The John A. Hartford Foundation

ANNUAL REPORT 1996

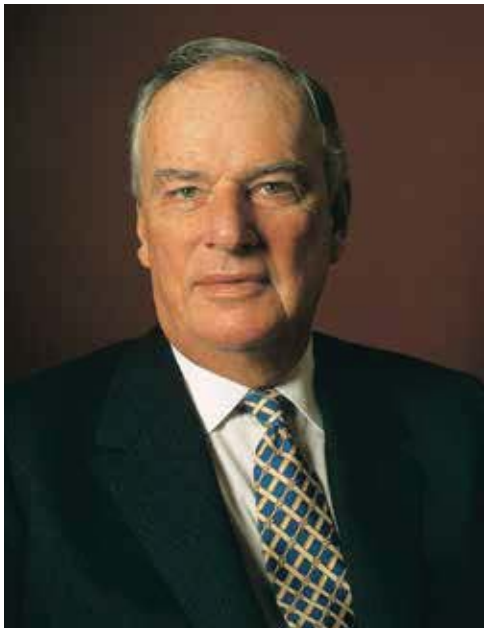
"IT IS NECESSARY TO CARVE FROM THE WHOLE vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution."

This has been the guiding philosophy of the Hartford Foundation since its establishment in 1929. With funds from the bequests of its founder, 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 in America.


THE JOHN A. HARTFORD FOUNDATION
1929

Contents

REPORT OF THE CHAIRMAN



THE HARTFORD FOUNDATION continued to show excellent progress in both asset growth and grants authorized for 1996. We had a net increase of $50 million in assets during the year, for a total of $433 million as of December 31, 1996. Our grant payouts totaled nearly $17 million during the same period. This growth provides us with increased opportunities to broaden our work in our principal field of endeavor, Aging and Health. We were able to both strengthen our current programs and expand our reach.

The highlight of the year was the establishment of the John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice, located at New York University. This national institute, the first of its kind in the United States, will advance the art of geriatric nursing so as to provide better and more efficient care for the elderly.

We also made an important grant to the Cold Spring Harbor Laboratory in New York State to further explore the biology of long-term memory. Through experiments with Drosophila, scientists there have discovered that a gene called CREB functions specifically in long-term memory formation. It is hoped that this significant work will lead to therapies for individuals with memory problems, or delay the onset of dementias such as Alzheimer's Disease.

In 1996 we funded the second phase of our Geriatric Interdisciplinary Team Training (GITT) effort with implementation awards to nine sites. The GITT Program was launched in 1995 and is a major Foundation commitment. We are also very pleased with the research work being done by exceptionally promising young medical faculty members under the Paul Beeson Physician Faculty Scholars in Aging Research Program.

Almost 71 percent of the Foundation's grant payments were in the Aging and Health area during the year. While the field of aging is immense, we are making meaningful inroads in this health-related category. The rapid evolution to managed care presents real challenges for the care of the elderly, as the pendulum swings toward the bottom line with uncertain implications for quality. It is very difficult to adequately evaluate an elderly patient in five to ten minutes. The immediate future will be critical as we endeavor to provide the type of care that is needed, and that we consider acceptable, for our growing elderly population.

We continue to gradually wind down our Health Care Cost and Quality Program. The final grants made under this program will finish by 1999, and no new grants will be authorized.

At our Annual Meeting, Robert H. Mulreany, Trustee, reached our mandatory retirement age and did not stand for re-election. Bob became a member of the Board in May, 1963 and, over the last 33 years, served the Foundation with great distinction. To fill the vacancy created by Bob's retirement, the Board elected William B. Matteson a Trustee at its December meeting. Bill, a former Managing Partner of the law firm, Debevoise & Plimpton, served as the Foundation's Counsel since 1979.

We have a superb Board of Trustees, and I wish to thank each one of them, as well as our outstanding staff, for orchestrating another year of solid progress and growth.

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Aging and Health

Expanding Horizons

AMERICA'S ELDERLY POPULATION is descended from an astonishingly diverse set of ancestors, whose commonality lay mainly in their strength and their love of freedom. Building the country required hard labor, health care was primitive and life expectancy achingly short. People did not expect to survive long, nor to flourish, in retirement.

"How old would you be if you didn't know how old you were?"

SATCHELL PAIGE

By the 1930s, however, we had a growing elderly population to reckon with, one that was often plagued by extreme poverty and all its accompaniments. President Franklin D. Roosevelt expanded the meaning of freedom through Social Security. The enactment of Medicare in 1965 meant older Americans were further freed to take advantage of the 20th Century's extraordinary advances in medicine. In the decades since, freedom has been enhanced to mean the opportunity to lead long and healthy lives.

"I GROW OLD, I GROW OLD," SAID THE POET — a timeless cry of surprise and often sorrow. Within our collective memory, Americans who survived the hardships and risks of youth braced themselves to endure a relatively brief period of old age and decline. There were more rocking chairs than T-bars in images of retirement, and little old ladies in tennis shoes did not run marathons. But today, in true American fashion, seniors are seeing their increased life expectancies in a positive way, as a time to expand their horizons. Their numbers grow, their voices rise, and attention must be paid. The John A. Hartford Foundation, already a philanthropic leader in geriatrics, is responding to the call by expanding its own horizons. Early in the last decade, the Foundation focused on the woeful inadequacy of our health care system to recognize and deal with the medical needs of the nation's aging population. Programs to recruit and train physicians and scientists for careers in geriatrics have led to advances in both knowledge and practice. With each step, the vision of a farther horizon comes into focus, to reinvigorate the Foundation's efforts.

In order to keep its promise to help older Americans, the Hartford Foundation could not succumb to the fear that the "graying" of America inevitably meant a society split by conflict between generations; that creating a healthful and wholesome old age for our citizens would overwhelm our resources and our spirits. The Foundation's programs are predicated on the belief that young and old can make the journey together, learning from each other, providing the tangible services and intangible supports that are required today, and that millions more will need tomorrow.


12-12

Promises to Keep

Historically, the Hartford Foundation has found its work on the frontiers of American health care, and 1996 was no exception. The Foundation expanded its Aging and Health Program, reaffirming its desire to develop and fund programs that contribute to healthier lives for the elderly.

"No Spring,
nor Summer beauty
hath such grace,
As I have seen
in one Autumnal face."

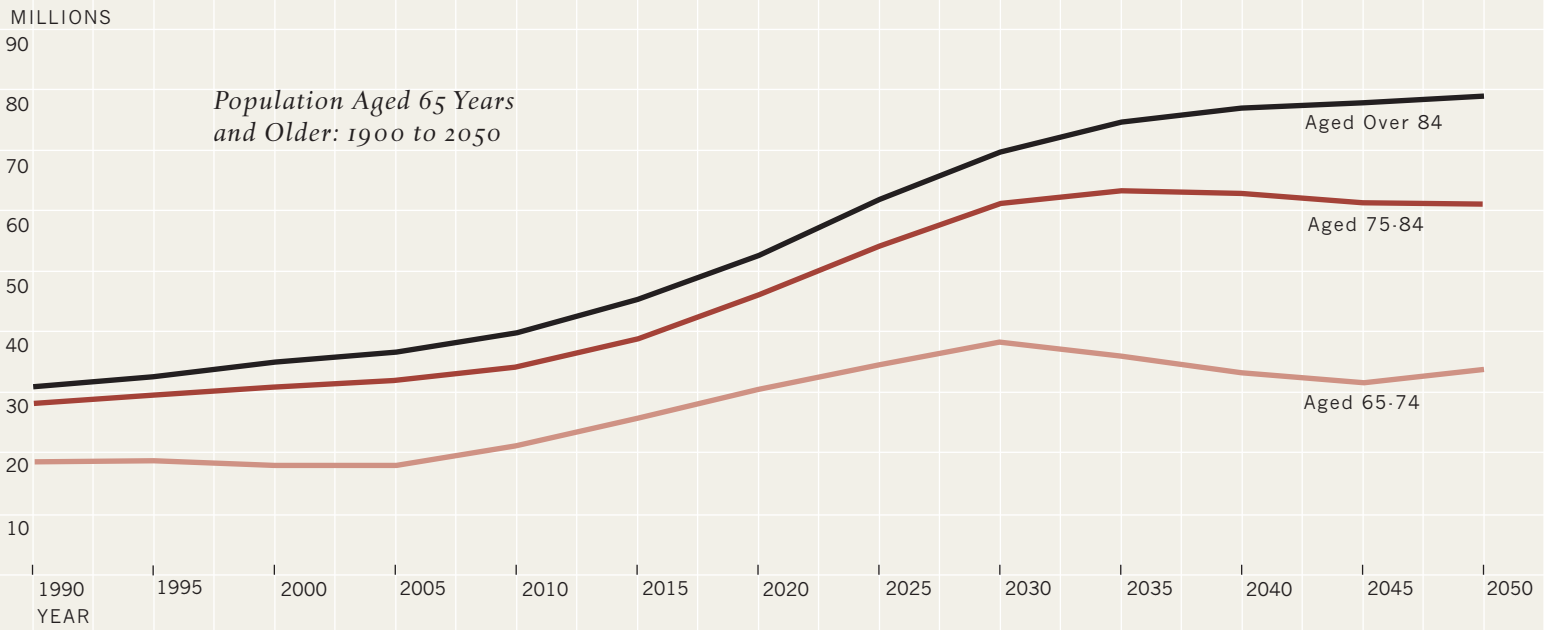
John Donne

Independence and quality of life are appropriate additions to survival as the watchwords of the elderly population. True to the traditions of America, they want to contribute to their families' happiness and to the well-being of their communities. The Hartford Foundation's promise is to look ahead, trying to anticipate their needs, and to advance the cutting edge of initiatives in Aging and Health.

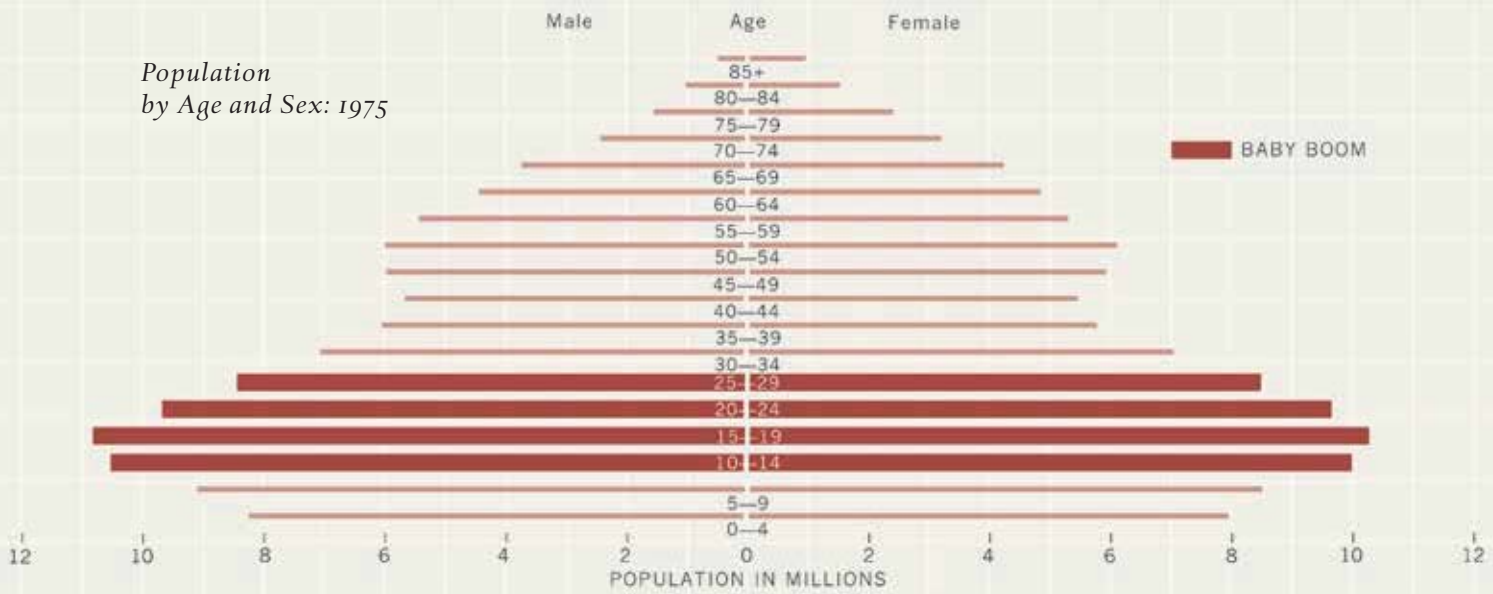
How important is it that we respond to the needs of our aging population? The moral imperative goes without saying. Let us also consider the reality of the demographic facts we face in the next 50 years. We are all familiar with the notion that as the baby-boomers go, so goes the nation. The cohort born between 1946 and 1964 numbered 75 million. Their circumstances and attitudes together exert a dominant influence on our culture and economy. The oldest members of that generation reach 65 in 2011. By 2030 one in every five Americans will be over 65. It is past time for a wise society to think about the effects of these changes. When the baby boomers become an "elder boom," will we be ready? And will their diversity, a proud echo of origins expressed in different values and customs, make caring for them more complex?

Predicting the future is a difficult business. Reporting some simple comparisons between today's figures and the recent past is startling enough: In 1994 there were 33.2 million elderly, made up mainly of people aged 65 through 84, some 29.7 million. Those over 85 comprised a little over 3 million. In 1950 the over-85s numbered a mere 577,000, less than 0.5 percent of the population. Using Census Bureau estimates, by 2050 there will be about 18.9 million people 85 and over, or nearly 5 percent of the projected population.

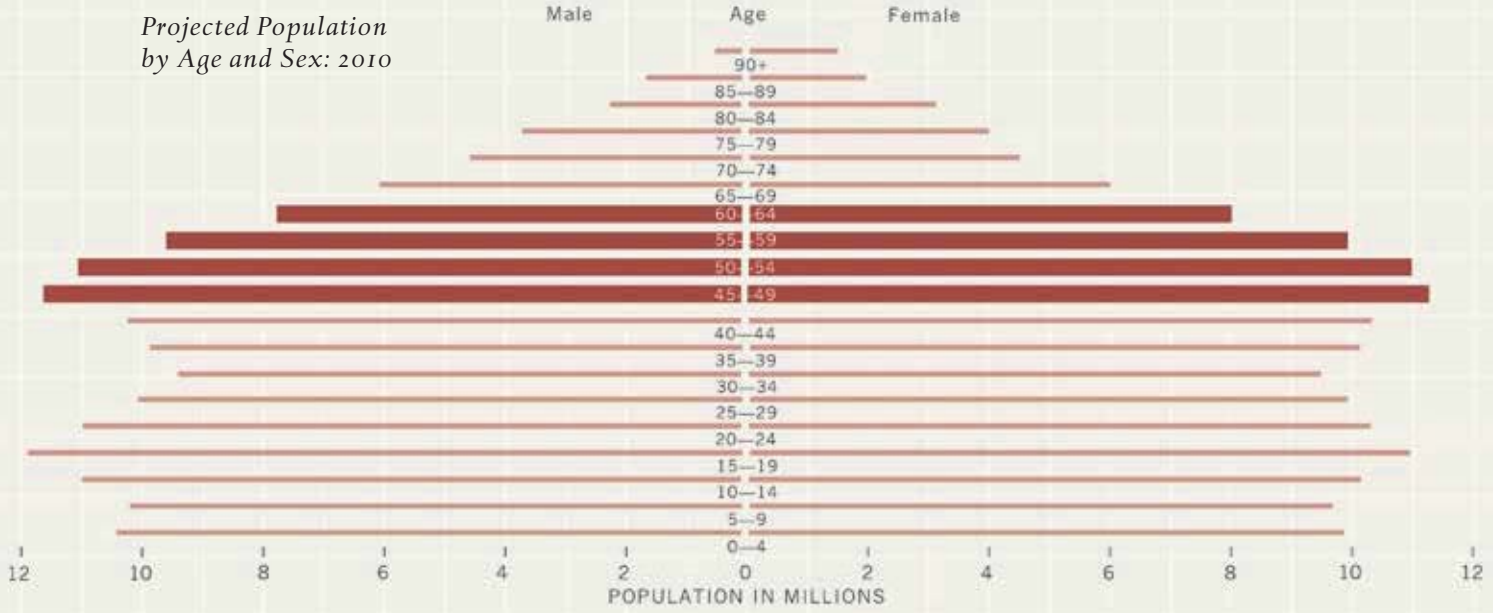
Population Aged 65 Years and Older: 1900 to 2050



Population by Age and Sex: 1975



Projected Population by Age and Sex: 2010

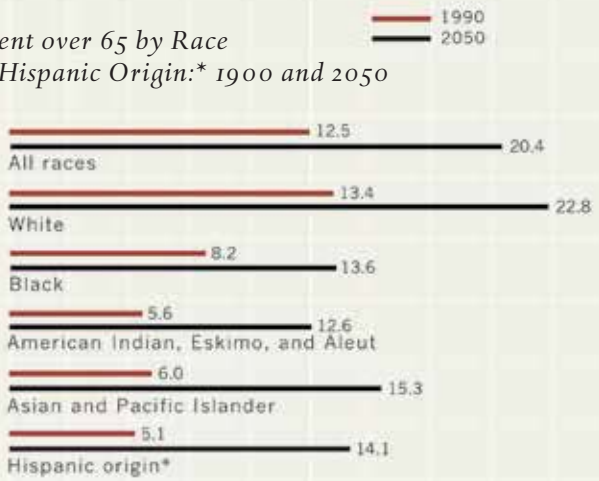


In visual terms, the elders of the nineties are perched at the top of a pyramid supported by the wide base of the baby-boom group. As the base moves toward the top, the smaller group that follows provides a much more narrow support, a trend that will likely continue until the middle of the 21st Century.

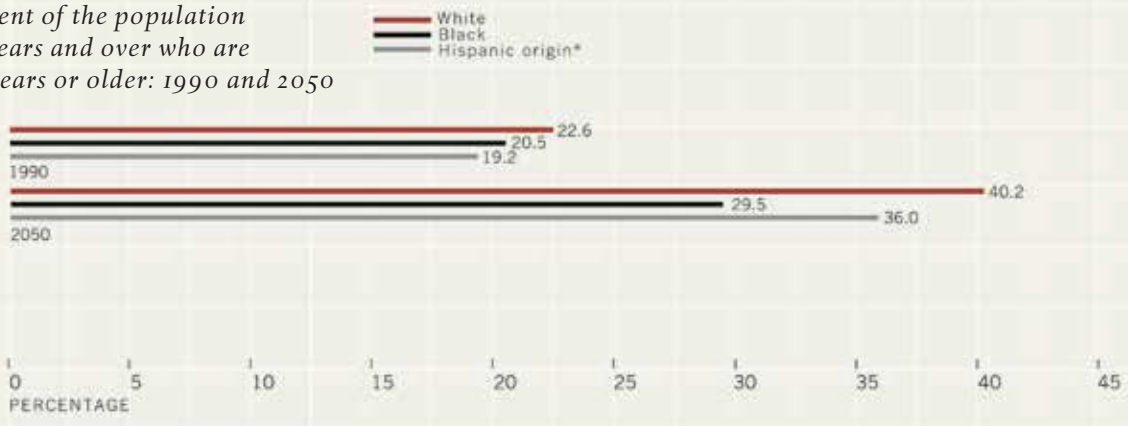
Equally dramatic is the coming change in our senior population's racial and ethnic composition.

Using the same census assumptions, 28 million non-Hispanic white Americans, above the age of 65 in 1990, will expand to 80 million by 2050, an increase of 186 percent. The non-white and Hispanic* components of this age group will grow by some 500 percent, from 3 million in 1990 to a projected 15 million in 2050.

Percent over 65 by Race and Hispanic Origin: 1900 and 2050*



Percent of the population 65 years and over who are 80 years or older: 1990 and 2050



*Hispanic origin may be of any race.

The Hartford Foundation's work in aging and health for over 15 years lead it to conclude that imaginative approaches, grounded in solid research and information, can point the way toward meeting this challenge. Its geriatric programs aimed at physicians have helped prepare many present and future medical leaders, each bringing knowledge, experience and inventiveness to bear on scientific questions and clinical practice. Grants in academic medicine continue to train geriatricians and to inculcate geriatric precepts in both primary care physicians and in specialists. The next objective is to broaden this reach to other health professionals, whose geriatric competence is equally critical to meeting elders' health care needs.

Hartford resources are invested in two major areas: academic geriatrics and training, and integrating and improving services for elders. The preparation of geriatricians for academic careers and the training of other physicians in geriatric knowledge have been in place for over a decade. But a hallmark of geriatrics is its concern with patient function as well as with the treatment of disease. The demographic imperative, coupled with a holistic view of well-being, requires movement beyond the narrow biomedical model. In 1996 major commitments to advance geriatric nursing and to develop and promote models for interdisciplinary team training were added. To explore potential new areas of grantmaking, commitments were also made to neuroscience and mental health services research. In this way, the Foundation keeps its fundamental goal always in mind: to have a strong and positive impact on the quality of life of the elderly person, and to render academic progress into practices which benefit all elderly. This is the vision that inspires and guides program decisions.

Charts:

Page 14| U.S. Department of Commerce, Bureau of the Census, 1989, 1993.

Page 15| Hobbs, Frank B. and Bonnie L. Damon, 65+ in the United States. (Washington: U.S. Government Printing Office, Washington DC, 1996) 2-6.

Page 16| Ibid, 2-18.

IT HAS BEEN OBSERVED THAT TEAM CARE, consisting of an essential core of geriatrically-qualified physicians, nurses and social workers, yields the best results for elderly patients. The idea of a Geriatric Interdisciplinary Team Training program was conceived in 1994. Promising sites received planning grants at the end of 1995 and, during 1996, implementation of eight models was approved by the Foundation.

Geriatric Interdisciplinary Team Training (GITT)

Traditionally the education of health care professionals has fostered their separation and has encouraged specialization, even within each profession. Also, there has been poor communication and coordination among patient-care providers, including those who work side-by-side for the same patient. The Hartford Foundation's national program seeks to formally train clinicians in teamwork and collaboration, thereby improving the effectiveness of interdisciplinary care. By the year 2000, when the three-year implementation period has ended, over 2,500 trainees in 17 disciplines will have completed the program.

A GITT Resource Center, located at New York University, offers technical assistance, acts as an information clearinghouse and collects data about the range of models. The Resource Center will also help other institutions and educators who are interested in developing similar efforts, and will assist in disseminating the progress and results of these projects.

Established as a national resource in 1996 The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice is located at New York University's School of Education's Division of Nursing, and headed by Professor Mathy Mezey. Dr. Mezey, one of the nation's leading geriatric nursing educators, has devoted her career to innovating and improving nursing care for elders in many settings. The Institute was started with a commitment of $5 million and is the first geriatric nursing institute in the nation.

The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice

Nurses are frequently charged with responsibilities such as medications, teaching aspects of self-care, identifying signs of illness complications and coordinating multiple medical needs. These functions are especially crucial to the elderly patient. Yet while nurses routinely minister to the elderly, their training in geriatrics is very limited. The Institute will not only remedy this problem, but also promote the nurse's role in geriatric research and practice.

The Foundation believes that this Hartford Institute will stimulate new ideas, bring geriatric information into clinical practice, and become a national center for nursing care for the elderly. In the coming years the Foundation hopes to use the experience gained through this major activity to make further commitments to geriatric nursing.

"Currently, we don't have huge numbers of nurses looking to make a career of caring for elderly patients. They do it by default because that's who's in hospitals and those are the patients calling home care agencies. But we want them to think of themselves as gerontological nurses, make them understand that there is a body of knowledge that could improve what they are doing."

Mathy Mezey, R.N., Ed.D., FAAN, *Director, The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice, Independence Foundation Professor of Nursing Education, New York University*

Paul Beeson Physician Faculty Scholars in Aging Research Program

Central to the Foundation's strategy of supporting a new cadre of academic leaders in geriatrics, the Paul Beeson Physician Faculty Scholars in Aging Research Program aims to train future physicians, improve clinical practice and extend the frontiers of basic research. It was started in 1994 as a multi-foundation initiative by the Hartford Foundation; the Commonwealth Fund; and the Alliance for Aging Research, on behalf of donor friends.

It is administered by the New York City-based American Federation for Aging Research and the Alliance for Aging Research in Washington, D.C. Three-year individual awards are given annually to outstanding junior medical faculty conducting research in aging. The Beeson awards are the largest non-governmental scholarships and stipends in the field. They are used to cover both research costs and the time of junior faculty, who then have the opportunity to become fully independent scholars.

In 1996 Beeson-supported physicians carried out studies on a wide range of topics including: risk factors and biochemistry related to Alzheimer's disease, the genetics of diabetes and obesity in the elderly, new strategies for treating neurodegenerative disease, elder abuse and its impact on mortality, and risk assessment for older drivers. The latter subject illustrates how important it is for geriatricians to recognize the delicate balance in an elderly patient between safety and autonomy. Elders greatly fear the loss of independence which accompanies the diminution of driving skills. This project should produce practical advice for physicians, who are often called upon to deal with this "non-medical" area.

"My research, funded in part through the Paul Beeson Physician Faculty Scholars in Aging Research Program, will identify older drivers at high risk for safety problems and reasons for that increased risk. With this knowledge, we plan to develop interventions which would allow some people to drive longer and more safely and to help those who must limit their driving adjust to this transition and maintain their independence."

Richard A. Marottoli, M.D., M.P.H., *Assistant Professor of Medicine, Yale University School of Medicine*


STOP

MEMORY-RELATED DISORDERS have proven to be among the most intractable of common age-related disabilities. Genetic researchers at the internationally-recognized Cold Spring Harbor Laboratory have been attempting to better understand the biological basis for long-term memory formation. The obvious implications of this project are very exciting, and a grant was awarded to support these efforts.

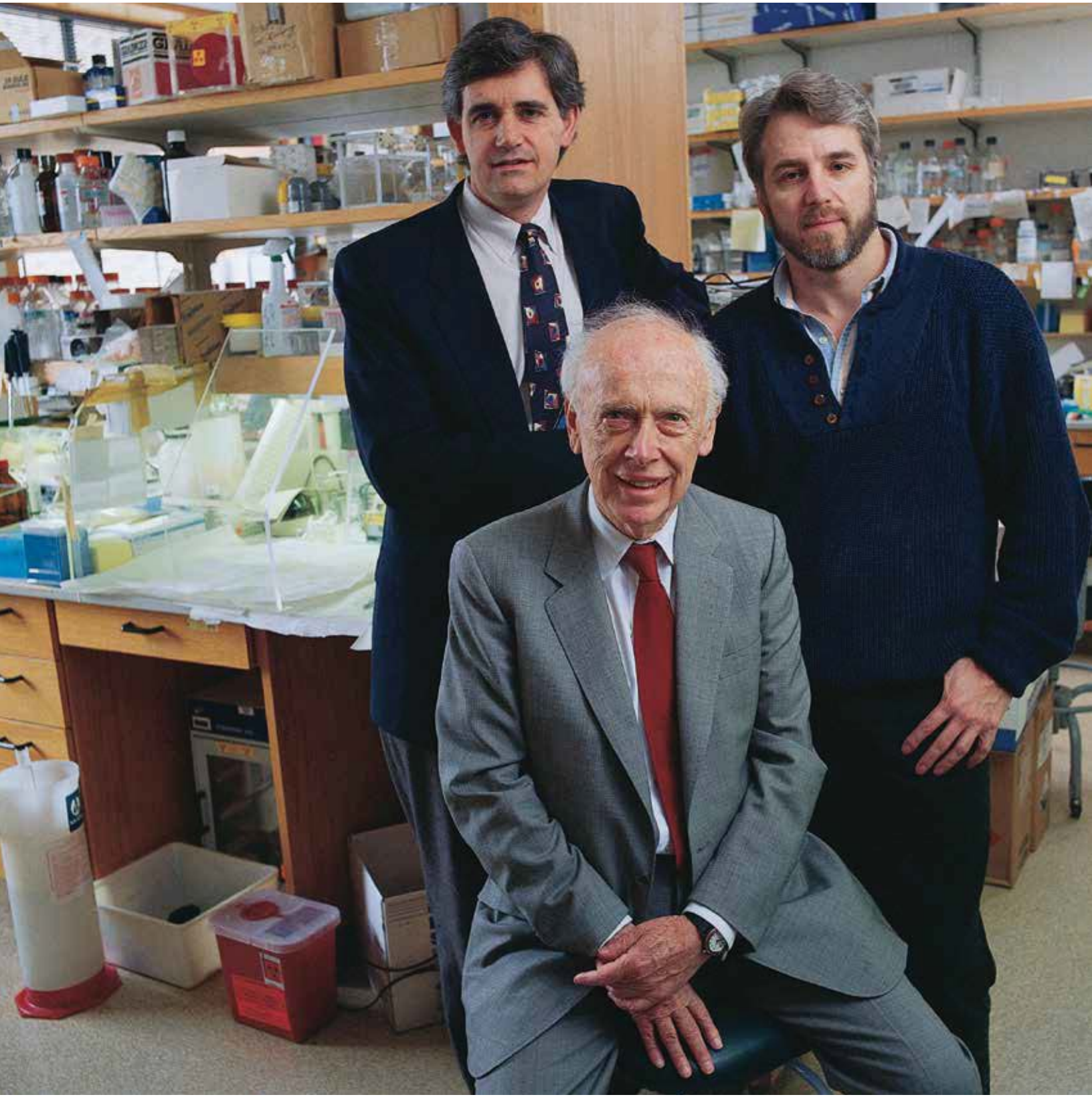
Scientists at Cold Spring Harbor discovered that a gene, called CREB, functions specifically in long-term memory formation. Through experiments with insects and small animals, they have documented cross-species similarity, suggesting that the gene may serve the same function in humans. Understanding CREB's behavior could lead to therapies for memory-related diseases.

The project will also convene symposia that will bring together physicians, cognitive psychologists and neurobiologists to exchange information and ideas on memory dysfunction in humans. Other meetings will be held at the conclusion of the grant to distribute the project's findings.

Cold Spring Harbor Laboratory

"Our gene discovery effort promises to identify the protein building blocks of memory. Each of these then will become the focus of further research to understand and treat the biological bases of memory dysfunction in the elderly."

TIMOTHY P. TULLY, PH.D., *Senior Scientist, Cold Spring Harbor Laboratory (right), seen here with James D. Watson, Ph.D. (seated), President of the Laboratory and Bruce Stillman, Ph.D., its Director.*



Other Academic Geriatrics and Training Grants

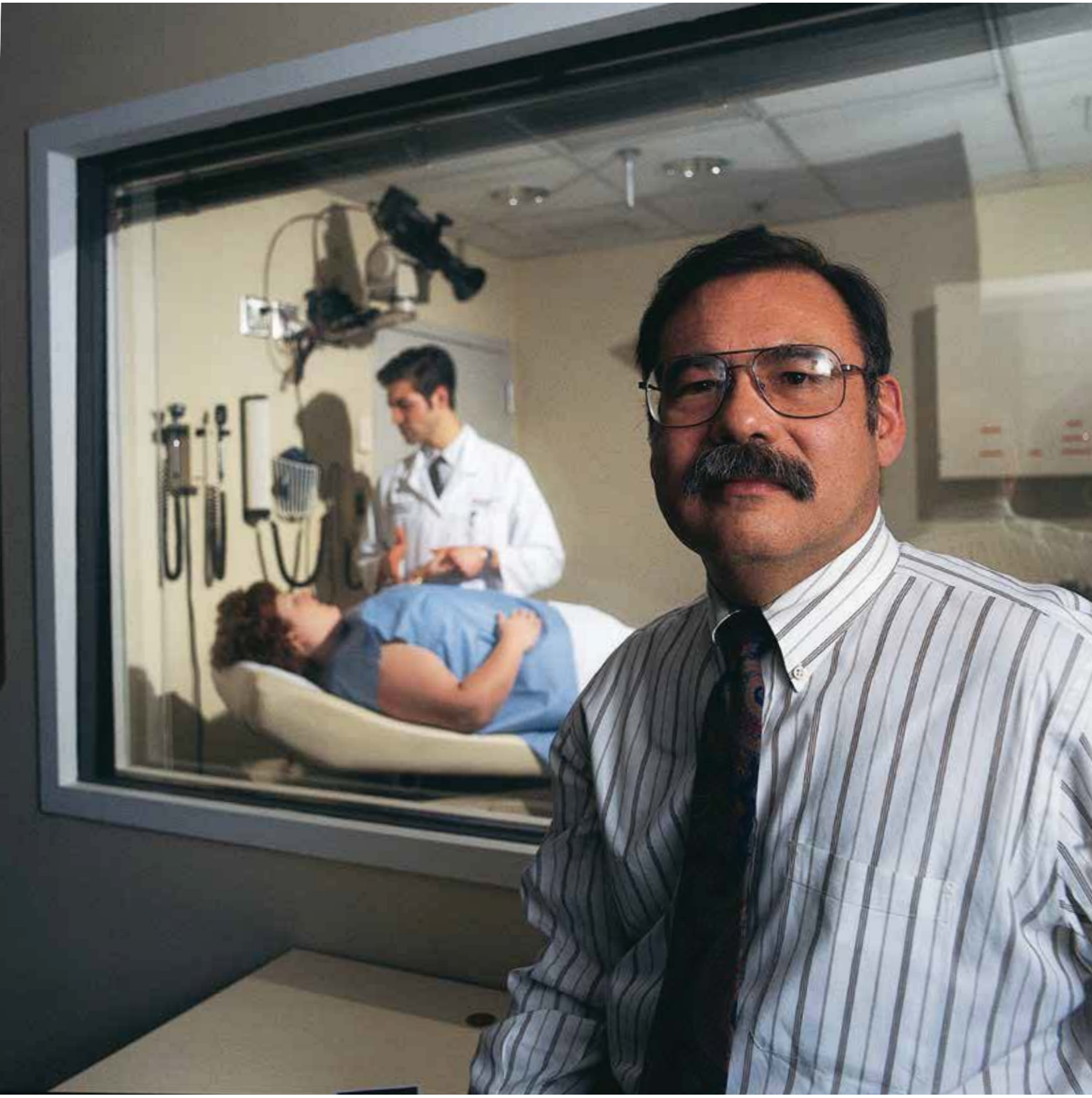
As frail elders struggle to remain in their own homes and communities, knowledge of good practice in home care will become increasingly relevant to primary care and specialist physicians. The University of Medicine and Dentistry in New Jersey has taken on the task of educating medical students about home care, a vital segment of health care for older people.

Another project, administered by the American Geriatrics Society, looks to upgrade geriatric knowledge and skills in the offices of practicing primary care physicians, especially older physicians who have received little formal geriatric education. The Hartford Foundation is supporting the development of curricula and the investigation of other approaches to help bring about solutions to this problem.

A third project, Enhancing Dissemination of Innovations in Geriatric Education, located at Stanford University, is directed at residents in family and internal medicine. The Foundation funded a $5.1 million national initiative to increase the geriatric content of primary care residency training in 1994. Since then Medical Board certification requirements in both family and internal medicine have called for additional geriatric training. This project will enable the eight grantees in the program to work with each other to rapidly disseminate geriatric education material to residency programs across the country.

"Here at Harvard, the Hartford Geriatrics in Residency Training Program has helped to enhance primary care training by the integration of didactic and experiential curricula in core geriatrics subject areas. To refine residents' skills in geriatric medicine, we've used objective, structured clinical exercises which also involve patient 'instructors' and senior faculty observers."

Thomas S. Inui, M.D., *Director, Division of Primary Care, Professor and Chair, Department of Ambulatory Care and Prevention, Harvard Medical School*



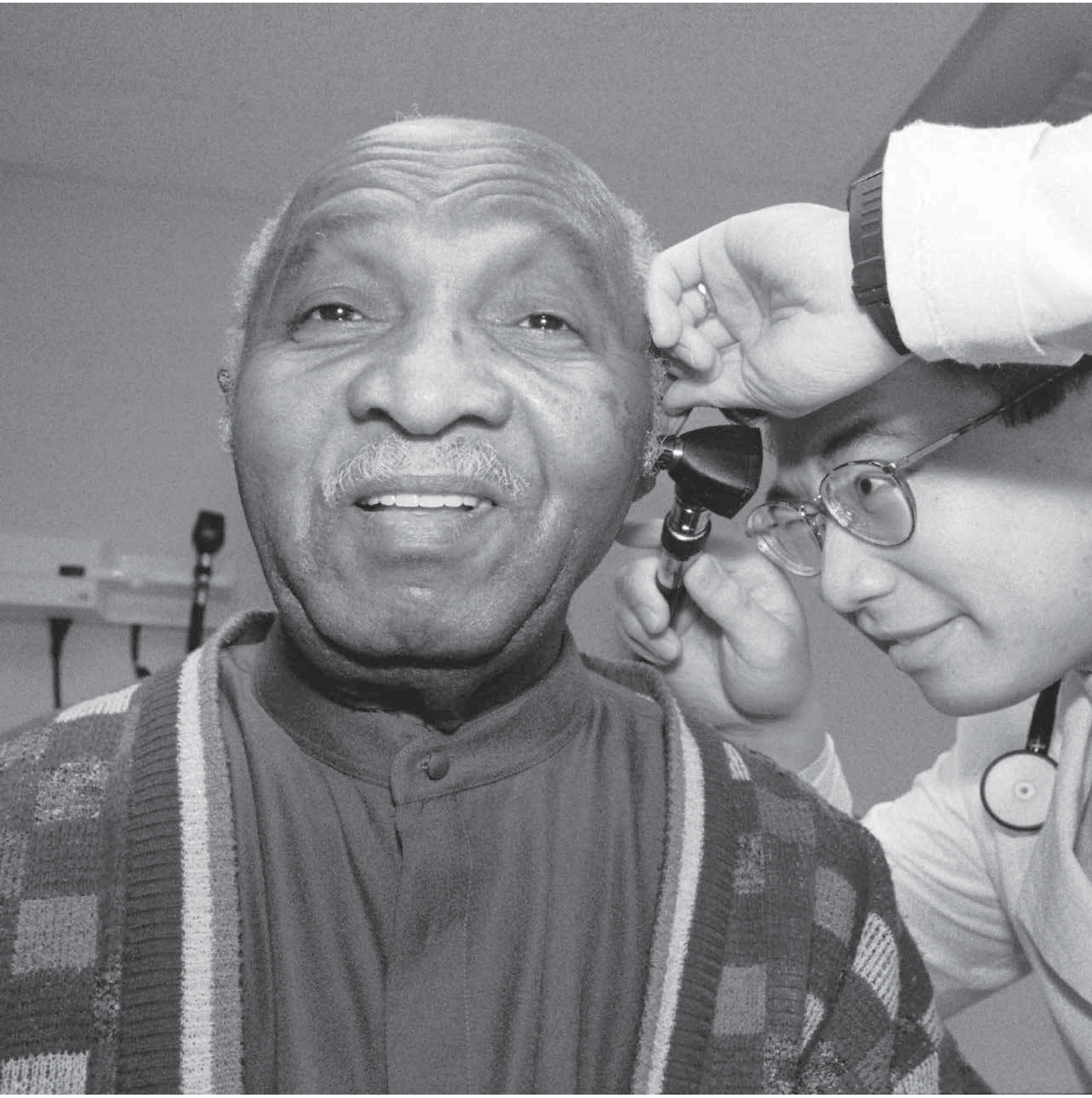
In 1996 the Hartford Foundation continued its long-standing support of the highly-regarded PACE (Program of All-inclusive Care for the Elderly) model. Originally developed by San Francisco's On Lok, Inc., it offers integrated service and financing for chronically ill seniors whose disabilities would, without this program, require nursing home care.

The Foundation's grant to On Lok of over $1 million will fund further development and multi-site installation of a new state-of-the-art medical record. One new feature of this technology is that it enables "real time" communication among health professionals serving the same patient in different locations. Having access to an up-to-date medical record, which contains health status, therapies, clinical observations and history, is invaluable, especially for the frail elderly patient who needs treatment from many sources for more than one illness or disability. Although the record is being developed for use in PACE sites, it has the potential to be adapted for similar sites.

In 1992 the Hartford Foundation launched its Generalist Physician Initiative (GPI), designed to improve the integration of health-related services for the elderly through their primary care physicians' offices. Subsequently nine awards were made across the country. The guidelines urged the creation of models that include nurses, physical therapists and social workers, among others, whose services are critical to the successful treatment of patients.

In 1996 three additional grants were awarded, totaling over $1 million, to extend and distribute programs that offer new ideas for delivering physician-based primary care services. The recipients were:

- Arizona State University: The Generalist Physician Initiative's Coordinating Center received an award for the creation, packaging and dissemination of replicable models based on the GPI projects.



■ Dartmouth Medical School: An original Generalist Physician site, Dartmouth will take the next step in adapting its prototype of a quality improvement program for physicians' offices to health centers. The program, originally designed for a relatively homogeneous rural population, will be applied to the more culturally diverse population served by urban community health centers. Researchers will assess its impact and effectiveness in these new sites.

■ The Mt. Sinai Hospital in Miami Beach: Mt. Sinai is already engaged in a GPI pilot program, where physicians work with nurse practitioners and social workers to provide a more comprehensive care package. Mt. Sinai will use the 1996 grant to determine what combinations of professionals are most effective in delivering patient care.

Other Aging and Health Grants

SEVERAL ADDITIONAL AWARDS were made during 1996 to advance the Foundation's Aging and Health program interests. In some instances the work supported by these grants is expected to lead to further activities in the future.

THE FOUNDATION'S GRANT to Brandeis University provides support for its newly established Policy and Resource Center on Women and Aging. The Center is dedicated to research, policy analysis and education on issues of concern to older women. In 1994 there were 82 males per hundred females in the 65-69 year old age group, but only 26 males per hundred females above the age of 95. Already there are several more million American women than men, yet their needs are often viewed as "special interest" rather than mainstream. The Foundation award should help solidify the Center and enable it to realize its goals well into the future.

EFFORTS TO DEVELOP a model regional resource center for consumer health information will be supported through a grant to the Overlook Hospital Foundation. It is hoped that this award will improve patients' ability to participate in their care, both as informed decision-makers and through improved understanding of self-care. This project's impact will be extended through training of community librarians, who will be able to connect with the regional resource being developed at Overlook.

IMPROVED COMMUNICATION between health services researchers, whose projects involve elders, and the Institutional Review Boards (IRBs) which must review and approve their proposals, will be facilitated by an award to Public Responsibility in Medicine and Research (PRIM& R), the educational arm of the nation's IRBs. PRIM&R's work is particularly timely due to the growth of managed care and a variety of new administrative arrangements between and among physicians, hospitals, insurers and patients. Administrative changes are occurring daily without clinical basis or adequate scrutiny in terms of patient impact. Yet relevant research may be difficult to conduct, or delayed because of difficulty in gaining IRB approval. Educational presentations and guidelines development to occur with Foundation support should ameliorate this situation.

ANOTHER INNOVATION, supported by a 1996 Hartford grant to the School of Public Health at the University of California, Los Angeles, is an automated elder health risk appraisal. Designed for the prevention of illness and decline, the appraisal is a detailed questionnaire whose data can be analyzed electronically. This consumer-oriented instrument has a two pronged appeal: Patients are educated about desirable changes in lifestyle, and health providers have a comprehensive tool to evaluate the health status of patients. This grant renewal provides funds for further piloting and dissemination.

A PROJECT with exciting implications is a study of opportunities to advance mental health care for an aging population, undertaken through the University of Maryland Center for Mental Health Services Research. The study is expected to help both geriatric and mental health professionals better understand mental health service needs of older patients. For example, it is known that the rates of depression and suicide among the elderly greatly exceed those in younger populations. Also older people may distrust the idea of mental illness, seeing it as a sign of character weakness. With the new advances in mental health treatment, it is critical that opportunities be identified and widely dispersed.

IN ALL, the Hartford Foundation awarded 26 grants under its Aging and Health Program in 1996, with commitments totaling $19,144,034.

Academic Geriatrics and Training

American Federation for Aging Research (AFAR), Inc.
New York, NY
Stephanie Lederman

Paul Beeson Physician Faculty Scholars in Aging Research Program

This award augmented funding for an additional Beeson scholar. The program was originally authorized in 1994 in collaboration with other donors. The commitments of all sponsors to this program total some $15 million. Beeson awards protect the time of exceptionally promising faculty members early in their careers to hasten their development as independent researchers in aging. Each Beeson Scholar receives a three-year stipend, providing salary and benefits to protect a minimum of 75 percent of the scholar's time for research, as well as funds for research support. Research projects may involve patient-related clinical research, biomedical research, biopsycho-social research, epidemiological or health services research, or other areas relevant to aging and geriatrics.

Further program goals are to strengthen research and educational programs in academic centers of excellence, and expand medical research on aging by focusing on the biology of aging, diseases of old age, clinical management and service system issues.

Grant awarded: $454,800
Duration of grant: 3 years

The American Geriatrics Society, Inc.
New York, NY
Patricia P. Barry, M.D., M.P.H.

Enhancing Geriatric Knowledge of Practicing Physicians Through Continuing Medical Education

Only in the last decade have most medical training programs begun to include geriatrics. The majority of practicing physicians have received limited formal training regarding treatment of their elderly patients. This is particularly true among older physicians, whose practices have large numbers of older patients.

This grant will develop a plan to enhance the geriatric knowledge and skills of practicing physicians through innovative education programs in both traditional and managed care settings. Guided by a national advisory committee, project staff will gather and assess existing knowledge about successful education programs for practicing physicians in general, and determine the relevance of these approaches to geriatric education. Special attention will be paid to identifying incentives to encourage physician participation, particularly among those who do not usually enroll in geriatric education programs.

Grant awarded: $178,193
Duration of grant: 1 year
Start date: December, 1996

The American Geriatrics Society, Inc.
New York, NY
William R. Hazzard, M.D.

Integrating Geriatrics into the Subspecialties of Internal Medicine

Continued advances in clinical care for elders requires research advances and practice competence of the subspecialists who serve them. Several years ago, a Hartford-supported Institute of Medicine report concluded that there should be increased attention to geriatrics in the training provided to subspecialists in internal medicine, who are vital to the effective care of the elderly.

To implement that goal — to "embed excellence in geriatrics into the subspecialties of internal medicine" — the Foundation augmented its funding for this project, which began in 1994. A concerted, discipline-specific education effort is underway, which includes off-site conferences ("Geriatric Education Retreats"), liaison with subspecialty societies, reviews of the geriatric content of subspecialty rotations, fellowship training and certifying exams, among other activities.

This project has already addressed two subspecialties — endocrinology and cardiology. With the additional 1996 grant, Geriatric Education Retreats for four additional subspecialties will be completed during 1997, along with related educational efforts.

Grant awarded: $500,023
Duration of grant: 2 years

Cold Spring Harbor Laboratory
Cold Spring Harbor, NY
Timothy P. Tully, Ph.D.

The Biology of Long-Term Memory

Memory disorders disproportionately affect the elderly. The question of how memory is formed and maintained is an important question challenging researchers today. The Hartford Foundation has awarded a grant to the Cold Spring Harbor Laboratory, an internationally recognized research institution, to advance scientific understanding of the genetic basis of long-term memory function and dysfunction. This research represents a possible step toward developing therapies for individuals with memory impairments.

It is now known that memory is formed in distinct phases and it is believed that a discrete set of genes controls each of these phases. The Cold Spring Harbor Laboratory researchers have discovered that a gene, called CREB, functions specifically in long-term memory formation. Under this grant, the Laboratory will undertake a two-pronged research effort to 1) identify genes, other than CREB, involved in the formation of long-term memory, and 2) elaborate the mechanisms and potential effects of CREB function.

Grant awarded: $872,080
Duration of grant: 3 years
Start date: January, 1997

Geriatric Interdisciplinary Team Training (GITT)

Geriatric Interdisciplinary Team Training, launched in 1995, is a major initiative of the Hartford Foundation. These innovative programs are designed to develop models for geriatric interdisciplinary teamwork training related to care for the elderly in a range of settings. By the time this program is complete in the year 2000, the total investment of the Foundation, coupled with each site's "in-kind" support and matching funds, will exceed $10 million. The objective of this multi-year national program is to develop practicum-based training models for advanced-practice nurses, residents in internal and family medicine, social workers and other health professionals. The program rests on the premise that having practitioners learn teamwork skills will lead to improvements in clinical care outcomes and efficiency and in patient satisfaction. Program funding plans involved a sequence of one-year planning awards and three-year implementation awards, combined with a central resource and technical assistance capacity and overall programmatic evaluation.

In 1996 the Hartford Foundation funded the second phase of the GITT effort. Of the thirteen one-year planning grants approved in 1995, nine sites received implementation awards in 1996, including one partnership between two of the planning grant awardees.

The GITT sites are diverse in many respects: geographic location, private/public educational auspices, degree of integration of education and service programs and didactic and practicum content. They include such service settings as for-profit and not-for-profit HMOs, hospices, inpatient units, academic primary care clinics, medical group practices in a variety of locations and home care. There is also variation in mentor/preceptor relationships with trainees, the variety and style of ongoing service teams, the intensity and duration of practicum experiences, and the types of health professionals participating. Individually, each program reflects local clinical and training resources. Taken together, the broad diversity of training will create blueprints that can be adapted by a wide range of health professions' educational institutions.

The implementation sites are:

Baylor College of Medicine
Houston, TX
Robert J. Luchi, M.D.
Nancy L. Wilson, M.S.W.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

The Mount Sinai Medical Center
New York, NY
Christine K. Cassel, M.D.
Judith L. Howe, D.S.W.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

Great Lakes GITT
$1,200,000

a) Henry Ford Health System
Detroit, MI
Nancy A. Whitelaw, Ph. D.
Joann Castle, M.A.

Grant awarded: $718,677
Duration of grant: 3 years
Start date: January, 1997

b) University Hospitals Health System
Cleveland, OH
M. Orry Jacobs
Nancy Wadsworth, M.S.S.A.

Grant awarded: $481,323
Duration of grant: 3 years
Start date: January, 1997

On Lok, Inc.
San Francisco, CA
Jennie Chin Hansen, R.N., M.S.
Susan Kornblatt, M.A.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

Rush-Presbyterian-St. Luke's Medical Center
Chicago, IL
Denis A. Evans, M.D.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

University of Colorado
Denver, CO
Dennis W. Jahnigen, M.D.
Ernestine Kotthoff-Burrell, M.S., R.N., A.N.P.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

University of Minnesota
Minneapolis, MN
Robert L. Kane, M.D.
Kenneth W. Hepburn, Ph.D.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

University of South Florida Foundation, Inc.
Tampa, FL
Eric Pfeiffer, M.D.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: January, 1997

Total Grants awarded: $6,450,000
Duration of grants: 3 years
Starting date: January, 1997

University of Medicine and Dentistry of New Jersey
Newark, NJ
R. Knight Steel, M.D.

Expansion of Home Care into Academic Medicine

Between 1988 and 1994 Medicare costs for home health care, which requires a doctor's order, increased more than 600 percent. In 1994 some 3 million, or 9 percent, of the 33.4 million Medicare enrollees not enrolled in HMOs received more than 160 million home health care visits. It is estimated that over 75 percent of all home care services are delivered to elderly patients.

Despite the dramatic increases in use of home health care and the higher intensity of services, physicians lack training in this important area. As of 1994, when Medicare reimbursements for home care topped $12.7 billion, almost half of all medical schools did not devote even a single curricular hour to it. Only three of the country's 123 medical schools required five or more home visits of their students.

Under this award, six medical schools, to be selected from among those responding to a Request for Proposal, will be supported to develop model home care educational programs for their students. They will be guided by more established programs, such as those at Boston University Medical Center and Johns Hopkins University. The selected medical schools will design, implement and disseminate curricula and specific learning objectives for home care training.

Grant awarded: $783,492
Duration of grant: 3 years
Start date: October, 1996

New York University
New York, NY
Mathy Mezey, R.N., Ed.D., F.A.A.N.

The John A.Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice

The Foundation has ventured into a new frontier: the establishment of a national center to advance geriatric nursing, housed at New York University. Resources for the first year will be directed toward intensive strategic and logistical planning, including the renovation of space, appointment of a National Advisory Board for the Institute, and recruitment of staff.

By the end of its first year, strategies will be developed regarding: 1) clinical research and demonstration projects to enhance and humanize care of the elderly; 2) faculty development to expand research and training capacity in nursing schools throughout the country; 3) curriculum development in undergraduate and masters programs to assure that all newly-trained nurses working with older adults have basic knowledge of geriatric nursing; 4) leadership development in clinical nursing and health care management; and 5) development and dissemination of effective models for geriatric nursing care. During subsequent years, these strategies will be implemented and evaluated.

Grant awarded: $5,000,000
Duration of grant: 5 years
Starting date: September, 1996

Stanford University
Palo Alto, CA
Georgette Stratos, Ph.D.

Enhancing Dissemination of Innovations in Geriatric Education

This award underwrites a project to hasten the dissemination of innovations related to internal medicine and family practice resident training in geriatrics, and to develop plans for possible longer-term activity by the Foundation in this area. It builds on a major Foundation initiative to increase the geriatric content of primary care resident training, which began on January 1, 1995, with awards to seven programs throughout the country. The Stanford Faculty Development Program serves as the national resource and dissemination center for this effort, and a separate award was made to the American Academy of Family Physicians Foundation to address the special needs of smaller residency programs in this specialty.

Internal medicine and family practice residency accreditation requirements demand increased geriatric exposure for their trainees. Hence, there is an immediate need throughout the country to add geriatric content to such programs. This requires well-prepared faculty, appropriate curriculum and effective evaluation. Yet academic health centers, facing severe budgetary constraints, are typically faced with reductions in funds available for these purposes.

To help fill the gap, this project will draw on materials developed by the Hartford Foundation-funded residency projects. A Steering Committee consisting of the leaders of all of the projects in the initiative will select the most promising and transportable educational innovations in resident geriatric education developed to date. A brochure featuring these innovations will be created for national distribution to residency training program directors in internal and family medicine, who are best positioned to incorporate such initiatives into their programs. Long-term strategies for geriatric education dissemination will also be developed, recognizing that reductions in support for education are occurring just at the time more geriatric exposure is needed.

Grant awarded:	$296,664
Duration of grant:	1 year
Start date:	January, 1997

Integrating and Improving Services for Elders

ARIZONA STATE UNIVERSITY
Tempe, Arizona
Frank G. Williams, Ph.D.

Enhancing Generalist Physician Program Impact

Through this grant, the Foundation has an opportunity to enhance the impact of a prior major national program, the Generalist Physician Initiative, which began in 1992. It supported ways to improve care for the elderly through their primary care physicians' office practices in nine diverse locations. Arizona State University received a grant to serve as the program's coordinating center, conduct visits to participating sites, and facilitate dissemination.

Project staff will complete site visits, provide technical assistance on data analysis, and help organize the publication of articles and presentations to professionals. A major subcontract with the Medical Group Management Association will support several educational sessions for dissemination to this group's membership. The information derived from this project is highly relevant to the Hartford Foundation's Geriatric Interdisciplinary Team Training Initiative.

Grant awarded: $1,201,439
Duration of grant: 2 years, 4 months
Start date: September, 1996

DARTMOUTH MEDICAL SCHOOL
Hanover, NH
John H. Wasson, M.D.

Replication of Community Centers of Excellence in Aging

It is widely acknowledged that new methods are needed to improve the quality and kinds of care received by elders through their generalist physician offices. Yet there is no systematic approach whereby physicians can efficiently obtain ongoing information about the needs and concerns of their older patients, from their health status to their level of satisfaction with the care they receive.

The Foundation's Generalist Physician Initiative had previously awarded Dartmouth funding to develop such an approach, seeking to improve the efficiency and levels of satisfaction (of both patients and physicians) with primary care office visits. Among the products it created are a questionnaire entitled "Improve Your Medical Care" and an information booklet entitled "Improve Your Health."

The project supported by this grant will replicate and evaluate its impact as it moves from New England physicians' offices to urban community health centers, which serve a more culturally diverse population, and where a higher burden of illness is likely to be found.

Grant awarded: $277,607
Duration of Grant: 1 year, 6 months
Start date: October, 1996

Mt. Sinai Hospital of Greater Miami, Inc.
Miami Beach, FL
Gloria B. Weinberg, M.D.

Intervention Pathways to Integrate Eldercare Through Generalist Physician Offices

This grant continues the Foundation's support of Miami's Mt. Sinai Hospital in introducing new roles for nurse practitioners and social workers into the primary care office practices of hospital-affiliated physicians. The objective of the original project, begun in 1993 as part of the Foundation's Generalist Physician Initiative, was to devise, implement and evaluate model pathways for care of frail elders. The project covered both primary care physicians and specialists whose practices included the provision of substantial amounts of primary care to elders. Under the pilot project, doctors, nurses and social workers shared responsibility for providing, arranging and monitoring clinical and supportive services.

The 1996 grant enables fine-tuning of the system developed at Mt. Sinai. It will support further research into determining whether a different mix of health professionals might yield a better product, coupled with further efforts to identify patients most likely to benefit from this approach. Some key staffing and service delivery questions affecting the care of elders can thus be answered.

Grant awarded: $116,352
Duration of grant: 1 year
Start date: November, 1996

National Chronic Care Consortium
Bloomington, MN
Deborah Paone

Using SASI to Advance System Integration

The National Chronic Care Consortium (NCCC) was formed in 1991 by 14 leading health care organizations wishing to advance efforts to integrate long-term and acute care. The NCCC has since grown to 27 members, and is recognized today as the nation's premier "greenhouse" for "growing" integrated care service capability. The Hartford Foundation's support of the NCCC after its creation included a 1993 grant to develop tools and "best practice" models to advance the integration of care to individuals with chronic diseases.

An important product developed through that project was an approach to "Self Assessment for System Integration" (SASI). SASI consists of several modules which help an organization to assess how effective its care is in meeting the medical and related needs of its clients in a unified manner. Experience using SASI suggests that it can effectively focus providers' attention on the comprehensive care needed by patients. This grant provides funding to further support SASI implementation, refinement and dissemination.

Grant awarded: $350,412
Duration of grant: 2 years
Start date: June, 1996

On Lok, Inc.
San Francisco, CA
Catherine Eng, M.D.

Integrated Chronic Care Information System

On Lok is a pioneer in providing and integrating acute and long-term care services through a comprehensive managed care system. On Lok's "care+financing" model is the prototype for national replication of the PACE (Program of All-inclusive Care for the Elderly) model. PACE enrolls only frail elders and fully integrates services and financing for their acute, long-term and support needs. Currently, 60 organizations in 28 states are at some stage of PACE replication. For more than a decade, the Foundation has supported these efforts.

The 1996 grant will advance the development and replication of ICCIS, On Lok's "Integrated Chronic Care Information System" product. Using electronic medical records designed for patients with multiple chronic conditions, this sophisticated system enables all health professionals involved in the care of elders to contribute progress notes on-line, in real time. These notes become part of the patient's record and can be accessed immediately by appropriate providers in different locations.

The project has two goals. First, it will partially support installation of the upgraded ICCIS system in two PACE sites to test its transferability. Second, it will expand the computer architecture of ICCIS so that it is compatible with other systems and can adapt commercially available modules (e.g., for scheduling and drug ordering).

Experts view ICCIS as having long-term potential to generate vital information to support patient care, quality improvement and consumer protection in capitated systems of care serving frail elders.

Grant awarded:	$1,080,538
Duration of grant:	2 years
Start date:	October, 1996

Other Aging and Health Grants

Brandeis University
Waltham, MA
Phyllis H. Mutschler, Ph.D.

National Policy and Resource Center on Women and Aging

Among the nearly 40 million Americans who are currently 65 or over, there are twice as many women than men. By the year 2010, almost half of all women will be at least 50 years old. The Census Bureau projects that the female population aged 65 to 84 will grow 68 percent by 2030. Yet as recently as 1980, most research on aging had been based on studies of men, with little analysis of gender-based differences. Despite a growing body of research on gender differences in aging, there is still a tendency to see older women's issues as a "special interest."

This award provides support to a newly established organization dedicated to issues confronting aging women. Foundation funds will support research, policy development and communication efforts as well as the ongoing activities of a national advisory board. To reinforce the Center's efforts to secure funds from other sources, the third year of the grant will require matching funds.

Grant awarded: $750,000
Duration of grant: 3 years
Start date: October, 1996

Overlook Hospital Foundation
Summit, NJ
David H. Freed

Developing a Model Regional Resource Center for Consumer Health Information

Regardless of whether Americans receive their health services through managed care systems or otherwise, individuals and their families will need to play a more active role in their own medical care. Patients are encouraged to be sufficiently knowledgeable to manage day-to-day illnesses and long-term health problems at home, to prepare and ask questions during doctors' visits, and to make informed decisions when faced with a major medical choice.

This grant supports a model for community-based hospitals to act as regional resources for consumer health information, by providing a range of on-site and World Wide Web services, as well as a training program for community librarians on consumer medical information.

Grant awarded: $142,700
Duration of grant: 2 years
Start date: October, 1996

Public Responsibility in Medicine and Research
Boston, MA
Joan Rachlin, J.D., M.P.H.

IRBs and Health Services Research

This is an atypical grant designed to facilitate the work of the Foundation and others by identifying and smoothing regulatory obstacles to the health services research involving human subjects. It has periodically come to the attention of Foundation staff that grantees may experience delays in their projects because of obstacles in gaining approval from hospital and other Institutional Review Boards (IRBs). IRBs must review all research involving human subjects; however, they have been geared to dealing with research such as drug trials, rather than complex interventions where populations rather than individuals are of greatest interest.

This project seeks to identify ways to optimize IRB consideration of health services research, particularly that involving elderly populations. It is hoped that areas of potential concern will be recognized and conflict avoided through mutual education of IRB members and the health services research community. The project is particularly timely in an era when financial considerations rather than research-based approaches may be unduly influencing patient care decisions.

Grant awarded: $187,522
Duration of grant: 6 months
Start date: April, 1996

University of California at Los Angeles
Los Angeles, CA
Lester Breslow, M.D., M.P.H.

Development of an Elder Health Risk Appraisal: Dissemination of Results

The creation of a science-based health risk appraisal product for elders is an exciting development which has received Foundation support since 1988. It provides an objective method for assessing a wide range of health-related conditions that are often overlooked.

The automated Health Risk Appraisal for Elders (HRA-E) is designed to be useful to both patients and providers. Specifically elders can acquire information regarding lifestyle and behavioral choices which might affect their health and ability to function. Medical providers can identify those at risk of preventable adverse outcomes, and intervene appropriately. The applicability of the HRA-E to enrollees in Medicare HMOs is apparent, as is the tool's importance in the rapidly-changing health care system.

The award provides financing to increase the immediate availability and use of this tool. Target users include medical and other health organizations serving elders, key membership organizations of seniors, and Hispanic populations (for whom a translation will be made).

Grant awarded: $250,924
Duration of grant: 1 year
Start date: October, 1996

University of Maryland
Baltimore, MD
Howard H. Goldman, M.D., Ph.D.

Exploring Opportunities to Advance Mental Health Care for an Aging Population

The objective of this project, directed by Howard H. Goldman, M.D., psychiatrist at the University of Maryland, is to develop an overview of the field of aging and mental health care services, focusing on Americans over the age of 60. Elderly people have high rates of depression and other mental disorders. Individuals over the age of 65 account for one-fifth of U.S. suicides, disproportionate for a group comprising only 13 percent of the population. It is common to view the emotional and cognitive problems of aging individuals as expected and not as pathological, but this is an inappropriate response.

The project will involve several steps, starting with the creation of an advisory committee to guide overall efforts. Specific tasks included an environmental scan and basic review of the literature on aging and mental health care, followed by a narrowing of focus to three or four areas which appear particularly promising for further analysis. The final report will contain recommended strategies and action for each topic area, and will be distributed broadly.

Grant awarded:	$251,288
Duration of grant:	1 year
Start date:	January, 1997

Financial Reports

THE ANNUAL FINANCIAL STATEMENTS, which have been audited by Owen J. Flanagan & Co., appear on pages 46 to 63.

Financial Summary

On December 31, 1996 the Foundation's assets were $433.8 million, an increase of $49.5 million for the year after cash payments of $21.2 million for grants, expenses and Federal excise tax. Total return on the investments, income plus realized and unrealized capital gains, was 17.8 percent. In 1996 revenues totaled $11.6 million, a yield of approximately 3.0 percent for the year.

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 our assets at a level greater than the rate of inflation.

DURING 1996 the domestic equity market reached new heights, and for the second consecutive year the large capitalization stock indices had returns in excess of 20 percent. Recognizing that the likelihood of a market correction was increasing as valuations became greater, the Foundation took steps in 1996 to reduce its exposure to the financial markets. The Board of Trustees committed approximately 5 percent of the Foundation's portfolio to 'event-driven' strategies that historically have high absolute returns and low correlation with the public markets. Also the Foundation further diversified its investments by making a new commitment to real estate and additional investments in emerging market equities.

At the end of 1996 the Foundation's asset mix was 63 percent equities, 32 percent fixed income, and a combined 5 percent in venture capital, private equity, real estate and event-driven funds.

As of December 31, 1996 the Foundation's investments were managed by Capital Guardian Trust Company, Sound Shore Management, Washington Square Advisers, William Blair & Co. and T. Rowe Price Associates. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates, the Mayfield Fund, Middlewest Ventures, Tullis-Dickerson and William Blair Capital Partners. Also included with these venture capital investments are the Foundation's limited partnership interests in private equity funds managed by GE Investments and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty and Heitman/JMB Advisory Corporation. Event-driven investments include a merger arbitrage partnership managed by Halcyon/Alan B. Slifka Mangement Co. and unfunded commitments to distressed securities funds managed by Angelo, Gordon & Co. and Whippoorwill Associates.

The Finance Committee and the Board of Trustees meet regularly with each of the investment managers to review their performance and discuss current investment policy. The Chase Manhattan Bank, N.A. is custodian for all the Foundation's securities. A complete listing of investments is available for review at the Foundation offices.

Independent Auditors' Report

The John A. Hartford Foundation, Inc.
55 East 59th Street
New York, NY 10022

Ladies and Gentlemen:

We have audited the balance sheets of The John A. Hartford Foundation, Inc. (a New York not-for-profit corporation) as of December 31, 1996 and 1995 and the related statements of revenues, grants and expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The John A. Hartford Foundation, Inc. as of December 31, 1996 and 1995 and its changes in net assets and cash flows for the years then ended in conformity with generally accepted accounting principles.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The data contained in pages 55 to 63, inclusive, are presented for purposes of additional analysis and are not a required part of the basic financial statements. This information has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Respectfully submitted,

Owen J. Flanagan & Company
Certified Public Accountants
New York, New York
March 6, 1997

THE JOHN A. HARTFORD FOUNDATION, INC. EXHIBIT A
BALANCE SHEETS
DECEMBER 31, 1996 AND 1995

	1996	1995
Assets:		
Cash in operating accounts	$ 5,857	$ 2,084
Interest and dividends receivable	1,802,667	1,879,542
Prepaid Federal excise tax	187,095	13,052
Prepayments and deposits	32,041	36,318
	2,027,660	1,930,996
Investments, at market or adjusted cost (Notes 2 and 3)		
Short-term cash investments	59,281,953	31,967,539
Stocks	270,968,858	264,520,525
Long-term bonds	77,612,820	68,761,327
Venture capital and private equity partnerships	8,526,285	6,986,273
Real estate pooled funds	8,419,477	8,142,382
Other investment partnership	5,163,108	–
Total Investments	429,972,501	380,378,046
Office condominium, furniture and equipment (net of accumulated depreciation of $2,243,102 in 1996 and $2,038,059 in 1995)	1,810,345	1,970,853
Total Assets	$433,810,506	$384,279,895
Liabilities and Net Assets		
Liabilities:		
Grants payable (Note 2)		
Current	$ 11,791,113	$ 9,378,955
Non-current (Note 7)	15,071,750	14,486,864
Accounts payable	468,318	508,095
Deferred Federal excise tax (Note 2)	737,718	609,317
Total Liabilities	28,068,899	24,983,231
Net Assets - Unrestricted:		
Board designated (Note 2)	1,948,484	1,882,431
Undesignated	403,793,123	357,414,233
Total Net Assets (Exhibit B)	405,741,607	359,296,664
Total Liabilities and Net Assets	$433,810,506	$384,279,895

The accompanying notes to financial statements are an integral part of these statements.

THE JOHN A. HARTFORD FOUNDATION, INC.
STATEMENTS OF GRANTS, REVENUES AND EXPENSES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 1996 AND 1995

EXHIBIT B

	1996	1995
Revenues		
Dividends and partnership earnings	$ 4,532,746	$ 4,330,017
Long-term bond interest	5,297,397	5,815,384
Short-term investment earnings	1,791,150	1,364,441
Total Revenues	11,621,293	11,509,842
Grants and Expenses		
Grant expense (less cancellations and refunds of $54,105 in 1996 and $941,288 in 1995)	19,632,975	18,327,969
Foundation-administered projects	627	157,030
Grant-related direct expenses	78,160	80,983
Federal excise tax on net investment income (Note 2)	97,934	97,250
Investment fees	1,701,853	1,649,631
Personnel salaries and benefits (Note 6)	1,338,893	1,138,673
Office and other expenses	577,063	619,045
Depreciation	205,043	198,465
Professional services	94,791	164,035
Total Grants and Expenses	23,727,339	22,433,081
Excess (deficiency) of revenues over grants and expenses	(12,106,046)	(10,923,239)
Net Realized and Change in Unrealized Gain on Securities Transactions (Note 3)	58,550,989	65,074,056
Increase in Net Assets	46,444,943	54,150,817
Net Assets, beginning of year	359,296,664	305,145,847
Net Assets, End of Year (Exhibit A)	$405,741,607	$359,296,664

The accompanying notes to financial statements are an integral part of these statements.

THE JOHN A. HARTFORD FOUNDATION, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 1996 AND 1995

EXHIBIT C

	1996	1995
Cash Flow Provided (Used)		
From Operating Activities:		
Interest and dividends received	$ 11,443,258	$ 10,797,923
Cash distributions from partnerships and real estate pooled funds	3,749,242	1,453,960
Grants and Foundation-administered projects paid (net of refunds)	(16,645,945)	(14,006,609)
Expenses and Federal excise tax paid	(4,550,854)	(3,976,695)
Net Cash Flows Provided (Used) by OperatingActivities	(6,004,299)	(5,731,421)
From Investing Activities:		
Proceeds from sale of investments	262,699,593	326,973,080
Purchases of investments	(229,074,015)	(308,067,507)
Purchase of fixed assets	(45,552)	(36,545)
Net Cash Flows Provided by Investing Activities	33,580,026	18,869,028
Net Increase in Cash and Cash Equivalents	27,575,727	13,137,607
Cash and equivalents, beginning of year	31,479,958	18,342,351
Cash and equivalents, end of year	$ 59,055,685	$ 31,479,958
Reconciliation of Increase in Net Assets to Net Cash Used by Operating Activities		
Increase in Net Assets	$ 46,444,943	$ 54,150,817
Adjustment to reconcile increase in net assets to net cash used by operating activities:		
Depreciation	205,043	198,465
Decrease (increase) in interest and dividends receivable	76,875	(313,511)
Decrease (increase) in prepayments and deposits	4,277	(11,264)
Decrease in program loan receivable	–	625,657
Increase in grants payable	2,997,044	3,844,447
(Decrease) increase in accounts payable	(38,759)	91,222
Net realized and change in unrealized gain on securities transactions	(58,550,989)	(65,074,056)
Other	2,857,267	756,802
	$ (6,004,299)	$ (5,731,421)

THE JOHN A. HARTFORD FOUNDATION, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 1996 AND 1995

EXHIBIT C

	1996	1995
Supplemental Information:		
Detail of other:		
Venture capital and private equity partnerships and real estate pooled funds:		
Cash distributions	$ 3,749,242	$ 1,453,960
Less: reported income	254,909	398,408
	3,494,333	1,055,552
Federal excise tax expense	97,934	97,250
Less: Federal excise taxes paid	735,000	396,000
Excess (tax on realized gains and change in prepaid)	(637,066)	(298,750)
Total - Other	$ 2,857,267	$ 756,802
Composition of Cash and Equivalents:		
Cash in operating accounts	$ 5,857	$ 2,084
Short-term cash investments	59,281,953	31,967,539
Unrealized (gain) loss on forward currency contracts	(232,125)	(489,665)
	$ 59,055,685	$ 31,479,958

The accompanying notes to financial statements are an integral part of these statements.

1. Purpose of Foundation

The John A. Hartford Foundation was established in 1929 and originally funded with bequests from its founder, John A. Hartford and his brother, George L. Hartford. The Foundation supports efforts to improve health care in America through grants and Foundation-administered projects.

2. Summary of Significant Accounting Policies

Method of Accounting
The accounts of the Foundation are maintained, and the accompanying financial statements have been prepared, on the accrual basis of accounting.

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

All net assets of the Foundation are unrestricted.

Investments
Investments in marketable securities are stated at quoted market prices. Investments in venture capital and real estate partnerships or REIT's, which have withdrawal restrictions, are carried at cost adjusted annually for the Foundation's share of distributions and undistributed realized income or loss; cost is also adjusted for overall unrealized losses of any group of such entities. Other investment partnerships, which invest in primarily marketable securities, are valued at the fair value of the Foundation's capital account. Realized gains and losses from the sale of marketable securities are recorded by comparison of proceeds to cost determined under the average cost method.

Grants
The liability for grants payable is recognized when specific grants are authorized by the Board of Trustees and the recipients have been notified. Annually the Foundation reviews its estimated payment schedule of long-term grants and discounts the grants payable to present value using the prime rate as quoted in the Wall Street Journal at December 31 to reflect the time value of money. The amount of the discount is then recorded as designated net assets.

Definition of Cash
For purposes of the statements of cash flows, the Foundation defines cash and equivalents as cash and short-term cash investments. Short-term cash investments are comprised of foreign denominated cash, master notes and discounted short-term notes. Short-term cash investments also include the unrealized gain or loss of open foreign currency forward contracts.

Tax Status
The Foundation is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been classified as a "private foundation." The Foundation is subject to an excise tax on net investment income at either a 1 percent or 2 percent rate depending on the amount of qualifying distributions. For 1996 and 1995 the Foundation's rate was 1 percent.

Investment expenses for 1996 include direct investment fees of $1,701,853 and $126,000 of allocated salaries, legal fees and other office expenses.

2. Summary of Significant Accounting Policies (continued)

Tax Status (continued)
Deferred Federal excise taxes payable are also recorded on the unrealized appreciation of investments using the current year's excise tax rate.

The Foundation intends to distribute at least $18,006,825 of undistributed income in grants or qualifying expenditures by December 31, 1997 to comply with Internal Revenue Service regulations.

Fixed Assets
The Foundation's office condominium, furniture and fixtures are capitalized at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets (office condominium-20 years; office furniture and fixtures-5 years).

3. Investments

The net gain on investments in 1996 is summarized as follows:

	Cost	*Quoted Market Price*	*Appreciation*
Balance, December 31, 1996	$356,200,725	$429,972,501	$ 73,771,776
Balance, December 31, 1995	$319,446,334	$380,378,046	$ 60,931,712
Increase in unrealized appreciation during the year, net of increased deferred Federal excise tax of $128,401			$ 12,711,663
Realized gain, net of provision for Federal excise tax of $463,023			45,839,326
Net realized and change in unrealized gain on securities transactions			$ 58,550,989

For 1995, the unrealized gain was $36,623,033, net of increased deferred Federal excise tax of $369,929. The realized gain was $28,451,023, net of a provision for Federal excise tax of $287,385.

Receivables and payables on security sales and purchases pending settlement at December 31, 1996 and 1995 were as follows:

	1996	1995
Proceeds from sales	$ 1,414,106	$ 4,918,421
Payables from purchases	(2,313,781)	(7,606,265)
Net cash pending settlement	$ (899,675)	$(2,687,844)

The net amounts have been included with short-term cash investments in the accompanying balance sheet.

3. Investments (continued)

The detail of the Foundation's investment in long-term bonds is as follows:

	1996	1995
U.S. Government	$13,981,254	$30,691,336
U.S. agency mortgage backed	7,464,991	2,965,591
Corporate	43,297,229	21,502,840
Foreign denominated	12,869,346	13,601,560
	$77,612,820	$68,761,327

The Foundation is a participant in ten venture capital and private equity limited partnerships. As of December 31, 1996, $15,553,619 had been invested in these partnerships and future commitments for additional investment aggregated $10,246,381.

Real estate investments included one limited partnership and four real estate investment trusts. The Foundation had invested $8,900,000 at December 31, 1996 and future commitments for additional investment aggregated $3,100,000.

Other partnership investment at December 31, 1996 represents an arbitrage limited partnership. $5,000,000 was invested during the year and future commitments are $2,500,000.

Subsequent to December 31, 1996, the Foundation made $12,500,000 of additional commitments in two new limited partnerships.

4. Foreign Currency Forward Contract Commitments

The Foundation uses foreign currency forward contracts as a hedge against currency fluctuations in foreign denominated investments. At December 31, 1996 the Foundation's foreign currency forward sale and purchase contracts totaled $9,356,942. Total foreign denominated investments at the same date were $42,666,332.

5. Office Condominium, Furniture and Equipment

At December 31, 1996 and 1995 the fixed assets of the Foundation were as follows:

	1996	1995
Office condominium	$3,616,815	$3,616,815
Furniture and equipment	436,632	392,097
	4,053,447	4,008,912
Less: Accumulated depreciation	2,243,102	2,038,059
Office condominium, furniture and equipment, net	$1,810,345	$1,970,853

6. Pension Plan

The Foundation has a defined contribution retirement plan covering all eligible employees under which the Foundation contributes 14 percent of salary for employees with at least one year of service. Pension expense under the plan for 1996 and 1995 amounted to $114,647 and $104,507, respectively. The Foundation also incurred additional pension costs of approximately $35,000 in 1996 and 1995 for payments to certain retirees who began employment with the Foundation prior to the initiation of the formal retirement plan.

7. Grants Payable

The Foundation estimates that the non-current grants payable as of December 31, 1996 will be disbursed as follows:

1998	$ 9,952,696
1999	5,318,291
2000	1,083,862
2001	665,385
	17,020,234
Discount to present value	1,948,484
	$15,071,750

The amount of the discount to present value is calculated using the prime rate as quoted in the Wall Street Journal. The prime rate for 1996 and 1995 was 8.25 percent and 8.5 percent, respectively.

8. Non-Marketable Investments Reported at Adjusted Cost

As previously mentioned, the Foundation values its venture capital and private equity partnerships and real estate investments at cost adjusted for the Foundation's share of distributions and undistributed realized income or loss. If a group of investments has total unrealized losses, the losses are recognized.

Income from these investments is summarized as follows:

	1996	1995
Partnership earnings	$ 258,932	$ 398,408
Realized gains - net of excise tax of $23,708 and $5,749	2,347,019	569,152
Unrealized gain - recovery of valuation allowance - net of deferred excise tax of $2,765 and $630	273,758	62,320
	$2,879,709	$1,029,880

SUMMARY OF ACTIVE GRANTS

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
AGING AND HEALTH				
Academic Geriatrics and Training				
The American Academy of Family Physicians Foundation Kansas City, MO "Improving Geriatric Medicine Education in Community Hospital Family Practice Residency Programs" Gregg Warshaw, M.D.	$ 364,980		$ 263,951	$ 101,029
American Federation for Aging Research (AFAR), Inc. New York, NY "Paul BeesonPhysician Faculty Scholars in Aging Research" Stephanie Lederman	6,908,312	$ 454,800	1,910,637	5,452,475
American Federation for Aging Research (AFAR), Inc. New York, NY "Medical Student Geriatric Scholars Program" Odette van der Willik	1,387,357		255,122	1,132,235
The American Geriatrics Society, Inc. New York, NY "Increasing Geriatrics Expertise in Non-Primary Care Specialties" Dennis W. Jahnigen, M.D.	263,487		263,487	
The American Geriatrics Society, Inc. New York, NY "Integrating Geriatrics into the Subspecialties of Internal Medicine" William R. Hazzard, M.D.	518,442	500,023	552,808	465,657
The American Geriatrics Society, Inc. New York, NY "Enhancing Geriatric Knowledge of Practicing Physicians through Continuing Medical Education" Patricia P. Barry, M.D., M.P.H.		178,193	89,097	89,096
Baylor College of Medicine Houston, TX "Competency-Based Curriculum in Geriatrics for Residency Training in Internal Medicine and Family Medicine" Robert J. Luchi, M.D.	246,202		164,191	82,011

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
Baylor College of Medicine Houston, TX "Geriatric Interdisciplinary Team Training" Robert J. Luchi, M.D.		$ 750,000	$ 241,056	$ 508,944
Cold Spring Harbor Laboratory Cold Spring Harbor, NY "The Biology of Long-Term Memory" Timothy P. Tully, Ph.D.		872,080	302,082	569,998
Harvard Medical School Boston, MA "Hartford Primary Care/Geriatrics Initiative" Thomas S. Inui, Sc.M., M.D.	$ 219,852		143,783	76,069
Henry Ford Health System Detroit, MI "Great Lakes Geriatric Interdisciplinary Team Training" Nancy A. Whitelaw, Ph.D.		718,677	263,961	454,716
Johns Hopkins University School of Medicine Baltimore, MD "Geriatrics in Primary Care Training Initiative at Johns Hopkins" John R. Burton, M.D.	254,946		168,827	86,119
The Mount Sinai Medical Center New York, NY "Geriatric Interdisciplinary Team Training" Christine K. Cassel, M.D.		750,000	250,000	500,000
New York University New York, NY "Geriatric Interdisciplinary Team Training Program: Resource Center" Terry T. Fulmer, R.N., Ph.D.	1,229,447		306,659	922,788
New York University New York, NY "The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice" Mathy Mezey, R.N., Ed.D., FAAN		5,000,000	813,462	4,186,538
On Lok, Inc. San Francisco, CA "Geriatric Interdisciplinary Team Training" Jennie Chin Hansen, R.N., M.S.		750,000	248,852	501,148

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
Rush-Presbyterian-St. Luke's Medical Center Chicago, IL "Geriatric Interdisciplinary Team Training" Denis A. Evans, M.D.		$ 750,000	$ 250,000	$ 500,000
Stanford University Palo Alto, CA "Geriatrics Educational Resource and Dissemination Center" Kelley M. Skeff, M.D., Ph.D.	$ 612,586		398,253	214,333
Stanford University Palo Alto, CA "Enhancing Dissemination of Innovations in Geriatric Education" Georgette Stratos, Ph.D.		296,664	148,332	148,332
University of California, Los Angeles School of Medicine Los Angeles, CA "Increasing Geriatrics Training for Primary Care Residents" Alan M. Fogelman, M.D.	253,015		167,980	85,035
The University of Chicago Chicago, IL "Geriatrics in Primary Care Training" Greg Sachs, M.D.	257,747		170,657	87,090
University of Colorado Denver, CO "Geriatric Interdisciplinary Team Training" Dennis W. Jahnigen, M.D.		750,000	250,000	500,000
The University of Connecticut Health Center Farmington, CT "Geriatrics in Primary Care Training Initiative" Gail Sullivan, M.D.	250,573		166,124	84,449
University Hospitals Health System Cleveland, OH "Great Lakes Geriatric Interdisciplinary Team Training" M. Orry Jacobs		481,323	175,645	305,678

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
University of Medicine and Dentistry of New Jersey Hackensack, NJ "Expansion of Home Care into Academic Medicine" R. Knight Steel, M.D.		$ 783,492	$ 54,989	$ 728,503
University of Minnesota Minneapolis, MN "Geriatric Interdisciplinary Team Training" Robert L. Kane, M.D.		750,000	236,104	513,896
The University of Rochester School of Medicine and Dentistry Rochester, NY "A Program to Improve the Geriatric Content of Generalist Physician Residency Programs" William J. Hall, M.D.	$ 340,058		250,229	89,829
University of South Florida Foundation, Inc. Tampa, FL "Geriatric Interdisciplinary Team Training" Eric Pfeiffer, M.D.		750,000	250,000	500,000
Subtotal	$ 13,107,004	$ 14,535,252	$ 8,756,288	$ 18,885,968
Integrating Health-Related Services				
Arizona State University Tempe, AZ "Enhancing Generalist Physician Program Impact" Frank G. Williams, Ph.D.	$ 137,947	$ 1,201,439	$ 431,089	$ 908,297
Dartmouth Medical School Hanover, NH "Replication of Community Centers of Excellence in Aging" John H. Wasson, M.D.		277,607	120,516	157,091
Henry Ford Health System Detroit, MI "Complementary Geriatric Generalist Practice Model" Nancy A. Whitelaw, Ph.D.	112,612		112,612	
Johns Hopkins Bayview Medical Center, Inc. Baltimore, MD "Johns Hopkins Home Hospital" John R. Burton, M.D.	510,643		385,401	125,242

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
Mount Sinai Hospital of Greater Miami, Inc. Miami, FL "Intervention Pathways to Integrate Eldercare Through Generalist Physician Offices" Gloria B. Weinberg, M.D.	$ 159,614	$ 116,352	$ 217,790	$ 58,176
National Chronic Care Consortium Bloomington, MN "Using SASI to Advance System Integration" Deborah Paone		350,412	166,372	184,040
New York University New York, NY "Nurses Improving Care to the Hospitalized Elderly" Mathy Mezey, R.N., Ed.D., FAAN	484,411		270,278	214,133
On Lok, Inc. San Francisco, CA "Integrated Chronic Care Information System" Catherine Eng, M.D.		1,080,538	299,181	781,357
South Carolina Department of Health and Environmental Control Columbia, SC "Integration of Care in Rural South Carolina Generalist Physician Practices" Michael Byrd, M.S.W., M.P.H.	259,455		129,728	129,727
Subtotal	$ 1,664,682	$ 3,026,348	$ 2,132,967	$ 2,558,063
Aging and Health – Other				
Brandeis University Waltham, MA "National Policy and Resource Center on Women and Aging" Phyllis H. Mutschler, Ph.D.		$ 750,000	$ 125,000	$ 625,000
Overlook Hospital Foundation Summit, New Jersey "Developing a Model Regional Resource Center for Consumer Health Information" David H. Freed		142,700	40,575	102,125
Public Responsibility in Medicine and Research Boston, MA "IRBs and Health Services Research" Joan Rachlin, J.D., M.P.H.		187,522	187,522	

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
University of California, Los Angeles School of Public Health Los Angeles, CA "Development of an Elder Health Risk Appraisal" Lester Breslow, M.D., M.P.H.	$ 76,207	$ 250,924	$ 250,924	$ 76,207
University of Maryland Baltimore, MD "Exploring Opportunities to Advance Mental Health Care for an Aging Population" Howard H. Goldman, M.D., Ph.D.		251,288	125,644	125,644
Vanderbilt University School of Medicine Nashville, TN "Improving Pharmacotherapy in Home Health Patients" Wayne A. Ray, Ph.D.	695,426		172,232	523,194
Subtotal	$ 771,633	$ 1,582,434	$ 901,897	$ 1,452,170
Total Aging and Health	$ 15,543,319	$19,144,034	$11,791,152	$ 22,896,201
HEALTH CARE COST AND QUALITY				
Community Health Reform				
Foundation for Health Care Quality Seattle, WA "Health Care Quality Measurement Advisory Service" Richard D. Rubin	$ 2,328,399		$ 447,541	$ 1,880,858
Institute for Health Policy Solutions Washington, DC "Health Plan Purchasing Cooperative Resource Center" Richard E. Curtis	$ 2,102,496		$ 747,869	$ 1,354,627
National Business Coalition on Health, Inc. Washington, DC "Expanding and Strengthening the Community Health Reform Movement" Sean Sullivan	1,607,872		796,291	811,581
Subtotal	$ 6,038,767		$ 1,991,701	$ 4,047,066

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
Community Health Management Information System (CHMIS)				
Columbia University New York, NY "The Washington Heights-Inwood Community Health Information System (WHICHIS): A Demonstration Project" Paul D. Clayton, Ph.D.	$ 548,689		$ 548,689	
Foundation for Health Care Quality Seattle, WA "Implementing the Washington State Community Health Management Information System (CHMIS)" Richard D. Rubin	874,303		174,837	$ 699,466
Foundation for Health Care Quality Seattle, WA "Community Health Management Information System (CHMIS) National Resource Center" Richard D. Rubin	1,227,125		481,499	745,626
Foundation for Health Care Quality Seattle, WA "Legal and Technical Assistance to CHMIS Sites on Personal Privacy Protection" Richard D. Rubin	122,119		122,119	
Minnesota Institute for Community Health Information St. Paul, MN "Implementation of MedNet: A Statewide Public-Private Electronic Health Care Information Network in Minnesota" Dale V. Shaller	875,000		585,000	290,000
Ohio Corporation for Health Information Columbus, OH "The Ohio CHMIS Demonstration Project" John Richards	193,839		98,839	95,000
The Rand Corporation Santa Monica, CA "Technical Support for CHMIS Data and Reporting" Elizabeth A. McGlynn, Ph.D.	269,795		269,795	
Subtotal	$ 4,110,870		$ 2,280,778	$ 1,830,092
Total Health Care Cost and Quality	$ 10,149,637		$ 4,272,479	$ 5,877,158

	Balance Due January 1, 1996	*Grants Authorized During Year*	*Amount Paid During Year*	*Balance Due December 31, 1996*
New York Fund				
Boys Harbor New York, NY		$ 20,000	$ 20,000	
The Hospital for Special Surgery Fund, Inc. New York, NY		2,500	2,500	
Madison Square Boys & Girls Club, Inc. New York, NY		25,000	25,000	
The New York Academy of Medicine New York, NY		5,000	5,000	
New York Hospital Cornell Medical Center New York, NY		25,000	25,000	
Rheedlen Centers for Children & Families New York, NY		20,000	20,000	
United Hospital Fund of New York New York, NY		2,500	2,500	
Total New York Fund		100,000	100,000	
Other				
The Foundation Center New York, NY		$ 8,000	$ 8,000	
Gateway Rehabilitation Center Aliquippa, PA	$ 55,294		17,306	$ 37,988
Grantmakers in Health Washington, DC		8,000	8,000	
New York Regional Association of Grantmakers, Inc. New York, NY		9,000	9,000	
University of Minnesota Minneapolis, MN		5,000	5,000	
Matching Grants*		479,099	479,099	
Total Other	$ 55,294	$ 509,099	$ 526,405	$ 37,988
Grants Refunded		(54,105)	(54,105)	
Discount to Present Value	(1,882,431)	(66,053)		(1,948,484)
Total (All Grants)	$ 23,865,819	$19,632,975	$16,635,931	$26,862,863

**Grants made under the Foundation's program for matching charitable contributions of Trustees and staff.*

	Expenses Authorized, Not Incurred January 1, 1996	*Projects Authorized During Year*	*Expenses Incurred During Year*	*Expenses Authorized, Not Incurred December 31, 1996*
FOUNDATION-ADMINISTERED PROJECTS				
Aging and Health				
"Strengthening the Elder Care-giving Team"	$ 627		$627	
Projects Cancelled	7,265	$(7,265)		
Totals	$7,892	$(7,265)	$627	

ADDITIONAL ACTIVE GRANTS

Aging and Health

Dartmouth Medical School

Hanover, NH
"A Program to Improve Treatment of Depression in the Elderly"
James Barrett, M.D.
1995; $2,000,000; 4 years.

Harvard Medical School

Boston, MA
"Geriatric Interdisciplinary Team Training"
Sue Levkoff, M.S.W., Sc.D.
1996; $100,000; 1 year

Kaiser Foundation Hospitals
Pasadena, CA
"Geriatric Interdisciplinary Team Training"
Richard Della Penna, M.D.
1996; $100,000; 1 year

Society of Academic Emergency Medicine (The University Association for Emergency Medicine)
Lansing, MI
"Emergency Care of the Elderly: Meeting the Needs"
Arthur B. Sanders, M.D.
1993; $861,552; 5 years, 6 months

University of North Carolina
Chapel Hill, NC
"Geriatric Interdisciplinary Team Training"
Mark E. Williams, M.D.
1996; $100,000; 1 year

Health Care Cost and Quality

Iowa Community Health Management System
Des Moines, IA
"Implementation of Iowa's Community Health Management System"
Jeffry M. Petrie
1995; $197,680; 2 years

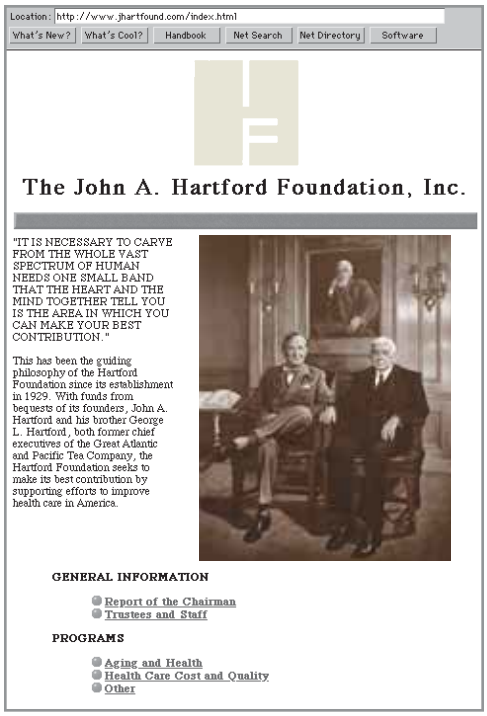
APPLICATION PROCEDURES

Grant Proposal Submission

The Foundation normally makes grants to only two types of organizations in the United States: those having tax exempt status under Section 501(c)(3) of the Internal Revenue Code, which are not private foundations within the meaning of Section 107(c)(1) of the code, or state colleges or universities. The Foundation does not make grants to individuals.

Due to its narrow funding focus, the Foundation primarily 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, please submit a letter of inquiry.

Initial inquiries should be made at least six months before funding is needed. The proposed project will be reviewed by members of the Foundation's staff and possibly by outside reviewers. Those submitting proposals will be notified of the results of this review in approximately one month and may be asked to supply additional information.



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