
Report of the Josiah Macy, Jr. Foundation

For July 1, 2003 through June 30, 2004

Josiah Macy, Jr. Foundation
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About the Foundation

Kate Macy Ladd endowed the Josiah Macy, Jr. Foundation in 1930 in memory of her father, who died at a young age. Since the mid-1960s, the Foundation has focused its resources specifically on improving the education of health professionals, particularly physicians.

A Heritage of Philanthropy

Mrs. Ladd descended from Thomas and Sarah Macy, who immigrated to Massachusetts from England in the late 1630s. In America, the Macys, who were among the first European settlers on Nantucket Island, became prosperous maritime merchants. Six generations and almost 200 years later, Captain Josiah Macy left Nantucket to establish a shipping and commission firm in New York City. In the 1860s, under the guidance of the retired Captain's sons and grandsons, the firm opened New York's first oil refinery, which was later purchased by the Standard Oil Company.

In 1876, prominent philanthropist Josiah Macy, Jr., one of the Captain's grandsons, died of yellow fever at age 38. The family's philanthropic tradition was continued by his daughter, Kate, who married the lawyer and yachtsman Walter Graeme Ladd. By the time of her death in 1945 she had given the Foundation approximately \$19 million.

Until 1945, the Foundation focused its grantmaking on medical research in such fields as traumatic shock and war-related psychiatric disorders, geriatrics and aging, arteriosclerosis, genetics and human development, and psychosomatic medicine. The Foundation's extensive conference and publication program was also begun during this period.

From the end of World War II through the mid-1960s, the Foundation supported the efforts of medical schools to expand and strengthen their basic science faculties. During that time, the Foundation also began supporting the emergent fields of basic reproductive biology, human reproduction, and family planning, and fostered their incorporation into the biological, behavioral, and social science bases of academic obstetrics and gynecology.

Since the mid-1970s, the Foundation has awarded more than 70 percent of its grants to projects that broaden and improve the education of physicians and other health professionals. For example, the Foundation has funded programs to recruit and retain underrepresented minority students in premedical collegiate programs and in medical schools, provide sabbatical leaves for medical school faculty, expand pediatric training programs in developing

countries, and develop medical history programs in U.S. medical schools. The Foundation also has supported projects in emergency medicine and the education of physician assistants.

In 1981, the Foundation refocused its Minorities in Medicine program to support academic enrichment programs for minority high school students interested in careers in medicine and the sciences. These high school programs were so successful that, in 1990, the Foundation established Ventures in Education, now an independent corporation, to replicate these programs across the nation.

Also during the 1980s, the Foundation funded studies at medical schools and universities in the cognitive sciences in medicine, including studies of the clinical decision-making process used by physicians and the application of basic science knowledge to clinical reasoning. Additionally, the Foundation supported programs at medical schools and research institutions that encouraged doctoral candidates in biomedical science to pursue careers in research relevant to human disease by providing them with special educational programs in human pathology and physiology.

In the early part of the 1990s considerable emphasis was placed on health educational strategies that would enhance primary care in the U.S. health care system. Then, with the retirement of Dr. Thomas Meikle, Jr. as the fifth president of the Foundation, the Board of Directors of the Macy Foundation devised a policy statement to give focus to discussions with potential successors for that position. Central among the points made in that statement was the mission to “develop, monitor, and evaluate projects which demonstrate new approaches to addressing problems in health professions education.”

With the guidance of that mission statement, the new president, June E. Osborn, M.D., formulated four areas of particular emphasis in grant-making. They are: 1) projects to improve medical and health professional education in the context of the changing health care system; 2) projects that will increase diversity among health care professionals; 3) projects that demonstrate or encourage ways to increase teamwork between and among health care professionals; and 4) educational strategies to increase care for underserved populations.

While no effort is made to achieve a strict proportion of Foundation activities across the four areas at any one time, an overall balance is attempted. In addition, they provide useful guidance in assessing the relevance and importance of grant proposals as well as in determining and designing conferences sponsored by the Macy Foundation.



Kate Macy Ladd (1863-1945) — A Woman of Foresight

President's Statement

It is clear to any thoughtful observer that biomedical science has been enjoying a period of unparalleled progress both in understanding the mechanisms of disease and in devising therapies for their amelioration or cure. Knowledge that can be deployed in the interest of such treatments has increased exponentially, and its usefulness is being tested and confirmed in clinical trials, allowing a new era of “evidence-based” medical practice. Thus a part of the challenge to health professional education is clear: new generations of physicians and other health care professionals must not only be taught the latest concepts and data, but now more than ever they must learn to stay abreast of further developments so that they can be brought quickly to bear in the care of patients.

The need for regular reexamination of education in the health professions is self-evident. However some of the difficulties inherent in advancing with the times relate to features of health care that reach far beyond simple facts and paradigms of therapy. In the United States rapid change, both in the population and in the way health care is delivered, has compounded the challenge to medical educators. The system of clinical education that grew to stability in the course of the twentieth century was built on a hospital-based model. It was almost entirely dependent on bedside education, but that was easily arranged since patients were regularly hospitalized for days or even weeks in the context of their illnesses. Such in-patient care allowed students to hone their clinical skills over time and to gain an appreciation of disease progression and treatment effects. It also gave them ample opportunity to accompany and learn from seasoned clinicians as they demonstrated their diagnostic acumen and communication skills.

As students progressed further in their clinical education, the residency system of graduate medical education again provided ample opportunity for trainees to participate in continuity of care. Recently graduated physicians were expected to work very long hours, again largely in in-patient settings, in order to enhance their clinical skills. This system had unacknowledged fringe effects, for better or for worse. Their relatively low pay saved substantial costs for their (hospital) employers. But it was not always the optimal condition for learning, and their fatigue left them prone to errors in clinical care.

It also perpetuated reliance on the hospital setting as the primary arena for clinical training, even though the advancing conquest of acute illness meant

that chronic disease was taking an increasingly prominent place on the roster of patient care needs. Physicians often found the transition from residency training to their own practice unsettling, especially in the so-called primary care specialties, where both knowledge and necessary skill-sets were quite different from those highlighted in their training. Among the deficits sometimes noted were awareness of community-based issues of health and illness, patient-physician communication skills, and lack of experience in functioning as members of teams of health care professionals.

Most of those features of medical education and training have changed. In recent years the spiraling cost of health care and the evolving means of delivery have greatly shortened (and in some cases eliminated) the needed time for treatment in hospitals, and the move toward managed care has curtailed the available time for patient-physician contact in the out-patient setting. As a rule, a relatively few minutes are (now) available to go from ascertaining a clinical problem to arranging for its diagnosis (often involving laboratory and other technologic steps) and (describing a) treatment regimen. And yet one is reminded of the old adage: “the more things change, the more they stay the same.” The pace, and even the nature, of the clinical encounter may have altered drastically — and yet the central need for care, empathy and concern has become, if anything, more intense. The challenge to health professionals is made daunting by the convergence of these several forces.

To complicate matters further, another recent trend has gathered momentum as well, i.e. the advent of an increasingly health-conscious public and the response from many directions to meet their needs. This takes positive forms, such as the availability of health information in brochures that are often made available at clinical sites of care, as well as a profusion of data and medical opinion (ranging from carefully edited to self-interested) that is transmitted through the media and on the Internet. Wider access to health-relevant information is a welcome step forward toward (a necessary) full partnership between patient and caregiver to achieve optimal care. However, its usefulness is fully dependent on effective communication, which can be problematic, and on health literacy, which is often lacking. It is estimated that most health-relevant materials currently made available to the public call for at least a 10th-grade reading level, and much of what is presented demands a much higher level than that. When issues of literacy

are compounded with the growing diversity of our population—where English is often a second language—it is clear that we are far from ideally positioned to convey health and medical information in a form that would optimize health care.

Yet another element confounds the current scene: direct-to-consumer advertising began to appear on television and in other media in 1996 (after a shift in federal regulations) and since then has grown to truly gigantic proportions. The impact has been enormous. Drug company profits can be tracked directly to such media campaigns in many instances, and following the exhortation of such advertisements, “informed” consumers frequently deliver direct requests for specific pharmaceuticals to their health care providers. Given the already abbreviated chances for patient-physician interaction, such requests are often granted as the path of least resistance. The results can be inappropriate drug usage and further escalation of cost of care without clinical benefit.

All those changes in the individual-care setting are intensified by truly remarkable demographic shifts. The diversity of the American population has become more striking with each decade; in California the “majority” has become the minority, and that shift will occur nationwide quite soon. The importance of considering ethnicity and culture in the delivery of effective health care has been well demonstrated to be of foremost concern, and is likely to become ever more important. Sadly the training of a diverse health professional workforce has failed to keep up with those demographic changes, and strong evidence suggests that we must reverse that trend if we are to provide appropriate care to all our people.

The need to make sure that health professional education recognizes and adapts to those changes is compelling, for the opportunity to improve human well-being has never been more striking. People are living into old-old age in record numbers with quality-of-life issues that must be addressed; previously lethal illnesses have been tamed to become “chronic conditions,” which in turn have become amenable to improvement or relief; and premature infants are surviving even extreme prematurity, some to thrive but others to enter lives of uncertain well being. Those changes are the results of the decades of progress in biomedicine, for better and for worse, and they are worthy of note in the sense that they are emblematic of our increasing power to offer effective care for individuals. Above all, they illustrate the great opportunities that lie ahead, for as genomics and neuroscience begin to realize their promise in the context of individual care, health professionals will soon have the potential to intervene in powerful ways that can barely be imagined to prevent, cure or ameliorate dread diseases.

It is clearly compelling that the education of health professionals keeps pace with such advances. We are positioned as never before to anticipate new threats to health—whether infectious, environmental or genetic in origin—and to abort or ameliorate their impact through informed intervention. Better yet, the ability to do all those things has been expanded enormously by the advent of information technology, which can enable both the dissemination of such advances and the individualization of their impact through computerized medical records.

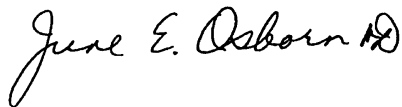
Such progress would be exciting to Mrs. Kate Macy Ladd, the founder of the Macy Foundation, who noted in her letter of endowment in 1931 that hers was (already) an “age of specialization and technical complexities”. That awareness led her to exhort the Foundation to give special attention to the integration of (knowledge) in medical sciences and medical education. Specifically, she exhorted the Foundation to find “promising new paths of approach [to achieve] a better understanding and wiser direction of human affairs concerned with social-minded health-care and education.” I continue to be impressed with her remarkable foresight in anticipating the extent of change to come; and I am regularly reinforced in my conviction that the mission of the Macy Foundation—while “low-tech” and seemingly peripheral to sweeping changes in health care—is fundamental to realization of the promise inherent in such change.

One feature of her insight is particularly impressive: she saw that health was much more than freedom from sickness and that fields across the spectrum from biology to the social sciences were likely to be important in improving the health of the public. Thus her charge to improve health professional education embraces a broad array of issues. From my vantage point it underscores a striking dissonance between our increasing scientific and technical prowess and our diminishing capacity to deliver the fruits of biomedical success to many of the people who need them.

It is important to recognize and celebrate the forward progress that has characterized health care in recent decades, especially in the context of biomedical science. But the other vectors of change noted above impinge on health professional education with equal or greater force. Simple knowledge of the facts is only the beginning of the process of health care delivery. That information must be incorporated into curricula and systems of education that take into account the rapid changes in our population and in the health care system.

The new and ongoing programs funded by the Macy Foundation and described in this Annual Report represent efforts to intercede in and update traditional approaches to health professional education in order to keep pace with advancing changes in information, technology, health care and

societal needs. While each project is of necessity fairly modest in its scope, all are intended to innovate or exemplify ways in which new and integrative modes of education and training of health professionals can improve the health of the public in this time of accelerating change. Some involve cross-disciplinary and teamwork education; some involve use of simulation or technology to facilitate the learning of patient care; and some aim directly at the need for communication skills to retain the essence of patient-caregiver communication. Hopefully, they are all based in part on the continued need for professionalism and humanism in the health care context and on the wisdom of the adage that “the more things change, the more they stay the same.”

A handwritten signature in black ink that reads "June E. Osborn MD". The signature is written in a cursive style with a large initial 'J' and a distinct 'MD' at the end.

June E. Osborn, M.D.

Health Professional Education in the Context of the Changing Health Care System



NEW INITIATIVES

Standardized Patient Assessment

A grant to support a national study of medical student clinical skills and the long-term impact of the Macy Consortium's pioneering use of standardized patients to develop clinical skills (up to \$305,037 for three years, beginning July 1, 2004)
University of California San Francisco Medical School
Principal Investigator: Karen Hauer, M.D.

This grant will support a nationwide evaluation of the status of clinical skills assessment and will provide evaluation of the Macy Consortia grants to determine long-term impact.

Funding by the Macy Foundation more than a decade ago began the movement toward the use of standardized patients in clinical instruction. The initial studies, conducted by a consortium of six medical schools, proved so successful that today more than half the medical schools in the United States require students to participate in examinations using standardized patients to demonstrate their mastery of core clinical skills. In addition, students graduating in 2005 will take a standardized patient examination as part of the United States Medical Licensing Examination (USMLE) step two clinical skills examination.

Despite the now-extensive use of the standardized patient approach, the impact of the Macy Consortium's work on the teaching of clinical skills is unknown. This grant will support a nation-wide evaluation of the status of clinical skills assessment. The first phase involves a quantitative survey of curricular deans at all U.S. allopathic medical schools, followed in phase two by individual interviews with clinical educators from schools of medicine with established programs for standardized patient examinations. This second phase will focus on standard setting and remediation. In the final phase, curricular deans will be surveyed again to assess the impact of the introduction of standardized patient clinical skills assessment as part of the licensing examination.

The study will also provide an evaluation of the Macy consortia grants to determine the long-term impact.

New Models for Dental Education

A grant to support a feasibility study and national conference on new models for educating dentists (up to \$460,000 for three years, beginning June 1, 2004)
Columbia University School of Dentistry
Principal Co-Investigators: Allan Formicola, D.D.S.
and Howard Bailit, D.M.D, Ph.D.

Dental education is confronting serious educational and financial challenges. State financial support for dental education has declined sharply over the past 15 years, prompting schools to increase tuition and provide only minimal increases in faculty salaries and expenditures for equipment and physical facilities.

The results might have been predicted: few students now come from lower income families and underrepresented minorities; buildings and equipment need to be replaced; and 10 percent of faculty positions are unfilled. Indeed, many schools find it difficult to provide students with the latest science and technology needed to practice dentistry at the very time significant advances are being made in the ability to provide dental care, and when patients who need dental care are becoming both older and sicker.

A National Advisory Committee of leaders from dental education and practice, medicine, public health and consumer groups, will provide guidance and help identify the most promising programs.

At the same time many dental schools, already seen as marginal in the university structure, lack the resources and staff for faculty to engage in meaningful research and scholarly activities. Already seven research universities have closed their dental schools, and although three new schools have opened, two are located in private, for-profit universities and the third is in a state school and funded through Medicaid. Consequently, those new schools, too, lack the resources for quality faculty research and scholarly activities.

The future looks even worse. The supply of dentists is projected to decline by 15 percent over the next two decades and most schools lack the resources to expand class size. Such a supply reduction will make existing access problems of lower income and minority families even worse and threatens to spread those problems to middle-class families, especially in rural areas.

Searching for ways to reverse this situation, several years ago the co-investigators led a study-initially funded by the Macy Foundation-that used

inner city dental practices to provide clinical instruction for fourth-year dental students. That study proved so successful that it later spread throughout the country, with major backing from the Robert Wood Johnson Foundation, and later from the Kellogg Foundation and the California Endowment. Among its goals, the expanded program aimed to improve access to dental care for underserved populations; to improve the clinical education of senior dental students; and to increase the numbers of underrepresented minorities entering the dental profession.

Now, building upon their earlier work and their long careers of leadership in academic dentistry, the co-investigators are targeting the entire field of dentistry, hoping to offer a new model for dental education that strengthens programs in basic medical sciences, clinical dental sciences and treatment planning. They also propose that students ought to have a year of residency training before entering practice.

Their project has three goals:

- To develop new models of dental education that address the financial and educational challenges now confronting dental education and that have impact on access to dental care;
- To assess the economic and political feasibility of more promising models; and
- To convene a national conference of leaders and experts to gain support for one or more of the proposed models.

A National Advisory Committee, composed of leaders from dental education and practice, medicine, public health and consumer groups, will provide overall guidance and help identify the most promising programs. Strategies already being considered include integrating basic science instruction for dental and medical students, creating regional schools for clinical dental education, and basing secondary clinical training and residency programs in community clinics.

Participants in the national conference will review the most promising models and help generate the support for needed changes. The final step will be to develop a proposal for a large demonstration project that will be submitted to federal funding agencies and/or large medical/health care foundations.

Interdisciplinary Pain Management

A grant to support a controlled study of an interdisciplinary approach to pain management led by primary care physicians (up to \$983,076 for three years, beginning July 1, 2004)
Case Western Reserve University Hospitals and Health System
Principal Investigator: Thomas Chelimsky, M.D.

The current highly specialized approach to the management of chronic pain in the United States falls far short of the need for such care. An estimated 30 million people suffer from chronic pain and the associated problems of disability, inability to work, depression and issues of medication, yet only 85 certified treatment centers exist. Those centers can serve, at most, 20,000 people each year.

Moreover, many primary care physicians avoid treating chronic pain patients for a variety of reasons: lack of training or even of awareness that treatment can be effective; concern over issues of pain medication; poor access to teams of health professionals trained in pain management; and concerns about reimbursement, which is, at best, spotty despite the demonstrated cost-effectiveness of well designed pain management programs. Training primary care physicians in proven pain management strategies would effectively eliminate these barriers and, at the same time, expand the pool of physicians equipped to deal with chronic pain.

This program will be monitored for its impact on both patients and physicians and will be evaluated by such indicators as number of emergency room visits, ease of access to services, referrals for specialty pain services and overall costs.

Thomas Chelimsky, M.D., principal investigator for this project, heads the pain management program at University Hospitals in Cleveland, an institution with a network of 322 primary care physicians, many of whom have expressed interest in training that would better equip them to help chronic pain patients.

For this project, 24 primary care physicians are to be trained by a team headed by Dr. Chelimsky, working with three occupational therapists, three physical therapists, one pharmacist, a coordinating study nurse and an expert in data entry. Once protocols are established, 12 physicians are to be trained during the first year, and an additional 12

in the second year. Physicians who complete the intensive training program will receive a certificate of "Special Competence in Pain Management" from Case Western Reserve Medical School.

The program will be carefully monitored for its impact on both patients and physicians and also will be evaluated through such indicators as number

of emergency room visits, ease of access to services, appropriateness of referrals for specialty pain services, and overall cost. Ultimately, the project either will provide a successful model for bringing primary care providers into the greatly understaffed area of chronic pain management or, alternatively, provide an impetus for expanded training of specialists in the management of chronic pain specialists.

Obesity Assessment Training

A grant to support the training of medical trainers in obesity assessment, treatment and prevention
(up to \$504,428 for three years, beginning July 1, 2004)
St. Luke's/Roosevelt Hospital Center
Principal Investigator: Xavier Pi-Sunyer, M.D.

This program to "train the trainers" will help established medical educators to train medical students and residents to deal more effectively with obesity and its consequences.

Though the current "obesity epidemic" in the United States has received much attention, most physicians have not been trained to deal with the problems of obesity and its consequences and have little knowledge of behavior modification, nutrition, physical activity and weight loss strategies.

With this grant, Dr. Xavier Pi-Sunyer, a leader in the research and treatment of obesity, is developing a program to "train the trainers," by helping established medical educators to train medical students and residents to deal more effectively with obesity and its consequences. Dr. Pi-Sunyer is chief of the division of endocrinology, diabetes and nutrition at St. Luke's Roosevelt Hospital Center, director of the New York Obesity Research Center and professor of medicine at Columbia University.

His project has several specific goals: to provide educators with training about the assessment and management of obesity and methods of instruction that will help them train medical students and residents; to create a cadre of educators who will continue to train physicians-in-training about strategies for the prevention and management of obesity; to prepare case studies and monographs with examples of complicated cases involving obese patients; and to create a program—designed to become self-sustaining—to raise national awareness about the problems of obesity and the risks associated with excess weight.

Eight three-day sessions, to be conducted at the Obesity Research Center, are planned for the three-year grant period. Approximately 15 physician educators from family practice, internal medicine, pediatrics and gynecology will participate in each session. The program is beginning with physician educators

from hospitals in the New York metropolitan area, then branching out to other hospitals in the Northeast. The interdisciplinary faculty for the training sessions will include physicians, a nutritionist and an exercise physiologist. In all, the eight sessions are intended to reach 120 physician educators.

The program is designed to become self-sufficient by the fourth year, when it will offer the training on a fee-for-service basis. The Obesity Research Center intends to publish the curriculum developed for physician education on obesity and to develop five monographs/case studies to augment the education program, and to help generate income needed to make the program self-sustaining.

Promoting Physician Health

A grant to support development of a model instructional program for residents and fellows to promote physician health, prevent and manage burnout and impairment, and enhance patient safety (up to \$985,770 for three years beginning November 1, 2003).

Duke University Medical Center

Principal Investigator: Kathryn Andolsek, M.D., M.P.H.

The need to promote physician health, to prevent the dual problems of burnout and physician impairment, and to enhance patient safety requires no explanation. Kathryn Andolsek, M.D., M.P.H. from the Duke University Medical Center in collaboration with faculty from the University of North Carolina, plan to address these potentially serious problems by teaching young physicians how to manage their own health.

Their model program is based on workshops, a website and four CD ROMs. Initially geared to residents, fellows and faculty members, the training will be redesigned for other at-risk groups, including practicing physicians, hospital staff, nurses, medical students and students in physician assistant and other health professions training programs.

In preparation, the investigators formed a partnership including the North Carolina Physician Health Program, the North Carolina Area Health Education Centers, the Duke and UNC hospitals and the UNC Coastal Internal Medicine Residency Program. The University of North Carolina Coastal Internal Medicine Residency Program and the Carolina Medical Board also support the project, which will reach some 2,500 trainees in North Carolina, as well as program directors and faculty of North Carolina graduate medical education programs. In addition, the Southern Medical Association intends to recommend that all residency programs and medical schools in the southeastern U . S . adopt the program.

The team has recruited faculty, reviewed existing materials, selected a medical script-writing and production company, designed and piloted a needs-assessment instrument, drafted a program evaluation tool and made presentations about the proposed program to medical communities throughout the state. An advisory board is being formed, including representatives from a national resident organization, the Accreditation Council on Graduate Medical Education, the American Society of Sleep Medicine and the North Carolina Physicians Health Program.

Workshops on physician impairment will be offered at Area Health Education Centers' annual meetings and in individual training programs, for hospital staffs, specialty societies and hospital associations. The website will describe the project and invite outside input. The first two CD ROMs will offer common scenarios to help identify impairment, including extreme fatigue, depression, chemical dependency, alcoholism and disruptive behavior. A third CD ROM for faculty members will help faculty integrate the two CD ROMs targeted to fellows and residents into their teaching and educational programs while a fourth, for hospital medical staffs and credentialing offices, will deal with recognition and management of impairment in those settings

Terrorism and Trauma Study

An award to support the completion of a nationwide longitudinal study of the mental and physical health effects of terrorism and trauma (a one-time award of \$75,000 from the Post-9/11 special fund)
University of California, Irvine
Principal Investigator, Alison Holman, Ph.D.

This award supports the completion of a longitudinal study of the mental and physical health effects of terrorism and trauma, which was started before 9/11/01. Initial health data on most of the 2,500 study subjects was collected prior to the attacks and the same individuals have been followed at six-month intervals through March of 2003. Because of the study design, Alison Holman, Ph.D. and her team were able to assess the psychological impact of the Iraq War on almost 1,400 of the study participants during a 110-day period in March of 2003. Response rates from each of the data collections have ranged from 75 to 91 percent.

The National Science Foundation initially funded the study but that funding has ended. Findings from the first six months were published in the Journal of the American Medical Association on 9/11/2002. The Macy award makes it possible to take advantage of the study population to document more fully the mental and physical health responses to trauma and terror.

ONGOING PROGRAMS

The following two projects are designed to broaden and extend the impact of an earlier Macy Grant which funded a highly successful collaborative project involving the University of Massachusetts at Worcester, New York University and Case Western Reserve University. The earlier consortial project explored ways to enhance health communication skills training of medical students.*

** The Macy Initiatives in Health Communication*

University of Massachusetts-Worcester
Principal Investigator: Aaron Lazare, M.D.

Drawing upon the regional consortium of medical schools known as the UMass Community Faculty Development Center, the investigative team selected Brown and Boston University to develop and test modules for the proposed Macy Mentorship Program in Health Communications. Eight more medical schools are enrolled in the second phase, which will be completed in December 2005, prior to evaluation of the program. Other members of the consortium are Harvard, Yale, Dartmouth, University of Vermont, Tufts, CUNY, University of Connecticut, SUNY-Albany, New York Medical College and University of New England College of Medicine.

The University of Massachusetts previously received funds to develop a major initiative to teach health communication skills throughout medical school and residency training. This proved to be a uniquely successful collaborative project involving UMass, NYU and Case Western Reserve Medical Schools.

** Health Communications Dissemination Phase*

Case Western Reserve University School of Medicine
Co-Principal Investigators: Ted Parran, Jr. M.D., and Susan Wentz, M.D.

The Case Western Reserve University School of Medicine (CWRU) is sponsoring workshops for faculty from medical schools in the Midwest and South, providing instruction in the health communications skills curriculum for undergraduate and graduate medical education. The CWRU faculty also is developing a course in health communications suitable for continuing medical education programs and offers two- and a half-day workshops for a limited number of fellows. These workshops emphasize core competencies and basic strategies for teaching and evaluating communication skills.

Participants test newly acquired skills at their home institutions and, during a third workshop, report results of their efforts and receive assessment and feedback from faculty and other participants.

Training For the Use of Computerized Mannequins

Massachusetts Institute of Technology
Principal Investigator: Martha L. Gray, Ph.D.

Three years ago the Macy Board awarded a grant to the Massachusetts Institute of Technology for the Macy Simulator Project to explore the potential use of realistic patient simulation in critical care and emergency medicine training. Through the collaborative efforts of the Harvard-MIT Division of Health Sciences and Technology (HST) and the Boston-based Center for Medical Simulation (CMS), that project developed and tested pilot cases, established a system for case documentation, implementation and integration of simulator use into existing curricula, and provided free worldwide dissemination of the pilot results.

The success of the program has been attributed to a small group of well-trained operators and users. It has become evident, though, that, if the use of simulation-based teaching modules is to spread and realize its full potential, the critical component of “training the trainers” is still missing. This grant is designed to increase the number of trained operators and instructors to ensure that this promising training technology — now with approximately 400 patient simulators or mannequins in use worldwide — expands effectively. “Training the trainer” modules are being developed to assist expansion. The grant also addresses the need for standards-based documentation and dissemination of training materials.

A Study of International Medical Graduates

Health Affairs/Project Hope
Principal Investigator: Fitzhugh Mullan, M.D.

One in four practicing physicians and one in four medical residents in the United States are graduates of foreign medical schools either foreign born and trained, or Americans who have gone to medical schools in other countries and returned for residency training. Because these international

medical graduates have helped to fill gaps in the U.S. health care system, they have had considerable impact on care both in the United States and in other countries. To date, though, little systematic information has been gathered about where they practice, their specialties, or the extent of their acculturation.

This project is filling that gap. Dr. Fitzhugh Mullan, a long-time analyst of health care workforce issues now editor of Health Affairs and affiliated with Project Hope, will undertake to update and improve data about these international medical graduates and, at the same time, assess the policy implications raised by this sizable workforce. For this project, he is working with the Educational Commission for Foreign Medical Graduates, the Robert Graham Center (which is the research arm of the American Academy of Family Practice), and the Health Resources and Services Administration. His study will culminate in publication articles based on his findings, focusing on policy issues raised by this workforce, its impact on graduate medical education, and its implications for the future.

A Blueprint for Pediatric Residency

Ambulatory Pediatric Association, Greensboro, NC
Principal Investigator: Kenneth B. Roberts, M.D.

The 1996 guidelines for residency training in general pediatrics are currently used by 80 percent of the pediatric residency training programs in the country. Since those guidelines were adopted, though, the Accreditation Council on Graduate Medical Education has moved from process-based criteria to outcomes-based criteria for residency programs.

This grant supports the revision of current guidelines to reflect that change and place new emphasis on communication skills and self-directed learning assessment.

The Ambulatory Pediatric Association, an organization of general pediatric faculty and academic pediatric residency programs, was designated by the Federation of Pediatric Organizations to take the lead in developing the revised guidelines. Authors have been selected as section editors for each component of the new guidelines. New content has been mounted on the association's website and field-tested by selected pediatric residency programs. The revised and final form of the guidelines will be available on the Internet and will be disseminated throughout the nation. The Federation of Pediatric Organizations will evaluate the revised guidelines for two additional years.

Improved Clinical Training for Medical Students

New York Academy of Medicine and Association
of American Medical Colleges
Principal Investigator: Jeremiah Barondess, M.D.

Over the past decades, the actual clinical, or bedside, training of medical students has become increasingly fragmented, due both to the growing dominance of fact-driven biomedical science and the simple fact that senior clinicians no longer have sufficient time to teach clinical skills and interpersonal techniques to medical students. This is not a new problem. A strongly worded report in the mid-1980s called clinical clerkship “an unstructured, haphazard apprenticeship” that often failed to contribute to the overall educational objectives established for medical students.

Unfortunately that report had little impact. Instead, the situation continued to deteriorate. In most medical schools the third- and fourth-year clinical clerkships, which are the core of clinical education, are designed and conducted by faculty in clinical departments. Little, if any, attempt is made to coordinate programs or provide any central oversight. Shorter lengths of hospital stay and changes in the delivery of care have exacerbated the situation.

Jeremiah Barondess, M.D., President of the New York Academy of Medicine (NYAM), created an advisory group of academic physicians for this grant, all with considerable experience in medical education but currently in

An advisory group of academic physicians is broadly examining the problems in clinical training and has proposed innovative models that include long- and short-term evaluation to restructure clinical education and training.

positions that permit them to take a broad look at the fundamental problems in clinical training. Building on earlier work of the Association of American Medical Colleges, that group identified changes in both medical education and health care that have contributed to the growing deficiency in clinical education.

The advisory group specified new objectives for the content of clinical education and proposed innovative models to restructure clinical training, including strategies for both long- and short-term evaluation, once the model is tested at a total of six sites, four of which are funded by the Macy Grant. The advisory group has continued to serve, meeting with investigators, conducting site visits,

and overseeing evaluation. Funding supports final evaluation, publication, and dissemination of results.

A Fourth-Year Medical School Curriculum

University of California-Los Angeles School of Medicine
Principal Investigator: Gerald S. Levey, M.D.

Over the past several decades, the fourth year of medical school has become increasingly flexible to give students a head start in their chosen specialty. Often this flexibility has been achieved through the introduction of audition electives, which permit senior students to take elective clerkships in their hoped-for field to improve their chances of being selected for choice residencies. Indeed, this trend to flexibility has become so far-reaching that in some institutions the fourth year is now entirely elective.

This grant supports an effort to restructure the fourth year of the medical school curriculum at the UCLA School of Medicine with the stated goal of recovering the fourth year in order to better prepare medical students for the challenges of providing care and conducting research in the fast-changing world of health care. The UCLA program includes all fourth-year students and has been designed to serve as a national model.

A core group of faculty leaders has developed five colleges for fourth-year students: 1) primary care, including general internal medicine, pediatrics, family medicine, obstetrics/ gynecology, and psychiatry; 2) acute care, including emergency medicine and intensive care; 3) applied anatomy, including surgical specialties, radiology, radiation oncology, pathology and related areas; 4) medical science, designed for students interested in academic careers in research and/or teaching; and 5) underserved communities. Half of the fourth year will be spent in the college selected by a student, the other half on electives.

Each college offers a college-specific curriculum block of three to four weeks at the beginning of the year. Students participate in a yearlong advisor/mentor program and evening seminars related to the focus of the college and in pertinent research.

Three classes of fourth-year medical students have participated in the revised curriculum. Each class will be evaluated and, if it proves successful, the model will be disseminated to other schools.

Fast Track for Academic Nursing

University of Michigan School of Nursing
Principal Investigator: Ada Sue Hinshaw, Ph.D., R.N.

This project addresses the “graying” of nursing faculties, a problem that has become especially acute in academic nursing where the average assistant professor is nearly 50 years of age. A typical academic nursing career pattern includes completion of the R.N. or B.S.N., a number of years in practice, and, possibly, time out for a family before beginning an academic career. Many academic nurses have such a late start that, by the time they complete doctoral programs, their faculty careers are limited to less than 15 years.

This program provides academic nursing with a faster track, one that is analogous to medicine’s M.D./Ph.D. programs. The initial pilot project identified promising nursing undergraduates, then provided career counseling and incentives to encourage them to progress directly from a baccalaureate or master’s program to a five-year program that would lead to a Ph.D. in Nursing. The Macy grant supports three cohorts of five students for a period of five years, while the nursing school assumes full responsibility for the final two years of the scheduled seven-year program.

Diversity Among Health Professionals



NEW INITIATIVES

A Program Assessment of Sophie Davis School of Biomedical Education (CUNY)

A grant both to evaluate the thirty years experience of the Sophie Davis School BS/MD program and to plan for further collaboration with New York Medical schools (up to \$413,298 for two years, beginning June 1, 2004)
Sophie Davis School of Biomedical Education
of the City College of New York
Principal Investigator: Stanford A. Roman, M.D., M.P.H.

In the fall of 1973, the Sophie Davis School of Biomedical Education launched an innovative program designed to expand access to medical school education for promising inner-city youths. The program emphasized careers in primary care and had the long-term goal of increasing the availability of medical services to medically underserved communities in New York.

Students who completed the Sophie Davis BS/MD program from 1977 to 1997 are being surveyed to assess their contribution to meeting medical care needs in underserved communities.

In this program, Sophie Davis graduates study for a B.S. degree and their first two years of medical school education over a five-year period. Then, after successfully completing the first step of the United States Medical Licensure Examination (USMLE), they transfer to one of the cooperating medical schools in New York State where, after two years of successful clinical training, they earn the M.D. degree. Currently five medical schools participate in the program, in which students complete both undergraduate and medical education over a seven-year period.

Though this strategy for bringing promising students from disadvantaged and medically underserved areas into medicine appears to have been successful, no systematic evaluation has been attempted. Estimates suggest about 65 percent of graduates who have completed their residency go on to practice primary care medicine. An agreement, approved by the New York State Legislature in 1978, requires participants to serve for two years in a medically underserved community. That requirement has made it difficult to track the ultimate practice location, behavior and other professional characteristics that might distinguish Sophie Davis graduates from those trained differently in their earlier years, or who may have come from less culturally, ethnically and racially diverse backgrounds.

More than 1400 students have graduated from Sophie Davis since the first

30 students were accepted in the fall of 1973. In the first phase of this study, students who completed the program from 1977 to 1997 are being surveyed to assess their contribution to meeting medical care needs in underserved communities. Since the program is a unique effort to increase the numbers of providers to underserved communities, this assessment may provide a useful model for other underserved communities that face an increasing need for physicians.

Arrangements by which Sophie Davis graduates are accepted into third-year medical classes are still informal, though they have worked well-to-date. Thus in the second phase, Sophie Davis will work with representatives of cooperating schools, other interested schools, the Association of American Medical Colleges and the Associated Medical Schools of New York to design a more formalized relationship that would benefit both Sophie Davis and cooperating medical schools.

The final phase will lead to more formalized relationships between the Sophie Davis school and cooperating medical schools, providing the standardization, stability and permanence needed to validate the Sophie Davis program as a replicable model. It is hoped that this will facilitate recognition by the Liaison Committee on Medical Education.

ONGOING PROGRAMS

A National Health Careers Website

Associated Medical Schools of New York
Principal Investigator: Marc Nivet, M.S.

A meeting of health professionals, sponsored by the Macy Foundation in June of 2002, identified numerous barriers that impede efforts to increase the representation of minorities in the health professions. These included deteriorating school systems, a lack of appropriate incentives and/or perceived opportunities, difficult access, and a shortage of well-trained mentors and advisors to encourage and guide minority students. What was needed, participants suggested, was a single, central information source where both advisors and students could learn about health career and educational opportunities, educational requirements, and potential sources of financial assistance.

With the support of this grant the Associated Medical Schools of New York has created such a website as a national resource for students interested in

health careers, as well as for their counselors. Features include: a health professions selection “wizard”, a customized career planning timeline generator, a preparation checklist, and financial aid and enrichment program information. An advisory board of health professional organizations helped develop the content and linkages for the site. The site was launched in September of 2004.

Women in Medicine

University of Pennsylvania
Principal Investigator: Jerry A. Jacobs, Ph.D.

The last comprehensive assessment of the impact of women physicians on American medicine was made during a 1976 Macy Conference on Women in Medicine.

Since then little has been written about the topic. This study is filling that gap, using what databases exist to assess the impact made by growing numbers of women physicians on the practice of medicine over the past three decades.

The study is asking a number of specific questions, including why women enter medicine; their course of professional development and their choice of specialty; whether women practice differently from men; where women practice; and the impact of managed care on that choice. Answers are being drawn from many sources, including national surveys of the career plans of college students; data collected by the Association of American Medical Colleges over the past three decades based on interviews with students before, during and after medical school; and Medicare data linking provider characteristics with patient case files. Findings will be published in peer-reviewed publications and/or a book.

Increasing Diversity Among Health Care Professions

University of California-San Francisco
Principal Investigator: Philip R. Lee, M.D.

This grant supports an assessment of the impact of federal, state and institutional policies on increasing the representation of minorities in medicine, an issue the principal investigator has been personally involved with throughout the 40 years covered in the study. Dr. Philip Lee served

the United States twice as Assistant Secretary for Health first in the Johnson Administration and then, 25 years later, in the Clinton Administration. In the intervening years, he created and headed the Institute for Health Policy Studies at University of California, San Francisco, which focuses on health policy and its impact on human health and illness. He is now Professor of Social Medicine, Emeritus, at the Institute.

Under Dr. Lee's direction, the assessment team is looking at the effect policies have had on the matriculation and graduation of minority medical students, beginning with case studies from Stanford and UCSF for which extensive data are available. The team is now extending the study to Texas, Florida, New York, Maryland, and the District of Columbia.

In addition to these data, the study team is conducting an extensive literature review; federal, state and university archival research; oral history interviews with administrators and faculty, graduates and students; analyzing documents; and collecting and analyzing secondary data on medical school applicants, admissions and graduates. At the project's conclusion, the team will brief a number of audiences and prepare oral histories and articles for peer-reviewed journals.

Women's Health in Medical Curricula

Yale University School of Medicine
Principal Investigator: Janet B. Henrich, M.D.

Once they recognized that gender specific issues were essential to the quality of health care provided for women, a number of academic medical institutions established centers for women's health, and then attempted to identify materials that should be included in medical curricula. Despite these efforts, though, issues that affect health care for women have not been well addressed in either medical education or medical research.

In 1995, a report on "Women's Health in the Medical School Curriculum: Report of a Survey and Recommendations" was published, based on findings from a study conducted by the Council on Graduate Medical Education. This was the most comprehensive assessment of the subject to date and provides the basis of comparison for results from this current study. Dr. Janet Henrich, Associate Professor of Medicine and Obstetrics/Gynecology at the Yale University School of Medicine, was the author of the 1995 report and is the principal investigator for this grant.

For this study, Dr. Henrich is analyzing data from a medical curriculum

database called CurrMIT, a restricted website developed by the AAMC, to determine how many schools now teach some or all of the gender-specific topics identified in the earlier survey. Findings will help policymakers, professional organizations and individual institutions assess what progress has been made in integrating the key elements of women's health into the medical curriculum. The study will also identify areas where additional efforts are needed.

Increasing Teamwork Between and Among Multiple Health Professions



NEW INITIATIVES

Innovative M.P.H. Program

A grant to support the development of a multi-disciplinary M.P.H. degree program at Howard University (up to \$1,074,210 for three years, beginning February 2004)
Howard University Medical School
Principal Investigator: Mohammad N. Akhter, M.D., M.P.H.

This proposal involves the full range of Howard University's faculty and resources in developing an innovative M.P.H. program, the only new program currently planned by the University. The new program emphasizes dual-degree graduate training, with a goal of addressing the disparities in health status among minority populations. The training process will help meet the significant health needs of the surrounding Washington, D.C. community.

Howard's M.P.H. program is the third in the greater Washington area, joining established programs at Johns Hopkins and George Washington University. In the past, Howard has cooperated with those institutions so its medical students were able to earn an M.P.H. along with their M.D. from Howard. This new program responds both to the increased awareness

The new M.P.H. program emphasizes dual-degree graduate training, with the goal of addressing disparities in health status among minority populations.

among Howard medical students of the serious health disparities between minority and majority populations and to their increased interest in public health needs. Students in the program will either already have a graduate degree in another field or will be working toward a second graduate degree along with their M.P.H. The dean and faculty of the medical school, the Provost, and the deans and faculties of the university's 12 other colleges support this new initiative, which is housed in the medical school. Surveys show that more than 50 Howard faculty members already have some public health training and that 44 existing courses can be used in the new program.

The principal investigator, Mohammad Akhter, M.D., holds the title of Senior Associate Dean of the Medical School for Public and International Health. Dr. Akhter who has degrees in both medicine and public health, served as the Health Commissioner for Washington, D.C., in the early 90s, was senior advisor to the Secretary of Health and Human Services, and then, for five years, served as Executive Director of the American Public Health Association.

Medical School Dean Floyd J. Malveaux, M.D., Ph.D. selected Dr. Akhter to head the new Howard program to take full advantage of that extensive experience. With his long service in the area, Dr. Akhter is familiar with the

public health, social conditions and needs of minority populations in Washington, D.C., and has many ties that will prove useful as the program evolves. During his term as Health Commissioner, for example, he placed more than 100 nurses in the city's schools. Many of them remain and will be involved with the community-based aspects of the M.P.H. training.

An intensive summer program was held in 2004 to prepare students from non-health disciplines for the public health field. Also, an assessment of courses needed for a core public health curriculum was completed. A number of Howard faculty members, with the support of their deans, are among the first 30 students. The total number of students admitted annually will increase to 50 in subsequent years, with preference given to students who have earned or are working toward a professional degree, such as M.D., J.D., D.D.S., or Pharm.D., or another graduate degree.

As part of the start up, faculty participated in a development institute to prepare for the new curriculum, with its core and required courses, electives and field placements. During the first phase, a President's Public Health Advisory Committee, composed of national leaders in medicine, public health and others working to reduce racial and ethnic disparities, will meet twice. In addition, a Community Advisory Board, with representatives from the D.C. school system and health department, as well as faith-based and non-governmental organizations, is being appointed.

At the same time, agreements with Johns Hopkins University and George Washington University are being developed. These agreements will allow M.P.H. students from those institutions to add an emphasis on the elimination of racial and ethnic disparities to their studies, and reciprocally will allow Howard M.P.H. students access to their programs.

Macy Scholars Program

A grant to support the final two years of the M.D./M.P.H. Macy Scholars program and to complete the program's final evaluation (up to \$1,063,888 for two years, beginning July 1, 2004).
Columbia University Mailman School of Public Health
Principal Investigator: Allan Rosenfield, M.D.

This grant supports the sixth and seventh years of one of the Macy Foundation's most successful programs in recent years. When the Macy Scholars Program started five years ago, its goal was to allow students from New York's medical schools to take an additional year of study between their third and fourth years of medical school so they could qualify for an M.P.H. as well as their M.D. at the end of five years' total study.

Schools participating in the program include Cornell University Medical College, Albert Einstein College of Medicine, Columbia College of Physicians and Surgeons, the Mount Sinai School of Medicine, New York University Medical School, SUNY-Downstate, and the CUNY Sophie Davis Program. More than one third of the scholars, to date, have been from underrepresented minority groups.

Support from the Macy Foundation and contributions from Columbia permitted 12 medical students per year, selected from a pool of twice that many applicants, to enroll in the program which allowed them to take an extra year without incurring additional debt. The first grant funded three years of the program. Because those years proved so successful, the Board then extended funding for an additional two years.

Data accumulated so far indicate that the program is helping to bridge the gap between medicine and public health. Whether students ultimately choose careers in research, practice, management or policy making, their dual training is equipping them for roles as leaders in shaping the future of health care.

This renewal grant provides an additional, and final, two years of funding to support 12 students each year. At the same time, both the quantitative and qualitative data gathered over the past five years will be carefully evaluated. All scholars who have participated have been contacted and will be interviewed to determine how their education in public health has changed and/or enhanced their career choices and opportunities. By documenting the success of the program, the staff hopes to generate sufficient support to continue the effort.

ONGOING PROGRAMS

Bridging the Gap in Psychotherapy

New York Psychiatric Institute Research Foundation
of Columbia University

Principal Investigator: Myrna M. Weissman, Ph.D.

A key recommendation from the October, 2001 Macy Foundation Conference on Psychiatry emphasized the need to bridge the gap between new research technologies and clinical practice in psychotherapy. The recommendation was inspired by a paper presented by Dr. Myrna Weissman,

which provided an overview of the new and effective evidence-based therapies which are relatively inaccessible to psychiatrists, psychologists and social workers who practice psychotherapy.

In her paper, Dr. Weissman reported that the percentage of adult patients who use psychotherapy remained constant at 3% over the decade between 1987 and 1997, even though the providers and their use of psychotherapy have changed. During that period, treatment became shorter, most patients also received medication in addition to psychotherapy, and the proportion of older, less affluent patients increased.

Over the same time, a number of controlled clinical trials documented the efficacy of various psychotherapeutic approaches, identifying a significant gap between the availability of evidence-based psychotherapy and the training of the clinicians who actually provide psychotherapy.

For this project, investigators are compiling and documenting in detail, currently available evidence-based psychotherapies, as well as surveying a number of training programs in psychiatry, psychology and social work to determine the extent of training in these evidence-based approaches. The investigators believe this work is especially timely. The ever strengthening evidence-base for psychotherapy, combined with continuing demand for treatment, highlights the need for training models in these approaches, if research advances are to be translated into improved treatment for greater numbers of patients.

A Study of Four State Public Health Departments

Princeton University
Principal Investigator, Laura Kahn, M.D., M.P.H., M.P.P.

The proposal for this study was developed by faculty members at Princeton University's Woodrow Wilson School who saw a need to assess the relationship between the structure of state health departments and their ability to respond to public health needs. Faculty in the Program on Science and Global Security, which has expanded its purview to include biological security along with the long-standing issues of nuclear policy and security, is conducting the study. Dr. Laura Kahn, who directs this project, has chosen New Jersey, New York, Pennsylvania and New Hampshire for the study because of substantial differences both in local health department structure and in leadership.

A major impetus for this study was provided by a ten-fold increase in

federal spending for bioterrorism preparedness with more than \$1 billion targeted to help states and major cities enhance local preparedness and improve regional cooperation and coordination. The investigators are studying how different departments are using these funds to determine if they are being allocated in the most effective ways. Also, they are examining the possibility that bioterrorism funds are being used to replace, rather than supplement, existing public health services, which could mean no net gain in preparedness capabilities, or in public health.

The project involves interviews with high level state health and agriculture officials on bioterrorism preparedness as well as surveys of local health departments, physicians and veterinarians. Results are to be published in a report on how state and local governments can utilize federal bioterrorist funds most effectively, with best practices from each state profiled. The underlying goal of this project is to identify existing problem areas and show state and local agencies how to put funds devoted to public health to their most effective use.

An Inter-professional Curriculum

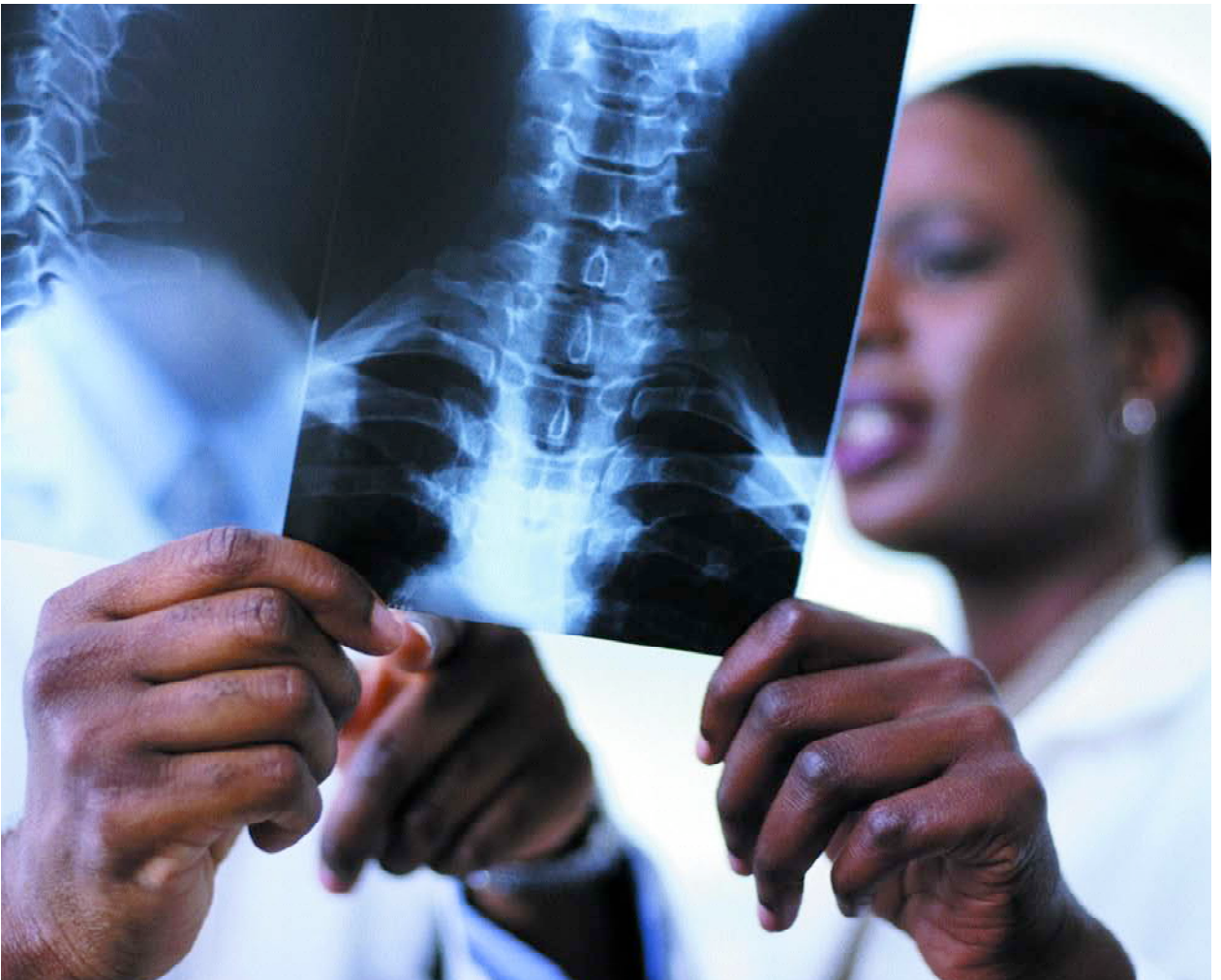
University of Washington School of Nursing
Principal Investigator: Pamela H. Mitchell, Ph.D., R.N.

Recent activities of the Macy Foundation have identified inter-professional teaching of students as an essential step towards developing greater teamwork among health care professionals. Though pilot studies have examined how inter-professional teaching might be accomplished, further work is needed to explore both the concept and the feasibility of such an approach. This grant helps to meet that need.

With six health sciences schools—Dentistry, Medicine, Nursing, Pharmacy, Public Health and Community Medicine, and Social Work, — and an Information Technology School, schools that already have a record of working together, the University of Washington provides an ideal setting for this effort. The grant supports a project—formally titled “The Inter-professional Bridges Program: Classroom and Clinical Linkages in the Health Sciences Curricula”—to extend classroom and clinical inter-professional education into the required curricula of the seven schools.

The program reaches 350 students each year in the professional schools. If successful, the program will provide guidance for other institutions interested in implementing inter-professional teaching.

Educational Strategies to Increase Care for Underserved Populations



NEW INITIATIVES

A History of Morehouse School of Medicine

A grant to support the writing of a history of the Morehouse School of Medicine and to assess its current role in the education of health professionals in the United States (up to \$203,383 for two years, beginning January 1, 2004)
Morehouse School of Medicine
Principal Investigator: Louis Sullivan, M.D.

Louis Sullivan, M.D., President Emeritus of Morehouse School of Medicine, is writing a history of the creation, development and the impact of the school, placing Morehouse in the context of the larger history of black medical schools in the United States.

The history of the Morehouse School of Medicine will examine the social and environmental forces that have influenced the evolution of the school and provide projections of the role of Morehouse in the future of health education in the United States.

A number of black medical schools were founded after the Civil War, but after the Flexner Report in 1910, five of the then-existing schools were closed, leaving only Howard and Meharry. By 1950, only 2 percent of the nation's physicians were African American in contrast to 11 percent of the population. Concern about an impending shortage of physicians in the 1950s led to an explosion of new medical schools, with 46 new schools opening between 1956 and 1981, more than doubling the number of students entering medical schools from 8,000 in 1950 to 17,000 by 1978.

Morehouse School of Medicine was started during this period of expansion. A study by the Committee on Physician Manpower in Georgia in 1969 showed the state ranked 38th among the 50 states in physicians per capita, a figure that correlated with the health-status ranking of Georgians that also was well below the national average. That committee recommended an expansion of medical education in the state, including an increase in the number of

African American medical students. Morehouse was launched in 1974 as the "first predominantly black medical school to be founded in the U.S. in the 20th century," (with assistance from small, but significant, start-up funding from the Macy Foundation).

By 2003, nearly 30 years later, Morehouse had established an impressive record and made significant contributions to a number of national health needs. In that year, more than three quarters of its graduates entered primary care, and more than 600 alumni had completed accredited residencies in family medicine, internal medicine, pediatrics, obstetrics/gynecology, preventive medicine/public health, psychiatry and surgery. A Ph.D.

program in the biomedical sciences and an M.P.H. program were both fully accredited.

In 2002, Dr. Sullivan, who was then President of Morehouse, one of its founders and a former Secretary of Health and Human Services, became President Emeritus. He was succeeded by James Gavin, III, M.D., Ph.D. In that year, the National Center for Primary Care was established at Morehouse and headed by David Satcher, M.D., former Surgeon General of the United States.

Dr. Sullivan's history of the Morehouse School of Medicine will examine the social and environmental forces that have influenced the evolution of the school, along with the specific events, organizations and individuals who contributed to its development. It will also provide some projections of the role of Morehouse in the future of health education in the United States.

The Future of Emergency Medicine

Institute of Medicine

Principal Investigator: Janet M. Corrigan, Ph.D., M.P.H.

The 1994 Macy Conference and subsequent monograph on "The Role of Emergency Medicine in the Future of American Medical Care" provided the first systematic evaluation of emergency medicine as a distinct field. A number of key participants in that conference, which was chaired by L. Thompson Bowles, M.D., Ph.D., are still prominent in the field.

In the fall of 2002, one of those participants Lewis Goldfrank, M.D., proposed that the Institute of Medicine (IOM) undertake a follow-up study in view of the many changes in the health care system in general, and emergency medicine in particular, during the intervening years. A Macy staff grant to the IOM supported a planning session early in 2003. This session was attended by a number of participants from the Macy Conference as well as others active in the field.

Their deliberations once again highlighted the crucial role of emergency medicine, which not only serves as the safety net for many of the 41 million uninsured Americans but also provides an interface between the health care system and public health. Post-9/11 threats of terrorism and bioterrorism have added new dimensions to the essential role of this field.

Planning meeting participants proposed that the IOM undertake a new study of the nation's emergency care system. This grant supports half of the

study costs with remaining funds provided by other health foundations and governmental agencies. The study involves key leaders in the field of emergency medicine and is directed by Dr. Janet M. Corrigan, director of the IOM's Board on Health Care Services.

The study follows the standard IOM/National Academy of Sciences format, with a committee that will meet several times over 15 months, supported by a staff to gather necessary data and arrange for pertinent testimony. The committee report will be subjected to rigorous review and then issued with the imprimatur of the IOM and the National Academies. The report is expected to have major impact both on the field of emergency medicine and on health policy.

Macy Gallery Endowment

An award to the South Street Seaport Museum to serve as an endowment for the maintenance of the museum's Josiah Macy, Jr., Foundation Gallery (a one time award of \$250,000, effective July 1, 2004).

More than a decade ago, when lower Manhattan's South Street Seaport Museum was being planned, the Macy Foundation Board of Directors agreed to provide funds for construction of the Macy Gallery.

At that time, the Board supported a future grant that would provide an endowment sufficient to maintain the Gallery once completed.

This one time award fulfills the earlier Board commitment. The Macy Gallery has been designed to provide space for special art exhibitions.

Macy Conferences

*Neuroscience,
Behavioral Science,
Psychiatry and Neurology*

To be held in January 2005

Chairman: Joseph B. Martin, M.D., Ph.D.

Despite the dramatic recent progress in the neurosciences and the behavioral sciences, which has been augmented by rapid advances in human genetics and pharmacology, the one-time tradition of joint training in neurology and psychiatry is now relatively uncommon. As a result, potential synergies and joint opportunities and insights that might come from advances in these disparate fields do not have sufficient recognition.

In an effort to define a strategy for correcting that situation and to recognize the educational opportunities that might emerge from greater synergies, the Macy Foundation will sponsor a conference to bring together a group of leaders from the fields of neuro- and behavioral science, along with clinicians and educators from the fields of psychiatry and neurology. The conference will be held during 2005.

Dr. Joseph Martin, who will chair the conference, has served as Dean of Harvard Medical School since 1997, as well as the Caroline Shields Walker Professor of Neurobiology and Clinical Neuroscience.

Staff Grants Awarded Fiscal Year 2003-2004

**American Medical Women's
Association, Washington, DC**

To help medical providers access the most current information on reproductive health care and improve access to quality care

25,000

**American Public Health
Association, Washington, DC**

To support an April 2004 National Health Week observance designed to address the problem of health disparities in disadvantaged populations

10,000

Arnold P. Gold Foundation, Englewood Cliffs, NJ

To support the first biennial meeting of the Gold Humanism Honor Society

25,000

Brown University (CAAS), Providence, RI

To expand, through revitalized health professional training, the role of health professionals in the screening, diagnosis, intervention and referral of individuals with alcohol and other drug problems

20,000

Columbia University, New York

To convene an international meeting in New York July 2004 to develop guidelines for adolescent depression in primary care, entitled: Guidelines for Adolescent Depression-Primary Care (GLAD-PC)

15,000

Cornell University, New York

To support the David Rogers Health Policy Colloquium at the Weill Cornell Medical Center

20,000

Global Health Council, Washington, DC

To support Global Health Council's Annual International Conference: Youth and Health—Generation on the Edge

25,000

Learning for Life, Inc., Irving, TX

To support the National Health Careers Summer Exposition

25,000

Staff Grants Awarded
Fiscal Year 2003-2004 (continued)

Morehouse School of Medicine, Atlanta, GA To support a Former Surgeons General Symposium in October 2004 designed to focus on national health policy challenges	25,000
The Eye Bank for Sight Restoration, New York To support a seminar on anatomical donation and the spiritual, regulatory and medical aspects of tissue and organ transplantation	10,000
The Healthcare Chaplaincy, New York To support a strategic planning initiative to evaluate and modify current projects and consider new program areas	25,000
The New York Academy of Medicine To support a conference: Children with Special Health Care Needs: Next Steps for New York State	15,000
Planned Parenthood, New York City To support the Clinical Training Room Initiative	25,000
United Hospital Fund, New York To support a caregiving project entitled "Young Adult Caregivers: A Hidden and Vulnerable Group"	10,000
WXXI Broadcasting Council, Rochester, NY To support Second Opinion, a nationally broadcast PBS weekly series	25,000
Total:	<hr/> \$ 300,000