

2005

Josiah Macy, Jr. Foundation
Annual Report



Report of the Josiah Macy, Jr. Foundation

For July 1, 2004 through June 30, 2005



Josiah Macy, Jr. Foundation
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The Josiah Macy, Jr. Foundation
headquarters in New York City

About the Foundation



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

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.

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 her letter of endowment, written in 1930, Mrs. Ladd expressed her vision for the Foundation. She noted that “no sound structure of social and cultural welfare could be maintained without health, [and that] health was more than just freedom from sickness — that it resided in the wholesome unity of mind and body.” She expressed her wish that the Foundation... “should concentrate on a few problems rather than support many undertakings, and that it should primarily devote its interest to the fundamental aspects of health, of sickness and of methods for the relief of suffering; in particular to such special problems in medical sciences, medical arts and medical education as require for their solution studies and efforts in correlated fields as well, such as biology and the social sciences.” She further urged that the Foundation invest in the architecture of ideas” rather than in ‘bricks and mortar’, and fund institutions rather than individuals in so doing.

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.

With that remarkable guidance, the Macy Foundation's programs have evolved over subsequent decades. 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 and has fostered programs for improvement of faculty and enhancement of health professional teamwork. In the 1980s and 1990s the Foundation also supported projects in emergency medicine and the education of physician assistants as well as the treatment of substance abuse by primary care physicians.

One program begun in the 1980s — the Minorities in Medicine program — supported 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 a separate effort called 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.

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 (see page 17).

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.

President's Statement



June E. Osborn, M.D.

It has been a year of change at the Macy Foundation. Our Chairman, Clarence F. Michalis, stepped down from that post after many years of distinguished service. The Chairman's role was taken up by Lawrence S. Huntington in October 2004, and in light of the transition, he then initiated a major review of the Macy Foundation's programs and projects of the previous two decades. The preparation for that review, conducted by five external distinguished health care professionals and chaired by Board Member Dr. Bernard Harleston, provided an interesting window on the evolution of the Foundation's role in the worlds of health care and health professional education; and it also gave some perspective on the Foundation's success in augmenting adaptation to changing health care needs.

Some Sustained Programs

One striking example was the sustained effort to bring the use of "standardized patients" as a clinical instructional and evaluative tool to a level where it could be deployed routinely in medical education. In past decades, the tradition of tossing neophyte medical students and physicians early in their training into emotion-laden life-or-death situations begged many questions of effective interaction and communication with anguished patients and their loved ones. The substitution of actors, scripted to portray patients in various clinical circumstances provided a standardized format in which

beginning caregivers could be compared and taught about effective patient-physician interaction. It was initially met with skepticism. But over a number of years of support from the Macy Foundation in the 1980s and 1990s under the leadership of then-President Dr. Thomas Meikle, Jr., the use of standardized patients was validated and subsequently embraced as a uniquely useful way to teach about and enhance physician-patient interactions. Indeed, it was a key component of the Foundation's health communication initiative begun in 1998, and ultimately gained such widespread support that it was added to examination/licensure requirements at the level of graduate (and in many schools undergraduate) medical education. A currently funded Macy program at the University of California, San Francisco is designed to assess the overall impact of the use of standardized patients on medical education, and its potential for use in other health professions is being explored.

Another Macy Foundation program that exerted a durable and widespread impact on medical education was the Harvard-Macy Institute that began in 1995. Based at Harvard University and conducted by faculty from the schools of business, education and public health as well as medicine, that program was offered to faculty members from medical schools across the country, and was designed to give them brief but intensive training in strategies for curricular change. The participants were chosen on the basis of submitted proposals that delineated areas of needed curricular change at their home institutions, to which they returned after instruction to attempt implementation, with on-going guidance from mentors at the Harvard-Macy Institute. Each group then returned to Harvard for interactive critiques and discussion of their efforts at innovation.

The program proved to be both popular and effective; and after a number of years of Foundation support, it became feasible for it to become self-supporting. It is now sustained by participants' tuition and is housed at Harvard Medical International. Importantly, the "graduates" have developed a durable sense of collegiality with each other, establishing a network of "change agents" based at fully half of the nation's medical schools.

Their esprit is such that in 2005 they had a Tenth Anniversary two-day reunion/seminar attended by more than 200 alumni of the program.

Teamwork Among Health Care Professionals

Another recurring theme of the Foundation's programs was the need to improve teamwork among members of the several health professions in the health care workplace. One pilot effort, funded by the Macy Foundation at the Stony Brook campus of the State University of New York, identified a set of common instructional areas shared by the six health professional schools there, and then consolidated those topics into a single elective course in a format pertinent to students from all the various health science schools. Students from the various disciplines then learned the shared material side-by-side. That effort yielded encouraging results and was one of a number of successes highlighted in a series of case studies of teamwork published by the Association of Academic Health Centers in 1999. All the studies suggested that the teamwork concept was not only important but was most successfully introduced when initiated early in students' health professional education, so that students could learn to appreciate the complementary roles of the several health professions.

Subsequently, in a program now nearing completion with Macy Foundation funding, the University of Washington-Seattle took a successful pilot program that had been conducted there — analogous to those described in the case studies — and escalated it to involve all health professional students at the University. While the success of their ambitious effort is still under evaluation, a number of components of the cross-disciplinary instructional curriculum have been ratified and adopted by the University of Washington as valid, on-going regular course offerings. Thus, the critical step from pilot study to fully useful curricular change seems to be possible in the context of health professional education to enhance teamwork in health care.

Nursing Education

On another theme, several Macy Foundation grants have been focused on nursing education and faculty development. Particular emphasis has been placed on the serious and growing shortage of nursing faculty, which is an important contributor to the more widely discussed nursing shortage per se. Due to complex career paths and a lack of awareness of potential

careers in academic nursing, it has commonly been the case that trained nurses do not undertake the doctoral preparation necessary for faculty roles in nursing schools until relatively late in their careers. Indeed, the average age of an assistant professor of nursing is over fifty - a statistic that results de facto in a substantial shortening of faculty careers compared to most other disciplines. In an effort to make promising students aware of academic options early in their nursing careers, a "fast track" initiative is underway, centered at the University of Michigan but involving all the CIC institutions, to identify such candidates and encourage their direct enrolment in doctoral programs following either baccalaureate or master's degree completion. Promising students, once identified, are encouraged to enter into a program leading directly to a Doctor of Nursing degree. The first groups of students are in their final phase, and overall evaluation of the initiative is on-going; it is hoped that its graduates will undertake sustained careers in academic nursing.

A different approach to the nursing faculty shortage, as well as to roles of nurses in provision of primary care, is embodied in a recent Macy Foundation grant to Columbia University's School of Nursing, where a Doctor of Nursing Practice degree program was developed over the past decade and formally approved and accepted by the University in 2002. That program, developed under the guidance of a distinguished national advisory committee, is now in a position to become a model for similar efforts in other academic settings, and a number of nursing schools have signified their intent to create similar Doctor of Nursing Practice degree programs. The initiative funded by the Macy Foundation in 2005 is intended to evaluate on-going efforts at Columbia as well as to guide programs as they are created elsewhere, and to establish standards so that the Doctor of Nursing Practice degree will be of uniformly high quality as it spreads nationally.

Dental Education

Efforts to improve dental education are also in progress, with a current study underway to assess the current, considerable stresses on dental faculty and dental schools within their universities. Spearheaded by two senior and respected national leaders of academic dentistry, the initiative has as its goal the development of a national consensus of dental faculty leaders on steps needed to revitalize dental education and bring it to a level of practice that can take full advantage of the rapidly emerging scientific

insights concerning oral health and disease, while meeting the extensive dental care needs of the U.S. population.

Increasing the Numbers of Under-represented Minorities in the Health Professions

In addition to the Foundation's direct involvement in these various facets of health professional education, another theme of long-standing has been to identify ways to support and enhance the numbers and role of under-represented minorities in the health professions. This has taken a variety of forms over the years. For example, in the past decade support for continuation of the post-baccalaureate program of the Associated Medical Schools of New York was provided during an interval after the maximum period of federal funding had been reached, so that the program could continue and devise plans for durable independence. That interval of Macy support attracted additional contributions from the State of New York and allowed for stabilization of the program as well as evaluation of its graduates. The success of the post-baccalaureate program was credited with having played a significant role in increasing New York State's minority medical student representation to 14% at a time when the national figure was 11% and dropping.

Another effort involved a novel and effective program to enhance medical school success for students from under-represented minorities at the Sophie Davis School of Biomedical Sciences at the City University of New York. Their model — in which students recruited especially from the inner city undertake five years of combined undergraduate and early medical school instruction and then enter clinical years of study at participating New York medical schools — has been very productive over a number of decades. It has gained the attention of a number of urban universities, as it seems to offer a way to bring students into such promising career paths early; and informal assessment of the Sophie Davis students' outcomes is quite positive. The current effort funded by the Macy Foundation is a systematic gathering of data on three decades' graduates from that program, learning about their career paths and ascertaining the effectiveness of the program's contribution to the care of under-served populations.

A third major recent effort has been the creation of a health careers website intended to offer a complete, up-to-date source of information and advice

about a wide range of health career opportunities. The site is designed to facilitate easy access to career guidance and advice for high school and undergraduate students contemplating a career in the health professions, and is extensively linked to other academic, professional and guidance resources. It was initially established under the aegis of the Associated Medical Schools of New York. In an early Macy grant that template was used to broaden its relevance to a national audience and to establish useful linkages with pertinent representatives of almost all the health professions. A distinguished national advisory committee was involved and continues to guide the site. The final phase of Macy funding has provided for the relocation of the site to the Association of Academic Health Centers, which will provide a permanent home and on-going guidance and quality assurance of the adequacy and currency of information.

The sense of urgency surrounding these efforts to increase representation of under-represented minorities in the health professions is heightened by the increasing evidence that such diversification of the health care professional workforce in the United States will be a necessary, critical component of changes needed to decrease demonstrable health disparities in minority populations.

Looking Forward

Increasingly, the Foundation's attention has been drawn to changes in the health care needs of the U.S. population and to what must be done to adapt health professional education to meet them. The fact that the venue of care has moved increasingly to out-patient settings has put serious strain on clinical teaching of health professional students. In view of that change, efforts have been aimed at finding ways to teach clinical medicine that do not rely so dominantly on hospital-based instruction.

One major Macy-funded initiative in this regard is a program based at the New York Academy of Medicine in cooperation with the Association of American Medical Colleges. After a request for proposals (RFP) was sent out, a total of six institutions (four funded by the Macy Foundation) were selected from a large number of institutional applications. The terms of the RFP were drawn up by a distinguished national advisory committee of senior leaders in medical education, which group also made institutional selections based on their proposed efforts to improve instruction in the

clinical interaction. After the six sites have undertaken their proposed initiatives, the national advisory committee will oversee their evaluation and make effective programs broadly available so that other institutions can benefit from the effort.

Another program in this regard is based at the Association of American Medical Colleges (AAMC) and emanates from their recent creation of an Institute for Improving Medical Education. To guide the agenda of that Institute, the AAMC convened a panel of medical school deans and charged them to assess the state of medical education in the U.S. and to recommend strategic directions for reform. This resulted in a report in July 2004 which identified and highlighted the increasingly central need for physicians in key specialties (especially medicine and family medicine) to learn how to provide high quality care in ambulatory settings to patients with chronic conditions.

Again with the use of an RFP mechanism, a Macy-funded program will allow a competition to be held which will let the AAMC advisory group select several proposed programs at both the undergraduate and graduate medical education level. Proposals will be selected based on the quality, feasibility and generalizability of their plans to incorporate fundamental improvements in teaching approaches to chronic conditions and care. Once completed, those pilot efforts can then be evaluated and successful strategies can be disseminated broadly.

Some Upcoming Opportunities and Needs

Beyond the need to optimize the teaching of clinical interactions and chronic care, other forces for change can be foreseen. On the positive side, advancing insights in genomics offer the tantalizing prospect of individualizing care by tailoring both pharmacologic and behavioral interventions to a specific patient's circumstances. Increasingly such an ideal will call for much-enhanced health literacy on the part of the public, as emphasized strongly by the Institute of Medicine. The lack of such literacy at present serves as a distinct barrier to the kind of mutual effort between patient and care provider that will be needed to take full advantage of biomedical progress going forward, as well as to intercede effectively in such serious adverse health conditions as obesity, asthma, heart disease and HIV/AIDS. Furthermore, at least for the moment, direct-to-consumer advertising is placing pressures

on the actual delivery of health care that add to the urgency of need for literate, sophisticated health care consumers to balance the forces of such advertising by “big pharma”. These are areas in which health communication plays a crucial role, teamwork among health professionals is vital, and health literacy is central to the success of efforts to bring the fruits of biomedical research and discovery to their deployment in the interest of the health of the public.

Summary Comments

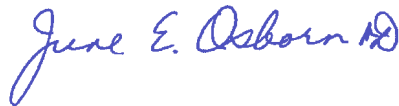
As the programs described above reflect, the Foundation has identified four areas of grant-making:

- 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.**

Other foundations and agencies attend, with much greater resources, to important matters of health policy, health care and research. The Macy Foundation’s unique mandate is to focus its resources on the improvement of health professional education; and clearly there is no dearth of opportunities for effective intercession in our unique area. Indeed, it is ever more necessary to pick and choose among such opportunities in order to support efforts that have significant potential impact and are likely to be broadly relevant and sustainable well beyond their validation in pilot or local efforts.

In making such choices it is worth reiterating the charge of Mrs. Kate Macy Ladd in her letter of endowment, that the goal of the Foundation’s efforts and of health professional education in general should be health. Long before the World Health Organization charter drew the conclusion that health should be defined far more broadly than simply the absence of disease, Mrs. Ladd promulgated a definition of health as “more than the freedom from sickness...it resides in the wholesome unity of mind and

body". She went on to urge that "[the Foundation's] undertaking may help to develop more and more, in medicine, its research, education and ministry of healing, the spirit which sees the center of all its efforts in the patient as an individuality." Over the decades much progress has been made toward her inspired insight and inspiring goal, but on-going efforts must be sustained to be sure that improved understanding is incorporated into care and taught to up-coming generations of health professionals

A handwritten signature in blue ink that reads "June E. Osborn M.D." with a circled "D" at the end.

June E. Osborn, M.D.

President,
Josiah Macy, Jr. Foundation

Programs

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



Clinical Doctorate in Nursing

A grant to support a project entitled "Establishing Standards for the Clinical Doctorate in Nursing" (up to \$948,052 for three years beginning June 1, 2005).
Columbia University
Principal Investigator: Mary O. Mundinger, Dr.P.H., M.A., B.S.N.

When Columbia University and its medical center expanded the roles of nurse practitioners in 1993, it was clear that the training then available to achieve "advanced practice" nursing status was not adequate for the expanded primary care roles being taken by nurses. Too, at that time nursing was the only health professional field that lacked a doctorate, prompting the School of Nursing to develop a Doctor of Nursing Practice degree program. Funded by federal and state sources and by the Kellogg Foundation, the program was given a mandate to evaluate its impact.

In 1999 Columbia formed a Council for the Advancement of Primary Care and also decided to formalize the new doctorate program. A year later a major report in the Journal of the American Medical Association showed no difference in quality of care or outcomes whether primary care providers were physicians or nurses trained in the new program. Last year Columbia University formally approved the Dr.N.P. program.

The need for a clinical doctorate in nursing has been widely recognized and the new doctorate will help "balance" nursing school facilities more evenly between research and clinical nursing.

The availability of primary care nurses with advanced training also addresses a serious shortage of nursing school faculty trained in primary care, since the research doctorate has been the only route available to those who seek an academic career in nursing. This new doctorate eventually will help "balance" nursing school faculties more evenly between research and clinical nursing.

The need for a clinical doctorate in nursing has become so widely recognized that more than 40 nursing schools now have programs in various stages of development. The Council for the Advancement of Primary Care has recognized the risk posed by hurried planning for such programs and concluded "the most critical challenge is to assure that common standards for clinical competencies are

adopted by schools that award this degree.”

With this grant, the Columbia faculty and the Council are developing a data-based model curriculum for national use and a consensus document on standardized and measurable competencies for all graduates, and are designing a national certification test for Dr.N.P. graduates. Students for the project are being drawn from a nation-wide pool for a course of full-time study, so some financial aid is included to permit adherence to the nursing school’s “needs-blind” policy.

Twenty students, including five “Macy Fellowship” students, are in the first adult primary care class. They are developing an evaluation plan to test the model curricula and refine or revise competencies and will also define specifications for residency and graduate positions as well as developing a pediatrics nursing curriculum for the next year.

The second year class will evaluate competency achievements of the first group, refine curricula and establish further criteria and measurements of competencies. A third year class will assess the competency of the second year students and follow up the first graduates regarding their positions and outcomes.

The council will evaluate progress and, in the third year, pilot test the certificate examination for graduates of the first two years. Results will be published and a conference for legislators, payers, public and professional groups, including AARP, National Quality Forum, AAMC, American Board of Internal Medicine and the American Association of Colleges of Nursing, is planned for the final year both to validate the program and to extend its reach.

The work will continue through a number of activities once Macy funding is completed. These include:

- Establishing a national certifying exam for the Dr.N.P. graduates;
- Seeking funding for faculty fellowships to allow schools contemplating this degree program to send faculty to Columbia to be prepared as faculty and program directors;
- Working with the American Association of Colleges of Nursing to achieve program accreditation using the model curricula;

-
- Working with payers to assure adequate and appropriate reimbursement for graduates;
 - Continuing work with legislators, state education departments and licensing boards to seek legislative authority for Dr.N.P. graduates;
 - Developing new sources of financial aid for Dr. N.P. students.
-

Faculty Development Program

A grant to support "The Stanford Faculty Development Program for Professionalism in Contemporary Practice" (up to \$682,884 for three years starting January 1, 2005).
Stanford University School of Medicine
Principal Investigator: Kelley Skeff, M.D., Ph.D.

This grant will enable the trainer-to-trainer approach to address the issue of quality in health care utilizing health professionals in quality improvement programs.

In an earlier project supported by the Macy Foundation, Kelley Skeff designed and perfected a "train-the-trainers" model that brought medical school faculty members from other institutions to Stanford for intensive training to improve their teaching effectiveness. Over a five-year period, 265 faculty members participated. This core faculty then trained more than 15,000 faculty and residents in new educational methods at their home institutions. For this work Dr. Skeff received the 2002 Abraham Flexner Award for Distinguished Service to Medical Education from The Association of American Medical Colleges.

This grant enables Dr. Skeff to use his train-the-trainer approach to address the issue of quality in health care by involving health professionals in quality improvement programs. Month long training sessions for 18 health professionals are planned. These professionals then will train an additional 360 physicians and other health care professionals at home institutions, creating 36 continuous quality improvement projects.

Dr. Skeff's approach was tested in a pilot project at the Palo Alto VA Health Care System where interdisciplinary practice teams designed their own continuous quality improvement projects in the General Internal Medicine Clinic and Intermediate Intensive Care Unit. Teams focused on improving patient understanding and implementation of discharge care plans and follow-up, and on ensuring that physicians adequately communicated

to nurses both the short-and long-term follow up plans for each patient. The pilot's success prompted the application for this grant.

In the pilot study, trained facilitators taught the knowledge, skills and attitudes needed to improve the health care system to both physicians and other health care team members.

The curriculum for this new project includes evidence-based care, patient safety, quality improvement, shared decision-making, and methods for facilitating change. This curriculum encourages multi-disciplinary teamwork and emphasizes to participating physicians the need to appreciate the roles played by other members of the health care team as well as the key role of the physician in enabling patients to participate in "shared decision making."

One of Dr. Skeff's broader goals is to use the reputation, experience and methods of the Stanford Faculty Development Center to disseminate the curriculum nationally. This project is one of the few significant efforts aimed at changing health professional education by placing improved quality of patient care and safety at the top of the agenda. If results continue to be positive, this project will have impact on many institutions and will be picked up by larger funding agencies when Macy support ends.

ONGOING PROGRAMS

Standardized Patient Assessment

University of California San Francisco Medical School
Principal Investigator: Karen Hauer, M.D.
Anticipated Completion: June 2007

Funding by the Macy Foundation more than a decade ago began the movement toward the use of standardized patients in clinical instruction. Today graduating students must complete a standardized patient examination as part of the United States Medical Licensing Examination (USMLE) step two clinical skills examination to demonstrate their mastery of core clinical skills.

Despite the 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 as well as provide an evaluation of the Macy consortia grants to determine the long-term impact.

Strategies employed by the study include a quantitative survey of curricular deans at U.S. allopathic medical schools and interviews with clinical educators from schools of medicine with programs for standardized patient examinations. Finally, interviews with curricular deans will determine the impact of the introduction of standardized patient clinical skills assessment as part of the licensing examination.

New Models for Dental Education

Columbia University School of Dentistry

Principal Co-Investigators: Allan Formicola, D.D.S. and Howard Bailit, D.M.D, Ph.D.

Anticipated Completion: May 2007

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 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 under-represented minorities entering the dental profession.

The 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.

Interdisciplinary Pain Management

Case Western Reserve University Hospitals and Health System
Principal Investigator: Thomas Chelimsky, M.D.
Anticipated Completion: June 2007

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.

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.

Obesity Assessment Training

St. Luke's/Roosevelt Hospital Center
Principal Investigator: Xavier Pi-Sunyer, M.D.
Anticipated Completion: June 2007

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.

Dr. Xavier Pi-Sunyer, a leader in the research and treatment of obesity, developed 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.

This project has 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.

Promoting Physician Health

Duke University Medical Center
Principal Investigator: Kathryn Andolsek, M.D., M.P.H.
Anticipated Completion: September 2006

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, is addressing 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.

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.
Anticipated Completion: June 2006

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.
Anticipated Completion: June 2006

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.

A Study of International Medical Graduates

Health Affairs/Project Hope
Principal Investigator: Fitzhugh Mullan, M.D.
Anticipated Completion: December 2005

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 fills that gap. Dr. Fitzhugh Mullan, a long-time analyst of health care workforce issues now editor of *Health Affairs* and affiliated with Project Hope, has undertaken 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 has worked 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.

Improved Clinical Training for Medical Students

New York Academy of Medicine and Association of American Medical Colleges

Principal Investigator: Jeremiah Barondess, M.D.

Anticipated Completion: January 2006

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 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.

Fast Track for Academic Nursing

University of Michigan School of Nursing
Principal Investigator: Ada Sue Hinshaw, Ph.D., R.N.
Anticipated Completion: February 2006

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 assumed full responsibility for the final two years of the scheduled seven-year program.

Diversity Among Health Professionals



ExploreHealthCareers.org

A grant to maintain and further develop the ExploreHealthCareers.org website initially created with Macy Foundation funding (up to \$421,578 for two years beginning November 1, 2004)
Association of Academic Health Centers
Principal Investigator: Marian Osterweis, Ph.D

At a day-and-a half meeting of health professionals in summer of 2002, participants recommended that an accurate, regularly updated resource for students interested in health professional careers might be one way the Macy Foundation could contribute to its goal of increasing the diversity of health professionals. The suggestion prompted the idea of a well constructed and constantly updated website.

Coincidentally, the Associated Medical Schools of New York had created just such a website for New York State students. Following the recommendation from the Macy meeting, the same group proposed to create a national website, building on the New York experience. The Macy Board subsequently awarded the Associated Medical Schools of New York a grant to create an expanded website. That site, completed under the initial Principal Investigator, Marc A. Nivet, was launched in September 2004.

Since the success of this type of site depends upon the ability to provide students with current and regularly updated information, the site needed a permanent home. The Association of Academic Health Centers, under the leadership of Executive Vice President Marian Osterweis, an advisor to the project from the start, has assumed the long-term responsibility of maintaining the site and updating the information. This grant provides two years of additional support to permit AAHC to stabilize long-term funding.

During this period, AAHC plans to develop formal agreements with student and other groups to assist in marketing and the development of content, add to the site to include the broad range of health careers, and provide more information about potential financial support and enrichment programs. Other planned additions include health policy articles, research and enrollment data, a cultural competence section, an events schedule,

information on admissions policies, funding opportunities, special programs, and an opportunity to share feedback.

Several approaches to evaluation are planned. These include noting the number of hits, which sections are most used, and the types of feedback

A national conference will be held to extend the reach and impact of *ExploreHealthCareers.org* by highlighting best practices, success stories and developing coalitions.

and questions received. In addition, surveys will be conducted and focus groups will be held to assess effectiveness. Peer review of the website, conducted by representatives from national associations, will be conducted annually.

Toward the end of the grant period, a national conference will be held to extend the reach and impact of *ExploreHealthCareers.org* by highlighting best practices, success stories and accomplishments in health professionals education, and to develop a national

coalition and network of organizations.

ONGOING PROGRAMS

Sophie Davis School of Biomedical Education of the City College of New York

Principal Investigator: Stanford A. Roman, M.D., M.P.H.

Anticipated Completion: May 2006

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.

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.

In the first phase of this study, students who completed the program from 1977 to 1997 were surveyed to assess their contribution to meeting medical care needs in underserved communities. Since the program is an 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.

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.

Women in Medicine

University of Pennsylvania

Principal Investigator: Jerry A. Jacobs, Ph.D.

Anticipated Completion: November 2005

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 fills 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 has asked 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.
Anticipated Completion: August 2006

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.

Increasing Teamwork Between and Among Multiple Health Professions



Educating about Prevention

A grant to support development of a common curriculum framework for education about prevention among seven health professions and to establish a web-based Prevention Education Resource Center for faculty in the health professional disciplines (up to \$497,218 for three years beginning February 1, 2005).
Association of Teachers of Preventive Medicine
Principal Investigator: David R. Garr, M.D.

A task force will adapt the resource center to add public health education into undergraduate curricula and pilot efforts will utilize available online resources such as CDC case studies.

One goal of the Surgeon General's Healthy People 2010 report called for increasing "the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention."

Prompted by this goal, a task force of the Association of Teachers of Preventive Medicine, with representatives from many clinical health professional educational associations, worked for two years to identify curricular themes that would help meet the Surgeon General's goal. Their efforts produced a Clinical Prevention and Population Health Curriculum Framework for organizing and monitoring curriculum and

for communicating among the represented disciplines.

Building on that work, and with this grant, the task force is expanding its support of inter-professional collaboration by:

- Promoting broad distribution of the Clinical Prevention and Population Health Curriculum Framework across the health care professions through discipline-specific articles, press releases and presentations at national meetings;
- Developing an online Prevention Education Resource Center for faculty;
- Using the resource center to enhance program and curriculum content and to provide listserves for faculty exchange;
- Developing and convening a state-of-the-science national inter-professional conference on clinical prevention, population health, and inter-professional education, practice and research.

The task force also will adapt the resource center to help add public health education into undergraduate curricula, as recommended in the 2003 Institute of Medicine Report *Who Will Keep the Public Healthy? Educating Public Health Professionals for the Twenty-first Century*. Pilot efforts to develop the Resource Center during the first year will utilize available online resources including CDC case studies, the recommendations of the U.S. Preventive Services Task Force and vaccination curriculum materials developed by the Association of Teachers of Preventive Medicine. Evaluation is part of the pilot phase and will continue throughout implementation.

Epidemic Intelligence Service History

A grant to support a project documenting the history of the Epidemic Intelligence Service of the Centers for Disease Control and Prevention (up to \$200,000 for two years effective June 1, 2005).
The Task Force for Child Survival and Development
Principal Investigator: Mark L. Rosenberg, M.D.

The Epidemic Intelligence Service (EIS) of the Centers for Disease Control and Prevention (CDC) was started under the leadership of Dr. Alexander Langmuir in 1951 to provide an early warning system against biological warfare and natural epidemics. Since then, the EIS has been in the forefront of disease investigations, both in the United States and throughout the world, tracking HIV/AIDS, influenza, SARS and other emerging public health threats. Those diseases, along with chronic diseases, environmental and occupational health, comprise the EIS agenda.

EIS officers have studied possible links between disease outbreaks and terrorism and have documented the obesity epidemic in the United States.

Since its inception, more than 2,800 EIS officers—physicians, veterinarians, researchers and scientists on two year assignments — have worked to combat the causes of major epidemics. EIS helped to restore public confidence in the first polio vaccine after a defective vaccine led to public panic, played a key role in the global eradication of smallpox, and helped discover how HIV was transmitted. More recently, EIS officers have studied possible links between disease outbreaks and terrorism and documented the obesity epidemic in the United States.

This project is the first effort to document the history of the EIS and to produce a biography of Dr. Langmuir, who is seen as one of the great public health figures of the 20th century for his creation and leadership of the EIS.

EIS alumni have asked writer Mark Pendergrast to undertake this project. Mr. Pendergrast wants to do this without government support in order to maintain his independence.

The author plans to interview many past and present EIS officers and also to use oral history, videos and audiotapes and other historical materials available through CDC, in addition to the papers and photographs in Dr. Langmuir's collection and pertinent materials in the National Archives, FDA, Emory University, and other collections.

Health Workforce Shortages

A grant to support a study of health workforce shortages: causes, implications and solutions across the health professions (up to \$520,438 for three years, starting February 1, 2005).
Association of Academic Health Centers
Principal Investigator: Marion Osterweis, Ph.D.

In this study AHC is looking across the professions to identify any similarities and differences in reasons for workforce shortages, how they manifest in care sites and their implications.

Most experts agree that there are now, or soon will be, shortages in virtually all health professions and that these shortages are not the same cyclical shortages seen in the past. To date, though, efforts to understand these shortages have been targeted to a specific profession or site. This study is based on the premise that the ability to carry out necessary health care functions is more important than the absolute numbers of any particular health care profession.

A number of factors threaten to exacerbate shortages in the health professions. These include:

- The growing cohort of aging baby boomers that will heighten the need for care, since the elderly typically have higher demands for health care services;

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- Stresses in the health care practice environment that lead many professionals to early retirement or career changes;
 - School and/or program expansion that is limited by severe shortages of faculty in almost all the health professions, except medicine, due in part to retirement and faculty retention problems
 - Serious “pipeline” problems that exist, especially for minority applicants;
 - The fact that many institutions and/or states are raising tuitions at the same time other state and federal policies are limiting availability of student loans and loan repayment programs;
 - State and federal policies on licensure, scope of practice and reimbursement that have an indirect but significant impact on the numbers in the health workforce.

In this study, AHC is looking across the professions to identify any similarities and differences in reasons for the shortages, how they manifest in various care sites, and their implications. The study also will seek potential solutions to the workforce crisis, which requires an analysis of the effects of current policies at all levels. Too, the project hopes to identify those policies aimed at addressing work force needs that have a ripple effect (an example is the importation of nurses from abroad) and to identify successful recruitment and retention models that might be used in other settings.

Four workshops will be held to analyze and examine these issues in preparation for in a major conference to assess key findings, options and recommendations. All meetings will include representatives from academia, practice and policy arenas. Papers commissioned for the workshops will be widely disseminated and published in a book. AAHC’s Council on Health Workforce and Education, including 30 leaders of academic health centers and professional education groups, is overseeing the project.

ONGOING PROGRAMS

Innovative M.P.H. Program

Howard University Medical School

Principal Investigator: Charles Mouton, M.D., M.S.

Anticipated Completion: January 2007

This proposal involves the full range of Howard University's faculty and resources in developing an innovative M.P.H. program, the only program currently undertaken 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 is helping to 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 program responds both to the increased awareness 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 either already have a graduate degree in another field or are working toward a second graduate degree along with their M.P.H.

Agreements with Johns Hopkins University and George Washington University have been developed. These agreements 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

Columbia University Mailman School of Public Health
Principal Investigator: Allan Rosenfield, M.D.
Anticipated Completion: June 2006

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 are being 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.

Bridging the Gap in Psychotherapy

New York Psychiatric Institute Research Foundation
of Columbia University
Principal Investigator: Myrna M. Weissman, Ph.D.
Anticipated Completion: June 2005

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 compiled and documented in detail currently available evidence-based psychotherapies, and surveyed 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.

Anticipated Completion: June 2006

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.

Educational Strategies to Increase Care for Underserved Populations



NEW INITIATIVES

Adult Literacy Media Alliance

A grant to support the “Health Smarts While You Wait” project to train students to teach adult health literacy in ambulatory clinical settings (up to \$205,858 for one year beginning June 1, 2005).

Principal Investigator: Alex Quinn, Executive Director

The Surgeon General has called improving health literacy “the currency of success for everything we are doing in primary and preventive medicine.”

Through their work with low literacy adults, the Adult Literacy Media Alliance has found that health literacy is key to effective health care. Low health literacy both interferes with effective care and outcomes and contributes to soaring health care costs, since adults with low health literacy use more emergency services and have more hospital visits than consumers with better skills.

Indeed, the need is so acute that the Surgeon General has called improving health literacy “the currency of success for everything we are doing in primary and preventive medicine.” The annual costs of excessive or inappropriate care resulting from low health literacy has been estimated at more than \$58 billion each year.

The Adult Literacy Media Alliance is working with four university health education programs, five New York area hospitals, the Greater New York Society for Public Health Education, and the Greater New York Association for Directors of Volunteer Services in their “Health Smarts While You Wait” project to train students and volunteers to teach the health literacy program to adults in non-acute health care settings in the New York metropolitan area.

The group has already developed and field-tested the TV411 Health Smarts Kit, which includes short videos, step-by-step teachers’ guides, worksheets, and referrals to online lessons. An independent firm evaluated the kit in two New York City adult education classes and found improved health literacy in adults with reading skills below the eighth grade level after two-hour teacher led sessions. The assessment demonstrated that the kit works well in a classroom setting.

Preliminary trials of the curriculum in “real world” settings at outpatient clinics and community health fairs showed that, to be effective, the materials need to be portable, adapted for shorter periods — i.e. 20 minutes

in a waiting room, not two hours in a classroom-include colorful and large print teaching materials along with handouts to take home, and be available in several languages. This experience also showed that instructors needed to be trained to provide direct services in a clinical setting,

Goals of this initiative include:

- Improving health literacy and health behavior of high risk, underserved health consumers through use of an effective model that could be replicated nationwide;
- Providing educational partners with field experience for students in community health and health education programs;
- Enhancing the ability of the medical community to help low-literate patients with chronic illness to manage their health care more effectively;
- Creating health literacy materials and a model, low cost health literacy program that schools and hospitals will be able to use for years to come.

Students are learning the content of “Health Smarts While You Wait” along with teaching techniques to engage adults in waiting rooms. Students are assigned to one of the participating hospitals and are being taught to use the multimedia curriculum materials in several ways, as one-on-one highly focused interventions; brief, 15-30 minute workshops with ad hoc groups or full, 90 minute pre-arranged health literacy classes. When possible, students work with a group more than once and refer to a long-term health education program.

Teaching Chronic Disease Care

A grant to support the development of models that will lead to the integration of the teaching of chronic diseases into both undergraduate and graduate medical education (up to \$2,065,000 for a period of three years beginning June 1, 2005).
Association of American Medical Colleges
Principal Investigator: Michael E. Whitcomb, M.D.

A 2004 AAMC report entitled “Educating Doctors to Provide High Quality Care”, highlighted the need for physicians in key specialties, such as medicine and family medicine, to learn how to care for patients with

This grant supports the development and implementation of chronic care education in both undergraduate and graduate medical education.

chronic conditions in ambulatory settings. This report from a panel of medical school deans, also acknowledged that medical education at both the undergraduate and graduate, or residency levels now focuses disproportionately on acute, usually inpatient, care and could not meet that need.

Their findings prompted the deans to recommend a redesign of medical education to give students the necessary experience in the ambulatory care settings where they would learn to work with patients with chronic care needs.

In response, AAMC established the Education for Chronic Illness Care Roundtable composed of leaders in internal and family medicine. After several meetings the group developed a set of principals to guide proposed changes and asked AAMC to urge its members to make the necessary changes.

This grant supports the development and implementation of chronic care education in both undergraduate and graduate medical education:

- After a national competition, AAMC will select 10 medical schools to integrate chronic disease care throughout all four years of their curricula. These awards of \$50,000 per school for two years are to be awarded by June 1, 2006. Roundtable members will review submitted proposals, though final selection may take into consideration additional factors such as geography and type of school. The first year of the award will be spent in planning, the second year in implementation.
- Another part of the project, which takes into account the well-recognized problems involved in redesigning graduate medical education, will attempt to identify and overcome barriers to the redesign of residency, one of which is the need to apply for waivers from defined residency requirements. Waiver application will be a requisite to competing for funding. The scope of the Roundtable will be expanded to address the “barriers” problems, with forums at the end of the first year and at the beginning of the third year.

ONGOING PROGRAMS

Morehouse School of Medicine

Principal Investigator: Louis Sullivan, M.D.
Anticipated Completion: June 2007

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.

By 2003, 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.

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.
Anticipated Completion: November 2005

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

The IOM undertook a study of the nation's emergency care system. This grant supported half of the study costs with remaining funds provided by other health foundations and governmental agencies. The study involved key leaders in the field of emergency medicine and was directed by Dr. Janet M. Corrigan, director of the IOM's Board on Health Care Services.

The study also followed the standard IOM/National Academy of Sciences format, with a committee that met several times over 15 months, supported by a staff to gather necessary data and arrange for pertinent testimony. The committee report is being subjected to rigorous review and is being 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.

Cold Spring Harbor Archive Collections

A grant to support a project entitled "Preserving the Past and Present, Looking to the Future: Preserving and Digitizing the Cold Spring Harbor Laboratory Archives Collections" (up to \$500,000 for two years beginning June 1, 2005).
Cold Spring Harbor Laboratory
Principal Investigator: Ludmila Pollack, M.L.S.

Cold Spring Harbor Laboratory has played a central role in the development of molecular biology and genetics for the past 100 years. In recent years this role has expanded to include some 50 professional meetings and advanced courses for more than 8,000 scientists each year. These gatherings provide a focal point for scientific discussion and cutting-edge biological research.

The Cold Spring Harbor Archives were created in 1972 to house the primary materials, scientific papers, lab notebooks, photographs, correspondence, and research materials kept by the laboratory's researchers. The Archives have made these materials available to scholars, graduate students and writers interested in the history of molecular biology, genetics and the laboratory.

This grant supports the second stage of an ambitious program to preserve the entire collection, digitalize selected items to make them accessible to a worldwide audience, and create a searchable, online site with detailed information about the collections. The first stage, completed in 2003, included four collections chosen to coincide with the 50th anniversary of the discovery of the double helical structure of DNA and the completion of the Human Genome Project.

This second stage, which will complete the preserving and digitalizing project, includes: personal collections of James D. Watson, Barbara McClintock and Hermann Muller; reprint collections of the Carnegie Department of Genetics and the Charles Davenport and Milislav Demeric reprint collections; the Cold Spring Harbor Laboratory Scientific Meeting Collection; and the laboratory's Oral History.

Macy Conferences

Women and Medicine

To be held in November 2006
Chairman: Catherine D. DeAngelis, M.D., M.P.H.

In the years following World War II, about 6 percent of medical school students were women. That percentage remained fairly constant until the late 70s when the numbers of women began to increase. By the mid-1990s, women formed the majority of students entering some medical schools. Recent enrollment data show that women now account for 49 percent of all entering medical students. The increase in the number of women entering medicine, coupled with the retirement of older practitioners, means that today nearly 27 percent of the active physicians in the United States are women.

The impact of this dramatic gender shift on American medicine may have been massive, but it has not been closely examined. The Macy Foundation has played an important role in the increase in women in medicine since the 1960s; and the topic of women in medicine was addressed in detail at a Macy Conference in 1976, when the dramatic increase in numbers was only beginning. Thirty years later, the Macy Foundation has decided it is time to re-examine the gender shift in medicine.

Dr. Catherine D. DeAngelis who will chair the conference, has served as the Editor-in-Chief of the Journal of the American Medical Association since 2000, and is Professor of Pediatrics at Johns Hopkins University School of Medicine.

Staff Grants Awarded Fiscal Year 2004-2005

Alliance for Aging Research

Washington, DC

To produce for distribution by the 2005 White House Conference on Aging, a survey and report: "Aging Research on the Threshold of Discovery"

25,000

American Health Quality Foundation

Washington, DC

To fund a documentary: "Remaking American Medicine," to explore new initiatives in medicine

25,000

American Public Health Association

Student Assembly

Washington, DC

To support a conference: "Beyond the Classroom: Training the Next Generation of Public Health Professionals"

\$13,000

Dartmouth College

New Hampshire

To support the 9th International Medical Workforce Collaborative

\$12,000

Doctors for Healthy Communities

New York

To increase the capacity to recruit, place and support more student internships and strengthen community-based training sites

\$25,000

Himalayan Cataract Project

Vermont

To assist the efforts to eliminate preventable and curable blindness

\$25,000

National Coalition for Health Professional Education in Genetics (NCHPEG)

Maryland

To support a web-based interactive program of instruction in genetics

\$25,000

Staff Grants Awarded Fiscal Year 2004-2005 (continued)

National Medical Fellowships

New York

To support a project to increase the number of minority medical scholars \$25,000

New York Academy of Medicine

New York

To support a conference to help faculty and students maximize the effectiveness of mentoring programs \$25,000

New York University

New York

To support a faculty enrichment seminar "Selected topics in Health and Mental Health: Women, Race and Social Class" June 2005 \$25,000

The Jackie Robinson Foundation

New York

To support the Education and Leadership Program \$25,000

The National Center on Addiction and Substance Abuse (CASA)

New York

To support the CASACONFERENCE on Substance Abuse and Primary Care in April 2005 \$25,000

University of Berkeley (UCSF)

California

To support the University of California's Joint Medical Program with University of California, San Francisco \$25,000

Total: \$300,000

Guidelines for Grant Applications

The Foundation can act favorably on relatively few of the more than five hundred grant requests received each year. Many proposals must be declined even though they are appropriate to the Foundation's areas of interest and appear to be of merit.

Proposals are evaluated on the importance of the project and its relevance to the Foundation's areas of interest, the significance of the project's expected results and potential applicability to similar situations, and the sponsor's commitment to continue successful programs after the Foundation's support ceases. Grants are made only to tax-exempt institutions or agencies; no grants are made directly to individuals. The Foundation does not consider requests for general undesignated support or for equipment or construction or renovation projects.

Applications may be made at any time for support of activities consistent with the Foundation's guidelines. There are no special application forms. A preliminary letter of inquiry is useful in helping the staff to determine whether submission of a full proposal is appropriate.

Grant proposals should be addressed to the president (hardcopy) and should include:

- the name of the sponsoring agency or institution and a description of the project;
- the names and qualifications of the persons who will be responsible for the project;
- the expected cost and duration of the project, including an itemized budget;
- documents substantiating the most recent validation of the 501(c)(3) tax-exempt status of the sponsoring institution.

After a review and evaluation, requests to the Foundation that are not likely to be funded are promptly declined. Proposals recommended for grant support are submitted to the Board of Directors for final consideration.