

2016 Annual Report

The John A. Hartford Foundation



**Dedicated to improving
the care of older adults**

The John A. Hartford Foundation 2016 Annual Report



“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.”

The John A. Hartford Foundation
www.johnahartford.org

The John A. Hartford Foundation
seeks to make its best contribution
by supporting efforts to improve the
care of older adults.

About The John A. Hartford Foundation

“OUR BENEFACTORS’ ONE COMMON REQUEST was that the Foundation strive always to do the greatest good for the greatest number.”

—from the 1958 John A. Hartford Foundation Annual Report.

Since its establishment in 1929, The John A. Hartford Foundation has sought to follow the guiding philosophy passed down from its benefactors: John A. Hartford, the President of the Great Atlantic and Pacific Tea Company (later known worldwide as the A&P grocery store chain) and his brother, George L. Hartford, A&P Chairman.



**Dedicated to improving
the care of older adults**



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Report of the Chair and President

(Left) Peggy Wolff,
Chair of the Board.
(Right) Terry Fulmer,
PhD, RN, FAAN,
President.



IT HAS BEEN AN INCREDIBLY exciting year for The John A. Hartford Foundation, one during which we have honed our strategic vision while building momentum for the kind of transformative, large-scale change needed to improve the care of older adults.

After assuming our respective roles as Chair of the Board of Trustees and President in 2015, we immediately began working in partnership

with the Trustees and staff to analyze and refine the Foundation's strategies. This collaboration strengthened our commitment to improving the care of older adults as we identified three areas of emphasis for our current work: *Age-Friendly Health Systems*; *Family Caregiving*; and *Serious Illness and End of Life*.

We are pleased to introduce The John A. Hartford Foundation's 2016 Annual Report, which explains these areas and highlights some of the many accomplishments of the Foundation, its partners, and grantees in the past year.

Our Three Areas of Emphasis

The Foundation's vision for *Age-Friendly Health Systems* (see page 12) is, we firmly believe, an idea whose time has come. In a rapidly changing health care environment, it is clear that large-scale, sustainable change cannot be made one innovative model at a time. That is why the Foundation is investing in a dynamic new project to create and test a health system-wide prototype of care for older adults. After testing, our plan is to disseminate this new model broadly to health systems across the country. (For a complete list of grants made in 2016, see page 39).

Vastly improved support for *Family Caregiving* (see page 14) is an important area of emphasis and complements our Age-Friendly Health Systems initiative. The sweeping *Families Caring for an Aging America* report released by the National Academies of Sciences, Engineering, and Medicine in 2016 — for which the Foundation was lead funder — calls for the creation of a national strategy to elevate the position of family caregivers within our health care system. We could not agree more and will use the report's recommendations to guide our grantmaking in this area in the years ahead.

Report of the Chair and President

Top photo:
Elizabeth A. Palmer,
Trustee, with husband
Tom Reilly.

Middle photo:
Barbara Paul Robinson,
Trustee.

Bottom photo:
John H. Allen, Trustee,
with Alicia Volk.



Our emphasis on *Serious Illness and End of Life* is to ensure that older adults (see page 16 and, for more in-depth coverage, page 26) are treated with dignity and receive the highest quality care that aligns with their values and goals. This work has ramifications throughout the health care system and is certainly a critical part of any care that is truly age-friendly.

A Legacy, An Area of Emphasis, A Vision for the Future

This Annual Report also includes two spotlight features—in-depth coverage of one of the Foundation’s legacy initiatives as well as one of the new areas of emphasis. The feature on the legacy nursing initiative (see page 18) examines how The John A. Hartford Foundation Institute for Geriatric Nursing, the Building Academic Geriatric Nursing Capacity program, and curriculum grants in nursing collectively transformed the geriatric nursing field, and continue to have a significant impact today. The feature on the Foundation’s Serious Illness and End of Life area of emphasis (see page 26) takes a closer look at how a team of innovative leaders who helm evidence-based, scalable national programs are working together to overcome complex obstacles that prevent most older adults from getting the care they want when facing serious illness or the end of life.

The editorial portion of the Annual Report concludes with an essay outlining the Foundation’s bold vision for the future.

An Advocate for Older Adults

The John A. Hartford Foundation is making a significant commitment to increase public understanding about complex issues of health care delivery and its impact on older adults and their families. The Foundation entered into a significant partnership with Kaiser Health News (KHN), the nation’s leading health policy news service, with a three-year, \$2.4 million grant to establish a top-tier reporting desk that will significantly build awareness and understanding of geriatric care issues among the public, policymakers, and the health care sector. Topics covered by the KHN aging team have already included emergency department care of older adults, training of home care workers, family caregiving, Medicare reform, and many others. These stories are helping to inform the public conversation about care of older people and will support our efforts to create practice and policy change.

The Foundation also continues to increase its visibility as an effective and respected advocate for older adults. Staff and leadership pen op-eds and blog posts that communicate the Foundation’s unique point of view on a range of relevant issues, from opioid use among older adults to ageism in health care

Report of the Chair and President

Top photo:

(Left) Peggy Wolff,
Chair, with husband
Charles O. Prince III.
(Center) Terry Fulmer,
PhD, RN, FAAN,
President.
(Right) Christopher
T. H. Pell, Trustee.

Bottom photo:

John R. Mach, Jr., MD,
Trustee, with wife
Rebecca Mach.



David Di Martino,
new Trustee.



to elder mistreatment. In 2016, we also advanced our thought-provoking coverage in such leading media and health outlets as *The New York Times*, *Washington Post*, *Boston Globe*, *Reuters*, *Associated Press*, *Huffington Post*, *Journal of the American Medical Association*, *Health Affairs* and many others.

Financial Report

2016 was a year of surprises and also marked the eighth consecutive year of a U.S. bull market, with the S&P 500 index nearly 3.5 times as high as its financial crisis trough. Continued concerns about persistent macro risks triggered a double-digit plunge in global markets at the start of the year. Market volatility spiked up in mid-year in light of the Brexit vote, followed by the post-election stock market rally. Despite the turbulence, major global indices in general posted solid gains for 2016. The Foundation's endowment ended 2016 at approximately \$543 million, representing a net increase of \$9 million after disbursement for grants and expenses during the year. The investment return on the Foundation's portfolio was 6.2 percent for the year, which was on par with the median of the peer foundations and endowments in the Northern Trust universe in 2016. While the Foundation's well-diversified portfolio benefited from the double-digit performance of domestic public equities, high-yield bonds, and private equity allocations in 2016, it continued to underperform a classic 60 percent equity/40 percent bond portfolio, which advanced 8.3 percent in 2016. However, we are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 29 years. During this period of time, the portfolio delivered an 8.6 percent return per annum while spending over \$874 million in today's dollars for grants and expenses. Given the presence of significant macro risks and elevated equity market valuations, we remain committed to our disciplined, prudent investment approach should this positive trend continue in 2017.

A Warm Welcome to Our New Trustees and Staff

In 2016, the Board of Trustees welcomed two new members who bring exceptional experience and expertise to the Foundation.

David Di Martino is a seasoned communications professional with 20 years of experience advising nonprofit, political, advocacy, and corporate clients on messaging, media, communications, and strategy. As a partner at Blue Engine Message & Media, a Washington, DC, consulting firm, David provides professional senior counsel to a diverse array of clients on an expansive set of public policy and public affairs issue areas.

Report of the Chair and President



Charles M. Farkas,
new Trustee.

Charles M. Farkas is an advisory partner in Bain & Company's Boston office. A leader in Bain's Healthcare, Financial Services, and Strategy practices, Chuck has more than 35 years of management consulting experience, advising chief executives and senior managers in a wide variety of industries on issues critical to long-term success. He has served as the global leader of Bain & Company's Financial Services practice, the North American head of Bain's Healthcare practice, and the managing director of Bain Canada.

We are pleased to add such accomplished advisers to our esteemed Board of Trustees. These dynamic leaders will advance our capacity to make the kinds of system-wide changes needed to improve care for older adults and their families.

We are also excited to welcome George Suttles, MPA, MA, who joined the Foundation as a new Program Officer at the start of 2017. Having previously worked as a Senior Philanthropic Relationship Manager in the Philanthropic Solutions division of U.S. Trust, as program manager at the Anthem Foundation, and as a program officer at the New York State Health Foundation, George brings deep expertise in philanthropy best practices and a passion for improving access to high-quality health care for vulnerable populations and underserved communities. We also welcome Clare Churchouse, MFA, as the new Communications Assistant. A practicing artist originally from the United Kingdom, Clare previously worked at The Commonwealth Fund.

Building Momentum

In closing, we want to thank the Board of Trustees, staff, funding partners, and grantees of The John A. Hartford Foundation for all of their tireless work and support over the past year. The momentum generated in 2016 continues to gain strength, propelling the work we do to improve the care of older adults in ways that will make a real and lasting difference in their lives and in the lives of their families and loved ones.

Top photo:
Earl A. Samson, III,
Trustee, with wife Allyson,
Audrey A. McNiff, Trustee,
and Keith Fulmer.

Bottom photo:
Charles A. Dana, Trustee,
and Lile R. Gibbons,
Trustee.

A handwritten signature in black ink that reads "Terry Fulmer".

TERRY FULMER, PhD, RN, FAAN
President

A handwritten signature in black ink that reads "Margaret L. Wolff".

MARGARET L. WOLFF
Chair of the Board

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Creating Greater Strategic Focus: Our New Areas of Emphasis

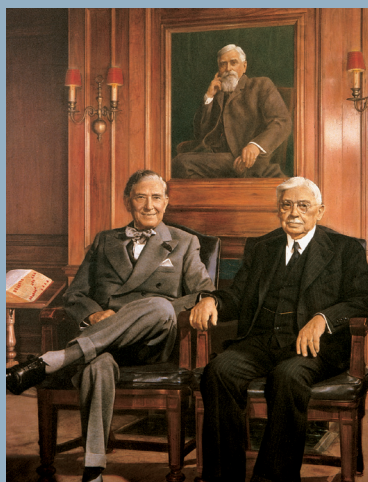
Almost 90 years ago, John A. Hartford, the President of the Great Atlantic and Pacific Tea Company known later as the A&P supermarkets, wrote this about the Foundation he and his brother George established. “It is necessary to carve from the whole vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution.”

This vision has guided The John A. Hartford Foundation ever since. For more than three decades, the Foundation has made its best contribution in the area of aging and health, investing more than a half billion dollars in a comprehensive array of programs that have built the field and supported and spread innovative care models that help meet the unique needs of older people and their families.

The Foundation remains steadfastly dedicated to improving the care of older adults. Under the leadership of Board of Trustees Chair Peggy Wolff and President Terry Fulmer, the Foundation has sharpened the focus of its grantmaking in three areas of emphasis:



- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness and End of Life



John and George Hartford

Introduction



These are areas where significant gaps now exist in the care received by older adults and where research and evidence-based programs offer the potential for large-scale improvements.

The grants the Foundation makes to advance work in these areas will all promote the gold standard, “Triple Aim” of health care, specifically for older adults: improving their experience of care, improving health outcomes, and reducing overall costs.

The Foundation also remains committed to a collaborative approach that engages other private and public organizations that share the Foundation’s mission and values, including its network of extraordinary grantees and outstanding funder partners.

Together, we can and will change the status quo and create a more just society where older adults can continue their vital contributions. This means improving health care systems that, even with the best intentions, too often cause harm rather than healing for older adults. It means supporting family caregivers, who are persistently asked to risk their own health and financial security to take care of those they love. It also means transforming how we treat people facing serious illness or at the end of life, who too frequently endure unnecessary suffering and anguish, receiving care that does not meet their goals and priorities.



These serious challenges point to meaningful opportunities. Improving the care of older adults requires advancing and accelerating comprehensive, large-scale solutions in each of these critical areas. At this time, that is where the Foundation can clearly make its “best contribution.”

Age-Friendly Health Systems

Our grantmaking in this area will:

- Develop large-scale approaches that help health systems transform care;
- Operationalize the essential elements of good care, building on the Foundation's investments in evidence-based models and best practices; and
- Better integrate community-based supports and services within the health system and across the continuum of care.

Today, concerns for “population health” and a tectonic shift from fee-for-service-based payment models to a value-based approach have been driving significant change in health systems across the country. The pace of change continues to accelerate. Systems are consolidating and integrating care across settings. They are feverishly looking for the ripest opportunities to achieve better quality and cost outcomes. This has led them to pay more attention to their growing older patient population, but current services and programs for older people achieve inconsistent benefits for too few people.

The value-based approach to care has bipartisan support even given the volatility and uncertainty surrounding health care in the political realm. The John A. Hartford Foundation leadership and staff see opportunity in this dynamic environment to deploy its resources more efficiently to broadly spread evidence-based strategies that improve the quality of care for older adults, and in general deliver greater value.

Notably, the Foundation sees a health care system that too often causes older adults harm and fails to respect their goals and preferences, while excluding family caregivers in the plan of care. There are multiple (and often missed) opportunities to deliver better care to people 65 and older who today make up 35 percent of all hospital days and 26 percent of all doctor's office visits.



Age-Friendly Health Systems

Addressing these opportunities and the acute and chronic needs of a rapidly aging population across all settings is the focus of the Foundation's Age-Friendly Health Systems area of emphasis.

The Foundation launched its signature initiative within the Age-Friendly Health Systems area in December 2016, partnering with the Institute for Healthcare Improvement and the American Hospital Association to develop and test a prototype that incorporates evidence-based approaches of care for older adults that work across entire health systems. Five health care systems that together serve older adults across 40 states—Ascension Health, Kaiser Permanente, Trinity, Providence St. Joseph, and Anne Arundel—have signed on to co-design and test the model. The initiative will examine the prototype's effect on the participating health systems, measuring a range of impact and system outcomes.

The Foundation has invested in this ambitious effort with a \$3.19 million grant over 42 months. It is designed to spread the evidence-based Age-Friendly Health System model to 20 percent of hospitals and health systems in the United States by 2020. Other grants that target existing gaps in the care of older adults will continue to support this area of emphasis.

“This (Age-Friendly Health System initiative) aims to build the evidence for improved care of older adults by demonstrating that it is possible to improve health and lower costs of care,” wrote President Terry Fulmer, PhD, RN, FAAN, and Senior Program Officer Amy Berman, BSN, LHD, in a November 2016 *Health Affairs Blog*. “This work will create the velocity we need to make bold and strategic inroads in age-friendly health care and establish a new design for American health systems and the care of older adults.”



Family Caregiving

Our grantmaking in this area will:

- Improve the ability of health systems and providers to identify, assess, and support family caregivers;
- Raise awareness among policymakers, health system leaders, funders, and the public to drive change; and
- Create large-scale change in partnership with national efforts.

The nearly 18 million family caregivers of older adults in the United States frequently perform heroic tasks, usually with little or no training or support. These family members and friends end up responsible for everything from navigating the complex health care system to performing complicated medical tasks normally provided by trained doctors and nurses—tasks that might include medication management and wound care.

The John A. Hartford Foundation is committed to transforming our health care and long-term services and supports systems to identify, assess, and support family caregivers. This work received a substantial boost in 2016 from *Families Caring for an Aging America*—a report from a blue-ribbon committee convened by the prestigious National Academies of Sciences, Engineering, and Medicine.

This study rigorously reviewed the best evidence available about the challenges facing caregivers, as well as the solutions. The report provides key recommendations, most importantly calling on public and private collaboration to create a national strategy that elevates the position of family caregivers in our health care system.



Family Caregiving

The John A. Hartford Foundation, which provided lead funding for the report, has a long tradition of working to improve the lives of family caregivers and their loved ones and will continue to make this important work a point of emphasis. Previous efforts include partnering with the AARP Public Policy Institute and the United Hospital Fund on a series of studies that shed light on the challenges family caregivers face, and supporting health care innovations and advocacy efforts to improve the lives of family caregivers and those they love.

During the month of March 2016, the Foundation helped raise awareness about family caregiving in advance of the National Academies report through a multimedia display window in New York City's bustling Rockefeller Center. The display called attention to both the scope of this important issue as well as the caring “superpowers”—like empathy, gratitude, and creativity—that caregivers exhibit year-round.

Moving forward, Foundation staff is committed to working with leading experts in the field and other partners to expand our grantmaking in this area. The Foundation will develop programs that translate the vision of the *Families Caring for an Aging America* report into a health care system more clearly centered on the needs of both older people and their families.



Serious Illness and End of Life

Our grantmaking in this area will:

- Increase access to high-quality palliative care services and other evidence-based models and practices;
- Develop approaches for better educating and preparing the health care workforce; and
- Foster communication and community-based solutions while informing public policy supportive of the needs of the seriously ill and their families.

There is a significant disconnect between the care people want and need when facing serious illness or the end of life, and the care they actually receive. For decades, The John A. Hartford Foundation has been committed to promoting high-quality care that preserves dignity and honors the wishes of older adults and their families. Those efforts intensified in 2016 as the Foundation designated Serious Illness and End of Life one of its grantmaking areas of emphasis.

In March 2016, the Foundation launched a \$3.5 million initiative with the potential to dramatically improve care for older people and their families dealing with serious illness or the end of life. The grant supports scaling up six innovative and effective national programs, enabling them to improve care for an additional 300,000 older people. Just as important, the grant aims to build the field, supporting a collective strategy among leaders of these efforts, with shared goals, common metrics, and mutually reinforcing activities.



Serious Illness and End of Life

The Foundation is coordinating its efforts with other funders like the Gordon and Betty Moore Foundation, which is also increasing its investments in serious illness care. The John A. Hartford Foundation recently partnered with the California Health Care Foundation and Cambia Health Foundation to support a national poll and a follow-up series of focus groups that explored what clinicians and consumers see as the barriers and facilitators to having advance care planning conversations, which are now eligible for reimbursement by Medicare.

Additionally, the Foundation supported the National Academies of Sciences, Engineering, and Medicine, which held the inaugural meeting of the Roundtable on Quality Care for People with Serious Illness in July 2016. The Roundtable, whose members represent a broad collection of experts and stakeholder organizations, is working to make meaningful progress on implementing the recommendations of the landmark 2014 consensus report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*.

You will find an in-depth discussion of these important initiatives, as well as the Foundation's history of supporting improved care for people facing serious illness and end of life, in the spotlight feature on page 26.



SPOTLIGHT: A Look Back

The John A. Hartford Foundation Legacy Nursing Initiative: Preparing the Next and Future Generations of Geriatric Nursing Leaders

Note:

This spotlight feature takes an in-depth look at one of the Foundation's legacy grant initiatives, which focused on strengthening the geriatrics training of America's physicians, social workers, and nurses.



**Legacy Nursing
Initiative 1996-2017**



During the past two decades, the hundreds of nursing leaders who benefited directly from The John A. Hartford Foundation's Legacy Nursing Initiative and the hundreds of thousands who were taught and mentored by them have changed the face of geriatric nursing. That, in turn, is leading to improved nursing care of older adults and better health and lives for them and their families.



"The Foundation's investments in geriatric nursing have been transformational and far-reaching," says Claire M. Fagin, PhD, RN, FAAN, a nursing pioneer who served as the founding Program Director for the Building Academic Geriatric Nursing Capacity (BAGNC) initiative. "The impressive results can be seen throughout the field—from recruiting brilliant young students to study geriatric nursing, to developing and integrating geriatric content throughout the nursing school curriculum, to inspiring and equipping generations of scientists, clinicians, and educators who will prepare future generations of geriatric nursing leaders."

Although there were some notable pioneers such as Dr. Fagin in the field when the Foundation began investing in this area 20 years ago, nursing faculty members with geriatric expertise were generally few and far between. In fact, 60 percent of baccalaureate nursing programs had no geriatric-expert faculty. Only 23 percent of nursing schools had a required course in geriatrics, and there was virtually no curriculum on geriatrics at the undergraduate level. When it came to research, the Gerontological Society of America, the leading national organization for interdisciplinary geriatrics research, did not have a nursing interest group or any awards recognizing nursing research contributions.



In 1996, after a decade of working on building geriatrics capacity in physician education, The John A. Hartford Foundation launched the first of three significant academic nursing initiatives with the creation of the The John A. Hartford Foundation Institute for Geriatric Nursing at New York University's College of Nursing.

Legacy Nursing Initiative 1996-2017



Four years later, the Foundation expanded its efforts with the BAGNC program, which represented a more comprehensive strategy to support geriatric nursing faculty development, curriculum enhancement, research, and practice across the country.

The third complementary piece of the mosaic was added in 2001, as the Foundation provided funding to the American Association of Colleges of Nursing (AACN) to embed aging content into geriatric nursing educational programs.

Over the years, the Foundation invested more than \$72 million in these three academic nursing projects. Today, those investments continue to pay substantial dividends through the work of highly skilled geriatric nurses who have become leaders in health systems, hospitals, private practices, and clinics, in schools of nursing across the nation, in major professional organizations, and throughout the field of aging and health.

Creating A Field-Wide Impact Through Three Integrated Programs

Let's take a closer look at each of the three related programs in the Foundation's Legacy Nursing Initiative.

The John A. Hartford Foundation Institute for Geriatric Nursing

Twenty years after its inception, there is no question The John A. Hartford Foundation Institute for Geriatric Nursing has lived up to its audacious founding vision: "to shape the quality of health care older Americans receive by promoting the highest level of geriatric competence in all nurses."



Above:
Norman H. Volk, Chair Emeritus, at a nursing leadership conference.

Right:
Former leaders of
The John A. Hartford
Foundation Institute for
Geriatric Nursing:
(Left) Elizabeth Capezuti,
PhD, RN, FAAN.
(Center) Mathy Mezey,
EdD, RN, FAAN and Terry
Fulmer, PhD, RN, FAAN.
(Right) Elaine Gould,
MSW.



**Legacy Nursing
Initiative 1996-2017**



Two geriatric nursing pioneers and previous Foundation grantees— Drs. Mathy Mezey and Terry Fulmer, now the Foundation’s President— were the Institute’s founding director and co-director, respectively. From the outset, the Institute’s focus has been on strengthening gerontological nursing in baccalaureate education and clinical practice, and influencing public policy.

The Institute spreads best geriatric nursing practices through online tools and apps, conferences, publications, and educational materials. It offers academic programs including a Post-Master's Advanced Certificate in Gerontology and a geriatric undergraduate scholars program that offers mentorship and additional training. It also provides inter-professional geriatric workforce education, including a Primary Care of Older Adults program that seeks to embed evidence-based care that is centered on patients and their families in primary care settings, as well as a Geriatrics Workforce Enhancement Program, or GWEP.

Educational materials range from the book *Geriatric Nursing Protocols for Best Practice* to the *Try This: ® Best Practices in Nursing Care to Older Adults Series* of online assessment tools, each of which focuses on a topic specific to the care of older adults (risk for falls, pain assessment, delirium, etc.). ConsultGeriRN.org, the Institute’s evidence-based geriatric clinical nursing website, features apps and other tools providing the most current and comprehensive care information.

One of the Institute’s greatest success stories is Nurses Improving Care for Healthsystem Elders (NICHE), which was launched with Foundation funding by the New York University Division of Nursing in 1992 and continued to flourish after being incorporated into the Institute. The NICHE program has gone on to become self-sustaining and is helping more than 600 hospitals improve the care they deliver to older adults. Under a grant approved by the Foundation’s Board of Trustees in December 2015, the NICHE curricula, assessment tools, mentoring resources, and quality designation process will now support organizational change and improvement in long-term care facilities, starting with 225 nursing homes over the next three years. Like the hospital-based NICHE, this will become a self-sustaining enterprise that will help meet the country’s tremendous need for improvements in long-term care.





Hartford Geriatric Nursing Initiative: Building Academic Geriatric Nursing Capacity (BAGNC)

Facing a critical shortage of leaders in geriatric nursing research and education, the Foundation launched the Building Academic Geriatric Nursing Capacity (BAGNC) program in 2000. BAGNC has been led by Dr. Fagin, followed by Patricia Archbold, DNSc, RN, FAAN, and then J Taylor Harden, PhD, RN, FGSA, FAAN, and featured two main components:

- Funding the establishment of nine Centers of Geriatric Nursing Excellence at schools of nursing (a tenth was funded by the Donald W. Reynolds Foundation), and
- Creating a Scholar and Fellow Awards Program that provided 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 older patients.

BAGNC received grants from the Foundation totaling \$53.2 million, amplifying this investment by recruiting several other funders, including The Atlantic Philanthropies, the Mayday Fund, the American Heart Association, and the Jonas Center for Nursing Excellence.

Supporting Centers of Excellence

The BAGNC is now known as the National Hartford Center of Gerontological Nursing Excellence (NHCGNE), which has become a self-sustaining, independent organization, continuing to build on the Foundation's support.



**Legacy Nursing
Initiative 1996-2017**



**“The Foundation’s
investments in
geriatric nursing
have been
transformational
and far reaching.”**

Claire M. Fagin,
PhD, RN, FAAN,
Founding Program
Director for the
Building Academic
Geriatric Nursing
Capacity (BAGNC)
initiative.



The more than \$18.5 million originally invested by the Foundation in creating the Centers of Geriatric Nursing Excellence have in turn leveraged more than \$200 million in additional grants. And the NHCGNE now has 61 organization members, including all nine of the founding Centers.

The original Centers drew faculty committed to improving nursing care for older adults and spawned collaboration among colleagues and partners across each university and beyond. They strengthened the undergraduate and graduate education at their home institutions and attracted outstanding students to the field.

Originally administered by the American Academy of Nursing and most recently housed at NYU’s Rory Myers College of Nursing, the Centers also have had “increasing impact on practice models, educational innovation, developing science, and novel collaborations and partnerships regionally, nationally, and internationally,” noted Neville E. Strumpf, PhD, RN, FAAN, professor of nursing and dean emerita at the University of Pennsylvania School of Nursing, in an independent evaluation she did on BAGNC in 2016.

“With critical mass in a Center of Excellence, it is possible to generate an alternative vision for older adults and to influence the core mission of the School.”





Building Leaders and Careers in Aging

The 248 gerontologic nurse leaders who came through BAGNC's Scholars and Fellows Program "are the initiative's crown jewels," according to an independent analysis done by Lois K. Evans, PhD, FAAN, RN, the van Ameringen Professor in Nursing Excellence, Emerita, at the University of Pennsylvania School of Nursing.

These fellows and scholars form a cadre of academic nurse leaders who collaborate on publications, educational materials, research, and conferences. They are estimated to have taught and/or mentored about 233,500 graduate and undergraduate nursing students, and have produced more than 3,200 publications and secured 955 grants totaling nearly \$282 million.

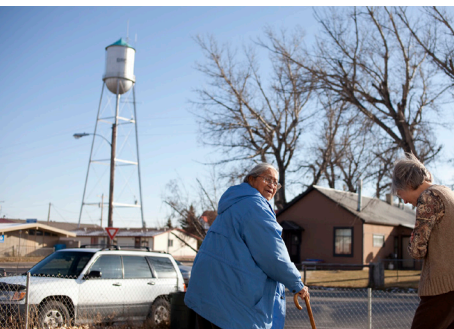
The Patricia G. Archbold Predoctoral Scholar Award provided \$100,000 to support two years of doctoral work for nurses committed to careers in academic gerontological nursing. The Claire M. Fagin Fellow Award provided \$120,000 for a two-year fellowship for advanced research training and mentorship designed to assist doctorally prepared nurses committed to academic careers in gerontological nursing.

In the years to come, the "crown jewels" of BAGNC will continue to shine brightly, expanding gerontological education and improvements in the care of older adults.

Curriculum Grants in Nursing

Today, more than 90 percent of baccalaureate nursing programs have gerontologic content integrated into their curriculum and all graduates are expected to have geriatrics as one of their core competencies.

That represents a sea change from 2001, when geriatric curriculum was almost non-existent. That was the year the Foundation partnered with the American Association of Colleges of Nursing (AACN) to begin developing and embedding aging content into geriatric nursing programs. The Hartford Institute for Geriatric Nursing became a valuable partner in the curriculum initiative, led by AACN Executive Director Polly Bednash, PhD, RN.



Legacy Nursing Initiative 1996-2017



The Foundation provided almost \$9 million in funding to AACN, which represents more than 800 member schools of nursing at public and private universities nationwide. In addition to developing and embedding geriatric curriculum, the Foundation supported the recruitment of students into geriatric advanced practice nursing programs and, later, the development of resources and training for schools of nursing when they were required to merge adult and gerontological nursing curricula at the advanced practice nursing level.

The Foundation also supported the highly successful Geriatric Nursing Education Consortium (GNEC), which offered training in geriatric curricula at Faculty Development Institutes across the country, serving a total of 808 nursing faculty from 418 institutions. After two years, 82 percent of participating institutions in GNEC revised and enhanced senior-level nursing courses with the evidence-based curricular material on caring for older adults, and schools created dozens of new courses in geriatric nursing.

A Legacy of Excellence

The investments in academic geriatric nursing made by The John A. Hartford Foundation have transformed the field by raising the level of geriatric competency for all baccalaureate nursing graduates and throughout the entire nursing profession, resulting in generations of nursing leaders who instill expertise and passion in the students they mentor, and raising the bar for geriatric nursing research and practice change.

What Dr. Strumpf wrote about BAGNC rings true for the Foundation's work in all three projects in the Legacy Nursing Initiative:

“By any measure, the investment made by The John A. Hartford Foundation in gerontological nursing was a stunning success in reach, breadth, depth, and impact. Emerging science, practice innovation, development of a critical mass of persons with expertise in aging, and enduring partnerships are the most stellar outcomes, but there are many other achievements.”

And there will no doubt be many, many more in the years and decades to come.



SPOTLIGHT: A Look Ahead

Scaling Proven Programs and Building the Field: A Collective Effort to Advance Progress in Serious Illness and End of Life Care

Note:

This spotlight feature takes an in-depth look at one of the Foundation's three areas of emphasis.



Serious Illness and End of Life



Improving care for older adults as they face serious illness or approach the end of life is an essential component of an Age-Friendly Health System. “For patients and their loved ones, no care decisions are more profound than those made near the end of life,” concluded the former Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) in its landmark 2014 report, *Dying in America*.

The nation’s current approach to serious illness and end of life is consistently failing older adults, their families and loved ones, health care professionals, and even health care systems. Although 70 percent of Americans would prefer to die at home, the fact is that 70 percent die in an institutional setting among strangers, often receiving burdensome, harmful, and unwanted medical treatment. We do not fare much better in documenting the care that individuals want, even though advance documentation of care preferences is so critical. Seventy-five percent of people are unable to make some or all decisions at the end of life. In the absence of advance care planning, families and caregivers are forced to wrestle with the most heartbreakingly difficult decisions for their loved ones, leaving them second guessing and potentially filled with regret.

Health care professionals, lacking clear, documented directions regarding the care that best meets an individual person’s goals and values, experience stress and burnout. Health care systems grapple with demands for care that too often deliver poor outcomes.

Approximately 90 million Americans are living with serious illness, such as cancer, a number that is expected to more than double over the next 25 years as the nation’s population continues to age. Many of these people can greatly benefit from palliative care, which provides specialized medical care focused on managing pain and symptoms and coordinating care during serious illness. Yet only a small fraction of the seriously ill receive these services today, primarily in the hospital.

“For patients and their loved ones, no care decisions are more profound than those made near the end of life.”

National Academies of Sciences, Engineering, and Medicine in its landmark 2014 report, *Dying in America*.

Serious Illness and End of Life



A Commitment to Transformative Collaboration

These compelling facts are at the heart of why The John A. Hartford Foundation has long focused on serious illness and end of life care, and why this continues as one of the Foundation's three main programmatic areas of emphasis. The Foundation also continues to follow one of its guiding principles—that collaboration is critical to accelerating the changes needed to improve the care of older adults.

In 2006, when the Center to Advance Palliative Care (CAPC) faced the loss of support from its sole funder, the Foundation stepped in

Identifying Conversation Stoppers and Starters

In 2016, the Foundation partnered with California Health Care Foundation and Cambia Health Foundation on a national poll and a series of follow-up focus groups that added to the body of knowledge about end of life and serious illness care, and once again demonstrated the importance of collaboration.



The poll, titled *Conversation Stopper: What's Preventing Physicians from Talking with Patients about End of Life and Advance Care Planning?*, explored the views of primary care and specialist physicians in all 50 states about end of life and advance care planning conversations with patients. While virtually all physicians surveyed agree that talking with patients about end of life and advance care planning is important, nearly half (46 percent) report that they frequently or sometimes feel unsure of what to say. Less than one-third (29 percent) report any formal training on talking with patients and their families about end of life care.



Delving deeper into the issues raised by the poll, the three foundations went on to commission a complementary "Conversation Starters" report, based from six focus groups about advance care planning made up of clinicians and a seventh focus group of consumers. Notably, clinicians emphasized that having a documented advance care plan in place from earlier in life when people are generally healthier is the best way to start up a more difficult later conversation about end of life care.

Serious Illness and End of Life



In 2013, the Foundation embarked on what turned out to be a two-year process to learn about serious illness and end of life care.

with a \$750,000 challenge grant and helped to form a collaborative of diverse funders to keep this important work going. Today, largely due to CAPC's efforts, 90 percent of large hospitals in the United States have a palliative care team. That represents an increase of more than 160 percent since the organization began its work in 2000.

In 2013, the Foundation embarked on a two-year process to learn more about the current needs in serious illness and end of life care. This intensive exploration included a convening organized by the Foundation in June 2015 that brought together leading innovators and funders with deep interest in this field.

The Foundation's convening capabilities helped shape a \$3.5 million initiative, approved by the Board of Trustees in March 2016, to form a veritable "dream team" of innovators who are working cooperatively to greatly accelerate and expand better serious illness and end of life care. The six innovative programs that comprise this dynamic group include:

- Vital Talk, which is housed at our grantee coordinating center at the University of Washington's Cambia Palliative Care Center of Excellence;
- Ariadne Labs Serious Illness Care Program;
- The Center to Advance Palliative Care (CAPC);
- The Coalition to Transform Advanced Care (C-TAC)/Respecting Choices;
- The Conversation Project; and
- National POLST Paradigm.

(For more information on each of these organizations, please see "Accelerating Progress Takes a Team" on page 33.)



Serious Illness and End of Life



Amy Berman Goes to Washington

Senior Program Officer Amy Berman has played a leading role in helping to shape The John A. Hartford Foundation's Serious Illness and End of Life initiative. She also has been an inspiration, not only to her colleagues at the Foundation and its partners, but to many others who know the personal story behind her passionate advocacy on behalf of palliative care and improved end of life care.

Berman was diagnosed six-and-a-half years ago with stage IV inflammatory breast cancer, a rare form of cancer that has the worst prognosis. She chose to go public with her diagnosis and use it to raise awareness and understanding about palliative care—which she says is “the best friend of the seriously ill”—advance care planning, and end of life care.



Amy Berman, BSN, LHD, testifying before U.S. Senate Special Committee on Aging in Washington, DC, July 2016.

In recent years, she has written a series of posts for the Foundation's *Health AGenda* blog chronicling her health and care since diagnosis, and has been published in the *Washington Post*, *Health Affairs*, and other influential national publications, as well as appearing on CBS, NPR, and other media outlets to share her story. Her advocacy led to meetings with the heads of the U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS), and invited testimony to the Institute of Medicine.

As a result of her advocacy, Berman was invited to CMS on the day they released the 2016 physician fee schedule that included two new payment codes for advance care planning, increasing access to these critical discussions.

In July 2016, Berman testified before the U.S. Senate Special Committee on Aging in Washington, DC, along with renowned surgeon and bestselling author Atul Gawande, MD, and Kate Lally, MD, FACP, a leading expert on palliative care. Berman shared how her personal experiences had informed her work, and talked about the importance of care planning, the workforce, access to palliative care, and expansion of these services into the community.

In closing, she told the committee: “My one request is that, should you pass legislation to further these aims and improve the care of the seriously ill, I would like to be there at the signing of that legislation. I ask that you move quickly and make this happen in my lifetime.”

Serious Illness and End of Life



Collaborating on Large-scale Change

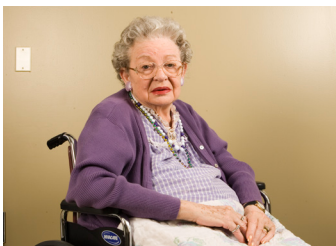
Across the country, highly effective, innovative programs have already begun changing care for the better for people facing serious illness and end of life. That said, they currently lack the capacity and reach to truly transform care delivery. Each program needs to grow, to engage many more systems and people.

They also need to coordinate their efforts, to build a broader movement to push for practice and policy change, and dramatically improve how our nation and its health care systems deliver this critically needed care.

Accessibility to better serious illness and end of life services is vital for older adults and their families. Care must be culturally sensitive and available in a wide variety of clinical contexts, in rural and urban settings alike. It must be delivered by a well-prepared clinician workforce, monitored using meaningful quality benchmarks, and aligned with and inclusive of longtime, trusted care providers, if patients have such relationships. Reimbursement should reward and incentivize care that explicitly matches patients' values to treatments.

The Foundation-supported collaborative on serious illness and end of life care is tackling these and several other important issues including:

- Increasing public understanding of the importance of advance care planning;
- Equipping clinicians with the communications skills they need to discuss sensitive topics with patients and their families, including their values, options to control symptoms, and care coordination;
- Enabling health systems to deliver the care that patients say they want, especially if they wish to stay at home;
- Strengthening interdisciplinary team care to address the full spectrum of patient and family needs; and
- Increasing funding and informing policymaking to support proactive care for those with serious illness or at the end of life.



Serious Illness and End of Life



Fostering a collective effort

In November 2016, leading experts and innovators, along with key funders gathered in Briarcliff Manor, NY, to create a shared vision for collective action, and identify practical steps to accelerate national scaling of their efforts—increasing access to more than 300,000 older people—through the development of a coordinated strategy aimed at sustained national impact.

The collaboration of the six innovators has already engaged multiple funders, representatives of health systems and plans, and policymakers in the process.

Ensuring that the goals, values and priorities of older adults are respected and followed at the end of life or in the event of a serious illness is integral to The John A. Hartford Foundation's mission of improving care for older adults. Through convening and the development of a national strategy, The John A. Hartford Foundation aims to optimize the scale and spread of these important efforts.

Roundtable Works to Make Meaningful Progress on Report Recommendations



The former Institute of Medicine, now the National Academies of Sciences, Engineering, and Medicine, issued a landmark report in 2014 titled *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. The report contained evidence-based recommendations on improving care for people facing serious illness and end of life. To ensure that meaningful progress is made, The John A. Hartford Foundation is supporting a three-year effort by the Roundtable on Quality Care for People with Serious Illness. Members of the Roundtable represent a wide range of stakeholder organizations, including health systems and clinicians, insurers, patient and advocacy groups, government, funders, ministries, and academia. The inaugural meeting was held in July 2016.

Accelerating Progress Takes a Team

The six key partners in The John A. Hartford Foundation's Building a Collective Strategy to Accelerate Progress in End of Life Care Initiative represent some of the nation's most passionate and well-known advocates for better serious illness and end of life care.



Susan Block

Ariadne Labs/Serious Illness Care Program

This joint center between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health creates scalable health care solutions that produce better care at the most critical moments in people's lives: childbirth, surgery, and serious illness care. The Serious Illness Care program facilitates appropriate conversations between clinicians, seriously ill patients, and their families.

Innovators: Susan Block, MD, Director, Serious Illness Care program, and Atul Gawande, MD, Executive Director, Ariadne Labs.

A nationally and internationally known researcher and prominent expert in palliative care and psycho-oncology, Dr. Block is a Professor of Psychiatry, Chief of Psychosocial Oncology and Palliative Care at the Dana-Farber Cancer Institute, and the Co-Director of the Harvard Medical School Center for Palliative Care.

A surgeon, writer, and public health researcher, Dr. Gawande practices general and endocrine surgery at Brigham and Women's Hospital. He is Professor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health and the Samuel O. Thier Professor of Surgery at Harvard Medical School.



Atul Gawande

Center to Advance Palliative Care (CAPC)

Affiliated with the Icahn School of Medicine at Mount Sinai in New York City, CAPC is a national, member-based organization that provides hospitals, health systems, hospices, payers, and other health care organizations with the tools, training, technical assistance, and metrics needed to support the successful implementation and integration of palliative care.

Innovator: Diane E. Meier, MD, Director.

Dr. Meier is also Vice-Chair for Public Policy and Professor of Geriatrics and Palliative Medicine; Catherine Gaisman Professor of Medical Ethics; and was the founder and Director of the Hertzberg Palliative Care Institute from 1997-2011, all at the Icahn School of Medicine at Mount Sinai in New York City.



Diane E. Meier

Accelerating Progress Takes a Team

Coalition to Transform Advanced Care (C-TAC) / Respecting Choices

C-TAC is a nonprofit, non-partisan organization that works to ensure that all those with advanced illness, especially the sickest and most vulnerable, will receive comprehensive, high-quality, person and family-centered care that is consistent with their goals and values and honors their dignity. Respecting Choices, now a partner with C-TAC, is an internationally recognized, evidence-based model of advance care planning that creates a health care culture of person-centered care. It has been successfully replicated in diverse communities and cultures worldwide and integrated into major health care organizations.

Innovators: Tom Koutsoumpas, Co-Chair and Co-Founder, C-TAC, and Bernard J. “Bud” Hammes, PhD, Director, Respecting Choices.

A leader in issues related to Medicare, elder care, advanced illness and hospice care, Koutsoumpas is President and CEO of the National Partnership for Hospice Innovation and a Principal at Healthspieren, a Washington-based policy and legal services organization.

A renowned medical ethicist, Dr. Hammes is the Director of Medical Humanities and Respecting Choices® at Gundersen Health System and Gundersen Lutheran Medical Foundation. He also holds several academic appointments, including Professor of Clinical Science at the University of Wisconsin-La Crosse.



Ellen Goodman



Tom Koutsoumpas



Bernard J. “Bud” Hammes

The Conversation Project

The Conversation Project is a public health campaign dedicated to helping people talk about their wishes for end of life care. It offers a website, story sharing, and other tools online, including a series of Starter Kits.

Innovator: Ellen Goodman, Co-Founder and Director.

Winner of the 1980 Pulitzer Prize for Distinguished Commentary for her nationally syndicated Boston Globe column, Goodman today is a writer, speaker, commentator, and nonprofit leader. She is the author of seven books.



Accelerating Progress Takes a Team

National POLST Paradigm

The National POLST (which stands for Physician Orders for Life Sustaining Treatment) Paradigm advances the process of having patients and their health care professionals discuss the treatments the patient wants or does not want, and putting them on a POLST Form. This form is a medical order that emergency personnel can follow whenever, and wherever, the patient has a medical emergency and can't speak for himself/herself.

Innovator: Amy Vandenbroucke, JD, Executive Director.

Vandenbroucke joined the National POLST Paradigm in 2013 from the Legal Department at Oregon Health & Science University. She was a 2015 Practice Change Leader for Aging and Health, a yearlong program supported by the Foundation and Atlantic Philanthropies.



Amy Vandenbroucke

Vital Talk

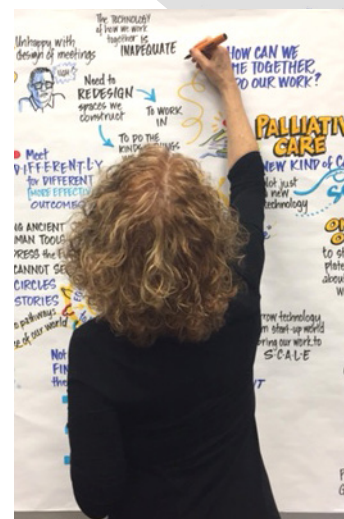
A nonprofit dedicated to nurturing healthier connections between patients and clinicians, Vital Talk specializes in developing and facilitating advanced communication skills courses and faculty training courses focused on balancing honesty with empathy when discussing serious illness and end of life care.

Innovator: Tony Back, MD, Executive Director.

A professor at the University of Washington and Fred Hutchinson Cancer Research Center and co-director of the UW Center for Excellence in Palliative Care, Dr. Back studies patient-clinician communication and interventions to make clinicians more effective.



Tony Back



In November 2016, the innovators and several funders involved in this issue gathered in Briarcliff Manor, NY.



Conclusion: Vision for the Future

Reimagining Care for Older Adults

A big idea, the kind that can actually lead to transformative change, takes time to fully form. It takes leadership. It takes careful planning. It takes building momentum. And it takes a team.



In December 2016, an ambitious, \$3.19 million grant will fund development of an evidence-based, health system-wide model of care.



Momentum is building behind what The John A. Hartford Foundation truly believes is a big idea: Age-Friendly Health Systems. (See page 12.)

This is not just a different model of delivering care to older adults. It is a reimagining of how we care for people who have contributed so much and still have so much more to share. It means looking across the full spectrum of care, from the kitchen table to private practice or the clinic; from the emergency room to the hospital to the health system; from the skilled nursing facility to the senior center.

And just as the Age-Friendly Health Systems idea encompasses the entire course of a person's care, it also envelops all of the Foundation's grantmaking efforts, including the other two areas of emphasis on Family Caregiving and Serious Illness and End of Life.

In the United States, a person turns 65 every 8 seconds. We need to develop and spread a model that is quickly scalable, that works at the health system-wide level, that achieves the Triple Aim goals of improved care, lower costs, and better outcomes, and that includes older adults and their families in care decisions and respects their wishes.



Reimagining Care for Older Adults



In December 2016, the momentum that had been building behind this big idea all year coalesced into an ambitious, \$3.19 million grant that will fund development of an evidence-based, health system-wide model of care that will be disseminated to 20 percent of hospitals and health systems in the United States by 2020.

Our staff, partners, and grantees are passionate about this because, at its core, this is really about equality. The scourge of ageism continues to poison our society and culture, and it plays a role in the failings of our current health care system. Too often, older adults are excluded from care decisions and their preferences are unexplored or ignored due to negative stereotypes.

While we work to create Age-Friendly Health Systems, build support for family caregivers, and improve serious illness and end of life care, we will also continue to engage in changing the harmful attitudes that perpetuate negative stereotypes and stand unequivocally against ageism.

The Foundation's vision is a society that honors, respects, and values older adults, and a health care system that does the same while providing the highest quality of care possible. In 2017 and beyond, the Foundation staff, partners, and grantees will continue to build the momentum needed to make that vision a reality.

This is a big idea whose time has come.



2016 Aging and Health Grants

In 2016, The John A. Hartford Foundation awarded 14 new grants under its Aging and Health program representing over \$17.1 million in new commitments. Authorizations for new programs or large renewal grants are described here. The Foundation made \$18.5 million in payments to existing grants in 2016. A Summary of Active Grants can be found on page 43.

First Quarter 2016

National Association of Area Agencies on Aging, Inc.

Washington, DC

Building the Capacity of the Aging and Disability Networks to Ensure the Delivery of Quality Integrated Care

Sandy Markwood, MA

\$2,912,005, Three Years

University of Minnesota

Minneapolis, MN

Increasing Interprofessional Collaboration (IPC) in Clinical Nursing & Health Professions Education

Barbara F. Brandt, PhD

\$300,000, Three Years

University of Washington

Seattle, WA

Building a Collective Strategy to Accelerate Progress in End of Life Care

Anthony Back, MD

\$3,522,250, Three Years

Second Quarter 2016

American Academy of Home Care Medicine, Inc.

Chicago, IL

Building Awareness and Engaging Payers to Bring Home-Based Primary Care into the Mainstream

Mindy J. Fain, MD

\$150,000, Two Years

Center for Medicare Advocacy

Mansfield, CT

Reducing Harm to Medicare Beneficiaries: Improving Hospital Observation Status and Other Policies

Judith Stein, JD

\$500,000, Two Years

2016 Aging and Health Grants

Second Quarter 2016 *(cont)*

Henry J. Kaiser Family Foundation

Menlo Park, CA

Kaiser Health News: The Late Life and Geriatric Care Reporting Project

David Rousseau, MPH

\$2,472,650, Three Years

Home Centered Care Institute

Schaumburg, IL

National Home Care Medicine Education and Expansion Initiative

Thomas Cornwell, MD

\$454,779, Three Years

Johns Hopkins University

Baltimore, MD

Implementation of a National Learning Collaborative to Enhance Home-Based Primary Care Quality of Care

Bruce A. Leff, MD

\$939,568, Three Years

National Academies of Sciences, Engineering, and Medicine

Washington, DC

Roundtable on Quality of Care for People with Advanced Illness

Sharyl Nass, PhD

\$211,415, Three Years

Santa Fe Group, Inc.

New York, NY

Oral Health for America's Seniors: Expanding Medicare

Michael C. Alfano, DMD, PhD

\$100,170, Two Years

Third Quarter 2016

No Grants Awarded during this quarter

Fourth Quarter 2016

American Geriatrics Society, Inc.

New York, NY

Geriatric Orthopedic Hip-Fracture Co-Management Implementation

Nancy E. Lundebjerg, MPA

\$1,399,263, Three Years

Education Development Center, Inc.

Waltham, MA

National Co-Laboratory to Address Elder Mistreatment

Rebecca Stoeckle

\$774,984, Two Years

Institute for Healthcare Improvement

Cambridge, MA

Age-Friendly Health Systems

Kedar Mate, MD

\$3,190,452, 42 Months

Institute for Healthcare Improvement

Cambridge, MA

Development of the High-Needs, High-Cost Playbook V. 2.0

Donald A. Goldmann, MD

\$180,838, One Year



THE FOUNDATION'S INVESTMENT PORTFOLIO had increased to approximately \$543 million at the end of 2016. Spending for grants, administrative expenses, and taxes totaled \$24 million. Total net-of-fee return on the investments, income plus realized and unrealized capital gains, was approximately 6.2 percent. The Foundation's portfolio return for the year slightly trailed the inflation plus spending rate of 6.7 percent. However, over the longer-term period, we are gratified that the portfolio generated an annualized return of 8.5 percent since March 2009 through the end of 2016, continuing to benefit from the eight-year-old bull market.

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 consistent growth of its assets at a level greater than the rate of inflation. With the assistance of Goldman Sachs, the Foundation's investment advisor since August 2012, the Foundation has proactively redesigned and maintained a moderate risk portfolio diversified across a wide array of asset classes and strategies.

The bull market notched another year with most major global indices ending the year in positive territory. A well-diversified portfolio in general has continued to underperform a classic 60 percent equity/40 percent bond portfolio due to the strong performance of U.S. equities with the S&P 500 index advancing 12 percent. The Foundation's portfolio had benefited from its allocation to public domestic equities, high-yield bonds, and private equity in 2016, whereas its exposure to international developed markets, hedge funds, investment grade fixed-income, and private real estate, detracted from its one-year performance.

Given significant uncertainties ahead, whether this positive trend will continue in 2017 remains to be seen. We are unwavering in our commitment to a diversified risk-balanced portfolio, providing it with the ability to capitalize on investment opportunities and better withstand dramatic swings in the financial markets.

During 2016, in order to meet a slightly higher volatility target, the Foundation adopted a new long-term asset allocation model, reflecting a reduction in hedge funds to 10 percent and an increase in private equity to 15 percent. Toward the end of 2016, the Foundation began the process of transitioning the portfolio to its revised strategic targets. We expect the transition will continue over the course of 2017 and the next several years due to the illiquid nature of private equity and the portfolio's significant underweighting in this asset class. At year-end 2016, the Foundation's asset mix was 44 percent long-only equities, 15 percent fixed-income, 6 percent cash, 13 percent hedge funds, 9 percent tactical tilts, and a total of 13 percent in private equity and private real estate funds. In comparison, at the end of 2015, the Foundation's portfolio was comprised of 41 percent long-only equities, 13 percent fixed-income, 3 percent cash, 18 percent hedge funds, 9 percent tactical tilts, and a total of 16 percent in private equity and real estate funds.

The Finance Committee and the Board of Trustees meet regularly with Goldman Sachs to review asset allocation, investment strategy, and the performance of the underlying investments. 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. Audited financial statements were not completed in time for this publishing, but will be available on the Foundation's website in June.

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
AGING AND HEALTH					
AGE-FRIENDLY HEALTH SYSTEMS					
American Academy of Home Care Medicine, Inc. <i>Building Awareness and Engaging Payers to Bring Home-Based Primary Care into the Mainstream</i> Mindy J. Fain, MD	Chicago, IL		\$ 150,000	\$ 50,000	\$ 100,000
American College of Surgeons <i>Geriatric Surgery Verification and Quality Improvement Program</i> Clifford Y. Ko, MD, MS, MSHS	Chicago, IL	\$2,370,349		554,687	1,815,662
American Geriatrics Society, Inc. <i>Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center</i> Nancy E. Lundebjerg, MPA	New York, NY	3,007,368		1,003,737	2,003,631
American Geriatrics Society, Inc. <i>Developing a National Collaborative to Improve Emergency Department Care of Older Adults</i> Kevin Biese, MD	New York, NY	1,488,512		662,045	826,467
American Geriatrics Society, Inc. <i>Geriatric Orthopedic Hip-Fracture Co-Management</i> Nancy E. Lundebjerg, MPA	New York, NY	199,756	1,399,263	199,756	1,399,263
Center for Medicare Advocacy <i>Reducing Harm to Medicare Beneficiaries: Improving Hospital Observation Status and Other Policies</i> Judith Stein, JD	Mansfield, CT		500,000	125,000	375,000
Community Catalyst, Inc. <i>Voices for Better Health: Geriatrics Provider Collaboration Renewal</i> Renée Markus Hodin, JD	Boston, MA	1,297,320		490,212	807,108
Education Development Center, Inc. <i>National Co-Laboratory to Address Elder Mistreatment</i> Rebecca Stoeckle	Waltham, MA		774,984		774,984
Hebrew Rehabilitation Center for Aged Research and Training Institute <i>Hospital Elder Life Program (HELP): Taking to Scale</i> Sharon K. Inouye, MD, MPH	Boston, MA	341,070		281,070	60,000

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
Home Centered Care Institute <i>National Home Care Medicine Education & Expansion Initiative</i> Thomas Cornwell, MD	Schaumburg, IL		\$ 454,779	\$ 70,632	\$ 384,147
Indiana University <i>OPTIMISTIC Resource Center Planning Grant</i> Kathleen Unroe, MD, MHA	Indianapolis, IN	\$ 221,064		170,550	50,514
Institute for Healthcare Improvement <i>Age-Friendly Health Systems</i> Kedar Mate, MD	Cambridge, MA		3,190,452	707,991	2,482,461
Institute for Healthcare Improvement <i>Development of the High-Needs, High-Cost Playbook V.2.0</i> Donald A. Goldmann, MD	Cambridge, MA		180,838		180,838
Johns Hopkins University <i>Implementation of a National Learning Collaborative to Enhance Home-Based Primary Care Quality of Care</i> Bruce A. Leff, MD	Baltimore, MD		939,568	52,164	887,404
Mount Sinai Medical Center, Inc. <i>Mobile Acute Care Team Services</i> Albert L. Siu, MD, MSPH	New York, NY	1,084,692		256,294	828,398
The NASW Foundation, Inc. <i>Gerontological Social Work Supervisors Program</i> Joan Levy Zlotnik, PhD, MSSW	Washington, DC	701,437		363,736	337,701
National Association of Area Agencies on Aging, Inc. <i>Building the Capacity of the Aging and Disability Networks to Ensure the Delivery of Quality Integrated Care</i> Sandy Markwood, MA	Washington, DC		2,912,005	945,000	1,967,005
National Committee for Quality Assurance <i>Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care Renewal</i> Jessica Briefer French, MHSA	Washington, DC	941,981		599,026	342,955
National Council of Young Men's Christian Associations of the United States of America <i>Preventing Diabetes among Older Adults Program</i> Heather Hodge, MEd	Chicago, IL	400,000		140,977	259,023

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
Partners in Care Foundation <i>Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services</i> W. June Simmons, MSW	San Fernando, CA				
President and Fellows of Harvard College <i>Understanding Health IT-Enabled Performance Improvement for Older Adults</i> Ashish K. Jha, MD, MPH	Cambridge, MA	\$ 495,024		\$ 465,024	\$ 30,000
Research Foundation for Mental Hygiene, Inc. <i>Health and Aging Policy Fellows Program</i> Harold Alan Pincus, MD	Menands, NY	1,414,877			1,414,877
Santa Fe Group, Inc. <i>Oral Health for America's Seniors: Expanding Medicare</i> Michael C. Alfano, DMD, PhD	New York, NY		\$ 100,170	49,980	50,190
University of Minnesota <i>Increasing Interprofessional Collaboration (IPC) in Clinical Nursing & Health Professions Education</i> Barbara F. Brandt, PhD	Minneapolis, MN		300,000	100,000	200,000
Yale University <i>Primary Specialty Care Redesign (CaReAlign) Implementation</i> Mary E. Tinetti, MD	New Haven, CT	2,635,094		662,076	1,973,018
Total Age-Friendly Health Systems		\$16,598,544	\$10,902,059	\$7,949,957	\$19,550,646
FAMILY CAREGIVING					
Gerontological Society of America <i>Study of Family Caregiving and Support Services for Older Adults</i> Patricia D'Antonio, RPh, MS, MBA, CGP	Washington, DC	\$ 51,497		\$ 51,497	
National Academies of Sciences, Engineering, and Medicine <i>Study of Family Caregiving and Support Services for Older Adults</i> Jill Eden, MBA, MPH	Washington, DC				
Total Family Caregiving		\$ 51,497		\$ 51,497	
SERIOUS ILLNESS/END OF LIFE					
Mount Sinai Medical Center, Inc. <i>The Center to Advance Palliative Care (CAPC): Transformation Business Plan</i> Diane E. Meier, MD	New York, NY	\$ 1,230,487		\$ 230,487	\$1,000,000

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
National Academies of Sciences, Engineering, and Medicine <i>Roundtable on Quality of Care for People with Advanced Illness</i> Sharyl Nass, PhD	Washington, DC		\$ 211,415	\$ 70,455	\$ 140,960
New York University <i>Nurses Improving Care for Healthsystem Elders in Long-Term Care (NICHE-LTC)</i> Eileen M. Sullivan-Marx, PhD, RN	New York, NY	\$1,499,958		522,993	976,965
University of Washington <i>Building a Collective Strategy to Accelerate Progress in End of Life Care</i> Anthony Back, MD	Seattle, WA		3,522,250	1,323,055	2,199,195
Total Serious Illness/End of Life		\$2,730,445	\$3,733,665	\$2,146,990	\$4,317,120
COMMUNICATIONS & SPECIAL PROJECTS					
Columbia University <i>The John A. Hartford Foundation Index: Measuring Societal Adaptation to Population Aging</i> John W. Rowe, MD	New York, NY	\$ 220,425		\$ 220,425	
Grantmakers in Aging <i>Reframing Aging: Phase II</i> John Feather, PhD	Arlington, VA	387,550		88,200	\$ 299,350
Grantmakers in Aging <i>GIA Core Support Renewal: Engaging, Educating, and Convening</i> John Feather, PhD	Arlington, VA	75,000		75,000	
Henry J. Kaiser Family Foundation <i>Kaiser Health News: The Late Life and Geriatric Care Reporting Project</i> David Rousseau, MPH	Menlo Park, CA		\$2,472,650	403,975	2,068,675
Project HOPE - People-to-People Health Foundation, Inc. <i>Health Affairs Journal: Lessons on Health Care Models for an Aging Population Renewal</i> Alan Weil, JD, MPP	Bethesda, MD	441,000		214,473	226,527
Rockefeller Archive Center <i>Archiving of Hartford Foundation's Historical Grant Documents</i> Margaret A. Hogan	Sleepy Hollow, NY	200,000		100,000	100,000
Tides Center <i>Eldercare Workforce Alliance Renewal</i> Amy York	San Francisco, CA	250,000		97,400	152,600
Total Communications & Special Projects		\$1,573,975	\$2,472,650	\$1,199,473	\$2,847,152

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
SOCIAL INNOVATION FUND (Contingent Grants³)					
Bighorn Valley Health Center, Inc. <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Earl Sutherland, PhD	Hardin, MT	\$ 278,965		\$ 85,283	\$ 193,682
Butte Silver Bow Primary Health Care Clinic, Inc. <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Molly Molloy	Butte, MT	264,765		81,974	182,791
Community Health Center of Central Wyoming, Inc. <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Ryan Bair, MSW, LCSW	Casper, WY	287,386		164,869	122,517
Kodiak Area Native Association <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Tammy L. Hansen	Kodiak, AK	533,466		313,564	219,902
Mat-Su Health Services, Inc. <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Jean Selk	Wasilla, AK	57,272		57,272	
Partnership Health Center, Inc. <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Mary Jane Nealon, CCP-RN, MFA	Missoula, MT	405,633		254,048	151,585
Peninsula Community Health Services <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Regina Bonnevie-Rogers, MD	Bremerton, WA	385,299		80,218	305,080
University of Washington <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Renewal</i> Jürgen Unützer, MD, MPH, MA	Seattle, WA	809,522		288,934	520,588
Valley View Health Center <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Tre Normoyle, PhD	Chehalis, WA	286,747		218,028	68,719
Total Social Innovation Fund		\$3,309,055		\$1,544,191	\$1,764,864

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
LEGACY GRANTS					
American Federation for Aging Research, Inc. <i>Paul B. Beeson Career Development Awards in Aging Research Partnership Renewal</i> Odette van der Willik	New York, NY	\$ 2,409,625		\$ 710,380	\$ 1,699,245
American Federation for Aging Research, Inc. <i>Centers of Excellence in Geriatric Medicine and Training National Program Office Renewal</i> Odette van der Willik	New York, NY	265,905		157,014	108,891
American Federation for Aging Research, Inc. <i>Medical Student Training in Aging Research Program Renewal</i> Odette van der Willik	New York, NY	69,492		69,373	119
American Geriatrics Society, Inc. <i>Geriatrics for Specialists Initiative: Phase V</i> John R. Burton, MD	New York, NY	704,384		276,305	428,079
Council on Social Work Education <i>National Center for Gerontological Social Work Education Transition Grant</i> Darla Spence Coffey, PhD	Alexandria, VA	22,311		22,311	
George Washington University <i>National Health Policy Forum: Advancing Aging and Health Policy Understanding Renewal</i> Judith Miller Jones, MA	Washington, DC	97,700		97,700	
Gerontological Society of America <i>Hartford Change AGENTS Initiative</i> Patricia D'Antonio, RPh, MS, MBA, CGP	Washington, DC	1,639,997		1,286,076	353,921
Gerontological Society of America <i>National Hartford Centers of Gerontological Nursing Excellence Coordinating Center</i> J Taylor Harden, PhD, RN	Washington, DC	168,323		168,323	
New York University⁴ <i>National Hartford Centers of Gerontological Nursing Excellence Coordinating Center</i> Tara A. Cortes, PhD, RN	New York, NY		\$ 873,240	636,455	236,785
Paraprofessional Healthcare Institute, Inc. <i>Strategic Investment: Doubling PHI's Impact on the Direct-Care Workforce to Improve Care for Elders</i> Jodi M. Sturgeon	Bronx, NY	450,000		450,000	

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
Trustees of Dartmouth College <i>High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases</i> Julie P.W. Bynum, MD, MPH	Lebanon, NH	\$ 78,605		\$ 78,605	
University of Colorado <i>Practice Change Leaders for Aging and Health Renewal</i> Eric A. Coleman, MD, MPH	Denver, CO	2,182,383		67,616	\$ 2,114,767
Wake Forest University Health Sciences ⁴ <i>Integrating Geriatrics into the Specialties of Internal Medicine Renewal: Capitalizing on Forward Momentum</i> Kevin P. High, MD, MSc	Winston-Salem, NC		\$ 484,804	209,360	275,444
Total Legacy Grants		\$ 8,088,725	\$ 1,358,044	\$ 4,229,518	\$ 5,217,251
TOTAL AGING & HEALTH		\$32,352,241	\$18,466,418	\$17,121,626	\$33,697,033
MEMBERSHIPS					
The Foundation Center <i>Annual Support</i> Bradford K. Smith, MA	New York, NY		\$ 11,000	\$ 11,000	
Grantmakers in Aging <i>Annual Support</i> John Feather, PhD	Arlington, VA		7,500	7,500	
Grantmakers in Health <i>Annual Support</i> Faith Mitchell, PhD	Washington, DC		7,500	7,500	
Hispanics in Philanthropy <i>Annual Membership</i> Diana Campoamor, MA	Oakland, CA		4,925	4,925	
Philanthropy New York, Inc. <i>Annual Support</i> Ronna D. Brown, JD	New York, NY		17,350	17,350	
Services & Advocacy for Gay Lesbian Bisexual & Transgender Elders, Inc. <i>General Support</i> Michael Adams, JD, MA	New York, NY		5,000	5,000	
University of the People <i>General Support</i> Shai Reshef, MA	Pasadena, CA		1,000	1,000	
Total Memberships			\$ 54,275	\$ 54,275	

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
PARTNERSHIP FUND					
American Federation for Aging Research, Inc. <i>2016 Annual Dinner</i> Stephanie Lederman, EdM	New York, NY		\$ 1,680	\$ 1,680	
Elder Services of the Merrimack Valley, Inc. <i>In Honor of Rosanne DiStefano For 40 Years of Service</i> Hemali Shah	Lawrence, MA		350	350	
Grantmakers in Aging <i>2016 Annual Conference Opening Plenary Support</i> John Feather, PhD	Arlington, VA		20,000	20,000	
Hebrew Home for the Aged at Riverdale Foundation, Inc. <i>2016 Annual Dinner</i> Daniel A. Reingold, MSW, JD	Riverdale, NY		1,500	1,500	
Human Services Council of New York City <i>Leadership Awards Reception</i> Jason Wu, MSW	New York, NY		265	265	
Isabella Foundation, Inc. <i>2016 Raise the Roof Gala</i> Mark J. Kator, MA, MBA	New York, NY		8,250	8,250	
Medicare Rights Center, Inc. <i>2016 Annual Dinner</i> Joe Baker, JD	New York, NY		1,000	1,000	
National Academies of Sciences, Engineering, and Medicine <i>2016 Forum on Aging, Disability, and Independence Workshop Sponsorship</i> Sarah Domnitz, PhD	Washington, DC		20,000	20,000	
New York Academy of Medicine <i>2016 Annual Gala Sponsor Package</i> Jo Ivey Boufford, MD	New York, NY		7,700	7,700	
Northeastern University <i>Innovation Conference</i> Nancy Hanrahan, PhD, RN	Boston, MA		17,500	17,500	
United Hospital Fund of New York <i>2016 Gala Patron Sponsorship</i> James R. Tallon, Jr.	New York, NY		9,200	9,200	
University of Pennsylvania <i>Claire M. Fagin Endowed Scholarship in Nursing</i> Antonia M. Villarruel, PhD, RN	Philadelphia, PA		5,000	5,000	

Summary of Active Grants

		Balance Due January 1, 2016	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2016
Visiting Nurse Service of New York 2016 Annual Dinner John Billeci	New York, NY		\$ 5,000	\$ 5,000	
Total Partnership Fund			\$ 97,445	\$ 97,445	
Matching Grants ¹			\$ 1,171,003	\$ 1,171,003	
Discretionary Grants ²			64,000	64,000	
Grants Refunded or Cancelled		\$ 2,592,170	-2,621,079	-28,909	
Contingent Grants Adjustments ³		-2,874,758	1,425,053		\$-1,449,705
Discounts to Present Value		-1,175,672	227,803		-947,869
Total (All Grants)		\$30,893,981	\$18,884,918	\$18,479,439	\$31,299,459
¹ Grants made under the Foundation's program for matching charitable contributions by Trustees and staff. ² Grants made under the Foundation's program for charitable contributions designated by staff. ³ Contingent Grant. ⁴ Grants previously at other organizations prior to 2016.					
		Expenses Authorized Not Incurred Jan. 1, 2016	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2016
Foundation-Administered Grant Communications & Dissemination Initiative Renewal John Beilenson	New York, NY	\$ 1,464,977		\$ 669,545	\$ 795,432
To Pursue Selected Activities in the Strategic Plan			\$ 317,701	317,701	
Total		\$ 1,464,977	\$ 317,701	\$ 987,246	\$ 795,432

Funding Guidelines

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