

2001

Josiah Macy, Jr. Foundation
Annual Report



Report of the Josiah Macy, Jr. Foundation

For July 1, 2000 through June 30, 2001

Josiah Macy, Jr. Foundation
44 East 64th Street
New York, NY 10021
www.josiahmacyfoundation.org



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At the Foundation—

An original ship registration at
the homeport of New York City
signed by James Madison and
Alexander Hamilton, early 1800's.



By the President of the United States of America,

SUFFER the *President of the United States*
master or commander of the bark of
name or description, licensed with
gross tonnage with *men*
TO *RAEX* with her Company, Passengers,
 Goods and Merchandise, without any hindrance, seizure, or molestation,
 the said *ship* appearing by good testimony to belong to one
 or more of the Citizens of the United States, and to him or them only.

Given, under my Hand and the Seal of the
 United States of America, the
 day of *the* in the year of our Lord
 one thousand eight hundred and *the*

By the President,

Secretary of State

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.



Kate Macy Ladd (1863-1945)

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.

President's Statement

(Post-9/11/01)

In early September, as I turned my attention to writing this message for the 2001 Annual Report, one adage resonated in my thinking about Macy Foundation programs as they center around health professional education: “The more things change, the more they stay the same.” With all the excitement about the human genome project, about proteomics and neuroscience and targeted pharmacology and the like, I was concerned that hubris was again gaining the upper hand in the health sciences. My theme was intended to emphasize the fact that human needs — not technological or pharmacologic or even systems advances — are at the base of the health professions.

Those human needs determine the usefulness of new innovations and yet they change far more slowly than the clever stratagems of modern science. That assertion seemed, to me, to be obvious. Yet it was being challenged repeatedly by an unquestioning public celebration of each announcement of purported biomedical progress, even as the inequities of the United States health care system put basic primary care out of reach for increasing numbers of people in need.

It was the intention of Mrs. Kate Macy Ladd, who endowed the Foundation in 1930 in her father's memory, that funds be used to improve the education of health professionals across the entire spectrum of relevant endeavor from biological to social sciences. Her wisdom was inspired, and as opportunities arose to support that broad range of effort, it grew increasingly evident that ultimate success rested tenuously on the ability to deliver the fruits of biomedical science to people in need.

But that presupposed that patients and caregivers were functioning together in a partnership aimed at maintaining or restoring health. In fact, failure to communicate about potentially useful interventions was leading increasingly to bad outcomes, despite the promise of scientific advance. With that in mind, our central program priority over the past few years has been focused on health communication — specifically through an initiative undertaken at three medical schools to delineate key facets of care-givers' communication with patients, and then to establish those as (required) core competencies throughout both undergraduate and graduate medical education.

Our focus is not exclusively on health communication, of course, and we have certainly been involved in some efforts to make use of advancing

technology, such as a project intended to make didactic aspects of pathophysiology in medical education available for learning through interactive web technology; a program to develop the use of simulation to teach emergency/intensive care unit techniques; and several efforts to bring the explosion of new genetic information into the realm of usability for patient and health care provider alike.

We have also invested significantly in other old and intransigent problems related only indirectly to health communication, especially centered around the theme of interdisciplinary cooperation. In recent Macy Conferences on how to enhance the interface between medicine/public health and between nursing/medicine, participants reiterated concern about inter-professional dysfunction, and underscored the value of remediation and opportunities for improvement that could have a major effect on quality of care. Repeatedly it was noted that mutual understanding and respect were critical ingredients essential for improving interactions between the several health professions.

That, in turn, suggested that change would best be achieved at the student level, before professional stereotyping set in. Health care students have routinely been introduced to their chosen professions in what might be described as a “pure culture,” even when much common ground existed with other health professional curricula at the same institution. Such separatism has meant that students can remain unaware of the potential for synergy among the health professions until they themselves have become territorial or even refractory to the awareness of common ground. They may in fact be tempted to defend their particular profession’s versions of such common themes as ethics, epidemiology, biostatistics, and health care delivery as matters of parochial pride. Even the province of “caring” has sometimes been contested, as in “...ours is the caring profession.”

A number of analysts have concluded that the best approach to eliminating that “silo effect” among the health professions would be to teach about shared topics, at the same time and place, to students from several health professional schools. One pilot program we supported at SUNY-Stony Brook (and several others reviewed by the Association of Academic Health Centers) took the difficult steps of identifying overlapping material taught by several health professional schools and then teaching them in common.

In the Stony Brook project, interestingly, the first year’s pilot course was received with high enthusiasm by students from the five participating health

professional schools – except for a complaint that not enough had been taught concerning what the other health professions were about. What a positive result – to have that question come up sooner rather than later! After all, there are reasons why there are several health professions, and the benefit of such differentiation can be lost if we fail to understand them. Physicians, in particular, have sometimes blurred that concept, suggesting that they could, of course, do it all, were it not for time constraints. The “captain-of-the-ship” metaphor is invoked frequently by doctors and can be the cause of considerable offense, especially when an experienced nurse, for example, is being “captained” by a raw rookie physician-in-training.

Without question, biomedicine has elaborated its scientific information concerning health and disease to such an extent that training of physicians – particularly specialty training – is now stretched to six, seven or even ten years beyond the baccalaureate degree. In terms of depth of information concerning certain aspects of biomedical science, few other health professionals can approximate those technical credentials. However, such highly educated specialists are often weak in a variety of other areas – especially those dealing with human issues of delivery of care, social and behavioral sciences, public health and “population-based” medicine. Even in somewhat more biomedical/technical arenas such as pharmacology and pharmacy, physicians and pharmacists often work in isolation from one another, probably to the detriment of both professions.

Perhaps the best example of the “silo” phenomenon is in dentistry. Oral health can be critical to overall well-being; but I have yet to come across an otherwise-savvy medical colleague who is not startled by the fact that the best single detector of socioeconomic status in the United States is the status of dental health or repair. Of the affluent, little need be said: carious disease has all but disappeared; and only worries about periodontal disease and cosmetic prostheses provide occasional punctuation to an otherwise uneventful cycle of preventive dentistry. But at the other end of the socioeconomic spectrum a sizeable fraction of the medically underserved population have lost all their teeth by the age of 21! So edentulism is added to the list of disparate woes having to do with the intimate correlation between disadvantage and ill health. For all the things that have changed, the almost intractable problems of health care delivery still seem to stay the same.

One area is, in fact, becoming worse – and that relates to the need for a truly diverse body of health professionals available to deliver care. Many of the health professions, now, are facing looming shortages in their workforce – which is troubling. But the relative shortage of people from under-represented minorities who enter those professions is becoming more extreme, just as the United States population continues along a road to

ever-increasing diversity. Both experience and common sense dictate that we should consider that an urgent problem and attend to it.

As I was in the middle of a draft of this message, September 11 arrived. It seemed wrong, at first, to stick with my adage. At first I felt as though the word “change” had taken on a radically new meaning, and that surely the possibility that things would stay the same was pulverized, along with the steel and concrete and delicate human lives in the Twin Towers and the Pentagon and the four peaceable airplanes that had been turned into weapons of massive destruction.

But, of course, on reflection that was not so: many things have stayed the same, for better or for worse. Humans continue to love, hate, fear; or to respond to kind support, or to isolation or desolation. Horribly, they also continue sometimes to be prone to fanatical self-assurance, which can make them entirely uninterested in the awful consequences of their fury. We have yet to learn much that we need to know in order to understand, even vaguely, how a cadre of suicidal young men could join together to wreak such havoc and carnage. But it is not entirely unfamiliar: one is reminded of Jonestown, for instance, or of Waco.

I referred earlier to advances in neuroscience. In that regard, it has been postulated that there is a “social nucleus” developing slowly in the human brain, spurred evolutionarily by a need to live together in increasingly crowded communities that can only survive with mutual consideration and respect. If indeed there is such a locus, it has probably only been 30,000 years or so since even the first neuronal cells began to come together; and that is not time enough for large scale refinement of group social skills. It is evident that we are not much removed from our ancestors in the means we have to respond to hate or greed or anger. Clearly we have not yet learned even the recent, accelerated lessons of the twentieth century: that our very cleverness at technologic innovation makes for enhanced danger when hatred or anomie is allowed to fester. As massive social disruption again swells the ranks of displaced persons by the millions, that lesson and our underdeveloped ability to see such problems clearly casts a long shadow over any efforts at resolution.

We seem to have missed the most ostensibly contradictory but exciting facts of our own genetics: that remarkably few differences in genetic inheritance exist among humans as a species, and yet that even one base-pair change can alter the course of an individual’s fate. In that context, too, our appreciation of the wisdom of that saying, “the more things change, the more they stay the same” has in itself been incomplete and flawed. We have been tempted to celebrate disembodied science for its own sake and, in the

worst case, to assume that technological progress will automatically drag an admiring humanity along with it.

To the contrary, I think: those things that haven't changed cast shadows over the entire scene – dark with misunderstanding and callousness and xenophobia; light with the extraordinary power of human altruism and love as well as intelligence. Above all we must do more to nurture our nascent sense of human group dynamics and global interdependence, for we are in desperate need of wisdom to accompany our intellectual progress.

I do not mean to lament the investment in technology, or even to suggest that it is separate and detached from human need, for ideally it augments our ability to live together harmoniously. For instance, even as I write, DNA science is being deployed at the scene of the September 11 tragedy, in the midst of unspeakable horror, to the most humane and personal of ends — literally to overcome the anonymous barbarism of pulverization with a certainty of identification, where possible, that will let families grieve in their own personal and important ways. It is a mercy to be able to do that, for while the means of succoring sorrow have changed drastically, the need to grieve specifically and personally remains the same.

So, back to the programs of the Macy Foundation for a moment. With so much turmoil around us, it has been tempting – and will be more so – to diffuse our focus on health professional education. Yet I find it to be all the more important to hold fast to our unique philanthropic niche. The world was full of static about patients' rights and HMOs and sCHIP and the like before September 11; and the causes of improving them were all worthy, but generally beyond Macy's means, or even beyond others' political will. Those arguments will resume, with revised acronyms. But there are other resources that can address those issues.

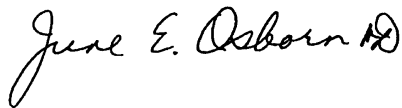
What the Macy Foundation could and can do is to maintain a focus on improving health professional education, for which purpose it is the only philanthropy specifically endowed. The steamship of health professional education turns slowly, and even the jolting aftershocks from the horrendous quakes of September 11 might not be enough to change the tides of curricula and professionalism and separatism. Yet surely it continues to be necessary to try.

So, upon reflection, I am convinced that our work is still important in this sadly brave new world. In health professional education as in all else, there is a greater imperative than ever to find common ground, to convey mutual

respect, and to learn to take advantage, not only of our increasingly sophisticated biomedical knowledge and technology, but also of the potential synergy of diverse human beings in the context of caring.

With those considerations in mind, our areas of grant-making will continue to include:

- 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.

A handwritten signature in black ink that reads "June E. Osborn MD". The signature is written in a cursive, flowing style.

June E. Osborn, M.D.

Programs

Minorities in Medicine

NEW INITIATIVES

A Grant to Extend Funding for the Associated Medical Schools of New York Post-Baccalaureate Program

A proposal to extend funding of the Associated Medical Schools of New York Post-Baccalaureate Program to facilitate the transition of that program from one that is grant-funded to one that is institutionally based (up to \$310,640 for two years)

Beginning Date: June 2001

Completion Date: May 2003

Associated Medical Schools of New York

Principal Investigator: Mark Nivet, M.S.

A successful post-baccalaureate program guarantees admission to a consortium of New York medical schools.

A number of states have experimented with the concept of a post-baccalaureate program to try to meet the increasing need for underrepresented minorities in the medical profession. To do this, participating medical schools identify promising minority applicants who did not quite “make the cut” in the admissions cycle. The schools then work with those students to identify areas that could be strengthened, to develop appropriate academic programs, and to provide summer instruction to prepare them to join the next entering medical class. Selected students are assured of admission into the New York State medical school to which they had almost gained admission the year before if they complete the post-baccalaureate program successfully.

For the past eight years, the eight member schools of the Associated Medical Schools of New York have conducted a post-baccalaureate program that is considered to be one of the best in the country. For the first six years of that program, 20 slots per year were funded by the Federal Health Careers Opportunity Program. Since funding from that program has a strict six-year limit, in 1998 the Macy Foundation Board approved a grant to support 12 students for each of the next three years. A supplemental grant from the State of New York paid for eight additional students, bringing the total for each year to 20.

At this time, 49 students who completed the post-baccalaureate program have graduated and 74 are currently enrolled in medical school. The attrition rate for these students has been low and their performance in medical school has been at least acceptable in the preclinical years and indistinguishable from their peers in the clinical years and beyond.

Preliminary data suggests that many are choosing careers in primary care. In addition, first year minority enrollment in participating medical schools has increased from 11 percent in 1998 to 14 percent in 2000, an increase the Association of Medical Colleges attributes to the post-baccalaureate program and the support of the Macy Foundation.

Evaluations have shown this model of a post-baccalaureate program to be very effective. A new round of funding from the Macy Foundation will support 12 students for each of the next two years as the Associated Medical Schools institutionalize the post-baccalaureate program at the SUNY-Buffalo campus, a transition process that is expected to take two years. As of July 2001, SUNY-Buffalo has responsibility for all staff salaries for the program. The transition is expected to be complete by 2003 when the program will continue on a self-sustaining basis.

ONGOING PROGRAMS

Herbert W. Nickens Memorial Awards

Association of American Medical Colleges

Principal Investigator: Vanessa Northington Gamble, M.D., Ph.D.

As founding Vice President for Community and Minority Programs at the AAMC, Dr. Herbert W. Nickens designed and directed the Association's "Project 3000 by 2000," aimed at increasing the number of underrepresented minority students qualified to compete for admission to the nation's medical schools. When Dr. Nickens died in 1999, the AAMC established the Herbert W. Nickens Memorial Fund in his honor with a one million dollar endowment as its goal, to continue his pioneering work for minorities in the medical profession.

Recognizing that some time would be needed to accumulate endowment funds, this Macy Foundation grant allows the fellowship and scholarship programs envisioned by the fund to get underway. Now in its second year, the Herbert W. Nickens Memorial Fund supports a fellowship for one minority junior faculty member and five annual scholarships of \$5,000 each to outstanding minority medical students. At the completion of the grant period, it is expected that the endowment will be sufficient to perpetuate both the fellowship and scholarship awards.

Neurology Fellowships for Minority Physicians

Beth Israel Medical Center and St. Luke's/Roosevelt Hospital Center, New York City
Principal Investigator: Susan Bressman, M.D.

Even though stroke is a major cause of disability in African-American, Latino and Asian-American populations, minority physicians are underrepresented in the practice of neurology and the treatment of stroke patients.

Beth Israel and St. Luke's/Roosevelt are increasing efforts to attract minority physicians to their programs by offering this training fellowship. New Yorkers are given preference for training fellowships since a stated goal of the program is to increase effective specialty care for stroke patients in targeted minority communities within New York City. The program also aims to increase minority participation in stroke prevention and treatment programs.



Patients are screened by a neurology fellow in a special stroke program.



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

NEW INITIATIVES

A Fourth-Year Medical School Curriculum

A proposal to restructure and implement the fourth-year medical school curriculum to equip medical students for the challenges of providing care and conducting research in the changing world of health care (up to \$1,356,800 for three years)

Beginning Date: December 2000

Completion Date: November 2003

University of California-Los Angeles School of Medicine

Principal Investigator: Gerald S. Levey, M.D.

A new fourth year curriculum offers primary care, acute care, research, applied anatomy and underserved community care.

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 expanded through the introduction of “audition electives” which permit senior students to opt for “elective clerkships” in their hoped-for field and improve their chances for being selected for choice residencies. Indeed, this trend to flexibility has become so extreme that in some institutions the fourth year is now entirely elective.

This proposal to restructure the fourth year of the medical school curriculum at the UCLA School of Medicine intends, as its stated goal, “to recover the fourth year of medical school (in order to) better prepare medical students for the challenges of providing care and conducting research in the fast-changing world of health care.” Rather than start as a pilot program, the UCLA proposal includes all fourth year students and has been designed to serve as a national model.

A core group of faculty leaders, including not only Dr. Levey, provost and dean, but Dr. Alan Robinson, vice provost of medical sciences and executive associate dean, and Dr LuAnn Wilkerson, senior associate dean for medical education, has developed a five “colleges” program for fourth year students. In this program students will belong to the “college” most closely suited to his or her anticipated career paths and will spent half of their time within the chosen college, with the remaining half available for electives. The five “colleges” are 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) under-served communities.

The UCLA Medical School, which is particularly strong in primary care, has a long-standing partnership with the Drew Postgraduate Medical School in which Drew students receive a UCLA medical degree. The recent joint graduating class of 200 was polled to see what their interest in the different colleges would have been, had the option been available to them. The under-served communities college was selected primarily by Drew students who, in the past, have chosen to work in underserved communities. The survey further showed that twice as many of the other students, or 40 percent, were interested in primary care, with about 20 percent interested in each of the other three tracks. That distribution is consistent with the career and residency choices of UCLA M.D. graduates in recent years.

Each of the colleges offers a college-specific curriculum block of three to four weeks at the beginning of the fourth year. Students participate in a year-long advisor/mentor program and evening seminars related to the focus of the college, and also acquire experience in pertinent patient care or research, as well as required clinical core rotations and electives. In addition they have an opportunity to pursue individual projects.

During the first eight months of the grant, faculty leaders will participate in detailed planning and also help train other faculty to serve as mentors and teachers in the new colleges. The first of three classes of fourth-year medical students will enter in August of 2001. Each class will be evaluated and, if the model proves successful, dissemination to other schools will begin during the final year.

The Macy grant will support released time for faculty and provide for administrative support in each of the five colleges. It will be matched by UCLA.

A Review of Third and Fourth Year Medical Education

A grant to help fund a comprehensive review of third and fourth year medical education and clinical experiences of students in the nation's medical schools (up to \$42,000 for one year)

Beginning Date: November 2000

Completion Date: October 2001

Association of American Medical Colleges

Principal Investigator: Michael E. Whitcomb, M.D.

This grant will help to fund a comprehensive review of clinical education at the nation's 125 medical schools. In the initial phase, data will be collected to permit an assessment of such topics as the average number of weeks of each required clerkship, the amount of time devoted to ambulatory care during each clerkship, the number of different venues used to provide clinical experiences, and the number of elective rotations.

The initial phase will be followed by site visits to ten medical schools chosen for their diversity of offerings. Another four schools considered innovative in clinical education will also be visited, as will two medical schools in Canada. Data about clinical education in the United Kingdom also will be collected. As a final step, a small group of clerkship directors will meet to assist in evaluating the data that have been collected.

Dr. Donald Nutter, Executive Associate Dean of Northwestern University Medical School who is Petersdorf Scholar in Residence at AAMC for the year, will oversee the project. The Macy grant covers the site-visit travel expenses for Dr. Nutter and Dr. Whitcomb, as well as the attendance of clerkship directors at the final evaluation meeting. A report of the findings will be broadly disseminated.

An Integrative Program in Complementary and Alternative Medicine

A proposal to develop and implement an integrative program in complementary and alternative medicine at an academic medical center (up to \$526,629 for three years)

Beginning Date: July 2001

Completion Date: June 2004

University of Pennsylvania School of Medicine

Principal Investigator: Alfred P. Fishman, M.D.

As their primary recommendation, participants at the November 2000 Macy Conference on Complementary and Alternative Medicine, or CAM, recognized that medical students need to be exposed to the various forms of CAM currently practiced in this country. Medical students need this information, participants concluded, so that they will be able to inform their patients about the potential benefits and risks of different CAM practices, to refer interested patients to practices where benefit has been established and harm is not an issue, and to understand potential interactions between “western medicine” and CAM interventions.

Participants at the
November 2000 Macy
Conference on
Complementary and
Alternative Medicine.



This issue has been explored in depth at the University of Pennsylvania where a multidisciplinary faculty group has been developing an approach

that would meet this goal for their students and could serve as a model for other medical schools. The program they envision would integrate CAM into western scientific medicine without undermining the principles or practices of evidence-based medicine. By the end of the three-year period, the group hopes to have developed and evaluated new educational approaches for integrative medicine, to have disseminated this program to other interested institutions, and to have promoted research on various CAM modalities.

The grant will support the multidisciplinary team at Pennsylvania and the CAM practitioners and institutions and the non-medical health practitioners working with them to develop this pioneering CAM/evidence based medicine integrative program.

ONGOING PROGRAMS

Fast Track for Academic Nursing

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

The project addresses the “graying” of nursing faculties, a problem which 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 frequently 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 provides for three cohorts of five students for a period of five years, while the nursing school will assume full responsibility for the final two years of the scheduled seven-year program.

Realistic Patient Simulation

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

This program explores the use of mannequins for teaching techniques in emergency pulmonary medicine, and is establishing that the use of mannequins reduces the need for young health care professionals to learn their skills on live patients as they undergo medical emergencies. It builds

upon previous work by a team at MIT's Health Sciences and Technology Center which has spent the past five years assessing new ways computerized mannequins might be used for realistic patient simulation. The team is now developing basic standards for diagnosing and treating acute respiratory problems in the emergency room and intensive care unit setting and designing appropriate tests to measure how well students meet those standards.

The grant enables the team to test sophisticated computer models for accuracy and then design a curriculum based on these models. The mannequins are being used in a teaching setting, and experienced clinicians are evaluating the work to be sure the mannequins accurately depict the problems being tested. An engineering team makes any needed design and software changes. The physicians in training, drawn from residency programs at the affiliated hospitals of the Harvard Medical School, are being evaluated on an ongoing basis. The overall goal of this program is to permit students to learn from mistakes, explore alternative approaches and practice their new skills repetitively outside of a real life critical care situation.

The grant funds development of software design plans and training models accommodate 40 residents. An emergency medicine physician has been added to the team to develop modules specific to emergency care. In the third year, 40 medical students will join the program and the training will be expanded to include cardiovascular critical care as well as pulmonary critical care.

Macy Initiative in Health Professional Communications

University of Massachusetts Medical School,
New York University School of Medicine and
Case Western Reserve University School of Medicine
Principal Investigators: Aaron Lazare, M.D., Mack Lipkin, Jr., M.D.,
Theodore Parran, M.D. and Susan Wentz, M.D.

Core competencies in health communication throughout medical school and residency training have been developed at three medical schools. Future scholars will be trained in health communications.

Responding to the frequent patient complaint that "my doctor doesn't listen," the Josiah Macy, Jr. Foundation continues its major initiative aimed at teaching physicians how to communicate more effectively with their patients. Now in its third year, this four-year project will lead to the establishment of a Macy Scholars in Health Communications Program to prepare interested faculty members to bring health communication skills to many other institutions.

As a centerpiece of the Macy Foundation's agenda, this project addresses the problems that occur when patients and physicians don't communicate. These include: errors in diagnosis; failure to help patients follow agreed upon diagnostic and treatment plans; inefficiency; defensive and excessive use of laboratory and high-tech

testing; greater potential for iatrogenic problems; higher costs of care; decreased satisfaction with care on the part of both patient and physician; and an increased rate of physician burnout.

As currently structured, the initiative has four specific objectives: 1) to support the three medical schools whose administration and faculty have agreed to define fundamental competencies in health communications and develop an innovative curriculum that includes attention to communication issues throughout training; 2) to develop objective evaluation techniques across the three schools to measure the communications competence of students and residents; 3) to develop and disseminate a national model for teaching the skills of health communications; 4) to develop a Macy Scholars in Health Education program that will both educate faculty in the knowledge and skills needed to pursue careers in health communications and enable them to bring new communications initiatives into their medical institutions. The University of Massachusetts Medical School, the New York University School of Medicine and Case Western Reserve University School of Medicine are now evaluating the new curriculum.

The three institutions are following independent paths to curriculum development and implementation. This deliberately designed diversity will enhance the effort to broaden dissemination. The three medical school grantees are experienced and have expertise in the field of health communications. As a condition of their participation, these institutions have agreed to the goal of integrating health communications in all four years of the medical school curriculum and, further, to involve residents in the process. A number of schools have already contacted the principal investigators expressing their interest in a similar effort.

In the fourth year, preparations will be made for the Macy Scholars program. The goal of this final phase will be identification of leaders/scholars in health communications who possess the teaching and administrative skills needed to both bring about change at their own institutions and train future generations of educator leaders in health communications.

This major Macy initiative aims to enhance the communication skills of future physicians through appropriate education of medical students and house officers and achieve an ultimate goal of developing faculty capable of providing this much needed education. Future Macy Scholars will provide leadership as they follow a new, and distinct, career path in health communications.

Harvard Macy Institute

Harvard Medical School

Project Directors: Elizabeth G. Armstrong, Ph.D. and Robert G. Kegan, Ph.D.

Now in its final year of Macy support, the Harvard Macy Institute has established its position of national leadership in the effort to promote innovative change in medical education. Since 1994 the Institute's programs have involved hundreds of medical education leaders, from junior and senior faculty members to deans from almost every medical school in the nation. The Institute will continue under the aegis of The Harvard Medical International.

2001
Harvard Macy
Institute Program
for Physician
Educators



2001
Harvard Macy
Institute
Program for
Leaders in
Medical Education

In this final year the Institute continues to offer its proven programs, refining them as needed and assessing their overall impact on medical education. The Institute is now consolidating the cumulative results of its

efforts to provide a permanent, national resource for curriculum innovation and change. The Institute owes much of its success to the collaborative involvement of faculty members from the Harvard Medical School, the Harvard Graduate School of Education, the Harvard Business School and the Harvard School of Public Health in the Institute's three professional programs.

The Institute's basic Program for Physician-Educators has targeted mid-career physicians with no prior experience as educational leaders within the educational programs of their own institutions. After first proposing a year-long project at their home institution, successful applicants have participated in two intensive ten-day sessions at Harvard. Each year, the Institute has received between 140 and 200 applications for 30 positions, demonstrating the success and wide appeal of the Program for Physician-Educators. Past participants from different medical schools already have produced a ripple effect, spreading the enthusiasm and vision for educational change across many medical schools.

The second program operated by the Institute, the Program for Leaders in Medical Student Education, is designed for deans and senior faculty members. It has offered a one-week course on techniques for promoting organizational change for approximately 50 deans, department chairs, course directors, and other administrators involved with defining and implementing medical school curricula. Through problem-based learning and case-method teaching, participants consider how educational change could be achieved within the organizational structure of their own institutions. The program has placed special emphasis on developing the specific leadership skills needed to promote change within medical schools.

The Institute also offers a Fellowship in Medical Education Reform to a small number of senior faculty who have been identified as leaders of curricula reform efforts at their home institutions. Fellows are able to consult with appropriate faculty members at Harvard about their specific reform projects. This grant has supported up to five fellowships a year.

The Harvard/Macy Institute has produced a community of medical education leaders interested in reform. That community now encompasses many of the nation's medical schools.

Increasing Teamwork Between and Among Multiple Health Professions

NEW INITIATIVES

Teaching Cases to Develop Physician Skills

A proposal for a series of teaching cases to develop physician skills in the prevention of disease and the promotion of health using a population-based, community perspective (up to \$215,406)

Beginning Date: August 2001

Completion Date: July 2003

State University of New York at Syracuse

Principal Investigator: Lloyd F. Novick, M.D., M.P.H.

Population based teaching cases are being developed at medical schools working with their local health departments.

This proposal responds to the recommendation from a 1998 Macy Conference on improving the interface between medicine and public health which called for members of the two professions to learn to work together more effectively to improve the health of the public. Since that conference, the Association of American Medical Colleges identified the need for a better working relationship between medicine and public health as central themes to be developed in medical education. Also, the AAMC and the Centers for Disease Control and Prevention have agreed to work together to promote the inclusion of population studies into medical school curricula.

This group from SUNY-Syracuse has already developed three teaching cases that fit those criteria. These cases provide for students interactive, patient-oriented scenarios that deal with: 1) sexually transmitted disease in adolescents; 2) prevention of adolescent suicide; and 3) cost effectiveness of bicycle helmets. Based on actual patient and community data, each case helps physicians develop skills needed to prevent disease and promote health. These cases are filed in the library of the Association of Teachers of Preventive Medicine and at least ten medical schools have used them.

This grant will allow the group to expand their work by collaborating with at least one other school so that these cases can be adapted to specific communities. The group also has identified other new problems that might be suitable for this teaching approach and proposes to develop four additional teaching cases. Their candidates include an outbreak of tuberculosis in a homeless shelter; a cluster of legionella cases; colon cancer; breast cancer; cardiovascular disease; infant mortality, lead levels and toxicity; and an outbreak of measles in an under-immunized community.

The University of Rochester intends to incorporate these new cases into their curriculum, working with health data from their own county. The additional school, or schools, will help to evaluate the effectiveness of the new teaching cases using their own community data.

A Videotape on Vaccine Concerns

A proposal to create, duplicate and distribute to health care providers a videotape on addressing parents' concerns and emphasizing the need for childhood vaccines (up to \$84,022 for one year)

Beginning Date: February 2001

Completion Date: January 2002

Children's Hospital of Philadelphia

Principal Investigator: Paul Offit, M.D.

A videotape for health professionals and their patients addresses vaccine concerns.

The successful elimination of vaccine-preventable diseases is often hailed as one of the greatest achievements of biomedical science during the latter half of the twentieth century. The eradication of smallpox in the late 1970s, through carefully planned national and global programs, raised hopes for true elimination of measles, poliomyelitis and other major killer diseases. Effective vaccines are now routinely used for *Haemophilus influenzae* meningitis,

whooping cough (pertussis), tetanus, diphtheria, hepatitis A and B, mumps, rubella, influenza, pneumococcal disease and chickenpox.

Despite the successes, though, a core of dissidents persistently have feared or claimed that active vaccination caused great harm. Beginning in the late 1960s, these dissidents became both more strident and more organized and charged that immunization was causing diseases of unknown etiology, most often neurologic.

Their early efforts focused on pertussis, but recently hepatitis B and polio vaccines have been targeted for "guilt by insinuation," even though careful studies of vaccine safety have not substantiated any of these claims. The attacks are having an effect, though, for according to a recent survey, some 25 percent of parents are concerned that vaccines might harm their children.

At present, the diseases that have been prevented have vanished from public, and even health professional, awareness. Few health professionals today have experience with paralytic poliomyelitis or even with measles, which once took a tremendous toll in morbidity and mortality. Diphtheria was a major childhood killer in the last century but today few experienced clinicians would recognize a diphtheric membrane—except in the former Soviet Union where it returned recently with a vengeance. H. flu meningitis, which once afflicted 10,000 children a year in the United States has virtually disappeared. Despite these successes, the voices of the dissidents are even louder and claim that vaccines cause harm and should be avoided.

The result is a potentially deadly paradox: The very tools that keep children healthy are under systematic attack; vaccine-preventable diseases are poised to return; and health professionals are no longer experienced with or well educated about these diseases.

Dr. Paul Offit, professor of immunologic and infectious diseases and director of the Vaccine Education Center at the Children's Hospital of Philadelphia and a national leader in vaccine science and medicine, has

written a book for parents about these concerns. He now proposes to develop a 20-25 minute videotape, using a town-meeting format, to help health professionals address these concerns with parents. The videotape will deal with the diseases being prevented and also address the concerns expressed both by parents and dissidents. The videotape will be provided, free of charge, to pediatricians in their offices and will be tested as a potential teaching tool in other settings. A team that has done similar projects at CHOP will develop the videotape under Dr. Offit's guidance.

Your Genes/Your Health

Beginning Date: July 2000

Completion Date: June 2002

Cold Spring Harbor Laboratory DNA Learning Center

Principal Investigator: David Micklos



A screen page from the Cold Spring Harbor Laboratory's interactive website on molecular biology and genetics

This new grant continues work begun in 1997 when the Macy Foundation supported the development by the DNA Learning Center at Cold Spring Harbor, New York, of an interactive website to teach the fundamentals of molecular biology and genetics to interested users from middle school age through adulthood. This website, "DNA from the Beginning," offers "an animated primer on the basics of DNA, genes and heredity" and was developed by a team with expertise in biological science, computer science, art and publishing. Users have visited it and use of the site continues to grow.

In this second phase, the same team and the same interactive website format will be further developed to look at the disease consequences of some known variations in the human genome. The diseases examined thus far in this new format are cystic fibrosis, fragile X syndrome, hemophilia, and Marfan's syndrome. Using materials from the related genetic disease foundations and support groups, the website includes basic information about the disease, clinical symptoms, epidemiology and frequency of the disorder, the underlying genetics, as well as providing users with a sense of what it is like to have the disease. Additional websites for other genetically transmitted conditions will be completed with Macy resources. The laboratory will then be in a position to extend their work with long-term funding and resources. Once developed, the websites will be kept current to provide an up-to-date source of reliable information for health providers and patients.

ONGOING PROGRAMS

Macy Scholars Program in Medicine and Public Health

Mailman School of Public Health, Columbia University
Principal Investigator: Allan G. Rosenfield, M.D.

A recent Macy Conference, *Education for More Synergistic Practice of Medicine and Public Health*, addressed the need to increase the number of students earning degrees both an M.D. and an M.P.H. While medical educators have come to recognize the need to include population-based, prevention-oriented material in the medical curriculum for all students, they have also identified a valuable role in education, medical care and the delivery of public health for those with degrees in both medicine and public health.

A number of institutions have tried different approaches to reach this goal. Some have tried to compress public health content into an already crowded four-year medical school curriculum while others have provided a fifth year in public health. The latter approach provides more leeway but does not address the problem of cost and increase of medical students' debt burden.

This award supports 12 medical students per year, chosen from New York City's seven medical schools (Columbia, Cornell, New York University, Mount Sinai, Albert Einstein, Sophie Davis/ CUNY and SUNY/Brooklyn) to spend an additional year at the Mailman School of Public Health at Columbia University between the third and fourth medical school year, with funding arranged so that additional debt burden is not incurred for the extra year. The investigators are assessing the outcomes of past efforts to create MD/MPH programs at other institutions as well as carefully tracking the career choices of their graduates.



Three Macy MD/MPH scholars at the Mailman School of Public Health, Columbia University.

The program draws upon Columbia School of Public Health faculty in epidemiology, biostatistics, sociomedical sciences, environmental health sciences and health care policy and management as well as faculty from the Columbia School of Business and the School of International and Public Affairs.

An Integrated Curriculum for Substance Abuse and Addiction

New York University School of Medicine and the
Hazelden New York Residential Alcoholism Treatment Center
Principal Investigator: Marc Galanter, M.D.

This project integrates biomedical treatment approaches with an Alcoholics Anonymous 12-step model to bridge the substantial disconnection between medical and community treatment approaches to substance abuse. The project brings together Hazelden's Physicians-in-Residence program, which is aimed at residents planning for primary care careers, with the NYU Fellowship program for physicians who intend to specialize in substance abuse treatment to learn about these two treatment models.

This effort to link the two disparate approaches builds upon three previous Macy Foundation initiatives: the Morchand Center project of standardized patients, Hazelden-New York's Physicians-in-Residence program for substance abuse, and the 1994 Conference on Training Primary Care Physicians about Alcohol and Substance Abuse chaired by Dr. David Lewis. A curriculum integrating the best of both approaches has been developed. This year the curriculum is being used in both the NYU Fellowship program and the Hazelden Physicians-in-Residence program, with simultaneous efforts to measure its effectiveness. Training, evaluation and dissemination is now being done in this final year.

Educational Strategies to Increase Care for Underserved Populations

NEW INITIATIVES

Leadership Training for “Safety Net” Hospitals

A grant to continue for an additional two years a series of training institutes for the medical leadership of the nation’s “safety net” hospitals (up to \$254,964 for two years)

Beginning Date: August 2001

Completion Date: July 2003

The National Association of Public Hospitals and the

Robert F. Wagner School of Public Service of New York University

Principal Investigator: Betsy Carrier, Vice President for Education and Operations, NAPH

Many medical institutions are now led by individuals with extensive management and leadership training, often putting the nation’s “safety net” hospitals at a disadvantage because their physician leaders lack these

*Medical leaders
at safety net
hospitals will
receive continuing
management
and leadership
training*

skills. In 1999, the Macy Foundation awarded a grant to the Wagner School at NYU and the National Association of Public Hospitals to develop a program that would help public hospital leaders gain this needed expertise. That effort was remarkably successful, with 137 participants involved in 12 meetings. These participants represented 49 hospitals and 38 medical schools in 22 states and included representatives from 63 percent of NAPH member hospitals.

This proposal builds upon the success of that initial effort and makes it possible for the group to continue their work, with a goal of reaching 100 additional medical directors and department chiefs, potentially reaching all of the “safety net” institutions. In addition, at the request of past participants, the group plans a new session on implementing quality improvements in large safety net institutions. The NYU/NAPH also will establish a database, post instructional materials on the Web, and develop a resource guide for “safety net” hospital physician leaders.

This new grant extends funding for two more years and will produce a peer network of trained leaders committed to maintaining and strengthening the nation’s public hospital system.

ONGOING PROGRAMS

Family-Centered Core Curriculum

The Uniformed Services University of the Health Sciences (USUHS)

Principal Investigators: Col. Virginia F. Randall, M.D., M.P.H.
and Janice L. Hanson, Ph.D.

Families with high-risk patients - either children with disabilities and special health care needs or adults with chronic illness - have intense and frequent experiences with the health care system. This project has developed a teaching program based on the experiences of a group of families with special needs and is incorporating this program into the USUHS curriculum.

In a pilot project involving some 70 families of children with disabilities and special health needs, the pediatric faculty at the Uniformed Services University of the Health Sciences observed that the core competencies of physicians, as identified by parents of children with special needs, provided a useful basis for a more family-centered approach to medical education. This project builds upon those initial findings by including the experiences of adult patients with chronic illness and their family members, again with the goal of identifying the specific skills needed by medical students to improve their ability to provide family-centered care.

The immediate beneficiaries of this effort will be students at the USUHS and military families throughout the world. When they complete their military service, though, many of these physicians will practice and teach in the civilian sector, which will also benefit from this family-centered approach. The project findings may be especially valuable to families of high-risk patients who have been negatively affected by rapid changes in the health care system.

Macy Conferences

For nearly four decades, the Josiah Macy, Jr. Foundation has dedicated its resources to improving the education of health professionals. As part of this tradition, the Foundation has undertaken a number of conferences to identify effective new teaching methods and/or to tackle new areas of health education. This year's Macy initiatives follow in this time-honored tradition. Executive summaries and monographs are available from the Foundation.

Macy Conference on Psychiatry and Mental Health

A proposal to fund a Macy Conference on “Psychiatry and Mental Health: Challenges to Health Professional Education” in Toronto, Canada, in October 2001 (\$250,000).
Chairman: Beatrix Hamburg, M.D.



Dr. June Osborn, President, Macy Foundation, and Dr. Beatrix Hamburg at the Conference on Psychiatry and other Mental Health Professionals.

A number of trends in health care and health professional education suggest that an assessment of the present and future of psychiatry and related professions is both timely and essential. While significant advances have been made in understanding the dynamics of mental illness and psychopharmacologic intervention, these advances have not been adequately utilized. Most experts agree that both psychotherapy and pharmacologic interventions are important, and usually synergistic, in the treatment of mental illness, but psychiatric

training does not reflect this understanding. Indeed, psychiatric training has undergone what amounts to a schism, offering substantial training and experience on the use of the ever-expanding array of psychoactive drugs, but with uncoordinated, even disconnected, guidance in the practice of psychotherapy.

At the same time, reimbursement for all forms of mental health care has declined in the name of “cost-cutting,” prompting mental health advocates to call for a “parity” of funding for mental health care and the care of other chronic conditions. Already an executive order requires parity to fund mental health treatment, including substance abuse and addiction, in federal employee health coverage. But this is only a first step, for efforts to require such parity in other programs have not passed Congress and growing numbers of people outside of the federal system lack insurance coverage for mental illness. This decline in coverage has amplified the problems that were created by the “deinstitutionalization” movement of the 70s, and the lack of essential mental health services threatens to become even more acute as medical students and other health professionals avoid the field because of the lack of reimbursement. It also exacerbates the problem of severe shortages of professionals providing mental health services for children.

As an example of these escalating problems, Beth Israel Hospital in Boston decided to close down a number of services for financial reasons, among them a much-valued psychiatric program. This decision was eventually reversed because the state reimbursed care for a sizeable number of the patients and the program was financially viable, but the episode provided a stark reminder of how far psychiatric illness has fallen “off the screen” of health care providers.

Yet the need for mental health care has become, if anything, even greater than ever before. Too, continuing research and greater understanding of the interplay of genetics, environment and psychopharmacologic interventions offer real promise of not only more effective treatment but for prevention and early intervention. Unfortunately, essential education in these areas in undergraduate medical education is limited, and even in psychiatric residency training the divide between psychopharmacology and psychotherapy provides a formidable barrier to preparation for clinical practice.

This problem extends beyond medical education, for the many other health professionals involved in sustaining or restoring mental health also need to understand the advances in understanding and new treatment models. This includes clinical psychologists and school psychologists, psychiatric nurses and psychiatric social workers.

The conference will look at these themes in mental health and assess ways in which both the improved education and better teamwork between health professionals can address, and hopefully reverse, the current situation. Dr. Beatrix Hamburg, visiting scholar at Weill Medical College of Cornell University, will chair the conference, to be held in Toronto on October 25-28, 2001.

Staff Grants Awarded Fiscal Year 2000-2001

Association of Academic Health Centers

To support a Congress of Health Professions Educators,
“Solving the Workforce Crisis: Lessons from Clinical Practice
and the Corporate World”

\$10,000

Alliance to End Childhood Lead Poisoning

To support the endowment of The David P. Rall Award for
Advocacy in Public Health

5,000

American Heart Association

To support a continuing medical education program
entitled: “Cardiovascular Care in Inner City Minority
Patients – What Physicians Should Know”

10,000

American Medical Association

To provide partial support for attendance
at the Fourth International Congress of Peer
Review in Biomedical Publication

10,000

American Public Health Association

To develop a model curriculum on health and human
rights to be integrated into the teaching and practices
of public health workers throughout the United States

25,000

The Brookings Institution

To support an economic studies conference,
“The Plight of Academic Medical Centers”

15,000

Coordinated Care Management Corporation

To partially underwrite the cost of a conference,
“Preparing for Long-Term Care in our Communities:
A Strategic Planning and Action Forum”

5,000

D.C. Developing Families Center

To support the continuing activities of the DCDFC
collaborative model

10,000

Funders Concerned About AIDS

To support FCAA’s programs for re-mobilizing
philanthropy to address the remaining and new
challenges of HIV

2,000

Greater New York Hospital Foundation

To support the planning of a one-day regional conference for policy discussions and educational workshops on cultural competency training in medical education in collaboration with Associated Medical Schools of New York

5,000

Harvard Medical School

To support a meeting of the leadership of the medical schools to discuss the issue of conflict-of-interest and the dissemination of materials following the meeting

25,000

Health Affairs

To support a project to publish an issue of the journal devoted to the health care workforce, and to sponsor a conference to inform congressional senior health policy staff members and the executive branch about workforce issues

25,000

The Henry H. Kessler Foundation

To support a two-day conference: "Quality of Life: Impact, Issues and Concerns," an exchange and integration of ideas across disciplines as it relates to quality of life measurement

10,000

Institute for Intercultural Studies of New York

To support a two-day symposium to commemorate the Centennial of the birth of Margaret Mead

10,000

Institute of Medicine of the National Academies

To support the development of a conference web-cast: "Future of Small *n* Clinical Research Trials"

5,000

Irvington Institute for Immunological Research

To support "Symposium 2001-Immunology in the New Millennium," a conference held in New York

5,000

March of Dimes, Greater New York Chapter

To support a conference designed to educate health care providers about the benefits of using folic acid and the importance of community outreach

10,500

Morehouse College

To support the 58th Annual Meeting of Beta Kappa Chi Scientific Honor Society, devoted to the elimination of health disparities through research

17,500

New York Academy of Sciences	
To support a conference on the West Nile Virus	10,000
New York Presbyterian Hospital	
Weill Cornell Medical Center	
To support a program to improve long-term follow-up and immunization rates for infants and children enrolled in the Teenage Pregnancy and Parenting program (TAPP)	5,000
New York State Coalition for the Aging	
To support the delivery of six educational forums on outreach and planning for special populations of older adults	10,000
Physicians for Reproductive Choice and Health	
To support the distribution of the Physicians for Reproductive Choice and Health Reproductive Resource guide	15,000
Project Hope	
To support a symposium to assemble health professionals from around the world for a week of continuing education and exchange of health care strategies	25,000
Texas A&M University System Health Science Center	
To support a review and evaluation of the Leadership In Medicine Program and to publish subsequent findings	10,000
Thurgood Marshall Scholarship Fund	
To support merit scholarships for students attending one of TMSF's member schools – the 144 Historically and Traditionally Black Public Colleges and Universities	20,000
Total:	<hr/> \$ 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 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 often useful in helping the staff to determine whether submission of a full proposal is appropriate.

Grant proposals should be addressed to the president and should include:

- the name of the sponsoring agency or institution;
- 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 tax-exempt status of the sponsoring institution; and
- a letter of endorsement from the sponsoring institution.

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

Writer: Mary Hager

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