massachusetts. The Center was opened in 1973 with community funding and is staffed by two internists, a pediatrician, and two nurses, plus laboratory technicians and clerical personnel. In addition to traditional medical services, the Center also works with local school systems under a state-funded program to do medical work-ups on children with learning disabilities. This effort is part of a plan to develop a more active community oriented program, which will include care in the homes of patients, screening for early detection of medical problems, and preventive health counseling.

Different approaches

The 11-county area of central Alabama surrounding Tuskegee Institute is a region of great poverty. Most of the people live in widely-dispersed, small rural communities with extremely limited access to primary care services. Taking these and other factors into consideration, Tuskegee has designed a different approach to providing primary care services.

With Foundation support for the first-phase effort, Tuskegee is implementing a three-county system that features: (1) a physician group centrally based at the Institute's John A. Andrew Memorial Hospital; (2) health care teams comprised of a nurse practitioner, a nutritionist, and a laboratory technician (who doubles as a driver) operating a pair of specially equipped mobile vans making scheduled stops throughout the area; and (3) a network of health aides living in their rural communities, who will schedule appointments with the mobile teams, alert the Hospital when a problem arises between visits by the vans, and provide instruction in such areas as nutrition, prenatal care and child care.

The expansion of a well-established rural health care program has also received Foundation support. The nurse-midwives and, more recently, family nurse practitioners of the Frontier Nursing Service have been meeting the primary health care needs of Leslie County, Kentucky since 1925. First on horseback and now by jeep, the nurses have become a familiar and welcome sight for the 15,000 people scattered over the mountainous terrain of the county's 1,000 square miles.

The Frontier Nursing Service health care system is a model whose accomplishments have been matched by few. Sparked by a founder who held that "Anybody can do anything," the nurses built their own training programs and expanded their services from midwifery into family care, adding a group medical practice and a small hospital to back up the outlying clinics and visiting nurses.

With a 1975 grant from the Foundation, the Frontier Nursing Service plans to expand its operations to serve as a training and technical assistance center for the development of nurse-run primary care clinics in an adjacent 15-county area of 450,000 people. In this expanded role, the Frontier Nursing Service will concentrate first on the eight-county region comprising the Kentucky River District, which is among the parts of Kentucky most in need of health care services.

Community development

Grants were made to Vanderbilt University, the University of Alabama and to the Medical Mission Sisters to assist local communities in developing new primary care services.

The Vanderbilt project, begun some years ago as a student program with assistance from a variety of public and private sources, has helped several Appalachian communities establish nurse practitioner-staffed clinics (backed up by private practitioners) and is working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with others to plan health care programs. Similarly, students of the health professions from two University of Alabama campuses are working together to assist three rural communities in that state develop primary care projects. Both programs underscore the effective roles that young people can take in helping underserved communities meet health needs.

The members of the Medical Mission Sisters, a Catholic religious order founded in the United States, are physicians, nurses and other health professionals who devote their lives to care of the poor. For 50 years the order has sent its Sisters abroad to underdeveloped countries to provide care and train local residents and groups to meet their own communities' primary care needs.

Now many of the order's health care professionals are returning home, and the order is changing its operations to work primarily with medically unserved areas of this country. With Foundation assistance, the Medical Mission Sisters has established a central planning and management unit to retrain and deploy Sisters to rural and urban communities needing help in starting primary care programs.

The feasibility of using public health department operations in a community as the base for developing primary care services is being tested with Foundation assistance in Hamilton County, Tennessee. Using land provided by the community, and with funding from county and state public health departments, the Soddy-Daisy Health Center is developing a broad medical program to meet both medical and public health needs of several communities outside Chattanooga which have not previously had such services.

Primary medical services will be provided on a fee-for-service basis by two physicians working with a variety of other health professionals. Baroness Erlanger Hospital in Chattanooga, 30 miles away, will provide backup for the Center's staff. The Health Center will also house all of the services routinely provided by the county health department, including prenatal, well-baby and home health care, family planning, and nutrition counseling.

Community Hospital Program

The Foundation's program to assist community hospitals and their medical staffs in developing primary care group practices moved steadily forward in 1975. Applications from 191 hospitals were received, and review and site visiting has been started by staff of the National Planning Association, which is administering the program for the Foundation. Up to 60 four-year, non-renewable grants will be made under this program in 1976—hopefully at least one in each state.

The program was developed in response to community hospitals and their medical staffs across the country interested in a private-sector approach for expanding access to primary care services. Key elements are the participation and leadership of private practitioners, through their hospitals, and the provision of general medical services, usually on a fee-for-service basis.

Inner-city programs

The Foundation's list of 1975 grants includes a number of projects in inner-city areas, where a widening gap exists between needs for primary medical care and the availability of human, institutional and financial resources to meet these needs.

One such project has been developed by the Christian Action Ministry, a coalition of church and community leadership to help stem the economic decline within Chicago's populous Westside. Known locally as CAM, this organization has moved into the field of primary health care from a base of activities that includes the construction of low-income housing units and the operation of an employment center, a network of day care centers, a private high school and a mental health program. With Foundation assistance, CAM is

now developing an ambulatory health services center staffed by physicians from Cook County General Hospital and by nurse practitioners and other health professionals.

Also in Chicago, Rush-Presbyterian-St. Luke's Medical Center received supplemental support in 1975 for a program begun in 1973 to join together a number of institutions providing ambulatory care on the Westside in a common effort to form a health services network. One of these institutions, Mile Square Health Center, received a separate grant to plan for expanded utilization of its primary care center.

In other communities

In 1975 Bedford-Stuyvesant Restoration Corporation of Brooklyn received a grant to establish a primary care group practice within the Corporation's new commercial center. Plans for the practice, which will be assisted by Downstate Medical Center, were developed with an earlier grant. The Corporation views it as the first of several such group practices that might be formed to serve the residents of this large community.

Planning grants were given to Chinatown Action for Progress, preparing to relocate and expand its health clinic, which serves an area of New York City rapidly enlarging with Chinese immigrants, and to La Clinica de la Raza, charting its future role as a major provider of primary care for the sizeable population of Spanish-speaking families living in the Fruitvale section of Oakland, California.

Perinatal Program

In the early summer of 1975, the Foundation launched its Perinatal Program with one-time, five-year grants for eight locally designed regional systems to reduce maternal and infant mortality, birth defects, and other disabilities in the newborn.

With the cooperation and participation of physicians providing obstetrical and pediatric care in an area, each region will link a full range of medical and hospital services, including a central hospital that has highly specialized staff and facilities to manage the most serious and complex risks and problems of both pregnant women and the newborn.

Also to be included are regionalized transportation systems; regionalized diagnostic laboratory services; and systematic follow-up and care of the high-risk infants.

The eight regions are: the State of Arizona; metropolitan Cleveland, Ohio; Dallas County, Texas; three adjacent sections of Los Angeles County; a portion of New York City; and a 15-county area around Syracuse, New York.

A separate grant was given to The Johns Hopkins Medical Institutions for an independent evaluation of the total program to document the extent to which mortality and disabilities are reduced in each region.

In seeking to improve access to appropriate, high-quality medical care for persons at special risk, the Perinatal Program represents an important variation on the regionalization theme underlying the Foundation's earlier national program to develop emergency medical response systems (described in the 1973 Annual Report).

Child care

Primary care for children is an area of special, although limited, exploration by the Foundation. Within this focus, the Foundation made a grant in 1975 to strengthen and expand the Barrio Comprehensive Child Health Care Center in San Antonio, Texas. Additional funds for the Center were provided by the Hogg Foundation in Austin and the Texas Department of Public Welfare.

A team of local physicians and a dentist back up the nurse practitioners and community aides who staff the center, which is now providing care for children living in San Antonio's largest and poorest Mexican-American neighborhood. It is operated by the Commission on Mexican-American Affairs of the local Catholic archdiocese.

Four other grants involve school systems in primary care services for children. A grant to the University of Connecticut has enabled the University's medical center to work with two Hartford area school systems—one in the inner city, the other in a suburb—to establish more comprehensive school health programs run by nurse practitioners backed by practicing physicians. In Illinois, officials of the Posen-Robbins School District, an area of great need 20 miles south of Chicago, are using a Foundation grant to plan a school health program that will provide primary care services. School nurse practitioners are also being introduced into the school system of Gary, Indiana within a broader program described in a section to follow on new health practitioners.

The fourth and largest of these child care grants is to the University of Pennsylvania School of Dental Medicine for a joint venture with the local school system and practicing dentists of Juniata County, Pennsylvania, a rural area about 160 miles northwest of Philadelphia. Using the most advanced preventive techniques of dental hygiene, the project seeks to develop and evaluate an effective, comprehensive dental service for children at a reasonable cost.

Programs to help health professionals acquire new skills

Education and training programs to develop new kinds of health professionals are being conducted in a variety of settings and encompass a range of clinical and non-clinical subject areas important to the delivery of ambulatory care, its organization, and its management. All programs involving physicians are aimed at the residency or post-graduate levels of medical education.

In 1975 the Foundation continued support for residency programs at Boston City Hospital and the University of California at San Francisco. Both have developed primary care training programs conducted within departments of medicine and pediatrics to expand experience with ambulatory care. Both incorporate the training of nurse practitioners along with the residents in a cooperative approach to patient care.

The Boston program, launched in 1974 and now including the collaboration of Boston State College for the nurse practitioner component, is conducted in the Hospital's outpatient clinics and in an extensive network of neighborhood health centers.

The University of California-San Francisco program began operations in 1975. The University's new primary care center is the principal training site, although the emergency room, hospital service wards, an extended care facility, a nursing home, and a home care program are also used.

The University of Florida received a 1975 grant to expand a primary care residency training program using a rural health service network established in four neighboring counties with earlier assistance from the Foundation. All medicine, pediatric, and family practice residents receive major portions of their training in ambulatory care settings that include the rural network. The network encompasses local 24-hour health centers with provisions for emergency care and two-bed observation units, a small community hospital, a nursing home, an orphanage and remote-site clinics staffed by physician's assistants.

New health practitioners

In addition to encouraging the incorporation of training for nurse practitioners and/or physician's assistants within the primary care residencies it assists, the Foundation has also made a number of grants in support of programs targeted on these new health practitioners.

The Johns Hopkins University School of Health Services, the first school established within a major university medical center specifically for training new health professionals, was begun with funds from a number of public and private sources, including a 1973 grant from the Foundation. A second grant from the Foundation in 1975 continues this support for an additional three years.

A grant to the Medical Center of Gary, Indiana, together with a grant from the U.S. Steel Foundation, is being used to launch a program to train a cadre of local nurses as family health practitioners and school nurse practitioners. The program involves the University of Indiana's Gary campus, two hospitals, a neighborhood health center and a number of practicing physicians. It is a first step toward a broad, community plan being developed with the cooperation of local and state groups for meeting Gary's primary care needs.

Family practice and nursing faculty

Duke University's Department of Community Health Services received a grant to prepare faculty in the specialty of family practice, in collaboration with the University of North Carolina School of Public Health. Clinical training will take place in Duke's ambulatory care facilities. An additional year at the University of North Carolina will offer advanced training in a variety of disciplines important to family practice and the design and conduct of research projects relevant to family practice. Studies of health manpower utilization, the evaluation of clinical procedures, and the assessment of health needs and quality of care in community practice are among the areas to be studied.

Other grants to develop programs preparing men and women for academic careers in primary care specialties include a master's degree program at Indiana University in primary care clinical nursing. The Foundation also appropriated funds for a national

fellowship program in primary care practice and education for a limited number of nursing faculty members in academic health centers. Details of this program will be announced when planning is completed in 1976.

Minority managers

In many urban areas, black and other minority persons are being sought to manage neighborhood health centers, hospitals, and other institutions and agencies that are sources of health care for inner-city communities.

To encourage promising young people to acquire the needed management skills, the Foundation joined a number of public and other private funding sources in support of the Association of University Programs in Health Administration's summer internship program for minority college students considering graduate studies and a career in health services management.

Another grant went to the National Association of Health Services Executives, the only professional organization for minority health service managers, to expand and strengthen programs of continuing education for its members.

Programs to increase national understanding of health care problems

Foundation grants have gone to a limited number of groups seeking to increase awareness and understanding of health care problems and issues. Many of the grants made for these purposes in 1975 continue or complete projects begun under earlier grants.

The Health Policy Fellowship Program administered by the Institute of Medicine is one such activity. This program offers mid-career health professionals on the faculties of academic health centers—nominated by their institutions—a year of public policy study and experience in the nation's capital. Eight months of the year are devoted to Congressional staff assignments.

The program began with a 1973 grant and is designed to create a small cadre of health professionals with a solid understanding of the policy-making process. It recognizes the value of such individuals in government service, which has long counted on academic health professionals to fill many key posts, and in academic health centers, whose leaders must increasingly interact with federal and state governments in the financing and conduct of the centers' operations.

Legislative committee staff

Another grant to continue an earlier activity supported by the Foundation builds on the thesis that the public policy process at the state level can be improved by providing professional staff assistance for health committees of state legislatures.

Under terms of the 1975 grant to the Citizens Conference on State Legislatures, staffing will be continued on a shared-cost basis for legislative committees in Connecticut, Louisiana and Michigan. Similar arrangements are being made with the Iowa legislature.

Results of the program are promising to date, and the two-year period of this second grant will cover all or part of two legislative sessions and three interim periods, making possible a more complete evaluation.

The University of Colorado Center for the Prevention and Treatment of Child Abuse and Neglect, under the direction of Dr. C. Henry Kempe, has been a pioneering contributor in the development of public policy related to the widespread social problem of child abuse and neglect. These contributions have been based on the significant advances made by Dr. Kempe and his staff in understanding the factors underlying child abuse, in developing treatment approaches, and in organizing community resources that can and must work

with families in which child abuse occurs. With the Foundation's second grant in 1975, the Center's staff is continuing these efforts.

Health care studies

The Foundation also supports a number of health care studies focused on problems and issues relevant to both the Foundation's program interests and to broader issues of public policy in health affairs.

Among these is a project to examine the problems this country would face in implementing any one of several major proposals for a national health insurance program now under consideration. Conducted by a group of scholars at the University of Chicago, the study of each proposal will include analyses of the issues of reimbursement; the role of government and the patient in financing services; centralization vs. decentralization of cost controls; such commonly uninsurable benefits as dental, mental health, preventive, and long-term care; and the supply and distribution of physicians and other health providers.

A group at Boston University, with Foundation assistance, is developing more effective ways of measuring the quality of care and examining the impact and long-term implications of utilization review, Professional Standards Review and other public programs and government-mandated procedures on the quality of patient care.

The Foundation's 1975 grants also include continued support for two major studies begun and being carried forward with Foundation assistance. One is a University of Southern California national survey to determine how much time physicians in various medical and surgical specialties spend in providing primary care. The other, at the University of Chicago, is developing a national index for measuring and reporting the difficulties Americans may face in securing primary medical care. Both of these efforts are also now receiving substantial federal funding.

The Foundation's local program

The Foundation was established in New Brunswick, New Jersey, in 1936 by the late General Robert Wood Johnson primarily to assist local hospitals and a number of local charitable organizations. When the Foundation received General Johnson's bequest in 1972 and began concentrating on national problems of health care, the Trustees reaffirmed this historic commitment, and the Foundation continues to make grants for a variety of purposes to a limited number of local institutions and organizations.

During his lifetime, General Johnson had led efforts and worked tirelessly for the development of a strong state medical and dental school in New Jersey. In view of his great interest in this development, in 1975 the Trustees approved a special grant to the Foundation of the College of Medicine and Dentistry of New Jersey.

Financial statements

Introduction to statements

The annual financial statements of the Foundation appear on the following pages. A listing of securities other than Johnson & Johnson common stock held by the Foundation at December 31, 1975, appears on pages 45 through 49, and a summary of grants appears on pages 50 through 92.

At January 1, 1975, the Foundation owned 9,332,123 shares of Johnson & Johnson common stock. During the year, 243,000 shares were sold, leaving a balance in the portfolio at December 31, 1975, of 9,089,123 shares.

Investment income for the year ended December 31, 1975, was $25,118,814, compared with $23,154,399 for 1974. Deductions from this income for direct investment expenses and Federal excise tax were $1,156,758 in 1975, compared with $1,081,955 in 1974.

Four years have passed since the Foundation emerged as a major national philanthropy. During that period administrative expenses have increased in parallel with the development of an organization—principally professional staff and panels of expert consultants—necessary to ensure that the Foundation becomes a responsible, responsive institution. Administrative expenses in 1975 were $2,571,765, compared with $2,110,289 in 1974.

The total of grants authorized and administrative expenses during 1975 was $56,605,669, or $32,643,613 in excess of net investment income of $23,962,056. The excess of grants and administrative expenses over net investment income in 1974 was $27,829,202, and the cumulative excess of grants and expenses over net investment income since 1971 amounts to $132,190,758.

The assets of the Foundation at December 31, 1975, based on quoted market values, were $1,058,047,886 compared with $970,653,746 at December 31, 1974.

William R. Walsh, Jr.
Treasurer

Opinion of Independent Certified Public Accountants

To the Trustees of
The Robert Wood Johnson Foundation:

We have examined the statement of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation as of December 31, 1975 and the related statement of investment income, expenses, grants and changes in foundation principal for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously examined and reported upon the financial statements for the year ended December 31, 1974.

In our opinion, the aforementioned financial statements present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1975 and 1974, 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 30, 1976.

The Robert Wood Johnson Foundation
Statement of Assets,
Liabilities and Foundation Principal
at December 31, 1975 and 1974

	1975	1974
Assets		
Cash	$ 160,649	$ 204,929
Securities (at cost or market value on dates of gifts) (Notes 1 and 2):		
Johnson & Johnson common stock 9,089,123 shares in 1975, 9,332,123 shares in 1974 (quoted market value $815,748,789 and $754,735,448)	260,554,822	267,520,830
Other corporate common stocks (quoted market value $61,455,537 and $48,290,088)	73,554,346	76,699,846
Fixed income securities (quoted market value $175,579,433 and $164,097,937)	184,634,125	176,140,446
Land, construction in progress and furniture and equipment, net of depreciation	5,103,478	3,325,344
	$524,007,420	$523,891,395
Liabilities and Foundation Principal		
Liabilities:		
Unpaid grants (Note 1)	$ 98,949,540	$ 78,218,631
Federal excise tax payable	1,155,744	1,172,019
Drafts payable		50,000
Total liabilities	100,105,284	79,440,650
Foundation Principal	423,902,136	444,450,745
	$524,007,420	$523,891,395

See notes to financial statements, page 44.

The Robert Wood Johnson Foundation
Statement of Investment Income,
Expenses, Grants and Changes in Foundation Principal
for the years ended December 31, 1975 and 1974

	1975	1974
Investment income:		
Dividends	$ 10,311,959	$ 9,394,408
Interest	14,806,855	13,759,991
	25,118,814	23,154,399
Less Federal excise tax and direct investment expenses	1,156,758	1,081,955
	23,962,056	22,072,444
Expenses:		
Salaries, employee benefits and payroll taxes	1,364,340	1,140,329
Professional services	297,920	206,022
Contract expenditures for the development and administration of special programs	223,548	200,516
Rent	110,133	109,000
Meeting and travel expenses	186,646	142,513
Other administrative expenses	389,178	311,909
	2,571,765	2,110,289
Income available for grants	21,390,291	19,962,155
Grants	54,033,904	47,791,357
Excess of expenses and grants over investment income	(32,643,613)	(27,829,202)
Additions to Foundation Principal:		
Net capital gains on sales of securities (Note 3)	11,568,220	13,152,335
Less related Federal excise tax	159,384	254,142
	11,408,836	12,898,193
Contributions received:		
Trusts	684,668	879,337
Individuals	1,500	86,766
	12,095,004	13,864,296
Net decrease in Foundation Principal	(20,548,609)	(13,964,906)
Foundation Principal, beginning of year	444,450,745	458,415,651
Foundation Principal, end of year	$423,902,136	$444,450,745

See notes to financial statements, page 44.

1. Summary of significant accounting policies:

Grants:

Grants are recorded as payable in the year the grant requests are authorized by the Board of Trustees. At December 31, 1975, unpaid grants are as follows:

Year Grant Authorized	Amount Unpaid at December 31, 1975
1972	$ 5,624,815
1973	15,250,150
1974	34,051,334
1975	44,023,241
	$98,949,540

Consistent with past practice, the Foundation has filed requests with the Internal Revenue Service for a determination that 1975 grants authorized but unpaid at December 31, 1975 may be treated as 1975 qualifying distributions, as defined in the Internal Revenue Code.

Interest and Dividend Income:

Interest and dividend income is recorded when received. At December 31, 1975 and 1974, the amounts of unrecorded accrued interest income were approximately $3,670,000 and $4,660,000, respectively. The amounts of unrecorded dividend income were insignificant.

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

3. The net capital gains (losses) on sales or exchanges of securities for the years ended December 31, 1975 and 1974 were as follows:

	1975	1974
Johnson & Johnson common stock	$12,752,587	$15,091,954
Other securities, net	(1,184,367)	(1,939,619)
	$11,568,220	$13,152,335

4. Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs accrued. Pension expense approximated $117,000 and $112,000 in 1975 and 1974, respectively.

Other corporate common stocks
at December 31, 1975

	Shares	Cost	Quoted market value
AMP Incorporated	6,000	$ 232,893	$ 159,000
Allied Chemical Corporation	9,600	364,337	319,200
Allied Stores Corporation	6,500	186,477	297,375
Aluminum Co. of America	10,000	459,683	386,250
American Home Products Corporation	25,000	1,035,477	834,375
Arizona Bank	5,060	137,250	73,370
Armstrong Cork Company	15,000	357,091	363,750
Barnett Banks of Florida, Inc.	16,000	377,875	176,000
Baxter Laboratories, Inc.	14,000	586,636	554,750
Bethlehem Steel Corporation	9,000	336,125	295,875
Burroughs Corporation	14,000	1,493,871	1,172,500
Chubb Corporation	6,500	226,250	237,250
Citicorp	20,000	768,833	590,000
Citizens & Southern Corp.	7,000	180,150	87,500
The Coca-Cola Company	3,500	449,815	287,875
Walt Disney Productions	8,262	579,565	412,067
The Dow Chemical Company	3,000	158,018	274,875
Duke Power Company	14,000	211,162	273,000
Dun & Bradstreet Companies, Inc.	8,000	310,280	228,000
E. I. duPont de Nemours & Company	3,500	432,833	442,750
Eastman Kodak Company	16,000	1,906,020	1,698,000
Economics Laboratory, Inc.	14,000	528,250	350,000
Emerson Electric Co.	21,000	870,028	721,875
Engelhard Minerals & Chemicals Corporation	26,000	484,185	598,000
Equitable Bancorporation	4,725	198,775	70,875
Exxon Corporation	16,000	1,399,914	1,420,000
Farmers New World Life Insurance Co.	6,000	329,750	246,000
Florida Power & Light Company	33,000	892,725	886,875
Ford Motor Company	500,000	27,120,300	22,000,000
General Mills, Inc.	22,000	584,448	657,250
General Reinsurance Corporation	3,000	553,400	459,000
W. W. Grainger, Inc.	10,000	338,973	250,000
Hercules Incorporated	25,000	864,020	687,500
Hewlett-Packard Company	8,000	724,294	756,000
International Business Machines Corporation	15,000	4,522,404	3,363,750
International Paper Company	8,000	384,956	462,000
Kaiser Aluminum & Chemical Corporation	10,000	310,862	277,500
Knight-Ridder Newspapers, Inc.	15,000	512,989	438,750
S. S. Kresge Company	37,000	1,304,289	1,239,500
The Lubrizol Corp.	5,000	235,677	196,875

	Shares	Cost	Quoted market value
Lucky Stores, Inc.	25,000	$ 407,824	$ 415,625
MGIC Investment Corporation	15,000	328,557	181,875
Marathon Oil Company	18,000	795,207	744,750
Masonite Corporation	25,000	560,215	475,000
Mead Corporation	13,000	212,680	237,250
Minnesota Mining & Manufacturing Company	11,000	790,405	610,500
Mobil Oil Corporation	32,000	1,947,016	1,512,000
Motorola, Inc.	10,000	489,840	412,500
National Starch & Chemical Corporation	10,300	563,703	458,350
A. C. Nielsen Co. (A, nonvoting)	20,000	537,338	427,500
J. C. Penney Company, Inc.	10,000	729,339	501,250
PepsiCo, Inc.	11,600	782,112	812,000
Phelps Dodge Corporation	15,000	678,049	543,750
The Procter & Gamble Company	4,000	392,773	356,000
Public Service Company of Colorado	20,000	310,725	320,000
Public Service Electric and Gas Company	12,000	213,548	217,500
Revlon, Incorporated	3,000	222,568	225,750
Reynolds and Reynolds Company (A)	38,000	1,140,500	503,500
Schering-Plough Corporation	14,000	1,033,884	736,750
Schlumberger Limited	10,500	662,817	798,000
Sears, Roebuck and Co.	9,000	879,741	580,500
Sperry Rand Corporation	4,000	160,270	157,000
Square D Company	10,000	177,359	210,000
Standard Brands, Inc.	16,000	530,150	580,000
Standard Oil Company (Indiana)	22,000	1,022,333	937,750
The Superior Oil Company	1,500	284,321	245,250
Tennant Company	10,000	380,750	230,000
Texaco Inc.	15,000	479,439	350,625
Union Camp Corporation	5,000	346,525	357,500
Union Carbide Corporation	6,500	413,562	397,313
United States Steel Corporation	6,500	403,166	422,500
Wal-Mart Stores, Inc.	20,000	182,119	262,500
Wells Fargo & Company	31,000	763,654	480,500
West Point-Pepperell Inc.	6,000	220,822	216,750
Weyerhaeuser Company	15,000	533,150	556,875
Xerox Corporation	4,700	496,417	239,112
Yellow Freight System, Inc.	11,000	364,275	385,000
Zions Utah Bancorporation	6,000	166,313	111,000
		$73,554,346	$61,455,537

Fixed income securities
at December 31, 1975

	Face amount	Cost	Quoted market value
U.S. Treasury obligations:			
Bills due 4-8-76	$ 1,520,000	$ 1,471,012	$ 1,498,173
Bills due 5-13-76	5,400,000	5,251,958	5,291,460
Bills due 6-10-76	7,500,000	7,273,869	7,316,400
Bills due 6-17-76	3,000,000	2,910,972	2,923,080
Bills due 6-24-76	2,000,000	1,946,501	1,946,400
Bills due 9-21-76	5,000,000	4,739,926	4,790,900
Bills due 12-14-76	2,000,000	1,869,980	1,888,500
7⅛% notes due 5-15-78	10,000,000	10,049,219	10,043,700
7¾% notes due 11-15-81	3,000,000	3,005,625	3,031,860
8% notes due 5-15-82	2,000,000	2,016,875	2,037,500
8¼% bonds due 5-15-90	2,000,000	2,019,375	2,058,740
7½% bonds due 8-15-93	2,100,000	2,008,125	2,021,250
7% bonds due 5-15-98	5,540,000	5,019,759	5,006,775
7⅞% bonds due 2-15-00	5,103,000	4,990,574	5,004,104
	56,163,000	54,573,770	54,858,842
Bank certificates of deposit:			
Bank of America			
6¾% due 2-10-76	5,000,000	5,000,465	5,006,130
7% due 2-10-76	5,000,000	5,000,479	5,007,703
Morgan Guaranty Trust Co. of New York			
6⅝% due 5-11-76	2,000,000	2,000,000	2,007,738
	12,000,000	12,000,944	12,021,571
Other bonds and notes:			
Bankamerica Corp.			
6⅝% notes due 2-1-80	3,000,000	2,986,800	2,838,750
Beneficial Corp.			
6¾% debentures due 7-15-79	2,000,000	2,000,000	1,887,500
7½% debentures due 7-12-02	3,000,000	2,982,000	2,463,750
Chemical New York Corp.			
6⅝% notes due 4-15-80	3,000,000	2,982,900	2,700,000
Chesapeake & Potomac Telephone Co. of Virginia			
6½% notes due 6-1-78	3,000,000	3,000,000	2,928,750
7¼% debentures due 6-1-12	2,000,000	1,977,500	1,700,000
Commercial Credit Co.			
6⅞% notes due 7-15-79	3,000,000	2,985,000	2,748,750
Consolidated Natural Gas Co.			
7⅝% debentures due 5-1-97	3,000,000	3,036,930	2,430,000

	Face amount	Cost	Quoted market value
Consumers Power Co.			
7½% first mortgage bonds due 6-1-02	$ 3,000,000	$ 3,018,750	$ 2,178,750
Dow Chemical Co.			
7.40% debentures due 7-15-02	2,000,000	2,000,000	1,720,000
Export Import Bank of the U.S.			
8.35% debentures, series 1978-B due 8-28-78	2,000,000	2,000,000	2,045,000
Farmers Home Administration			
6.45% insured notes, series K due 6-30-77	4,993,234	4,975,750	4,893,369
6.55% insured notes, series M due 12-29-77	2,002,181	2,002,181	1,952,126
Federal Home Loan Banks			
9.55% consolidated bonds, series G due 11-26-76	5,000,000	5,183,594	5,125,000
Federal Home Loan Mortgage Corp.			
7.15% guaranteed mortgage bonds due 5-26-82 to 97	3,000,000	3,013,125	2,610,000
8.20% guaranteed mortgage bonds due 3-15-05	1,500,000	1,500,000	1,440,000
Federal National Mortgage Association			
Discount notes due 4-6-76	4,500,000	4,429,875	4,430,250
Discount notes due 5-11-76	5,000,000	4,891,542	4,894,550
7.55% debentures, series SM1977H due 12-12-77	2,000,000	2,000,000	2,015,000
7.05% debentures, series SM1992B due 6-10-92	5,000,000	5,000,094	4,450,000
General Electric Co.			
Demand notes	1,605,000	1,605,000	1,605,000
General Electric Credit Corp.			
6⅝% notes due 8-15-77	5,000,000	5,000,000	4,900,000
General Motors Acceptance Corp.			
Demand notes	93,000	93,000	93,000
General Telephone Co. of Florida			
7½% first mortgage bonds due 8-1-02	1,000,000	990,570	737,500
Household Finance Corp.			
7½% debentures, series IF due 8-1-95	3,000,000	3,000,000	2,565,000
International Harvester Credit Corp.			
Demand notes	307,000	307,000	307,000
Michigan Consolidated Gas Co.			
7⅝% first mortgage bonds due 7-1-97	2,000,000	1,978,125	1,657,500

	Face amount	Cost	Quoted market value
Mountain States Telephone & Telegraph Co.			
7¾ % debentures due 6-1-13	$ 2,000,000	$ 2,000,000	$ 1,795,000
Northern Illinois Gas Co.			
7⅝ % first mortgage bonds due 7-1-97	2,000,000	2,005,540	1,740,000
Northwestern Bell Telephone Co.			
7½ % debentures due 4-1-05	3,000,000	3,042,500	2,647,500
Pacific Gas & Electric Co.			
7½ % first and refunding mortgage bonds, series YY due 6-1-04	3,000,000	3,000,000	2,505,000
Southern Bell Telephone & Telegraph Co.			
6½ % notes due 7-15-79	2,000,000	1,987,500	1,920,000
7⅜ % debentures due 7-15-10	3,000,000	2,952,500	2,580,000
Southern California Edison Co.			
7⅜ % first and refunding mortgage bonds, series BB due 8-15-97	1,000,000	997,170	871,250
Southwestern Bell Telephone Co.			
6½ % notes due 5-1-79	3,000,000	2,976,250	2,895,000
7⅜ % debentures due 5-1-12	3,000,000	2,990,400	2,591,250
Tennessee Valley Authority			
7.35% power bonds, series C due 7-1-97	4,000,000	4,000,000	3,570,000
Textron Inc.			
7½ % sinking fund debentures due 7-15-97	2,000,000	2,000,000	1,680,000
Toledo Edison Co.			
7½ % first mortgage bonds due 8-1-02	2,000,000	1,995,000	1,590,000
Twelve Federal Intermediate Credit Banks			
7.40% consolidated bonds, series A-1980 due 1-2-80	2,000,000	2,000,000	1,980,000
Twelve Federal Land Banks			
9.20% consolidated bonds, series F-1976 due 1-20-76	5,000,000	4,978,125	5,006,250
6.80% consolidated loan bonds due 10-23-79	4,000,000	4,063,750	3,880,000
United States Steel Credit Corp.			
Promissory notes due 1-15-76	1,900,000	1,895,440	1,895,725
	117,900,415	117,823,911	108,463,520
Purchased interest	235,500	235,500	235,500
	$186,298,915	$184,634,125	$175,579,433

Summary of grants
for the year ended December 31, 1975

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

University of Alabama
Birmingham, Alabama
Program to help rural communities establish health services

Alaska Community Education Program
Anchorage, Alaska
Program to train community health practitioners

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

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

American Association for Comprehensive Health Planning
Alexandria, Virginia
Technical assistance for health planning agencies
[$200,000 authorized in 1973]
Distribution of technical assistance manuals

American Association of Medical Clinics Foundation, Inc.
Alexandria, Virginia
Planning a management training program for physicians

Grants awarded in 1975 appear in brown. Those awarded in prior years appear in black. The original amount of a grant awarded in prior years appears in brackets following the grant description.

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 267,262	$	$ 46,076	$ 221,186
	100,000	56,400	43,600
	40,641	40,641	
394,304		176,458	217,846
146,125		41,750	104,375
75,000	360,000	125,390	309,610
	21,006	21,006	
	17,851	17,851	

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

Administration of the Foundation's dental student aid program
[$40,000 authorized in 1972]

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

Planning a preventive dental care program for school-age children

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American Medical Association Education and Research Foundation
Chicago, Illinois

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

Preparation of a report on the role of nurses in primary care by the National Joint Practice Commission

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American Society of Contemporary Medicine and Surgery
Chicago, Illinois

Development of a nationwide telephone consultation service for physicians
[$300,000 authorized in 1974]

Appalachian Regional Hospitals, Inc.
Hazard, Kentucky

Outreach service for the care of mothers, infants, and young children
[$623,619 authorized in 1974]

Aspira of America, Inc.
New York, New York

Program to increase minority enrollment in medical schools

Association of American Medical Colleges
Washington, D.C.

Administration of the Foundation's medical student aid program
[$40,000 authorized in 1972, and $56,880 authorized in 1974]

Program to strengthen the management capabilities of academic medical centers
[$540,000 authorized in 1974]

Association of Physician Assistant Programs
Washington, D.C.

Program with the American Academy of Physicians Assistants to foster training of new health practitioners
[$123,473 authorized in 1973]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 20,000	$	$ 10,000	$ 10,000
83,129		33,594	49,535
	22,400	22,400	
24,440		14,770	9,670
	79,475	79,475	
175,000		100,000	75,000
493,806		168,512	325,294
	256,490	63,798	192,692
29,985		10,000	19,985
490,970		192,107	298,863
63,473		63,180	293

Association of Science-Technology Centers
Washington, D.C.
Planning and development of teaching materials in health

Association of University Programs in Health Administration
Washington, D.C.
Summer internship program in health services management

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

Bedford-Stuyvesant Restoration Corporation
Brooklyn, New York
Planning for a primary care center

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

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

Boston University
Boston, Massachusetts
Studies in the quality of patient care

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

The Brookings Institution
Washington, D.C.
Study of the impact of government financing programs on health care
[$119,200 authorized in 1972]

Town of Brookline, Massachusetts, Public Schools
Brookline, Massachusetts
Health program for infants and preschool children
[$400,000 authorized in 1972, and $642,386 authorized in 1974]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 307,071	$ 112,231	$ 194,840
	332,817	33,000	299,817
160,000		38,805	121,195
	138,100		138,100
467,558		134,335	333,223
347,020	1,189,677	172,215	1,364,482
	519,729	40,742	478,987
72,000		54,000	18,000
7,865		7,865	
613,856		284,817	329,039

Cabin Creek Health Association
Cabin Creek, West Virginia
Planning a child care service program

University of California, Berkeley
Berkeley, California
Research on selection criteria for future physicians
[$227,000 authorized in 1972]

University of California, Davis, School of Medicine
Davis, California
Program for the preparation and placement of rural nurse practitioners
[$1,178,000 authorized in 1973]

University of California, San Francisco, School of Medicine
San Francisco, California
Establishment of a health policy center
[$1,200,000 authorized in 1973]
Program to prepare physicians and nurses in primary care
[$500,067 authorized in 1974]
Study of the effects of medical intervention on families
Evaluation of the Foundation's Clinical Scholars Program
Program to prepare faculty in emergency medicine

Canonsburg General Hospital
Canonsburg, Pennsylvania
Program to plan an ambulatory care system

Center for Information on America
Washington, Connecticut
Information booklet on prepaid group practices

Center for Research in Ambulatory Health Care Administration
Denver, Colorado
Program to train managers of ambulatory care centers
[$491,191 authorized in 1974]

University of Chicago
Chicago, Illinois
Development of a national index to measure access to physician care
[$125,673 authorized in 1974]
Study of the implementation of a national health insurance program

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 23,700	$ 23,700	$
93,395	139,256	112,915	119,736
790,140		351,221	438,919
600,040		384,670	215,370
445,976	656,344	132,933	969,387
	24,958	24,958	
	207,403	20,465	186,938
	715,917	22,953	692,964
	54,150		54,150
	1,000	1,000	
370,910		169,214	201,696
62,837	1,042,470	290,869	814,438
	252,422		252,422

Children's Hospital
Washington, D.C.
Development of a child care program
[$135,628 authorized in 1974]

Children's Hospital Medical Center
Boston, Massachusetts
Training clinical faculty in child development
[$257,007 authorized in 1974]

Children's Research Institute of California
Sacramento, California
Study of the California child health care program

Children's Television Workshop
New York, New York
Planning and production of a national television program on health
[$1,700,000 authorized in 1973]

Chinatown Action for Progress, Inc.
New York, New York
Planning a primary care health center

Christian Action Ministry
Chicago, Illinois
Development of a community-wide health program

Citizens Conference on State Legislatures
Englewood, Colorado
Program to strengthen the role of state legislatures in health
[$1,996,000 authorized in 1973]

La Clinica de la Raza
Oakland, California
Planning an expanded health services program

La Clinica del Pueblo de Rio Arriba
Tierra Amarilla, New Mexico
Development of a mother and infant care training program
[$134,765 authorized in 1974]

Clinical Scholars Program[1]
National program to prepare young physicians for leadership roles in medical care
[$5,900,000 authorized in 1972, $748,381 authorized in 1973, and
$4,405,641 authorized in 1974]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 101,721	$	$ 94,026	$ 7,695
233,773		90,164	143,609
	20,000	20,000	
750,000		750,000	
	49,412		49,412
	295,200	32,300	262,900
599,000	1,184,998	729,213	1,054,785
	48,599		48,599
80,330			80,330
9,779,015		1,993,701	7,785,314

University of Colorado, School of Medicine
Denver, Colorado
Center for the Prevention and Treatment of Child Abuse and Neglect
[$588,000 authorized in 1972]
Project to provide rural doctors with student assistance
[$519,000 authorized in 1973]
Planning of a new medical curriculum to prepare non-M.D. primary care practitioners
[$155,400 authorized in 1974]

Columbia University
New York, New York
Public policy program in health services and manpower
[$222,000 authorized in 1973]

Columbia University, College of Physicians and Surgeons
New York, New York
Program to improve primary care services for children
[$500,000 authorized in 1974]

Commission for Mexican-American Affairs
San Antonio, Texas
Support of a child care program

Community Hospital Group*
Edison, New Jersey
Purchase of outpatient equipment

University of Connecticut
Hartford, Connecticut
Development of a school-based health care program

Cornell University, Medical College
New York, New York
Planning for ambulatory care
[$499,000 authorized in 1973]
Study of doctor-patient communications
[$154,767 authorized in 1974]
Support of a preprofessional health careers program

Cottonwood Health Group, Inc.
Tekamah, Nebraska
Development of a community health center
[$209,000 authorized in 1973]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 357,207	$ 1,162,655	$ 94,218	$ 1,425,644
357,600		196,457	161,143
138,350		36,126	102,224
148,000		88,147	59,853
437,959	595,927	432,313	601,573
	526,791	100,560	426,231
	25,000	25,000	
	618,557	51,688	566,869
160,000			160,000
132,641		68,951	63,690
	15,000	15,000	
87,556		87,556	

Council on Foundations
New York, New York
Service and educational programs
[$60,000 authorized in 1972]

Council on Municipal Performance
New York, New York
Study of child health services in major U.S. cities

Dartmouth College, Medical School
Hanover, New Hampshire
Development of a primary care service and training program
[$1,154,685 authorized in 1974]

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

Charles R. Drew Postgraduate Medical School
Los Angeles, California
Planning for a primary care training and service program
[$164,057 authorized in 1974]

Duke University, School of Medicine
Durham, North Carolina
Research and training in primary care community practice
[$1,134,375 authorized in 1972]
Faculty training and research program in family medicine

East Kentucky Health Services Center, Inc.
Hindman, Kentucky
Development and expansion of a nonprofit rural group practice
[$400,000 authorized in 1973]

Educational Facilities Laboratories, Inc.
New York, New York
Preparation of a report on ambulatory care facilities

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

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 20,000	$ 20,000	$ 40,000	$
	20,000	20,000	
1,095,565		136,330	959,235
4,382,948		814,813	3,568,135
136,714		54,686	82,028
487,217		386,342	100,875
	802,885		802,885
25,000	344,050	25,000	344,050
	8,969	8,969	
262,377		48,459	213,918

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

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

The Foundation Center
New York, New York
Data collection and analysis in the foundation field

Frontier Nursing Service
Wendover, Kentucky
Expansion of a nurse-run primary care network

Genesee Hospital
Rochester, New York
Expansion of an ambulatory care program
[$187,000 authorized in 1973]
Preparation of a film on hospital-sponsored primary care group medical practices

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

George Washington University, School of Medicine
Washington, D.C.
Program to train physicians and nurses in primary care
[$600,000 authorized in 1973]

Georgetown University, Graduate School
Washington, D.C.
Evaluation of the program to strengthen the role of state legislatures in health
[$233,300 authorized in 1973]
Planning and development of a health policy center
[$1,328,734 authorized in 1974]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 6,810,421	$	$ 1,508,735	$ 5,301,686
103,674	870,371	141,204	832,841
	187,500	37,500	150,000
	508,360	181,736	326,624
110,291		30,274	80,017
	25,000	25,000	
421,678		241,610	180,068
400,000		50,345	349,655
160,335		69,822	90,513
1,278,812		88,907	1,189,905

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

Planning and program to improve methods for evaluating the quality of health care services
[$626,119 authorized in 1973]

Development of a primary care prepaid group practice program

Glenville Health Association
Cleveland, Ohio

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

The Greater Hartford Process
Hartford, Connecticut

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

Group Health Foundation
Washington, D.C.

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

Harvard Community Health Plan, Inc.
Boston, Massachusetts

Development of a primary care prepaid group practice program
[$446,106 authorized in 1972, and $450,000 authorized in 1974]

Harvard University
Cambridge, Massachusetts

Support of a preprofessional health careers program

Study of the physician-patient relationship

Harvard University, Medical School
Boston, Massachusetts

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

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

Harvard University, School of Public Health
Cambridge, Massachusetts

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

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 374,785	$	$ 374,785	$
	300,000	300,000	
250,000		200,000	50,000
206,056		177,924	28,132
33,000		12,801	20,199
25,460		25,460	
	15,000	15,000	
	24,755	24,755	
81,500		41,750	39,750
1,070,597		227,955	842,642
500,000		188,587	311,413

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

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

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

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

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

Hospital Research and Educational Trust
Chicago, Illinois
Program to study the role of public general hospitals

University of Illinois, Abraham Lincoln School of Medicine
Chicago, Illinois
Expansion of Urban Preceptorship Program
[$576,390 authorized in 1972]

Indiana University Foundation
Bloomington, Indiana
Planning a new health practitioner training program for Gary, Indiana
[$107,185 authorized in 1974]
Program to prepare clinical nursing faculty in primary care

Institute of Society, Ethics and the Life Sciences
Hastings-on-the-Hudson, New York
Study of the role of ethical values in health
[$293,000 authorized in 1973]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 307,713	$	$ 277,162	$ 30,551
288,600			288,600
281,269		107,577	173,692
355,736		90,349	265,387
238,683		79,072	159,611
	25,000	25,000	
440,000		60,000	380,000
71,456		35,728	35,728
	297,653	23,887	273,766
125,921		121,750	4,171

Interstudy
Minneapolis, Minnesota
Preparation of case-study reports on free-standing medical group practices

The Johns Hopkins University
Baltimore, Maryland
School of health services training program
[$3,000,000 authorized in 1973]

The Johns Hopkins University, Center for Health Services Research and Development
Baltimore, Maryland
Evaluation of the Foundation's perinatal program
[$2,013,220 authorized in 1974]

The Johns Hopkins University, School of Medicine
Baltimore, Maryland
Program to prepare faculty in emergency medicine
[$754,272 authorized in 1974]

University of Kentucky, College of Dentistry
Lexington, Kentucky
Training and evaluation of dental hygienists in primary dental care
[$269,795 authorized in 1974]

Lake Erie College
Painesville, Ohio
Program with the Cleveland Clinic to train physician's assistants

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

Massachusetts Institute of Technology
Cambridge, Massachusetts
Studies in the application of technology to ambulatory care

Massachusetts Institute of Technology, Alfred P. Sloan School of Management
Cambridge, Massachusetts
Program to improve primary care team skills
[$440,449 authorized in 1974]

University of Massachusetts
Worcester, Massachusetts
Program to improve methods for evaluating the quality of health care services

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 13,418	$ 13,418	$
1,552,690	3,000,000	1,944,291	2,608,399
1,989,220		116,277	1,872,943
700,947		174,695	526,252
203,773		126,997	76,776
	526,853		526,853
175,650		94,710	80,940
	89,735	89,735	
388,801		240,686	148,115
	225,191	28,149	197,042

The Matheny School*
Peapack, New Jersey
Equipment support

The Matthew Thornton Health Plan, Inc.
Nashua, New Hampshire
Development of a nonprofit group practice
[$356,000 authorized in 1973]

Medical Center of Gary, Inc.
Gary, Indiana
Program to train family health practitioners

The Medical Center at Princeton
Princeton, New Jersey
Study of the health care needs of the Princeton area

Medical Mission Sisters
Philadelphia, Pennsylvania
Program of primary care services for rural and urban communities

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

University of Michigan, School of Public Health
Ann Arbor, Michigan
Program on health manpower development
[$375,000 authorized in 1973]
Publication of a study on computer use in ambulatory care

Middlesex County College Foundation, Inc.*
Edison, New Jersey
Expansion of a program in health sciences
[$51,943 authorized in 1972]
Support for a nurse training program

Middlesex County Recreational Council*
Perth Amboy, New Jersey
Support of the building program at Kiddie Keep Well Camp

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 5,000	$ 5,000	$
54,000		54,000	
	300,000	37,287	262,713
	7,732	7,732	
	161,702		161,702
1,850,000		1,100,000	750,000
224,646	21,740	151,849	94,537
	13,370	13,370	
16,500		16,500	
	12,329	12,329	
	50,000	50,000	

Middlesex General Hospital*
New Brunswick, New Jersey
Planning project for the establishment of a hospital-based primary care group practice
[$349,609 authorized in 1974]
Purchase of equipment
Land acquisition

Mile Square Neighborhood Health Center, Inc.
Chicago, Illinois
Planning an expanded health services program

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

Mohawk Valley Medical Center, Inc.
Shelburne Falls, Massachusetts
Development of a community-based primary care practice in rural Massachusetts

Montefiore Hospital and Medical Center
Bronx, New York
Training physicians and other professionals in team practice
[$700,000 authorized in 1973]
Development of a child care program with the Martin Luther King Health Center

Montgomery County, Maryland, Medical Care Foundation, Inc.
Wheaton, Maryland
Program to improve access to physician care
[$121,327 authorized in 1974]

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

Mount Sinai School of Medicine
New York, New York
Program to develop primary care services for children
[$600,000 authorized in 1973]

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 144,026	$	$ 144,026	$
	250,000	250,000	
	131,000	131,000	
	69,360		69,360
901,670		42,104	859,566
	169,458	90,300	79,158
318,590	584,877	496,162	407,305
	579,530	43,616	535,914
50,200		22,005	28,195
216,015		89,535	126,480
207,000	64,325	153,575	117,750

National Academy of Sciences, Institute of Medicine
Washington, D.C.
Fellowships in health policy program
[$710,000 authorized in 1973]
Support of the Institute of Medicine

National Academy of Sciences, National Research Council
Washington, D.C.
Administration of the Foundation's regional emergency medical response program
[$300,000 authorized in 1973]
Support for the Academy's Emergency Medical Services Committee

National Association of Health Services Executives
New York, New York
Program to assist minority health administrators

National Board of Medical Examiners
Philadelphia, Pennsylvania
Development of a national examination for qualifying physician's assistants
[$139,950 authorized in 1972]

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

National Commission for Manpower Policy
Washington, D.C.
Studies in health manpower

National 4-H Club Foundation of America, Inc.
Washington, D.C.
Planning a national program in health
[$80,750 authorized in 1974]

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

National League for Nursing
New York, New York
Summer internship program in health policy

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 454,333	$ 1,215,040	$ 276,118	$ 1,393,255
	850,000	87,500	762,500
100,000	360,000	199,396	260,604
	274,200		274,200
	232,862	28,463	204,399
56,172		56,172	
133,400		29,901	103,499
	25,000	25,000	
80,750		80,750	
65,600		40,000	25,600
	10,680	10,680	

National Medical Fellowships, Inc.
New York, New York

Scholarship program for minority medical students

National Planning Association
Washington, D.C.

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

Analysis of health policy issues
[$238,095 authorized in 1974]

Administration of the Foundation's community hospital ambulatory care program

Planning an evaluation of the Foundation's community hospital ambulatory care program

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University of Nebraska, Medical Center
Omaha, Nebraska

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

University of Nevada
Reno, Nevada

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

New England Medical Center Hospital
Boston, Massachusetts

Study of decision making in the health care system

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

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

Program to strengthen preprofessional training for minority group students

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

Planning a family physician training program for New Jersey
[$147,597 authorized in 1974]

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

Program to raise private-sector funds for the development of the College

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Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 550,000	$ 550,000	$
121,439		40,269	81,170
121,951		121,951	
	680,568	680,568	
	15,632	15,632	
373,680		127,945	245,735
342,071		318,071	24,000
	149,880		149,880
314,521			314,521
	77,500	77,500	
147,597		36,899	110,698
	5,000,000	4,000,000	1,000,000

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

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

Administration of the Foundation's rural community practice models program

Support of a preprofessional health careers program

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

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

Nursing Faculty Fellowships Program[3]

Program to equip nursing faculty with primary care clinical skills

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University of Pennsylvania
Philadelphia, Pennsylvania

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

University of Pennsylvania, School of Dental Medicine
Philadelphia, Pennsylvania

Dental care program for school-age children

University of Pennsylvania, Wharton School
Philadelphia, Pennsylvania

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

Perinatal Program

Grants for the development of regional high-risk pregnancy networks
[$17,600,000 authorized in 1974]
(See Schedule A, page 92)

University of Pittsburgh, School of Medicine
Pittsburgh, Pennsylvania

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

Posen-Robbins School District 143½
Oak Park, Illinois

Planning a school-based health care system

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 254,288	$	$ 53,012	$ 201,276
	2,074,081	121,092	1,952,989
	15,000	15,000	
100,000		25,000	75,000
	3,000,000		3,000,000
141,748		80,940	60,808
	2,023,854	171,909	1,851,945
622,350		184,621	437,729
17,600,000		2,000,000	15,600,000
475,809		53,826	421,983
	36,700	36,700	

Princeton Area United Community Fund
Princeton, New Jersey
Campaign support

Princeton University
Princeton, New Jersey
Analytical history of the development of U.S. health policy

Professional Staff Association of Los Angeles County Harbor General Hospital
Torrance, California
Preparation of a manual on emergency medical communications systems

Public Technology, Inc.
Washington, D.C.
Emergency medical services technical assistance program
[$673,967 authorized in 1974]

Radcliffe College
Cambridge, Massachusetts
Preparation and placement of women in community health careers
[$318,000 authorized in 1973]

The Rand Corporation
Santa Monica, California
Evaluation of regional emergency medical response systems
[$462,650 authorized in 1973]

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

The Rocky Mountain Corporation for Public Broadcasting
Denver, Colorado
Evaluation of the use of satellite technology to train health professionals

Roxbury Dental and Medical Group, Inc.
Roxbury, Massachusetts
Expansion of a nonprofit group practice
[$224,840 authorized in 1974]

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

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$ 24,000	$ 24,000	$
	19,802	19,802	
	24,750	24,750	
486,617		278,799	207,818
77,478		77,478	
248,952		58,406	190,546
918,239		72,460	845,779
	24,380	24,380	
203,740		83,858	119,882
331,100		85,150	245,950

Rural Practice Project[3]
Program to develop nonprofit group medical practices in rural areas

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

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

St. Peter's Medical Center*
New Brunswick, New Jersey
Purchase of equipment

St. Peter's Medical Center, School of Nursing*
New Brunswick, New Jersey
Nursing scholarships

St. Vincent de Paul Society*
Highland Park, New Jersey
Program of assistance to the indigent

Salvation Army*
New Brunswick, New Jersey
Program of assistance to the indigent

University of Southern California, School of Medicine
Los Angeles, California
Study of the role of medical specialists in primary care
[$213,090 authorized in 1974]
Research on physician location and type of practice

Southern Regional Council, Inc.
Atlanta, Georgia
Study of rural health problems

State University of New York at Buffalo
Buffalo, New York
Study of prepaid group practice enrollment plans and subscriber preferences

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$	$12,000,000	$	$12,000,000
230,019	161,835	114,387	277,467
120,326		84,376	35,950
	250,000	250,000	
	30,000	30,000	
	15,000	15,000	
	20,000	20,000	
143,537	1,403,644	40,000	1,507,181
	100,000	25,000	75,000
	151,598	90,960	60,638
	5,325	5,325	

Student American Medical Association Foundation
Rolling Meadows, Illinois
Field service in community health for health science students
[$250,000 authorized in 1973]

Student National Medical Association
Washington, D.C.
National medical preceptorship program
[$125,000 authorized in 1974]

Tennessee Department of Public Health
Nashville, Tennessee
Development of a primary care center in Hamilton County

University of Tennessee, College of Medicine
Memphis, Tennessee
Development of a primary care network
[$801,504 authorized in 1974]

University of Texas, Austin
Austin, Texas
Planning for the evaluation of the Foundation's rural practice project

University of Texas Medical Branch at Galveston
Galveston, Texas
Primary care services for school-age children
[$824,796 authorized in 1974]

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

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

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

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 100,000	$	$ 60,000	$ 40,000
62,500	145,380	98,845	109,035
	417,346		417,346
734,712		192,410	542,302
	24,577	24,577	
733,568		332,186	401,382
390,553		211,293	179,260
618,492		32,085	586,407
316,545	1,419,880	411,348	1,325,077

The United Way of Central Jersey, Inc.*
New Brunswick, New Jersey
Support for the 1975 campaign

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

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

Vanderbilt University
Nashville, Tennessee
Program to improve rural community health services

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

University of Virginia, School of Medicine
Charlottesville, Virginia
Development of a primary care program
[$312,743 authorized in 1974]

Washington University, School of Medicine
St. Louis, Missouri
Establishment of an ambulatory care teaching practice
[$600,000 authorized in 1973]

University of Washington, Seattle, School of Medicine
Seattle, Washington
Study of the training of new health practitioners

University of Wisconsin
Madison, Wisconsin
Research and training in the economics and sociology of health care services
[$486,000 authorized in 1973]
Study of new health practitioners in ambulatory care
[$217,760 authorized in 1974]

	Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
	$	$ 130,000	$ 130,000	$
	209,538			209,538
	101,726		35,883	65,843
		312,780	26,065	286,715
	260,386		161,007	99,379
	278,457		83,568	194,889
	350,000		173,944	176,056
		520,351	46,343	474,008
	329,900			329,900
	182,199		91,684	90,515

Yale University, School of Medicine
New Haven, Connecticut
Research on the structure and quality of primary pediatric care
[$376,000 authorized in 1973]

Refunds

Cancellations

**Local projects in the New Brunswick, New Jersey area.*

[1] *Listings of grant recipients under this program appeared in the 1973 and 1974 Reports.*

[2] *A listing of grant recipients under this program appeared in the 1974 Report.*

[3] *A listing of grant recipients under this program will appear in the 1976 Report.*

Unpaid grants January 1, 1975	1975 grants authorized	1975 payments	Unpaid grants December 31, 1975
$ 286,559	$	$ 90,273	$ 196,286
$78,218,631	$54,561,824	$33,830,915	$98,949,540
	135,659	135,659	
	392,261	392,261	
	$54,033,904	$33,302,995	

Schedule A—Perinatal Program

Arizona Medical Association Foundation Phoenix, Arizona	$ 2,200,000
Case Western Reserve University, School of Medicine Cleveland, Ohio	2,225,000
Columbia University, College of Physicians and Surgeons New York, New York	2,199,925
Charles R. Drew Postgraduate Medical School Los Angeles, California	2,200,000
Professional Staff Association of Los Angeles County Harbor General Hospital Torrance, California	2,200,000
University of Southern California Los Angeles, California	2,198,721
State University of New York, Upstate Medical Center Syracuse, New York	2,176,354
University of Texas, Health Sciences Center Dallas, Texas	2,200,000
	$17,600,000

Secretary's report

Secretary's report*

On January 29, 1976, the Honorable Dubois S. Thompson was elected a Trustee Emeritus of the Foundation. Judge Thompson is a native of Metuchen, New Jersey, and before his retirement served as Middlesex County Judge for 15 years, following terms as both Magistrate and Municipal Attorney for the Borough of Metuchen. Upon being elected as Trustee Emeritus, he was cited by the Board "for his 12 years of dedicated service as a Trustee, for his wise counsel, and for his many contributions toward the philanthropic goals of the Foundation."

Staff changes

Dr. Leighton E. Cluff joined the staff in early 1976 as a Vice President after having served 10 years as professor and chairperson of the Department of Medicine at the University of Florida. Prior to his appointment at Florida, Dr. Cluff was a professor of medicine at The Johns Hopkins University, where he served on the medical faculty for 12 years. He is a graduate of the George Washington University School of Medicine and did post-graduate and residency training at Johns Hopkins, Duke University Hospital, and the Rockefeller Institute for Medical Research.

J. Warren Wood, III was elected Secretary of the Foundation in 1975. Prior to joining the Foundation, he practiced law with the firm of McGuire, Woods & Battle in Richmond, Virginia. He previously served as a Captain in the U.S. Army and was employed by Bankers Trust Company of New York City. Mr. Wood is a graduate of Princeton University and received the J.D. degree from the University of Virginia School of Law.

William E. Walch joined the staff in 1975 as Information Services Officer, coming from the Maryland Academy of Sciences where he was the director of development and public relations. He was a member of The Johns Hopkins Medical Institutions' development and public relations staff for four years and, earlier, was a radio and television newsman in Fargo, North Dakota. Mr. Walch is a graduate of Iowa State University and was a fellow at the Washington Journalism Center.

* *To present as up-to-date a picture of staffing as possible, the period covered in this section, unless otherwise stated, is January 1, 1975 to February 15, 1976.*

Marilyn C. Farray, Ruby P. Hearn and Thomas W. Moloney joined the staff as Program Officers. Ms. Farray had served as assistant director of Queens Hospital Center in Jamaica, New York, prior to joining the Foundation. She is a graduate of the City College of New York and received a master's degree in health administration at the Columbia University School of Public Health.

Dr. Hearn arrived on staff in early 1976 from Children's Television Workshop where she was director of content development for the Health Show Project. She is a graduate of Skidmore College and received master's and doctorate of philosophy degrees from Yale University, where she also was a post-doctoral research associate in biophysics.

Mr. Moloney came to the Foundation from The New York Hospital-Cornell Medical Center, where he was an executive assistant to the associate director. He previously served as senior rehabilitation counselor at the National Center for the Deaf and Blind. Mr. Moloney is a graduate of Colgate University and has master's degrees in business administration, public health, and special education from Columbia University.

John L. Dugan, Jr., joined the staff on a part-time basis as Special Consultant to the Treasurer. He had been vice president for finance and administration with the Chicopee Manufacturing Corporation. His previous posts include treasurer of the Underwood Corporation and assistant to the president of Grace National Bank of New York. He is a graduate of Swarthmore College and received the MBA degree from the University of Pennsylvania. He subsequently was an instructor at both schools in engineering and management and currently serves as adjunct associate professor of management at St. Peter's College in Jersey City.

Deborah A. Freund joined the Foundation's staff as a Program Assistant following completion of studies leading to master's degrees in applied economics and medical care organization at the University of Michigan.

Arthur A. Berarducci became a Senior Program Consultant in early 1976, dividing his time between assisting the Foundation with the organization and management of health care service programs and his duties at the Harvard School of Public Health and Peter Bent Brigham Hospital. Mr. Berarducci is associate director of the graduate program in health policy and management at the School of Public Health and director of the primary care unit at the Hospital. He is a former director of ambulatory services and assistant director of Beth Israel Hospital in Boston. He is a graduate of the State University of New York in Buffalo and has a master's degree in hospital administration from the Yale University School of Medicine.

Dr. Kenneth G. Johnson was named a Senior Program Consultant to the Foundation in 1975. He is a professor of community medicine

at the Mount Sinai School of Medicine of the City University of New York and will serve in a liaison and coordinating capacity for the Foundation with the regional groups involved in the Perinatal Program. Dr. Johnson was in private practice for 10 years and his previous academic appointments include professor of community medicine at the Cornell University Medical College, professor of epidemiology and chairman of the Department of Community Medicine at Dartmouth College, and chief of medicine for the Atomic Bomb Casualty Commission in Hiroshima and Nagasaki, Japan. He received the M.D. degree from the State University of New York, Downstate Medical Center, and completed residency training in internal medicine and cardiology at the Yale-New Haven Medical Center.

Leaving the Foundation in early 1976 was Dr. Alfred M. Sadler, Jr., who resigned as Assistant Vice President and entered the primary care residency program of the Department of Medicine at the Massachusetts General Hospital in Boston. Dr. Sadler was a talented and effective member of the senior staff during his three years with the Foundation, and played a key role in developing the Foundation's grant program in the area of professional education and training.

Barbara Lehan left the Foundation staff in 1975 after almost four years of capable and valued service, first as an Administrative Assistant to the President and later as a Program Assistant in the communications office.

Board activities

During the calendar year of 1975, the Board of Trustees met six times to review proposals and to appropriate funds for the implementation of new programs. In addition, the Policy, Finance, Building, and Nominations Committees met as required to consider and prepare recommendations to the Board.

J. Warren Wood, III
Secretary

Application for grants

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

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

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

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

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

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

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

Proposal letters should be addressed to:

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

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