



2010 ANNUAL REPORT

Preparing Health Professionals for a Changing Healthcare System

JOSIAH MACY JR. FOUNDATION

80 YEARS | 1930–2010



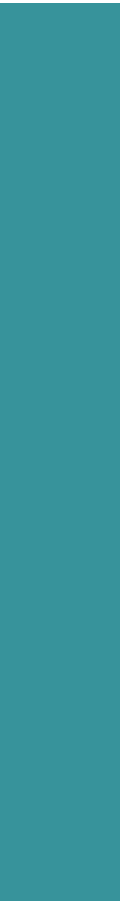
The Foundation's logo incorporates the mid-nineteenth century ship's flag of Josiah Macy & Sons, New York, shipping and commission merchants and ancestors of Josiah Macy Jr.



REPORT OF THE JOSIAH MACY JR. FOUNDATION

2010 ANNUAL REPORT

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“The Macy Foundation is serving as both an engaged participant in the broader national discussions around the role of health professions education in the implementation of healthcare reform as well as continuing to focus our funding efforts **at the intersection of health professions education and healthcare delivery.**”

— George E. Thibault, MD, President





TULANE UNIVERSITY

2009 Board Grant



"The health reform debate has helped us understand that our healthcare system—and the education system that supports it—doesn't meet the needs of our society. We've been leaving people out of the system, especially folks in rural areas and those who need coordinated care for complex, chronic conditions. We can't expect the educational systems we created to suddenly start meeting those needs now, we have to change the systems first, and that's what we're trying to do with the *Tulane Rural Immersion Program (TRIP)*."

Richard Streiffer, MD
Tulane Rural Immersion Program Director

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PRESIDENT'S STATEMENT



George E. Thibault, MD
President

“We will not have robust, sustained healthcare reform unless we have a health professional workforce that is prepared to work in and lead the future system.”

This has been a particularly exciting and energizing year for the Josiah Macy Jr. Foundation, and I am pleased to share the details of our work with you through this, our 2010 Annual Report. This year marked the Foundation's 80th anniversary and my third year as its president, and I believe it was a very pivotal year for us. I remain both deeply honored to be in this role and enthusiastically committed to the Foundation's vital and relevant mission.

Since its founding in 1930, the Macy Foundation has been dedicated to improving the health of the public. For several decades it has done that by promoting innovations in the education health professionals. Today, more than ever before, there is a growing realization that educational reform is an integral part of improving our nation's healthcare system. The Affordable Care Act, which was passed earlier this year, has been most recognized for its provisions to provide healthcare insurance to an additional 32 million Americans. While this expanded access is extremely important, equally important are many provisions of the law aimed at promoting quality, efficiency, prevention, and a more population-based approach to care. The discussions about how to bring about these changes in the delivery system has created a sense of urgency around the development

of educational innovations that will better prepare providers to practice in the healthcare landscape of the future. We will not have robust, sustained healthcare reform unless we have a health professional workforce that is prepared to work in and lead the future system.

This expanding interest in aligning health professions education with the needs of the evolving healthcare system provides the Macy Foundation with more opportunities to share our vision for what health professions education can and should be in the 21st century. It will integrate rigorous science and clinical medicine throughout the whole educational curriculum. It will be interprofessional and team-based from the very beginning. It will connect leaders with the community in longitudinal clinical experiences emphasizing continuity of relationships and care. And it will be responsive to the changing needs of diverse populations. Thus, we have chosen to focus this Annual Report around the theme: *Preparing Healthcare Professionals for a Changing Healthcare System*.

For our part, the Macy Foundation is serving as both an engaged participant in the broader national discussions around the role of health professions education in the implementation of healthcare reform as well as continuing to focus our

funding efforts at the intersection of health professions education and healthcare delivery. This includes, for us, not only supporting, through conferences and grants, the work of academic educators engaged in changing the ways healthcare providers are trained, but also launching a new Macy Faculty Scholars program to nurture the careers of educational innovators who will be the nursing and medical educational leaders of tomorrow. (More details on this on page 20.) It also encompasses important internal efforts to adopt new technologies around awarding and tracking grants as well as greatly expanding our capacity to communicate and share the work of our grantees and the recommendations from our meetings and conferences.

In terms of our participation in the national dialogue around health reform implementation, the Macy Foundation has been honored to be invited to several important conferences, meetings, and roundtables this year. Our role was to provide insights on the linkages between health professions education, workforce development, and healthcare reform. These invitations attest to the growing realization that educational reform—previously a concern only of a very small contingent within academic medicine—is critical if we are to develop a health professions workforce capable of providing optimal patient care in a reformed delivery system.

Sustaining our focus on grant-making at the intersection of healthcare education and delivery is our philanthropic mission and where we expend the majority of our efforts in any given year—and 2010 was no different. I hope you will continue on to the next section of this report, which provides details about two areas of concentration for us: conferences and grants that promote an interprofessional approach to educating all health professionals as well as conferences and grants that support needed changes in the way physicians, in particular, are educated in order to meet the needs of the public. One of our goals for both of these efforts is to help health professionals gain practical, community-focused, team-based competencies early in their educational careers so that they are better prepared for the realities of healthcare delivery upon graduation. Another goal is to support academic health centers in their efforts to create curriculum change that aligns more closely with the needs of the healthcare system.

And, in terms of improvements in the operation of the Foundation, we have seen many positive changes in 2010. Peter Goodwin, who brings more than two decades of foundation experience, joined us in June as our chief operating officer and treasurer, and Stephen Schoenbaum, MD, a national thought leader on improving our healthcare system and who has decades of academic and foundation experience, will be

joining us on January 1, 2011 as special advisor to the president. With these two new staff members we have brought additional intellectual assets to our work. Operationally, we are implementing an electronic grants management system that will improve our efficiency and effectiveness in both awarding and tracking our grants. We also have undertaken a complete redesign of our website—making it more of a resource for grantees and others looking for information on innovations in health professions education. I hope you will visit the new site at www.macyfoundation.org.

As we go to press with this Annual Report, we have recently concluded one of two planned conferences on graduate medical education reform, launched our new faculty scholars program as well as our new website, and are preparing for another exciting year ahead. I believe that we have reached a very special moment in time in which the educational innovations we have been supporting for the past several years are beginning to coalesce and gain traction in the broader healthcare environment. We look forward to the promise of 2011 and, as always, welcome your thoughtful feedback and ideas about issues related to our fundamental mission: improving the education of our nation's health professionals.

George E. Thibault, MD
President



A BRIEF HISTORY OF THE JOSIAH MACY JR. FOUNDATION

Kate Macy Ladd established the Josiah Macy Jr. Foundation in 1930 to honor the memory of her father, a well-known philanthropist who died young. Ladd intended the Foundation to devote itself to the promotion of health and the ministry of healing.



Kate Macy Ladd

Over the decades, the founding mission has remained the same while the focus has shifted from medical research to health professions education. Today, the Josiah Macy Jr. Foundation is the only national foundation dedicated solely to improving the education of health professionals.



Josiah Macy Jr.

For more on the Foundation's history, please visit our website:
www.macyfoundation.org

1930-2010

JOSIAH MACY JR. FOUNDATION

80 YEARS ∴ 1930–2010

EXTRACTS *from*
MRS. WALTER
GRAEME LADD'S
LETTER *of* GIFT

*To the Directors of the
Josiah Macy Jr.
Foundation*

GENTLEMEN:

To Enable the Josiah Macy Jr. Foundation to initiate and carry on its work I am arranging now to transfer to it a fund consisting of certain cash and securities.

I hope that insofar as it may appear advisable and expedient to do so you will devote the income from this fund as opportunity may offer in accordance with the following expression of my wishes with regard thereto.

It is my desire that the Foundation in the use of this gift 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. To these ends the Foundation might give

preference in the use of this fund to integrating functions in medical sciences and medical education for which there seems to be particular need in our age of specialization and technical complexities. Believing, as I do, that no sound structure of social or cultural welfare can be maintained without health, that health is more than freedom from sickness, that it resides in the wholesome unity of mind and body, I hope that your undertaking may help to develop, more and more, in medicine, in its research, education and ministry of healing, the spirit which sees the center of all its efforts in the patient as an individuality.

I desire that this gift may enable the Foundation to find especial usefulness in studying problems and investigating opportunities which do not require the setting up of institutions, laboratories, or permanent agencies of its own but which may be promoted in cooperation with other foundations, universities, colleges, committees of experts, schools, learned societies and other established agencies of research and education with the aim of supporting the development of integrating ideas and methods, in seeking out promising new paths of approach to a better understanding and a wiser direction of human affairs concerned with social-minded health-care and education.

Experience seems to show that in an enlightened democracy, private organized philanthropy serves the purposes of human welfare best, not by replacing function which rightfully should be supported by our communities but by

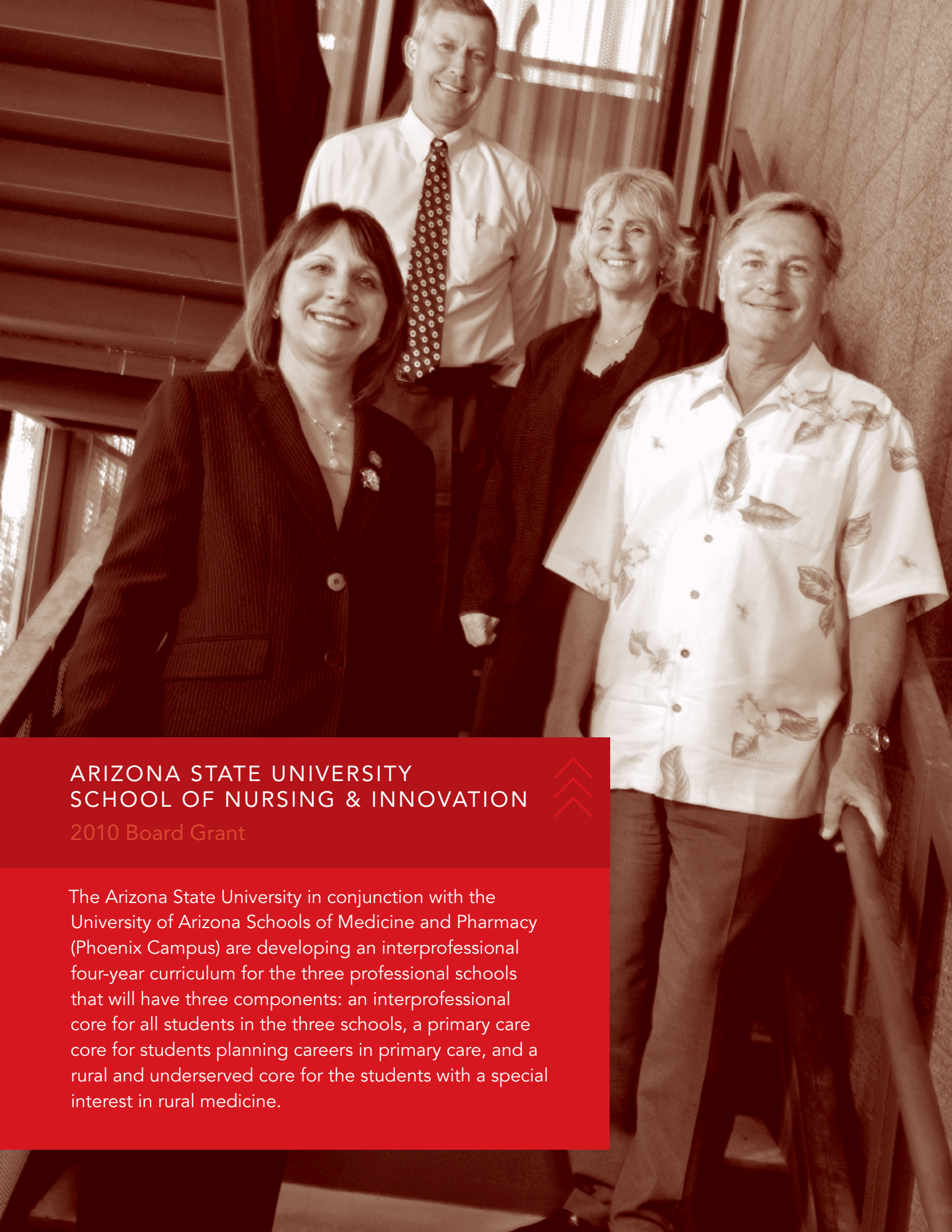
investigating, testing and demonstrating the value of newer organized ideas for sustained undertakings from which may gradually emerge social functions which in turn should be taken over and maintained by the public. I hope, therefore, that the Foundation will take more interest in the architecture of ideas than in the architecture of buildings and laboratories.

Meanwhile, I am adding here several suggestions which I would like to have you consider in regard to the charitable uses to be made of the income from the cash and securities covered by this present gift to the Foundation:

1. To grant aid in such a way as to provide supervision of the proposed work by university-departments, well established hospitals, scientific institutions and other responsible agencies of social usefulness.
2. To support causes which promote human welfare in its larger aspects, which remove the underlying causes of evil rather than its effects, which will nourish the sources of the good in mankind, and will help secure permanence in constructive philanthropic policies.
3. To stimulate and recognize exceptional services toward purposes sponsored by the Foundation through appropriate scholarships, awards and rewards.

Yours very sincerely,

KATE MACY LADD
April 24, 1930



ARIZONA STATE UNIVERSITY SCHOOL OF NURSING & INNOVATION



2010 Board Grant

The Arizona State University in conjunction with the University of Arizona Schools of Medicine and Pharmacy (Phoenix Campus) are developing an interprofessional four-year curriculum for the three professional schools that will have three components: an interprofessional core for all students in the three schools, a primary care core for students planning careers in primary care, and a rural and underserved core for the students with a special interest in rural medicine.

PREPARING HEALTH PROFESSIONALS FOR A CHANGING HEALTH CARE SYSTEM



This year marks not only the 80th anniversary of the Josiah Macy Jr. Foundation, but also the Centennial of the landmark Flexner Report, which transformed medical education 100 years ago and created the system we know today. It's a noteworthy anniversary in part because the Macy Foundation believes a second major educational transformation—this time in health professions education more broadly—is now due. And, in fact, the stars are now aligning to make substantial progress toward this goal.

Specifically, as certain provisions of the federal Patient Protection and Affordable Care Act are implemented, changes will be necessary in the ways that healthcare professionals are educated—as more patients enter the care system, as reimbursement structures evolve, as use of technology expands, and as prevention and primary care become a more central part of healthcare delivery. The Affordable Care Act is expected to add 32 million Americans to the delivery system and, to manage that increase while controlling costs, calls for the development of new community-based delivery models. These new models—including “medical homes” and “accountable care organizations”—will make teams of providers responsible for improving health outcomes over time for large communities of patients with very complex healthcare needs.

If these new models are to be successful, they will require more primary care providers. We also will need a better geographic distribution of providers to serve patients in both rural and inner-city areas. These providers will need to work as part of a team to efficiently and effectively manage and coordinate comprehensive care over time for patients with complex needs. Currently, our health professions education system is not set up to meet these needs. We have a critical shortage of physicians, nurse practitioners, and physician assistants choosing to practice primary care. Furthermore, medical, nursing, and other health professions students currently have very little

meaningful interaction with each other during their years of formal education, often leaving them ill-prepared to work together as team members.

But, while health reform legislation is increasing the urgency around educational reform, it is not providing the sole impetus. It has been recognized for many years now that health professions training and education have not kept up with the changes in healthcare practice. The delivery of medical care has changed far more in recent years than educational curricula have changed within health professions schools. A recent and rapid explosion in scientific and technological advances, including a greater reliance on informatics, also necessitates educational reforms. In addition, today's patients are more heterogeneous and they live longer with more chronic diseases. Current teaching models have insufficiently aligned health professions education with the changing healthcare needs of the public.

All of these arguments, which make plain the urgent need for educational reform, were crystallized at the Macy conference: *Who Will Provide Primary Care and How Will They Be Trained?* That conference, held in January 2010 and co-chaired by Linda Cronenwett, PhD, RN, FAAN, of the University of North Carolina Chapel Hill School of Nursing, and Victor Dzau, MD, of Duke University Health System, brought together 49 expert participants, including allopathic and osteopathic physicians, nurse practitioners, and physician assistants as well as representatives from consumer groups, academia, government and healthcare policy, insurers, and foundations. The conference was premised on the idea that the nation—regardless of legislative reform efforts—must find ways to strengthen the primary care component of our healthcare system in order to increase access to high-quality care and improve health outcomes for all Americans while controlling the cost of that care.

The conference resulted in three overarching conclusions that each spawned multiple

recommendations—from the need to create financial and other incentives for the development of innovative models of primary care to a call on medical, nursing, and other health professions schools to take actions known to increase the numbers of primary care providers to the need to develop primary care faculty leadership. As stated in the conference summary, which is available on the Foundation's website: "Conference participants were unanimous in their views that [health professions] trainees need exposure to effective teams, working within systems that are designed to meet the needs of patients and communities, in order to learn about working in a team-based environment and to appreciate the rich rewards associated with primary care careers."

This exciting conference was the Foundation's first major activity in 2010 and helped set the tone and guide our thinking throughout the remainder of the year as we continued with our efforts to promote and support innovations that help prepare health professionals for a changing healthcare system. A second activity that helped inform our work this year: the release in June of Macy-commissioned research in the *Annals of Internal Medicine* that ranked all U.S. medical schools' output of primary care physicians, doctors serving in underserved areas, and minority physicians.

"Where doctors choose to work, and what specialty they select, are heavily influenced by medical school," said lead author Fitzhugh Mullan, MD, a professor of health policy at The George Washington University. "By recruiting minority students and prioritizing the training of primary care physicians and promoting practice in underserved areas, medical schools will help deliver the healthcare that Americans desperately need."

The Foundation's efforts around this broad theme of producing healthcare professionals that can meet the needs of patients within our evolving healthcare system can be grouped into two categories: grants that support innovations in team-based interprofessional education at academic health centers and grants that address

Interprofessional education, in which students from two or more health professions learn together, is an idea whose time has come.

physician workforce challenges, such as the need for more primary care physicians and physicians trained in diverse, community-based settings.

INNOVATIONS IN INTERPROFESSIONAL EDUCATION

Interprofessional education, in which students from two or more health professions learn together, is an idea whose time has come. Mounting research shows that healthcare delivered by nurses, physicians, and other health professionals working in teams not only improves quality, but also leads to better patient outcomes, greater patient satisfaction, improved efficiency, and increased job satisfaction on the part of health professionals.

Since 1970, numerous health professions schools have explored the concept of interprofessional education, and a variety of organizations have made recommendations intended to encourage health professions schools to move toward a team-based approach to education and training. For example, the Institute of Medicine, in its 2003 report, *Health Professions Education: A Bridge to Quality*, stated: “All health professionals should be educated to deliver patient-centered care as members of an inter-disciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.” In spite of the calls for interprofessional education, very

few institutions have instituted rigorous, sustaining programs. It is still all too common that health professions students (and particularly medical students) will have no meaningful interprofessional educational experience in their entire curriculum.

The Macy Foundation is committed to supporting educational innovations in teamwork and collaboration because we believe that if students in the health professions learn together early and throughout their education, as graduates, they will improve patient outcomes by working more collaboratively, communicating better with each other, and leading healthcare reform that assures patient quality and safety.

Interprofessional Education Conference

In June 2010, the Macy Foundation co-hosted with The Carnegie Foundation for the Advancement of Teaching a conference—in Palo Alto, CA—to advance new models for inter-disciplinary education within the nation’s academic health centers. The conference, titled *Educating Nurses and Physicians: Toward New Horizons*, brought together academic deans and other leaders from the medical and nursing schools at seven U.S. academic health centers: Duke University, New York University, Pennsylvania State University, University of Colorado, University of New Mexico, University of Minnesota, and Vanderbilt University. These institutions were chosen from 33 that responded to the request for proposals.



Case Western Reserve University 2010 Board Grant

The *Interprofessional Learning Exchange and Development (I•LEAD)* program, supported by a four-year grant from Macy, will feature a curriculum involving collaborative learning experiences, real-life learning labs, and development of an I•LEAD virtual center to support ongoing curricular and faculty development.

Institute for Healthcare Improvement 2009 Board Grant



Each of the six participating institutions in the *Health Professions Education: Retooling for Quality and Safety* program, brought together medical and nursing students in teams to learn how to provide a higher standard of care at the bed-side. The six sites reported curricular reforms that involve 2,726 nursing and medical students in 116 activities that include time in the classroom to simulation exercises to practice in clinical settings.



Macy conference: Who Will Provide Primary Care and How Will They Be Trained?

The conference was premised on the idea that the nation must find ways to strengthen the primary care component of our health care system.



They came together with other leaders in the field to share accomplishments and ideas related to their efforts to provide graduate health professions students with education and training in team-based care. They left the three-day meeting not only with renewed energy to advance their innovative educational efforts but even greater knowledge to tackle new challenges. A summary of the conference discussion is available on our website, but the overarching themes discussed include:

- Determining optimal content and timing for interprofessional education
- Overcoming logistical barriers inherent in efforts to train students from different schools together
- Carrying interprofessional education into clinical education experiences
- Providing faculty with opportunities to develop interprofessional teaching skills
- Creating better evaluation and measurement tools
- Developing a team identity alongside specific professional identity

Grants Supporting Interprofessional Education

Many of the institutions that participated in the Macy/Carnegie conference, as well as several that did not, also receive funding from Macy to help support their interprofessional education reform efforts.

Acting as an intermediary, the Institute for Healthcare Improvement's (IHI) Open School for the Health Professions awarded Macy-funded, 18-month grants to the medical and nursing schools of six academic medical centers, each of which piloted, during the 2009-2010 academic year, a model interprofessional educational program focused on improving quality of care and patient safety. The six participating institutions were: Case Western Reserve University; Johns Hopkins University; Pennsylvania State University; University of

Colorado, Denver; University of Missouri, Columbia; and University of Texas Health Science Center at San Antonio.

"Students that form teams learn how to communicate effectively and how to solve clinical problems in a way that often translates to a higher standard of care," said Penny Carver, senior vice president at IHI, a non-profit institution based in Boston that is dedicated to the advancement of healthcare quality.

Each of the six institutions that participated in the Macy/IHI "Retooling for Quality and Safety" program brought together medical and nursing students in teams to learn how to provide a higher standard of care at the bed-side. The six sites reported curricular reforms that involve 2,726 nursing and medical students in 116 activities that include time in the classroom to simulation exercises to practice in clinical settings. All of the institutions made changes in the way they teach so that students learn how to work collaboratively to solve clinical problems swiftly. And many of the schools are using their experiences with this grant program to pursue bigger plans to more fully integrate interprofessional education into their curricula.

The University of Colorado, Denver, for example, is building on the experience gained from its Macy/IHI grant to inform the implementation of a much broader interprofessional initiative called REACH—Realizing Education Advancement for Collaborative Health. REACH involves all health professions schools and programs on the medical campus—medicine, nursing, physician assistant, physical therapy, dentistry, and pharmacy—and is focused on helping students develop competencies in teamwork, collaborative care, and quality and safety.

"Our vision for REACH is that, instead of having separate interprofessional courses here or there, we would programmatically create a fully integrated interprofessional curriculum that spans our students' educational experience and fully realizes the vision for

“Medical students don’t typically learn in medical school how to work as part of a team to care for patients, even though they’re going to be expected to work with other health professionals their very first day on the job. We’re fundamentally changing that for them.”

—Marc Triola, MD, NYU3T program principal investigator

our campus, which was very thoughtfully designed to facilitate interaction between the health professions,” said Amy Barton, PhD, RN, associate dean for clinical and community affairs at the University of Colorado College of Nursing.

Under REACH, which is funded in part by a three-year grant from Macy, all health professions students will participate in an introductory interprofessional course as well as a longitudinal, team-based “health mentors” program. The mentors program will pair multi-disciplinary groups of students with a volunteer patient from the local community who has a chronic illness. Over several semesters, the student-mentor groups will complete a series of patient-centered tasks that will integrate basic science, clinical care, and prevention with social and behavioral sciences and team-based skill-building.

As they gain experience and move into their clinical training years, students will then receive instruction in Team STEPPS—a clinical communications model—and will be required to participate as part of a team in a clinical simulation exercise featuring complex patient cases. Ultimately, all health professions students on campus will participate in REACH, which also will provide residents and faculty with the professional development needed to gain skills and competency in teaching to this new curriculum.

Case Western Reserve University in Cleveland, Ohio, also participated in the Macy/IHI “Retooling for Quality and Safety” program and is building on those efforts to help design, implement, and integrate a new interprofessional curriculum, which is being partly supported by a four-year grant from Macy. This was a new grant in 2010 and the program is in the planning stages now, but the vision shared by leaders of both the medical and nursing schools is the creation of the Interprofessional Learning, Exchange, and Development (I•LEAD) program, which will feature a new multi-disciplinary curriculum involving collaborative learning experiences, real-life learning labs, and development of an I•LEAD virtual center to support ongoing curricular and faculty development.

Currently, the introductory components of the I•LEAD curriculum are being piloted and refined with help from a business school faculty member who is an expert in designing and evaluating team-based educational experiences. There also are plans to design and test collaborative clinical experiences, including having multi-disciplinary student teams work together providing acute patient care as well planning for discharge and transitional care. Also in the works is a student-run clinic—possibly in partnership with the Cleveland Free Clinic—that will enable students to practice their team-based skills.

“We view the student-run clinic as the perfect laboratory for medical and nursing students to practice working together,” said Daniel Ornt, MD, vice dean for education and academic affairs at the medical school. “Students are currently heavily engaged in planning for the clinic and will be responsible for its operation with faculty oversight. What better way to learn than by doing in a microcosm of the real health system?”

Another of the many exciting examples of institutional innovation in interprofessional education is New York University’s Teaching, Technology, and Teamwork (NYU3T) program, which received a four-year Macy grant in 2009. The first year was devoted to planning an interprofessional curriculum that combines real-life and simulated clinical experiences with web-based educational tools—such as an online virtual patient application—that allow student teams to problem-solve, collaborate, and learn to manage comprehensive care as part of a team.

“Medical students don’t typically learn in medical school how to work as part of team to care for patients,” said Marc Triola, MD, a principal investigator on the grant, “even though they’re going to be expected to work with other health professionals their very first day on the job. We’re fundamentally changing that for them.”

Small groups of medical and nursing students piloted NYU3T’s introductory online learning modules on team-based care and conflict resolution as well as a patient simulation exercise using mannequins. Their experiences are being used to refine those courses for larger numbers of students. The introductory learning modules, for example, will be rolled out for 300 first-year medical students and advanced practice nursing students in January 2011. Students said the pilot exercises gave them first-hand experience in situations that would be difficult to fully understand simply by listening to a lecture, and the collaborative teamwork allowed nursing and medical students to get a better idea of the challenges that they each will face on the job.

“I had no idea what sort of education and training nurses, physician assistants, and others have,” said one medical student. “This [experience] was very helpful in allowing me to understand their responsibilities and how to best work as a team to provide care for patients.”

Beyond the virtual and simulated components, students will participate in clinical crossover experiences, shadowing their teammates from other health professions during their clinical rotations to gain an understanding of the daily experiences and responsibilities of various health professionals. There also are plans to continue to develop virtual longitudinal experiences so that students learn how a medical condition can vary, with patients improving or experiencing complications over time. NYU also plans to give the medical and nursing students more opportunities to collaborate in a variety of settings, including clinics located in underserved areas.

Macy supports similarly innovative and inspiring interprofessional education efforts at Texas Woman’s University/Baylor College of Medicine, the University of Pittsburgh, the University of Washington, and Vanderbilt University. Planning grants for innovative programs in interprofessional education have also been given to Columbia University, to Hunter College/Weill Cornell Medical School, and to Arizona State University College of Nursing and Arizona State University Colleges of Medicine and Pharmacy. From all of these early experiences certain principles are emerging. The first is that the logistical barriers that were frequently cited as reasons for not doing interprofessional education can be overcome with strong leadership from the top. Second, interprofessional experiences must be rigorous, with clear educational goals and metrics, as for any other part of the curriculum. And third, the greatest impact is achieved by having repeated interprofessional experiences in a variety of settings.

ADDRESSING PHYSICIAN WORKFORCE CHALLENGES

While interprofessional education is a top priority, the Macy Foundation also is concerned with a related issue: addressing trends particular to the education of physicians in a changing world. Most experts agree that our nation is facing a projected shortage of physicians, and the stress on the workforce will increase with even greater access to care made possible by the Affordable Care Act.

In response, five new allopathic medical schools have opened in the past two years and at least eight more are planned. There also have been 7 new osteopathic schools opened in the past decade. In addition, existing medical schools are increasing their class sizes and some are opening new branch campuses. As stated in the conclusion of the Macy Foundation conference entitled “Revisiting the Medical School Education Mission at a Time of Expansion” (2009): “This period of expansion in enrollment must not result in more of the same. Failing to take full advantage of the opportunity offered by this national expansion to advance the mission of medical education for the benefit of the public would be tragic.” To this end, Macy has teamed with the Association of American Medical Colleges to provide a forum for all the new and emerging schools to share their innovations.

Given the broader trends in healthcare—toward a greater need for practitioners providing comprehensive, team-based care to growing numbers of patients with complex healthcare needs—there is a need to retool the traditional medical education system and ensure that the nation’s medical schools are preparing their students to practice successfully in our evolving healthcare system. This means providing educational

experiences that are relevant to the healthcare needs of the public as well as graduating the optimal numbers and types of physicians.

For our part, the Macy Foundation is supporting efforts to address physician workforce challenges such as these in multiple ways, including grants to medical schools to support innovation in medical education as well as grants and conferences that attempt to track physician workforce trends and contribute to the larger national dialogue around reforming medical education.

Innovations in Medical Education

The Macy Foundation currently supports several efforts at medical schools and residency programs to develop new ways to educate and train physicians so that they are better prepared to work in a variety of settings to meet the needs of diverse and complex patients.

Take the communities of New Roads, Opelousas, and Franklin, Louisiana, for example—perfect places to expose medical students to the rigors of practice in a rural, underserved area. In December 2009, Tulane University School of Medicine launched the Tulane Rural Immersion Program (TRIP), an innovative pilot designed to improve healthcare in Louisiana by increasing the number of doctors entering rural practice in places like these.

With support from Macy, TRIP sends a group of third-year medical students to live and train in rural Louisiana communities for nine months. The students work under the guidance of an experienced primary care physician, or preceptor, who gives them initial hands-on experience with patients and emphasizes continuity of care and relationship-based care. Students then, under the guidance of their preceptor, self-direct the rest of their program, arranging to spend time training with other health professionals in the community, while maintaining a long-term continuity experience in the preceptor’s practice and conducting a community-based, public health project. One student was recruited



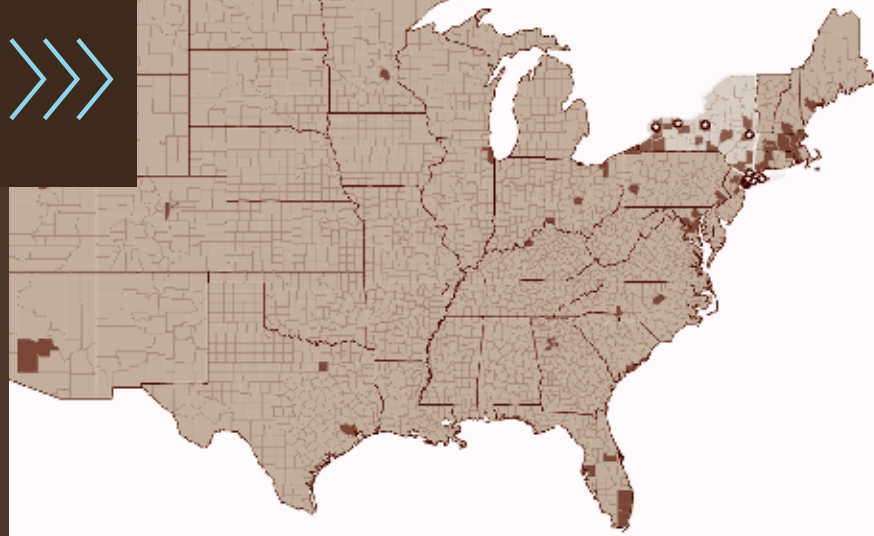
Tulane University
2009 Board Grant

With support from Macy, *Tulane Rural Immersion Program (TRIP)* sends a group of third-year medical students to live and train in rural Louisiana communities where they are exposed to the rigors of practice in a rural, underserved area.

Robert Graham Center
for Policy Studies
2009 Board Grant



The "Med School Mapper" Project, supported by the Macy Foundation, is online program which makes it easier to understand how each medical school currently contributes to its local area, to communities in greatest need, and to the specialties at greatest risk of shortage.



Association of American
Medical Colleges
2009 Board Grant

Participants at the meeting of the New and Developing Schools Consortium at Florida State University School of Medicine in June 2010.

Columbia University Medical Center
Health Sciences Schools
2009 Board Grant



The Macy grant to Columbia supports faculty time to promote team based learning in settings such as the Columbia-Harlem Homeless Medical Partnership.



to help the school board in her community focus on reducing childhood obesity, an effort that also provided her with a community project for her TRIP training.

“The health reform debate has helped us understand that our healthcare system—and the education system that supports it—doesn’t meet the needs of our society,” said TRIP Director Richard Streiffer, MD, professor of Family and Community Medicine at Tulane University School of Medicine. “We’ve been leaving people out of the system, especially folks in rural areas and those who need coordinated care for complex, chronic conditions. We can’t expect the medical education systems we’ve created to suddenly start producing doctors to meet those needs now. We have to change the systems first, and that’s what we’re trying to do with TRIP.”

The main goal of TRIP is to expose students to rural medicine and increase the number of students who will consider practicing in remote regions after they graduate. The severe shortage of physicians in rural parts of Louisiana “has persisted or worsened despite the graduation of 400 new physicians and the training of 1,500 medical residents in the state each year,” Streiffer said.

Since the program launched, Tulane has recruited practicing rural doctors to serve as mentors and has developed a curriculum that can help train medical students to function in small towns. In addition, Tulane tries to recruit students from remote or rural areas in the hopes that they will want to go back and practice in their home town.

Similar in mission and spirit to Tulane’s TRIP program, Macy supports equally innovative programs at Johns Hopkins School of Medicine, which has implemented a combined Internal Medicine and Pediatrics residency program with a focus on urban primary care, at Mt. Sinai School of Medicine, which is expanding its program to train medical students in community-based settings serving medically disenfranchised residents,

and at the American Academy of Pediatrics, which is working to transform pediatric residency programs to improve care for underserved children.

Tracking Workforce Issues

Efforts to influence the career choices of physicians toward primary care and underserved communities can’t be adequately evaluated without specialized data tracking. There is a tremendous need, in general, for more and better data around quantifying and understanding career trends in the health professions workforce, including the role of health professions schools in helping to address provider shortages.

To assist with this need, the Macy Foundation is supporting the “Med School Mapper” project, which was recently developed and launched by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care and the American Academy of Family Physicians. The online program tracks the impact that each medical school has on its home state as well as any county across the country.

“In short, this application was built to help state policy makers, federal legislators, education and workforce planners better understand how each medical school currently contributes to their local area, to communities in greatest need, and to the specialties at greatest risk of shortage,” said Andrew Bazemore, MD, MPH, assistant director of the Robert Graham Center.

To further facilitate understanding of health professions workforce data and issues, especially among federal policymakers, the Macy Foundation also awarded a grant in 2010 to the National Health Policy Forum to support that organization’s efforts to convene meetings and produce issue briefs on important workforce-related topics over the coming years.

Graduate Medical Education Conference

In October 2010, the Macy Foundation co-sponsored with the Association of Academic Health Centers, the first of two conferences on reforming graduate medical education (GME). The two-day conference, *Optimizing the Structure, Support, Oversight, and Accountability of GME to Best Meet the Needs of the American People*, brought together 22 invited participants in Atlanta, Georgia to review the current status of GME and identify changes that will better align GME with the changing healthcare needs of the American public. The meeting featured presentations by six expert panelists from key stakeholder organizations, including: U.S. Department of Veteran's Affairs, the Medicare Payment Advisory Commission, Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, Council on Graduate Medical Education, and American Medical Association.

Conference participants discussed the experts' testimony as well as four commissioned background papers and arrived at a set of conclusions and recommendations intended to enable the current GME system to be more accountable to the public and more responsive to the needs of students and patients in an evolving healthcare system. The group concluded that:

- Graduate medical education is a public good, the purpose of which is to prepare an adequate and well-trained physicians work force.
- There is an urgent need to assure that there will be a sufficient number of physicians with the appropriate skills
- Because GME is significantly funded with public dollars it must be accountable to the public for the competency of its trainees, for ensuring that the training is representative of the patients they will care for, and for providing the appropriate mix of physicians

- To meet the public's needs, restructuring the financing and regulation of GME is called for.

The group made recommendations for changes in 3 major areas:

1. A review of current accreditation and certification processes to enable GME redesign.
2. Mechanisms to promote innovative training to provide trainees with needed skills.
3. Funding mechanisms for a targeted increase in GME positions in needed specialties.

The full recommendations will be published shortly after the New Year, followed by a monograph to include the background papers and discussions.

A second conference on GME Reform, which will focus specifically on educational issues (pedagogy, content, site and duration of training), is planned for May 2011.

The Josiah Macy Jr. Foundation is the only national foundation devoted solely to improving the education of health professionals. In 2010, that mission held particular relevance and urgency given the ways in which federal healthcare reform legislation has accelerated the evolution of the healthcare system—a trend that will certainly continue in 2011.

INTRODUCING: MACY FACULTY SCHOLARS PROGRAM

The Josiah Macy Jr. Foundation is pleased to announce a new funding initiative to develop the next generation of national leaders in medical and nursing education: the Macy Faculty Scholars Program. The program, which is **designed to identify and nurture the careers of educational innovators in medicine and nursing**, will support selected scholars in leading educational reform at their home institutions and will provide opportunities for further career development through national meetings and participation in other Macy activities.

“The Macy Foundation has supported programs to improve health professions education for several decades, primarily through grants to promote innovative curricular and faculty development and by convening thought leaders to recommend needed reforms,” said Macy Foundation President George Thibault, MD. “But the urgency surrounding the need for educational reforms as well as the difficulty that faculty leaders have carving out time to focus on making those reforms happens has motivated us to now expand our efforts and create this new faculty scholars program.”

The Macy Faculty Scholars program will select up to five faculty leaders each year—nominations will be solicited from medical and nursing school deans—to become Macy Scholars. The program will provide salary support for each Scholar at \$100,000 per year for two years—a sum that is intended to protect at least 50% of the Scholar’s time to pursue mentored educational reform projects at his or her home institution.

In addition to the institutionally focused reform work of the Scholars, they also will participate

in a national education network, will have the benefit of a National Advisory Committee for career advice, and they will attend the annual meeting of the Macy Faculty Scholars Program. Scholars also will be supported to enroll in one or more of the Macy-Harvard programs, including “Programs for Education in the Health Professions,” “A Systems Approach to Assessment in Health Professions Education,” or “A Program for Leading Innovation in Healthcare and Education.” They also will have access to other Macy-funded activities and grantees.

The program seeks to accelerate the Scholars’ careers by selecting early to mid-career faculty that have shown great promise and providing them with protected time, mentoring, and a national network of peers. The program will support educational change in Scholar’s institution and create a national cohort of educational innovators and leaders. Over the next decade, it is envisioned that the Macy Faculty Scholars will become the drivers for change in health professions education. The goal of this change will be to create an educational system that better meets the health needs of the public.

There are many areas of possible innovations in health professions education that the Macy Faculty Scholars might explore. Among those that the Foundation has been particularly interested in are:

- Interprofessional education to promote teamwork and collaboration.
- New models of clinical education that emphasize longitudinal, integrated experiences with patients, family, and faculty.
- New content in health professional curricula, such as quality improvement, patient safety, systems analysis, health economics, and the social determinants of health.
- Education of health professionals to care for underserved populations, including addressing the need for more primary care providers.
- Programs to diversify the health professional workforce across many dimensions so that it more closely matches the populations to be served.

This is an exemplary but not exhaustive list of innovations that might be worth the work of the Macy Scholars. The program seeks to attract and nurture faculty who are committed to careers in health professional education, who are innovators, and who have shown promise as future leaders.

Faculty members interested in becoming a scholar must:

- Be a faculty member for more than five years in an accredited, U.S. nursing school, allopathic medical school, or osteopathic medical school;
- Be nominated by the dean of the school, and there can be no more than one nominee per school;
- Have an educational innovation project with the appropriate institutional support;
- Have an identified faculty mentor who will provide advice on the candidate's educational innovation project and career development; and
- Be a citizen or permanent resident of the United States or its territories.

Further, it is expected that the portion of the Scholar's time that is not devoted to work as a Scholar will be consistent with the educational career pathway of the Scholar to optimize career growth and institutional impact. Scholars will be expected to present their educational projects at national meetings and that the project will produce peer-reviewed publications.

The deadline for applications for the first class of scholars is March 15, 2011. Finalist interviews will be held in the spring and the chosen Scholars and their sponsoring schools will be notified on June 15, 2011. The first class of Macy Faculty Scholars will begin their appointments on September 1, 2011.

Please visit our website (www.macyfoundation.org) for more information on the Macy Faculty Scholars program, including information about the selection criteria and process as well as details on how to register for the informational webinars and/or how to apply to the program.



Geisinger Health System 2009 Board Grant

A group of Geisinger medical and nursing students, with faculty direction, use the online IHI Open School modules to learn about patient quality and safety. The workshop is part of a longitudinal interprofessional curriculum supported through a grant from the Macy Foundation.

Harvard Medical School 2010 Board Grant



The *Harvard Macy Institute Evaluation Study* will assist in understanding the Institute's role in supporting healthcare educators and leaders of healthcare organizations in improving health professions education and supporting increased teamwork.



The New York Academy of Sciences 2010 Board Grant

With its Macy grant, The New York Academy of Sciences will build a live and virtual community of scientists, physicians, medical students, and others focused on the pressing issues and challenges of translational medicine

New York University Medical Center 2009 Board Grant



NYU School of Medicine and NYU College of Nursing have developed *NYU3T: Teaching, Technology, Teamwork*: a cutting-edge project to provide medical and nursing students with longitudinal exposure to real and virtual patients as well as interprofessional education in team-based care competencies.



BOARD GRANTS

The American Academy of Pediatrics

Project Title: Transforming Pediatric Residency Training to Improve Care for Underserved Children: A Team Based Approach.

Project Description: Through this initiative, the American Academy of Pediatrics will take a quality improvement approach to training pediatricians to care for the unique needs of underserved children and their families. They will apply quality improvement techniques in implementing a community pediatrics curriculum to train pediatricians to address the millennial needs of child health, particularly for children and families in underserved communities, in 7 residency training programs over 3 years.

Principle Investigator: Jeffrey Kaczorowski, MD, Associate Professor of Pediatrics, University of Rochester and Executive Director of The Children's Agenda (a child advocacy organization in Rochester); PI of Community Pediatrics Training Initiative.

Awarded: \$500,311

Duration: 3 years

Board Date: January 2010

Hunter College / Weill Cornell Medical College

Project Title: Integrating Transdisciplinary Education at Cornell Hunter (ITEACH)

Project Description: This planning grant is a collaboration between Hunter College (Nursing, Public Health, and Social Work) and Weill Cornell College of Medicine that will design, demonstrate and institutionalize a program of integrated, interprofessional educational experiences. The program will provide nursing, public health, social work students from Hunter College and medical students from Weill Cornell

with new competencies in collaborative teamwork that are necessary to provide high-quality healthcare, especially to underserved patient populations in community and other practice-based settings.

Principle Investigators: Joyce Griffin-Sobel, PhD, RN, CNE, ANEF, Assistant Dean, Curriculum & Technology Professor and Director, Undergraduate Programs Hunter-Bellevue School of Nursing; Carol Storey-Johnson, MD, Senior Associate Dean (Education), Weill Cornell Medical College, Associate Attending Physician, New York-Presbyterian Hospital, Associate Professor of Clinical Medicine, Weill Cornell Medical College.

Awarded: \$313,027

Duration: 1 Year

Board Date: January 2010

The New York Academy of Sciences

Project Title: Translational Medicine Initiative

Project Description: The New York Academy of Sciences will build a live and virtual community of scientists, physicians, medical students, and others focused on the pressing issue of closing the gap between advances in the basic science and the practice of medicine.

The project will create an innovative connection between New York's extensive scientific community, with which the New York Academy of Sciences has a long-standing relationship, and New York's renowned clinical community, with which they are just beginning to develop ties. The Translational Medicine Initiative will be dedicated to bringing the scientific community closer to the medical and teaching communities to more effectively link them. The Academy will extend itself in a new direction by creating The Translational Medicine Discussion Group. This unique group will provide a recurring forum with concomitant dissemination to build a community around discrete, relevant topics and their pressing issues.

Principle Investigators: Stacie Bloom, PhD, Vice President & Scientific Director, The New York Academy of Sciences

Awarded: \$453,948

Duration: 3 years

Board Date: January 2010

The University of Colorado Denver, Anschutz Medical Campus

Project Title: REACH (Realizing Educational Advancement for Collaborative Health)

Project Description: The Anschutz Medical Campus of the University of Colorado Denver was intentionally designed to facilitate collaborative, interprofessional education. REACH is the next step in realizing the long-term vision of transforming the delivery of healthcare to meet the needs of the new century. The project will create a longitudinal, interprofessional curriculum that is integrated into preclinical and clinical training for all health profession students. It will establish, teach, and evaluate campus-wide student competencies in teamwork, collaborative interprofessional practice, and quality and safety with a particular focus on vulnerable and underserved populations.

The project will build on the existing successful but limited interprofessional educational offerings. The initiative is designed to weave this content deeply into the experience of each student and into the sites where they will do their clinical training. The proposed project has three core elements including: The Health Mentors Program, The Clinical Transformations Program, and The Interprofessional Clinical Rotations Program.

Principle Investigator: Mark Earnest, MD, PhD, Director of Interprofessional Education and Associate Professor of Medicine, University of Colorado Denver, Anschutz Medical Campus

Awarded: \$688,110

Duration: 3 years

Board Date: January 2010

Arizona State University College of Nursing & Innovation with University of Arizona College of Medicine and Pharmacy (Phoenix Biomedical Campus)

Project Title: New Integrated Interprofessional Curriculum Model

Project Description: The Arizona State University (ASU) College of Nursing and Health Innovation, the University of Arizona (UA) College of Medicine-Phoenix in partnership with UA College of Pharmacy-Phoenix and the Arizona Telemedicine Program's Institute for Advanced Telemedicine and Telehealth are collaborating on a two-year planning grant to develop a new innovative integrated interprofessional curriculum for physicians, nurse practitioners, and pharmacists to practice, with an emphasis on primary care practice in rural and underserved areas. The focus will be designing this new curriculum for three professional degree programs (MD, DNP, and PharmD).

Principal Investigators: Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN, Dean and Distinguished Foundation Professor in Nursing; Stuart D. Flynn, MD, Dean, University of Arizona College of Medicine-Phoenix; Philip J. Schneider, MS, FASHP, Clinical Professor and Associate Dean, University of Arizona College of Pharmacy Phoenix Biomedical Campus

Awarded: \$299,365

Duration: 2 year

Board Date: May 2010

Case Western Reserve University School of Medicine & School of Nursing

Project Title: Interprofessional Learning Exchange and Development Center (I•LEAD)

Project Description: This project will take a unique approach to collaborative learning experiences that will extend and build across curricula. These collaborative learning experiences will prepare the students for, and help them develop competence in, collaborative practice in acute, long-term, or community care settings. Real-life learning labs will be used in which communication, teamwork, and quality improvement skills will be taught and instilled through practice. The learning labs will then provide the foundation for educating students who will be prepared to work in a collaborative practice setting in the community. The medical and nursing students will work with an underserved population in the Cleveland Free Clinic.

In addition to building a collaborative, comprehensive, and continuous interprofessional curriculum, this project will establish a virtual center to support ongoing faculty development related to interprofessional practice and curricular evaluation and enhancement.

Principal Investigators: Daniel B. Ornt, MD, FACP, Vice Dean for Education and Academic Affairs, Interim Chair, Department of Anatomy and Professor of Medicine and Anatomy, School of Medicine; Patricia W. Underwood, BSN, MS, PhD, Executive Associate Dean for Academic Programs, School of Nursing, Case Western Reserve University

Awarded: \$640,000
Duration: 4 years
Board Date: May 2010

Harvard Medical School

Project Title: Harvard Macy Institute Evaluation Study

Project Description: The Harvard Macy Institute (HMI) was created in 1994 by a \$1.5 million grant from the Macy Foundation. The grant was renewed in 1997 for another 4 years and an additional \$4.0 million. Funding ended in 2000. In 2003, the dean of the Harvard Medical School requested the continued use of the Macy name without additional funding, and this was granted by the Board in May 2003. The program has been self sustaining, and it is internationally recognized as one of the most outstanding faculty development programs for medical educators and leaders.

The purpose of this evaluation is to:

Carefully examine the impact the Harvard Macy Institute programs have had on the health educators it serves;

Identify the reasons the HMI was able to become self-sustaining; and

Develop an entrepreneurial and future-oriented strategy to lead medical and health professional education forward.

The ultimate goal of this proposed evaluation study is to understand the role of HMI in supporting healthcare educators, leaders of healthcare organizations, and innovators in: improving medical and health professions education; and supporting increased teamwork between and among healthcare professionals. With anticipated changes in our healthcare system, the intent is for this study to provide data and insights for strengthening medical and health professions education for HMI and for other institutions.

Principal Investigator: Elizabeth G. Armstrong, PhD, Director of Harvard Macy Institute and Clinical Professor in Pediatrics, Harvard Medical School

Awarded: \$99,000
Duration: 9 months
Board Date: May 2010

Vanderbilt School of Medicine and School of Nursing

Project Title: Fellowship in Interprofessional Learning

Project Description: Vanderbilt University School of Medicine and School of Nursing implemented a pilot program in Interprofessional Learning (IPL) in the summer of 2010 that includes both clinical and classroom-based learning activities. This involves partnerships with Tennessee State University School of Social Work, Belmont University School of Pharmacy, and Lipscomb University School of Pharmacy.

The goal of this program is to develop healthcare professionals who have achieved the full spectrum of

competencies needed to deliver the highest quality and safest care to their patients. The success of IPL programs has been hampered by such seemingly complex issues as the social and cultural assumptions held about and within the individual professions and such seemingly mundane issues as the coordination of calendars and schedules. Researchers at Vanderbilt have developed a model based on the hypotheses that new learners have not yet assimilated the cultural assumptions of their individual professions; and that logistical obstacles can be overcome by institutional will.

Principal Investigator: Bonnie Miller, MD, Senior Associate Dean, School of Medicine, Vanderbilt University;

Co-Investigators: Linda Norman, DSN, RN, Senior Associate Dean, School of Nursing; Don Moore, PhD, Director of Continuing Medical Education, Vanderbilt University

Awarded: \$587,920

Duration: 3 years

Board Date: May 2010

Yale School of Medicine

Project Title: Promotion and Retention of Diversity in Medical Education (PaRoDiME)

Project Description: PaRoDiMe, a policy-oriented research project, seeks to contribute key evidence about the racial/ethnic distribution, promotion, and retention of faculty in medical schools across the United States through comprehensive secondary data analyses. Attracting and supporting medical school faculty diversity is critical to fostering a learning environment that prepares future physicians of all racial/ethnic backgrounds to provide high-quality care to a multi-ethnic nation.

The findings will inform policies and best practices to support cultural diversity in medical education with direct and indirect impacts on the training of future generations of healthcare providers.

They will also use these data to develop a measure of institutional diversity inclusive of cross-sectional institutional diversity, racial/ethnic distribution, promotion rates, and turnover rates.

Principal Investigator: Marcella Nunez Smith, MD, MHS, Assistant Professor, Section of General Internal Medicine, Assistant Director, Robert Wood Johnson Clinical Scholars Program Yale University School of Medicine

Awarded: \$250,000

Duration: 2 years

Board Date: May 2010

American Academy of Family Physicians Foundation

Project Title: Tracking the Output of Graduate Medical Education: How are Teaching Hospitals and Teaching Health Centers Meeting Society's Needs?

Project Description: Over a 24-month period, the American Academy of Family Physicians will examine two aspects of the health profession workforce: 1) physician graduate medical education, and 2) Teaching Health Center. It also will further develop a successful web tool to enhance its capacity to be a resource for information and communication on these issues. This program will be conducted at the American Academy of Family Physicians' Robert Graham Center in conjunction with George Washington University School of Public Health.

Principal Investigator: Craig Doane, Executive Director, American Academy of Family Physicians Foundation;

Co-Investigator: Robert Phillips, MD, MSPH, Director, Robert Graham Center

Award: \$409,942

Duration: 2 years

Board Date: October 2010

Mount Sinai School of Medicine

Project Title: Educating Future Leaders in the Primary Care of Persons with Chronic Illnesses and the Medically Disenfranchised Through Longitudinal Care Experiences

Project Description: This three-year grant will augment Mount Sinai's longitudinal educational model by implementing an expansion into the third year called Interclerkship Ambulatory Care Track (InterACT). The focus is on developing a deeper appreciation of chronic illness, advocacy, and the plight of the medically disenfranchised. This expansion will also aid in transitioning medical students in their last 2 years into the role of leader and teacher as they care for patients with limited access to healthcare.

Principal Investigators: Yasmin S. Meah, MD, Director, East Harlem Health Outreach Program (EHHOP); Rainier P. Soriano, MD, Associate Professor of Medicine; Valerie Parkas, MD, Associate Professor, Mount Sinai School of Medicine

Awarded: \$417,276

Duration: 3 years

Board Date: October 2010

National Health Policy Forum at The George Washington University

Project Title: Educating Federal Policy Makers on Health Professions Training & Workforce Issues

Project Description: Since its founding in 1972, the National Health Policy Forum at The George Washington University has worked to improve health and healthcare delivery for all Americans through a more informed and knowledgeable policymaking process. The mission of the Forum is predicated on the assumption that providing unbiased information in a neutral environment and offering opportunities for dialogue and exchange among congressional and executive branch policymakers is beneficial to the policy process. In the absence of such information and opportunities, policymakers increasingly rely on lobbyists and self-interested advocates who often present information to advance their own positions.

Funding from the Macy Foundation will help underwrite and ensure the continuation of the Forum's relatively recent programming on workforce issues and allow the Forum to focus more specifically on issues related to medical education. Equally important, it will allow the Forum to tap the Foundation's expertise in a more systematic way and provide access to key peer leaders who are often critical in helping to shape future papers and/or discussions.

Principal Investigator: Judith Miller Jones, Director, National Health Policy Forum

Award: \$150,000

Duration: 1 year

Board Date: October 2010

Please visit our website
(www.macyfoundation.org)
for more information on
Macy Grantees.

PRESIDENT'S GRANTS

Columbia University Center for Family and Community Medicine

This award was to support a three-month project to discover and report the opportunities and barriers concerning interdisciplinary clinical training for nurse practitioner students and family medicine residents.

\$35,000
Awarded 1/04/10

South Carolina AHEC at the Medical University of South Carolina

This award was to support an eight-month project that will collect baseline data to support the addition of a new interprofessional education objective in Healthy People 2020. This project will survey health professions educational institutions to gather data about the status of interprofessional education within their academic programs.

\$35,000
Awarded 1/12/10

Women of Means, Inc.

This award was to support a preliminary stakeholder meeting representing the relevant medical education institutions and programs in the Boston area and conduct a survey of previous trainees regarding the impact of their clinical experience on career choice, skill set, and career satisfaction.

\$30,000
Awarded 3/3/10

Albert Einstein College of Medicine at Yeshiva University

This award was to support the Hispanic Center of Excellence to explore the professional development needs of medical students and residents who desire a career in academic medicine.

\$5,000
Awarded 3/17/10

Northwest Regional Primary Care Association

The Education Health Center Initiative (a collaborative effort of the Northwest Regional Primary Care Association, The University of Washington Family Medicine Network and Family Medicine Department, and the Community Health Association of the Mountain/Plains States) will develop a resource tool kit for community health centers and

family medicine residencies to use in becoming affiliated. This will promote the development of Teaching Health Centers.

\$35,000
Awarded 6/24/10

Washington University School of Medicine

This award was in support of a book by Dr. Kenneth Ludmerer on the history and present status of residency training in the United States. The purpose of this book is to produce an interpretative, contextualized account of the evolution of graduate medical education in this country that might serve as the definitive historical treatment of the subject, helping shape efforts to improve residency training.

\$35,000
Awarded 6/30/10

Long Island Medical Foundation (NuHealth)

The Nassau Healthcare Corporation in collaboration with Hofstra Medical School proposes to develop a continuing medical education program for community-based physicians serving the region's underserved populations.

\$35,000
Awarded 7/19/10

Arnold P. Gold Foundation

This award was to support sponsorship for the 2010 Gold Humanism Honor Society (GHHS) Biennial Conference held October 7-9, 2010 in Dallas, Texas. The funds were used to underwrite student and resident participation in the conference.

\$35,000

Awarded 7/29/10

The New York Academy of Sciences

This award provided funding to maintain the program of recruitment of medical students, residents, and clinical fellows; continuing the memberships of NYAS medical student and physician members; and recruiting new members from the medical community.

\$25,000

Awarded 8/19/10

Physicians for Social Responsibility

This award was to support a conference that will educate medical students about issues of global importance; including climate change, nuclear weapons, environmental degradation, social justice, international security, and diplomacy among nations. The funding covers planning, development, and execution of the conference, as well as student travel.

\$35,000

Awarded 8/26/10

Institute on Medicine as a Profession, Inc.

This award will help initiate a joint program of the Institute on Medicine as a Profession and the Macy Foundation that will provide support for faculty-directed educational programs to promote professionalism in medical students and residents.

\$35,000

Awarded 7/29/10

Brigham and Women's Hospital (BWH)

This award provides partial support for the Women's Health Primary Care Improvement Program at the Connors Center for Women's Health and Gender Biology of BWH. The program focuses on training in team-based care and the career development of women physicians.

\$35,000

Awarded 8/26/10

The New York Academy of Medicine

This one-time grant will allow the New York Academy of Medicine to support a one-day conference on the development of a multi-disciplinary initiative on care coordination and the implications for clinical education of health professionals.

\$35,000

Awarded 11/12/10

Society of General Internal Medicine

This award is to support a summit that will convene stakeholders in internal medicine graduate medical education to develop educational standards for the Patient-Centered Medical Home.

\$35,000

Awarded 7/29/10

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JOSIAH MACY JR. FOUNDATION

80 YEARS ∴ 1930–2010

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1987 – 1996

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1980 – 1987

John Z. Bowers, MD

1965 – 1980

Willard C. Rappleye, MD

1941 – 1965

Ludwig Kast, MD

1930 – 1941



STATE UNIVERSITY OF NEW YORK AT BUFFALO
SCHOOL OF PUBLIC HEALTH AND HEALTH PROFESSIONS

2009 Board Grant



“Dr. Heather Ochs-Balcom is pictured here with three generations of family members involved in her research ‘Jewels in our Genes’, which examines why young African American women are at higher risk for breast cancer. Our core curriculum assures that students across the numerous disciplines within our School gain a foundational knowledge of epidemiology and other public health areas as well as how various health professions contribute to the goals of public health.”

Dale R. Fish, *Principal Investigator*
A Core Curriculum for Health Professions



JOSIAH MACY JR. FOUNDATION FINANCIAL STATEMENTS

JULY 1, 2009 TO JUNE 30, 2010

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Josiah Macy Jr. Foundation

We have audited the accompanying statements of financial position of Josiah Macy Jr. Foundation (a not-for-profit corporation) as of June 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the management of the Organization. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Josiah Macy Jr. Foundation as of June 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Lutz + Carr, LLP

New York, New York
October 20, 2010

STATEMENTS OF FINANCIAL POSITION

	<u>2010</u>	<u>2009 *</u>
Assets		
Cash and cash equivalents (Notes 1c and 9)	\$ 3,909,086	\$ 1,715,140
Investments, at fair value (Notes 1d and 3)	124,611,634	114,983,177
Accrued interest and dividends receivable	208,926	275,749
Prepaid expenses and other assets	66,509	110,641
Property and equipment, at cost, less accumulated depreciation (Notes 1e and 4)	<u>4,961,140</u>	<u>4,736,966</u>
Total Assets	<u><u>\$133,757,295</u></u>	<u><u>\$121,821,673</u></u>
Liabilities and Net Assets		
Liabilities		
Due to broker	\$ 2,183,696	\$ 36,857
Grants payable (Notes 1f and 5)	840,578	938,710
Other accrued liabilities	85,083	301,595
Deferred federal excise tax (Note 2)	10,180	-
Accrued retirement benefits (Note 8)	<u>7,000</u>	<u>5,358</u>
Total Liabilities	3,126,537	1,282,520
Net Assets		
Unrestricted	<u>130,630,758</u>	<u>120,539,153</u>
Total Liabilities and Net Assets	<u><u>\$133,757,295</u></u>	<u><u>\$121,821,673</u></u>

* Certain amounts have been reclassified for comparative purposes.

[See notes to financial statements](#)

STATEMENTS OF ACTIVITIES

	<u>2010</u>	<u>2009</u>
Revenue		
Interest on investments	\$ 1,059,694	\$ 1,366,429
Dividends on investments	1,149,939	1,570,590
Grant refunds	<u>512</u>	<u>70,217</u>
Total Revenue	<u>2,210,145</u>	<u>3,007,236</u>
Expenses (Note 7)		
Salaries	942,639	1,134,321
Employee benefits (Note 8)	293,802	301,059
Professional services	249,613	358,782
Equipment and minor improvements	62,648	63,588
Utilities, insurance and building maintenance	57,438	73,486
Other administrative expenses	181,419	345,443
Investment counsel and custodian fees	761,298	690,196
Depreciation	129,583	23,289
Provision for taxes (Note 2)		
Excise tax	61,421	25,000
Deferred tax (benefit)	10,180	(67,872)
Grants and conferences, publications and program planning		
Health professional education grants	3,606,237	3,189,346
President's discretionary grants	500,000	500,000
Matching gift and other grants	169,500	332,394
Conferences	185,520	298,509
Publications and program planning - net of refunds	420,166	327,531
Organizational dues	<u>44,620</u>	<u>56,620</u>
Total Expenses	<u>7,676,084</u>	<u>7,651,692</u>
Change in unrestricted net assets from operations	(5,465,939)	(4,644,456)
Net realized and unrealized gain (loss) on investments	<u>15,557,544</u>	<u>(25,473,222)</u>
Change in net assets	10,091,605	(30,117,678)
Net assets, beginning of year	<u>120,539,153</u>	<u>150,656,831</u>
Net Assets, End of Year	<u><u>\$130,630,758</u></u>	<u><u>\$120,539,153</u></u>

See notes to financial statements

STATEMENTS OF CASH FLOWS

	<u>2010</u>	<u>2009 *</u>
Cash Flows From Operating Activities		
Change in net assets	\$ 10,091,605	\$ (30,117,678)
Adjustments to reconcile change in net assets to net cash used by operating activities:		
Depreciation	129,583	23,289
Net realized and unrealized (gain) loss on investments	(15,557,544)	25,473,222
(Credit) provision for deferred federal excise tax	10,180	(67,872)
Changes in operating assets and liabilities		
Accrued interest and dividends receivable	66,823	49,140
Prepaid expenses and other assets	44,132	133,554
Grants payable	(98,132)	75,920
Other accrued liabilities	(81,944)	124,209
Accrued retirement benefits	1,642	2,508
Net Cash Used By Operating Activities	<u>(5,393,655)</u>	<u>(4,303,708)</u>
Cash Flows From Investing Activities		
Purchases of investments	(151,903,420)	(91,772,315)
Proceeds from sales of investments	159,979,346	96,227,407
Payment for fixed asset additions	(488,325)	(2,232,622)
Net Cash Provided By Investing Activities	<u>7,587,601</u>	<u>2,222,470</u>
Net increase (decrease) in cash and cash equivalents	2,193,946	(2,081,238)
Cash and cash equivalents, beginning of year	<u>1,715,140</u>	<u>3,796,378</u>
Cash and Cash Equivalents, End of Year	<u>\$ 3,909,086</u>	<u>\$ 1,715,140</u>

* Certain amounts have been reclassified for comparative purposes.

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS

Note 1 - Organization and Summary of Significant Accounting Policies

a - Organization

The Josiah Macy Jr. Foundation (the “Foundation”) is a private foundation which provides grants to colleges, universities and other professional associations relating primarily to health professional education.

b - Net Assets Classification

The Foundation’s net assets consist of unrestricted net assets, which are fully available at the discretion of management and the Board of Directors to utilize in any of the Foundation’s programs or supporting services.

c - Cash and Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all unrestricted highly liquid debt instruments, purchased with a maturity of three months or less, to be cash equivalents, except for those short-term investments managed by the Foundation’s investment managers as part of their long-term investment strategies.

d - Investments and Fair Value

The Foundation reflects investments with determinable fair values at their fair value in the statement of financial position. Unrealized gains and losses on investments are reflected in the statement of activities.

Fair value is an estimate of the exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (i.e., the exit price at the measurement date). Fair value measurements are not adjusted for transaction costs. A fair value hierarchy prioritizes inputs to valuation techniques used to measure fair value into three levels.

Unadjusted quoted prices in active markets for identical assets or liabilities are referred to as Level 1 inputs. Inputs other than quoted market prices that are observable, either directly or indirectly, and reasonably available are referred to as Level 2 inputs. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the Foundation. Unobservable inputs reflect the assumptions developed by the Foundation based on available information about what market participants would use in valuing the asset or liability and are referred to as Level 3.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1 - Organization and Summary of Significant Accounting Policies (continued)

d - Investments and Fair Value (continued)

An asset or liability's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Availability of observable inputs can vary and is affected by a variety of factors. Level 3 assets and liabilities involve greater judgment than Level 1 or Level 2 assets or liabilities.

Investments in common stock, U.S. government and agency obligations, mutual funds and corporate obligations are classified within Level 1 of the fair value hierarchy. Fair value is determined using quoted market values.

Investments in certain alternative investments are classified within Level 2 of the fair value hierarchy. Fair value is determined by the general partners or management of the companies, based on quoted prices for similar assets.

Investments are classified within Level 3 of the fair value hierarchy because they trade infrequently (or not at all) and therefore have little or no readily available pricing. Unobservable inputs are used to measure fair value to the extent that observable inputs are not available. Certain alternative investments are classified within Level 3 of the fair value hierarchy.

For positions that are not traded in active markets or are subject to transfer restrictions, valuations are adjusted to reflect illiquidity and/or non-transferability and such adjustments are generally based on available market information. In the absence of such evidence, management's best estimate is used.

The values assigned to these investments and any unrealized gains or losses reported based on available information and do not necessarily represent amounts that might be realized if a ready market existed and such differences could be material. The ultimate realization of such amounts depends on future events and circumstances and therefore, valuation estimates may differ from the value realized upon disposition of individual positions.

e - Property and Equipment

Property and equipment are recorded at cost and are being depreciated using the straight-line method over the estimated useful lives of the assets ranging from five to fifteen years.

f - Grants

The Foundation normally provides grants to colleges, universities and other professional associations for a period of one to three years. These grants are recorded as expense at the time they become unconditional. Conditional or revocable grants are disclosed as future commitments.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1 - Organization and Summary of Significant Accounting Policies (continued)

g - Expense Allocations

Functional expenses which are not specifically attributable to program services or supporting services are allocated by management based on various allocation factors.

h - Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

i - Subsequent Events

The Foundation has evaluated subsequent events through October 20, 2010, the date that the financial statements are considered available to be issued.

Note 2 - Income Tax Status

The Foundation qualifies as a tax-exempt organization as defined by Internal Revenue Code Section 501(c)(3) and, accordingly, is not subject to federal income taxes under Internal Revenue Code Section 501(a). In addition, New York State (the "State") and New York City (the "City") have classified the Foundation as nonprofit in character and, as such, it is exempt from payment of income taxes to the State and City. However, as a private foundation, an excise tax of 1% or 2% is imposed on the net investment income of the Foundation.

Deferred federal excise tax arises from temporary differences between financial and tax reporting related to the difference between the cost basis and the fair value of marketable securities.

In addition, as a private foundation, qualifying distributions are required to be made for charitable, educational, or religious and scientific purposes equal to approximately 5% of the average fair value of the Foundation's cash and investments. All such required qualifying distributions have been made through June 30, 2010.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3 - Investments

The cost and fair value of investments were as follows:

	2010		2009	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Cash and cash equivalents	\$ 4,102,273	\$ 4,102,273	\$ 1,155,603	\$ 1,155,603
Common stock	52,902,879	50,934,730	38,151,017	30,190,105
U.S. government and agency obligations	8,223,244	8,422,409	6,033,425	6,124,084
Corporate obligations	10,307,896	10,450,457	13,891,494	12,615,345
Mutual funds	7,402,483	5,166,153	24,102,591	19,438,933
Alternative investments	<u>40,674,635</u>	<u>45,535,612</u>	<u>41,404,490</u>	<u>45,459,107</u>
Total	<u>\$123,613,410</u>	<u>\$124,611,634</u>	<u>\$124,738,620</u>	<u>\$114,983,177</u>

In fiscal 2010 and 2009, the Foundation had investments in alternative investments that include limited partnerships, a trust and offshore corporations. While these investments contain varying degrees of risk, the Foundation's risk is limited to its capital investment in each investment.

Investment fees of approximately \$1,157,000 related to the alternative investments were netted against the unrealized appreciation in 2010. Such fees approximated \$602,000 in 2009.

The following summarizes the Foundation's investments carried at fair value by the levels within the fair value hierarchy used to measure their respective fair values:

	2010			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 4,102,273	\$ 4,102,273	\$ -	\$ -
Common stock	50,934,730	50,934,730	-	-
U.S. government and agency obligations	8,422,409	8,422,409	-	-
Corporate obligations	10,450,457	10,450,457	-	-
Mutual funds	5,166,153	5,166,153	-	-
Alternative investments	<u>45,535,612</u>	<u>-</u>	<u>27,486,477</u>	<u>18,049,135</u>
	<u>\$124,611,634</u>	<u>\$79,076,022</u>	<u>\$27,486,477</u>	<u>\$18,049,135</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3 - Investments (continued)

	2009			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 1,155,603	\$ 1,155,603	\$ -	\$ -
Common stock	30,190,105	30,190,105	-	-
U.S. government and agency obligations	6,124,084	6,124,084	-	-
Corporate obligations	12,615,345	12,615,345	-	-
Mutual funds	19,438,933	19,438,933	-	-
Alternative investments	<u>45,459,107</u>	<u>-</u>	<u>23,759,301</u>	<u>21,699,806</u>
	<u>\$114,983,177</u>	<u>\$69,524,070</u>	<u>\$23,759,301</u>	<u>\$21,699,806</u>

The following summarizes the changes in fair value of the Foundation's Level 3 investments for the years ended June 30, 2010 and 2009:

	<u>Level 3</u>	
	<u>2010</u>	<u>2009</u>
Balance, July 1	\$21,699,806	\$35,816,247
Realized gain	3,745,297	580,288
Unrealized loss	(1,448,711)	(11,079,333)
Purchases	5,000,000	382,604
Sales	<u>(10,947,257)</u>	<u>(4,000,000)</u>
Balance, June 30	<u>\$18,049,135</u>	<u>\$21,699,806</u>

Note 4 - Property and Equipment

Property and equipment at June 30 consist of the following:

	<u>2010</u>	<u>2009</u>
Land	\$1,922,700	\$1,922,700
Buildings	1,291,072	1,291,072
Furniture and fixtures	142,049	134,023
Improvements	<u>2,972,810</u>	<u>2,627,079</u>
Total	6,328,631	5,974,874
Less: Accumulated depreciation	<u>(1,367,491)</u>	<u>(1,237,908)</u>
Net Book Value	<u>\$4,961,140</u>	<u>\$4,736,966</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5 - Grants Payable

Grants payable as of June 30, 2010 and 2009 are payable within one year.

At June 30, 2010, the Foundation's Board of Directors had authorized grants of \$6,164,466 to be paid in future years. Of this amount, \$6,073,537 is conditional upon the grantees making satisfactory progress toward stated objectives and is revocable by the Board of Directors if certain conditions are not met.

Note 6 - Related Parties

Certain members of the Board of Directors of the Foundation have relationships with institutions that receive grants from the Foundation. Grants totaling \$1,648,647 and \$1,019,500 were paid to these institutions during the years ended June 30, 2010 and 2009, respectively. The Board members abstain from voting on grants to institutions with which they have a relationship.

Note 7 - Functional Expenses

Functional expenses were incurred for:

	<u>2010</u>	<u>2009</u>
Program services	\$5,879,239	\$5,470,476
Management and general	<u>1,796,845</u>	<u>2,181,216</u>
	<u>\$7,676,084</u>	<u>\$7,651,692</u>

Note 8 - Retirement Plan

The Foundation has a non-contributory employee retirement plan with Teachers Insurance and Annuity Association (TIAA) covering employees who meet specified service and age tests. The plan is funded by the purchase of individual annuity contracts with an insurance company. Premium payments of \$95,687 and \$102,021 were charged to operating expense for the years ended June 30, 2010 and 2009, respectively.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 8 - Retirement Plan (continued)

In addition, the Foundation's employees have the option to participate in supplemental retirement plans with TIAA through payroll deductions.

Note 9 - Concentration of Credit Risk

The Foundation maintains its cash balances in The Bank of New York Mellon, which at times, may exceed federally insured limits. The balances are insured by the Federal Deposit Insurance Corporation or the Securities Investors Protection Corporation up to certain limits.

Note 10 - Fair Value of Financial Instruments

Accounting standards require disclosure of the fair value of financial instruments for which it is practicable to estimate the fair value. The fair value of investments has been presented in Note 3. The carrying amount of all other financial instruments approximates fair value because of their short maturity.



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