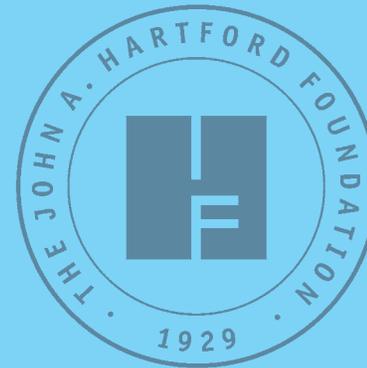


The John A. Hartford Foundation **CELEBRATING**  
**THIRTY YEARS OF AGING AND HEALTH**  
**2012 ANNUAL REPORT**





**The John A. Hartford Foundation  
2012 Annual Report**



The John A. Hartford Foundation  
[www.jhartfound.org](http://www.jhartfound.org)

“It is necessary  
to carve from the  
whole vast spectrum  
of human needs one  
small band that  
the heart and mind  
together tell you is  
the area in which you  
can make your best  
contribution.”

THIS HAS BEEN THE GUIDING PHILOSOPHY of the Hartford Foundation since its establishment in 1929. With funds from the bequests of its founders, John A. Hartford and his brother George L. Hartford, both former chief executives of the Great Atlantic and Pacific Tea Company, the Hartford Foundation seeks to make its best contribution by supporting efforts to improve health care for older Americans.

## About the John A. Hartford Foundation

The mission of the John A. Hartford Foundation is to improve the health of older adults in the United States.

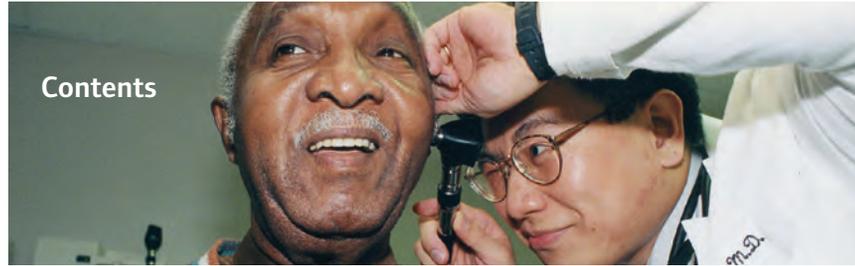
Based in New York City, the Hartford Foundation was founded in 1929 by the family owners of the A&P grocery chain. After an early history of funding pioneering biomedical research, for the last three decades the Foundation has been a champion of research and education in geriatric medicine, nursing, and social work. Today the Foundation pursues opportunities to put geriatrics expertise to work in all health care settings by:

- Advancing practice change and innovation;
- Supporting team-based care through interdisciplinary education of all health care providers;
- Supporting policies and regulations that promote better care; and
- Developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

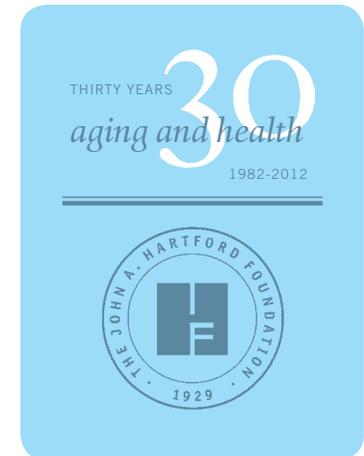
Recognizing that its commitment alone is not sufficient to realize the improvements it seeks, the John A. Hartford Foundation invites and encourages innovative partnerships with other funders, as well as public, non-profit and private groups dedicated to improving the health of older adults.



Contents



<b>Report of the Chairman and Executive Director</b>	4
<b>Trustees</b>	6
<b>Staff</b>	8
.....	
<b>John A. Hartford Foundation 2012 Annual Report: 30 Years of Aging and Health</b>	9
<b>The Greatest Good: Evolution in Grantmaking</b>	10
<b>Early History of the John A. Hartford Foundation (1929-1978)</b>	11
<b>Health Care Cost and Quality (1979-1994)</b>	12
<b>Aging and Health (1982-present)</b>	13
The Unique Needs of Older Adults	14
Addressing the Looming Health Care Crisis	14
Exploring Issues and Testing Solutions	17
Refining the Vision and Broadening Strategies	18
Ensuring Success of Established Programs	26
A New Direction in Aging and Health	29
<b>Aging and Health: Thirty Year History</b>	30
<b>Conclusion</b>	78
.....	
<b>2012 Aging and Health Grants</b>	80
<b>Financial Summary</b>	81
Summary of Active Grants	82
<b>Application Procedures</b>	88



## Report of the Chairman and Executive Director

WE ARE PLEASED TO PRESENT the John A. Hartford Foundation's 2012 Annual Report. This report, celebrating 30 years of improving the health of older Americans through the Foundation's Aging and Health program, is dedicated to all the staff and Trustees whose vision it was to forge a new direction in grantmaking, as well as to their successors and numerous grantees who have committed themselves to this vital mission. This work has addressed many specific needs over the years, always adhering to John Hartford's belief of doing, "the greatest good for the greatest number,"—a theme that is repeated throughout this report and which led to the Foundation's focus on the growing aging population in the United States. The last 30 years have been a time of supporting and nurturing geriatrics, a field in health care that was little known and underappreciated. The dedicated staff and Trustees of the Foundation had the foresight to recognize the needs of future generations of this age group.

With the first of the "Baby Boom" generation now entering retirement age and needing specialized care, the focus of the Foundation's work is shifting from the academic capacity building, "upstream" phase of the last 30 years to "downstream" work focused directly on changing health care practice. With a rapidly changing health care system, the time has come to act and use the geriatrics expertise and resources that we have nurtured over the years. A successful strategic planning process was completed in 2012 to address these environmental changes—both political and demographic—the result of which we believe will enable us to have the greatest impact for the population we are trying to serve.

### *A Year of Transition*

In 2012, with an eye toward the future envisioned in our strategic plan, the Foundation awarded final renewal grants to our discipline-focused scholar and center programs, including the National Hartford Centers of Gerontological Nursing Excellence and the National Center on Gerontological Social Work Excellence at the Gerontological Society of America; the National Center

for Gerontological Social Work Education at the Council on Social Work Education; as well as the Paul B. Beeson Career Development Awards in Aging Research, the Medical Student Training in Aging Research (MSTAR) Program, and the Centers of Excellence in Geriatric Medicine and Training National Program Office at the American Federation for Aging Research. These legacy grants, totaling just over \$25.3 million, will provide the programs with time and resources to find alternative sources of support or complete their work.

The Trustees also approved the first grants supporting our new strategic direction, which places more emphasis on practice. The Practice Change Leaders for Aging and Health Program based at the University of Colorado Denver, which grew out of the Practice Change Fellows Program and is co-funded by The Atlantic Philanthropies, received \$1.5 million over three years to develop 30 leaders in medicine, nursing, and social work. Another new grant to that university for \$766,377 over three years will help expand dissemination of the Care Transitions Intervention model by supplying technical assistance products and training services to more than 180 health care organizations nationwide.

In partnership with long-time grantees at the University of Washington's Advancing Integrated Mental Health Solutions (AIMS) Center, the Foundation was awarded \$2 million over two years (with a planned \$1 million renewal for a third year) from the Social Innovation Fund of the federal Corporation for National and Community Service. The Foundation will match the federal award dollar for dollar and has already made a \$1.5 million award to the AIMS Center for technical assistance and support. The balance of the funds will be used to enable five to eight community health clinics in the states of Washington, Wyoming, Alaska, Montana, and Idaho to implement the evidence-based IMPACT depression care model and treat as many as 8,000 patients.

Beyond our grantmaking, the Foundation released two national polls during 2012, exploring important issues regarding the quality of health care for older adults while also helping to raise awareness of the Foundation and its mission. Our first poll, released in April, looked at whether Americans age 65 and older had, in the past 12 months, received seven important medical services to support healthy aging. The poll found significant and troubling gaps in primary care. The Foundation's second national poll, which was conducted later in the year, found that a large majority of older Americans with depression, anxiety, or other mental health disorders are receiving treatment that does not meet evidence-based standards, and many do not know that depression can put their health at increased risk. In the coming year, the Foundation will continue to conduct polls and related efforts designed to educate practice and policy leaders about critical issues in the care of older patients.

#### *Financial Report*

The Foundation's endowment ended 2012 at approximately \$514 million, representing a net increase of \$36 million after disbursement for grants and expenses during the year. The Foundation's portfolio continued its positive momentum in 2012 with a gain of 12.7 percent, far outpacing the rate of the Foundation's spending plus inflation as well as beating the median of 121 peer foundations and endowments in the Northern Trust universe. In the summer of 2012, the Foundation selected Goldman Sachs as its investment advisor to assist in redeveloping its investment portfolio across a wider array of asset classes and strategies. Through this new relationship, the Foundation has gained access to the firm's extensive global resources, intellectual capital, and proprietary risk management capabilities. We believe that Goldman Sachs has the breadth and depth of financial expertise to guide us through a rapidly evolving financial landscape and to further enable the Foundation to achieve its long-term investment objectives.

#### *Transitions at the Foundation*

While it has been a year marked by notable changes, we have enjoyed enviable stability on our Board of Trustees and staff. We would like to welcome Ann E. Raffel, who joined us as Information Technology Officer in 2012.

As we reflect on the year just past, we are filled with gratitude for the dedication and hard work of our Board of Trustees, staff, and grantees. And we are confident that the course on which we have embarked regarding our strategic planning will lead to the Foundation's ability to have a more direct impact on the quality of health care for our rapidly aging population. We emerge from this year of transition energized and focused on our common goal of working to improve the health of older adults.



Norman H. Volk  
Chairman



Corinne H. Rieder  
Executive Director and Treasurer





(Left to right) Seated: Lile R. Gibbons, Norman H. Volk, Margaret L. Wolff, John H. Allen. Standing: William T. Comfort, Jr., Audrey A. McNiff, John R. Mach, Jr., MD, Christopher T.H. Pell, John J. Curley, Barbara Paul Robinson, Charles A. Dana, Kathryn D. Wriston

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WILLIAM T. COMFORT, JR.

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AUDREY A. MCNIFF

CHRISTOPHER T. H. PELL

BARBARA PAUL ROBINSON

MARGARET L. WOLFF

JAMES D. FARLEY

CHAIRMAN EMERITUS

## Staff



(Left to right) Seated: Corinne H. Rieder, Nora OBrien-Suric, Francisco J. Doll, Amy J. Berman, Marcia E. Brown, Hua “Eva” Cheng.  
Standing: Benita B. Cox, Rutuma M. Gandhi, Christopher A. Langston, Rachael A. Watman, Marcus R. Escobedo, Walfrido B. Patawaran, Jessica L. White, Julianne N. McLean, Ann E. Raffel

**CORINNE H. RIEDER**  
EXECUTIVE DIRECTOR AND TREASURER

**HUA “EVA” CHENG**  
FINANCE DIRECTOR AND CONTROLLER

**CHRISTOPHER A. LANGSTON**  
PROGRAM DIRECTOR

**AMY J. BERMAN**  
SENIOR PROGRAM OFFICER

**MARCIA E. BROWN**  
EXECUTIVE ASSISTANT

**BENITA B. COX**  
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**FRANCISCO J. DOLL**  
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**NORA OBRIEN-SURIC**  
SENIOR PROGRAM OFFICER

**WALFRIDO B. PATAWARAN**  
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**ANN E. RAFFEL**  
INFORMATION TECHNOLOGY OFFICER

**RACHAEL A. WATMAN**  
SENIOR PROGRAM OFFICER

**JESSICA L. WHITE**  
GRANTS AND EVALUATIONS COORDINATOR



THIRTY YEARS

# aging and health

# 30

1982-2012

*This annual report  
celebrates the  
accomplishments over  
the past thirty years  
of the John A. Hartford  
Foundation.*

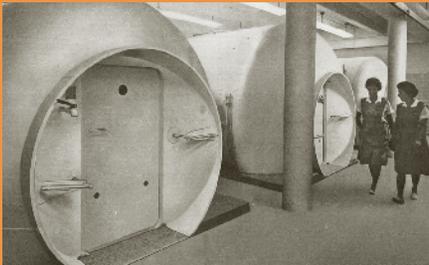


## > *the greatest good: evolution in grantmaking*

FROM ITS FOUNDING more than 80 years ago, the John A. Hartford Foundation has boldly tackled pressing social needs, funding research and programs that have revolutionized medicine and shaped the delivery of health care. This Annual Report celebrates the Foundation's Aging and Health program, which for the past 30 years has been improving the health of older Americans.

Following the principles of leadership, partnership, and engagement with unwavering commitment, the Foundation's Board of Trustees and staff have seized every opportunity to maximize the transformational impact of its grantmaking. As the only national philanthropy with a single focus on aging and health, the Hartford Foundation has worked tirelessly to create a more highly skilled workforce and better designed health care system. Along the way, it has learned from the programs and people it funded, refined its strategies and programs, and helped the field mature.

From 1982 to 2012 the Foundation awarded 560 Aging and Health grants worth \$451 million. As a result, a large and growing group of researchers, clinicians, and educators have gained expertise in aging issues. Foundation-supported research is changing the face of service delivery, helping doctors, nurses, and social workers learn multidisciplinary approaches to best care for older adults. New professional and governmental standards have been developed that help ensure quality geriatric care.



Early Medical Grants

Early grants from the Hartford Foundation funded innovative medical advances, including kidney transplantation, cardiac resuscitation, non-invasive cataract surgery, hyperbaric chambers (above), a left ventricular assist device (a partial artificial heart), and laser eye surgery, among others.

## Early History of the John A. Hartford Foundation (1929-1978)

John A. Hartford was President of the Great Atlantic and Pacific Tea Co., known later as the A&P supermarkets. Throughout the early 20th century, he and his brother George L. Hartford, A&P's Chairman, transformed their father's small grocery chain into a behemoth enterprise, pioneering modern consumer experiences such as large chain stores and store-brand products.

In 1929, the A&P grocery chain became the largest retailer in the world, achieving \$1 billion in annual sales—the first retail merchant ever to reach this milestone. In the same year, John A. Hartford established the Foundation that bears his name. At first, it served as Hartford's personal vehicle for charitable giving to churches, relief agencies, and hospitals.

After the brothers' deaths in the 1950s, A&P stock contributions from their estates made the Hartford Foundation the fourth largest philanthropy in the country. The Foundation Trustees then embarked on an ambitious course of funding biomedical research, guided by John Hartford's request that it strive always to "do the greatest good for the greatest number." The Foundation became the largest private, not-for-profit supporter of clinical research in the United States, playing a role the federal government would eventually take on with the National Institutes of Health.

The Hartford Foundation funding brought about important advances in modern medicine, including pioneering technologies and treatment innovations for organ transplantation, kidney dialysis, heart disease, non-invasive cataract surgery, and cancer, among others.

By the 1970s, A&P stock declined in value. That meant the Foundation had less money at a time when advances in technology made funding medical research increasingly expensive. Meanwhile, the National Institutes of Health had begun supporting medical research on a scale that dwarfed the contributions of foundations, diminishing the influence of private funding.

***In its early days, the Hartford Foundation was the largest private, not-for-profit supporter of clinical research in the United States.***

The Hartford Foundation began to wind down its biomedical research projects in the late 1970s and investigated new areas of giving where it could have the most impact possible. For its last effort in biomedical research, the Foundation inaugurated the John A. and George L. Hartford Fellowship Program in 1979 to promote the career development of young physicians and encourage more of them to embark on research careers. One notable recipient was the young investigator Francis S. Collins, MD, PhD, who received funding to pursue his genetics research. Dr. Collins later led the Human Genome Project and is currently director of the National Institutes of Health.



TIME, Nov. 13, 1950

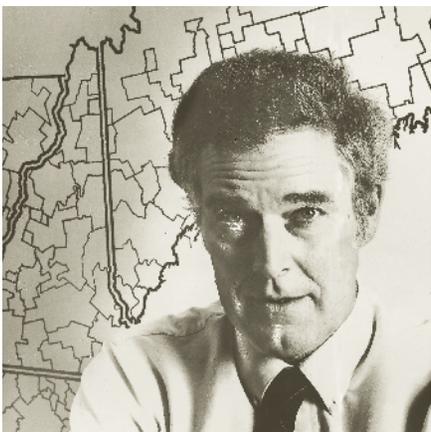
“One great foundation in America, early and almost alone, heavily supported the investigation and development of the principle on which microneurosurgery has been built. No one involved in microneurosurgery today has not profited from that investment. The Foundation sought no glory and has received none... but, nonetheless, is entitled to our silent gratitude.”

**Raymond M.P. Donaghy, MD**  
Director of Neurological Research  
Medical Center Hospital of Vermont  
Professor Emeritus of Neurosurgery  
College of Medicine  
University of Vermont

### Health Care Cost and Quality

(Below, top) John E. Wennberg, MD, MPH, at the Dartmouth Institute for Health Policy and Clinical Practice identified geographic variations in the way physicians treat similar conditions. He found that higher costs do not necessarily produce better outcomes for patients.

(Below, bottom) Dr. Wennberg and his colleagues created computer-controlled videos to help patients consider the risks and benefits of different treatment options. A doctor and patient review a prototype video.



As the Trustees considered new interest areas, they kept in mind a piece of advice John Hartford had handed down: “It is necessary to carve from the whole vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution.”

Because of the Foundation’s long history of supporting groundbreaking work in medicine, the Trustees believed that health care remained the arena in which the Foundation could make its best contribution. Two health program areas ultimately prevailed. In 1979, the Foundation began its Health Care Cost and Quality program, and in 1982, the Foundation launched the Aging and Health program—its current and only focus.

### Health Care Cost and Quality (1979-1994)

As rising health care costs grew into a major public concern in the 1970s, the Hartford Foundation responded with funding initiatives in Health Care Cost and Quality. These initiatives supported innovative models of reimbursement, as well as cost containment systems such as HMOs. Later, the Foundation would widen its focus to include the delivery of high-quality care within these cost-saving models.

By the mid-1990s, Congress defeated White House plans to overhaul the U.S. health care system and political and economic conditions proved resistant to change. As a result, the Foundation Trustees re-evaluated their funding strategy and decided to end work in Health Care Cost and Quality, while expanding the Aging and Health program. A number of successful cost and quality projects would either have enduring impact or live on in the Aging and Health program. For example:

- A grant to Donald M. Berwick, MD, a future administrator of the Centers for Medicare and Medicaid Services, helped launch the Institute for Healthcare Improvement (IHI). This organization has become a major force in health care delivery reform. IHI has mobilized 100,000 individuals in quality improvement work and developed the “triple aim” framework for increasing quality and patient satisfaction, improving population health, and reducing costs. Dr. Berwick’s idea for IHI proved so popular among health systems interested in improving quality and safety that he offered to return the Foundation’s start-up funds (an offer not accepted).
- A grant project headed by John E. Wennberg, MD, MPH, at the Dartmouth Institute for Health Policy and Clinical Practice, examined variations in physicians’ practices in areas across the country as a way to understand rising health care costs. This work continues to be significant today. Geographic variations in Medicare expenditures have focused policy makers’ attention on reducing “hot spots” of high cost/low quality care and helped frame much of the debate for the 2010 passage of the Affordable Care Act.

- An organization called On Lok, in San Francisco, CA, created a cost-saving model of health care delivery more generally known as the Program of All-Inclusive Care for the Elderly (PACE). The program provides services to older adults that allow them to continue living independently. Today PACE is an effective model for integrating Medicare and Medicaid financing and high-quality care delivery for poor, frail older adults (see page 34). One of the original project leaders, Jennie Chin Hansen, RN, is now the CEO of the American Geriatrics Society, a current Foundation grantee.
- Paul D. Clayton, PhD, a national leader in health informatics innovation (then at Columbia University), received Hartford funding to explore information technology in the delivery of care and maintenance of patient health records. Dr. Clayton subsequently received a grant under the Foundation’s Aging and Health program to use health information technology to create innovative primary care service delivery to elders. Dr. Clayton also mentored David A. Dorr, MD, MS, a geriatrician and health care informaticist, who continues to refine and spread the model (see Care Management Plus, page 62).

### Aging and Health (1982-present)

For the second funding area, Aging and Health, the Trustees and staff looked to the future and discovered a looming but largely unacknowledged problem of profound significance—the rapidly growing population of older adults.

*Seeing the coming “demographic imperative,” in 1982 the Foundation launched its Aging and Health program—its current and only focus.*

“In 1982, the Trustees and program staff undertook a strategic planning process in which the program staff suggested we look at the demographic imperative,” says Norman H. Volk, a Trustee of the Hartford Foundation at the time and now Chairman. Longer life expectancies and the huge increase in births after World War II (the “baby boomers”) would dramatically increase the number of adults over age 65. The number of people age 85 and older was projected to grow even faster.

While longer lives would allow Americans to enjoy more time and freedom than ever, maintaining their independence would require them to rely more and more on adequate care for increasingly complex health and social needs. The Trustees and program staff recognized that these trends would have profound implications for the country and its unprepared health care system.

““ The nation was totally unprepared for the coming age-wave of older adults. We wanted to explore how we could improve the care of older adults in the United States.”

Donna I. Regenstreif, PhD  
Senior Program Officer (1987–2005)  
The John A. Hartford Foundation

The number of older adults will double to 70 million between 2005 and 2030

“The Hartford Foundation has been the most significant investor in assuring better quality of care for older adults and a quality workforce.”

Jennie Chin Hansen, RN, MS  
CEO  
American Geriatrics Society

In the course of a year, seniors with multiple chronic illnesses make, on average, 37 visits to 14 different physicians, who write 50 separate prescriptions

### The Unique Needs of Older Adults

Older adults are not simply older versions of young adults. They have unique and often complex needs related to the physiological, psychological, cultural, and social factors involved in aging. Many health issues that appear rarely in younger adults become common with age. Vision and hearing loss, arthritis, high blood pressure, heart disease, and cognitive impairment are just a few of many examples. Furthermore, these conditions often occur in combination. Older adults are far more likely than younger people to have multiple chronic illnesses, take several medications, and require assistance with activities of daily living. Per capita, older adults utilize more health care services than any other age group.

While modern health care offers the promise of allowing older people to control and cope with these conditions while preserving quality of life, all too often the health care system and providers fail to deliver on that promise. Health care typically focuses on treatment of individual diseases, which means that older adults with multiple health conditions often see several specialists in different settings—and as a result receive care that is neither coordinated, comprehensive, nor centered on their individual needs.

### Addressing the Looming Health Care Crisis

In consultation with experts on aging such as Robert N. Butler, MD, founding director of the National Institute on Aging, and then Chairman of the Department of Geriatrics at Mount Sinai School of Medicine, the Trustees and staff identified the most important health care challenges facing older adults. There were four: (1) fragmentation of health and social services, (2) accelerated growth in health care costs, (3) lack of medical personnel with a special interest and training in geriatric care, and (4) limited resources available for aging-related medical research.

“At that time there was abysmal capacity in the teaching institutions of physicians, nurses, and social workers in issues related to aging,” says Mr. Volk. “Geriatrics in most of these institutions did not even have a place at the table.”

William R. Hazzard, MD, a pioneer in the field of geriatrics, wrote that, prior to 1978, “...there were no trained geriatricians; no geriatrics faculty to develop model geriatrics care programs, train geriatricians, educate medical students, residents, or practicing physicians, or conduct aging-related research. There was no recognition as a specialty by the American Board of Internal Medicine and no designated training programs for faculty development or clinical geriatrics training.”

No other foundation at the time was paying adequate attention to the aging of the population. Today, the Hartford Foundation is still the country’s largest private foundation focused only on aging and health.

## Trustees Decide to Act

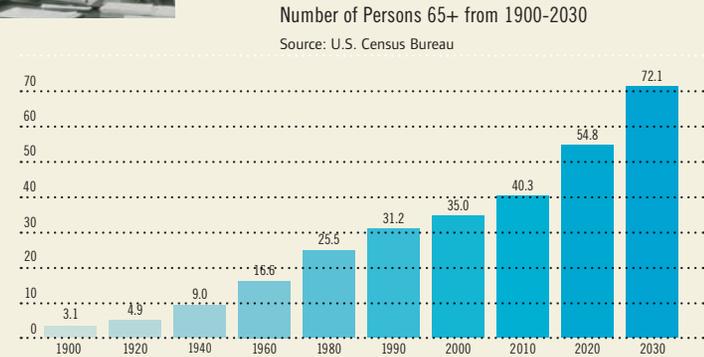
The Hartford Foundation Trustees chose to focus on Aging and Health at a time in the early 1980s when few others were paying attention to the shift in demographics toward a growing population of older Americans. As the Trustees examined dozens of possible areas for grantmaking, they recognized that the health care system was woefully unprepared to provide high quality care for present and future generations of older Americans.



(Above and below) Hartford Foundation Board meeting minutes.



(Above and below) Hartford Trustees at Board meetings discuss the new Aging and Health program.



(Above) Demographics chart that influenced the Board.

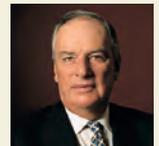
One of the most significant factors affecting American society in the coming decades is the aging of the nation's population. Because of longer life expectancies and the steady decline of the infant mortality rate over the past 50 years, the number of persons over age 65 is expected to increase 40% by 2000 and another 60% by 2025. The population group of those 85 and older is projected to grow even faster, with a startling 91% increase expected by the year 2000.

This enormous growth in the numbers of older people will clearly have important economic and social implications. The problems of the Social Security system (largely due to the change in the ratio of those paying Social Security taxes and those receiving benefits) have already reached the level of national consciousness. The effect of an aging population on already weakened family ties, on social programs, housing patterns and consumer demand is just beginning to receive significant attention.

In the field of health, the implications of the growing number of older people are profound. The elderly, of course, are among the highest utilizers of care. Those over age 65 currently constitute 13% of the population, but account for 30% of total home costs. Although somewhat

“Hartford’s historic interest in health, the projected growth of older Americans, and the fact that no other foundation was focused on improving their health care, led Hartford’s Trustees to choose aging and health as the area in which the Foundation could make its best and most lasting contribution.”

James D. Farley  
Chairman Emeritus  
The John A. Hartford  
Foundation



James D. Farley

(Right and below) Various Board meeting site visits to: the Johns Hopkins University Bayview Medical Center extended care facility in Baltimore, MD, and the Cold Spring Harbor Laboratories in Cold Spring Harbor, NY.



U.S. National Health Expenditures as a Share of Gross Domestic Product (GDP), 1960-2021



Source: Centers for Medicare and Medicaid Services

Projected US National Health Care Expenditures

Hartford Trustees Serving on the Board Between 1982 and 2012

	JOINED	RETIRED
Harry B. George	1958	1987
Robert H. Mulreany	1963	1996
Byron Jay	1965	1989
Matthew E. Welsh	1969	1993
Leonard Dalsemer	1973	1988
Perry Gresham, MD	1973	1989
William Corbus	1977	1992
James D. Farley	1977	2005
Michael D. Dingman	1979	1999
Birny Mason, Jr.	1979	1989
Norman H. Volk	1979	
Nuala Pell	1980	2000
Charles Moeller, Jr., MD	1982	1990
Richard A. Cramer	1984	1993
Charles E. Murphy, Jr.	1984	1998
Alexander M. Laughlin	1986	2000
Kathryn D. Wriston	1991	
Thomas A. Reynolds, Jr.	1992	2004
Anson McC. Beard, Jr.	1995	2011
William B. Matteson	1996	2004
James G. Kenan III	1998	2011
Christopher T.H. Pell	1999	
William T. Comfort, Jr.	2000	2013
John J. Curley	2004	
Margaret L. Wolff	2004	
John H. Allen	2006	
Barbara Paul Robinson	2006	
Lile R. Gibbons	2008	
Charles A. Dana	2011	
John R. Mach, Jr., MD	2011	
Audrey A. McNiff	2011	

Former Executive Directors

John Billings	1981-1983
Stephen C. Eyre	1984-1997

## Exploring Issues and Testing Solutions

The early years of funding in Aging and Health represented a period of experimentation. The Foundation Trustees and staff had identified the foremost challenges in the health care system, but the most effective methods for addressing them were not yet clear. Several small one- and two-year grants were made for a variety of programs in three areas: geriatrics training, assessment of older adults, and community-based care of older adults.

### *Building the field of geriatric medicine*

In the early 1980s, several of the nation's medical schools created training programs in geriatric medicine, but a lack of fully trained geriatricians to serve as faculty frustrated their efforts. The Hartford Geriatric Faculty Development Awards were created to encourage mid-career medical school internal medicine faculty to pursue advanced training in geriatrics to fill these positions (see page 32).

Supporting one individual at a time, however, could not possibly meet the pressing challenges of building up academic geriatric medicine programs across the country. A more robust, institution-based approach made more sense. With support from the Foundation, the Institute of Medicine convened a group of leading experts in the field to formulate a national strategy for strengthening academic geriatrics. The group was led by John W. Rowe, MD, then Director of Harvard Medical School's Division on Aging. They recommended concentrating resources on leading geriatrics programs. These "centers of excellence" would train academic geriatricians.

The Academic Geriatrics Recruitment Initiative funded ten medical schools with outstanding divisions of geriatrics to encourage medical students and practicing physicians to become academic geriatrics faculty members. "We were not focused on producing geriatricians," says Richard S. Sharpe, Program Director of the Hartford Foundation from 1985 to 1995. "We wanted to produce the trainers of the geriatricians." This program grew and evolved over the years as more medical schools became centers of excellence. The "train the trainers" concept has been used repeatedly in other Foundation initiatives.

### *Assessing and addressing the unique needs of older adults*

Early grants in Aging and Health were also aimed at changing health care delivery to assess and address the specific needs of older adults. For example, the Foundation concentrated on addressing their medication challenges (see page 33). This led to the creation of the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. The Beers Criteria remain in wide medical use today, protecting older patients from medications that can cause adverse reactions or dangerously interact with one another.

“The contribution of the Hartford Foundation in putting geriatrics and gerontology on the map has been monumental. It is emblematic of what foundations should be doing in the sense of changing the field for the benefit of older Americans.”

Claire M. Fagin, PhD, RN  
Former Dean  
School of Nursing  
University of Pennsylvania

Older adults receive only **30%** of recommended care for geriatric syndromes (e.g. dementia, incontinence, falls)

“The Hartford Foundation is willing to invest in really good ideas or people whom they trust and allow them to take some liberty. That’s how you change things.”

David B. Reuben, MD  
Chief of the Division of  
Geriatric Medicine  
Director  
Hartford Center of Excellence  
University of California,  
Los Angeles

By this time, the Trustees and staff had decided to be even more strategic in their grantmaking. Rather than sift through many applications to find and fund the best ones, the Foundation began to hand-craft its grants and co-design proposals with applicants who had been invited after a careful vetting and strategic assessment.

#### *Two areas of grantmaking defined*

By the late 1980s, the three areas of grantmaking had narrowed to two: increasing the supply of academic geriatricians through the centers of excellence and improving delivery of health care services to older adults. “We felt it was important to focus on both training and services,” says Donna I. Regenstreif, PhD, Senior Program Officer of the Hartford Foundation from 1987 to 2005. “You could train someone superbly and then send them out into the world, and they would die on the vine; and if you focus exclusively on service and have nobody trained adequately to provide those services, that won’t work either.”

#### ***The Foundation ultimately focused on training health care professionals and improving health care services for older adults.***

One way to make an immediate impact on the health of older adults is to improve their hospital care. Starting in 1992, the Foundation provided a series of grants under the Hospital Outcomes Program for the Elderly (HOPE) initiative to alleviate the negative effects of hospitalization and emergency care on older patients. A model that equips nurses with the knowledge and tools to improve care for hospitalized older adults and another to create specialized units for elders were funded under this program, and both continue today (see page 37).

#### **Refining the Vision and Broadening Strategies**

Ten years after launching the Aging and Health program, the Hartford Foundation refined its vision and strategies still further. The two program areas were renamed and broadened into 1) academic geriatrics and training and 2) integrating and improving health care services for older adults.

The Foundation also moved beyond geriatric medicine to work with other specialists (see pages 39 and 40) and later engaged with two other professions—nursing and social work. Grants to improve health care services increasingly focused on models of coordinated team care. The Foundation began investing larger amounts into faculty development awards and also funded efforts to add aging curricula into schools of social work, nursing, and medicine (see pages 52, 60, and 61).

At the same time, the Foundation became more sophisticated in its strategic planning and organizational development and engaged funding partners to help amplify the impact of its programs. Corinne H. Rieder, EdD,

Executive Director and Treasurer of the Hartford Foundation, led a strategic planning process in 1996 to assist the Trustees in their decision-making with regard to future grants. As a result of the strategic plan, Trustees and staff took more ownership in the development of a comprehensive grantmaking program. The Trustees encouraged staff to increase the size and duration of grants to ensure projects would make a substantial impact—in keeping with the Foundation’s principles of partnership, engagement, and commitment.

*Reaching beyond geriatric medicine to specialist physicians*

While all physicians in training are required to have a clinical rotation in pediatrics, few other than pediatricians will ever treat children again. Most, however, will care for older adults, but without adequate training. The Foundation therefore made grants to the American Geriatrics Society in the early 1990s to increase geriatric content in physician training for surgeons and related specialists and subspecialists in internal medicine (see pages 39 and 40); these grants continue today.

***The Trustees encouraged staff to increase the size and duration of grants to ensure projects would make a substantial impact.***

When the Health Care Cost and Quality program ended in 1994, all of the Foundation’s grantmaking resources were available to fund Aging and Health initiatives and larger grants were now feasible. These included a 1994 \$7.9 million grant to the American Federation for Aging Research, which, with co-funding from other partners, would create the Paul B. Beeson Physician Faculty Scholars in Aging Research Program (see page 42). These prestigious career development awards for physicians from all specialties develop outstanding junior faculty as leaders in academia. This model was replicated in various forms over the following years in medicine, nursing, and social work.

*Improving health care services and investing in team training*

The Hartford Foundation also began to address fragmentation in the health care system by supporting models to improve coordination of care among providers across disciplines and settings.

Through the 1992 Generalist Physician Initiative, for example, nursing and social work staff joined primary care practices (see page 38). One of the most promising of the initiative sites was the Carle Clinic Association, in Champagne, Illinois. Ultimately, the site was selected to participate in the national Medicare Coordinated Care Demonstration project authorized by the Balanced Budget Act of 1997, helping to inform national efforts in health care delivery reform.

“Philanthropy and foundations can really change the direction of a field, and the Hartford Foundation changed the field of aging and health by working with grantees, creating partnerships, and evolving programs.”

John R. Burton, MD  
Professor of Medicine and Director  
Johns Hopkins Geriatric  
Education Center  
School of Medicine  
Johns Hopkins University

Older adults represent **44%** of outpatient visits to primary care physicians

“*The Hartford Foundation has changed the face of social work education so that the faces of older adults are more visible. It really has been transformative.*”

Nancy R. Hooyman, PhD, MSW  
Dean Emeritus  
School of Social Work  
University of Washington

The Generalist Physician Initiative showed that the skills necessary for effective team work were sorely lacking in the health professions. This lesson helped shape subsequent programs, such as the Geriatric Interdisciplinary Team Training (GITT) initiative (see page 46). With GITT, the Foundation hoped to support team training models at academic institutions that would be widely replicated. However, many sites discontinued their programs after grant funding ended.

The failure to make lasting, widespread change was largely due to an entrenched academic culture and a lack of demand from the health care practice environment for team training. Today, national interest in educational programs for team-based collaborative medical practice has resurfaced.

#### *Expanding the reach to geriatric nurses and social workers*

The Generalist Physician Initiative and GITT also revealed substantial knowledge gaps among nurses and social workers involved in the care of older adults. Because nurses, among all health care professionals, have the most patient contact, they exert a major influence on the quality of care older patients receive. Recognizing this, the Foundation started what would become a 10-year, \$10 million commitment to advance geriatric nursing with the creation of the John A. Hartford Foundation Institute for Geriatric Nursing at New York University (see page 48). In the next decade, the Institute would lead the country in producing clinical tools and resources for all nurses caring for older adults.

The Hartford Foundation made its first commitment to geriatric social work in 1999, with the launch of the Geriatric Social Work Initiative (see page 52). For older adult patients with complex care needs, navigating the fragmented, poorly coordinated health care and social service systems can be daunting. Few older adults and their family members understand all the appropriate services available and how they interconnect. Social workers play a unique role among health care providers by taking into account how physical, psychological, and socioeconomic factors interact to impact all aspects of a person’s health and quality of life.

#### *Developing expert faculty leaders*

Throughout the late 1990s, the Foundation maintained its commitment to academic medicine. In 1997 the Trustees approved a “reboot” of the Academic Geriatric Recruitment Initiative, which had ended in 1994. It became the Centers of Excellence in Geriatric Medicine program, with 13 medical centers participating. The number of centers eventually expanded to 28, supporting hundreds of junior faculty with geriatrics expertise (see page 50).

“By funding academic physicians at virtually every level of the pipeline—getting medical students interested in geriatrics, providing fellows and junior faculty protected time to develop research or educational programs,

and helping senior faculty develop new curriculum and clinical programs—the Hartford Foundation has been instrumental in legitimizing the field of geriatrics,” says David B. Reuben, MD, Director, Multi-campus Program in Geriatric Medicine and Gerontology and Archstone Foundation Chair and Professor at the David Geffen School of Medicine at UCLA.

In 2000, the centers of excellence concept was applied to schools of nursing. In the Building Academic Geriatric Nursing Capacity (BAGNC) initiative (see page 58), the Foundation provided grants to establish five Centers of Geriatric Nursing Excellence. Eventually, it would fund a total of nine to recruit and train outstanding geriatric nursing faculty.

***The Foundation moved beyond geriatric medicine and engaged with other medical specialists and the critical professions of nursing and social work.***

During those years, the Foundation also launched several large faculty career development award programs. These included pre- and post-doctoral scholarships for academic nurses (see page 58), faculty scholar and doctoral fellow programs for academic social workers (see page 56), and faculty scholars programs for surgeons and related medical specialists, as well as specialists in the subfields of internal medicine (see page 40).

The centers of excellence and faculty development initiatives, along with other Foundation initiatives, nurture leaders who will transform health care. Beyond geriatrics clinical and research training, faculty scholars need leadership skills, mentorship, and peer networking to propel them into positions of influence in their academic institutions and the broader field.

The large faculty development initiatives, along with programs in the area of integrating and improving health care services for older adults, extended the geographical reach of Hartford-funded programs to more states across the country. Today, Hartford Foundation initiatives are improving the health of older adults in all 50 states.

*Preparing health professionals through competency and curricular development*

The Foundation’s efforts in faculty development began to pay off. During the first decade of the new century, geriatrics programs were growing stronger in many academic institutions. An increasing number of faculty with aging expertise were available to teach. Research established evidence-based practices in nursing, social work, and medicine. More leaders were emerging in the three disciplines, and they were mentoring younger colleagues to become future leaders in geriatrics. Aging-focused researchers looking for potential collaborators had a large and growing family of Hartford-funded colleagues to draw upon.

There are only  
**4** geriatricians  
per 10,000 adults  
over age 70 in the  
U.S.

“As a Trustee, I’m proud that we stayed the course in aging and health over the years. Because of that we created credibility that resonated with other funders...which has amplified our ability to build capacity in aging and health.”

Norman H. Volk  
Chairman  
The John A. Hartford Foundation

86% of older adults have at least one chronic medical condition, 50% have two or more

One indication of the Hartford Foundation’s impact is the increased nurse attendance at the annual meeting of the Gerontological Society of America. Mathy D. Mezey, EdD, RN, a founder of the Hartford Institute for Geriatric Nursing, recalls attending the annual meeting’s special interest group for nurses 15 years ago when a handful of nurses sat around a small table sharing a box of crackers. Today, the special interest group meeting is standing room only, as hundreds of nurses with an interest in geriatrics attend.

Despite these indications of growing interest in the field, however, it was also clear that there would not be enough geriatric specialists in any of the disciplines to meet the impending need. Therefore, it became even more important that all health care professionals, no matter their specialty, learn how to care for their older adult patients.

Making sure faculty with aging expertise were available to teach geriatric content was essential but not sufficient. The Foundation also worked with professional associations and accrediting bodies to identify core competencies and make aging-focused content available, accessible, and mandatory. In addition, programs and materials were created to teach generalist faculty in nursing (see page 60), social work (see page 52), and medicine (see page 61) to use curricular materials with an aging focus.

***It became even more important that all health care professionals learn how to care for the older adults they would treat in clinical practice.***

#### *Magnifying the impact of grantmaking through partnerships*

In the 1990s and early 2000s, the Hartford Foundation had launched bold initiatives with ambitious goals, while working with an endowment that was greatly diminished from its heyday in the 1950s and 1960s. The challenge for the Foundation’s small staff was to take relatively modest amounts of grant money and bring about change to the large and complex health care system.

The Foundation believes that even small sums of money invested with the right institutions at the right time can have a profound impact, especially if the funds are leveraged through partnerships. The Trustees and program staff have continuously sought to collaborate with communities, institutions, other funders, and the government to leverage Foundation dollars.

“As a Trustee, I’m proud that we stayed the course in aging and health over the years,” says Norman H. Volk, current Chairman of the Board of Trustees. “Because of that we created credibility that resonated with other funders. We were able to attract other foundations like The Atlantic Philanthropies, the Robert Wood Johnson Foundation, the Donald W. Reynolds Foundation, and many others, which has amplified our ability to build capacity in aging and health.”

## Staff and Trustees Engage with Grantees

The program staff of the Hartford Foundation actively collaborate with grantees to create and sustain initiatives with the greatest chance for success. The staff also stay fully engaged with the wider field of aging and health, constantly promoting the agenda of improving health care for older adults.



(Above and right) Foundation staff with Hartford Geriatric Nursing Initiative grantees.



(Below) Staff with physician leaders in the field of aging.



(Below) Board Chair Norman H. Volk and Hartford staff at a Leadership Conference for geriatric nursing fellows and scholars.



“We care about our grantees. We visit them every year. We go to their association and professional meetings. We participate in every way we can. That’s different from a foundation that just writes a check.”

**Corinne H. Rieder**  
Executive Director  
The John A. Hartford  
Foundation



(Above) Staff with leaders in geriatric social work.





(Right) Hartford staff on the road visiting grantees in Alaska and Iowa.



(Below and right) Hartford staff and Trustees visit with grantees in Washington, DC, in June 2010. They are joined by speakers including Former Vermont Governor and head of the Democratic National Committee Howard Dean (pictured center, below).



(Above and right) Staff and grantees at meetings of the Practice Change Leaders and Geriatric Nursing Leadership Academy.



In just the last decade, grantees and staff have leveraged approximately \$1.8 billion in external funding to support grantees and their projects. The Foundation currently has 86 funding partners, including foundations, nonprofit organizations, corporations, and federal agencies.

*The challenge for the Foundation's small staff was to take relatively modest amounts of grant money and bring about change to the large and complex health care system.*

*Organizational and staff development to create greater change*

During the late 1990s and early 2000s, the Hartford Foundation also began enhancing its organizational infrastructure. The program staff expanded to include health care professionals such as a psychologist, a nurse, and two social workers with training in gerontology.

Hiring health care professionals increased the Foundation's ability to influence the system. "The Hartford Foundation is unique in that the program officers have significant content expertise," says Hartford grantee Eric A. Coleman, MD, MPH, Professor of Medicine in the Division of Health Care Policy and Research at the University of Colorado, Denver. "They are a true value partner in this path toward improving the lives of older adults and the health care that they receive. That's a unique and distinguishing quality."

"The Hartford Foundation is very hands on," says Dr. Rieder. "We care about our grantees. We visit them every year. We go to their association and professional meetings. We participate in every way we can." By being active participants, the Hartford Foundation staff can better understand the nuanced aspects of academic nursing, social work, and medicine. This allows them to create more effective programs and to challenge the professions to make changes.

During this time, the Foundation put more emphasis on evaluation and monitoring. Typical grants are about \$1 million over a period of three to four years (and many significantly more). Most projects have at least one renewal award to take projects from proof of principle to large scale testing or from testing to dissemination. Therefore, grant proposals undergo a thorough process of review and revision to hone their logic, refine planned activities, and ensure that the budget is neither less than required nor more than needed. Lessons learned from the evaluation process are built into new grants.

““ The Hartford Foundation has a history of taking risks by providing early funding for programs. Part of their success comes from understanding that's where the breakthroughs come from.”

Eric A. Coleman, MD, MPH  
Professor of Medicine  
Division of Health Care Policy  
and Research  
University of Colorado, Denver

In 2011, the care of older Americans through Medicare and Medicaid accounted for **36%** of total health care spending (**\$962 billion**)

“The Hartford Foundation is distinctive because they make strategic investments for a long enough period of time for programs to achieve a level of impact and at times greatness. The duration and intensity of funding produces lasting results.”

W. June Simmons, MSW  
President and CEO  
Partners in Care Foundation

### Ensuring Success of Established Programs

Over the past decade, the Hartford Foundation continued to strengthen its strategies for funding people and programs that help improve health care for older Americans. It made renewal grants for many of its large initiatives. “The Hartford Foundation is distinctive because they make strategic investments for a long enough period of time for programs to achieve a level of impact and at times greatness,” says W. June Simmons, MSW, CEO, Partners in Care Foundation. “The duration and intensity of funding produces lasting results.”

Over this period, the Foundation’s work in improving and integrating services for older adults expanded in new directions and professions, and in collaboration with different partners. This included initiatives focused on family caregivers (see page 74) and direct care workers, such as home health aides (see page 68).

In 2006, the Foundation began supporting the relatively new field of palliative care and helped lead a consortium of new funders in support of the Center to Advance Palliative Care (CAPC) directed by Diane E. Meier, MD at Mount Sinai Medical Center (see page 67). Dr. Meier has been a powerful advocate of and contributor to the rapid growth of palliative care services in hospitals across the country.

Identifying and supporting leaders like Dr. Meier, as well as developing future leaders in geriatrics and gerontology, has been an important goal since the inception of the Aging and Health program area. Over the last decade, the Foundation expanded its leadership programs (see pages 70 and 72).

### *Dissemination and diffusion of proven models of education and practice*

Over the last decade, the Hartford Foundation has placed greater emphasis on the dissemination of proven models, both in clinical care and in education. The Hartford Foundation built dissemination strategies into grants to articulate the financial impact and benefits of new models of care and to make the case for adoption. When particular models of care prove successful, dedicated dissemination grants support and facilitate widespread uptake. In education, the Foundation partnered with national educational organizations to change training and competency requirements that would then create demand for new training models.

One of the most successful innovative models of care the Foundation has funded is a program to treat late-life depression more effectively in primary care settings (see page 55). A Hartford-funded clinical trial demonstrated that this interdisciplinary team care approach doubles the effectiveness of usual depression care at lower costs. With funds from a major dissemination grant and strategic work with a variety of partners, the IMPACT (Improving Mood: Promoting Access to Collaborative Treatment for Late-Life Depression) dissemination project has become

institutionalized as the AIMS Center (Advancing Integrated Mental Health Solutions) and its “star product,” the IMPACT model, is now used in over 600 health care practices serving tens of thousands of older adults around the country.

Dissemination grants also helped spread several other geriatric care models. This included the Care Transitions Intervention, a highly effective program that empowers older adults to safely navigate the dangerous transition between health care settings, preventing needless re-hospitalization (see page 62). A model that brings the technology of the hospital into the homes of older adult patients received funding both to prove it works effectively and to encourage widespread adoption (see page 44). Models that promote interdisciplinary team care (Guided Care, page 65 and Care Management Plus, page 62) have also been integrated into many primary care practices because of Hartford-funded dissemination work.

***Over the past decade, the Foundation strengthened its academic programs and expanded into new health care service areas, such as palliative care, family caregiving, and the direct care workforce.***

Even when grant funding ends, the Hartford Foundation continues to promote the evidence-based models that it funded. “If the Hartford Foundation isn’t actively funding you, they continue to advance the work by introducing other funding opportunities and linking you to resources,” says Ms. Simmons, who directed a project to reduce dangerous medication errors (see page 64).

#### *Building communications capacity to create change*

Academic researchers can test a new idea for delivering better care to older adults and prove that it works, but unless they can make themselves understood and influence health system leaders and policy makers, the idea will likely go nowhere. Since 1999, the Hartford Foundation has funded a Communication and Dissemination Initiative to help grantees learn how to create focused, integrated messages about their work and the importance of geriatrics in medicine, nursing, and social work.

In recent years, the Hartford Foundation has raised its own profile in order to bring more attention to its work and gain the notice of potential funding partners and policy makers. In the Foundation’s early years, and even well into the era of the Aging and Health program, the Foundation remained a quiet force supporting the efforts of grantees who represented the public face of the work. With the Communication and Dissemination Initiative, Foundation

“It’s amazing what you can accomplish when you focus. The Hartford Foundation has influenced geriatric medicine—clinically, research-wise, policy-wise—as much or more than any foundation, not only by virtue of their resources but the steadfast way in which they remained focused on it.”

Mark S. Lachs, MD, MPH  
Professor of Medicine and Co-Chief  
Division of Geriatrics and Gerontology  
Weill Cornell Medical College

While **13%** of the population, older adults constitute **35%** of hospital admissions

“Our strategy is to put our grantees first and have them involved and engaged in the policy process. Their expertise is leading the way.”

Christopher A. Langston, PhD  
Program Director  
The John A. Hartford Foundation

staff now develop their own communication skills, more actively discuss the Foundation and grantees with the media, and promote use of the Hartford “brand,” which has become associated with excellence in high-quality geriatrics training.

#### *Creating systems change through policy and advocacy*

The Hartford Foundation has also become more active in the health policy arena. In 2006, the Foundation brought together a consortium of partners to fund a report by the Institute of Medicine to document the geriatrics workforce shortage and provide recommendations for the country. The resulting report, *Retooling for an Aging America*, issued an urgent call to enhance the competence of all health professionals in the delivery of geriatric care, increase the recruitment and retention of geriatric specialists, and redesign models of care.

Based on the recommendations of this report, the Foundation and its long-time partner The Atlantic Philanthropies supported the formation of the Eldercare Workforce Alliance, a coalition of 29 national nonprofit organizations.

The Hartford Foundation is non-partisan, and like other U.S. foundations, it cannot lobby, but it has found other effective means for engaging in the national health care conversation. Grants have funded educational sessions for Congressional and agency staff through the National Health Policy Forum in Washington, DC. Foundation staff members publish articles, make presentations, and sit on national committees that also inform policy makers. The Foundation’s *Health AGenda* blog provides a forum for engaging in national dialogue about geriatric care issues.

“We need to have an influence on policy,” says Christopher A. Langston, PhD, Program Director of the Hartford Foundation. “Our strategy is to put our grantees first and have them involved and engaged in the policy process. Their expertise is leading the way.”

***To ensure success of its programs, the Foundation has increased its investments in dissemination, communications, and policy activities.***

Several Hartford Foundation grantees have been instrumental in developing and passing legislation, and many have worked with federal agencies to implement health care policies that improve care for older adults. Several Foundation grantees, including Dr. Coleman, who directs the Care Transitions Program (page 62), showed that poorly coordinated transitions between health care settings and providers often result in needless hospital readmissions and cost billions of dollars annually. By identifying a critical problem and developing highly effective interventions, Foundation grantees raised the issue of care transitions as a national policy priority.

Potentially avoidable hospital readmissions cost the US health care system **\$17.5 billion** in 2010

## A New Direction in Aging and Health

While problems in the health care system persist, much has changed in the 30 years since the Hartford Foundation first identified the troubling trends facing society and its aging population. There is now board certification in geriatric medicine, and geriatrics is woven into the fabric of many academic medical institutions. The disciplines of nursing and social work are in many ways transformed. Over 90 percent of baccalaureate nursing programs have integrated gerontological content into their curriculum. There are more gero-expert faculty and geriatric courses in the field of social work. Of the 200 accredited schools of social work, all now have specialized geriatric content.

Models based on scientific evidence for providing better health care to older adults now exist. Recognition and treatment of late-life depression is integrated into many more primary care practices. Many health care systems have set up safer systems for patients with complex health care needs to make the transition from hospital to home. Hartford-funded programs are widely used in clinical practice. Many have had a major influence on health policy.

***The education and training of health care professionals in the care of older adults has improved dramatically, and we have more evidence about how to provide the best care to this population.***

“The impact of the Hartford Foundation is more than just a ripple effect, it’s like powerful waves sweeping over the country,” says Susan C. Reinhard, PhD, RN, Senior Vice President, AARP, and Director of the AARP Public Policy Institute, Washington, DC, who led a grant program focused on family caregivers of older adults (see page 74).

The health care landscape changes continuously, and the Hartford Foundation evolves with the times. A new Foundation strategic planning process in 2011 identified new challenges and directions in aging and health. But before elaborating on the future, the accomplishments of the last 30 years are summarized in the following pages.

““The impact of the Hartford Foundation is more than just a ripple effect, it’s like powerful waves sweeping over the country.”

Susan C. Reinhard, PhD, RN  
Senior Vice President, AARP  
Director  
AARP Public Policy Institute

# 1982-2012

## > *aging and health: thirty year history*

ALL OF THE HARTFORD-FUNDED PROGRAMS in Aging and Health are intended to function individually but also as an integrated whole to work toward improving the ability of health care professionals and the health care system to deliver high quality care to older adults. By the early 1990s, the grants focused on two main areas:

- 1) academic geriatrics and training through faculty development and curricular change; and
- 2) innovation in the provision of services for older adults.

Lessons learned from one round of grantmaking often influenced next stages and other grants.

The Foundation developed partnerships with other funders and fostered leadership among grantees to achieve success.



The John A. Hartford Foundation Board of Trustees, 1990

“ I am very pleased with the Foundation’s extraordinary accomplishments over the past 30 years. We have had a significant impact on providing better health care to older adults and expanding the field of geriatrics, while remaining steadfast to our goal of doing “the greatest good for the greatest number.”

**James D. Farley**  
Chairman Emeritus  
The John A. Hartford Foundation

## Aging and Health Program Launches

After a strategic planning process that ended in 1982 the Hartford Foundation began its new program to improve the health of older adults. By the mid-1990s, the Aging and Health program would be the Foundation’s singular focus.

From the 1983 Annual Report:

*One of the most significant factors affecting American society in the coming decades is the aging of the nation’s population. Because of longer life expectancies and the steady decline of the infant mortality rate over the past 50 years, the number of persons over age 65 is expected to increase 40 percent by 2000 and another 60 percent by 2025...*

*In the area of health, the implications of the growing number of older people are profound. As a group, the elderly are characterized by an increased incidence of chronic health problems and functional disability. Not surprisingly, they are among the highest utilizers of health care.*

*The goal of the Aging and Health program is to improve the ability of the health system to accommodate the “age bulge” in the population...*

**The Hartford Foundation’s foresight and steadfast commitment to improving the health of older adults led to dramatic changes in the education and training of health professionals and in health care delivery. Challenges remain, and the work is not finished. But the grantmaking described in the following pages demonstrates how a foundation can have a profound impact on a field.**

“ We saw that there was abysmal capacity in geriatrics in the teaching institutions of physicians, nurses, and social workers. In most of these institutions, geriatrics didn’t even have a place at the table.”

**Norman H. Volk**  
Chairman  
The John A. Hartford Foundation

## The Boomers are here!



Newsweek, 1995

# 1983

INCREASE THE NUMBER OF GERIATRICIANS

## Hartford Geriatric Faculty Development Awards

**1983-1987** At a time when the speciality of geriatrics was relatively new, the first grant in Aging and Health encouraged medical school faculty in internal medicine to pursue advanced training in geriatric medicine. With a \$2.5 million grant, 29 faculty members from various internal medicine disciplines undertook a year-long training at the medical schools of Harvard, Mount Sinai, Johns Hopkins, and UCLA.

By 1986 it became apparent that this approach could not adequately meet the challenge of dramatically increasing the number of geriatricians. In 1988, the Foundation launched a more ambitious initiative aimed at recruiting faculty even earlier in their careers, the Academic Geriatrics Recruitment Initiative (page 35).

Many of the recipients of Hartford Geriatric Faculty Development Awards assumed leadership positions in academic geriatrics. David B. Reuben, MD, for example, became director of UCLA's Multicampus Program in Geriatric Medicine and Gerontology, its Claude D. Pepper Older Americans Independence Center and the Hartford UCLA Center of Excellence. Dr. Reuben became an influential leader in academic medicine, serving as Chair of the American Board of Internal Medicine.



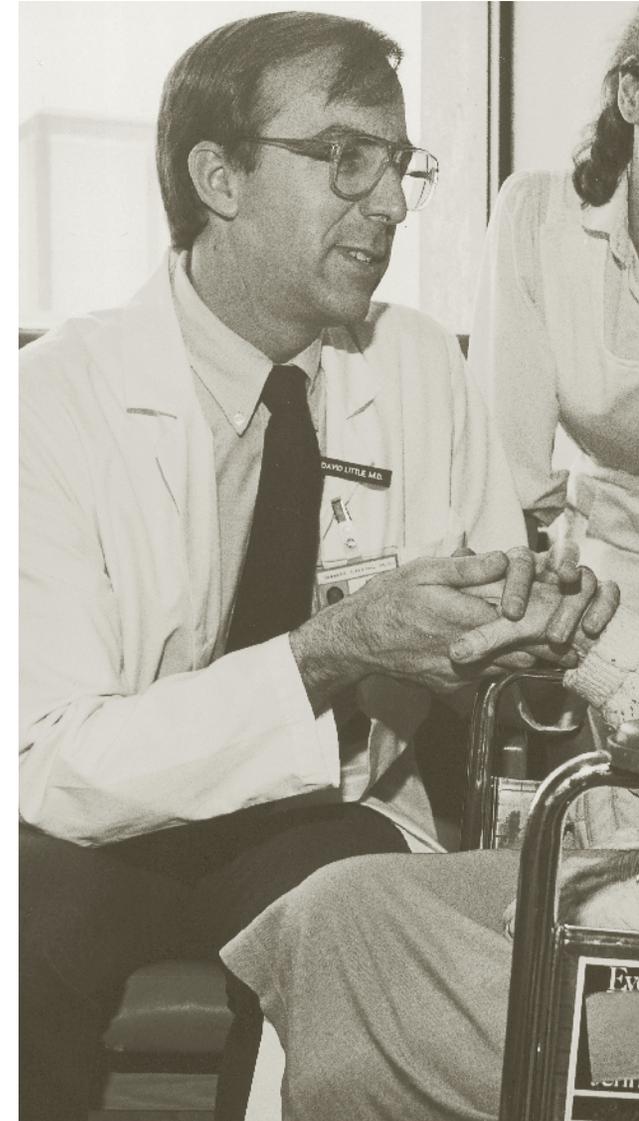
“When I finished medical school in 1977 I hadn't ever heard the word geriatrics. There was no board certification in geriatrics. There were few teachers of geriatrics, little in the way of curriculum about geriatrics, and very little research was being done on aging and health.”

**David B. Reuben, MD**  
Chief of the Division of Geriatric Medicine  
Director  
Hartford Center of Excellence  
University of California, Los Angeles



(Left) David Reuben, MD, a recipient of a Hartford Geriatric Faculty Development Award, became a leader in academic geriatrics. Over the years, he participated in several Hartford-funded programs, including the Geriatric Education Retreats (left), which provided immersion experiences in geriatrics for subspecialty leaders.

(Right) David Little, MD, received training in geriatrics as a recipient of a Hartford Geriatric Faculty Development Award. At that time, he was an attending physician at the Hebrew Rehabilitation Center for the Aged in Boston. Here, he and nurse Lisa Perry visit a resident of the Center.





ADDRESSING NEEDS OF OLDER ADULTS

1983

**Geriatric Pharmacology**

**1983-2001** Older adults are the largest consumers of prescription drugs with more than 40 percent of adults over age 65 taking five or more medications. Older adults metabolize drugs differently than younger people, they are more susceptible to side effects, and their multiple medications can lead to dangerous interactions.



Sixteen Foundation grants, worth over \$7 million, helped to pioneer the field of geriatric pharmacology. Initiatives included the development of the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults and programs to address geriatric safety issues in drug development, dispensing in nursing homes, and using home health care and social service professionals to reduce medication errors.

Grants to Vanderbilt University in partnership with the Visiting Nurse Service of New York and Visiting Nurse Association of Greater Los Angeles tested and proved the effectiveness of a model for home health and social service agencies to help older adults manage medications.

**The Beers Criteria, which were updated in 2012, are widely used in medical practice today, keeping older adults safe from harmful medications.**

**The grants to Vanderbilt University led to implementation by the Partners in Care Foundation in California, which later incorporated health information technology to identify and correct medication issues through its successful HomeMeds program (see page 64).**

About **48%** of older adults experience medication-related problems



(Top) A grant to the University of Florida, Gainesville, helped community pharmacists assist older patients and physicians monitor medication use.

(Left) With a grant to Boston's Beth Israel Hospital, Jerome Avorn, MD, directed a program to reduce medication problems of nursing home residents by educating patients and staff.

20% of Medicare patients with the most chronic conditions account for 80% of Medicare spending

(Top, right) The Program of All-Inclusive Care for the Elderly (PACE) began as an experiment in health care financing at On Lok Senior Health Services in the Chinatown section of San Francisco.

INNOVATIVE MODELS OF CARE

1983

Program of All-Inclusive Care for the Elderly (PACE) Program

1983-2008 Many frail older adults prefer living independently in their own homes and communities, rather than being institutionalized in a nursing home. One solution is a model of care that brings the full spectrum of medical and supportive services together in one community-based setting, with integrated Medicare and Medicaid funding. This model, called Program of All-Inclusive Care for the Elderly (PACE), has its roots in San Francisco with a program called On Lok (Chinese for good health).



The Foundation provided \$4.7 million across several grants to help On Lok demonstrate its effectiveness, support replication of the model, and promote its adoption at 93 centers in 30 states via the National PACE Association.

The Hartford Foundation funded PACE in its early development stage to prove its effectiveness. Based on the evidence, the PACE model of care was established as a provider in the Medicare program and within states as an option for Medicaid beneficiaries. PACE now serves as a model for high-quality, integrated, community-based care for frail older adults.

“The Hartford Foundation funded the innovation stage of the PACE program, which ultimately resulted in statutory changes in the way Medicare and Medicaid operate.”

Jennie Chin Hansen, RN, MS  
CEO  
American Geriatrics Society

In 2007, the National PACE Association applied for federal grants to disseminate PACE in rural areas of the country. In a final phase of funding, the Hartford Foundation stepped in with \$335,000 to provide the technical assistance that allowed 14 rural providers to receive \$7.5 million in federal funds to develop local PACE sites.



(Near and far left) Funding for PACE, which provides comprehensive medical and supportive services to older adults, began under Health Care Cost and Quality and was continued under Aging and Health.



AGRI aimed to increase training in geriatrics and led to the establishment of centers of excellence in geriatric medicine.

(Top and bottom, left) William R. Hazzard, MD, a pioneer in geriatric medicine, helped to create and lead several Hartford Foundation initiatives.

(Bottom, right) Participants of the 1999 Geriatric Education Retreat for geriatrics and general internal medicine. (Standing) Eric B. Larson, MD, MPH; William J. Hall, MD; Christine K. Cassel, MD; (Seated) Terri "Fox" Wetle, PhD; Kenneth Brummel-Smith, MD; Richard W. Besdine, MD; Risa Lavizzo-Mourey, MD, MBA; William R. Hazzard, MD.

## Academic Geriatrics Recruitment Initiative

**1988-1992** An expert committee convened by the Hartford Foundation in 1987 produced an Institute of Medicine report calling for increased training in geriatrics and the establishment of centers of excellence at schools of medicine to develop the capacity to train academic leaders in geriatrics.

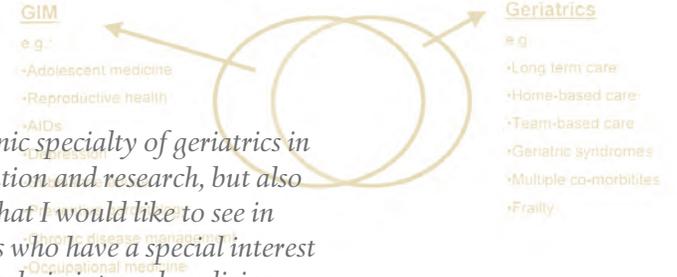
In response, the Foundation created the Academic Geriatrics Recruitment Initiative (AGRI), which provided \$6.4 million to 10 medical schools that had demonstrated expertise in geriatrics to recruit and train faculty and fellows for research related to geriatrics. In 1991, the program expanded to 13 medical centers.

**The centers of excellence concept became a powerful tool for faculty development in geriatrics. The program expanded several times, eventually becoming the Hartford Centers of Excellence in Geriatric Medicine and Training program with 28 academic institutions supporting the development of hundreds of geriatric scholars (page 50). In 2000, the centers of excellence concept was also applied to the geriatric nursing program (page 58).**



William R. Hazzard, MD

## Clinical Domains



“I believe there should be an academic specialty of geriatrics in our medical schools, not only for education and research, but also for fellowship training. Coupled with that I would like to see in nearly all specialties some practitioners who have a special interest in the problems of the elderly, particularly in internal medicine and such surgical fields as orthopedics and ophthalmology.”

**Paul B. Beeson, MD**  
Professor of Medicine  
University of Washington  
Distinguished Physician  
U.S. Veterans Administration  
Seattle



## Guiding Principle: Leading the Way

FINDING AND SUPPORTING PEOPLE WITH GREAT IDEAS AND TALENT for improving health care for older adults has been an essential component of the Hartford Foundation's success in Aging and Health. The Trustees and staff turned to the pioneers of geriatric medicine beginning in the 1980s to help shape and lead programs. In the early days, there were only a few. For over thirty years, the Foundation has found and supported many other leaders—in nursing, social work, and all the specialties of medicine—with the vision and passion for improving health for older adults.

In addition to investing in strong project leaders, the Foundation also cultivates leaders for the future. Activities embedded into grant programs deliver specialized leadership training, nurturing, and support, such as an annual Leadership Conference for the Foundation's geriatric nursing pre- and post-doctoral scholars. Several initiatives focus completely on leadership development, such as the Geriatric Nursing Leadership Academy and the Practice Change Leaders program. Common to all of these initiatives and activities are several essential elements such as mentoring, peer networking, formal training, and encouragement to accept the leadership mantle.

Marie Bernard, MD, deputy director of the National Institute on Aging (NIA) since 2008 is one of many examples of individuals who have benefitted from these leadership development efforts. While at the University of Oklahoma, she was accepted into the Hartford Geriatrics Leadership Development Program for geriatrics division directors and then participated in the program's advanced level as a Senior Scholar. "Through this program, I learned that there is a literature, a discipline, an approach to leadership—just as there is to geriatric medicine," Dr. Bernard says. In her leadership role at the NIA, Dr. Bernard helps direct the nation's research and training programs on aging.

Through scholarships, fellowships, and leadership development programs, the Hartford Foundation has stood behind and supported thousands of individuals who are committed to being the leaders who will change health care for older adults.

(Right) With funding from the Foundation's HOPE initiative, Cedars Sinai Medical Center in Los Angeles, CA, developed and tested a program of exercise to prevent functional decline for hospitalized elders.

“What do most elderly people want to do at the hospital? They want to go home, and they want to get there as soon as possible.”

C. Seth Landefeld, MD  
Chair, Department of Medicine  
University of Alabama at Birmingham



## Reducing Adverse Effects of Hospitalization for Older Adults

**1989-PRESENT** For many hospitalized older adults immobility can negatively impact physical function and increase risk for pressure ulcers. They also are at risk for delirium, hospital-acquired illnesses, and other adverse events. The Foundation's Hospital Outcomes Program for Elders (HOPE) provided over \$3 million to six health care organizations to support different strategies to alleviate negative effects of hospitalization, with additional grants for evaluation. Two of these projects continued after the grant period ended:

**Acute Care for Elderly (ACE)** units in hospitals provide specialized interventions and interdisciplinary team care to minimize functional decline in older patients. The model was developed and tested by C. Seth Landefeld, MD, and colleagues.

**ACE units have been installed at many academic medical centers and community hospitals throughout the United States. A recent study by Dr. Landefeld, who is now Chair of the Department of Medicine at the University of Alabama at Birmingham, found that the average length of stay was shorter for patients in ACE units and these patients incurred lower hospital costs.**

**Nurses Improving Care for Healthsystem Elders (NICHE)** focuses on programs and protocols that are under the purview of nurses. Examples include fall prevention, assessing for delirium, dementia care, wound care, and pain management. The NICHE program provides hospitals with the tools to educate nurses and create the systemic changes necessary to support nurses in their efforts to improve quality of care to older patients. NICHE began as a free-standing program in 1992 and was incorporated into the Hartford Institute for Geriatric Nursing (page 48) in 1995.

**With assistance from The Atlantic Philanthropies, which provided \$5 million to develop and implement a business plan, the Hartford Institute for Geriatric Nursing built the infrastructure to make the NICHE program financially self-sustaining. NICHE has been implemented in almost 450 hospitals and health systems.**

**NICHE and ACE showed that it was possible to reduce the dangers of hospitalization for older adults. The Foundation and its grantees also believed that avoiding hospitalization entirely would be even better (see page 44).**



(Left) NICHE provides materials that nurses working at the bedside can use to improve care of older adults.

“NICHE is not about just training one person, but rather how to embed certain practices into the system in a way that is ongoing and self-sustaining.”

**Elizabeth Capezuti, PhD, RN**  
 Dr. John W. Rowe Professor  
 in Successful Aging  
 Co-Director  
 Hartford Institute for  
 Geriatric Nursing  
 NYU College of Nursing



**13.5%** of older adults experienced adverse events, or harm from treatment, while hospitalized in 2009

(Right) As part of the Foundation's HOPE initiative, physical therapist Jill Johnson at St. Mary's Hospital Medical Center in Madison, WI, worked with a patient to maintain her mobility.

# 1992

## PROMOTE INTERDISCIPLINARY TEAM CARE

### Integrating Care for the Elderly at Physician Practices



(Left) Gloria B. Weinberg, MD, (second from left) Mount Sinai Medical Center of Greater Miami, Inc. led one of the nine projects in the Generalist Physician Initiative which explored ways partnerships can improve the effectiveness and affordability of care, and enhance satisfaction of all involved.



(Right) Peace Health in Eugene, OR, tested an interdisciplinary team model with all members housed in a single setting in the GIT in Practice initiative 2001-2005 (see page 62).

**1992-2002** Older adults often turn to their primary care physician for guidance and care on a wide variety of issues. These generalist physicians may be asked to identify community-based services or coordinate aspects of caregiving. Yet they rarely have the expertise, time, or staff to adequately meet these needs.

The \$4.5 million Generalist Physician Initiative supported six sites across the country to develop and test team care models, involving nurses, social workers, and other health care professionals, that integrate health care services with community-based social and supportive services to improve patient care in their doctors' offices.

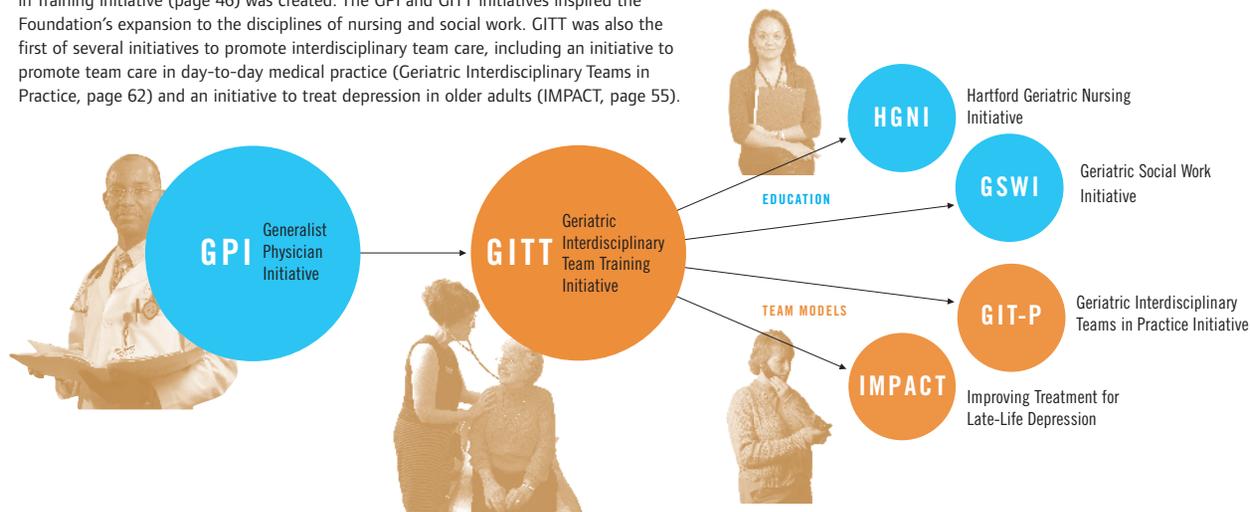
Improving the coordination of care and promoting teamwork among health care professionals continues to be a major objective of the Hartford Foundation. After funding for the Generalist Physician Initiative ended, several other team care initiatives were funded, including the Geriatric Interdisciplinary Team Training (GITT) initiative (page 46), GIT in Practice initiative (page 62), IMPACT depression care model (page 55), and others.

“The beauty of the Foundation’s Generalist Physician Program is its recognition that physicians can’t serve the whole range of patient needs working alone.”

Gloria B. Weinberg, MD  
Mount Sinai Hospital Center of Greater Miami, Inc.

### Improving Coordination of Care

The Generalist Physician Initiative (GPI) revealed that health care professionals lacked the skills needed for effective teamwork. To address this, the Geriatric Interdisciplinary Teams in Training initiative (page 46) was created. The GPI and GITT initiatives inspired the Foundation’s expansion to the disciplines of nursing and social work. GITT was also the first of several initiatives to promote interdisciplinary team care, including an initiative to promote team care in day-to-day medical practice (Geriatric Interdisciplinary Teams in Practice, page 62) and an initiative to treat depression in older adults (IMPACT, page 55).



(Below) United Health Services, Inc., in Binghamton, NY, received a grant under the Generalist Physician Initiative to improve the coordination of care for older adults.



# 1992

## INCREASE GERIATRICS EXPERTISE

“Surgery is a major insult to the body that in older adults—who have naturally lost some physiological function and may have chronic health conditions—can lead to a cascade of deterioration. Researchers funded by the Hartford Foundation are creating the knowledge that allows for safer surgical procedures on older adults.”

**John R. Burton, MD**  
Professor of Medicine  
Director  
Johns Hopkins Geriatric  
Education Center  
School of Medicine  
Johns Hopkins University

### Increasing Geriatrics Expertise for Surgical and Related Medical Specialists

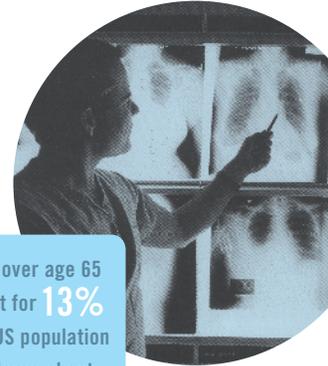


**1992-PRESENT** Surgeons and related medical specialists must address the unique needs of older adults. For example, older adults are more likely to suffer post-operative complications, and often need assistance in making the transition to another facility or home after surgery.

For over 20 years, the Hartford Foundation has supported a major initiative to ensure that physicians who care for older patients preparing for, receiving, and recovering from surgical treatments are geriatrically prepared. Targeting 10 disciplines, the project has worked with professional societies, specialty residency programs, and individual faculty members to change the disciplines from within.

The Hartford Foundation created the Dennis W. Jahnigen Career Development Awards Program, which has provided support for more than 80 young investigators to conduct research on geriatrics within their specialties, with the goal of improving care of older adults undergoing surgery.

✓ **Most Jahnigen Scholars compete successfully for federal funding to continue their research, with former Scholars receiving more than \$36 million in aging research grants. Scholars have published over 1,000 peer-reviewed articles. Today, the Jahnigen Scholars program continues in partnership with the National Institute on Aging Grants for Early Medical and Surgical Specialists Transitioning to Aging Research (GEMSTAR) program.**



People over age 65 account for **13%** of the US population but undergo about **40%** of surgical procedures



(Right) Mark Orringer, MD, with a post-surgical patient. He challenged the Thoracic Surgery Directors Association to increase the extent to which geriatrics issues are addressed during their residents' training.



### Medical Student Training in Aging Research Program (MSTAR)

**1993-PRESENT** A summer research internship program aimed at recruiting medical students to academic geriatrics, originally called the Medical Students Geriatric Scholars, was funded with a grant to the American Federation for Aging Research (AFAR). Short-term scholarships are provided to encourage medical students to consider a career in academic geriatrics, clinical geriatrics, or in aging-focused careers by providing an intellectually stimulating, supportive, and positive educational experience in geriatric medicine.

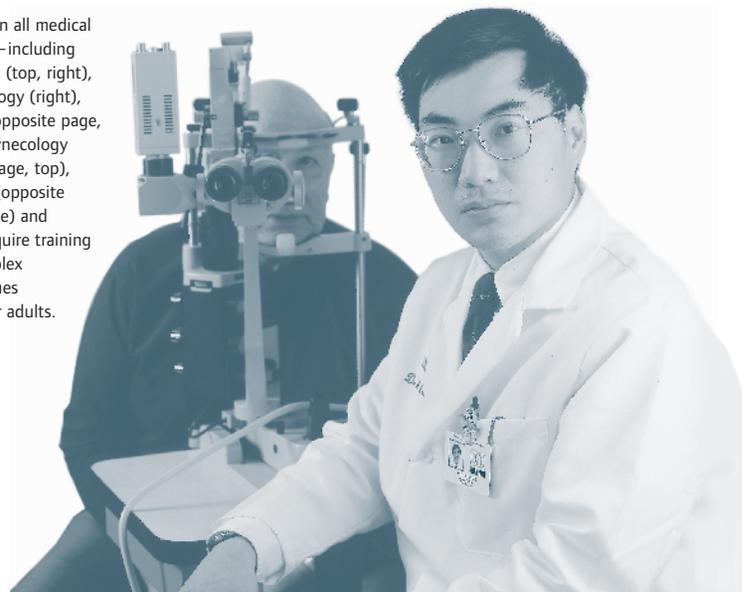
In a survey, MSTAR Scholars overwhelmingly reported that the program increased their sensitivity and desire to care for older adults, and helped them feel better prepared to do so.

The National Institute on Aging became a partner in 2004, committing about \$6.5 million and greatly expanding the AFAR program. To date, 1,746 medical students from over 80 percent of all medical schools have received scholarships.

“*The Hartford Foundation has always listened with a keen ear to the field and kept a focused eye toward the future, sensitively and proactively funding initiatives that will make the most long-term impact. AFAR’s own leadership and vision in advancing biomedical research on aging owes much to the Hartford Foundation’s commitment.*”

Stephanie Lederman  
Executive Director  
American Federation for Aging Research

Physicians in all medical specialties—including orthopedics (top, right), ophthalmology (right), oncology (opposite page, bottom), gynecology (opposite page, top), cardiology (opposite page, middle) and others—require training in the complex medical issues facing older adults.



### Integrating Geriatrics into the Subspecialties of Internal Medicine

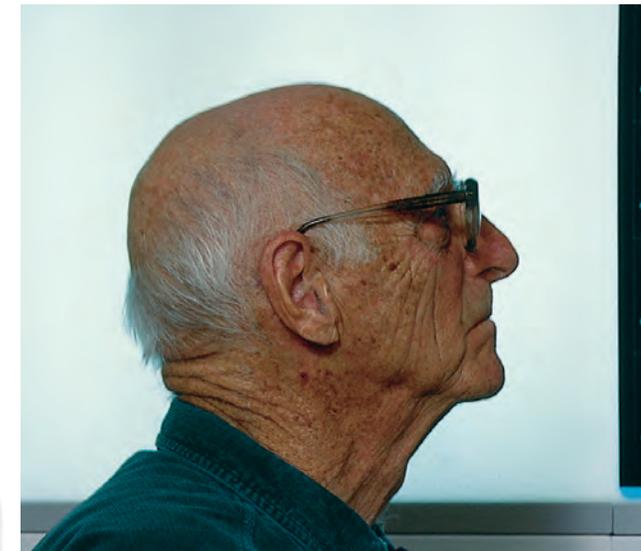
**1994-PRESENT** Older adults receive a significant portion of their health care from subspecialists in internal medicine, such as cardiologists, rheumatologists, and oncologists. Despite the fact that these physicians see a disproportionately high number of older patients, few of them receive education in the unique and complex medical issues facing older adults.

The Hartford Foundation has supported several efforts to integrate geriatrics into the subspecialties of internal medicine, including a series of transformative Geriatric Education Retreats that provided immersion experiences in geriatrics for subspecialty leaders.

In 2000, the Hartford Foundation, in partnership with specialty societies and The Atlantic Philanthropies, created the T. Franklin Williams Scholars Awards to support more than 75 junior faculty in 12 internal medicine specialties to conduct research on care of older adults.

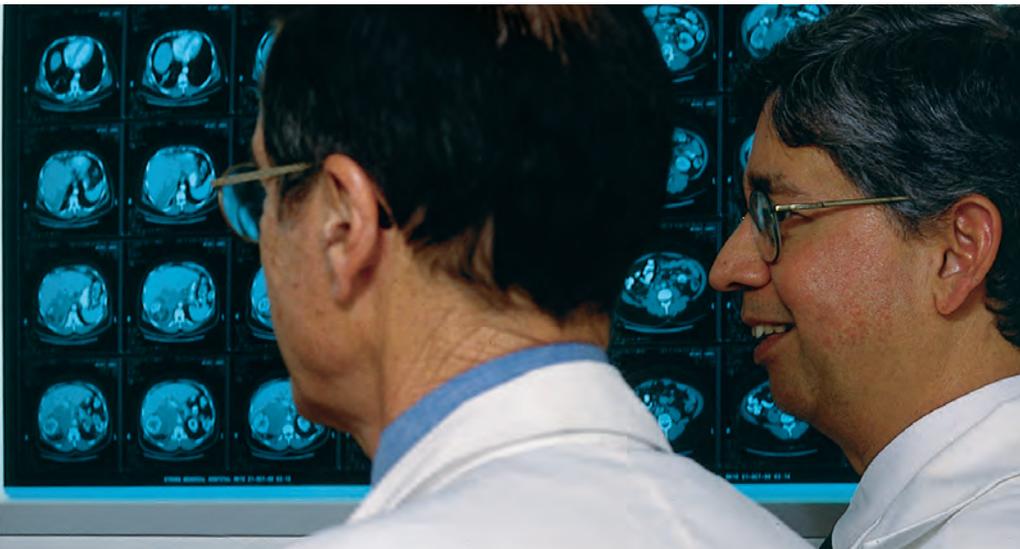
The Williams Scholars have generated more than \$16 million in new National Institutes of Health funding for aging-related research in HIV, chronic kidney disease, and lung disease through the project’s Research Agenda-Setting conferences.

Today, the Williams Scholars program continues in partnership with the NIA’s Grants for Early Medical and Surgical Specialists Transitioning to Aging Research (GEMSTAR) program.



“Geriatrics is not a subspecialty. It’s a supraspecialty. It’s broader than any other specialty. It incorporates all medical and surgical specialties, as well as nursing, social work, and rehabilitation.”

William R. Hazzard, MD  
Professor  
Gerontology and Geriatric Medicine  
Wake Forest School of Medicine



CHANGE CURRICULUM

1994

## Geriatrics in Primary Care Residency Training

**1994-1998** After receiving a medical degree, the next step is residency training. During this training period, the resident physician practices medicine under the supervision of licensed physicians.

To increase the geriatric knowledge of resident physicians specializing in internal medicine or family practice, the Hartford Foundation provided \$5.4 million to support seven sites to develop innovations in geriatric education. They created computer-based learning modules, pocket cards for easy reference, new instructional materials, exams, rotations, and training exercises for use in residency training programs. The Stanford University School of Medicine served as the resource and coordinating center for the initiative.

✓ Materials developed through this initiative were recently updated and are still available through the Stanford University Geriatric Education Resource Center ([sugerc.stanford.edu](http://sugerc.stanford.edu)). In 2001, Stanford University received a grant from the Hartford Foundation to train faculty to improve teaching of geriatrics.



(Top) Materials developed to increase geriatric knowledge of resident physicians are available on the internet.

(Below) In 1997, Stanford’s Faculty Development Program, collaborating with seven sites, met to develop a dissemination plan for geriatric training models for primary care residency programs.





Paul B. Beeson

## The Paul B. Beeson Career Development Awards in Aging Research

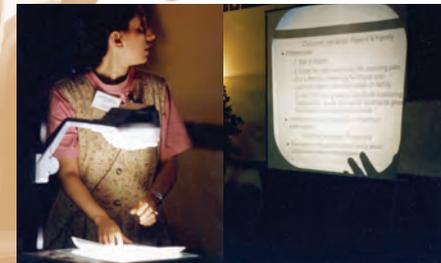
**1994-PRESENT** To attract the nation's most outstanding physician-scientists to careers in research on aging and investigations of geriatric clinical care and health services, the Hartford Foundation and a consortium of other funders launched the Paul B. Beeson Career Development Awards, supporting it with \$39 million in Foundation grants.

Named for the distinguished clinician, scientist, and teacher (and second director of the NIA), this project awards stipends to help junior faculty conduct research and develop aging-focused careers in academic medicine, under the guidance of a faculty mentor.

The Beeson program has brought a new level of prestige and forged an intellectual network among physician-scientists dedicated to geriatric medicine, the care of the elderly, and the basic science of aging.

To date, 180 scholars from 52 institutions have received Beeson Awards. As a result of these awards, advances have been made in nearly every area of age-related research, including biology, neurodegeneration, disease mechanisms management and treatment, and health care systems innovations. Many awardees have assumed leadership roles at top research institutions.

A 2004 partnership with the National Institute on Aging led to a significant expansion of the program and assured its funding through at least 2017.



“I was concerned that the Hartford Foundation would not consider my application to be a Beeson Scholar because my work was not biomolecular, but rather looking at a social problem—elder abuse. Because they did fund my work, the field of elder abuse has gained enormous momentum, and that would not have happened without their support.”

**Mark S. Lachs, MD, MPH**  
Professor of Medicine and Co-Chief  
Division of Geriatrics and Gerontology  
Weill Cornell Medical College

(Above, right) The late Dr. Paul Beeson, left, at a Beeson Scholars poster presentation. Beeson Scholar Eric Peterson, right, prepares his presentation.

(Right) Beeson Scholar Mark Lachs, MD, conducted seminal studies revealing that older adults who are victims of elder abuse are at a higher risk of dying, even after adjusting for underlying medical conditions.

(Far right) Beeson Scholar presenting research at annual Beeson meeting.



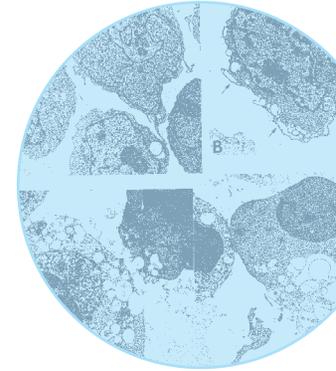
(Top, left) Receiving the Beeson Scholarship allowed Edward H. Koo, MD, to further his efforts to unravel the mechanisms involved in Alzheimer's disease.



(Top, right) Beeson Scholar Bernard F. Godley, MD, PhD, used the award to advance his research on age-related macular degeneration.



(Bottom) As a Beeson Scholar, May J. Reed, MD, conducted basic science research on wound healing in aging tissue.



“There was a compelling need for the NIA to continue the Beeson program because if there were ever to be an academic base for the study of aging and geriatric medicine it would come from the Beeson Scholars, who had demonstrated a commitment to the field and had produced stellar work. This is a credential that is recognized beyond the field of geriatrics.”

Judith A. Salerno, MD, MS  
Leonard D. Schaeffer Executive Officer  
Institute of Medicine of the National Academies

Costs for patients in a Hospital at Home program were **19%** lower than for similar patients treated in the hospital



(This page and opposite page) Hospital at Home, in which certain acutely ill older patients receive care at home rather than in a hospital, was tested at several sites including the Portland Oregon VA Medical Center. Based on the positive results of the study, the Portland VA continues to offer Hospital at Home. Doctors, nurses, and other health care professionals bring their services along with necessary equipment into the homes of patients.

### Hospital at Home

**1995-2011** Recognizing that the hospital is a dangerous setting for frail older adults, the Hartford Foundation worked with John R. Burton, MD, and Bruce Leff, MD, at Johns Hopkins University School of Medicine on the Hospital at Home initiative. Instead of admitting a patient to the hospital, physicians, nurses and other support staff bring their services, along with equipment and other technologies, to the patient's home.



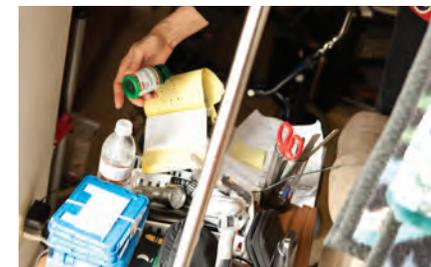
With \$6 million in funding from the Hartford Foundation, the theoretical framework and clinical protocols for Hospital at Home were developed, followed by a pilot study and a national demonstration study. Four conditions (pneumonia, congestive heart failure, pulmonary disease, and deep skin infection) were shown to be treatable outside the hospital while saving money.

**Even with the demonstrated advantages, the Hospital at Home concept was not readily accepted. But over the past decade the concept has gained considerable traction. In 2004, the Hartford Foundation provided a six-year grant of \$1.6 million for wider dissemination. Six Veterans Affairs medical centers implemented the program and in 2009, the project shifted to a licensing and consultation model to support its spread.**

After a 2012 *Health Affairs* article showing that Hospital at Home in New Mexico achieved outcomes equal to or better than regular hospital care, but with 19 percent lower costs, public and media interest spiked. New penalties and incentives in the Affordable Care Act are also driving renewed attention to the model.

“The Hartford Foundation had the vision, the commitment, and the guts to stick with something until the market was ready for it.”

**Bruce Leff, MD**  
Associate Professor of Medicine  
Division of Geriatric Medicine and Gerontology  
Johns Hopkins University





“ When we first conceived of the Hospital at Home model, hospitals were thought of as the only place very sick people could get care. This was before the Institute of Medicine focused on patient safety. If you proposed caring for acutely ill older adults outside of the hospital you were thought to be crazy.”

**Bruce Leff, MD**  
Associate Professor of Medicine  
Division of Geriatric Medicine and Gerontology  
Johns Hopkins University

## Geriatric Interdisciplinary Team Training

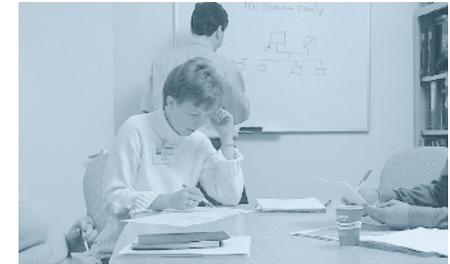
**1995-2004** First-rate geriatric care is, by definition, team care, and incorporates the expertise of many health professionals to implement treatment across clinical settings. Effective teamwork has been shown to enhance quality of care, improve patient safety, and reduce medication errors, while making the duties of health professionals more personally rewarding and efficiently delivered. But health care professionals rarely receive training in team care. Instead, education programs tend to follow strict disciplinary lines.

The Geriatric Interdisciplinary Team Training (GITT) initiative awarded \$13.3 million to eight demonstration projects and a national coordinating center to develop and disseminate models for team training.

It was challenging for this work to be sustained after private funding for GITT ended. Education programs in medicine, nursing, and social work largely resisted the changes needed and health care systems were not demanding team training. This did not completely thwart efforts to promote team-based education; it just took time.

In 2009, an InterProfessional Education Collaborative (consisting of health professional associations such as the American Association of Colleges of Nursing and the Association of American Medical Colleges) released core competencies for interprofessional collaborative practice.

The GITT initiative created national training models based on partnerships between health care providers of geriatric care and educational institutions, including Rush Presbyterian-St. Luke's Medical Center in Chicago (right, top, and middle), Mount Sinai Medical Center in New York City (right, bottom), and Baylor College of Medicine in Houston, Texas (below).



“What I love about the Hartford Foundation is that it’s not about advancing an institution or a discipline; it’s about drawing upon all of them to move the work of improving care of older adults forward.”

**Nancy L. Wilson, MA, LMSW**  
Assistant Professor, Geriatrics Section  
Department of Medicine and the Center  
for Medical Ethics and Health Policy  
Project Director  
Geriatric Interdisciplinary Team  
Training Initiative  
Baylor College of Medicine



## Guiding Principle: Rules of Engagement

ONE OF THE FOUNDATION’S CORE OPERATING PRINCIPLES is a deep engagement with the fields of aging and health and with our grantees. We challenge ourselves to add value to the work of our grantees beyond the dollar value of the grant check, with ever higher expectations to have a direct impact on the mission.

This commitment comes from the top. The Hartford Board of Trustees is almost unique in having a standing evaluation committee which receives reports on the progress of every grant project. Most grant recipients receive an annual in-person staff site visit and a written report, often supplemented by external consultants. Board members themselves often attend site visits. Staff also use these occasions to invite guests to learn more about projects, connect with co-funders, and help grantees succeed with their stakeholders.

To add value to the design of our projects, the Foundation has hired program and grants management staff with diverse and relevant experience. Moreover, the Foundation invests significantly in staff professional development. Staff members stay current on the professional literature and participate in national meetings of experts in the field of aging and health as well as in grantmaking affinity organizations such as Grantmakers in Health and Grantmakers in Aging. The Foundation’s Board of Trustees also keep abreast of developments in the field through background readings and invited speakers at Board meetings.

This commitment to engagement enables the Foundation to go beyond awarding grants to truly making change. Foundation staff and Board members serve on a variety of external advisory committees and related boards. Foundation staff frequently give speeches on effective fundraising and provide a friendly challenge to educational institutions that may view philanthropy as an ATM for parochial interests. With our recently enhanced communications efforts, such as weekly blog posts, we are making an even greater effort to share our observations and even personal stories to advance the mission of the Foundation to improve the health of older Americans.

It is a privilege to work at a major Foundation and a challenge to live up to the legacy of the founders and our predecessors. Sometimes we make mistakes, but we are open to feedback and learn from our failures. We are very proud that according to the experts we respect most—our grantees—the Foundation received an astonishing 99th percentile rating in a universe of comparable funders for impact on the field and 91 percent of respondents agreed that we were “on track” to advance the mission.

## John A. Hartford Foundation Institute for Geriatric Nursing

**1996-2009** Nursing is the largest of the health professions, with more than 3 million registered nurses (RNs) in the United States. Nurses play a critical hands-on role in caring for older adults. The Hartford Foundation, whose academic geriatric programs had focused on physicians, first broadened its reach to include nurses with the creation of the John A. Hartford Foundation Institute for Geriatric Nursing at New York University, College of Nursing. Over \$10 million were invested in the Institute.

The Hartford Institute encourages best nursing practices in nursing care of older adults through conferences, publications, and educational materials, such as the book *Geriatric Nursing Protocols for Best Practice*, the *How to Try This* series of assessment tools, each of which focuses on a topic specific to the care of older adults (risk for falls, pain assessment, delirium, etc.), and ConsultGerRN.org (a resource for nurses at the bedside).

Substantial additional grants from The Atlantic Philanthropies enabled the Institute to expand its outreach to nursing specialty organizations, first in partnership with the American Nursing Association and then on its own.

✓ The Hartford Institute has had a transformative effect on nursing at all levels. The Institute became an important partner of the American Association of Colleges of Nursing and their curriculum development work (page 60). Over 90 percent of baccalaureate nursing programs now have gerontologic content integrated into their curriculum. Geriatric-focused assessment tools and best practices are now readily available to practicing nurses, including as mobile apps. The Institute's national awards in geriatric nursing education, practice, and research have created recognition of excellence and provided models and momentum for replication.



“There’s a real science now to nursing care of older adults. There’s a knowledge base. There’s research and evidence.”

**Mathy Mezey, EdD, RN**  
Professor Emerita  
Associate Director  
Hartford Institute for  
Geriatric Nursing  
NYU College of Nursing



(Above) Abraham Brody, PhD, GNP, visits with a home care patient. His work as an undergraduate research assistant at the Hartford Institute inspired him to seek a PhD in nursing. He is now on faculty at the NYU College of Nursing.

(Right) A Summer Research Scholars program sponsored by the Hartford Institute propelled Pamela Cachionne, PhD, GNP, to the next step in her research on delirium in older adults.

(Left) Terry Fulmer, PhD, RN, former Dean of the NYU College of Nursing and Mathy Mezey, EdD, RN, former Director of the Hartford Institute for Geriatric Nursing, with Hartford Chairman Emeritus James D. Farley (center).





(Left) Nursing students at Valparaiso University, performing blood pressure screening as part of their course, "The Aging Process."

The NICHE program was incubated within the Hartford Institute and adopted by many hospitals, including Bronson Methodist Hospital, in Kalamazoo, MI, where Rita LaReau, MSN, GNP, (left) leads the program, and Rochester General Hospital in Rochester, NY, where Sue Nickoley, MS, RN (below, second from right) is the site leader.

“Because older adult patients are the core business of health care, all nurses must have core competencies in geriatrics.”

**Elizabeth Capezuti, PhD, RN**  
Associate Professor  
NYU College of Nursing



“The Hartford Institute for Geriatric Nursing has a reputation as a resource for world-class evidence-based nursing practice to address the age-sensitive needs of older adults.”

**Tara Cortes, PhD, RN**  
Executive Director and Professor  
Hartford Institute for Geriatric Nursing  
NYU College of Nursing

“ I don't think it's an exaggeration to say that the field of geriatrics probably would not exist were it not for the Hartford Foundation. A critical mass of leaders, researchers, and teachers in geriatrics exist today because of the Hartford Foundation. With funding from the Foundation, they had a way to support themselves, to do their work, and sustain a professional identity during a time—even up to the present—when geriatrics was marginalized, stigmatized, and not considered important to the health care system.”

**Diane E. Meier, MD**  
 Director  
 Center to Advance Palliative Care  
 Professor  
 Geriatrics and Internal Medicine  
 Icahn School of Medicine at  
 Mount Sinai Medical Center

FACULTY DEVELOPMENT

1997

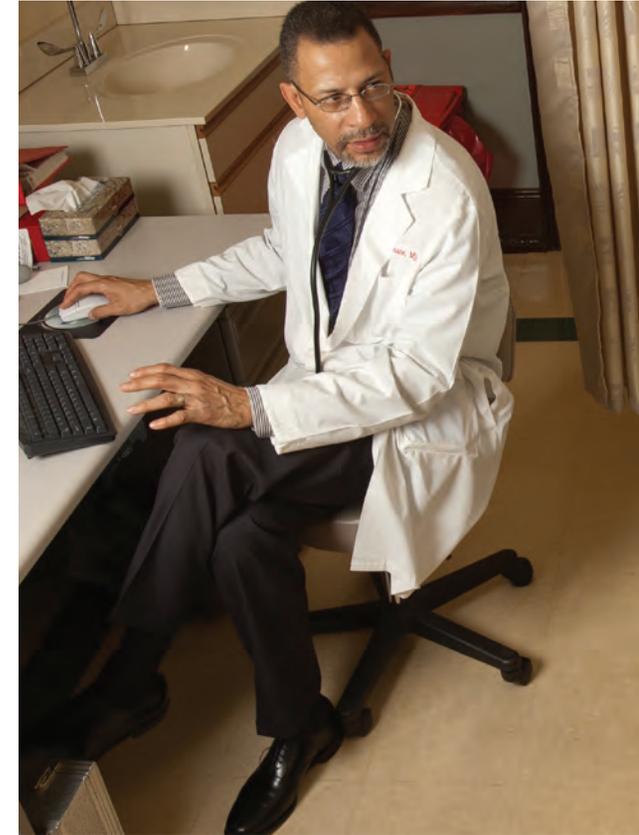
**Centers of Excellence for Training Academic Geriatricians**

**1997-PRESENT** The Academic Geriatrics Recruitment Initiative (page 35) was redefined as the Centers of Excellence in Geriatric Medicine program. These Centers, through their investment in advanced fellows and junior faculty, have produced hundreds of academic geriatricians. These knowledgeable scientists, teachers, and clinicians have raised the profile of geriatrics within their schools of medicine and throughout the nation.

Two Centers of Excellence in Geriatric Psychiatry were established in 2005. With the final three Centers established in 2008, today there are 28 Centers of Excellence across the country.

✓ The Centers of Excellence have increased the prominence of geriatrics institutionally and nationally. Sixty-eight percent of all geriatrics fellows and 71 percent of all advanced fellows in the United States were trained at Hartford Centers of Excellence. Eighty-two percent of faculty supported by a Center of Excellence remain in academic geriatrics.

In 2009, the Centers of Excellence program was redesigned with a national program office at the American Federation for Aging Research, with an even stronger emphasis on supporting and connecting junior faculty and fellows selected as scholars.



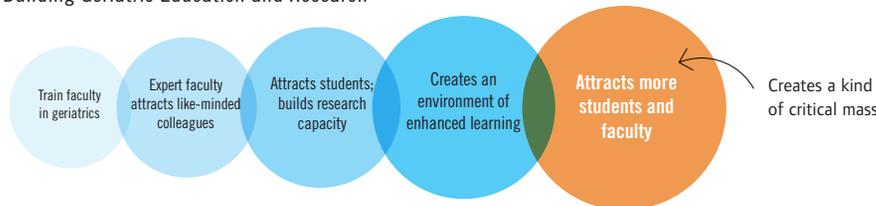
(Above) Margaret Pisani, MD, received support through the Hartford Center of Excellence at Yale University School of Medicine to conduct research on improving functional outcomes for older patients treated in the intensive care unit.

(Center, top) Jerry Johnson, MD, examining a patient at the Hartford Center of Excellence, University of Pennsylvania.

(Center, bottom) Rainier Soriano, MD, with second year medical students, at Mount Sinai Medical Center, NY.



CoEs: Building Geriatric Education and Research





“The University of Washington Center of Excellence was a very tangible force for me because they purchased my first microscope, a high-resolution photomicroscope, which I still have in my office today. Where the Center of Excellence is so helpful is with the missing pieces—like equipment or gaps in funding—that are so problematic for young investigators. If you show promise and a commitment to academics, the Center is really there for you. It was there for me.”

**May J. Reed, MD**  
Associate Professor  
Division of Gerontology  
and Geriatric Medicine  
University of Washington  
School of Medicine



“The resources from the Center of Excellence have helped us to encourage people to choose aging instead of another discipline at a critical time in their career.”

**Mary E. Tinetti, MD**  
Director  
Claude D. Pepper Older Americans  
Independence Center  
School of Medicine  
Yale University

(Above) Pearl H. Seo, MD, MPH, received Hartford junior faculty support for her research on outcomes among older cancer patients.

(Below) John R. Burton, MD, Director, Johns Hopkins Geriatric Education Center, providing guidance to primary care residents in the care of elder frail patients.



**82%** of  
faculty supported  
by a Center of  
Excellence remain  
in academic  
geriatrics

### Geriatric Social Work Initiative: Curriculum

**1998-PRESENT** The Generalist Physician and Geriatric Interdisciplinary Team Training initiatives had underscored the central role of social workers in improving the health care of older adults. The Hartford Foundation therefore launched the Geriatric Social Work Initiative (GSWI), the first component of which aimed to transform social work curricula with the Strengthening Aging and Gerontological Education in Social Work project at the Council on Social Work Education (CSWE).

A series of grants to CSWE, the accrediting agency for social work education, culminated in the National Center for Gerontological Social Work Education (Gero-Ed Center). This program embedded geriatric content in generalist courses, developed new courses in gerontology, and expanded opportunities to expose students to older adults.

In 2007, the Foundation funded an initiative to increase gerontologic competencies in the MSW advanced curriculum areas of health, mental health, and substance abuse. ([www.cswe.org/CentersInitiative/GeroEdCenter.aspx](http://www.cswe.org/CentersInitiative/GeroEdCenter.aspx))

**Over the duration of the Hartford grants to CSWE, more than 1,500 social work faculty members have participated in gerontological competency-based training and 250 social work programs have infused such competencies into their curricula and program structure or developed a minor, certificate, specialization, or area of emphasis in geriatrics.**



(Bottom left) Tracy A. Schroepfer, PhD, Associate Professor of Social Work, University of Wisconsin, Madison, a Hartford Doctoral Fellow (2001-2003) and Faculty Scholar (2004-2006) dispels misperceptions about working with older adults in her lectures to social work students.

(Below, top) Nancy Kelley-Gillespie, PhD, Associate Professor, University of Nebraska at Omaha, School of Social Work, helped to overhaul the school's curriculum to infuse gerontological content.

(Below, bottom) Gaynell M. Simpson, PhD, Assistant Professor at The University of Alabama and a 2009 Faculty Scholar (left) with her mentor, Letha Chediha, PhD, Professor of Social Work at the University of Michigan, a Faculty Scholar from 2000.

“Offering separate courses in gerontology will not prepare an adequate number of students to meet workforce demands. Geriatric content must be infused throughout the curriculum.”

Nancy R. Hooyman, PhD, MSW  
Co-Director  
CSWE National Center for Gerontological Social Work Education



[www.cswe.org/CentersInitiative/GeroEdCenter.aspx](http://www.cswe.org/CentersInitiative/GeroEdCenter.aspx)



[www.gswi.org](http://www.gswi.org)

(Right) Ruth E. Dunkle, PhD, Professor of Social Work and Associate Dean at the University of Michigan, leads a geriatrics seminar for MSW students.

(Below) Patty Hunter, MSW, LCSW, Co-Director of the Hartford Partnership Program for Aging Education, at California State University in Chico, teaches concepts related to working with older adults.

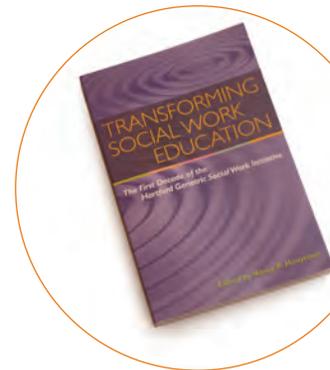


“The model of infusing geriatric competencies into the curriculum has been tremendously successful. Even students who don’t specialize in gerontological social work are exposed to that content.”

**Julia M. Watkins, PhD**  
Former Executive Director  
Council on Social Work Education



(Right) Master’s degree students and interns at Pacific Clinics, Pasadena, California, facilitate a support group among older adults who help each other to better manage life’s challenges.



“Baby boomers have higher risks for depression, anxiety, and substance abuse disorders than people born before World War II.”

**Dilip V. Jeste, MD**  
Director  
Hartford Center of Excellence  
in Geriatric Psychiatry  
Estelle and Edgar Levi Chair in Aging  
University of California, San Diego



# 1999

## INNOVATIVE MODELS OF CARE

### Improving Treatment for Late-Life Depression



(Opposite page) Depression Care Manager Marcia Honigsztein, LCSW, of the Woodhull Medical Center, Brooklyn, NY, with a patient referred to her by her primary care doctor after the death of her mother.

(Bottom, middle) Rita Haverkamp, RN, MSN, CNS, a Depression Care Manager at Kaiser Permanente, San Diego, CA, who was involved in the original IMPACT trial, sees a patient whose medication for depression has failed.

(Far right) Rita Haverkamp (top) and Dr. Jürgen Unützer (bottom) lead a training session on implementing the IMPACT model for the Los Angeles County Department of Mental Health.

[www.impact-uw.org](http://www.impact-uw.org)

**1999-PRESENT** The Hartford Foundation recognized that in order to adequately meet the health care needs of older adults it was necessary to address mental as well as physical health. Even though effective treatments are available for depression, it often goes undiagnosed and untreated in older adults. Jürgen Unützer, MD, MPH, then at the University of California, Los Angeles, led a multisite trial to more effectively treat late-life depression in primary care settings, where older adults typically receive mental health care.

The Hartford Foundation provided \$8 million for a clinical trial to test the multidisciplinary collaborative model called IMPACT (Improving Mood – Promoting Access to Collaborative Treatment for Late-Life Depression). Co-funding of \$3 million was obtained from the California HealthCare, Hogg, and Robert Wood Johnson Foundations.

The study showed that the IMPACT team care approach is twice as effective as usual treatment for depression for older adults and it reduces total health care costs.

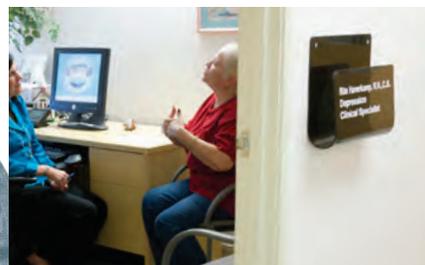
A \$2.4 million follow-up grant in 2004 was used to establish an implementation center, which has become self-sustaining. In 2012, the Foundation and the implementation center competed for a grant from the federal Corporation for National and Community Service through its Social Innovation Fund to scale and spread an evidence-based practice.

**The IMPACT model has been implemented in over 600 health care practices in more than 30 states. In 2008, Minnesota began implementation of the IMPACT model and by 2012, 30 percent of the 8,000 patients treated for major depression in the 70 participating clinics were in remission, six times higher than the state average for all clinics. Several large health plans have incorporated core components of IMPACT into their care delivery, and underserved populations in the rural northwest will benefit thanks to the Social Innovation Fund award.**

*“This is an example of how foundation money can not only change something in health care but create something that sustains itself over the long run.”*

**Jürgen Unützer, MD, MPH**  
Professor and Vice Chair  
Department of Psychiatry and  
Behavioral Sciences  
University of Washington

**8 to 10%**  
of older adults seen  
by primary care  
physicians have  
major depression



## Geriatric Social Work Initiative: Faculty Development

**1999-PRESENT** The second component of the Geriatric Social Work Initiative was created to increase the number of social work faculty members committed to research and teaching about the needs of older adults.

The Hartford Geriatric Social Work Faculty Scholars program provided financial and career support for talented junior faculty members. To cultivate outstanding social work students to pursue an academic career in gerontology, the Hartford Doctoral Fellows in Geriatric Social Work program provided dissertation support and professional development opportunities to social work doctoral students.

**All of the 125 Faculty Scholars remain in geriatric social work faculty positions, and 96 percent of those eligible for tenure were promoted. Over 10 percent of Faculty Scholars became deans, associate deans, or chairs of social work programs. Collectively the scholars have obtained over \$75 million in additional research funds and have taught over 7,300 students.**

**Ninety-six percent of the 104 Doctoral Fellows completed their dissertation, compared to 71 percent of doctoral candidates not participating. As of 2010, 47 percent of the fellows held a tenure-track position, compared to 27 percent of the candidates who applied but were not selected.**

“The faculty members we select and promote are incredible scholars. They are dedicated to gerontology, and they disseminate their knowledge to the practice and policy arenas. They are tremendous role models for future generations of gerontological social workers.”

**Barbara J. Berkman, DSW/PhD**  
Helen Rehr/Ruth Fizzdale Professor Emerita of Health and Mental Health  
Director, Hartford Faculty Scholars Program  
School of Social Work  
Columbia University

“The Doctoral Fellows program identifies doctoral students with the potential to become faculty leaders in geriatric social work and gives them the tools to launch a successful academic career.”

**James E. Lubben, DSW, MPH**  
The Louise McMahon Ahearn Chair  
Director  
Hartford Doctoral Fellows Program  
Boston College



(Above, top) Program leaders Barbara J. Berkman, DSW/PhD, and James E. Lubben, DSW, MPH, at a meeting of the Geriatric Social Work Initiative (GSWI) Advisory Board.

(Above, bottom) Patricia J. Volland, MSW, Director, Social Work Leadership Institute, New York Academy of Medicine, leads a meeting of the GSWI Advisory Board.

(Right, top) Michelle Putnam, PhD, Assistant Professor at Simmons College in Boston, a Hartford Faculty Scholar (2002-2004), teaches a doctoral-level course on incorporating public policy in research.

(Right, bottom) Hartford Doctoral Fellows Poster Session Exposition at the 2009 Annual Meeting of Gerontological Society of America.



[www.gswi.org](http://www.gswi.org)



## Geriatric Social Work Initiative: Field Placements

**1999-PRESENT** Many social work students are not aware of the range of settings and practice opportunities in gerontology, and they may reject this specialization due to misperceptions about working with older adults. The Social Work Leadership Institute at the New York Academy of Medicine received funding to create and spread what became known as the Hartford Partnership Program for Aging Education (HPPAE), an innovative practicum model that gives master's-level social work students opportunities to rotate field placements among various agencies that serve older adults.

**The HPPAE rotational practicum model has been adopted in 97 schools of social work in 39 states. A final renewal grant from Hartford is supporting the integration of the model into Veterans Health Administration programs and into the Council on Social Work Education's Gero-Ed Center.**



“It was interesting to be based in a senior center where there are healthy older adults and also be part of the elder abuse program, where you see more vulnerable seniors, and then the adult day center with people with dementia.”

**Anne Millheiser, MSW, LSW**  
Catholic Charities  
Illinois Department on Aging  
Elder Abuse and Neglect Program  
HPPAE Fellow 2008



“There’s a real synergy around the Hartford programs. It’s not just about helping one person. When students express an interest in aging, we have resources and contacts across the country to link them with and the process builds on itself.”

**Daniel S. Gardner, PhD, LCSW**  
Assistant Professor of Social Work  
NYU Silver School of Social Work  
Hartford Doctoral Fellow 2002-2004  
Hartford Faculty Scholar 2006-2008



(Right) Debra Milner, MSW, walks with a client during her field placement with Jewish Family & Children’s Services of Long Beach, CA.



(Above, top) Anne Millheiser, MSW, LSW, a HPPAE Fellow in 2008, works from her car on Chicago’s North Side, investigating allegations of abuse, neglect, and financial exploitation of older adults.

(Above, bottom) Daniel S. Gardner, PhD, LCSW, a Hartford Doctoral Fellow (2002–2004) and a Hartford Faculty Scholar (2006–2008) interviews an older adult for his research on family decision-making around chronic and terminal illness.



## Hartford Geriatric Nursing Initiative: Building Academic Geriatric Nursing Capacity



**2001-PRESENT** The Hartford Foundation embarked on a more comprehensive strategy to support geriatric nursing faculty development, curriculum enhancement, research and practice. The Building Academic Geriatric Nursing Capacity (BAGNC) program, originally administered by the American Academy of Nursing, received grants totaling \$53.2 million to address the critical shortage of leaders in geriatric nursing research and education.

BAGNC has two main components:

- Grants were provided to establish nine Centers of Geriatric Nursing Excellence (CGNEs) at schools of nursing. The Centers raise the profile of gerontological nursing at institutions, regionally and nationally, and dramatically increase recruitment to geriatric nursing, bolster research and spearhead best practices for nursing care of older adults.
- A Scholar and Fellow Awards Program provides stipends for pre-doctoral scholars and post-doctoral fellows to pursue careers in academic geriatrics and nursing administration focused on the research and care needs of elderly patients.

**The CGNEs have graduated over 50 doctorally trained geriatric nursing faculty, and retrained over 200 faculty with geriatrics expertise. The Donald W. Reynolds Foundation also funded a CGNE modeled after the Hartford Centers at the University of Oklahoma.**

The 251 Patricia G. Archbold Scholars and Claire M. Fagin Fellows have taught over 33,000 undergraduate, graduate, and doctoral students, received over \$80 million in funding from the NIH and other sources, and published over 1,400 articles on the care of older adults. The program has attracted other funders, including The Atlantic Philanthropies, the Mayday Fund, the American Heart Association, and the Jonas Center for Nursing Excellence.

“Gerontological nurses apply a body of specialized knowledge and skills to provide nursing care that meets the unique needs of older adults. They are able to detect problems early and initiate care that often prevents more serious conditions or minimizes their effects.”

Patricia G. Archbold, DNSc, RN  
Former Director  
Building Academic Geriatric Nursing  
Capacity Initiative

(Left, top) Corrinne Jurgens, PhD, RN, a Fagin Fellow (2004-2006) teaching a class at the Stony Brook University School of Nursing, Stony Brook, NY.

(Right) Patricia Holkup, PhD, RN, a Fagin Fellow (2005-2007) and Dr. Gyda Swaney, co-investigator on their Historical Trauma and Unresolved Grief project, interview a project participant from a Tribal community in rural Montana.

(Below) Lisa Skemp, PhD, RN, a Fagin Fellow (2003-2005) visits an older woman in rural Iowa to assess her needs.





(Left, top) Melissa B. Aselage, PhD, RN-BC, an Archbold Scholar (2009–2011), now on faculty at Duke University School of Nursing.

(Left, middle) Participants of a walking program in Phoenix, AZ, to promote cardiovascular health among older Hispanic women developed by Adriana Perez, PhD, RN, an Archbold Scholar (2007–2009) and Fagin Fellow (2990–2011).

(Left, bottom) Fagin Fellow Tara Sharpp, PhD, RN, (far left) discusses her research on how staff monitor and provide health care to residents with dementia in assisted living facilities with her mentors at the Betty Irene Moore School of Nursing (left to right: Dean Heather Young, PhD, RN, Debra Bakerjian, PhD, FNP, RN, and Elena Siegel, PhD, RN).

“ I wanted to capture students at the very beginning of their careers and get them excited about taking care of older adults and teach them best practices.”

**Melissa Aselage, MSN, RN, FNP-BC**  
Assistant Professor  
School of Nursing  
Duke University



“ The impetus behind the BAGNC Alumni Association was an opportunity to give back to the Hartford Foundation and the BAGNC program for the commitment and confidence they’ve placed in us as nurses. Our goal is to support each other in our scholarship and practice and to share resources and expertise.”

**Adriana Perez, PhD, RN, ANP**  
Assistant Professor and  
Southwest Borderlands Scholar  
Co-Director  
Hartford Center of Geriatric Nursing Excellence  
Arizona State University

**Curriculum Grants in Nursing**

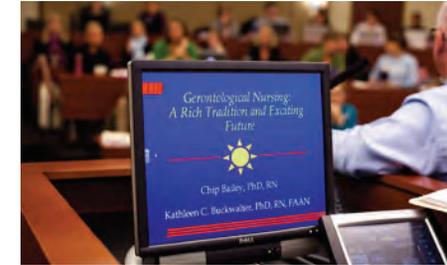
**2001-2013** The Hartford Foundation provided almost \$9 million in funding to the American Association of Colleges of Nursing (AACN) to embed aging content into geriatric nursing programs. This included funding to support the recruitment of students into geriatric advanced practice nursing programs and the Geriatric Nursing Education Consortium (GNEC), which fostered geriatric content development in senior-level undergraduate nursing courses and provided faculty with training and materials to train others at their home schools. More recently, funding supported AACN to facilitate the merging of adult and gerontological nursing curricula at the advanced practice nursing level with resources and training for schools of nursing facing this mandatory change.

The AACN added geriatrics to its set of core competencies expected of all graduates of baccalaureate nursing programs.

The GNEC was very effective. A total of 808 nursing faculty from 418 institutions (representing 69 percent of nursing programs in the United States) attended Faculty Development Institutes where GNEC offered training in geriatric curricula.

After two years, 82 percent of participating institutions revised and enhanced senior-level nursing courses with the evidence-based curricular material on caring for older adults and new courses in geriatric nursing were created. At least 70 percent of the revised and enhanced courses are required by their institutional programs, as are 43 percent of the stand-alone courses.

As a result, thousands of nursing students, in nearly half the nursing schools in the country, will be exposed to best practices in geriatric care across a wide range of course offerings.



(Right, top, and below) Donald Bailey, Jr., PhD, RN, Associate Professor at Duke University School of Nursing, and a Fagin Fellow (2003-2005), teaches gerontologic nursing to students in the field (top) and in the classroom (below).

“Without the Hartford Foundation, the sea change that created a critical mass of gerontological nurses would not have been possible.”

**J. Taylor Harden, RN, PhD**  
Executive Director  
National Hartford Centers of  
Gerontological Nursing Excellence



Curriculum Grants in Medicine

**2001-2005** The need for more geriatrics content in the medical school curriculum is compelling, but making that change is challenging. The four years of medical education are already strained by the constant pressure to keep required curriculum up to date. New material must be clinically relevant and compete for time and attention in core offerings.

The Hartford Foundation awarded \$5.2 million in grants to the Association of American Medical Colleges (AAMC) to provide funding to 40 medical schools. These schools developed a variety of programs to improve attitudes toward older patients and equip medical students with the knowledge to effectively treat older patients.

In 2005, the Foundation provided a three-year grant to the AAMC to continue to encourage the spread of geriatrics education and to make available the products developed under the prior awards. Part of the funding was used to transfer Hartford-funded educational tools to a geriatrics education Web site created by the Donald W. Reynolds Foundation ([www.POGOe.org](http://www.POGOe.org)).

**The Reynolds Foundation built on the Hartford Foundation's investments with \$80 million in funding for 40 medical schools to transform their geriatrics education.**

**The AAMC survey of all graduating medical students demonstrated a rapid rise in perceived competence in the care of older patients and satisfaction with geriatrics education at medical schools that received curriculum grants.**



(Above) Lazelle E. Benefield, PhD, RN, Director of the Donald W. Reynolds Foundation Center of Geriatric Nursing Excellence, University of Oklahoma Health Sciences Center.



(Left, top) Sarah H. Kagan, PhD, RN, Professor of Gerontological Nursing at the University of Pennsylvania School of Nursing, examines a patient.



(Left, bottom) Nursing students interview a participant in a meal program at a community center in Iowa.



POGOe.org



“My job is to do all the things that a care manager does—screen, assess, plan, coordinate, and monitor. But I also treat the whole patient. For example, a patient might be referred to me for diabetes, but the patient is depressed. We can’t work on the diabetes until the depression is addressed. My job is to find out what’s causing the patient to have a difficult time managing his or her illness. Most patients want to be well. They just may not know how.”

Ann Larsen, RN, CDE  
Care Manager  
Intermountain Healthcare  
Medical Group

Senior Health and Wellness Clinic



## Geriatric Interdisciplinary Teams in Practice

**2001-2006** Following on the weak reception in health professions education of the Geriatric Interdisciplinary Team Training initiative, the Foundation sought to bolster the evidence for the clinical benefits of team care.

With \$7.2 million, the Hartford Foundation created the Geriatric Interdisciplinary Teams in Practice (GIT-P) initiative to support the creation and testing of five new models of team care in diverse practice settings. In 2005, the Foundation awarded a grant to the University of Colorado Health Sciences Center to lead the effort to promote wider adoption of four of these models. Ultimately, two of the models that proved to have the most market potential received individual grants for even more widespread dissemination.

### Care Transitions

The Care Transitions model, spearheaded by Eric A. Coleman, MD, MPH, University of Colorado Health Sciences Center, addresses the challenge of coordinating care for older hospitalized adults at risk for complications or rehospitalization. Patients with complex care needs and family caregivers work with a transition coach and learn self-management skills that make their transition from hospital to home safer ([www.caretransitions.org](http://www.caretransitions.org)).



Care Transitions

The program was shown to be highly effective and to reduce hospital readmissions. It was supported with additional funding from the Robert Wood Johnson Foundation, California HealthCare Foundation, the Gordon and Betty Moore Foundation, Health Foundation for Western and Central New York, the Grotta Fund, the NIH and others. In 2008, the Hartford Foundation provided a grant of \$1.1 million for further dissemination of the model, which was renewed in 2012.

**The Care Transitions model has been adopted by more than 750 health care systems in over 40 states, and the numbers are growing. A confluence of national health policy initiatives has resulted in new financial incentives that enhance dissemination efforts. The Affordable Care Act contains a provision that allocates \$500 million to foster partnerships between community-based organizations and hospitals, which can be accomplished by adopting the Care Transitions Intervention and other evidence-based programs.**

**Care Transitions and other Hartford-funded models have raised national awareness about the dangers for older adults as they transition between health care settings and providers.**

### Care Management Plus

Older adults with complex health care needs often see several physicians and other health care providers. These clinicians often do not communicate effectively with one another, which can lead to unnecessary health problems and more frequent hospitalizations.

To address this, Paul D. Clayton, PhD, and Laurie Burns, PTMS, at Intermountain Health Care in Salt Lake City, UT, created the Care Management Plus model. It has two main components: the introduction of a care manager (a nurse or social worker) and use of an electronic information technology system ([www.caremanagementplus.org](http://www.caremanagementplus.org)).

The model was shown to both improve quality of care and reduce costs. In 2007, the Foundation provided a grant to disseminate the model. By then, David A. Dorr, MD, MS, at Oregon Health & Science University, and Cherie Brunner, MD, at Intermountain Health Care, had assumed leadership of the project.



Virtual Integrated Practice

✓ Adoption of the Care Management Plus model exceeded expectations. It has been implemented in 173 primary practice settings, and over 335 practitioners have been trained in the approach. An estimated 153,000 older adults (and 500,000 patients in total) have been served.

About \$26 million in external funding has been obtained for the program from the Agency for Healthcare Research and Quality, the Gordon and Betty Moore Foundation, and others.

**Senior Health and Wellness Clinic**  
The PeaceHealth Oregon Region Center for Senior Health set up a clinic to provide comprehensive geriatric primary care services all in one setting. With a grant from the Hartford Foundation, PeaceHealth measured the impact of their interdisciplinary team care approach, a project led by Ronald D. Stock, MD, MA, Executive Medical Director of the Gerontology Institute at PeaceHealth Oregon Region, Center for Senior Health.

**Virtual Integrated Practice**

Primary care practices in rural settings often lack the capability to offer multidisciplinary team care. With the Virtual Integrated Practice (VIP) model, developed by Steven K. Rothschild, MD, Associate Professor of Family Medicine at Rush University Medical Center in Chicago and his colleagues, the primary care team identifies practitioners in nearby pharmacies, health care settings or community organizations and develops working relationships among them, communicating often through electronic means.

**Senior Resource Team**

Most older adults receive health care from primary care physicians who are not specialists in geriatrics. To address this, Edward H. Wagner, MD, MPH, and his colleagues at Group Health Cooperative Puget Sound created the Senior Resource Team model, in which an interdisciplinary geriatric consulting team is embedded in a primary care practice.

When this intervention was tested it did not result in better patient outcomes than the control group. Therefore, this model was not included in the dissemination phase of Geriatric Interdisciplinary Teams in Practice.

“ We need to fix the broken health care system where providers don’t talk to each other. But in the meantime, we need to support patients and families in their self-management role.”

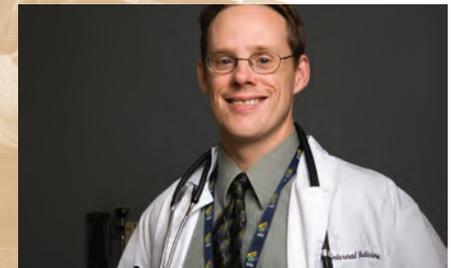
Eric A. Coleman, MD, MPH  
Professor of Medicine  
Division of Health Care Policy and Research  
University of Colorado, Denver

(Below, top) David A. Dorr, MD, MS, Associate Professor, Department of Medical Informatics and Clinical Epidemiology, Oregon Health & Science University.

(Below, bottom) Cherie P. Brunker, MD, Associate Professor, Geriatric Division, Intermountain Healthcare.

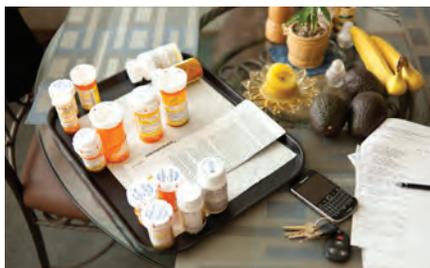
Drs. Dorr and Brunker were co-leaders of the Foundation’s grant to test and spread the Care Management Plus model.

Care Management Plus



# 2001

## Preventing Medication Errors: Evidence-Based Medication Management Intervention



**2001-2010** Based on earlier work in geriatric pharmacology (see page 33), the Hartford Foundation provided close to \$400,000 to the Partners in Care Foundation to disseminate the Medication Management Intervention to home health and social service providers and facilitate the model's adoption.

In 2006, the Foundation awarded the Partners in Care Foundation \$1.6 million to test and demonstrate the feasibility of a technology-enabled version of its medications management program, now known as HomeMeds. Using the HomeMeds intervention, health care workers who interact with older adults in their homes can perform a simple assessment to identify medication issues by entering the current medications used into a software program and asking key question that signal potential medication problems. Close to half of older adults in the pilot study were found to be at risk for serious medication-related injury.

**The HomeMeds medication management system is being used in 26 sites in California, Illinois, Florida, Texas, Wisconsin, and Minnesota. Sites include post-acute care transitions programs, Area Agencies on Aging, and Medicaid waiver programs that keep older adults out of nursing homes.**

During the four-year grant to disseminate the model, an estimated \$1.2 million in health care costs was saved by preventing falls and other serious adverse drug events.



**“ You can start a medical intervention, but if it's undermined by improper use of medications, a bad combination of medications, too much medication, lack of nutrition, or other modifiable risk factors you won't get the health results you are trying to achieve.”**

**W. June Simmons, MSW**  
President and CEO  
Partners in Care Foundation

# 2001

## RAND – Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services

**2001-2010** Interdisciplinary research is vital to improving the care of older people, whose complex needs require the integration of social, psychological, and biological elements. A series of grants, totaling \$4 million, was awarded to RAND-University of Pittsburgh to create interdisciplinary research centers in geriatrics. These centers brought together faculty members from medicine, nursing, social work and related disciplines to pursue new directions in health services and clinical research for older people.

**The centers reported a total of 1,248 accepted manuscripts, 678 professional presentations, and 240 grants awarded during the project period. Career advancements were reported for 41 faculty members associated with the centers. The centers reported that the initiative had considerable impact on generating these outcomes.**

**“ Most health care providers haven't seen good teamwork and haven't been taught how to be a team member. You have to be taught.”**

**Mathy Mezey, EdD, RN**  
Professor Emerita  
Associate Director  
Hartford Institute for Geriatric Nursing  
NYU College of Nursing

(Below) In Houston, physician and social worker meet with patient and family member.

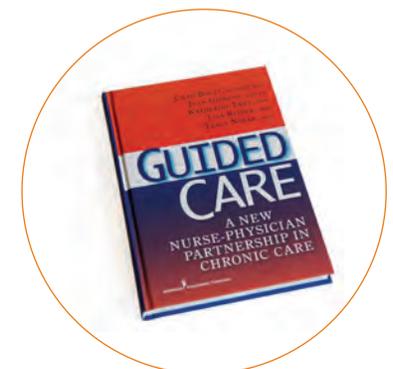


**Guided Care: Demonstration and Diffusion Planning/Enhancing the Quality of Medical Home Services**

**2004-2012** Guided Care is a nurse-coordinated model that brings specially trained nurses into primary care practices to provide and coordinate high quality, evidence-based geriatric care. It draws on innovations in interdisciplinary team care, including many developed with Hartford Foundation support (such as the IMPACT depression model and Geriatric Interdisciplinary Team Training).

In partnership with the Agency for Healthcare Research and Quality and the National Institute on Aging, the Hartford Foundation made a grant to Johns Hopkins University to co-fund a rigorous evaluation of Guided Care.

**Guided Care explored some of the most important and challenging questions about how to integrate best practices in the care of complex, older patients in the real world.**



(Top, left) C. Seth Landefeld, MD, Chair, Department of Medicine, University of Alabama, Birmingham, at the 2009 ADGAP Leadership Retreat.

(Top, right) Laura Mosqueda, MD, Director, Program in Geriatrics, University of California, Irvine and ADGAP Co-Chair, putting her Leadership Scholars training to work in the community as she discusses elder abuse investigation at the Orange County, California Sheriff's Training Facility.

“For older adults with several chronic conditions the old approach of taking one disease at a time and seeing different specialists in different settings for each one doesn't work. Quality of care is low when care is not coordinated.”

**Charles “Chad” E. Boulton, MD, MPH, MBA**  
 Program Director  
 Improving Healthcare Systems  
 Patient-Centered Outcomes  
 Research Institute (PCORI)



CULTIVATE LEADERS IN GERIATRICS **2001**

**ADGAP Leadership Development Program**

**2001-PRESENT** To build geriatric leadership at academic health centers, the Hartford Foundation provided funding to the Association of Directors of Geriatric Academic Programs (ADGAP) for a training program to increase leadership skills of newly appointed geriatrics program directors. The initiative develops leadership and management skills through intensive formal training, close mentorship, and strong peer support.

**The success of this program inspired funding for a scholars program for more senior leaders. The Senior Leadership Development Scholars program helped to propel many participants to the next level of leadership. For example, Marie A. Bernard, MD, was appointed Deputy Director of the National Institute on Aging and Linda P. Fried, MD, MPH, became Dean of the Mailman School of Public Health at Columbia University.**

“Everyone in a leadership position has talent. It's a question of developing that talent so they are as effective as they can be.”

**David B. Reuben, MD**  
 Chief of the Division of Geriatric Medicine  
 Director  
 Hartford Center of Excellence  
 University of California,  
 Los Angeles



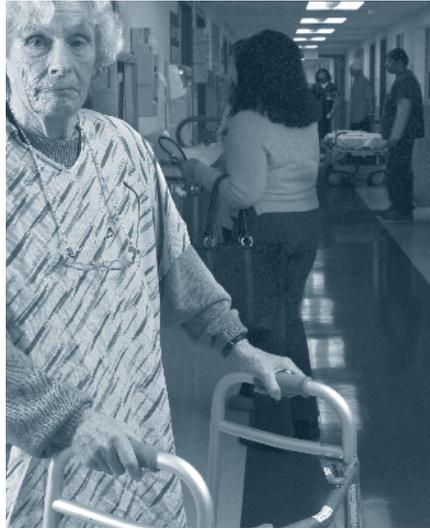
# 2005

## Society of Hospital Medicine – Better Outcomes by Optimizing Safe Transitions (BOOST)

**2005-2010** Building on earlier Foundation-funded projects on transitional care and other studies and models from the “patient-centered care” movement, the Hartford Foundation awarded two grants to the Society of Hospital Medicine to develop and disseminate a program to make the hospital discharge process safer for older patients.

Interventions were developed to improve the transition after a hospital stay. An instruction manual was created, leadership training and mentoring was provided, and consultation was offered to community and academic hospitals to help them implement the interventions.

✓ **The BOOST program improved the process of hospital discharge for older patients at over 100 hospitals, affecting over 270,000 discharges each year. BOOST training continues to be offered by the Society of Hospital Medicine with further spread efforts supported by the California HealthCare Foundation and the Blue Cross Blue Shield Association of Michigan.**



Adults over age 65 account for about **50%** of hospital occupancy, while only **13%** of the population

# 2006

## Translating Research into Practice: Transitional Care for Elders

**2006-2009** A multidisciplinary team led by Mary D. Naylor, PhD, RN, at the University of Pennsylvania developed a transitional care model to help older adults with multiple chronic conditions and health risks to successfully transition from acute care into the home or other less intensive care settings. Eligible hospitalized patients are assigned a transitional care nurse, who provides intensive case management and coordination of services.

The Hartford Foundation provided a grant of close to \$500,000 to support the cost of implementing and testing the feasibility of this transitional care model within the Kaiser health care system.

✓ **Findings from three NIH-funded studies have shown that the Transitional Care Model reduces hospital readmissions, inpatient days, and health care costs. It was also shown to improve patient safety and physical function. Transitional Care Nurses also reported high job satisfaction.**

“The Hartford Foundation has contributed to advances in health care and health policy largely through its unbelievable investment in people who care passionately about older adults, their families, and their communities.”

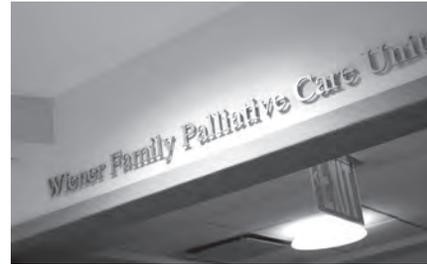
**Mary D. Naylor, PhD, RN**  
Marian S. Ware Professor in Gerontology  
Director  
New Courtland Center for Transitions and Health  
School of Nursing  
University of Pennsylvania



**Center to Advance Palliative Care**

**2006-2012** Serious illnesses, such as cancer, heart failure, emphysema, and others, can cause pain, other symptoms, and psychological distress. Palliative care is a relatively new specialty that helps patients with serious illness to achieve the best possible quality of life by relieving pain, symptoms, and stress. It is delivered by an interdisciplinary team of health professionals with special training and expertise.

The leading voice in palliative care is Diane E. Meier, MD, who directs the Center to Advance Palliative Care (CAPC), located in New York City. CAPC began in 1999 with a grant from the Robert Wood Johnson Foundation. CAPC provides health care professionals with the tools, training, and technical assistance necessary to start and sustain successful palliative care programs in hospitals and other health care settings.



“Patients and their families need to understand that palliative care is about relief from the stress and symptoms of a serious illness, and a team of providers will work with them to achieve the best possible quality of life.”

**Diane E. Meier, MD**  
 Director  
 Center to Advance Palliative Care  
 Professor  
 Geriatrics and Internal Medicine  
 Icahn School of Medicine at  
 Mount Sinai Medical Center

Palliative care has been shown to improve health outcomes for seriously ill patients and reduce overall health care costs. Palliative care programs are now in 65 percent of all hospitals in the United States, and 90 percent of large hospitals, a 150 percent increase since 2000.



(Left) Diane E. Meier, MD, Director of the Center to Advance Palliative Care, works to improve access to high quality palliative care for people and families facing serious illness.

### Paraprofessional Healthcare Institute

**2006-PRESENT** Many older adults receive care from home health aides, personal care aides, and certified nursing aides. There are about 3.2 million of these direct-care workers, a number expected to jump to five million by 2020. These workers receive low wages and often lack health insurance, yet they provide essential services to older adults and people with disabilities.

The Paraprofessional Healthcare Institute (PHI) ([www.phinational.org](http://www.phinational.org)) was founded in 1991 with the goal of improving the lives of people who need home and residential care and the lives of the workers who provide that care.

In 2006, with funding from the Hartford Foundation and The Atlantic Philanthropies, PHI launched the Center for Coaching Supervision and Leadership (CCSL). The CCSL provides training to nursing homes and home health agencies across the country to help them build well-functioning organizations, reducing staff turnover and improving the quality of care.

✓ When PHI surveyed supervisors of nursing homes and home health agencies who received training at the CCSL they found that one year later 77 percent of them reported they often or always use the skills they learned.



(Below) PHI conducts training programs for nursing assistants, home health aides, and personal assistants.



“Creating a better job for direct care workers will create better care for the older adults they serve.”

**Jodi M. Sturgeon**  
President  
Paraprofessional Healthcare Institute



(Right) A home health aide with Independence Care System, an organization affiliated with the Paraprofessional Healthcare Institute, assists a client.

“ The communication and problem-solving skills that are central to the work of home health aides, who go into the homes of strangers and must negotiate the needs of clients and family members, are the same skills that everyone within a caregiving organization needs.”

Steven L. Dawson  
Founder  
Paraprofessional Healthcare  
Institute



## INFUSE GERIATRICS INTO CURRICULUM

# 2007

### Chief Resident Immersion Training in Care of Older Adults

**2007-2012** During the residency period of medical training, doctors who have just received their medical degree practice medicine under the guidance of licensed physicians, usually in a hospital. A senior resident physician is often selected as chief resident to act as a clinical and administrative director.



In 2003, as part of its Donald W. Reynolds Foundation geriatrics training center grant, the Boston Medical Center created a program called the Chief Resident Immersion Training (CRIT) program to improve chief residents' understanding of geriatrics principles and leadership and teaching skills. In 2007, the Hartford Foundation provided funding to replicate the CRIT program nationally reaching 13 additional medical schools.

In 2011, the program received additional outside funding with a four-year, annual renewal award of up to \$2.2 million from the Hearst Foundation, which would support 19 new CRIT sites. The program also received about \$1 million from the Reynolds Foundation through a subcontract from Duke University to support six CRIT sites.

The Chief Resident Immersion Training program has been disseminated to 27 institutions nationwide, producing institution-wide cultural changes in residency training. Chief residents who have participated in the program demonstrate increased geriatrics knowledge, confidence to teach geriatrics, and improved leadership and teaching skills.





## CULTIVATE LEADERS IN GERIATRICS 2007

### Geriatric Nursing Leadership Academy

**2007-2012** While many Hartford leadership initiatives focus on academics and researchers, the Geriatric Nursing Leadership Academy prepares nurse leaders who work in clinical environments, such as hospitals and long-term care settings. Nurses who assume management positions in clinical settings often lack the skills to effectively lead interdisciplinary teams of health professionals. The Leadership Academy provides them with formal training, mentorship, peer networking, and the sense of authority needed to enact change in the way care is delivered to older adults.

Senior leaders report that their participation in the program resulted in significant organizational improvements, such as reduced use of psychotropic drugs, reduced staff turnover and, increased retention of staff. Fellows exert leadership within their professional organizations and states. For example, Amy Cotton, MSN, FNP-BC, a fellow and subsequently a mentor, is the president of the National Gerontological Nurses Association.



(Top and middle) The Inaugural 2008 Geriatric Nursing Leadership Academy Fellows.

(Bottom) Amy E. Cotton, MSN, FNP, a Geriatric Nursing Leadership Academy Fellow, here with a resident at RossCare in Bangor, ME, learned to engage stakeholders at Eastern Maine Healthcare Systems to improve the standard of care for older adults.

## INFLUENCE HEALTH POLICY

# 2007

### Institute Of Medicine Healthcare Workforce Consensus Report for an Aging Society (Retooling for an Aging America Report)



**2007-2009** Seeking to attract attention to the nation's continuing lack of preparation to care for its growing older adult population, the Foundation and the American Geriatrics Society led a coalition of funders to commission a major Institute of Medicine (IOM) study of the health care workforce and its readiness for the aging of the baby boom generation. Many of the Foundation's grantees participated on the committee and the University of Cincinnati's workforce data (co-funded by the Hartford and Reynolds Foundations) was instrumental in informing the analysis.

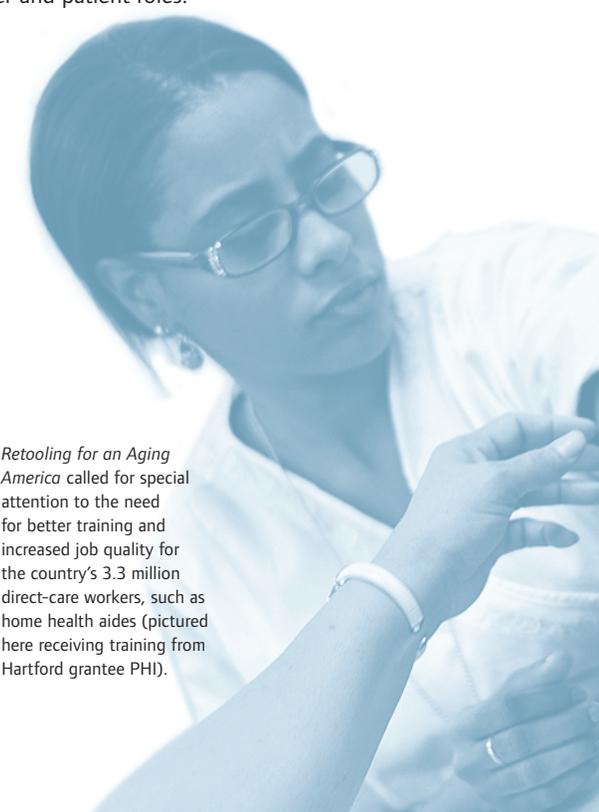
In their report, *Retooling for an Aging America: Building the Health Care Workforce*, the IOM committee challenged the health care community to:

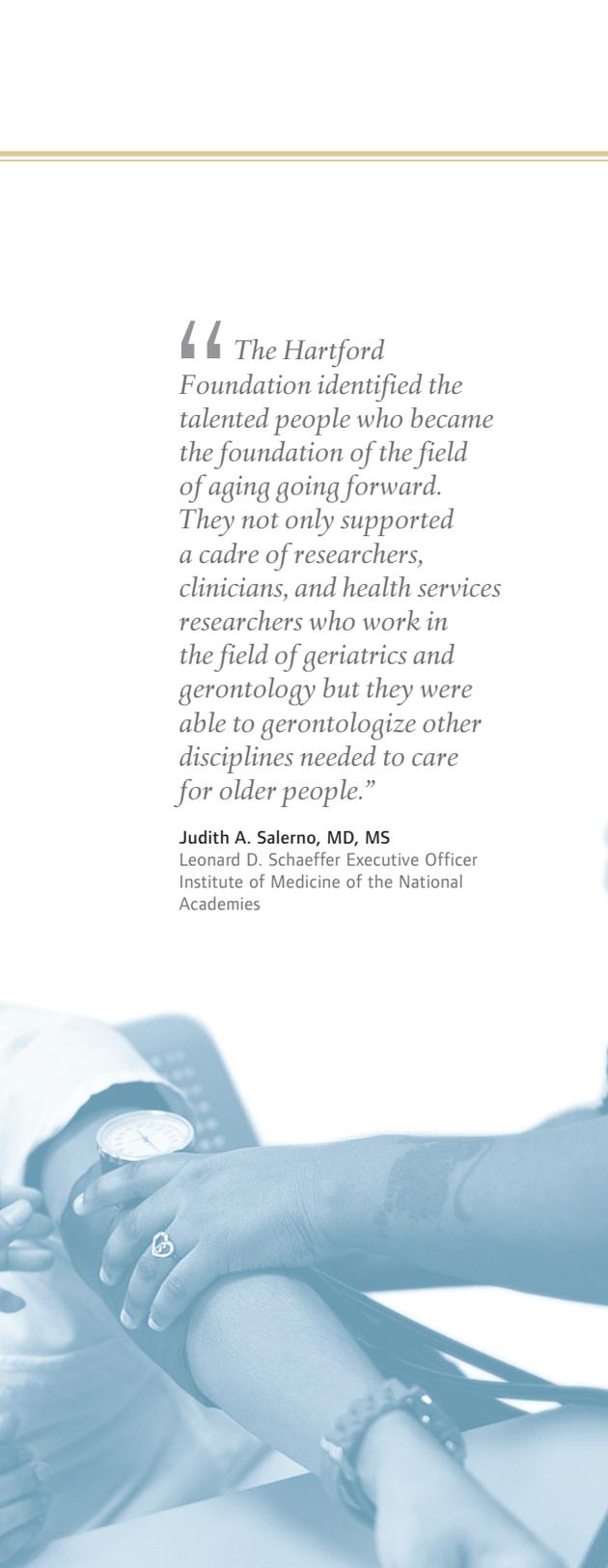
- Enhance the competence of all individuals in the delivery of geriatric care.
- Increase the recruitment and retention of geriatric specialists and caregivers.
- Redesign models of care and broaden provider and patient roles.

The IOM report, backed by a coalition of ten funders, provided the most solid evidence to date on the dire need for a better prepared workforce and brought the urgent issue to national prominence. To move the IOM report recommendations forward, the Hartford Foundation and The Atlantic Philanthropies supported the formation of a national coalition called the Eldercare Workforce Alliance (see page 76).



*Retooling for an Aging America* called for special attention to the need for better training and increased job quality for the country's 3.3 million direct-care workers, such as home health aides (pictured here receiving training from Hartford grantee PHI).





“*The Hartford Foundation identified the talented people who became the foundation of the field of aging going forward. They not only supported a cadre of researchers, clinicians, and health services researchers who work in the field of geriatrics and gerontology but they were able to gerontologize other disciplines needed to care for older people.*”

**Judith A. Salerno, MD, MS**  
Leonard D. Schaeffer Executive Officer  
Institute of Medicine of the National Academies

## Guiding Principle: Partnerships to Leverage Impact

AS THE FOURTH LARGEST PHILANTHROPY IN THE UNITED STATES in the middle of the last century, our Foundation made enormous contributions to advance biomedical science. A relatively smaller endowment in subsequent years did not diminish the ambitions of the Foundation's Board of Trustees to make grants that could have a large impact in the new area of Aging and Health. Therefore, the Trustees continually challenge program staff to leverage our funding for maximum effect. This requires us to find partners.

The right partnerships can serve as powerful tools that allow resources to go farther and create bigger movement on important issues than would otherwise be possible. Partnership can mean co-funding, coordinated funding, or even non-financial mutual support.

One of our earliest and longest standing partners was the The Atlantic Philanthropies, a much larger foundation with a shared interest in aging. Co-funding with The Atlantic Philanthropies made possible many of our more ambitious and influential initiatives, including the Beeson (page 42), Jahnigen (page 39), and Williams Scholars (page 40) programs for junior faculty in medicine, the Fagin Fellows program in geriatric nursing (page 58), and most recently the Eldercare Workforce Alliance (page 76). We have co-funded projects with dozens of other foundations over the years.

Beyond the philanthropic sector, we have also leveraged partnerships with federal agencies through coordinated activities and funding. After 10 years of purely private support of the Beeson Scholars program, for example, we formed a partnership with the National Institute on Aging (NIA). The NIA has comparatively vast resources for research awards and seeks to develop expert scholars in the field. The private foundations supporting Beeson Scholars had long emphasized career and leadership development activities which the federal government cannot fund. It was a match made in heaven, and together, the public and private partners are leveraging each other's strengths and resources. The NIA has since become our partner for other Hartford-initiated programs such as one focused on attracting medical students to aging research careers (page 42).

We have collaborated with many other foundations, non-profit organizations, and corporations, finding common ground and gaining strength in numbers. We have looked for ways to be strategic in our partnerships, sharing expertise and relationships as well as dollars. We work closely with members of the Grantmakers in Aging affinity group, such as the SCAN, Archstone, and Retirement Research Foundations, to draw upon their experience and complementary work in the field.

As we initiate new grant programs focused on creating even more rapid and dramatic changes in health care delivery and practice, new strategic partnerships will play an essential role.

**Practice Change Fellows**

**2007-2012** Early efforts by the Hartford Foundation to support and sustain leaders in geriatrics were focused mostly on building academic capacity. In 2007, the Foundation turned its attention to nurses, social workers, and physicians working in health care settings outside of academic institutions (nursing homes, home health care agencies, medical clinics, hospitals, and the community).

The Practice Change Fellows program, which was originally spearheaded by The Atlantic Philanthropies, provides a two-year training opportunity for nurses, physicians, and social workers who lead health-related organizations to develop leadership skills, content expertise, and relationships that will enable them to positively influence care for older adults, as they employ these skills in geriatric redesign projects within their organizations.



(Top, right) Practice Change Fellow Ilaina Edison, RN, MBA, former Senior Vice President of the VNSNY, coordinated the agency's response to Hurricane Sandy in New York in October 2012. Nearly 100 percent of their clients, many of whom were without electricity, phone, and elevator service, were connected with their VNSNY caregivers.



All 38 fellows successfully implemented programs and services that are improving the health of older adults in their health care organizations. Many are spreading geriatric-focused efforts beyond the walls of their individual hospitals, nursing homes, home care and social service agencies, and clinics. Several fellows have assumed greater leadership roles allowing them to have broader impact on the delivery of care.

In 2013, the Hartford Foundation and The Atlantic Philanthropies launched the Practice Change Leaders for Aging and Health program as a follow-up program. Ten participants per year for three years will be chosen to receive funding to complete innovative projects and expand their effectiveness as organizational leaders improving care of older adults.

“The Practice Change Fellows program taught me the leadership skills I needed when Hurricane Sandy devastated areas of New York City where clients of the Visiting Nurse Service of New York live.”

**Ilaina Edison, RN, MBA**  
Formerly: Senior Vice President  
Visiting Nurse Service of New York  
Currently: Chief Strategy Officer  
CenterLight Health System





“ These health professionals spend years preparing for their clinical roles, but almost no time preparing for their administrative or leadership roles.”

**Eric A. Coleman, MD, MPH**  
Professor of Medicine  
Division of Health Care Policy  
and Research  
University of Colorado, Denver

INCREASE GERIATRICS EXPERTISE

2007

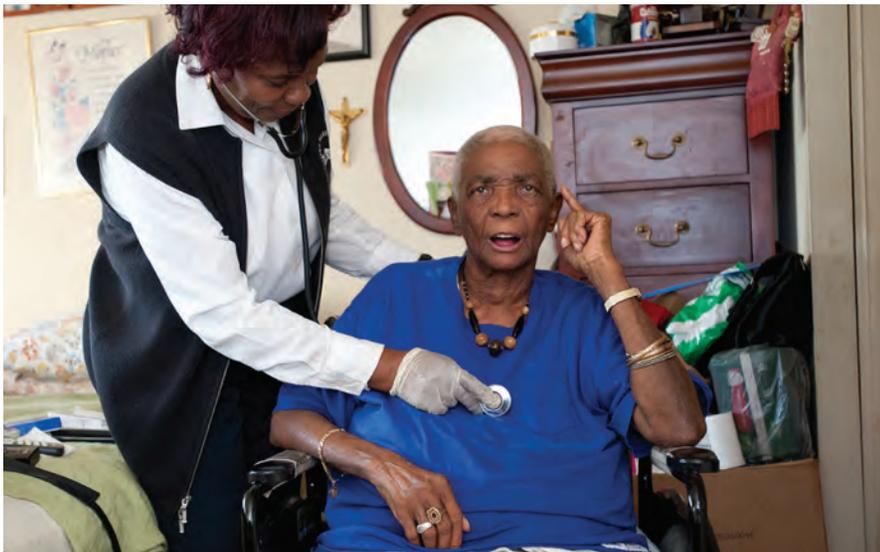
**VNSNY – Establishing a Framework for Geriatric Home Care Excellence/ the Geriatric CHAMP Program**

**2007-2012** The Hartford Foundation provided funding to the Visiting Nurse Service of New York to establish a national framework of geriatric home care practice guidelines that can be used by accrediting agencies, public and private purchasers, and by home care organizations to guide and assess the delivery of home health services to older adults.

**By the end of Hartford funding nearly 1,000 nurses had enrolled in the training program, with over 330 participating home care agencies.**



(Above and below) A VNSNY CHAMP program team member looks after one of her clients at home, monitoring vital signs, assessing the situation, and consulting with a primary care provider and pharmacist.



INCREASE GERIATRICS EXPERTISE

2007

**AARP Foundation – Professional Partners Supporting Family Caregiving**

**2007-2012** Some older adults with special needs receive help from home health aides or other direct-care workers, but many rely solely on family members to provide care, even if they have high level needs. A survey by the AARP Foundation and the United Hospital Fund found that close to half of all family caregivers perform complicated medical/nursing tasks for a family member. These may include managing medications, administering tube feedings, caring for wounds, coordinating special diets, and handling various types of medical equipment.

The Hartford Foundation provided funding to the AARP Foundation for the Professional Partners Supporting Family Caregiving project. The goal of this project is to improve the knowledge, skills, and commitment of nurses and social workers to support the needs of family caregivers of older adults.

**With additional funding from the Jacob and Valeria Langeloth Foundation, the AARP Foundation is working with the NICHE program at the Hartford Institute for Geriatric Nursing at New York University (page 48) to educate nurses about how to more effectively interact with family caregivers.**



**29%** of the adult U.S. population provide care valued at **\$440 billion** annually to someone who is ill, disabled, or aged





## TRANSFORM CURRICULUM 2007

### Fostering Geriatrics in Pre-Licensure Nursing Education (ACES)

**2007-2012** Because most nurses working at the bedside have an associate degree and receive their education at community colleges of nursing, the Hartford Foundation wanted to ensure that these nurses have the knowledge and skills to provide good care for older adults.

Funding was provided to the National League of Nursing and the Community College of Philadelphia for an initiative, led by M. Elaine Tagliareni, EdD, RN, to develop minimum educational standards and resources for the care of older adults and to create faculty development training. The Independence Foundation, Laerdal Medical, and the Hearst Foundation have been funding partners for this initiative.

A set of tools and resources called Advancing Care Excellence for Seniors (ACES) was developed to assist associate degree and baccalaureate nursing faculty to incorporate geriatrics into their educational materials. By 2012, over 8,000 nursing faculty members had participated in faculty development workshops.



## TRANSFORM CURRICULUM

# 2008

### Geropsychiatric Nursing Collaborative

**2008-2011** At some point in their careers, every nurse will encounter and/or care for older adults with mental health issues. Therefore, all nurses must have the skills to recognize and treat mental health conditions or refer the patient to an appropriate mental health professional.

The Hartford Foundation provided funding to the American Academy of Nursing to create the Geropsychiatric Nursing Collaborative, with the aim to improve the education of nurses at every level in the care of older adults suffering depression, dementia, and other mental health disorders.

The Geropsychiatric Nursing Collaborative created competencies and compiled a comprehensive set of curricular materials on geriatric mental health. These are posted on the Portal of Geriatric Online Education ([www.pogoe.org/series/Geropsychiatric-Nursing-Curriculum-Materials](http://www.pogoe.org/series/Geropsychiatric-Nursing-Curriculum-Materials)).

(Above) Nursing student Ashley King, MSN, RN, (left in top picture) learned the importance of mental health when she and her mentor, Pamela Z. Cacchione, PhD, RN, BC, identified a previously missed diagnosis of delirium in an 82-year old man who had suffered a fall.



“You can’t practice geriatric nursing without practicing geropsych nursing, because mental health and aging are intertwined.”

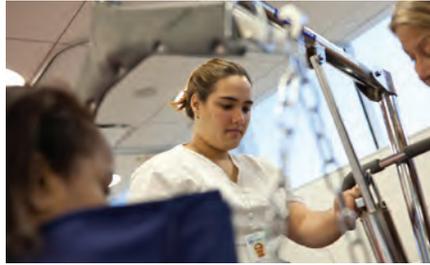
**Pamela Z. Cacchione, PhD, RN, BC**  
Associate Director  
Hartford Center of Geriatric  
Nursing Excellence  
School of Nursing  
University of Pennsylvania

**Eldercare Workforce Alliance**

**2009-PRESENT** Following up on the publication of the Institute Of Medicine’s *Retooling for an Aging America* report (see page 70), the Hartford Foundation supported the formation of the Eldercare Workforce Alliance. This coalition of 28 national organizations—representing consumers, health professionals, and provider organizations—is advancing a common agenda around the health care workforce needed for an aging society.

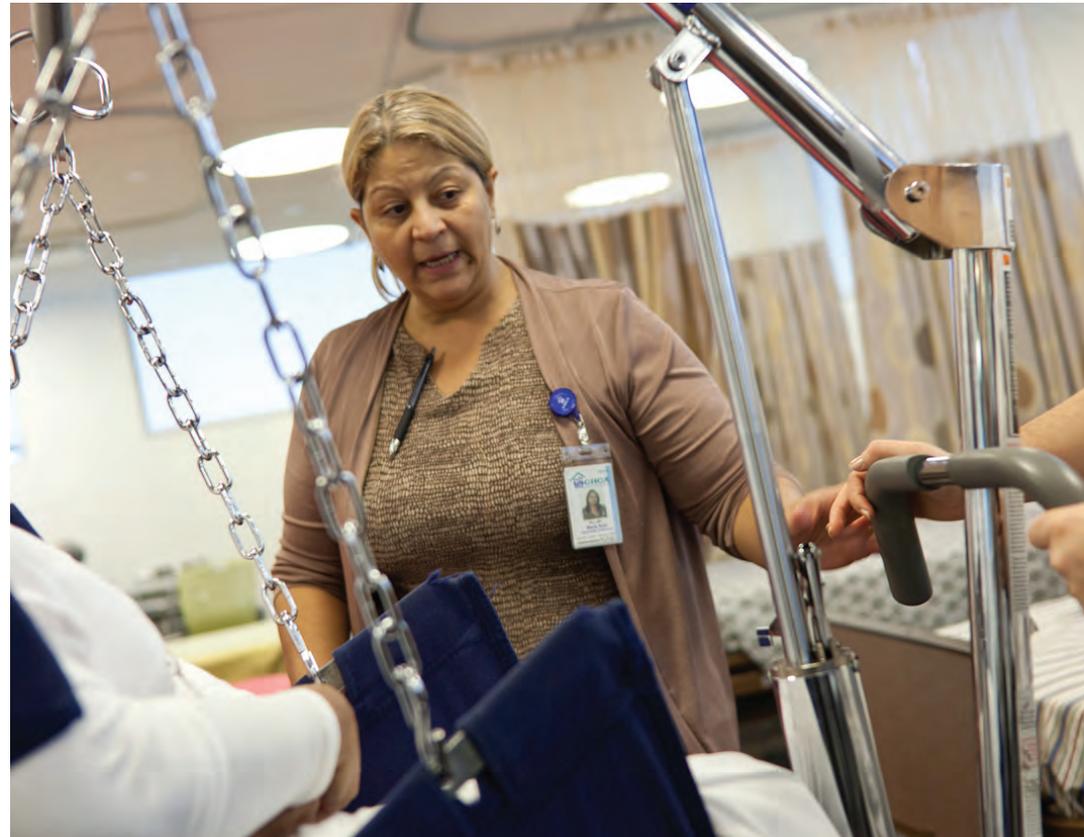
The American Geriatrics Society also received a grant to establish a new Geriatrics Workforce Policy Studies Center. This complements the work of the Alliance and serves as a credible and timely source of data, supporting a range of efforts aimed at expanding the number of health care professionals prepared to care for an aging population.

The Alliance was fully launched early in 2009 with grants from the Foundation and The Atlantic Philanthropies, just as the early dissemination efforts of the IOM were drawing to a close. Operating in the run-up to health reform and subsequent implementation, the Alliance was able to get a number of valuable IOM recommendations into the law or regulation. For example, geriatric academic career awards from the federal government were opened to faculty beyond physicians, \$10 million in workforce development grants were made for training of direct-care workers, and geriatrician physicians were made eligible for 10 percent primary care bonus payments under Medicare.



(Below) The Eldercare Workforce Alliance is a group of 28 national organizations, including the Paraprofessional Healthcare Institute, which works to improve long-term care by improving the jobs of home health aides, certified nurse aides, and personal care attendants.

The U.S. will need an additional 3.5 million health care workers by 2030 just to maintain the current ratio of health care workers to the population



## A New Direction in Aging and Health

**2012-PRESENT** The global economic downturn of 2008 caused the Hartford Foundation, like most philanthropies, to face significant declines in its endowment. While several key programs were renewed, other existing grant projects were scaled back and very few new projects were funded. The Trustees and staff utilized this period of reduced grantmaking to engage in nearly two years of strategic planning, which concluded at the end of 2012.

After 30 years of grantmaking in aging and health, the Trustees renewed their commitment to the Foundation's mission of improving the health of older adults. Holding steadfast to this commitment, Trustees and staff identified new strategies to best utilize grantmaking resources, and going forward, will focus less on building academic capacity and more intensely on directly changing health care delivery and practice.

In preparation for this evolution in grantmaking, several transition grants were awarded to the academically focused initiatives of the Foundation. With three to five years of funding for programs like the Centers of Excellence in medicine and nursing, the Geriatric Social Work Initiative, and the faculty development awards, the effort to transform the education and training of health professionals will continue. At the same time, new partnerships and structures are being explored to sustain many of these programs into the future.

“*We will begin to ramp up new grants that will follow from our new focus on downstream, practice change. We will try to tear down the silos in our program between disciplines and between education and practice. We will try to find ways that we can help committed alumni put their expertise and their passion to work.*”

Christopher A. Langston, PhD  
Program Director  
The John A. Hartford Foundation





“It took foundations, primarily the Hartford Foundation, to awaken the sleeping giant.”

**John R. Burton, MD**  
Professor of Medicine  
Director  
Johns Hopkins Geriatric  
Education Center  
School of Medicine  
Johns Hopkins University

## Conclusion

IN THE EARLY 1980s ACADEMIC MEDICINE, NURSING, AND SOCIAL WORK were paying little attention to the obvious demographic imperative. “It took foundations, primarily the Hartford Foundation, to awaken the sleeping giant,” says John R. Burton, MD, Director of the Johns Hopkins Geriatric Education Center. “With program after program they changed the health care system and improved health care outcomes for older adults.”

The accomplishments of the Foundation over the past 30 years represent a remarkable collaboration among Trustees and staff, grantees, academic institutions, associations, other foundations, government agencies, and many others. With these partners the Foundation has strengthened the field of academic geriatrics, transforming the education of physicians, nurses, and social workers – who now leave training better prepared than ever to deliver excellent care to older adults.

The Foundation has also supported models of health care delivery that have been proven to provide the highest quality care for older adults, funding innovations often long before they became accepted in the mainstream. These include enhanced roles for nurses, sophisticated health care delivered in the home, information technology applied to medication error prevention, and team-based geriatric care that is well coordinated, comprehensive, and evidence based.

With 10,000 baby boomers now turning 65 every day, and a rapidly changing health care delivery system, the work of the Foundation is more important than ever. It is time to harness the expertise and passion of the grantees and scholars funded by the Foundation over the past 30 years and to work with old and new partners who are ready to meet the urgent need for delivering better health care to older adults.

The Foundation’s efforts to build capacity in academic geriatrics in medicine, nursing, and social work has set the stage for new grantmaking that will put geriatrics expertise to work in all health care settings. Together, the Foundation and its grantees will work to deliver even more coordinated, team-based, comprehensive, geriatrics-expert care that is patient and family centered.

As the Hartford Foundation celebrates the past 30 years, we also look forward to many more years of leadership, partnership, and engagement to improve health care for older adults.



“ The continuing implementation of health care reform creates opportunities that have only been dreams in the past. It is time to shift from our ‘upstream’ theory of change—building academic infrastructure in preparation for aging (i.e., ‘enhancing the nation’s capacity for effective and efficient care’)—to a ‘downstream’ theory, focusing more on practice and more directly improving the health of older Americans.”

**Christopher A. Langston, PhD**  
Program Director  
The John A. Hartford Foundation

## 2012 Aging and Health Grants

In 2012, the John A. Hartford Foundation awarded 19 new grants under its Aging and Health program representing \$34.6 million in new commitments. Authorizations for new programs or large renewal grants are described here.

The Foundation made \$17.8 million in payments to existing grants in 2012. A Summary of Active Grants can be found on page 82.

**University of Washington**  
Seattle, WA

*Social Innovation Fund: Healthy Futures/IMPACT Expansion*  
Jürgen Unützer, MD, MPH, MA  
\$1,533,970, 40 Months

**University of Colorado Denver**  
Denver, CO

*Practice Change Leaders for Aging and Health*  
Eric A. Coleman, MD, MPH  
\$1,500,000, Three Years

**University of Colorado Denver**  
Denver, CO

*Care Transitions Intervention Technical Assistance*  
Eric A. Coleman, MD, MPH  
\$766,377, Three Years

**American Federation for Aging Research (AFAR), Inc.**

New York, NY  
*Centers of Excellence in Geriatric Medicine and Training National Program Office Renewal*  
Odette van der Willik  
\$8,400,000, 43 Months

**American Federation for Aging Research (AFAR), Inc.**

New York, NY  
*Medical Student Training in Aging Research Program Renewal*  
Odette van der Willik  
\$624,424, Four Years

**Tides Center**

San Francisco, CA  
*Eldercare Workforce Alliance Renewal*  
Nancy E. Lundebjerg, MPA  
\$400,000, Two Years

**Gerontological Society of America**

Washington, DC  
*National Center on Gerontological Social Work Excellence*  
Linda Krogh Harootyan, MSW  
\$1,350,000, Three Years

**George Washington University**

Washington, DC  
*Advancing Aging and Health Policy Understanding Renewal*  
Judith Miller Jones  
\$900,000, Three Years

**Council on Social Work Education**

Alexandria, VA  
*National Center for Gerontological Social Work Education Transition Grant*  
Darla Spence Coffey, PhD  
\$1,200,000, Three Years

**American Federation for Aging Research (AFAR), Inc.**

New York, NY  
*Paul B. Beeson Career Development Awards in Aging Research Partnership Renewal (2013, 2014, 2015 Cohorts)*  
Odette van der Willik  
\$1,296,911, Three Years

**NATIONAL HARTFORD CENTERS OF GERONTOLOGICAL NURSING EXCELLENCE AND COORDINATING CENTER RENEWALS**

**Gerontological Society of America**  
Washington, DC

*National Hartford Centers of Gerontological Nursing Excellence Coordinating Center Renewal*  
J. Taylor Harden, PhD, RN  
\$9,135,552, Four Years

**Arizona State University**

Tempe, AZ  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Nelma Shearer, PhD, RN  
\$300,000, Three Years

**Oregon Health & Science University**

Portland, OR  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Theresa A. Harvath, PhD, RN, CNS  
\$299,552, Three Years

**Pennsylvania State University**

University Park, PA  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Ann Kolanowski, PhD, RN  
\$300,000, Three Years

**University of Arkansas for Medical Sciences**

Little Rock, AR  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Claudia J. Beverly, PhD, RN  
\$300,000, Three Years

**University of California, San Francisco**

San Francisco, CA  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Margaret I. Wallhagen, PhD, GNP  
\$300,000, Three Years

**University of Iowa**

Iowa City, IA  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Janet K. Specht, PhD, RN  
\$300,000, Three Years

**University of Minnesota**

Minneapolis, MN  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Jean F. Wyman, PhD, APRN, BC  
\$300,000, Three Years

**University of Utah**

Salt Lake City, UT  
*Hartford Center of Gerontological Nursing Excellence Renewal*  
Ginette A. Pepper, PhD, RN  
\$300,000, Three Years

## Financial Summary

THE FOUNDATION'S INVESTMENT PORTFOLIO had appreciated to approximately \$514 million at the end of 2012, from \$478 million at year-end 2011. Spending for grants, administrative expenses, and taxes totaled \$23 million. Total return on the investments, income plus realized and unrealized capital gains, was about 12.7 percent. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's Web site.

The Foundation's investment objective continues to be securing maximum long-term total return on its investment portfolio in order to maintain a strong grants program, while assuring continued growth of its assets at a level greater than the rate of inflation.

Despite a challenging macro environment and lackluster economic growth, global equity markets posted double-digit returns in 2012, with the MSCI ACWI index rising 16.1 percent. Credit markets also recorded strong gains during the year; treasuries produced a modest gain of 2.0 percent, investment-grade bonds advanced 9.8 percent, and high yield bonds climbed 15.8 percent. As a result, the Foundation's portfolio had benefited from the strong performance in the financial markets during the year, continuing to recover from the financial crisis of 2008-09.

In order to best meet its fiduciary obligation, the Foundation has outsourced its investment management function since the beginning of 2009. Goldman Sachs, the Foundation's current investment advisor, has collaborated closely with the Foundation to redesign its asset allocation guidelines and implement significant portfolio changes by employing both passive and active strategies, since August 2012. The current portfolio remains liquid and well-diversified, providing it with the ability to capitalize on future investment opportunities as well as to better withstand dramatic swings in the financial markets. With respect to the portfolio's long-term asset allocation, the volatility target has been increased with the goal of meeting investment objectives.

To that end, the Foundation had reduced its allocation in cash and hedge funds, while adding traditional fixed-income investments and increasing

exposure to long-only equities. At the end of the year, the Foundation's asset mix was 29 percent long-only equities, 7 percent traditional fixed-income, 4 percent cash, 20 percent hedge funds, 5 percent tactical tilts and a total of 35 percent in private equity and real estate funds, compared with 21 percent public equities, 11 percent cash, 28 percent in hedge funds, and 40 percent in non-marketable alternatives as of the end of 2011.

As of December 31, 2012, the Foundation's long-only equity investments are diversified across separate accounts managed by Lateef Investment Management, Eagle Asset Management, Gannett Welsh & Kotler, The London Company and Invesco, two comingled funds (Non-US Equity Managers: Portfolio 4 and Artisan Dynamic Equity), as well as passive strategies (Vanguard S&P 500 ETF, iShare Russell 2000 Index ETF and Vanguard FTSE Emerging Markets ETF). The fixed-income program has been implemented through investments in Vanguard Total Bond Market ETF, and mutual funds managed by Eaton Vance Investment Managers, T. Rowe Price Associates, Stone Harbor Investment Partners, and Hartford Funds Management Company. The hedge fund portfolio is comprised of Convexity Capital Offshore LP, Japan Macro Opportunities Offshore Partners, Pennant Windward Fund, York Credit Opportunities Unit Trust, Caxton Global Investments, Brevan Howard Multi-Strategy Fund, Egerton European Dollar Fund, Tudor Discretionary Macro Fund, Turiya Fund, Claren Road Credit Fund, Koppenberg Macro Commodity Fund and BlueTrend Fund. In addition, private equity partnerships are actively managed by GCP Capital Partners, Angelo, Gordon & Co. and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty and Angelo, Gordon & Co.

The Finance Committee and the Board of Trustees meet regularly with Goldman Sachs to review asset allocation, investment strategy, and the performance of the individual investment advisors and funds. Northern Trust Corporation is the custodian for all the Foundation's securities. A complete listing of investments is available for review at the Foundation offices.

## Summary of Active Grants

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
<b>AGING AND HEALTH</b>					
<b>ACADEMIC GERIATRICS &amp; TRAINING</b>					
Alliance for Academic Internal Medicine Alexandria, VA	<i>Integrating Geriatrics into the Specialties of Internal Medicine</i> Kevin P. High, MD, MSc	\$ 1,534,196		\$ 626,649	\$ 907,547
American Academy of Nursing Washington, DC	<i>Nursing Initiative Coordinating Center and Scholar Stipends Renewal</i> J. Taylor Harden, PhD, RN	763,501		763,501	
American Academy of Nursing Washington, DC	<i>The John A. Hartford Foundation Geropsychiatric Nursing Collaborative</i> Cornelia Beck, PhD, RN Kathleen C. Buckwalter, PhD, RN Lois K. Evans, PhD, RN	25,404		25,404	
American Association of Colleges of Nursing Washington, DC	<i>Ensuring the Advanced Practice Registered Nurse Workforce is Prepared to Care for Older Adults - Phase II</i> Geraldine Polly Bednash, PhD, RN	263,798		263,798	
American College of Cardiology Foundation Washington, DC	<i>Development and Dissemination of a Curriculum in Geriatric Cardiology</i> Susan Ziemann, MD	84,122			84,122
American Federation for Aging Research, Inc. New York, NY	<i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik	4,954,685	\$ 1,296,911	1,464,106	4,787,490
American Federation for Aging Research, Inc. New York, NY	<i>Centers of Excellence in Geriatric Medicine and Training National Program Office</i> Odette van der Willik	3,739,821	8,400,000	3,350,428	8,789,393
American Federation for Aging Research, Inc. New York, NY	<i>Medical Student Training in Aging Research Program Renewal</i> Odette van der Willik	340,088	624,424	257,098	707,414
American Geriatrics Society, Inc. New York, NY	<i>Geriatrics for Specialists Initiative</i> Ronnie Ann Rosenthal, MD John R. Burton, MD	2,990,362		607,196	2,383,166
Arizona State University Tempe, AZ	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Nelma Shearer, PhD, RN	302,107	300,000	184,026	418,081

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
Association of Directors of Geriatric Academic Programs New York, NY	<i>Geriatric Leadership Development Program</i> Laura Mosqueda, MD Jan Busby-Whitehead, MD	\$ 389,380		\$ 257,791	\$ 131,589
Community College of Philadelphia Philadelphia, PA	<i>Fostering Geriatrics in Pre-licensure Nursing Education: Phase II</i> M. Elaine Tagliareni, EdD, RN	115,185		79,689	35,496
Council on Social Work Education Alexandria, VA	<i>National Center for Gerontological Social Work Education</i> Darla Spence Coffey, PhD	512,659	\$ 1,200,000	407,887	1,304,772
Foundation for Health in Aging, Inc. New York, NY	<i>Hartford Geriatrics Health Outcomes Research Scholars Renewal</i> Eric A. Coleman, MD, MPH	146,025		135,414	10,611
Gerontological Society of America Washington, DC	<i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, DSW/PhD	3,973,224		1,992,999	1,980,225
Gerontological Society of America Washington, DC	<i>Hartford Doctoral Fellows in Geriatric Social Work Program Renewal</i> James E. Lubben, DSW, MPH	1,211,319		991,519	219,800
Gerontological Society of America Washington, DC	<i>National Hartford Centers of Gerontological Nursing Excellence Coordinating Center Renewal</i> J. Taylor Harden, PhD, RN		9,958,197	822,634	9,135,563
Gerontological Society of America Washington, DC	<i>National Center on Gerontological Social Work Excellence</i> Linda Krogh Harootyan, MSW		1,350,000		1,350,000
New York Academy of Medicine New York, NY	<i>Hartford Partnership Program for Aging Education Adoption Initiative</i> Patricia J. Volland, MSW, MBA	283,730		283,730	
NLN Foundation for Nursing Education New York, NY	<i>Fostering Geriatrics in Pre-licensure Nursing Education: Phase II</i> M. Elaine Tagliareni, EdD, RN	73,900		73,900	
Oregon Health & Science University Portland, OR	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Theresa A. Harvath, PhD, RN, CNS	284,521	299,552	208,569	375,504
Pennsylvania State University University Park, PA	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ann Kolanowski, PhD, RN	229,412	300,000	203,464	325,948
Research Foundation of the City University of New York New York, NY	<i>Evaluating the Hartford Geriatric Nursing Initiative</i> Shoshanna Sofaer, DrPh	142,988		86,548	56,440

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
University of Arkansas for Medical Sciences Little Rock, AR	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	\$ 277,312	\$ 300,000	\$ 250,652	\$ 326,660
University of California, San Francisco San Francisco, CA	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP	246,548	300,000	227,841	318,707
University of Iowa Iowa City, IA	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Janet K. Specht, PhD, RN	242,932	300,000	167,542	375,390
University of Minnesota Minneapolis, MN	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Jean F. Wyman, PhD, APRN, BC	301,479	300,000	245,863	355,616
University of Pennsylvania Philadelphia, PA	<i>Center of Geriatric Nursing Excellence Renewal</i> Pamela Z. Cacchione, PhD, CRNP, BC	261,812		221,089	40,723
University of Utah Salt Lake City, UT	<i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ginette A. Pepper, PhD, RN	251,188	300,000	230,940	320,248
Wake Forest University Health Sciences Winston-Salem, NC	<i>Center of Excellence in Geriatric Medicine and Training</i> Jeff D. Williamson, MD, MHS	70,304		70,304	
<b>Total Academic Geriatrics &amp; Training</b>		<b>\$24,012,002</b>	<b>\$25,229,084</b>	<b>\$14,500,581</b>	<b>\$34,740,505</b>
<b>INTEGRATING &amp; IMPROVING SERVICES</b>					
AARP Foundation Washington, DC	<i>Professional Partners Supporting Family Caregiving - Phase II</i> Susan C. Reinhard, PhD, RN	\$ 277,300		\$ 145,979	\$ 131,321
International Honor Society of Nursing Foundation, Inc. Indianapolis, IN	<i>Geriatric Nursing Leadership Academy Implementation</i> Patricia Thompson, EdD, RN	172,742		142,080	30,662
Johns Hopkins University Baltimore, MD	<i>Enhancing the Quality of Medical Home Services</i> Bruce Leff, MD	412,926		412,926	
Mount Sinai Medical Center, Inc. New York, NY	<i>Center to Advance Palliative Care: Advancing the Palliative Care Field</i> Diane E. Meier, MD	219,538		219,538	
Oregon Health & Science University Portland, OR	<i>Dissemination of Care Management Plus: Information Technology Tools for the Care of Seniors</i> David A. Dorr, MD, MS	139,836		139,836	
Paraprofessional Healthcare Institute, Inc. Bronx, NY	<i>Challenge Grant: Expanding PHI's Work to Improve Care for Elders</i> Steven L. Dawson Jodi M. Sturgeon	238,713		238,713	

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
University of Colorado Denver Denver, CO	<i>The Care Transitions Intervention Program</i> Eric A. Coleman, MD, MPH	\$ 145,076	\$ 766,377	\$ 130,321	\$ 781,132
University of Colorado Denver Denver, CO	<i>Practice Change Leaders for Aging and Health</i> Eric A. Coleman, MD, MPH		1,500,000		1,500,000
University of Washington Seattle, WA	<i>Improving Depression Care for Elders - IMPACT Model Dissemination</i> Jürgen Unützer, MD, MPH, MA	22,102		22,102	
Visiting Nurse Service of New York New York, NY	<i>The Geriatric CHAMP (Curricula for Home Care Advances in Management and Practice) Program as a Framework for Geriatric Home Care Excellence Expansion</i> Penny Hollander Feldman, PhD	138,100		138,100	
<b>Total Integrating &amp; Improving Services</b>		<b>\$1,766,333</b>	<b>\$2,266,377</b>	<b>\$1,589,595</b>	<b>\$2,443,115</b>
<b>SOCIAL INNOVATION FUND GRANTS</b>					
University of Washington Seattle, WA	<i>Social Innovation Fund: Healthy Futures/IMPACT Model Expansion</i> Jürgen Unützer, MD, MPH, MA		\$1,533,970		\$1,533,970
<b>Total Social Innovation Fund</b>			<b>\$1,533,970</b>		<b>\$1,533,970</b>
<b>AGING &amp; HEALTH - OTHER</b>					
American Geriatrics Society, Inc. New York, NY	<i>Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care</i> Nancy E. Lundebjerg, MPA	\$ 133,376		\$ 121,147	\$ 12,229
The Foundation for the LSU Health Sciences Center New Orleans, LA	<i>Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans</i> Charles A. Cefalu, MD, MS	58,582		58,582	
George Washington University Washington, DC	<i>Advancing Aging and Health Policy Understanding Renewal</i> Judith Miller Jones	145,788	\$ 900,000	145,788	900,000
Grantmakers in Aging Arlington, VA	<i>Core Transitional Support</i> John Feather, PhD	140,000		90,000	50,000
Tides Center San Francisco, CA	<i>Eldercare Workforce Alliance</i> Nancy E. Lundebjerg, MPA	124,229	400,000	124,229	400,000
<b>Total Aging &amp; Health - Other</b>		<b>\$ 601,975</b>	<b>\$1,300,000</b>	<b>\$ 539,746</b>	<b>\$1,362,229</b>

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
<b>Partnership Fund</b>					
American Federation for Aging Research, Inc. New York, NY	<i>2012 Annual Awards Dinner</i> Stephanie Lederman		\$ 8,600	\$ 8,600	
American Psychiatric Foundation Arlington, VA	<i>Efforts Related to Geriatric Psychiatry In Honor of Dr. Dilip V. Jeste</i> Paul T. Burke		30,000	7,450	\$ 22,550
Council of Senior Centers and Services of New York City, Inc. New York, NY	<i>CSCS 2012 Annual Benefit</i> Igal Jellinek		950	950	
Gerontological Society of America Washington, DC	<i>2012 Annual Meeting Presidential Symposia in Honor of Dr. Nancy Whitelaw</i> James Appleby, RPh, MPH		20,000	20,000	
Institute of Medicine of the National Academies Washington, DC	<i>Global Forum on Innovation in Health Professional Education</i> Patrick Kelley, MD, DrPH		30,000	30,000	
The NASW Foundation, Inc. Washington, DC	<i>NASW 2012 National Conference</i> Elizabeth J. Clark, PhD, ACSW, MPH		5,000	5,000	
New York Academy of Medicine New York, NY	<i>2012 18th Annual Gala - Sponsor Package</i> Jo Ivey Boufford, MD		8,000	8,000	
United Hospital Fund New York, NY	<i>Annual Support</i> James R. Tallon, Jr.		2,500	2,500	
University of Utah Salt Lake City, UT	<i>Annette Poulson Cumming Geriatric Nursing Scholarship</i> Maureen R. Keefe, PhD, RN, FAAN		10,000	10,000	
Visiting Nurse Service of New York New York, NY	<i>2012 Benefit Dinner</i> John Billeci		7,500	7,500	
<b>Total Partnership Fund</b>			<b>\$122,550</b>	<b>\$100,000</b>	<b>\$ 22,550</b>

		Balance Due January 1, 2012	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2012
<b>Other Grants</b>					
Center for Effective Philanthropy, Inc. Cambridge, MA	Annual Support Phil Buchanan		\$ 1,700	\$ 1,700	
The Foundation Center New York, NY	Annual Support Bradford Smith		10,000	10,000	
Grantmakers in Aging Arlington, VA	Annual Support John Feather, PhD		7,500	7,500	
Grantmakers in Health Washington, DC	Annual Support Lauren LeRoy, PhD		7,500	7,500	
Philanthropy New York, Inc. New York, NY	Annual Support Ronna D. Brown		16,600	16,600	
The Philanthropy Roundtable Washington, DC	Annual Support Adam Meyerson		1,700	1,700	
<b>Total Other Grants</b>			<b>\$ 45,000</b>	<b>\$ 45,000</b>	
<b>Matching Grants*</b>			<b>990,044</b>	<b>990,044</b>	
<b>Discretionary Grants**</b>			<b>60,000</b>	<b>60,000</b>	
<b>Grants Refunded or Cancelled</b>		5,156,047	( 5,479,430)	( 323,383)	
<b>Discounts to Present Value</b>		( 675,639)	( 736,627)		( 1,412,266)
<b>Total (All Grants)</b>		<b>\$30,860,718</b>	<b>\$25,330,968</b>	<b>\$17,501,583</b>	<b>\$38,690,103</b>
*Grants made under the Foundation's program for matching charitable contributions of Trustees and staff.					
**Grants made under the Foundation's program for charitable contributions designated by staff.					
		Expenses Authorized Not Incurred Jan. 1, 2012	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2012
Foundation-Administered Grant New York, NY	Communications & Dissemination Initiative Expansion Renewal John Beilenson	\$ 1,360,466		\$ 490,418	\$ 870,048
<i>To Pursue Selected Activities in the Strategic Plan</i>			\$ 199,257	199,257	
<b>Total</b>		<b>\$ 1,360,466</b>	<b>\$ 199,257</b>	<b>\$ 689,675</b>	<b>\$ 870,048</b>

## Application Procedures

UNDER A STRATEGIC PLAN ADOPTED IN 2012, the Hartford Foundation will make grants and initiate programs that will put geriatrics expertise to work in all health care settings by: advancing practice change and innovation; supporting team-based care through interdisciplinary education of all health care providers; supporting policies and regulations that promote better care; and developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

*The Foundation will organize its grantmaking under five strategy areas:*

- Interprofessional Leadership in Action
- Linking Education and Practice
- Developing and Disseminating Models of Care
- Tools and Measures for Quality Care
- Communications/Policy

*Overall criteria for funding include:*

- Focus on the older adult population and inclusion of geriatrics expertise;
- Potential for national scale and impact; and
- Potential for leveraging other initiatives and funding sources.

The Foundation makes grants to organizations in the United States which have tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (and are not private foundations within the meaning of section 107(c)(1) of the code), and to state colleges and universities. The Foundation does not make grants to individuals.

Due to its narrow funding focus, the Foundation makes grants by **invitation only**. After familiarizing yourself with the Foundation's program areas and guidelines, if you feel that your project falls within this focus, you may submit a brief letter of inquiry (1-2 pages) which summarizes the purpose and activities of the grant, the qualifications of the applicant and institution, and an estimated cost and time frame for the project. The letter will be reviewed initially by members of the Foundation's staff and possibly by outside reviewers. Those submitting letters will be notified of the results of this review in approximately six weeks and may be asked to supply additional information.

Please do not send correspondence by fax or e-mail.

Mail may be sent to:  
The John A. Hartford Foundation  
55 East 59th Street 16th Floor  
New York, NY 10022

More information can be found at [jhartfound.org/grants-strategy](http://jhartfound.org/grants-strategy)



This 2012 Annual Report is available as a pdf on the John A. Hartford Foundation home page at [www.jhartfound.org](http://www.jhartfound.org).

