

committee must be formed and include a consumer. The program coordinator must spend 20% of his or her time performing administrative duties. All patients of the institution, whether or not they have diabetes, must be notified in writing about the program with documentation of the notification in their permanent medical record. A flurry of notices must be sent to patients, physicians, paramedical personnel, and health agencies about the program on a repeated basis. An extensive evaluation of each patient must be written and filed in the permanent record, often duplicating information already there. The value of these requirements is not readily evident. They do not fit a broad-based medical care system well and could potentially overwhelm a small medical institution with an otherwise excellent program.

We estimate that the direct administrative expense to our institution to comply with these requirements would exceed \$250,000. Our nurse educators anticipate that the time needed for each patient would double without any increase in the time actually devoted to teaching the patient. Unfortunately, this major increase in expense would be incurred to support an administrative structure in the absence of data demonstrating the value of these requirements. Clearly their relative importance should have been judged in relationship to their expense.

Another unanswered issue is monitoring of compliance once an institution is recognized under the Standards. For example, it is easy for an institution to say they notify all patients about the program but difficult to verify. Are institutions to be allowed a 1%, 5%, or 10% failure-to-comply rate, or will 100% compliance be demanded? An excessive number of unnecessary rules invites ignoring the rules. On the other hand, a vigorous enforcement organization is unlikely to be welcomed by most health professionals and would be expensive to administer.

By the time this editorial is published, the institutions that are pilot testing the standards will have their applications under review by the National Diabetes Advisory Board. At the onset of the piloting process it was stated, "The results of the pilot testing will form the basis for modification in the standards and for any required adjustments in the recognition process prior to nationwide implementation." I am certain the Advisory Board is serious about this charge. The analysis of the replies obtained during the baseline discussions with the piloting institutions suggests that many institutions considered it their duty to meet all details of the standards rather than to attempt to modify them when they were felt to be inappropriate. I am sure the Advisory Board will want not only to assess ability to meet the Standards but to solicit opinions about modification of the Standards from each piloting center. The prototype application for recognition of the piloting centers contained no provision for such opinions—an obvious oversight in retrospect. In addition, the importance of the Standards for all medical centers with diabetes patient education programs should prompt a review of the Standards in detail and the forwarding of suggestions for modifications to the National Diabetes Advisory Board.

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REFERENCES

- ¹ Glasgow, R. E., Wilson, W., and McCaul, K. D.: Regimen adherence: a problematic construct in diabetes research. *Diabetes Care* 1985; 8:300–301.
- ² National Diabetes Advisory Board, November, 1983: National standards for diabetes patient education programs. *Diabetes Care* 1984; 7:XXXI–XXXV.

Goodbye to an Old Friend

Goodbyes are never easy; this is especially so when the farewell is permanent and directed to an old friend. Nineteen eighty-five marks the twentieth anniversary of the Kroc Foundation and the year of its dissolution. The Kroc Foundation was chartered in April 1965 at the direction of Ray A. Kroc, the Founder and Chairman of McDonald's Corporation. During its initial five years, the Foundation made modest contributions to civic organizations in the Chicago area. With the appointment of Ray's younger brother, Robert, as director, the Foundation developed into an important private source of support for biomedical research. Bob's scientific background, his experience as Director of Physiology in the Warner Lambert Research Institute, and his unabashed friendliness served him well in his new position.

Although undoubtedly altruistic in purpose, the Foundation focused its interests on diabetes, arthritis, and multiple sclerosis—disorders experienced by members of the Kroc family. However, the actual scope of projects supported by the Foundation has been quite broad since research into these diseases encompasses such areas as biochemistry, endocrinology, immunology, microbiology, neurology, pathology, and physiology.

As noted by Dr. Walter Garey, the director of the Grants Program, the "emphasis of the grants program was on support of novel pilot studies by young or established investigators. Such funding, not readily available from private or federal sources, allowed investigators to develop the scientific data necessary for an application to a major agency. Funded studies most commonly continued as projects supported by the National Institutes of Health."

The level of grant funding expanded from \$35,000 in 1969 to the \$4–5 million per year levels in the years 1979–84. In addition, \$3 million were donated to establish three endowed chairs.

Notwithstanding the vital contribution to medical science of the grants program, probably the most memorable of the Foundation's activities was the conference program directed initially by Dr. Peter Amacher, and in later years by Dr. Don Wheddon. A magnificent conference center was built at the ranch in the Santa Ynez mountains near Santa Barbara, California. Bob Kroc wisely applied his experiences at Gordon and Laurentian Hormone Conferences to the conduct of these

conferences. Scientific exchange was optimized by convening scientists in a beautiful location remote from any distractions, expecting full attendance at the twice-daily sessions held morning and late afternoon, and providing recreation in the afternoon as well as manorial accommodations. The published proceedings of these conferences constitute important addenda to medical knowledge.

Unfortunately, the activities of the Kroc Foundation end this year. Its legacy endures in the many scientific papers derived from research sponsored by the Foundation and in conference-generated symposia. The Kroc Foundation has been a paragon of the philanthropic potential of entrepreneurial

enterprise. No government agency could respond as rapidly to the need for grant support or take chances on innovative studies or young investigators as the Kroc Foundation did.

As a final gesture, the Foundation is disbursing \$3 million to various medical institutions to be used for the promotion of scientific exchange. We at DIABETES CARE feel a personal loss not only because the Editors have benefited from grant support and have attended conferences at the ranch, but because the Kroc Foundation provided a financial subsidy to the American Diabetes Association to help launch this journal in 1977.

EJS