



2003 ANNUAL REPORT

The John A. Hartford Foundation



John A. and
George L. Hartford
founding fathers of
The John A. Hartford
Foundation

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

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

Statement of Purpose

Founded in 1929, the John A. Hartford Foundation is a committed champion of health care training, research and service system innovations that will ensure the well being and vitality of older adults. Its overall goal is to increase the nation's capacity to provide effective, affordable care to its rapidly increasing older population. Today, the Foundation is America's leading philanthropy with a sustained interest in aging and health.

Through its grantmaking, the John A. Hartford Foundation seeks specifically to:

- Enhance and expand the training of doctors, nurses, social workers and other health professionals who care for elders, and
- Promote innovations in the integration and delivery of services for all older people.

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



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Report of the Chairman



Norman H. Volk
Chairman

IT IS ONCE AGAIN A PLEASURE TO INTRODUCE the John A. Hartford Foundation's Annual Report. This year we feature the Foundation's long-term investment in geriatric social work. Through five major projects, the Geriatric Social Work Initiative cultivates faculty leaders in gerontological education and research, creates new curricula and other teaching tools for the profession and develops rich field education experiences for master's students. We are also very gratified that after two years of decline, the Foundation's assets increased in 2003. This will enable us to consider expanding the scope of several existing programs and develop new grants that will improve health care for our nation's growing older population.

Begun in 1998, the Geriatric Social Work Initiative complements the Foundation's investments in medicine and nursing. It recognizes the critical role social workers—the “unsung heroes,” as one leading geriatrician notes in the Report—play in providing first-rate care for older Americans. By all accounts, the Hartford Foundation's \$26.3 million investment has prompted a surge in the field's interest in aging. The effort has recruited new social work students and faculty and is raising the profile of geriatrics in the profession as a whole. We are proud to be associated with the leaders who have guided and carried out this work. This Annual Report highlights their energy, creativity and commitment.

During the past year, the Foundation has also continued to support programs that strengthen the geriatrics training of physicians and nurses. Notably, the Trustees approved a five-year, \$4.8 million grant renewal to the American Federation for Aging Research to continue to administer the Paul Beeson Physician Faculty Scholars in Aging Research Program. We are especially pleased that the National Institute on Aging has recognized the Beeson program's successful track record in nurturing the careers of some of the nation's most talented physician-scientists in geriatrics and aging. In 2003, the Institute became a significant funding and administrative partner in this effort, a collaboration that will both sustain and expand the program in the future.

The Trustees approved renewal funding to eight Centers of Excellence in Geriatric Medicine—Baylor College of Medicine, Boston Medical Center, the University of California, San Francisco, the University of Chicago, the University of Colorado, the University of Pennsylvania, the University of Rochester and the University of Texas, San Antonio. Begun in 1988, this program has been a critical part of the Foundation's effort to bolster academic geriatrics. The program has provided \$32 million to 28 leading universities and medical schools to develop an increasing number of faculty members knowledgeable in geriatrics and aging.



A third major grant in 2003 provides \$3.1 million over four years to continue supporting the Building Academic Geriatric Nursing Capacity program, one of the cornerstones of the Foundation's ongoing \$37 million investment in the nursing field. This grant to the American Academy of Nursing will provide training support to doctoral and post-doctoral scholars, as well as to nurses pursuing business degrees. Part of the broader Hartford Geriatric Nursing Initiative, this effort is creating a growing cadre of academic nurse leaders able to provide needed guidance and inspiration around aging issues and to educate the next generation of nurses to respond to the unique health care needs of older patients.

The sharp and broad rebound in the financial markets in 2003 was a welcome surprise to many. The Foundation's endowment benefited significantly from this rally. The assets finished the year at \$561 million, which is up nearly \$100 million for the year before spending for grants and expenses. In fact, if one were to add the almost \$120 million of payout in the last four years to this current asset value, the results would be an endowment that exceeded the level reached at the stock market peak in March 2000. Although our long-term goal is to grow the real value of the Foundation after spending and inflation, we are pleased to have fared this well in the worst investment environment since the 1970s.

The major projects renewed in 2003 are a testament to the ongoing impact of the Foundation's programs, which are developing faculty and research leaders in geriatric medicine, nursing and social work. It is an honor to work with the Foundation's team of talented Board members and staff. Each year, I am more impressed by their hard work and dedication to improving the health and well being of our nation's growing number of older adults.

A handwritten signature in dark ink, which appears to read "Norman H. Volk".

Norman H. Volk

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Essay: Strengthening Geriatric Social Work

Karin Patterson, MSW, (right) works with Carmela Nunez at the Alameda County Social Services Agency as part of her field training in social work at the Northern California site of the Foundation's Practicum Partnership Initiative.





Geriatric Social Work: Assessing Needs, Tailoring Services

Elizabeth, 80, began to develop memory loss and other symptoms of Alzheimer's disease — night wandering, confusion and loss of appetite — soon after her husband died. Patricia, 55, a corporate attorney and mother of two, became primary caregiver to her mother. Elizabeth lived alone and refused any suggestion of hiring a companion, although she was clearly having trouble performing everyday activities — paying bills, remembering appointments, eating properly and taking her medications as prescribed. She also stopped calling friends and withdrew from her normal social activities. Though Patricia tried to meet her mother's multiplying needs, it was clear that, as is typical of sandwich-generation caregivers, she had neither the time nor the knowledge of available resources to adequately do the job. Patricia received increasing numbers of calls from neighbors and friends about her mother's declining condition. One of Elizabeth's physicians, a pulmonary specialist, suggested to Patricia that she place her mother in an assisted living residence. Elizabeth vigorously opposed the move and Patricia, in agreement with her mother, wanted to keep her at home as long as possible.

The strain of caring for her mother's physical as well as emotional needs, however, was taking a severe toll on Patricia. She found it increasingly difficult to concentrate on her work, had trouble sleeping, and became depressed. Patricia hired an attendant to monitor her mother's night wandering. She asked neighbors to look in on her mother during the day. Nevertheless, one evening, her mother fell and fractured her pelvis, which necessitated the first of many hospitalizations. These only increased her mother's confusion. On three separate occasions, her mother called for an ambulance because she couldn't breathe and thought she was having a severe asthma attack. It was clear that a better care system was needed. Patricia's sister, who lived in another part of the country, suggested finding a geriatric social worker who understood the needs of older adults and their families, could assess their mother's situation, apprise them of the network of programs available locally and coordinate those services with the different agencies that provide them.

According to Elizabeth and Patricia, the social worker responded to both their needs and was "a godsend." She arranged for a community agency to provide short-term home health aide services, which included purchasing and preparing food, and setting up a system of medication "reminders." She scheduled bill paying services, and for transportation to an array of physicians, including a dentist and hearing aid specialist. She recommended the services of a geriatric psychiatrist who prescribed anti-depressants which reduced her mother's anxiety, enabled her to get a good night's sleep and gradually improved her mood. The night wandering ended. She also helped to locate affordable home care. The quality of life of both Patricia and her mother dramatically improved. There have been no further hospitalizations, and a plan is in place to meet Elizabeth's changing needs as her Alzheimer's progresses.

Facing The Demographic Imperative

During the 20th century, we were blessed with an unprecedented increase in life expectancy. During the 21st century, we must manage its consequences. Whether our medical and social service infrastructure is ready or not, whether Congress, the public, physicians, nurses or social workers are ready, the demographic age wave that will transform America is advancing upon us, and in some states, like Florida, is already here.

TWO POWERFUL DEMOGRAPHIC trends continue to gain strength and will converge as we move further into the 21st century. During the next 20 years, the over-65 population, fueled by aging baby boomers, will surge — with the oldest-old, 85 and older, growing at the fastest rate, up from 4 million in 2000 to 19 million by 2050¹ — and the birthrate will continue to decline. By 2025, the number of people age 60 to 69 will be expanding at a faster rate than the number of people age 20 to 29.² With the baby boom generation poised to live longer than any generation in history, and the shrinking, geographically-dispersed, two-income family poised to provide fewer caregivers than any generation in history, who will coordinate the care and address the medical, mental health and social needs of an aging population?

We are already in the midst of this dramatic demographic shift. In 1990, only four percent of the population — three million people — was 65 or older. In 2000, that rose to 13 percent or 35 million people.³ By 2050, 20 percent of the population will be 65 or older.⁴ *In short, by 2050, Patricia and Elizabeth's situation today could become almost every American's situation.* This impending demographic trend brings with it a major health care challenge to the nation, the workforce, and the family. As does the increasing cultural diversity of older Americans, one third of whom, by 2050, will be Latino, Asian, African-

American or a member of another minority group.⁵ Not only will we need more health care workers, but workers better trained to appreciate and deal with patients from different ethnic and cultural backgrounds.

Traditionally, family members have filled the daily health care needs of their elders. Today, those needs include helping loved ones navigate a complex health and long-term care system riddled with social, medical and economic gaps. It is a daunting and often overwhelming task, especially with shorter hospital stays and discharges of older patients who are still quite ill and often require serious follow-up care for longer periods of time than in previous decades. Surveys suggest that half of all people caring for older family members are themselves over age 60.⁶ Given the demographic trends, fewer younger family members will be available to care for increasing numbers of older relatives.

Moreover, as Patricia discovered, despite the best of intentions, most families have neither the time nor the knowledge to understand their loved ones' multiple medical, psychological, social and financial needs, the variety of services available in most communities, and how to interconnect those resources to provide comprehensive care. Social workers do, especially those trained to help older Americans in a variety of settings across a continuum of care.

1. B. Berkman and L. Harootyan, Eds., *Social Work and Health Care in an Aging Society*. (New York: Springer Publishing, 2003), 1.

2. New York Academy of Medicine, *Geriatric Practicum Partnership Program: Facts on Aging*, http://socialwork.nyam.org/practitioners/facts_on_aging.html

3. Berkman and Harootyan, *Social Work*, 1.

4. Ibid.

5. Ibid.

6. Ibid., 4.

Social Work and Geriatrics

Shirley Bouza, MSW, a student at the University of Michigan School of Social Work, sits with client Harold Schenk at the Glacier Hills Nursing Home in Ann Arbor, MI. By participating in the Practicum Partnership Program, students experience the operations of numerous agencies in order to understand the multiple needs – and strengths – of older clients.



The Unique Role of Geriatric Social Workers

Geriatric social workers help people stay in charge of their lives, especially during periods of change and turmoil. They operate on many levels, and are trained to interact with individuals and their families, public agencies and private care organizations. Yet, their unique role – and variety of functions – in meeting and improving the health and welfare of older Americans is not well understood and generally undervalued.

UNLIKE MOST other health professionals, social workers are educated and trained to look at the whole person, broadly assessing how that individual is faring medically, socially, psychologically and economically. They know what community services exist, and how to access and enhance the usefulness of those services. A physician, for example, will often prescribe multiple drugs for a patient. A social worker might explore, among other things, whether the patient has the means to purchase the drugs, the mobility to get to a pharmacy, and the physical dexterity and mental acuity to take the right drug at the proper time.

The holistic perspective of social workers is a key reason why they play such an important role in an aging society. Their role becomes increasingly significant as individuals become frailer and face interrelated medical, psychological and social problems.

“Social workers are the unsung heroes of interdisciplinary geriatric care,” observes Mark Lachs, MD, co-chief, Division of Geriatrics and Gerontology, Cornell University and New York-Presbyterian Hospital. Dr. Lachs, the founder and co-chief of the Wright Center for Aging, has designed it to include social workers in the care received by center clients. “Their interventions are highly effective. Well trained geriatric social workers are the glue that holds together care plans and, without a doubt, contribute positively to health and cost outcomes.” Social workers

are key members of his interdisciplinary team for geriatric patients.

Yet, social work is not recognized as a health profession in Medicare legislation and cannot be paid directly, except for mental health services, if needed.

Mark Beers, MD, a practicing geriatrician for 20 years, now editor in chief of the Merck Manuals, sits on the board of a for-profit California organization that employs social workers to tailor in-home services to people who might otherwise have to be placed in a nursing home. He is a passionate believer in the value of social workers as members of interdisciplinary service delivery teams. “Even a well-intentioned physician providing the very best care will provide sub-optimal medical care if she or he doesn’t have the ability to work with a social worker.”

Richard Della Penna, MD, Director of the Kaiser Permanente Aging Network, concurs, which is why social workers are critical members of geriatric care teams at Kaiser, one of the largest HMOs in the country. “Many of the issues that older adults face are in the domain that social workers excel at, such as linking and coordinating services. Many adults over 80, for example, suffer from dementia or some degree of cognitive impairment. There is a lot you can do for people with dementia who, on average, might live seven, eight or nine or even twenty years. And the key to that help is the geriatric social work role.”

Key Geriatric Social Work functions include:

- assessing the social, psychological, environmental and economic situation of older adults;
- helping frail and ill older Americans and their families navigate fragmented systems of care, including Medicare, Medicaid and managed care;
- coordinating care to ensure that an older adult receives available social and health care resources;
- providing medical, social and other case management services, often to facilitate the transition of a person from institutional care, such as a hospital, to another setting, or to help maintain a person in the home and community;
- monitoring the effectiveness and appropriateness of services and treatments;
- addressing intergenerational and culturally diverse family needs;
- educating older adults about disease prevention and health promotion;
- advocating on behalf of older Americans and their families to help overcome bureaucratic barriers to care;
- serving as administrators, advocates and policy analysts within public and private agencies and institutions.

Social workers are essential to linking and connecting disparate parts of long-term care plans because, observes Bentley Lipscomb, MSW, Florida AARP State Director, “While we have the best acute care system in the world, we have never established a health system for long-term care which provides coordinated social, medical and psychological services for older patients with chronic illnesses.” Though social workers are trained and able to coordinate care and resources, they are not reimbursed by Medicare or many HMOs for these services. Yet, we are facing unprecedented numbers of aging baby boomers who will need these services as they live into their eighties and nineties with a multiplicity of chronic diseases, ranging from Alzheimer’s and Parkinson’s to macular degeneration and osteoporosis. For example, “In 1998, more than half of persons aged 75 and older reported a limitation caused by a chronic illness.”⁷ Nevertheless, issues related to supporting daily activities and emotional well being continue to fall between the cracks. “As we have extended life expectancy,” Mr. Lipscomb adds, “we’ve engendered a whole set of new challenges which as a nation we have not yet been willing to face.”

Academic Social Work Faces Up to a Workforce Shortage

The social work profession, in common with much of the medical profession, has been slow to recognize the challenges of an aging society. While there are over 600,000 practicing social workers, few have been specially trained to meet the needs of older adults. In 1987, less than 30,000 U.S. social workers were working either full-time

Debra Milner, MSW, walks with client Esther Silbar during her field placement with Jewish Family & Children’s Services of Long Beach, CA.



or part-time with elders,⁸ many of whom lacked an adequate background in the special nature and complex requirements of older adults.⁹

Social workers have been equally slow to perceive the unique opportunities an aging population offers the profession. As the age wave rises over the next three decades, and as the move towards more community-based care accelerates, the demand for social workers capable of enhancing quality of life for older adults and their families will rapidly increase. In fact, the National Institute on Aging projects that, "By 2010, when the Baby Boomers begin turning 65...60,000 to 70,000 social workers will be needed."¹⁰ By the mid-21st century, as those over 85 quintuple to more than 19 million, there will be an unprecedented demand for geriatrically trained social workers.

However, not only are we in the midst of a serious shortage of geriatric social workers, but we are in the midst of a serious mismatch between the need for geriatric knowledge and skills, and today's social work education and training programs. Social work education programs currently offer limited content on gerontology within their core curricula,¹¹ and many graduate schools of social work, where specialization occurs, do not even offer geriatrics as a specialty option.¹² Surveys taken in 1998, for example, revealed that while 62 percent of the membership of the National Association of Social Workers (NASW) reported that geriatric knowledge was required in their professional work, less than three percent of social workers received training on older adults, their needs and illnesses.¹³ In 2000, according to Council on Social Work Education (CSWE) statistics, only three percent of master's degree students were enrolled in aging and gerontology programs, or about 2.7 percent of the 35,000 enrolled students.

Even worse, of the remaining 97 percent of students, fewer than two percent took any courses whatsoever in aging during their two years in graduate school.¹⁴ In fact, only 10 percent of all social work students took a single course on aging.¹⁵

Master's-prepared social workers are not only today's supervisors and managers in social and health service agencies, interdisciplinary team members and providers of mental health counseling, but also educators of future professionals. Thus, they are the key to filling the projected gap in geriatric social workers. Yet, while 39 percent of 117 accredited master's programs offer concentrations in aging, 25 percent lack a single gerontology course, two-thirds lack even one field supervisor who is an expert in aging, and less than one in ten faculty members in graduate and joint graduate/undergraduate programs have any formal training in aging.¹⁶ So, without classroom teachers, practicum trainers or courses in aging, it's hardly surprising that so few master's degree students choose aging as their area of concentration or that geriatric programs have been losing interested students and faculty. At the four-year college level, the picture is even bleaker. A 1988 survey revealed that only nine percent of 453 accredited bachelor's programs offered an aging focus, and 80 percent did not offer a single course in aging.¹⁷

The Reasons for the Shortage

Focus on Better-Funded Issues. Social work practice is strongly influenced by changing political priorities. Since the 1970s, public policy and public dollars have largely focused on vulnerable Americans at the other end of the age spectrum: children and their families. Academic social work institutions, like most educational institutions without vast private endowments, have followed the money. With millions of dollars



Bentley Lipscomb, MSW
Florida AARP State Director

7. J.S. Lee and I.A. Gutheil, "The Older Patient at Home: Social Work Services and Home Health Care," *Social Work and Health Care in an Aging Society*, B. Berkman and L. Harootyan, Eds., (New York: Springer Publishing, 2003), 74.
8. The Council on Social Work Education, *A Blueprint for the New Millennium*, 2001, 1.
9. G.M. Nelson, "Personnel and Training Needs in Geriatric Social Work," *Educational Gerontology*, 14, no. 2 (1988): 95-106.
10. The Council on Social Work Education, *Blueprint*, 1.
11. Center for Health Workforce Studies, School of Public Health in collaboration with the School of Social Welfare, "A Study of the Supply, Demand and Use of Social Workers Serving the Elderly in the United States," (working draft, University at Albany, 2003), 8.
12. Ibid.
13. J. Damron-Rodriguez and others, "Demographic and Organizational Influences on The Development of Gerontological Social Work Curriculum," *Gerontology and Geriatrics Education* 17, no. 3 (1996): 3-18.
14. New York Academy of Medicine, *Facts on Aging*, http://socialwork.nyam.org/practitioners/facts_on_aging.html
15. Berkman and Harootyan, *Social Work*, 2.
16. John A. Hartford Foundation Social Work Initiative Proposal, 1998.
17. Ibid.



Katharine Briar Lawson,
PhD, Dean and Professor,
State University of New York
at Albany, School of Social
Welfare

flowing into stipends for education and research focused on child welfare issues, geriatric social work — briefly energized in the 1960s when Congress created Medicare and the Older Americans Act — fell off the academic map. “Most of the federal funding that established gerontology centers and enabled students to work in interesting interdisciplinary environments ended in the 1980s,” notes Marilyn Flynn, PhD, dean and professor, School of Social Work, University of Southern California (USC). “For the past two decades there has been no source of support in this area. Other agendas came out of Washington and gerontology in social work got short shrift.” That, in turn, resulted in a lack of trained faculty and aging curricula, and a paucity of geriatric content in social work education. This contributed to a growing workforce shortage and a disconnect between the education of social workers and the growing demand for geriatrically knowledgeable social workers in practice.

Lack of Leadership and Evidence-Based Research. The social work community has not played a significant public policy role in setting the aging and health agenda and has not adequately communicated its value to the health care of older adults to Congress, the National Institute on Aging, the medical community and the public. Moreover, as Dr. Beers points out, “Social work never proved its worth in the research literature. We all knew what its value was, but they never proved their worth to a system that was finding itself increasingly constrained when it came to resources.”

Consequently, social work struggles to be accepted by health care professionals, and is generally regarded as a secondary service, despite its contribution to patient care. In the competition for research dollars, social work fell behind other health professions and the social work community was unable to create a national agenda for the field.

A Wide Range of Financial Issues. Hospitals and physicians, their resources increasingly constrained by cutbacks in Medicare and Medicaid programs, are employing fewer social workers. “More recently,” says Dr. Beers, “especially over the last two years, the ability to find and work with social workers in many health care settings has deteriorated enormously. Twenty years ago, you could always find social workers in hospitals to help with patients. Now, you can barely find them. Those few who are there are very harried and lack special training in geriatric care. This is due to funding cutbacks at hospitals and also in outpatient practices that otherwise would have access to social workers through associations with hospitals and other services. So we have a lose-lose situation. And if we don’t do something about it very soon, ultimately the patients are the ones who will suffer greatly from having the very best pills, diagnostic tests and other kinds of interventions, but none of the things that surround that very fine medical care and makes it truly effective in the world of real people.”

Due to the economics of service delivery, and to regulations that allow employers to assign the title “case worker” to anyone, many hospitals and social service agencies are increasingly hiring people who are called social workers, but who do not, in fact, have social work degrees. This is not only bad for patients, who are being cared for by individuals who lack training, but damages the social work profession, which is unfairly blamed for the mistakes of unskilled “case workers.”

Clearly, this country needs more trained social workers to meet the growing demand. However, as Katharine Briar-Lawson, PhD, dean and professor, State University of New York at Albany School of Social Welfare, points out, “We don’t have a dedicated funding stream in aging.

18.A.Scharlach, et. al.,
“Educating Social Workers for
an Aging Society: A Vision for
the 20th Century,” *Journal of
Social Work Education* 36, no. 3
(2000): 521-538.

Doctors draw down \$3 billion a year for their residency and medical training from Medicaid and Medicare. Social work also needs a dedicated funding stream for aging training so that, at every school of social work, students can get stipends to commit at least a portion of their training to that field.”

Society’s Pervasive Ageism. It should also be noted that the world of social work mirrors the ageism of American society as a whole. As a recent study concluded, “Social work practice with older adults is a highly stigmatized field of practice...stemming in large part from negative stereotypes of the elderly...and a view that aging service positions are not adequately challenging.”¹⁸ Most Americans view their own aging with a mixture of denial and distaste. And many students at first see people living in nursing homes as representative of all older Americans. When they are exposed and educated to the variety within the aging population and the many venues in which social workers can practice (community-based care, home health care, hospital-based care, nursing homes, adult day centers, public and private case management organizations, caregiver and social service agencies, legislative, research and advocacy organizations), students are more likely to choose an “aging” concentration. Many students also discover that older clients are grateful for the services they receive and, therefore, are professionally rewarding to work with. As Krista Powers, a participant in a foundation-sponsored MSW training program, expressed it, “I feel fulfilled when working with elders.” Clearly, what is required to combat the myths and stereotypes of aging is increased exposure to the subject and to real people.

Professional satisfaction also derives from adequate resources and sufficient training,

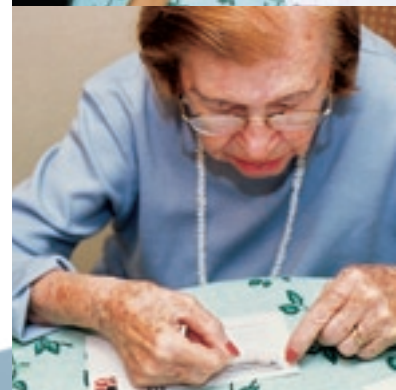
as MSW student Tressa Diaz explains.

“I work at a small, non-profit geriatric care management agency, where I make home visits to frail, isolated elderly, and handle between 32 to 38 people. One client turned 99 when I was working with her. She was very fierce about her independence and privacy. She had no children. Her husband had passed away. She had lived in the same building for 30 years and managed her life through an informal support network from her neighbors. I feel good about having helped her maintain her dignity and independence. That was hard to do because, though in desperate need, she did not want home care. She had arthritis and macular degeneration. I referred her to Mount Sinai’s visiting physicians program. She eventually agreed to let them come into her home. I arranged for Meals on Wheels. She was diagnosed with breast cancer and I coordinated volunteers to take her to appointments with specialists. I felt I was able to help her live her life her way. It was hard, but very satisfying work.”

Moving Forward

By the mid-1990’s, a number of social work leaders were beginning to face the growing need for geriatric social work expertise and training. “Our field’s professional education programs were ready to get started,” said Dean Briar-Lawson.

Tressa Diaz, MSW, a participant in the Foundation’s field training program at Hunter College in New York City, meets with client Sally Rosensweig at her home to learn about the needs of community-dwelling clients (below). With some help with record keeping and other daily chores, Ms. Rosensweig is able to live independently.



Overcoming Ageism: A Personal Journey

Karen Lee, MSW

Field Education Consultant

UCLA Department of Social Welfare

Karen Lee entered social work graduate school with strong negative feelings about older adults. “I had very little exposure to old people, and there were no careers in aging courses in high school or at the undergraduate level. I was always terrified of growing older, and I went through my teens, twenties, and thirties with something of a repulsion towards older adults. No way would I ever think of working with them. It was the last place I would ever want to be.” Lee loved teaching and eventually expected to focus on the clinical training of students who were working with children. Then fate stepped in and transformed her outlook.

“I was a case manager for Jewish Family Services because I needed to earn additional hours toward licensure. On my first assessment of a homebound senior, I was sent to the residence of a woman, a retired UCLA professor, about 73 or 74, who had suffered a massive stroke three months before. She was sitting in a wheelchair. Her head was leaning over and she was drooling. I saw her and my heart went into my stomach. I wanted to get out of there as quickly as possible. Luckily, her caregiver needed to change her and asked me to go into the other room. I was thrilled to leave and ready to resign my job. I was standing in the living room when a photograph caught my eye. The circumference of the room was filled with photographs of this woman’s life. It was a full and vital life. In addition to being a professor, she was a dancer, sculptor, wife, mother, lover. There was a photograph of her in a complicated yoga position, dated just a couple of months before the stroke. Suddenly, the light bulb went on. I said to myself, ‘How dare you dismiss this woman. How dare you be repulsed by her. That woman is all the women in these photographs. They are all inside of her and she deserves your respect and attention.’ From that moment, I knew this was the work I had to do.”

Ms. Lee develops older-adult field education practicum sites, and teaches an undergraduate class in “Social Aspects of Aging,” as well as a graduate class in gero-clinical practice at UCLA. She tells her students about her personal transformation because she understands that it’s important to discuss these hidden feelings and address the myths and stereotypes of aging. “I am articulating feelings they may be ashamed of having themselves. But they are open to hearing what happened to me and how my life changed for the better as a result of that experience.” The lesson is clear. As Ms. Lee now says, with fervor, “Attention must be paid to older adults.”



The Hartford Geriatric Social Work Initiative

Pamela Davis, LCSW, with client Anna Matthews at Partners in Care Foundation of Los Angeles, CA. The Southern California Geriatric Social Work Education Consortium created a rotational field program for students from the four area graduate schools of social work in partnership with twelve agencies serving older adults. The result was an integrated academic and field curricula based on geriatric social work competencies and best practices.



The Foundation has long been aware of the important role of non-physician health professionals, including social workers, in assessing and caring for older adults. During the 1990s, the Foundation recognized that the demand for aging-savvy social workers was dramatically rising. In 1992, it launched the Generalist Physician Initiative, designed to improve primary care for elders in physicians' offices. This initiative developed, implemented and evaluated several care models in which health professionals partnered with primary care physicians to provide those things that older adults need, but that physicians are not trained to do. One of the models paired primary care physicians with social workers. The initiative showed that such non-traditional models of care do a better job of addressing the needs of older patients than do traditional models. A key lesson learned from the program was that health professionals, educated separately and trained to work autonomously, lacked the skills to be effective team members. This prompted the Foundation to develop the Geriatric Interdisciplinary Team Training Program, to educate health care professionals, including social workers, in teamwork and collaboration.

AT THE SAME TIME, the Foundation became alarmed by the gap between the need for current and future geriatric social workers and the ability of the profession to educate and train sufficient numbers of social workers to serve older adults. Although a small cadre within the social work community was equally concerned by the looming workforce shortage, no professional social work organization or national foundation was focused on the issue of how to build the profession's geriatric capacity. The Foundation began to contemplate an initiative to bolster

geriatric social work education. After wide-ranging discussions with dozens of health care and social work experts, convening an advisory committee and commissioning a series of white papers, it was decided that a comprehensive effort was needed to enhance the geriatric capacity of social work education, including faculty, curriculum, students, and training. Drawing upon the experience and lessons learned from earlier Foundation grants aimed at building capacity in medicine and nursing, the Foundation decided to move forward.



WWW.GSWI.ORG

Working within a field not yet attuned to the need to prepare aging-savvy social workers, the principal investigators of the Hartford Geriatric Social Work grants created a communications strategy for their initiative in 2001. A unified visual identity and a single Web site for all the program components were created to communicate the leadership role of the initiative in social work education and to gain the attention of the field to geriatric social work. The ripple logo (left) adopted by the grants leaders symbolizes the expanding effect the initiative is having throughout social work.



GERIATRIC SOCIAL WORK INITIATIVE

Six Years of Progress in Academic Social Work: 1998 - 2003

In June 1998, the Hartford Foundation Trustees approved a program to strengthen aging-related social work. A first grant of \$575,000 grew, by 2003, to a set of five major projects supported by \$26.3 million in grant funds. Though focused on different aspects of academic social work, the components of the Hartford Geriatric Social Work Initiative share a common goal: developing the capacity to train enough qualified social workers to improve the health care and well being of our country's rapidly aging older population.

Faculty Scholars

Practicum Partnership

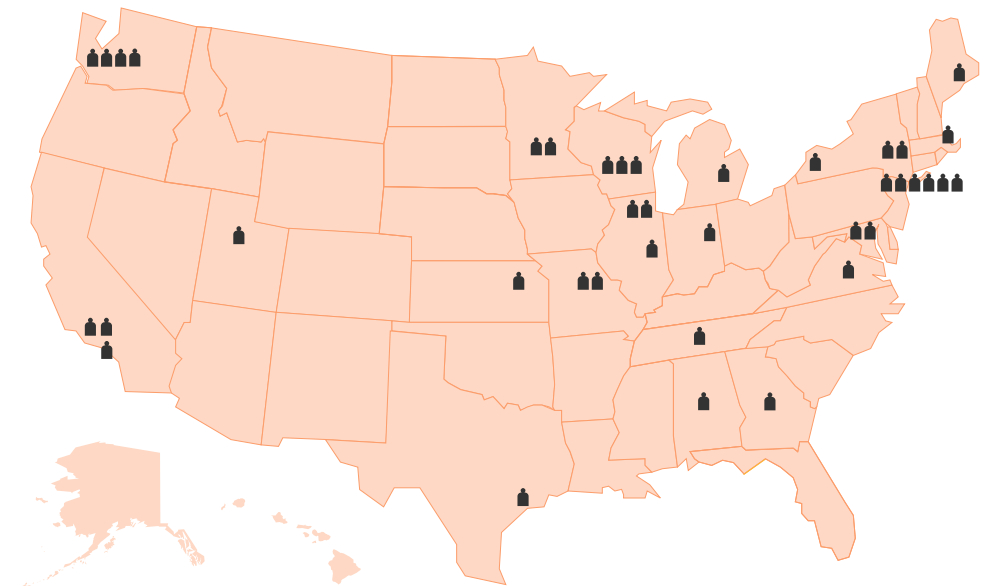
Doctoral Fellows

Faculty Development

Geriatric Enrichment

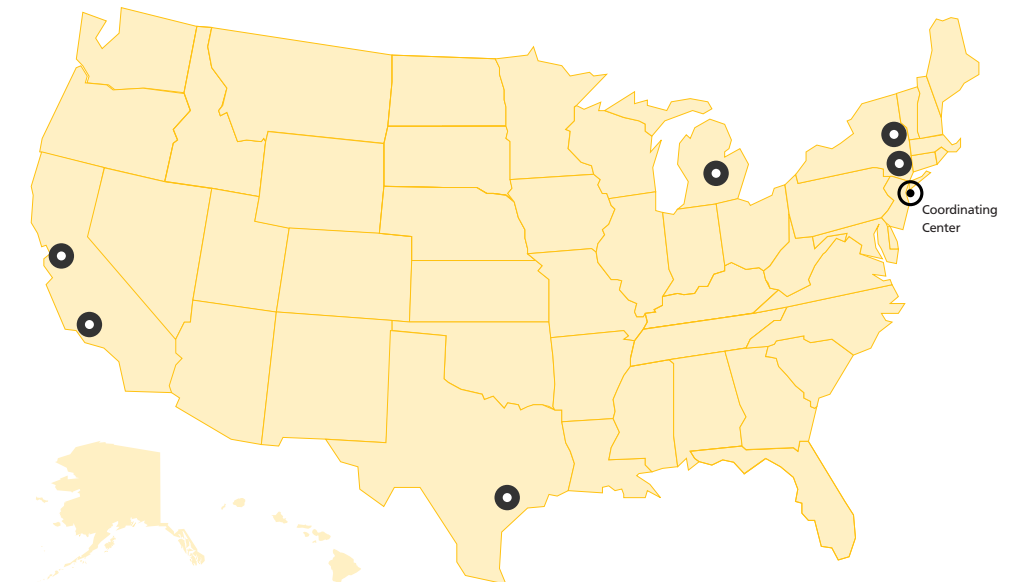
The Faculty Scholars Program

\$11.3 million to support the career development and geriatric research expertise of junior social work faculty. Between 2000 and 2003, 39 scholars were chosen in national competitions.



The Practicum Partnership Program

\$4.8 million to create and then demonstrate the feasibility of rotational field training for social work masters' students. Six partnerships of universities and local service agencies were funded to help students understand the health care and supportive service systems from both organizational and client perspectives.



Phase One: The Gerontology Competency Program

In September 1998, the Foundation awarded its first social work grant to the Council on Social Work Education, the profession's major education organization. The Council accredits all bachelor and masters' education programs – over 600 – in the country. In the year before the grant was made, 12,949 BSW degrees and 15,058 MSW degrees were awarded in those programs. Its annual meeting attracts over 2,500 faculty members, administrators and practitioners, and its publications are a key resource for educators on new curricula and developments in the field. Frank Baskind, PhD, president of the board of directors of the Council and dean of the School of Social Work at Virginia Commonwealth University, led the project together with Joan Levy Zlotnik, PhD, then director of special projects at the Council.

The two-year \$575,000 grant addressed the first component of the Foundation's strategy to develop standards for geriatric social work education. "It accomplished much more than that," Dean Baskind observes. "It was about charting the territory – bringing people on board, fact finding, and alerting constituency groups to the need and opportunities presented through the Hartford Initiative." It also produced outstanding tools and materials that set the stage for significant change in social work education.

Ultimately, the Gerontology Competency Program would serve as the underpinnings for programs developed in the second phase of the Hartford Initiative to help social work professors teach the competencies, and to provide competency-based curriculum to both undergraduate and graduate courses.

Published in March 2001, A Blueprint for the New Millennium calls for social work leaders and academics to mobilize to prepare social workers for practice – in a wide range of settings – to meet the health care needs of an aging population.



University of Michigan MSW students Bimbla Felix and Aliyah Masudi share their experiences working with elderly clients outside their field placement at the Turner Geriatric Clinic (left). On the facing page, Ms. Felix practices intake interview techniques with clinic staff person Rambir Kaur Ahluwalia.



The grant's key phase one accomplishments include:

- identifying 65 aging-related core competencies, generated from a national survey of social work practitioners, that BSW and MSW students need to know to serve older clients;
- producing and disseminating a ground-breaking white paper, *A Blueprint for the New Millennium*, which provides a map for aging and social work in the 21st century;
- creating a permanent gerontology section on the Council on Social Work Education's Web site to share aging-related information and provide technical assistance to programs, people and practitioners interested in further developing aging content;
- identifying and describing "best practices models" in gerontological social work education;
- collecting and assessing current social work education materials for aging content; and
- increasing awareness about the need for enhanced gerontology training among deans and directors of graduate schools and baccalaureate program directors.





The Hartford Geriatric Social Work Faculty Scholars Program

As a practice-oriented profession, social work has made a major contribution to the health and well being of older adults and families. However, there is a need for evidence-based research in gerontology to guide practice and to document the value and cost-effectiveness of geriatric social work. The \$11.3 million Hartford Geriatric Social Work Faculty Scholars Program, launched in March 1999, addresses those needs by supporting the career development and research of talented junior faculty.

THE PROGRAM RECRUITS, cultivates and provides major financial and career support for outstanding junior faculty committed to academic careers — research, teaching, mentoring, professional activities — in aging-related social work. It fosters an intellectually stimulating, mutually reinforcing network of colleagues committed to generating and disseminating knowledge. Initially funded to support one cohort, the first 10 scholars' immediate accomplishments (both in terms of publications and obtaining further funding to support their research projects) led the Foundation in 2000, and again in 2003, to extend the Faculty Scholars Program to support a total of seven cohorts. At present, 39 scholars are on the faculty of 26 schools throughout the country. By 2008, the Hartford faculty scholars will form a vital, national network of outstanding leaders who will create knowledge as well as attract, inspire and train the next generation of social workers to improve the health and well being of older adults and their families.

Building on the experience and lessons learned from the Hartford-funded Beeson Scholars program for physician scientists, a career development initiative for physicians, the Social Work Faculty Scholars Program's multiple components include:



Barbara Berkman, DSW
Helen Rehr/Ruth Fizdale
Professor, Columbia University
School of Social Work



Linda Krogh Harootyan, MSW, Deputy Director,
Gerontological Society of
America



- a stipend of \$50,000 a year for two years to support significant research which creates new evidence-based knowledge of social work's contribution to health outcomes, carried out in a community-based practice setting;
- travel stipends so that scholars can attend institutes, retreats, workshops and major professional conferences;
- faculty development workshops focused on research, training and leadership skills development, factors that create professional success;
- two sets of mentors — one targeted to institutional success, the other to geriatric research development — who provide in-person and long distance guidance to each of the scholars.

The program, administered by the Gerontological Society of America, is directed by Barbara Berkman, DSW, Helen Rehr/Ruth Fizdale Professor at Columbia University's School of Social Work. In collaboration with Linda Krogh Harootyan, MSW, deputy director of the Society, they have produced, among other things, the groundbreaking text *Social Work and Health Care In an Aging Society: Education, Policy, Practice and Research*. It includes 10 chapters written by the first cohort of Hartford Faculty Scholars, related to their Hartford-funded research projects.

The Faculty Scholars Program has evolved and improved each year. "These are faculty members with great potential. By the time they have completed the program, we have people with increased confidence and self esteem," says Dr. Berkman. Mentoring is a key aspect of the program. "It helps support personal and professional growth," says Hartford Scholar Peter Maramaldi, PhD, MPH, CSW.

Ms. Harootyan brings a strong public policy and legislative background to her work with the faculty scholars, and designs the program's annual leadership institute, held in Washington and attended by all faculty scholars. The institute takes place in conjunction with professional workshops during which faculty scholars meet each other, confer with their research mentors, discuss and refine their proposals, present papers, network, and begin to develop personal and professional relationships that will last a lifetime. The scholars also focus on leadership in the policy arena. Ms. Harootyan brings in a mix of high-level public policy, aging, health care and government experts as speakers, many of whom are social workers. These are individuals who, whether as lobbyists, Congressional staff members or representatives of national organizations, help shape and create legislation relevant to health and aging.

As part of their leadership training, Hartford Scholars get a legislative update from (at dais, left to right) Alan Lopatin, principal, Valente Lake Lopatin & Schulze, Ted Totman, Deputy Staff Director, U.S. Senate Finance Committee, and Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care.



Cohort I Scholars (2000)

Margaret Adamek, PhD
Indiana University
Denise Burnette, PhD, MSSW
Columbia University
Letha A. Chadiha, PhD
University of Michigan
Nancy Kropf, PhD
University of Georgia
Ji Seon Lee, PhD
Fordham University
Philip McCallion, PhD, MSW
State University of New York, Albany
Matthias Naleppa, PhD
Virginia Commonwealth University
Cynthia Poindexter, PhD
Fordham University
Stephanie Robert, PhD
University of Wisconsin, Madison
Jeanette Semke, PhD
University of Washington

Cohort II Scholars (2001)

Patricia Brownell, PhD
Fordham University
Sandra S. Butler, PhD
University of Maine
Sherry M. Cummings, PhD, MSW
University of Tennessee
Charles A. Emlet, PhD, ACSW
University of Washington, Tacoma
Betty J. Kramer, PhD
University of Wisconsin, Madison
Yat-Sang Lum, PhD
University of Minnesota
Ailee Moon, PhD
University of California, Los Angeles
Michael W. Parker, DSW
University of Alabama at Tuscaloosa
Tazuko Shibusawa, PhD, MSW
Columbia University

Cohort III Scholars (2002)

Amy Ai, PhD
University of Washington
Elizabeth Essex, Ph.D.
University of Illinois at Chicago
Zvi D. Gellis, PhD
State University of New York, Albany
Lydia Li, PhD
University of Michigan
Elizabeth Lightfoot, PhD
University of Minnesota
Peter Maramaldi, PhD, MPH, CSW
University of Utah
Jong Won Min, PhD, MSW
San Diego State University
Holly Nelson-Becker, PhD
University of Kansas
Michelle Putnam, PhD
Washington University
Deborah Waldrop, PhD, CSW
State University of New York, Buffalo

Cohort IV Scholars (2003)

Maria P. Aranda, PhD
University of Southern California
Li-Mei Chen, MSW, PhD
University of Houston
Richard Benoit Francoeur, PhD, MSW
Columbia University
Chang-ming Hsieh, PhD
University of Illinois at Chicago
Karen Lincoln, PhD
University of Washington
Sandra Magana, PhD, MSW
University of Wisconsin, Madison
Carmen L. Morano, PhD
University of Maryland
Mitsuko Nakashima, PhD, MSW
University of Maryland
Philip A. Rozario, PhD
Adelphi University

“I have a strong belief that research on a shelf does little good,” says Ms. Harootyan. The leadership training also offers sessions on developing communications messages and strategies, creating and presenting Congressional testimony, and methods of participating in the legislative process. On the final day, scholars go to Capitol Hill to meet with key staff members involved in aging issues, as well as their Congressional Representatives and Senators. “We need to keep scholars focused on the bigger picture and how their work contributes to it,” says Ms. Harootyan.

The impact of the program is already visible. Hartford faculty scholars are making impressive strides within their academic institutions, extending the influence and prestige of social work research and leadership in traditional and innovative ways.

■ Eight of the first ten scholars have received tenure. One is now associate vice president of her university, another is an associate dean and three are directors of doctoral programs.

■ Between 1999 and 2003, the scholars collectively generated 180 peer-reviewed articles, 51 book chapters,

39 commissioned reports and over 290 conference presentations, bringing visibility and prestige to the field of gerontological social work.

■ They have formed a national geriatric faculty scholars network, who are being recognized as leaders and experts in aging, and are bringing gerontological topics to major social work conferences.

Though many more faculty members will be needed to significantly influence the social work graduate programs in the U.S., it is a dramatic beginning that will benefit older adults by creating new knowledge and expanding the pool of faculty to educate increasing numbers of geriatric social workers. Dr. Berkman is, “as excited today as I was at the start, because it is such an incredibly gratifying program. Plus, I see it as a legacy. It is essential to replace yourself if you want the field to grow.”

The accomplishments of two faculty scholars (pages 30-31) are representative of the achievements taking place in academic institutions throughout the country, achievements which will ultimately benefit future generations of geriatric social workers and their clients.

Hartford Faculty Scholars discuss federal long-term care policies with Robyn L. Golden (right), 2003-2004 John Heinz Fellow, Office of Senator Hilary Rodham Clinton.



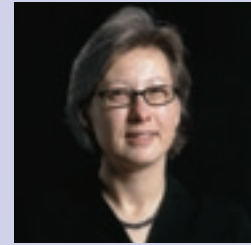
Cohort III Faculty Scholars pose in front of the Capitol before their workshops.
Top row, (left to right): Deborah Waldrop, PhD, CSW, Peter Maramaldi, PhD, MPH, CSW, Michelle Putnam, PhD, Jong Won Min, PhD, MSW, and Zvi D. Gellis, PhD. Bottom row, (left to right): Amy Ai, PhD, Elizabeth Lightfoot, PhD, Holly Nelson-Becker, PhD, Elizabeth Essex, PhD, Lydia Li, PhD.



Prof. Kropf's latest book, Teaching Aging, a compendium of syllabi and related activities and resources for aging courses, was published in 2002 by the Council on Social Work Education and co-edited by Catherine J. Tompkins. The book provides social work professors with models and resources for teaching introductory, practice, human behavior and policy courses related to aging.



Nancy P. Kropf, PhD, MSW
Associate Vice President for Instruction
and Professor in Social Work
University of Georgia



Nancy Kropf, with an undergraduate degree from Hope College and a graduate degree from Michigan State University, worked in community mental health for two years before earning her doctorate at Virginia Commonwealth University (VCU). Her dissertation focused on parents 60-and-above caring for children with disabilities. She also co-edited a textbook on aging with VCU professor Bob Schneider, DSW. "Bob's mentoring kept my interest in aging alive."

Professor Kropf joined the University of Georgia in 1990, going from assistant director of the Gerontology Center to associate dean in the School of Social Work. "When the Hartford Faculty Scholar program came out, I was at a critical point in my development. Getting the Hartford support allowed me to return to aging and meet people in leadership roles who helped me move forward as a leader. It was a wonderful opportunity." Prof. Kropf's Hartford research focused on grandparents raising grandchildren. She developed, distributed and evaluated eight curriculum tapes targeted to grandparents who lack support services for their role as custodial grandparents. Titled "Let's Talk," the tapes cover such issues as health, family, friends, legal concerns, community resources and caring for oneself.

The Hartford faculty scholar award also freed up enough of Prof. Kropf's time to allow her to serve as president of the Association for Gerontology Education in Social Work. Elected to a three-year term, it provided her with a national platform from which to promote aging and social work. In August 2003, Prof. Kropf advanced to a campus-wide position as the associate vice president for instruction. "I'm in a place where I can take the story of geriatric social work outside our profession as well as use my social work skills to create better structures inside the University." Already a model and mentor for younger social work students interested in aging, she remains dedicated to promoting the role and value of geriatric social work.



Peter Maramaldi, PhD, MPH, CSW
 Assistant Professor
 University of Utah College of Social Work

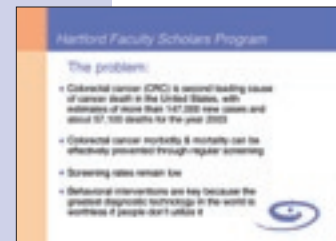


Peter Maramaldi put himself through Montclair State University in New Jersey, went on to get a joint degree in social work and public health at Columbia University and, during those years, worked in a broad range of practice settings. "After seeing systemic problems that didn't get fixed, I decided to go back to earn a PhD at Columbia University's School of Social Work to gain strong research skills, teach at the graduate level, and improve the health care of older people." Barbara Berkman, principal investigator of the Hartford Faculty Scholars Program, was his mentor. "Professor Berkman did me a favor when she validated my passion for social work research in oncology and aging."

Professor Maramaldi joined the University of Utah College of Social Work as assistant professor in 2001, and became a Hartford Faculty Scholar in 2002. The award gave him an opportunity to research health beliefs and cultural factors contributing to disparities in the incidence and mortality of colorectal cancer among specific demographic groups within the U.S. population. It also brought him high visibility on campus. He reached out to colleagues at the University's medical and nursing schools to forge an interdisciplinary team focused on community-based cancer screening. Creating such a team across academic disciplines is still unusual. "We have launched seven funded studies in two years." Maramaldi sees himself as, "a social work behavioral scientist in a bio-medical setting." "Cancer is a disease of aging, and we have much to learn about surveillance and behavior."

His specialty is colorectal cancer, 90 percent of which is diagnosed in people 50 and older. His health communications research agenda is focused on how people's beliefs about disease affect their screening behavior. "The point of this work is preventing disparities in health outcomes among different cultural and age groups. People are dying of cancer who don't have to. Tailored messages promote participation in cancer screening." Health information can be delivered in person, on the telephone or in print. Prof. Maramaldi is co-investigator on two National Institute of Health-funded studies, which are testing interventions to increase rates of colorectal cancer screening.

Prof. Maramaldi looks forward to a research career that continues to bring together social work with cutting edge behavioral technology in health care. "Having spent more than 20 years as a social work practitioner on the streets of New York, I see myself as a social work researcher who seeks answers on how to better connect older people and their caregivers to the information and services they need."



Maramaldi disseminates the research supported by his Hartford Faculty Scholar award through presentations at national and international scientific meetings.



The Hartford Geriatric Social Work Practicum Partnership Program

Begun in 1999, the \$4.8 million Partnership Practicum Program has developed integrated academic and field curricula for masters' students. Created jointly by universities and community agencies, the program is a new model of field education which demonstrates the merits of multi-site internships along the continuum of aging services. By exposing students to the varied care settings and organizations at which older clients receive services, graduates are better prepared to serve their clients and are ready to assume leadership roles in the creation of new services for older clients. The changes sought by the Partnership Practicum Program were not small; to appreciate the program's accomplishments one must first understand the traditional structure of graduate schools of social work.



Patricia J. Volland, MSW,
MBA, Senior Vice President,
New York Academy of
Medicine

19. P. Volland and others, "Social Work Education for Health Care: Addressing Practice Competencies," *Journal of Social Work and Health Care* 37, no. 4 (2003): 1-17.

A MASTER'S DEGREE in social work requires two years of study, divided into two components: 60 hours of classroom work and at least 900 hours of field experience (practicum). Field experience is an internship that teaches students how to meet their clients' needs by connecting them to the community's network of social services, and familiarizes students with the culture of the agency in which they train. "Field instructors," who are practicing social workers, supervise students working in their agencies. Also, there is a liaison position between the university and the practice site. Training has traditionally taken place at a single site.

"Field education is the transformative part of becoming a professional social worker," observes John Oliver, PhD, director of the Department of Social Work, California State University, Long Beach. "You have your classroom learning, then all of a sudden you have to see a real person in a real setting and you're frightened to death. It's the field instructor who helps to transform you from a student into a practitioner."

Where social work students do their field training can be a predictor of the kind of job they seek. If, for example, a student trains at a child welfare agency, he or she will likely be considered qualified for child welfare work. Relatively few geriatric practicum sites have been available to



students, compared to other practicum opportunities. The shortage of aging-oriented field sites has deprived students of the opportunity to learn about older clients, to get a feel for the richness and rewards of geriatric social work, and to acquire gerontological care skills.

Through a planning grant, New York Academy of Medicine senior vice president, Patricia J. Volland, MSW, MBA, convened an advisory panel of social work educators and geriatric practice experts to explore new ways of linking schools of social work with communities, particularly through improved practicum training models. Ms. Volland, former director of social work and senior director for patient services at Johns Hopkins Hospital, had previously participated in a research project, with Hartford Faculty Scholars Program leader Dr. Berkman, to strengthen collaborative efforts between social work education and practice. Their 1999 findings corroborated the poor fit between the needs of elderly clients and the training of social workers to meet those needs.¹⁹ “Students were not adequately prepared to help people navigate systems of care,” says Ms. Volland. “We found a disconnect between what was going on in the field and what was going on in the classroom.” The missing ingredient in traditional practicum models was, as Ms. Volland put it, “seeing and

experiencing things from the client’s perspective.” Ms. Volland and Dr. Berkman’s research significantly influenced efforts to design field practicum models to expand and improve geriatric training.

Multi-Site Field Training Model

The advisory panel proposed a revolutionary multi-site field training model, one in which students rotate among local health and social service agencies, so that they better understand the health care system from an organizational and client perspective. In contrast, traditional single-site field training limits the exposure of students to the full spectrum of people, policies and agencies in a community.

Students trained via the rotational model might, for example, spend time each week training at a city agency at which seniors are screened for benefits eligibility and also at an adult day care center providing group activities for otherwise isolated seniors. Other students might divide their field training between adult protective services, hospital discharge planning and a hospice. The beauty of the model is that it offers the full range of venues in which a social worker can operate. It allows students to work with clients ranging from the well elderly to frail older persons, as well as on public policy issues related to aging.

(Far left), students in Los Angeles present their field education rotations at the Southern California Geriatric Social Work Education Consortium. California State University at Long Beach MSW student Vanessa Farfan discusses her work forming a Spanish-language support group for older women at the Pacific Clinics El Camino agency with fellow students and E. Thomas Brewer, MSW, MPH, program associate at the Archstone Foundation in Long Beach, CA and program reviewer Bradford W. Sheafor, PhD, Professor of Social Work and Associate Dean at Colorado State University.

(Left), W. June Simmons, LCSW, Chief Executive Officer of Partners in Care Foundation, Inc. presents the Consortium’s successes in field education to representatives from the four participating social work master’s programs (California State University, Long Beach, California State University, Los Angeles, University of California, Los Angeles, and University of Southern California).



Krista Powers, MSW

Practicum Partnership Program Participant
University of Michigan

"After majoring in social work as an undergraduate and doing case work, I realized I wanted to go back to graduate school and consider a career in management. I started my Hartford program in 2002 and first interned at the State Office of Aging Services, in Lansing, which whetted my appetite for policy work. I believe our country needs to address the health problems of its aging population. Now I'm at a grassroots organization, Bridging Communities. This is the first time I've had the opportunity to work with healthy elders. Doors to different agencies have been opened for many of us that we didn't know about when we started our field training. That is certainly true for me."



The panel also endorsed closer links between the field practicum and classroom component of graduate education. “People in the field really need to be seen as partners with academics so that there are common education goals,” asserts Ms. Volland. “That way, the field, which knows what clients really need, can more profoundly influence the curriculum and better prepare students for real world practice.” In a rotational model, directors of field education go beyond placement. Their responsibility is to develop university and community partnerships that are the foundation for a quality educational experience.

The Planning Process

To test if these new ideas were both workable and an improvement over the present system, practicum partnership models needed to be created, implemented and tested in graduate schools and their communities around the country. In September 1998, deans and directors of social work master’s programs were invited to compete for one-year Hartford planning grants of \$50,000. To the Foundation’s surprise, 68 of the 124 graduate schools responded. In retrospect, it was one of many signals that a pent-up interest in geriatric training existed around the country. During the planning year, 11 schools were expected to create a master’s social work program and agency consortium and secure a one-to-

one dollar match to Foundation funding as they developed a practicum rotation model. Ultimately, in March 2000, 6 of the 11 planning sites were selected to receive three years of support for implementation, for a total of \$2.8 million.

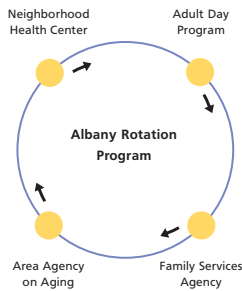
Implementation

To date, the sites have trained over 330 students, raised matching funds of more than \$3 million to sustain their programs, and proven that rotational models are not only feasible and valued, but superior to traditional models. Each of the six practicum programs worked with community practice sites to develop and implement unique approaches to training graduate social work students.

At Hunter College of the City University of New York, the practicum project for second-year master’s degree candidates was designed as a two-site rotation within 19 agencies. Hunter used several innovations to expose students to a continuum of care during the practicum. In one model, students spent two days a week in a large institutional setting and another day in a community-based agency. A second model split time between two or more community agencies and, in the third model, the student performed a range of tasks within a single institutional setting. The program also increased the interaction between the

MSW student Krista Powers participated in the University of Michigan’s rotational field training program, which places students in one “anchor” and two “satellite” agencies as part of its gerontology concentration. At Detroit’s Pablo Davis Elder Living Center, Ms. Powers worked with Erba Horton at the center’s store (facing page), participated in intergenerational programs that combined storytelling and exercise activities for children and seniors, and worked with Charm Ray to master computer skills.





During their field placement at the State University of New York, Albany, master's degree students spend three days each week rotating among several agencies. This allows them to follow clients as they receive different types of services across a continuum from well to end-of-life and urban and rural settings. For example, at the Northeastern New York Chapter of the Alzheimer's Association, students provided advocacy training for family caregivers. At Centro Civico, they learned to tailor services for Hispanic elders, and while working at the Whitney M. Young, Jr. Health Center, students expanded services for a primarily African American clientele, including programming for grandparents who were caregivers for their grandchildren. Through the rotations, students learn about geriatric social work practice from life-span development and systems perspectives.

classroom and the field through monthly seminars in the field, an integrative seminar focused on the link between academics and field learning, and an advanced field instruction program. Another innovation was a required paid summer internship prior to field placement, giving students a chance to become acquainted with their selected field agency. Students and field instructors concluded that this pre-placement experience gave students a running start and compensated for the fewer days in a single placement.

The Southern California Geriatric Social Work Education Consortium is a Los Angeles County regional partnership of academic and community-based service organizations initiated and administered by the Partners in Care Foundation, Inc. Hartford, with matched funding from California's Archstone Foundation, supported a \$1 million, four-year collaborative program for curriculum development and student recruitment. The consortium members include the four area graduate schools of social work in partnership with twelve agencies serving older adults. The program has successfully trained master's-prepared social workers, skilled in geriatric care, for jobs in the local labor force. It also demonstrated the strength of the practicum rotational model, and established a permanent

mechanism to train social workers in gerontology. In evaluations, staff at all four schools expressed a high level of satisfaction with the outcome of the project and have committed to making curriculum modifications, maintaining a field liaison staff member focused on gerontology and working towards increasing the pool of stipends for MSW students. The project has been successful in raising sufficient funds from the Hearst Foundation and the Veterans Administration to support the program's infrastructure, as well as having 25 stipends for its fourth year.

The State University of New York at Albany has created a strong consortium in partnership with nine area agencies serving older adults. Thirty-eight MSW students have graduated, 74 percent of whom are working with elders. Rotation sites are highly individualized. Students rotate through a consortium of geriatric care sites and complete classroom assignments and special aging-related projects. The role of the field instructor has been transformed through this program. Field instructors consider themselves "educators," as opposed to "supervisors," and take responsibility for planning and integrating students' total learning in the field settings.

The Bay Area Consortium, administered by the School of Social Welfare at the University of California, Berkeley, focuses



exclusively on public sector agencies in six Bay Area counties, to prepare geriatric social workers to provide services to some of society's most vulnerable citizens. This rotation model includes a "home-base" placement in a unit of the agency and short experiences in other related services. Rotations are tailored to the educational needs of individual students. Each agency identifies learning experiences that serve as a valuable tool for maintaining quality field placements. The Consortium representatives also created a five-session student seminar series to provide a common base for all students in this program. More than half the students trained are from minority communities, and almost all intend to continue working in the field of aging. The rotation model has been so well received that two agencies have adopted it for all of their new social work trainees.

The Agencies for Gerontology Intercultural Field Training project is a school-community partnership between the University of Houston Graduate School of Social Work and 16 community-based agencies which serve older adults. The project's goal is to create aging-rich clinical training experiences for master's students and integrate gerontological content into the required graduate curriculum. Most students receive two years of placement in geriatric settings, involving both an

"external" rotation among community agencies, and an "internal" rotation built around a geriatric interdisciplinary team internship. Concerned that short-term placements would minimize the bonding between students and field instructors, the university's gerontology alumni group agreed to create a mentoring program, linking students with alumni. In addition, field instructors were offered a free summer course to enhance their teaching skills and faculty members were offered summer internships in geriatric-related agencies in order to bring more practice-relevant content into the classroom. The program's success is demonstrated by the fact that 87 percent of the students continue to work in the field of aging. The model will continue under the leadership of a three-person team of agency representatives and will work with the Texas Consortium on Vital Aging.

The University of Michigan's "Fellows Program in Geriatric Social Work" builds on the School's prestigious MSW gerontology concentration and its strong field program to craft a practicum project that includes diverse community-based organizations serving older adults in southeastern Michigan, enhanced coursework and an integrative seminar series. Fellows spend one day a week during their first semester visiting each of the consortium agencies to obtain an

(Far left), Ruth Dunkle, PhD, Professor and Director of the Joint Program in Social Work and Social Science at the University of Michigan, leads a geriatrics seminar for MSW students. (Left,) Ingrid Deininger of Hospice of Michigan discusses the role of social workers in end-of-life care with students at the seminar.



Five Elements of Successful Multi-Site Field Training

The success of the Practicum Partnership Program has been underpinned by five elements:

- university-community collaboration, a genuine partnership between schools and community agencies in shaping a social work education experience relevant to the real needs of older adults;
- integrated field education across the continuum, through the rotational field instruction model which delivers high quality field training;
- targeted recruitment of students to geriatric social work;
- competency-driven education, which links evidence-based research in social work practice to instruction; and
- expanded field instructor roles, to enhance teaching and focus on competencies and content more intensively than in the past.

overview of the area's geriatric-related resources and to identify possible sites for subsequent internships. During the second semester, each student has a weekly two-day "satellite" placement where relatively short-term assignments such as intake assessments and processing applications for services are provided. The final "anchor" placement is a two-semester part-time placement in which more complex client, system, or policy skills are learned. The intent is to vary each student's "anchor" and "satellite" placements to work at diverse settings in the continuum of care and to experience the differences between practice in city and suburban field agencies.

Hartford's multi-site field training program was initially viewed with skepticism by many participants. The reflections of Velda Murad, MSW, field instructor and assistant director of the Burden Center for the Aging, in New York City, are typical. "I have to say I loved the rotation. But when I was first introduced to the Hartford program and the idea of having a student here for only one day, I had many questions, such

as what I would do with a trainee for one day, how I would be able to manage this and how we would coordinate the program. What I discovered is that I learned a great deal about another agency, about other resources, about how they do work, and it was really possible to develop a collegial relationship. It was another way of learning and developing professional relationships, and was very energizing for me as a supervisor. I also found that rotation helped students become much more focused. They had to learn very quickly how to utilize resources. When I realized how much they were learning in one year, I saw they were far ahead of students that have only one placement."

"Students especially loved learning about the continuum of care directly," says Barbara H. Cohen, LCSW, director of field education for the Department of Social Work at California State University, Long Beach. "Students could begin with clients who were healthy and follow them through a hospitalization, enrollment in a senior center or placement in a hospice."

Phase Two: Expanding the Geriatric Social Work Initiative

Two years into the Hartford initiative, it became clear that the social work community's response was already exceeding expectations. Its innovative programs were making academic and practicing social workers dedicated to gerontology more visible. By shining a light on the importance of gerontology, by elevating its status, and providing a focus around which interest could gravitate, a field that had been out of the mainstream for thirty years was finally gaining attention. The number of applicants for each of Hartford's programs grew. Interest groups focused on gerontology and social work quickly formed within the major social work organizations, including the Gerontological Society of America, the National Association of Social Workers, the National Association of Deans and Directors of Schools of Social Work, and the Association of Baccalaureate Social Work Program Directors. Geriatric social work gained visibility within academic institutions and publications. A buzz and momentum had clearly started.

The strong start of Hartford's initial programs prompted further rounds of funding for new activities, which would support existing programs, and thereby deepen and broaden the overall impact of the Initiative. New projects included the Doctoral Fellows Program to expand the pipeline to development of faculty, the Faculty Development Program to provide curriculum resources and training in gerontology for faculty, and the Geriatric Enrichment Program to transform social work education programs and infuse geriatric material into social work curricula throughout the country.

Angela Leete (right), a student at the University of Michigan Practicum Partnership Program, discusses client service options with St. Joseph Mercy Hospital Senior Health Services staff person Doris Jasmer in Ann Arbor, MI.





The Hartford Geriatric Social Work Doctoral Fellows Program

The Doctoral Fellows Program seeks to increase the number of future faculty focusing on geriatric social work, a critical need if scholarship and teaching of geriatric social work is to become widespread. Dissertations set the stage for the direction of a person's academic career, but of the almost 300 doctoral social work dissertations produced every year, less than 10 percent are in geriatric social work. That is, in part, because there are few aging-focused faculty members available to mentor and to provide financial support through research and teaching assistantships to doctoral candidates. Until Hartford stepped in, students "followed the money" to areas, like child welfare, where financial support is more plentiful.



James Lubben, DSW, MPH
Professor and Louise
McMahon Ahearn University
Chair in Social Work,
Boston College

THE FIVE-YEAR, \$2.3 million Hartford Geriatric Social Work Doctoral Fellows Program, administered by the Gerontological Society of America, and directed by James Lubben, DSW, MPH, the Louise McMahon Ahearn University Chair in Social Work, Boston College, and Linda Krogh Harootyan, MSW, deputy director of the Society, aims to attract a cadre of future faculty leaders and arrest the decline of PhDs in gerontology. The program provides two years of dissertation support for each fellow at \$20,000 a year, matched by \$10,000 from each fellow's university to protect 50 percent of their time to work on their dissertation. Dissertations must focus on ways to improve the health and well being of older persons, their families and caregivers. In addition, the doctoral program provides mentoring and strategic career guidance to help fellows optimize their opportunities in the academic marketplace. It also pays for fellows to attend the field's major annual meetings where they attend pre-conference

professional development institutes to help them improve a range of academic and leadership skills.

Students are not always savvy about the politics of academia. "We are providing these students with survival skills. We want them to go into leadership positions," says Professor Lubben, who is admired for teaching Hartford students how to think strategically about their career priorities. The combination of scholarship and preparation for an academic career has made the fellows highly sought after for faculty positions in social work. One fellow, Tracy A. Schroeffer, PhD, now an assistant professor of Social Work at the University of Wisconsin, Madison, was offered her position a year and a half before she graduated (see profile next page).

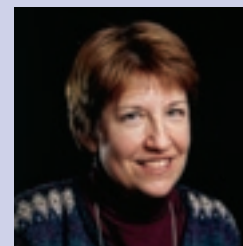
"Perhaps the most important thing we do," says Prof. Lubben, "is provide cohort building and networking among doctoral fellows and faculty scholars, so that these students, who may be scattered throughout the country, get to know one another and provide peer support." Mercedes Bern-Klug, PhD, a member of the first 2001 doctoral cohort, concurs. "The contacts that I made through the Hartford program have been incredible. The networking, the extra education, the extra help, the fine-tuning, the finessing, the access to people around the country has been amazing. It was wonderful to meet the faculty scholars. They were people who already were in jobs that I wanted. I could see what they were doing. I could talk with them about how they were able to get certain funding or pull together certain research teams. That has been incredible." Prof. Bern-Klug received three offers for assistant professor positions, and is now on the faculty at the University of Iowa.

The long-term goal of the Hartford Doctoral Fellows Program is to create a chain reaction at leading university research centers, where increasing numbers of faculty scholars dedicated to gerontology nurture growing numbers of doctoral students who, in turn, attract more graduate and undergraduate students interested in aging. "The program is already having an impact on doctoral education," says Prof. Lubben. "We've identified a strong group of future leaders. Every one of the doctoral fellows who has gone on the job market has been placed in a top university, and their successful careers will produce funding for future generations of scholars. Also, by focusing on the aging of our population, we've made it very clear that it is an important area for critical inquiry."

The doctoral program is creating a network of fellows who, combined with Hartford faculty scholars, will form the next generation of faculty leaders in geriatric social work. Together, these talented junior faculty members will focus a new generation of students on aging issues and serving older clients.

Tracy A. Schroepfer, PhD

Hartford Doctoral Fellow 2001-2003
Assistant Professor of Social Work
University of Wisconsin, Madison



"Before the Hartford award, I was holding down several jobs on top of working at a hospice and writing my dissertation. Financially, Hartford was a huge relief, and just pulled everything together for me. It allowed me to quit everything but hospice. I didn't want to leave hospice because it provided the data for my dissertation, which focused on the desires of terminally ill elders. In searching for their motivations, I discovered that the quality of social support and the ability to remain in control were significant factors in reaching their decision.

The second thing Hartford did was provide me with the information and skills I needed to move from my position as a doctoral student into an assistant professor position. All of this was new to me. Also, I have wonderful colleagues among the other fellows. We talk to one another about our research and our careers.

I am passionate about gerontology and communicate that to my students. I've asked to teach undergraduates because I would like to lead them not only into aging, but help to change the myths and stereotypes about working with older people. Older people are a resource we often ignore. Society needs to utilize this resource in new ways."



*Aloen L. Townsend, PhD,
Associate Professor of
Social Work at Case
Western Reserve University,
provides a tutorial on
Structural Equation
Modeling for Hartford
Doctoral Fellows at their
November 2003 orientation.*

*The technique, becoming
widely used in the
behavioral sciences,
allows researchers to test
relationships between
multiple variables, compare
effects across groups, and
analyze longitudinal data.*



The Faculty Development Program

In March 2001, the Foundation awarded a three-year \$1.5 million grant to the Council on Social Work Education for a variety of faculty-development activities. These activities expanded to include BSW programs, again under the leadership of Dr. Frank Baskind, the Council's president, who has been instrumental in highlighting the importance of gerontology and aging in social work education. The project uses Foundation support to train the teachers of core courses in social work programs through faculty development institutes, and to develop and distribute gerontological education materials to social work educators across the country.



Frank Baskind, PhD
Professor and Dean, Virginia
Commonwealth University
School of Social Work

Faculty Development Institutes

Faculty development institutes were launched in January 2002. Targeted to undergraduate and graduate social work faculty with little or no knowledge of gerontology, the institutes teach approaches to infusing gerontological material into required social work courses. These required core courses, called "foundation courses" in social work education, focus on human development and behavior, policy, practice, research and diversity. They are taught to more than 11,000 BSW and nearly 13,000 MSW students annually. These courses have traditionally had minimal aging content,

so the faculty development institutes teach professors how to infuse aging content throughout the curriculum. Institutes are held in conjunction with the Council's Annual Program Meeting and the Association of Baccalaureate Social Work Program Directors National Conference. Regional institutes are also held around the country, hosted either by a school of social work or a state chapter of the National Association of Social Workers. A Teaching Resource Kit on CD-ROM, a treasure trove of over 900 aging-related resources and materials from case studies and demographics to articles and book chapters, is distributed to all participants to provide materials suitable for classroom use after the institute is completed.

All faculty institutes post their curricular materials on the Council's Web site and attendees, as well as other faculty, can sign up on an email group to receive new resources. Response to this program has exceeded expectations and the institutes are often oversubscribed. As of December 2003, 582 faculty had participated in 17 institutes and additional training sessions were scheduled in three regions of the country.

Curricular resources compiled or created through Foundation grants include the Teaching Resource Kit (right), a compendium of over 900 PowerPoint presentations, case studies, and classroom exercises for teaching gerontology to social work students. (Far right), GeroRich schools incorporated different methods to introduce students to the needs older people may have as clients. The Secure Project: Older Adult Sensitivity Program allows students to experience for themselves some of the challenges created by age-related health changes. Similarly, Elder Care: The Game helps students understand the life and work transitions that accompany aging.



National Gerontological Social Work Conference

In addition to providing training and resources to individual faculty members, this project has worked to increase the visibility and quality of gerontology in social work education through the creation of a National Gerontological Social Work Conference and various publications. The conferences began in 2003 and, at the February 2004 session, 92 presentations were made. The abstracts for the conference are also distributed to the 2,600 attendees at the Council on Social Work Education's annual meeting. To further reach social work faculty, the *Journal of Gerontological Social Work* in 2004 is devoting an issue to the first conference's proceedings, and a special section of the *Journal of Social Work Education* will provide gerontological information to all social work faculty. The Council expects the conference to run annually. "The reason that the conference is going to happen," Dr. Baskind emphasizes, "is because there is a need for a focus on gerontology in social work that has been accepted and identified by members of the Council, by deans and directors of graduate programs, by undergraduate program directors and by members of the faculty. A climate change has taken place."





The Geriatric Enrichment Program (GeroRich)

The last award in the second wave of funding, approved in June 2001, aims to support enduring curriculum transformation in social work education programs — at both the baccalaureate and master's levels—to ensure that *all* future social work graduates are better prepared to provide services to older adults and their families.

The GeroRich Program, also administered by the Council on Social Work Education, feeds off the energy and interest created by the other four Hartford social work initiatives. The \$5.2 million GeroRich grant is directed by Nancy Hooyman, PhD, professor and dean emeritus at the University of Washington School of Social Work.



Nancy Hooyman, PhD
Professor and Dean Emeritus,
University of Washington
School of Social Work

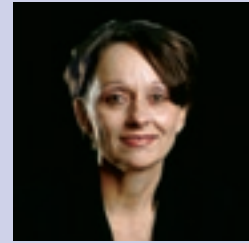
THE COUNCIL USED FOUNDATION support in 2001 to invite the nation's more than 600 undergraduate and master's social work education programs to compete for a two-year GeroRich award of up to \$30,000 per year, plus a third unfunded year for evaluation and dissemination. The 67 programs that were selected committed to incorporating a wide range of innovations into their curricula. "Part of my vision," says Professor Hooyman, "which the Foundation shared, is that we needed to find ways for programs to create permanent, structural change. This is transformative change—differences that are sustainable long after a grant is over. And in fact, what is distinctive about the project is our emphasis on changing foundation courses in social work education programs rather than on creating

more specialized courses. This required quite a mind shift among the participants." To Prof. Hooyman, there have been three major surprises, all of them positive. "First, I never, ever imagined that projects, funded in January 2002, could accomplish so much in such a relatively short period of time. Second, project directors have been extremely creative at finding ways to get the faculty to buy into the changes. You have to have faculty buy-in or nothing will work over the long haul. Third, although we were focusing on the classroom and not on the field, nearly every project has also made changes in the practicum. We came to realize that they are inseparable." Another positive outcome of the program is that it encouraged faculty in bachelor's programs to participate in grant writing, often for the first time in their careers.

No brief overview can fully capture the GeroRich program's variety. "Each of the 67 projects has its distinctive strengths," says Prof. Hooyman. "Some have developed a strategic approach using an intergenerational framework. Some are exemplary in terms of their Web sites, their faculty involvement or their infusion strategies." Overall, the program will create social workers who better understand the continuum of care and meet the broad spectrum of older adults' needs. We offer highlights from two sites at right.



GeroRich National Advisory Board member Mildred C. Joyner, PhD, Associate Professor at West Chester University and chair of the Gerontology Task Force of the Association of Baccalaureate Program Directors, presents awards to GeroRich project directors at the Association's November 2003 meeting in Reno, NV (facing page).



Doreen Higgins, MSW

Lecturer, Social Work Professional Program
University of Wisconsin, Green Bay

Doreen Higgins co-directed a GeroRich project to expose every undergraduate social work student at UW, Green Bay, to aging issues and to present those issues as part of an intergenerational focus in the curriculum. In practice this meant that information on ethics, values, diversity, practice and social policy related to aging was added to many classroom lectures. During a course on American Social Welfare, for example, students broadened their personal interviews to include grandparents as well as parents.

"Students have a lot of ideas about what it means to be old," says Higgins. "A lot of it is negative. Part of what we're trying to do is help prepare them for their own aging, as well as engage their interest in older adults and aging issues, through exposure to older adults." The program worked to refute the negative stereotypes students often have about older clients. As one student reported in her evaluation, "I learned that I am not as different from an 83 year old person as you might expect."

With support from the dean and other faculty, Ms. Higgins' project worked with an advisory committee of students, social work practitioners, human services, cooperative extension representatives, and others to review opportunities at the school to teach gerontology within foundation courses. Higgins is proud of what has been accomplished and of the fact that the changes have been institutionalized. "The right attitude is contagious. The enthusiasm, excitement and commitment spills over to students and the community."

Rebecca Paskind, MSW

Assistant Professor
Metropolitan State College of Denver

At a commuter college near downtown Denver, about 100 students major in social work each year in a small program taught by six full-time faculty. Although the program has a concentration in aging, "we made it a goal with our GeroRich grant to infuse every foundation course in our program," said Paskind, who implemented the program at Metropolitan. Paskind helped lead a day-long faculty retreat that reviewed every class for opportunities to cover gerontological competencies and assigned faculty responsibilities for infusing syllabi in key foundation areas. Paskind met monthly with faculty members and conducted faculty training sessions.

"Students have been relieved to have examples that apply to the population they want to work with," says Paskind. "One example is a returning student, in her fifties, who did her field placement in a hospice. She talked a lot about how what she had learned during her time in the program gave her the basic tools to feel capable helping a gentleman who was losing his wife."

Creating a Firestorm of Change



The synergy between people and programs has exceeded expectations and ignited a firestorm of change in social work education. “The impact of the Hartford Foundation has had a transformational effect,” says USC Dean Marilyn Flynn. “I think the sustained nature of the commitment, and the fact that every level of social work education had a means of participating, has made a unique difference. The concept was very unusual. There was an amazing response from schools all across the country. I would say the degree of rapid institutional interest in aging was unusually high. There aren’t many parallels that I can think of in the past three decades.”



The broad and bold sweep of the initiative was unprecedented in social work education, as well. As Michigan Professor Ruth Dunkle, PhD, notes, “It was the total package that Hartford rolled out that made a huge difference. Just changing the field experience, for example, wouldn’t have done it. Having a private foundation that was willing to embrace all of this was really spectacular.” “I’m amazed at what has happened,” VCU Social Work Dean Baskin confesses. “There is a climate change, a seismic shift that is really unique.” NYAM Senior Vice President Pat Volland concurs. “The Hartford Foundation has given social workers a shot in the arm in a way that is mobilizing the field.”



In its first five years, the Initiative has:

- supported the geriatric career development of nearly 700 social work faculty and over 300 master and doctoral students;
- developed 65 core competency measurements for geriatric social work practice;
- attracted additional private funders to gerontological social work, including \$20 million raised by the schools to support geriatric social work education, scholarship and research;
- created a cadre of national leaders committed to building on the accomplishments of the Hartford initiative and the momentum it has created within the academic and clinical profession;
- developed new and improved field training models that expose master's students to the different settings in which seniors receive health services;
- developed collaborations between agencies and academic social work institutions in which the work of training future providers is a shared responsibility;
- spawned the National Leadership Coalition, with executives from The Council on Social Work Education, National Association of Social Workers, National Association of Deans and Directors of Schools of Social Work, Association of Baccalaureate Social Work Program Directors, Society for Social Work and Research, Institute for the Advancement of Social Work Research, Action Network for Social Work Education and Research, the Veterans Administration and the New York Academy of Medicine.



GERIATRIC SOCIAL WORK INITIATIVE



Maintaining Momentum and Building the Agenda

Despite these accomplishments, much still must be done to help social work meet the health needs of this country's older adults. Practice and policy changes are needed to help reverse the current and projected shortage of gerontologically trained social workers, and make certain there are enough qualified social workers to meet the needs of older Americans during the first half of the 21st century.

Hartford social work project leaders are conferring, educating and consulting with colleagues, potential partners, health systems, health policy makers, such as the Department of Health and Human Services (HHS) and Congress, to develop strategies that will accomplish this goal. In addition, a National Leadership Coalition has been formed to sustain and replicate the educational models created by Hartford projects. Leaders from nine national social work organizations, working as volunteers, are committed to demonstrating the value and effectiveness of social workers caring for older adults. To do so, the field will need to clarify and codify data on supply and demand in social work, demonstrate the cost effectiveness of social work services, and bring that information to policy makers. Critical to bringing about change, however, will be persuading federal funding agencies to support social work in the way they do other health professions.

Hartford Geriatric Social Work Initiative Principal Investigators discuss program-wide strategies.



ADVOCACY AT THE FEDERAL LEVEL and on Capitol Hill is beginning to pay off. In the fall of 2003, for example, six federal agencies had an initial meeting at which they formed a work group dedicated to geriatric social work and made a commitment to seek research funding on social work efficacy. In addition, the National Institute on Aging, which has rarely supported social work research training, awarded a grant through which Hartford Faculty Scholars' director Barbara Berkman will help establish the Research Institute on Aging and Social Work. The program will provide advanced training in aging research for faculty in BSW and MSW programs.

According to Dean Baskind, "The next step must move beyond educators to develop partnerships with those who hire social work practitioners, such as Area Agencies on Aging. We need to take our lessons learned and information gathered to different arenas that focus on the hiring and utilization of practitioners."

In retrospect, it is obvious that the synergies that developed between the Hartford programs and the profession's organizations created a powerful impact on and momentum for geriatric social work. Some of the synergies that emerged from the grants were structurally built into the initiative; other connections, personal and professional, sprang up spontaneously. Hartford Geriatric Social Work Initiative participants were inspired by the opportunity to make a difference, and eager to be at the forefront of change. "We learned a lot about how you bring about change in an area where there has traditionally been tremendous resistance," says GeroRich leader Dr. Hooyman.

“All of us now know a lot more about how we motivate people to develop gerontology as their area of research, practice or teaching, and about how to engage key stakeholders to get them on board. To me, that is immensely significant for the future.”

They also learned strategies for meeting the challenges of student recruitment, according to Cathy Tompkins, PhD, who currently directs the BSW program at George Mason University. “If aging is approached from an intergenerational perspective, more people are interested and willing to listen because it is not just about working with very sick, frail people but includes the effect of aging on children and on policy issues. I think introducing that perspective reduces the stigma attached to aging by students, faculty and practitioners,” she says.

Dean Baskind is extremely proud of the impact Hartford grants are having on educators. “They’re using the materials. They’re excited. It has enabled social work education and the Council to visibly step out in a leadership way and grow.” In ten years, he expects to find, “textbooks structured very differently, students wanting to be exposed to aging practicum sites and, nationally, more individuals involved in practice with the aging population.”

As a result of this enthusiasm, every player within the world of academic social work — from undergraduate and master’s students to doctoral fellows to faculty scholars to professors in the classroom and practitioners in the field — has been energized to work toward the time when there will be enough well-trained geriatric social workers to help our country provide effective and affordable health care to our rapidly growing older population.



2003 Aging and Health Grants

Academic Geriatrics and Training

In 2003, The John A. Hartford Foundation awarded 12 new grants under its Aging and Health program totaling \$14,053,694.



American Academy of Nursing
Washington, DC
Nursing Initiative Coordinating Center and Scholar Stipends Renewal
 Claire M. Fagin, PhD, RN, FAAN
 \$3,050,000, Four Years

The American Academy of Nursing will use this renewal grant to strengthen the academic geriatric nursing community in increasing its capacity to care for the growing population of older adults. This award will allow the Academy to continue coordination of the Foundation's Building Academic Geriatric Nursing Capacity initiative and support at least 26 doctoral and post-doctoral scholars and up to two nurses pursuing business degrees. The overall initiative uses multiple strategies to address the nation's critical shortage of leaders in geriatric nursing research and education.

American Federation for Aging Research, Inc.
 New York, NY
Paul Beeson Physician Faculty Scholars in Aging Research Program
 Odette van der Willik
 \$4,827,654, Five Years

This renewal grant to the American Federation for Aging Research, Inc. will support nine new scholars. The Beeson program, now in its tenth year of operation, provides resources to support the research activities of outstanding junior physician faculty. With the support of several major donors, the program aims to increase the number of physician scientists dedicated to research focused on aging as a means to improve the quality of life of older Americans. Past Beeson Scholars have received promotions, enlarged their laboratories, published extensively and received national and international recognition. Beginning in 2004, the program will continue and expand through a major collaboration with the National Institute on Aging.

Centers of Excellence in Geriatric Medicine: Renewals

\$2,398,723, Three Years

The John A. Hartford Foundation renewed the following eight grants to increase the number of physician faculty dedicated to geriatrics. These grants enable academic health centers to provide a focus on support to fellows and junior faculty developing their careers in academic geriatrics as well as efforts to attract academic physicians from other areas of medicine to additional geriatric issues.

The Foundation's Centers of Excellence in Geriatric Medicine program began in 1988. There are currently 20 centers receiving support.

Baylor College of Medicine

Houston, TX
 George E. Taffet, MD
 \$300,000, Three Years

Boston Medical Center

Boston, MA
 Rebecca A. Silliman, MD, PhD
 \$300,000, Three Years

University of California, San Francisco

San Francisco, CA
 C. Seth Landefeld, MD
 \$300,000, Three Years

University of Chicago

Chicago, IL
 Greg A. Sachs, MD
 \$300,000, Three Years

University of Colorado

Denver, CO
 Andrew M. Kramer, MD
 \$300,000, Three Years

University of Pennsylvania

Philadelphia, PA
 Jerry C. Johnson, MD
 \$300,000, Three Years

Other

University of Rochester
Rochester, NY
William J. Hall, MD
\$298,723, Three Years

University of Texas
Health Science Center
at San Antonio
San Antonio, TX
David V. Espino, MD
\$300,000, Three Years

Gerontological Society of America
Washington, DC
Hartford Geriatric Social Work Faculty
Scholars Program Renewal
Barbara J. Berkman, DSW
\$3,449,128, Five Years

The Gerontological Society of America (GSA) will use this grant to select and support 18 additional Hartford Geriatric Social Work Faculty Scholars. The GSA will use three program components to encourage the Scholars' career development: training in leadership, teaching and outcomes research, a career development plan with the support of local and national faculty sponsors, and two years of research support to study geriatric outcomes in community-based health practice settings.

This award renews a current grant to the GSA under which 39 Hartford Geriatric Social Work Faculty Scholars are supported. It is a key component of the Hartford Foundation's social work initiative, designed to improve the capacity of schools of social work to train future generations of social workers to meet the challenges of our aging society. This grant will both advance geriatric social work research and increase the number of educators available to prepare future generations of social workers to care for the nation's older adults.

State University of New York, Albany
Albany, NY
Elder Network of the Capital Region
Implementation Plan

Victoria M. Rizzo, PhD
\$328,189, Four Years

With this grant, the State University of New York, Albany will create a regional model for the Albany/Troy/Saratoga/Schenectady area to improve care for older adults through a coalition of public, government, private nonprofit service providers and other entities. Building on a prior planning grant, the Elder Network has identified four areas to begin work improving the well being of older adults. These are information and assistance, health education and wellness, the reduction of avoidable admissions to hospitals and nursing homes and raising community awareness.

Financial Reports



Financial Summary

ON DECEMBER 31, 2003, THE FOUNDATION'S ASSETS were \$560.9 million, an increase of \$71.8 million for the year after cash payments of \$27.9 million for grants, expenses and taxes. Total return on the investments, income plus realized and unrealized capital gains, was 21.7 percent.

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

The strong bounce back in the Foundation's assets after two years of declines again demonstrated the benefits of prudent diversification of the portfolio by investment style and into alternative asset classes. Absolute return strategies that do not depend on the direction of the financial markets often can take advantage of the volatility in the market and enable a foundation with a long time horizon to withstand a difficult investment environment. At the end of the year the Foundation's asset mix was 73 percent public equities, both traditional and alternative, 7 percent fixed income, and a combined 20 percent in venture capital, private equity, real estate and event-driven funds, versus 71, 10 and 19 percent, respectively, at the end of 2002.

As of December 31, 2003, Capital Guardian Trust Company, Sound Shore Management, William Blair & Co., T. Rowe Price Associates, Wasatch Advisors, Pequot Capital Management and Andor Capital Management manage the Foundation's public equity investments. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates, Middlewest Ventures and William Blair Capital Partners. Private equity partnerships are managed by GE Investments and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co., Heitman/JMB Advisory Corporation and High Rise Capital Management. Event-driven investment managers are Angelo, Gordon & Co., Canyon Capital Partners, Quellos Capital Management 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 strategy. JPMorgan Chase 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:

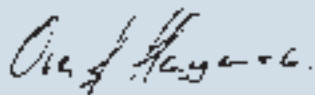
We have audited the balance sheets of The John A. Hartford Foundation, Inc. (a New York not-for-profit corporation) as of December 31, 2003 and 2002 and the related statements of revenues, grants and expenses and changes in net assets and cash flows for the years then ended. These financial statements 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 auditing standards generally accepted in the United States of America. 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, 2003 and 2002 and its changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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 64 to 72, 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
New York, New York
March 2, 2004

The John A. Hartford Foundation, Inc.
Balance Sheets
December 31, 2003 and 2002

Exhibit A

	2003	2002
Assets		
Cash in operating accounts	\$ 2,766	\$ 5,739
Interest and dividends receivable	447,421	380,725
Prepayments and deposits	181,699	137,270
Prepaid taxes	7,598	166,346
	639,484	690,080
Investments, at fair value or adjusted cost (Notes 2 and 3)		
Short-term cash investments	36,496,653	24,790,877
Stocks	455,686,223	334,472,975
Bonds	800,612	24,084,564
Investment partnerships	30,704,774	74,733,413
Real estate pooled funds	33,261,013	26,756,828
Total Investments	556,949,275	484,838,657
Office condominium, furniture and equipment (net of accumulated depreciation of \$1,818,613 in 2003 and \$1,531,211 in 2002) (Note 5)	3,356,447	3,643,849
Total Assets	\$560,945,206	\$489,172,586
Liabilities and Net Assets		
Liabilities:		
Grants payable (Note 2)		
Current	\$ 20,582,378	\$ 24,429,159
Non-current (Note 7)	29,316,341	33,632,050
Accounts payable	673,323	633,104
Deferred Federal excise tax (Note 2)	969,844	31,869
Total Liabilities	51,541,886	58,726,182
Net Assets - Unrestricted		
Board designated (Note 2)	2,201,443	2,549,886
Undesignated	507,201,877	427,896,518
Total Net Assets (Exhibit B)	509,403,320	430,446,404
Total Liabilities and Net Assets	\$560,945,206	\$489,172,586

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

The John A. Hartford Foundation, Inc.

Exhibit B

Statements of Revenues, Grants and Expenses and Changes in Net Assets

Years Ended December 31, 2003 and 2002

2003

2002

Revenues		
Dividends and partnership earnings	\$ 5,211,124	\$ 4,396,766
Bond interest	652,220	1,361,970
Short-term investment earnings	343,592	603,425
Total Revenues	6,206,936	6,362,161
Grants and Expenses		
Grant expense (less cancellations and refunds of \$380,905 in 2003 and \$8,543,775 in 2002)	14,793,737	1,801,933
Foundation-administered projects	356,057	404,835
Grant-related direct expenses	80,508	108,426
Excise and unrelated business income taxes (Note 2)	26,114	262,302
Investment fees	1,527,971	1,628,048
Personnel salaries and benefits (Note 6)	2,138,090	2,104,186
Office and other expenses	847,027	871,255
Depreciation	287,402	340,258
Professional services	85,226	70,824
Total Grants and Expenses	20,142,132	7,592,067
Excess (deficiency) of revenues over grants and expenses	(13,935,196)	(1,229,906)
Net Realized and Change in Unrealized Gains (Losses) (Note 3)	92,892,112	(73,158,315)
Increase (Decrease) in Net Assets	78,956,916	(74,388,221)
Net Assets, beginning of year	430,446,404	504,834,625
Net Assets, End of Year (Exhibit A)	\$509,403,320	\$430,446,404

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, 2003 and 2002

Exhibit C

2003

2002

Cash Flows Provided (Used)

From Operating Activities

Interest and dividends received	\$ 3,727,643	\$ 5,249,088
Cash distributions from partnerships and real estate pooled funds	9,558,769	4,852,034
Grants and Foundation-administered projects paid (net of refunds)	(23,307,170)	(25,879,931)
Expenses and taxes paid	(4,555,514)	(5,007,390)

Net Cash Flows Provided (Used) By Operating
Activities

(14,576,272) (20,786,199)

From Investing Activities:

Proceeds from sale of investments	214,591,976	221,506,132
Purchases of investments	(188,176,120)	(202,427,830)

Net Cash Flows Provided By Investing
Activities

26,415,856 19,078,302

Net Increase (Decrease) in Cash and Equivalents

11,839,584 (1,707,897)

Cash and equivalents, beginning of year

24,731,504 26,439,401

Cash and equivalents, end of year

\$ 36,571,088 \$ 24,731,504

Reconciliation of Increase (Decrease) in Net
Assets to Net Cash Used by Operating Activities:

Increase (Decrease) in Net Assets \$ 78,956,916 \$(74,388,221)

Adjustment to reconcile increase (decrease) in
net assets to net cash used by operating activities:

Depreciation	287,402	340,258
Decrease (Increase) in interest and dividends receivable	(66,696)	397,146
Increase in prepayments and deposits	(44,429)	(4,733)
Decrease in grants payable	(8,162,490)	(23,689,961)
Increase (Decrease) in accounts payable	71,075	(28,256)
Net realized and change in unrealized (gains) losses	(92,892,112)	73,158,315
Other	7,274,062	3,429,253

\$ (14,576,272) \$ (20,786,199)

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, 2003 and 2002

Exhibit C

2003

2002

Supplemental Information:

Detail of other:

Investment partnerships and real estate

pooled funds:

Cash distributions

\$ 9,558,769

\$ 4,852,034

Less: reported income

2,412,597

1,510,220

7,146,172

3,341,814

Tax expense

26,114

262,302

Less: Net taxes paid (refunded)

(101,776)

174,863

Excess (tax on realized gains and change in
 prepaid/payable)

127,890

87,439

Total - Other

\$ 7,274,062

\$ 3,429,253

Composition of Cash and Equivalents:

Cash in operating accounts

\$ 2,766

\$ 5,739

Short-term cash investments

36,496,653

24,790,877

Unrealized (gain) loss on forward
 currency contracts

71,669

(65,112)

\$36,571,088

\$24,731,504

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

The John A. Hartford Foundation, Inc.
Notes to the Financial Statements
December 31, 2003 and 2002

Exhibit D

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 accounting principles generally accepted in the United States of America 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 valued at their fair value (quoted market price). Investment and real estate partnerships where the Foundation has the right to withdraw its investment at least annually are valued at their fair value as reported by the partnership. Investment partnerships, real estate partnerships and REIT's which are illiquid in nature are recorded at cost adjusted annually for the Foundation's share of distributions and undistributed realized income or loss. Valuation allowances are also recorded on a group basis for declines in fair value below recorded cost. 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. Also recorded as designated net assets are conditional grants for which the conditions have not been satisfied.

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 cash in custody accounts and money market mutual funds. Short-term cash investments also include the unrealized gain or loss on open foreign currency forward contracts.

The John A. Hartford Foundation, Inc.
Notes to the Financial Statements
December 31, 2003 and 2002

Exhibit D

2. Summary of Significant Accounting Policies (Continued)

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% or 2% rate depending on the amount of qualifying distributions. For 2003 and 2002 the Foundation's rate was 1%.

Investment expenses for 2003 include direct investment fees of \$1,527,971 and \$326,375 of allocated salaries, legal fees and other office expenses. The 2002 comparative numbers were \$1,628,048 and \$131,000.

Deferred Federal excise taxes payable are also recorded on the unrealized appreciation of investments using the Foundation's normal 1% excise tax rate.

The Foundation intends to distribute at least \$24,650,000 of undistributed income in grants or qualifying expenditures by December 31, 2004 to comply with Internal Revenue Service regulations.

Some of the Foundation's investment partnerships have underlying investments which generate "unrelated business taxable income." This income is subject to Federal and New York State income taxes at "for-profit" corporation income tax rates.

Property and Equipment

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 gains in 2003 are summarized as follows:

	<i>Cost</i>	<i>Fair Value</i>	<i>Appreciation</i>
Balance, December 31, 2003	\$459,964,892	\$556,949,275	\$96,984,383
Balance, December 31, 2002	\$481,651,723	\$484,838,657	\$3,186,934
Increase in unrealized appreciation during the year, net of increased deferred Federal excise tax of \$937,975			\$92,859,474
Realized gain			32,638
Net realized and change in unrealized gains			\$92,892,112

The John A. Hartford Foundation, Inc.
Notes to the Financial Statements
December 31, 2003 and 2002

Exhibit D

3. Investments (Continued)

For 2002, the unrealized loss was \$65,318,912, net of decreased deferred Federal excise tax of \$659,787. The realized loss was \$7,839,403.

Receivables and payables on security sales and purchases pending settlement at December 31, 2003 and 2002 were as follows:

	2003	2002
Proceeds from sales	\$ 788,275	\$ 701,922
Payables from purchases	(1,235,605)	(768,204)
Net cash pending settlement	\$ (447,330)	\$ (66,282)

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

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

	2003	2002
U.S. Government	\$ -	\$23,729,647
Corporate	800,612	354,917
	\$ 800,612	\$24,084,564

The Foundation is a participant in ten investment limited partnerships. As of December 31, 2003, \$36,985,645 had been invested in these partnerships and future commitments for additional investment aggregated \$954,043.

In addition, the Foundation was a participant in one other investment partnership which is in liquidation. The recorded value of this investment is \$110,765.

One of the Foundation's investment partnerships permit withdrawals at least once a year. It is valued at its fair value, \$15,503,029 (adjusted cost \$13,823,946).

Real estate investments included four limited partnerships and five real estate investment trusts. The Foundation had invested \$35,550,000 at December 31, 2003 and future commitments for additional investment aggregated \$29,450,000. One of the real estate investments is considered liquid and is recorded at fair value, \$11,429,551 (adjusted cost \$10,889,510).

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, 2003 the Foundation's open foreign currency forward sale and purchase contracts totaled \$2,006,391. Total foreign denominated investments at the same date were \$41,351,582.

The John A. Hartford Foundation, Inc.
Notes to the Financial Statements
December 31, 2003 and 2002

Exhibit D

5. Office Condominium, Furniture and Equipment

At December 31, 2003 and 2002 the fixed assets of the Foundation were as follows:

	2003	2002
Office condominium	\$4,622,812	\$4,622,812
Furniture and equipment	552,248	552,248
	5,175,060	5,175,060
Less: Accumulated depreciation	1,818,613	1,531,211
Office condominium, furniture and equipment, net	\$3,356,447	\$3,643,849

6. Pension Plan

The Foundation has a defined contribution retirement plan covering all eligible employees under which the Foundation contributes 14% of salary for employees with at least one year of service. Pension expense under the plan for 2003 and 2002 amounted to \$194,581 and \$188,580, respectively. The Foundation also incurred additional pension costs of approximately \$24,000 in 2003 and 2002 for payments to certain retirees who began employment with the Foundation prior to the initiation of the formal retirement plan.

In 1997 the Foundation adopted a deferred compensation plan to compensate certain employees whose retirement plan contributions were limited by IRS regulations.

7. Grants Payable

The Foundation estimates that the non-current grants payable as of December 31, 2003 will be disbursed as follows:

	2005	\$14,975,378
	2006	8,737,427
	2007	5,508,539
	2008	1,646,117
	2009	650,323
		31,517,784
Discount to present value		(2,201,443)
		\$29,316,341

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 2003 and 2002 was 4% and 4.25%, respectively.

At December 31, 2001, a portion of a grant in the amount of \$522,550 was contingent on the grantee raising additional funds. This amount was shown as part of board designated net assets. During 2002, this condition was satisfied and the amount was included in grant expense.

The John A. Hartford Foundation, Inc.
Notes to the Financial Statements
December 31, 2003 and 2002

Exhibit D

8. Non-Marketable Investments Reported at Adjusted Cost

As previously mentioned, the Foundation values the majority of its investment 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:

	2003	2002
Partnership earnings	\$ 1,997,110	\$ 774,573
Realized gains (loss)	2,031,361	(114,479)
Unrealized gain (loss) - net of deferred excise tax provision (recovery) of \$(5,087) and \$(18,095)	(503,648)	(1,791,394)
	\$3,524,823	\$ (1,131,300)

Summary of Active Grants

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
AGING AND HEALTH					
Academic Geriatrics & Training					
American Academy of Nursing <i>Nursing Initiative Coordinating Center and Scholar Stipends</i> Claire M. Fagin, PhD, RN, FAAN	Washington, DC	\$ 5,227,460	\$ 3,050,000	\$ 2,328,390	\$ 5,949,070
American Academy of Nursing <i>Nursing School Geriatric Investment Program</i> Claire M. Fagin, PhD, RN, FAAN	Washington, DC	1,490,947		545,606	945,341
American Association of Colleges of Nursing <i>Enhancing Geriatric Nursing Education at Baccalaureate and Advanced Practice Levels</i> Geraldine Polly Bednash, PhD, RN, FAAN	Washington, DC	2,340,600		1,099,679	1,240,921
American Association of Colleges of Nursing <i>Creating Careers in Geriatric Advanced Practice Nursing</i> Geraldine Polly Bednash, PhD, RN, FAAN	Washington, DC	1,577,328		567,114	1,010,214
American Federation for Aging Research, Inc. <i>Paul Beeson Physician Faculty Scholars in Aging Research Program (2001-2006)</i> Odette van der Willik	New York, NY	6,033,690	4,827,654	1,343,744	9,517,600
American Federation for Aging Research, Inc. <i>Centers of Excellence Coordinating Center</i> Odette van der Willik	New York, NY	466,146		466,146	
American Federation for Aging Research, Inc. <i>Medical Student Geriatric Scholars Program</i> Odette van der Willik	New York, NY	400,981		301,938	99,043
American Geriatrics Society, Inc. <i>Increasing Geriatrics Expertise in Surgical and Medical Specialties - Phase III</i> John R. Burton, MD	New York, NY	4,359,112		1,084,325	3,274,787
American Geriatrics Society, Inc. <i>Integrating Geriatrics into the Subspecialties of Internal Medicine</i> William R. Hazzard, MD	New York, NY	909,868		439,509	470,359
American Geriatrics Society, Inc. <i>Geriatric Tools Distribution Project</i> Nancy E. Lundebjerg	New York, NY	171,750		49,308	122,442
American Society of Clinical Oncology <i>Enhancing Geriatric Oncology Training</i> Charles M. Balch, MD	Alexandria, VA	1,796,202		647,562	1,148,640

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
Association of American Medical Colleges <i>Enhancing Geriatrics in Undergraduate Medical Education</i> M. Brownell Anderson	Washington, DC	\$ 563,684		\$ 179,277	\$ 384,407
Association of Directors of Geriatric Academic Programs <i>Geriatric Leadership Development Program</i> David B. Reuben, MD	New York, NY	1,131,230		184,644	946,586
Association of Directors of Geriatric Academic Programs <i>Developing a New Generation of Academic Programs in Geriatrics</i> William J. Hall, MD	New York, NY	763,875		106,200	657,675
Baylor College of Medicine <i>Center of Excellence</i> George E Taffet, MD	Houston, TX	167,024	\$ 300,000	114,080	352,944
Boston Medical Center <i>Center of Excellence</i> Rebecca A. Silliman, MD, PhD	Boston, MA	177,991	300,000	99,992	377,999
Council on Social Work Education <i>Transforming Geriatric Social Work Education</i> Nancy Hooyman, PhD	Alexandria, VA	644,754		136,791	507,963
Council on Social Work Education <i>Preparing Gerontology-Competent Social Workers: Phase II</i> Frank R. Baskind, PhD	Alexandria, VA	426,515		328,854	97,661
Duke University <i>Center of Excellence</i> Harvey J. Cohen, MD	Durham, NC	375,820		125,820	250,000
Emory University <i>Southeast Center of Excellence</i> Joseph Ouslander, MD	Atlanta, GA	258,195		51,175	207,020
Gerontological Society of America <i>Hartford Geriatric Social Work Faculty Scholars Program</i> Barbara J. Berkman, DSW Linda Krogh Harootyan, MSW	Washington, DC	3,276,340	3,449,128	1,350,743	5,374,725
Gerontological Society of America <i>Hartford Geriatric Social Work Doctoral Fellows Program</i> James E. Lubben, DSW, MPH Linda Krogh Harootyan, MSW	Washington, DC	1,642,267		262,662	1,379,605

SUMMARY OF ACTIVE GRANTS

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
Harvard Medical School <i>Center of Excellence</i> Lewis A. Lipsitz, MD	Boston, MA	\$ 362,725		\$ 112,725	\$ 250,000
Hunter College, City University of New York <i>Geriatric Social Work Practicum Implementation</i> Joann Ivry, DSW	New York, NY	49,115		36,319	12,796
Johns Hopkins University <i>Center of Excellence</i> Linda P. Fried, MD, MPH	Baltimore, MD	389,768		52,352	337,416
Mount Sinai Medical Center <i>Center of Excellence</i> Rosanne M. Leipzig, MD, PhD	New York, NY	376,973		126,973	250,000
New York Academy of Medicine <i>Social Work Practicum Partnership Program</i> Patricia J. Volland, MSW, MBA	New York, NY	699,837		376,808	323,029
New York University <i>The John A. Hartford Foundation Institute for Geriatric Nursing: Phase II</i> Mathy D. Mezey, EdD, RN, FAAN	New York, NY	3,315,064		1,078,253	2,236,811
New York University <i>Geriatric Interdisciplinary Team Training Dissemination</i> Terry T. Fulmer, PhD, RN, FAAN	New York, NY	160,013		86,567	73,446
Oregon Health & Science University <i>Center of Geriatric Nursing Excellence</i> Patricia G. Archbold, DNSc, RN, FAAN	Portland, OR	854,449		257,850	596,599
RAND Corporation <i>Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services</i> Harold Alan Pincus, MD	Pittsburgh, PA	1,105,776			1,105,776
Society of General Internal Medicine <i>Increasing Education and Research Capacity to Improve Care of Older Americans</i> C. Seth Landefeld, MD	Washington, DC	1,490,629		701,828	788,801
Stanford University <i>The Stanford Faculty Development Program for Geriatrics in Primary Care</i> Georgette A. Stratos, PhD	Stanford, CA	232,238		93,968	138,270
State University of New York, Albany <i>Geriatric Social Work Practicum Implementation</i> Anne E. Fortune, PhD	Albany, NY	40,633		40,633	

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
University of Alabama at Birmingham <i>Southeast Center of Excellence</i> Richard M. Allman, MD	Birmingham, AL	\$ 240,254		\$ 61,461	\$ 178,793
University of Arkansas for Medical Sciences <i>Center of Geriatric Nursing Excellence</i> Claudia J. Beverly, PhD, RN, FAAN	Little Rock, AR	845,757		174,737	671,020
University of California, Berkeley <i>Geriatric Social Work Practicum Implementation</i> Barrie Robinson, MSSW Andrew Scharlach, PhD	Berkeley, CA	91,071		63,918	27,153
University of California, Los Angeles <i>Center of Excellence</i> David B. Reuben, MD	Los Angeles, CA	401,902		101,902	300,000
University of California, San Francisco <i>Center of Geriatric Nursing Excellence</i> Jeanie Kayser-Jones, PhD, RN, FAAN	San Francisco, CA	861,564		249,447	612,117
University of California, San Francisco <i>Center of Excellence</i> C. Seth Landefeld, MD	San Francisco, CA	193,558	\$ 300,000	149,942	343,616
University of Chicago <i>Center of Excellence</i> Greg A. Sachs, MD	Chicago, IL	151,792	300,000	120,852	330,940
University of Colorado <i>Center of Excellence</i> Andrew M. Kramer, MD	Denver, CO	139,926	300,000	47,319	392,607
University of Hawaii <i>Center of Excellence</i> Patricia L. Blanchette, MD, MPH	Honolulu, HI	332,045		124,838	207,207
University of Houston <i>Geriatric Social Work Practicum Implementation</i> Virginia Cooke Robbins, LMSW-ACP	Houston, TX	47,436		47,436	
University of Iowa <i>Center of Geriatric Nursing Excellence</i> Meridean L. Maas, PhD, RN, FAAN	Iowa City, IA	869,991		252,254	617,737
University of Michigan <i>Center of Excellence</i> Jeffrey B. Halter, MD	Ann Arbor, MI	388,492		138,492	250,000
University of Michigan <i>Geriatric Social Work Practicum Implementation</i> Ruth E. Dunkle, PhD	Ann Arbor, MI	37,983		11,114	26,869

SUMMARY OF ACTIVE GRANTS

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
University of Pennsylvania <i>Center of Geriatric Nursing Excellence</i> Neville E. Strumpf, PhD, RN, C, FAAN	Philadelphia, PA	\$ 930,960		\$ 205,673	\$ 725,287
University of Pennsylvania <i>Center of Excellence</i> Jerry C. Johnson, MD	Philadelphia, PA	111,584	\$ 300,000	71,025	340,559
University of Pittsburgh <i>Center of Excellence</i> Neil M. Resnick, MD	Pittsburgh, PA	414,895		159,479	255,416
University of Rochester <i>Center of Excellence</i> William J. Hall, MD	Rochester, NY	303,223	298,723	276,482	325,464
University of Texas Health Science Center at San Antonio <i>Center of Excellence</i> David V. Espino, MD	San Antonio, TX	179,001	300,000	108,666	370,335
University of Washington <i>Center of Excellence</i> Itamar B. Abrass, MD	Seattle, WA	450,000		290,203	159,797
Yale University <i>Center of Excellence</i> Mary E. Tinetti, MD	New Haven, CT	330,034		186,243	143,791
Subtotal		\$50,600,467	\$13,725,505	\$ 17,619,318	\$46,706,654
Integrating & Improving Services					
Buffalo General Foundation <i>Home Hospital National Demonstration</i> Bruce J. Naughton, MD	Buffalo, NY	\$ 51,738		\$ 51,738	
Carle Foundation Hospital <i>Evaluation of Geriatric Team Care in Medicare Risk</i> Cheryl Schraeder, PhD, RN	Urbana, IL	101,467		101,467	
Duke University <i>Improving Depression Care for Elders</i> Linda H. Harpole, MD	Durham, NC	33,655		33,655	
Fallon Community Health Plan <i>Home Hospital National Demonstration</i> Jeffrey B. Burl, MD	Worcester, MA	56,102		56,102	
Group Health Cooperative of Puget Sound <i>Delivering Effective Primary Care to Older Adults: The Senior Resource Team at Group Health Cooperative</i> Edward H. Wagner, MD, MPH	Seattle, WA	990,990		391,385	599,605

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
Indiana University <i>Improving Depression Care for Elders</i> Christopher M. Callahan, MD	Indianapolis, IN	\$ 71,954		\$ 71,954	
Intermountain Health Care <i>Evaluating the Impact of Geriatric Care Teams in Ambulatory Practice</i> Paul D. Clayton, PhD	Salt Lake City, UT	952,899		232,659	\$ 720,240
Johns Hopkins University <i>Home Hospital National Demonstration and Evaluation: Coordinating Center</i> Bruce Leff, MD	Baltimore, MD	567,898		219,245	348,653
The National Council on the Aging, Inc. <i>Promoting Vital Aging Through Teamwork Between Community Organizations and Health Care Providers</i> Nancy A. Whitelaw, PhD	Washington, DC	740,095		623,454	116,641
National PACE Association <i>Accelerating State Access to PACE</i> Peter Fitzgerald	Alexandria, VA	464,849		438,406	26,443
National PACE Association <i>Expanding the Availability of the PACE Model of Care</i> Shawn M. Bloom	Alexandria, VA	112,342		89,636	22,706
Omega of Palm Beach County, Inc. <i>Senior Services Program Implementation</i> Margi Silberman	West Palm Beach, FL	649,145		205,423	443,722
Partners in Care Foundation, Inc. <i>Preventing Medication Errors: the Home Health Medication Management Model</i> W. June Simmons, LCSW	Burbank, CA	73,193		73,193	
PeaceHealth Oregon Region <i>A Senior Health Center Interdisciplinary Team Approach: Health and Organizational Outcomes</i> Ronald D. Stock, MD	Eugene, OR	609,152		253,018	356,134
Portland VA Medical Center <i>Home Hospital National Demonstration</i> Scott L. Mader, MD	Portland, OR	33,588		33,588	
Rush University Medical Center <i>Virtual Integrated Practice: A New Approach to Health Care Teams</i> Steven K. Rothschild, MD	Chicago, IL	1,073,622		448,114	625,508

SUMMARY OF ACTIVE GRANTS

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
State University of New York, Albany <i>The Capital District: Creating an Aging-Prepared Community</i> Philip McCallion, PhD, MSW	Albany, NY	\$ 50,350		\$ 50,350	
State University of New York, Albany <i>Elder Network of the Capital Region Implementation Plan</i> Victoria M. Rizzo, PhD	Albany, NY		\$ 328,189		\$ 328,189
University of California, Los Angeles <i>Improving Depression Care for Elders: Coordinating Center</i> Jürgen Unützer, MD, MPH	Los Angeles, CA	1,085,133		376,067	709,066
University of Colorado <i>An Interdisciplinary Team Approach to Improving Transitions Across Sites of Geriatric Care</i> Eric A. Coleman, MD, MPH	Denver, CO	678,432		305,668	372,764
University of Texas Health Science Center at San Antonio <i>Improving Depression Care for Elders</i> Polly Hitchcock Noël, PhD	San Antonio, TX	113,733		26,963	86,770
University of Washington <i>Improving Depression Care for Elders</i> Wayne J. Katon, MD	Seattle, WA	115,243		49,943	65,300
Subtotal		\$ 8,625,580	\$ 328,189	\$ 4,132,028	\$ 4,821,741
Aging and Health - Other					
American Federation for Aging Research, Inc. <i>Communications and Dissemination Initiative</i> Stephanie Lederman	New York, NY	\$ 309,210		\$ 148,507	\$ 160,703
George Washington University <i>Advancing Aging and Health Policy Understanding</i> Judith Miller Jones	Washington, DC	692,363		299,799	392,564
Subtotal		\$ 1,001,573		\$ 448,306	\$ 553,267

		<i>Balance Due January 1, 2003</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2003</i>
New York Fund					
American Federation for Aging Research, Inc. <i>2003 Friends of AFAR Dinner</i> Hadley C. Ford	New York, NY		\$ 10,000	\$ 10,000	
Foundation for Health in Aging, Inc. <i>2003 Gala Support</i> Linda M. Hiddemen	New York, NY		10,000	10,000	
The Hospital for Special Surgery Fund Inc. <i>Annual Support</i> John R. Ahearn	New York, NY		3,000	3,000	
Hunter College, City University of New York <i>Aging and Health work-study curriculum for MSW students</i> Roberta Graziano, DSW	New York, NY	\$ 10,000		10,000	
New York Academy of Medicine <i>Support for the New York City participants in the David E. Rogers Fellowship Program</i> Lorraine LaHuta	New York, NY	18,500			\$ 18,500
New York Academy of Medicine <i>2003 Gala patron package</i> Jeremiah A. Barondess, MD	New York, NY		10,000	10,000	
New York Academy of Medicine <i>2004 Gala patron package</i> Jeremiah A. Barondess, MD	New York, NY		10,000	10,000	
United Hospital Fund <i>2003 Annual Gala</i> James R. Tallon, Jr.	New York, NY		7,500	7,500	
United Hospital Fund <i>Annual support</i> James R. Tallon, Jr.	New York, NY		2,500	2,500	
Village Care of New York, Inc. <i>Village Adult Day Health Center</i> John Hughes	New York, NY	16,900		16,900	
Subtotal		\$ 45,400	\$ 53,000	\$ 79,900	\$ 18,500
Other Grants					
The Foundation Center <i>Annual support</i> Sara L. Engelhardt	New York, NY		\$ 10,000	\$ 10,000	

SUMMARY OF ACTIVE GRANTS

		Balance Due January 1, 2003	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2003
Grantmakers in Aging General Support Carol A. Farquhar	Dayton, OH		\$ 5,000	\$ 5,000	
Grantmakers in Health General Support Lauren LeRoy, PhD	Washington, DC		10,000	10,000	
New York Regional Association of Grantmakers Operating support Michael Seltzer	New York, NY		10,000	10,000	
Subtotal			\$ 35,000	\$ 35,000	
Matching Grants*			\$ 684,505	\$ 684,505	
Grants Refunded or Cancelled		\$ 338,075	(\$380,905)	(\$42,830)	
Discounts to Present value		(2,549,886)	348,443		(2,201,443)
Total (All Grants)		\$58,061,209	\$14,793,737	\$22,956,227	\$ 49,898,719
*Grants made under the Foundation's program for matching charitable contributions of Trustees and staff.					
		Expenses Authorized Not Incurred January 1, 2003	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred December 31, 2003
FOUNDATION-ADMINISTERED PROJECTS					
Evaluation of the Foundation's Geriatric Nursing Programs		\$ 589,392		\$ 290,086	\$ 299,306
Extending Gains and Celebrating our 75th Anniversary		368,551		2,295	366,256
To Pursue Selected Activities in the Strategic Plan			\$ 63,676	\$ 63,676	
Total		\$ 957,943	\$ 63,676	\$ 356,057	\$ 665,562
ADDITIONAL ACTIVE GRANTS - AGING AND HEALTH					
Academic Geriatrics and Training			Integrating and Improving Services		
American Academy of Home Care Physicians Transitioning of Home Care Certifying Exam Constance F. Row, FACHE 2002; \$20,000; 24 months			University of Wisconsin, Madison Improving the Quality of Care and the Retention of Direct Care Workers in Community-Based Long-Term Care Mark A. Sager, MD 1999; \$283,307; 48 months		

Application Procedures

THE JOHN A. HARTFORD FOUNDATION'S OVERALL GOAL is to increase the nation's capacity to provide effective and affordable care to its rapidly increasing elderly population. In order to maximize the Foundation's impact on the health and the well-being of the nation's elders, grants are made in two priority areas:

Academic Geriatrics and Training

The Foundation supports efforts, on an invitational basis, in selected academic medical centers and other appropriate health settings to strengthen the geriatric training of America's physicians, nurses, and social workers.

Integrating and Improving Health-Related Services

The Foundation supports a limited number of sustainable efforts to improve and integrate the "system" of services needed by elders and the effectiveness of selected components of care. The emphasis is on nationally replicable models and is typically by invitation.

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

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

Please do not send correspondence by fax or e-mail. Mail may be sent to:

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

Detailed information about the Foundation and its programs are available at our Web site: <http://www.jhartfound.org>.