

# The John A. Hartford Foundation

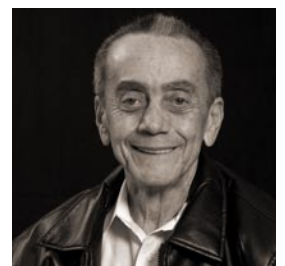
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Dedicated to Improving Health Care for Older Americans. The Foundation's overall goal is to increase the nation's capacity to provide effective and affordable care to its rapidly increasing older population.

2006 Annual Report



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





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## Report of the Chairman



**Norman H. Volk**  
CHAIRMAN

IT IS ONCE AGAIN MY PLEASURE TO INTRODUCE the Annual Report of the John A. Hartford Foundation. This issue features the work of the Hartford Institute for Geriatric Nursing, in honor of its 10th Anniversary. The Trustees have committed \$10 million to the Institute and its critically important efforts to shape the quality of nursing care for older Americans. When the Foundation made its initial grant to the Institute in 1996, it represented our first major investment in nursing.

The Institute has been a dynamic leader, powerfully communicating its belief that older adults are “the core business” of healthcare and nursing. Its goal to advance geriatric nursing is one with which the Foundation is proud to be associated. During the past decade, the Institute’s extraordinary success has encouraged the Trustees to make grants of more than \$60 million to promote geriatric nursing education and practice and establish a multi-faceted Hartford Geriatric Nursing Initiative.

During 2006, the Foundation’s Trustees continued other efforts to enhance and expand the training of doctors, nurses, social workers and other health professionals who care for older people. Following a strategic review of our successful Centers of Excellence in Geriatric Medicine and Training program in late 2005, we renewed our support for 12 Centers during the past year, making commitments of \$9 million over the next five years. These funds will ensure the education of at least 200 new advanced fellows and junior faculty, preparing them for research and teaching careers in geriatric medicine. The Foundation also made a special grant of just over \$500,000 to the Foundation for the Louisiana State University (LSU) Health Science Center in New Orleans. These funds will provide salary support to healthcare workers and, importantly, help to reestablish the geriatric medicine fellows program at LSU, which was curtailed in the wake of the Hurricane Katrina disaster.

In nursing, the Foundation reviewed the progress of the Centers for Geriatric Nursing Excellence program, which has supported five centers since 2000. In addition, the Trustees broadened their grantmaking in nursing education with their first grant focused on associate degree nurses, who represent 63 percent of the nursing workforce. The Foundation awarded a \$590,000 grant to the Community College of Philadelphia to conduct a national survey of associate degree programs to identify issues and current gaps in geriatrics education and convene a task force to review current curricula.

Our investments in social work reached a milestone in 2006, as the Trustees made grants that raised the Foundation’s cumulative investment in the field above \$50 million. Notably, the Trustees approved a nearly \$7.7 million renewal grant to the Gerontological Society of America to continue the Hartford Geriatric Social Work Faculty Scholars program. We also provided \$1.5 million to the Council on Social Work Education to help schools of social work infuse gerontological competencies into their masters’ curricula for advanced students in health, mental health, and substance abuse.

The Foundation made a number of grants focused on supporting health care service innovations for older adults. For example, the Foundation made a grant of \$2.35 million over four years to the Paraprofessional Healthcare Institute in New York, with equal support provided by the Atlantic Philanthropies. This effort will test and disseminate a new training model designed to help nurse supervisors improve their ability to manage and support home health aides. In addition, a second hurricane and disaster preparedness grant was authorized, with a \$361,000, two-year grant to the Florida Health Care Association to support the development and testing of emergency training exercises for nursing homes and assisted living facilities in order to reduce the needless deaths and suffering of frail elders during disasters.

The Foundation's assets totaled \$679.8 million at the end of 2006, representing an increase of \$93.3 million during the year, before spending for grants and expenses. We are pleased with the strong 16.3 percent return on the Foundation's portfolio, which bettered the performance of the major financial market averages in the US for both stocks and bonds. Taking a long-term view, however, it is hard to see double-digit returns continuing indefinitely and a reversion to historic mean returns is likely in the future. Accordingly, in 2006 the Foundation increased its international equity exposure and made several investments in new private equity and real estate funds in its continuing effort to prudently seek opportunities to add value with acceptable levels of risk. The Foundation's goal is to increase its assets in order to fund programs that improve the health care of our rapidly aging population.

The Board of Trustees welcomed two new members in June. John H. Allen is president of International Advisor Services, which works with early stage companies in the field of micro and nanotechnology. His nonprofit activities have recently focused on SOS Children's Villages, a worldwide network of 450 villages housing more than 45,000 orphaned, destitute or troubled children each year. Barbara Paul Robinson is of counsel at Debevoise & Plimpton, where she was head of the trusts and estates department. Serving on several other nonprofit and foundation boards, she is a former president of the Association of the Bar of the City of New York. The Foundation is extremely pleased that both Mr. Allen and Mrs. Robinson have agreed to lend their considerable intellects and abilities to our Board.

Finally, I wish to express my sincere appreciation to the Trustees, staff, and all of our grantees. Their hard work, commitment and extraordinary talent are responsible for the Foundation's continuing record of achievement and service. It is a privilege to be part of this superb group, and I look forward to working with them on behalf of the growing number of older adults in the coming year.



Norman H. Volk





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(left to right)

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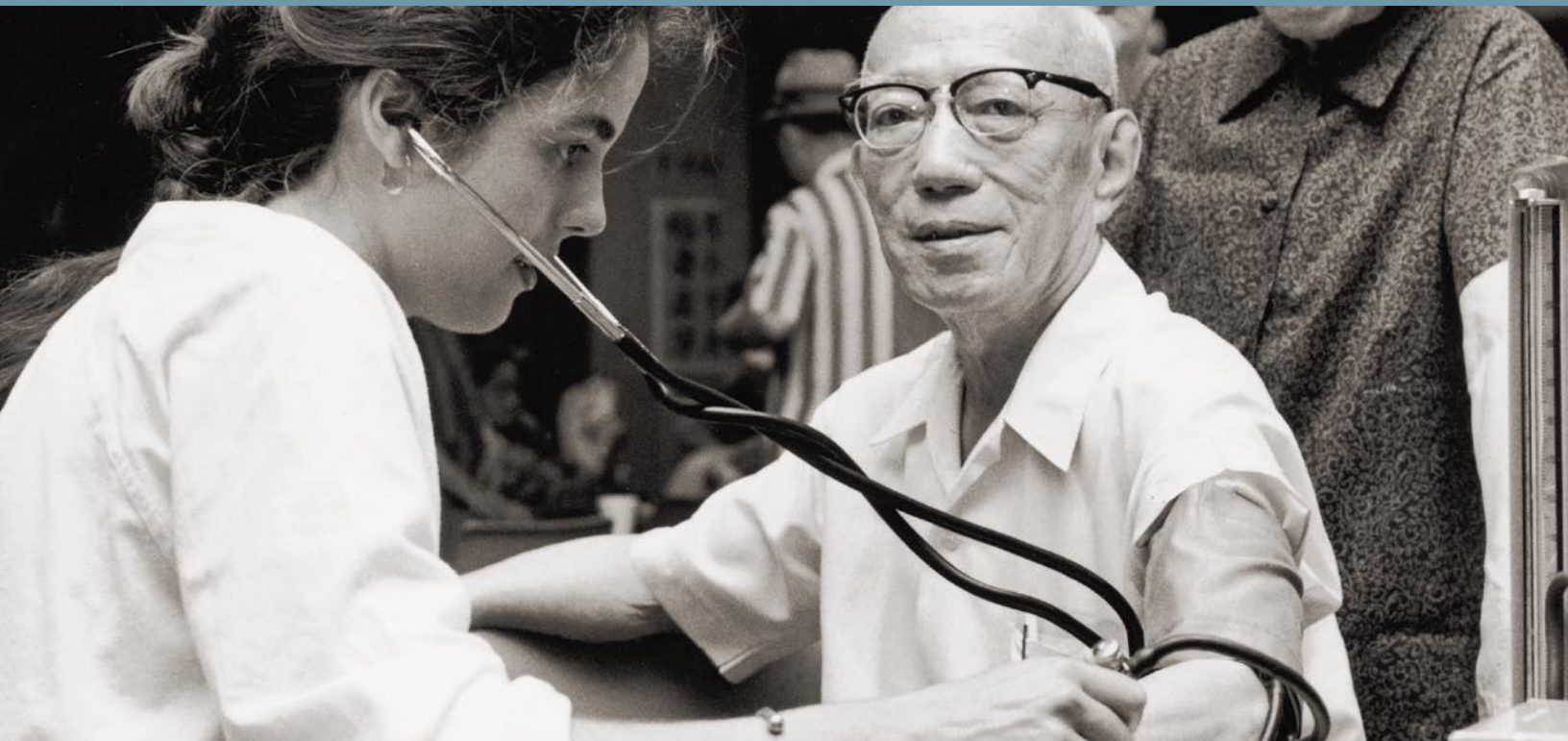
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THE JOHN A. HARTFORD FOUNDATION PROGRAM INITIATIVE

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# The John A. Hartford Foundation Institute for Geriatric Nursing: Celebrating Ten Years of Improving Health Care for Older Adults

*Making Best Geriatric Practice Standard Practice*



GLORIA LOPEZ, AGE 85, ARRIVED AT THE EMERGENCY ROOM of her local hospital delirious and unable to articulate her symptoms. After a diagnostic work-up and care in the ER, which included placement of a Foley catheter (used for patients with urinary incontinence and often ordered by well-meaning physicians for older patients), she was admitted to the hospital with an uncertain diagnosis and sent to a general medical unit.

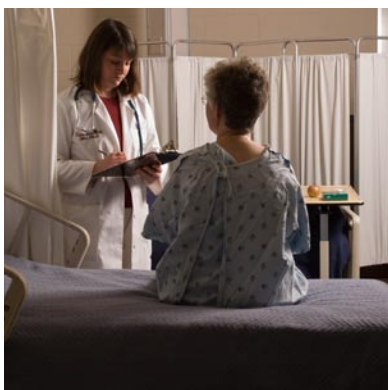
For many older people, a scenario such as this can signal the beginning of a long and arduous hospitalization, fraught with the potential for hospital-acquired infections and complications, while physicians search for the underlying cause of illness. Fortunately for Mrs. Lopez, this hospital had recently undergone an extensive review and overhaul of policies and procedures regarding nursing care of older adult patients. Jacqueline Bennett, a trained Geriatric Resource Nurse, utilized a series of evidence-based nursing assessment tools to evaluate Mrs. Lopez. She immediately realized that there was no reason for the catheter and removed it.

Use of a Foley catheter raises the risk for urinary tract infections and can potentially lead to delirium and falls. Best nursing practice dictates that they be avoided unless there is a compelling reason for their use. Ms. Bennett also found that Mrs. Lopez had been prescribed the drug meperidine for pain. Meperidine can be dangerous in elderly patients, causing delirium and confusion. Ms. Bennett asked the physician to switch Mrs. Lopez to a different pain medication. Mrs. Lopez was eventually diagnosed with pneumonia. She was treated and released back home under the care of her daughter, with no adverse effects from her stay in the hospital.

Under different circumstances, Mrs. Lopez might have developed a urinary tract infection, which can cause mental confusion in older people. This, along with the use of the pain medication meperidine, could have exacerbated her condition and quite possibly resulted in the need to release her to a nursing home. The nursing staff had spared Mrs. Lopez numerous potential complications of hospitalization because the nurses had specialized training and knew what to look for when an older patient was admitted, and the unit had spent the time to establish policies and procedures for best practices for nursing care of older patients.

## Nursing: The Key to Quality Patient Care

UNTIL THEY HAVE TO LEARN IT FOR THEMSELVES, often by overseeing care for their aging parents, most people don't appreciate the many complexities of providing health care to older persons. Lack of knowledge about proper care of older adults can result in inadequate assessment, missed or erroneous diagnoses, treatments that can harm rather than heal, and a reduced quality of life. Lack of knowledge can also contribute to increased risk for complications or even death, unnecessary or prolonged hospitalization, readmissions shortly after discharge, temporary or permanent placement in nursing homes, and unnecessary increases in the cost of healthcare. Nurses trained in gerontology are prepared to meet the unique challenges of caring for older adults.



Nurses tie together the diagnostic and therapeutic elements of good care. Nursing is a technically and intellectually demanding job that requires a high-level base of knowledge and specialized skills. In their many roles, nurses function as primary caregivers and as integrators of care—what's been called the “glue” that holds the institution together.<sup>1</sup> They administer therapies and medications, monitor and assess patients, educate patients and their families, ensure patient safety, and provide comfort and support. As integrators, nurses work behind the scenes to facilitate almost all aspects of delivery of care. Nurses rely on scientific evidence, the consensus of experts, and their clinical judgment to guide their professional practice. It has been demonstrated that good nursing care can significantly improve the clinical outcomes for hospitalized patients, especially older patients.<sup>2</sup>

Of all the nursing specialties, geriatrics is an area where nursing skills can particularly shine. As the professionals with the most frequent direct contact with patients, nurses are in a position to detect signs and symptoms, including subtle changes in a patient's condition, that signal the need for intervention. This can be an especially crucial function when caring for vulnerable older patients. In general, nursing skills are particularly well suited for assessing and managing chronic care of patients, both of which are essential when treating elderly patients.

1- Thomas, L. *The Youngest Science: Notes of a Medicine-Watcher*. New York: Viking Press, 1983

2- Cohen HJ, Feussner JR, Weinberger M, et al. “A Controlled Trial of Inpatient and Outpatient Geriatric Evaluation and Management.” *New England Journal of Medicine*. 2002. Vol. 346, Number 12, pp. 905-912.

In keeping with its overall goal to increase the nation's capacity to provide effective, affordable care to its rapidly increasing older population, in 1996 the John A. Hartford Foundation turned its focus for the first time to a major initiative in nursing, with a \$5 million five-year grant to create the John A. Hartford Foundation Institute for Geriatric Nursing at New York University. Between 1993 and 1995, the Foundation had made significant investments in fostering the training of doctors in care of older adults, as well as supporting models to jointly train doctors, nurses, social workers and other health professionals in interdisciplinary team skills. The award to create the Hartford Institute—the second largest grant authorized by the Trustees in the Foundation's modern history—recognized the vital contribution of nurses. The Foundation also realized that, just as in medicine and social work, the curricula used for training new nurses lacked geriatric content. In addition, in-service nursing education for those already in the workforce also often failed to address geriatric content.

Although there were pockets of excellence in the field of nursing and some outstanding pioneers, ten years ago there was no national legitimacy or central catalyst for the promotion of geriatric nursing. Nurses who did specialize in geriatrics often found scant support in their work environment for initiatives to improve care of older patients. Before 1996, there were no hospital-wide initiatives to improve overall care of older patients. There was very little in the way of materials or resources to use to train staff or assess knowledge about care of older adults. There was no national initiative focused on teaching competencies in care of older adults for baccalaureate nursing students. There were no training projects to prepare faculty to teach care of older adults in baccalaureate nursing programs. There was virtually no curriculum at the baccalaureate level on geriatrics. In terms of nursing research, the primary organization for interdisciplinary geriatric research, the Gerontological Society of America (GSA), had no nursing interest group or award recognizing nursing research contributions. Finally, important public policy issues regarding nursing care for older adults were not effectively addressed.

Today, as the Hartford Institute for Geriatric Nursing celebrates ten years of dedication to promoting the highest level of geriatric competence in all nurses, profound changes have taken place in the nursing profession. In the realm of nursing education, over 90 percent of baccalaureate nursing programs now have gerontological content integrated into their curriculum. The American Association of Colleges of Nursing (AACN) has added geriatrics to its set of core competencies expected of all graduates of baccalaureate nursing programs, and because of the Hartford Institute's commitment to translating nursing science to the bedside, geriatric-focused assessment tools and best practices are now readily available to practicing nurses. Nurses who pursue an academic career now receive critical career-enhancing support and mentorship as they work to shape the future of nursing education. Nurse researchers also have unprecedented recognition and a forum for collegial exchange at the annual meeting of the GSA.

At the systems level, the Hartford Institute has supported the implementation of hospital-wide practices and protocols that ensure older patients receive the highest quality care. The Hartford Institute's initiatives in this area have produced tangible results for older patients, significantly decreasing the incidence of such hospital-related complications as pressure ulcers, falls, and delirium.

Over the past ten years, the Hartford Institute has also raised the profile of geriatric nursing by creating nationally recognized awards for excellence in nursing curriculum, research, and practice, and by providing a forum for high-level policy discussions on issues that impact the entire field of geriatric nursing.

A measure of the Hartford Institute's success as an instrument of change in the nursing profession has been its ability to leverage Hartford Foundation funding and obtain additional support. The funding and commitment from influential organizations will ensure the ongoing success of the Hartford Institute's initiatives and lead to lasting change in the field of nursing. The Hartford Institute has had a transformative effect on nursing at all levels.





## Older Adults are the Core Business of Health Care

ALTHOUGH ALMOST ALL OF US HAVE VISITED A HOSPITAL, and many popular television shows bring the inside workings of hospitals into our living rooms, the extent to which older persons are more likely to be patients than any other demographic group in the United States is not always recognized. The statistics tell part of the story: Adults over age 65 use 50 percent of hospital days and 70 percent of home care services. Eighty-eight percent of people over age 65 have chronic health problems, which puts them at risk for hospitalization. Sixty-three percent of patients with cancer are over 65.



The numbers of older adults utilizing health care services will only grow with the inevitable shift in population demographics—that is, the “Baby Boom” generation reaching older age. “Older adults are not one subgroup of patients, but rather the core business of health care systems,” says Terry Fulmer, PhD, RN, dean and Erline Perkins McGriff Professor, College of Nursing, New York University, and co-director of the Hartford Institute for Geriatric Nursing.

Numbers and percentages tell only part of the story, according to Elizabeth Capezuti, PhD, RN, co-director of the Hartford Institute for Geriatric Nursing. “The large population of older adults can present complex clinical challenges in almost every health care setting,” she says. Older adults often have one or more chronic illnesses and take several medications, which can complicate their care, and they are undergoing major medical procedures in their 80s and 90s. Comorbidities and the aging process can combine so that older patients present differently than younger patients and often require a different skill set to manage their care. To effectively treat patients, nurses must be able to recognize red flags for potential problems that are unique to older people. For example, older adults metabolize drugs differently than younger people. This means they may need smaller doses of drugs, should take them for a shorter period of time, or should avoid certain drugs altogether. Some common pain killers and sleeping medications can cause delirium and confusion in older people. In addition, hospitalization itself places older patients at risk for complications, such as loss of mobility, incontinence, pressure ulcers, falls, and delirium.



The inescapable fact is that in almost all health care sites, a large portion of the caseloads of every member of the health care team, including nurses, are older adults. And these patients present clinical challenges for which special training is required.

According to Mathy Mezey, EdD, RN, director of the Hartford Institute for Geriatric Nursing, when nurses are properly prepared to work with older patients—and their families—significant improvements in outcomes are achieved. For example, older adults cared for by geriatric nurse practitioners and clinical specialists are less likely to be physically restrained, experience delirium as a by-product of hospitalization, be in pain, or be readmitted to the hospital from home or from a nursing home.<sup>3</sup> The care that nurses trained in geriatrics provide can often mean the difference between older patients who leave the hospital functionally diminished and suffering from conditions such as pressure ulcers and delirium and patients who leave the hospital with few, if any, complications. Randomized controlled trials have shown that the care provided in geriatric units with specialized programs for evaluating and managing older adults results in significant reductions in functional decline, improvements in mental health, and reduction in the need to discharge patients to a long-term care facility, all with no increase in costs.<sup>4</sup>

However, until ten years ago, a nursing focus on care of older adult patients was sadly lacking. At that time, less than 1 percent of the 2.2 million practicing registered nurses were certified in geriatrics; less than .002 percent of registered nurses were geriatric nurse practitioners or clinical specialists; only 23 percent of nursing schools had a required course in geriatrics; and 60 percent of baccalaureate nursing programs had no geriatric-expert faculty. This began to change in 1996 with the inception of the Hartford Institute for Geriatric Nursing.

Comorbidities and the aging process can combine so that older patients present differently than younger patients and often require a different skill set to manage their care. To effectively treat patients, nurses must be able to recognize red flags for potential problems that are unique to older people. For example, older adults metabolize drugs differently than younger people.

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3- Naylor MD, Broton DA, Campbell RL, Maislin GM, McCauley KM, Schwartz JS. "Transitional Care of Older Adults Hospitalized With Heart Failure: A Randomized Clinical Trial." *Journal of the American Geriatrics Society*. 2004. Vol. 52, Number 5, pp. 675-684.

4- Cohen HJ, Feussner JR, Weinberger M, et al. "A Controlled Trial of Inpatient and Outpatient Geriatric Evaluation and Management." *New England Journal of Medicine*. 2002. Vol. 346, Number 12, pp. 905-912.  
Landefeld CS, Palmer RM, Kresevic DM, Fortinsky RH, Kowal J. "A Randomized Trial of Care in a Hospital Medical Unit Especially Designed to Improve the Functional Outcomes of Acutely Ill Older Patients." *New England Journal of Medicine*. 1995. Vol. 332, Number 20, pp. 1338-1344.

## The John A. Hartford Foundation Institute for Geriatric Nursing

THE VISION BEHIND THE WORK of the John A. Hartford Foundation Institute for Geriatric Nursing is “to shape the quality of health care older Americans receive by promoting the highest level of geriatric competence in all nurses. By raising the standards of nursing care, the Hartford Institute aims to ensure that people age with optimal function, comfort and dignity.”



HARTFORD INSTITUTE FOR GERIATRIC NURSING

### MILESTONES: 1996

> Opening celebration



THE JOHN A. HARTFORD FOUNDATION  
INSTITUTE FOR GERIATRIC NURSING  
New York University, College of Nursing

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

The Hartford Institute strives to increase geriatric competence in all nurses, not just those specializing in geriatrics. Nurses in almost all specialties are realizing that, while they may not consider themselves geriatric nurses, there are age-related considerations they must take into account when treating older adult patients, whether they are cardiac care, oncology, critical care, or nurses of any specialty. Therefore, the Hartford Institute aims to bring core competencies in care of older adults to every nurse.

In 1996, the Hartford Foundation identified several possible candidates to lead the Hartford Institute for Geriatric Nursing. Two individuals in particular stood out because of their extensive research expertise in geriatric nursing and their proven abilities as previous Hartford Foundation grantees. Dr. Mezey, as director, and Dr. Fulmer, as co-director, were asked to develop the program.

Dr. Mezey's long and distinguished career has focused on raising the standards of nurses caring for older adults and ensuring that people age in comfort and dignity. As a professor at the University of Pennsylvania School of Nursing, she directed the geriatric nurse practitioner program and the Robert Wood Johnson Foundation Teaching Nursing Home Program.

Dr. Fulmer is an award-winning researcher who has devoted her academic career and care practice to a wide range of geriatric issues and in particular elder mistreatment. She is currently the dean, College of Nursing, New York University, and Erline Perkins McGriff Professor, as well as the co-director of the Hartford Foundation Institute for Geriatric Nursing.

In 2003, Elizabeth Capezuti joined the institute as co-director. She is an associate professor in the New York University College of Nursing, and has been an integral part of a team of researchers demonstrating the effectiveness of restraint reduction by advanced practice nurses in nursing homes and hospitals.

The Hartford Foundation built a one-year planning phase into the grant to ensure that the program would be well thought out and therefore poised for success. During the planning phase, Dr. Mezey, Dr. Fulmer, and their colleagues created a strategic plan to guide the activities of the Hartford Institute and to plan for the Institute space. They began by forming a National Board of Advisors, with Claire Fagin, PhD, RN, professor and dean emerita, University of Pennsylvania School of Nursing, serving as chair. “Dr. Fagin and the board members gave our team sage advice,” says Dr. Mezey. “They encouraged us to be targeted and focused, to make initial inroads by influencing a small area first rather than trying to accomplish too much at one time.”

The planning stage culminated in a clear sense of direction. With its strategic goals set, the directors of the Hartford Institute and the Hartford Foundation also understood the need to have flexibility to continually revise and rework the programs of the Institute as the work progressed and allies were identified to prepare all nurses to be ready to care for older persons. By working with partners, such as the American Association of Colleges of Nursing, American Organization of Nurse Executives, Gerontological Society of America, and many others, the activities and messages of the Hartford Institute would be more widely disseminated, benefit from the prestige of the partner organization, and ultimately become embedded within the wider field of nursing.

The Hartford Foundation hoped the Hartford Institute would become a national resource dedicated to providing the tools to bring a geriatric presence to the entire nursing profession. “Because older adult patients are the core business, then all nurses must have core competencies in geriatrics,” says Dr. Capezuti. To accomplish this, the Hartford Institute devised broad-based, multifaceted strategies to influence nursing at the level of the individual nurse, at the level of health care systems, and by raising the profile of geriatric nursing within the wider health care arena.

These strategies are summarized in the vision statement of the Institute: “The Hartford Institute identifies and develops best practices in nursing care of older adults and infuses these practices into the education of every nursing student and the work environment of every practicing professional nurse. The Hartford Institute educates the public to expect best practice and encourages national leadership to establish best practice as the standard for geriatric nursing care.”

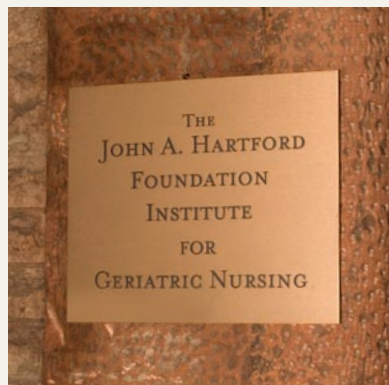
## HARTFORD INSTITUTE FOR GERIATRIC NURSING

**MILESTONES: 1997**

- > Ribbon cutting for newly created Hartford Institute home; (l to r): Terry Fulmer; James D. Farley, former chairman, Hartford Foundation; Mathy Mezey



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\*as of March 2007



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## Propelling Education, Practice, Research and Policy on Behalf of Older Patients



**Elizabeth Capezuti, PhD, RN**  
Co-Director

*Educated at Herbert H. Lehman College, Hunter College, and the University of Pennsylvania, Dr. Capezuti has focused her research on the harmful effects of restraints on residents and patients in nursing homes and hospitals. Findings from her internationally recognized research have been used to guide state and federal regulations against forcible restrictions of nursing home residents. Formerly the Independence Foundation–Wesley Woods Chair in Clinical Gerontological Nursing Scholarship at Emory University, Dr. Capezuti is currently Associate Professor at New York University College of Nursing, and since 2003 has guided the Institute’s work to foster research and practice in geriatric nursing.*

**Mathy Mezey, EdD, RN**  
Director and Founder

*A renowned pioneer with a distinguished career in geriatric nursing, Dr. Mezey has worked to strengthen the preparation of nurses to ensure people age in comfort and with dignity. Dr. Mezey received her degrees in nursing from Columbia University, and served as a faculty member at Herbert H. Lehman College and the University of Pennsylvania, where she directed the Robert Wood Johnson Foundation Teaching Nursing Home initiative. Her books *The Encyclopedia of Elder Care* and *Geriatric Nursing Protocols* for Best Practice, continue to define geriatric nursing care. In 2006 the Mathy Mezey Chair in Geriatric Nursing was established in her honor at New York University.*

**Terry Fulmer, PhD, RN**  
Co-Director

*Having received degrees from Skidmore and Boston College, as well as a Geriatric Nurse Practitioner Post-Master’s Certificate from New York University, Dr. Fulmer has concentrated her research on acute care of the elderly and elder abuse and neglect. A long-time advocate of interdisciplinary care for older patients, she was Principal Investigator for the Geriatric Interdisciplinary Team Training Resource Center funded by the Hartford Foundation. Dr. Fulmer, Erline Perkins McGriff Professor, was named Dean of the College of Nursing in 2006 and became the first nurse to serve as president of the 5,000-member Gerontological Society of America.*

**Elaine Gould, MSW**  
Director for Programs

*Formerly executive director of the New York Association for Ambulatory Care, Ms. Gould, with earned degrees from the University of Pennsylvania and Brandeis University, has a long-standing dedication to curriculum development, continuing professional education, and raising the profile of geriatric nursing. Over the ten years of the Institute’s work, her strategic oversight has advanced numerous programs to shape education, practice, research, consumer education, and public policy on the care of older adults.*

## How Did the Hartford Institute Accomplish So Much?

Since its beginning in 1996, the Hartford Institute has, among other achievements, provided 6,000 nursing staff developers with materials to instill best practices in geriatric nursing, reached over 400,000 practicing nurses directly with information on geriatric nursing innovations, trained 127 scholars who have gone on to obtain more than \$25 million in research funding, and regularly reaches 350,000 readers of the *American Journal of Nursing* and 5,000 policy makers through *Nursing Counts* to spread the word about and create changes in geriatric nursing practice.

Some of the reasons for the great success of the Hartford Institute for Geriatric Nursing were recently summarized by the project's independent evaluator, George J. Huba, PhD, who emphasized great "raw material," referring to the Hartford Institute faculty and staff, who are well-recognized national leaders in geriatric nursing.

implemented and then continuously re-evaluated. All the programs "fit together" into an integrated whole.

The programs targeted to other institutions—hospitals, baccalaureate schools of nursing programs, specialty nursing associations, summer scholars—were always designed to empower the organizations and individuals receiving training or help.

The Hartford Institute identified both large-scale programs and relatively modest activities that integrate with one another to produce larger effects. The Hartford Institute faculty and staff have been extremely successful at engaging partners to share responsibilities, costs, and rewards from jointly conducting programs. Ultimately, the faculty and staff of the Hartford Institute have succeeded by always showing up and making their message heard—loudly!

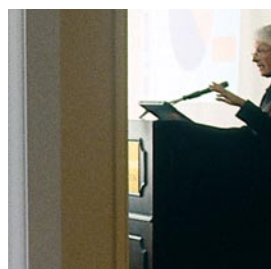
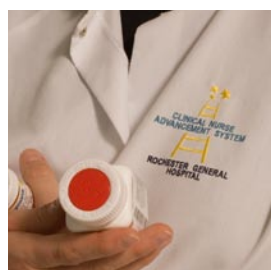


From the beginning, the Hartford Institute had vision and clarity about how to advance the field through a series of strategic activities, which began with extremely strong strategic planning. Those responsible for this vision and planning were the Board of Advisors, the faculty and staff, many of whom have remained constant over the past ten years.

Each of the Hartford Institute's programs was carefully analyzed for its significance, potential impact, and relevance to the Hartford Institute's mission before being



## Strategies to Improve Care of Older Adult Patients



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## Strategy No. 1: Increasing Individual Nurse Competence in the Care of Older Adults



To help nurses incorporate the latest research into the care they provide to older adults, the Try This series provides both printed and electronic information about evidence-based assessment tools and practices.

**INCREASING INDIVIDUAL NURSE COMPETENCE** in the care of older adults begins with the education of all nurses, starting at the baccalaureate level. Therefore, the primary educational focus for the Hartford Institute for Geriatric Nursing has been to infuse geriatrics into baccalaureate nursing programs. But because many practicing nurses attended nursing school at a time when geriatric content was not part of the required curriculum, the Hartford Institute also provides resources for nurses working at the bedside.

To ensure that all nurses are equipped with the most effective evidence-based practices, the Hartford Institute is also committed to the development of the science of nursing. Toward this end, the Hartford Institute works to increase nurses' competence in gerontological research in order to generate new knowledge with which to improve bedside care of patients.

### Infusing Geriatrics into Nursing School Curricula

Before the Hartford Institute was founded, few nursing schools incorporated geriatrics into their curricula. Some schools offered geriatric content, but this was often dependent on the interests and efforts of individual faculty members. There was no required curriculum or national standards focused on transmitting competencies in geriatric nursing. In 1997, a Hartford Institute survey of baccalaureate nursing programs found that 60 percent of programs felt they needed to strengthen their curricula and faculty development in geriatrics.<sup>5</sup> To correct this deficiency and infuse geriatrics into nursing school curricula on a large scale, the Hartford Institute collaborated with the American Association of Colleges of Nursing (AACN), which establishes quality standards for bachelor's- and graduate-degree nursing education and accredits baccalaureate and graduate nursing education programs.

Partnering with this influential organization, the Hartford Institute developed guidelines that define a set of core competencies for geriatric nursing to be incorporated into baccalaureate education. These guidelines reflect the view that nurses who graduate from bachelor's-degree programs should have the skills to recognize the complex interactions of acute and chronic conditions common in the elderly, use technology to enhance older adults' independence and safety, and assess older adults' physical, cognitive, psychological, social, and spiritual status.

The July 2000 document—"Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Gerontological Nursing Care"—defines 30 clinical competencies necessary for nurses to provide high-quality care to older adults and their families. "The expectation," says Dr. Mezey, "is that every nursing student will have a baseline competence in care of older adults." The implication for nursing programs is that they need to include geriatrics content in their curricula.

The Hartford Institute also provides resources to help faculty shape their curricula to meet the core competencies. This technical assistance material is in the publication "Best Nursing Practices in Care for Older Adults: Incorporating Essential Gerontological Content into Baccalaureate Nursing and Staff Development: A Curriculum Guide," and includes presentation materials for professors that were updated in 2005.

*Between 1996 and 2006: 592 nursing schools and education programs affiliated with the American Association of Colleges of Nursing were provided with Hartford Institute materials about geriatric nursing best practices for use by their faculty and students.*

HARTFORD INSTITUTE FOR GERIATRIC NURSING

### MILESTONES: 1998

- > First American Association of Colleges of Nursing/Hartford Institute Award for Baccalaureate Education in Geriatric Nursing
- > First Best Practices Conference is held
- > First Gerontological Society of America/Hartford Institute Doris Schwartz Gerontological Nursing Research Award
- > First "Nursing Counts" is published
- > First annual Scholars and Fellows Summer Research Seminar is held
- > First *Try This* is published; will appear regularly in 20 publications
- > Creation of *Best Nursing Practices in Care for Older Adults Curriculum Guide for Baccalaureate Education and Staff Development*

5- Rosenfeld P, Bottrell M, Fulmer T, Mezey M. "Gerontological Nursing Content in Baccalaureate Nursing Programs," *The Journal of Professional Nursing*, 15.2, 1999, pp. 84-94.

*Between 1996 and 2006: 6,000 hospital and nursing home staff development nurses have been provided educational materials with which to teach geriatric nursing practice.*

HARTFORD INSTITUTE FOR GERIATRIC NURSING

#### MILESTONES: 1999

- > NICHE Program begins under Hartford Institute leadership



- > Start of Specialty Nursing Activities Partnership Program (SNAPP) exhibit booth: 1999-2004; funded by the Avon Foundation
- > *Geriatric Nursing Protocols for Best Practice*, 1st edition, is published by Springer Publishing Company

“The idea,” says Dr. Capezuti, “is to teach geriatric content, but not necessarily in the form of typical geriatric nursing topics.” In fact, the core competency document does not require that a separate course in geriatrics be added to the curriculum. Instead, it encourages faculty to teach care of older adult patients in the context of general nursing topics. “For example, when teaching about cardiac disease, instead of using the textbook 45-year-old man as a case study, talk about the more typical case of an 85-year-old woman with congestive heart failure,” says Dr. Capezuti.

Dr. Capezuti also emphasizes that the Hartford Institute creates materials in a way that allows institutions to adapt them to their particular needs and style. Curricular materials are readily available on and downloadable from the Hartford Institute’s Web site ([www.hartfordnign.org](http://www.hartfordnign.org)). “We make it easy for a faculty member who wants to teach a class with geriatrics content,” says Dr. Capezuti. “We provide everything they need, including learning objectives, lecture content, exercises, and case studies in an accessible, but not lengthy, format. We provide all of the research to allow the faculty member to teach the most up-to-date evidence-based practice. This is all in a form that can be used as is or adapted to fit the particular needs of the faculty member.”

The Institute’s strategy has produced concrete results. A 2003 survey found that 92 percent of baccalaureate nursing programs reported that gerontological content was integrated in one or more courses in the curriculum, a remarkable increase from the 63 percent of schools reporting integration of gerontological content in 1997.<sup>6</sup> The authors also found that many schools that had stand-alone classes in gerontological nursing made them required courses, instead of electives. And, of the schools with a stand-alone course, “78 percent also offered integration of gerontological content, suggesting that offering a stand-alone course serves as a catalyst for integration of gerontological content.”

Overall, the authors reported that “there has been a fundamental shift in baccalaureate curricula toward incorporation of a greater amount of gerontological content, integration of gerontological content in a greater number of nursing courses, and more diversity of clinical sites used for gerontological clinical experiences.”

6- Berman A, Mezey M, Kobayashi M, et al. “Gerontological Nursing Content in Baccalaureate Nursing Programs: Comparison of Findings from 1997 and 2003.” *Journal of Professional Nursing*. 2005. Vol. 21, Number 5, pp. 268-275.

### Equipping Nurses at the Bedside with Geriatric Resources

In addition to infusing geriatrics into nursing education, the Hartford Institute has also been committed to disseminating best practices in nursing care of older adults to all practicing nurses. The basic philosophy underlying these materials is to provide knowledge about best practices in a format that is accessible, easily implemented, and can be adapted to any health care environment.

One of the most important and well-received initiatives is the ongoing *Try This* series, which was launched in 1998. *Try This* is a series of evidence-based assessment tools, each of which focuses on one topic that is specific to caring for older adults, such as predicting pressure ulcer risk, falls risk assessment, assessing pain in older adults, and avoiding restraints in patients with dementia. Each issue is a 2-page document with a description of why the topic is important when caring for older patients on the first page and an assessment tool that can be administered in 20 minutes or less on the second page. Each document also includes a list of resources for obtaining more detailed information about the topic, and is available free of charge on the Hartford Institute's Web site, as a hard copy, and in a format for viewing on a handheld computer. The content encourages nurses to understand the special needs of older adults and utilize the highest standards of practice in caring for the elderly. The issues in the series are routinely updated and are useful for many health professionals besides nurses.

The Hartford Institute has also created nursing protocols, which are more comprehensive than the *Try This* pamphlets. Protocols address key clinical conditions and circumstances likely to be encountered by a hospital nurse caring for older adults and represent best practices for acute care of the elderly as developed by nursing experts around the country. In 1999, Dr. Mezey and Hartford Institute staff and consultants compiled a group of best practices in geriatric nursing into the book "Geriatric Nursing Protocols for Best Practice." A second edition of the book,<sup>7</sup> published in 2003, was named Gerontological Book of the Year by the *American Journal of Nursing*. These protocols were also accepted by the Agency for Healthcare Research and Quality for all health disciplines. An expanded third edition is forthcoming in 2007.

### Topics of the *Try This* Series

SPICES: An Overall Assessment Tool of Older Adults

Katz Index of Independence in Activities of Daily Living (ADL)

The Geriatric Depression Scale (GDS)

Predicting Pressure Ulcer Risk

The Pittsburgh Sleep Quality Index (PSQI)

Assessing Pain in Older Adults

Fall Risk Assessment

Assessing Nutrition in Older Adults

Sexuality Assessment for Older Adults

Urinary Incontinence Assessment

Hearing Screening

Confusion Assessment Method (CAM)

Caregiver Strain Index (CSI)

Elder Abuse and Neglect Assessment

Beers' Criteria for Potentially Inappropriate Medication Use in the Elderly

Alcohol Use Screening and Assessment

The Geriatric Oral Health Assessment Index (GOHAI)

Horowitz's Impact of Event Scale: An Assessment of Post Traumatic Stress in Older Adults

Preventing Aspiration in Older Adults with Dysphagia

Immunizations for the Older Adult

Avoiding Restraints in Patients with Dementia

Assessing Pain in Persons with Dementia

Brief Evaluation of Executive Dysfunction: An Essential Refinement in the Assessment of Cognitive Impairment

Therapeutic Activity Kits

Recognition of Dementia in Hospitalized Older Adults

Wandering in the Hospitalized Older Adult

Communication Difficulties: Assessment and Interventions

Assessing and Managing Delirium in Persons with Dementia

Decision Making and Dementia

7- Mezey M, Fulmer T, Abraham I, editors. Geriatric Nursing Protocols for Best Practice, 2nd Edition. New York: Springer Publishing Co., 2003.



*Between 1996 and 2006: 33 issues of Try This have been published. Many have been converted for use on personal digital assistants, and others are being converted to CD-ROM presentations to better share innovations with students and practicing nurses.*

“The protocol book is not meant to be a textbook,” says Dr. Capezuti. “In order to be practical for use by nurses in the hospital, we designed it to be small and easy to use. The text is in the form of summaries and case studies, utilizing bullet points and tables to make the information quickly accessible. The protocols are also in a form that can be easily adapted to a hospital’s policies and procedures.”

To further connect to individual nurses, the Hartford Institute also collaborates with nursing journals to provide nurse experts to write on geriatric topics. Hartford Institute staff work with *The American Journal of Nursing*, *Geriatric Nursing* and the *Journal of Gerontological Nursing*, and also with national publications read by nurses who are not necessarily geriatric specialists. These include magazines such as *Nursing Spectrum* and *Advance for Nurses*, as well as newsletters and journals of nursing specialty organizations.



At the November 2006 meeting of the Gerontological Society of America in Dallas, Texas, 28 alumnae of the Geriatric Nursing Research Summer Scholars Program gathered with Hartford Institute co-director Elizabeth Capezuti (seated, fifth from right).

*The American Journal of Nursing* publishes a bimonthly series entitled “A New Look at the Old,” made possible through a grant from the Atlantic Philanthropies to the Hartford Institute, providing authors and reviewers for the articles. For example, Howard Butcher, PhD, RN, a Hartford Institute Scholar, wrote an article on late life depression, and columnist Jane Brody used the article as the basis for a *New York Times* health article in January 2005.

*Advance for Nurses* recently published an article on the Geriatric Resource Nurse model with sidebar interviews of nurses trained to work with older patients. Several articles by Hartford Institute staff have been published in the New York metropolitan region issue of *Nursing Spectrum*. In addition, Hartford Institute faculty and staff have published over 150 scholarly articles about geriatric nursing topics.

## Preparing Nurse Researchers to Bring New Evidence and Therapies to the Bedside

The 127 scholars who participated in the Geriatric Nursing Research Summer Scholars Program between 1996 and 2006 have launched studies on a wide variety of geriatric nursing topics, including:

- Improving cognitive function in elderly in long-term care
- Effectiveness of commonly used dietary supplements in managing the symptoms of chronic illness in the elderly
- Health empowerment in homebound older women
- Tailoring physical activity interventions for older adults
- Consumer directed care in gerontological nursing education and caregiver-consumer relationships
- Outcomes of tube-feeding versus hand-feeding in later stage dementia
- Effect of nursing home environments on the physical, psychological and social characteristics of nursing home residents and staff
- Effective critical care management of delirium
- How the meaning of home may be used to create individualized interventions to foster quality of life in long-term care settings
- Evaluation of an intervention to increase communication and negotiation skills of home health care family dyads
- Health promotion, older adults' physical exercise and cardiovascular disease
- Reduction of cardiovascular risk factors and improvement of overall health status of older women
- Identification of strategies and interventions for supporting eating habits in people with dementia
- Comparing transition as it impacts the continuity of social relationships and quality of life in assisted living residents
- Caring for people with Alzheimer's disease and family caregivers
- Sexuality and intimacy in older adults
- Exploration of changes in nutritional status and patterns of recovery in older and younger persons undergoing traditional vs. “off-pump” CABG surgery
- Transitions of older women and their adult daughters as health needs arise

*Between 1996 and 2006: 127 Geriatric Nursing Research Summer Scholars Program graduates have obtained more than \$25 million in research funds to support new knowledge and practices in geriatric nursing.*

### **Preparing the Next Generation of Nursing Scholars**

An important shift that's taking place in nursing is a move toward more evidence-based practice. Practice standards are derived from a consensus of leading experts drawing on both the literature and clinical experience. In recent years, there is a growing body of data about nursing best practices that comes from well-designed clinical trials. These types of studies result in data that can be looked to as authoritative sources for creating sound recommendations for nursing.



*Rose Ann DiMaria-Ghalili, PhD, RN, shown here weighing a patient during a post-operative visit, continues to develop her research on nutrition and health outcomes and was selected as a 2007-2009 Claire M. Fagin Fellow with funding from the Hartford Foundation and the Atlantic Philanthropies.*



The professionals who carry out this research are nurses who choose an academic career. From its inception, the Hartford Institute recognized the need to support up-and-coming geriatric nurse researchers. By training scholars in the basic principles of a successful research career—including writing a research proposal, obtaining grant funding, recruiting participants, analyzing results, presenting findings at professional meetings, and publishing—the Hartford Institute is making a major investment in the future of nursing through the Geriatric Nursing Research Summer Scholars Program.

HARTFORD INSTITUTE FOR GERIATRIC NURSING

### MILESTONES: 2000

- > Minimum Nursing Staffing Standards for Nursing Facilities is published in *The Gerontologist*
- > American Association of Colleges of Nursing/Hartford Institute baccalaureate competencies guidelines are published

## An Opportunity to Hone Research Skills and Make Connections

Older people tend to lose weight after they undergo surgery and that weight loss is often associated with adverse health outcomes. This was the conclusion Rose Ann DiMaria-Ghalili, PhD, RN, came to as a result of her early research. Her interest in nutrition and patterns of recovery in older adults undergoing surgery has been a mainstay of her career, and continues now that she is an associate professor in the School of Nursing at West Virginia.

In 2003, Dr. DiMaria-Ghalili attended the Hartford Institute for Geriatric Nursing Summer Research Scholars Program because she thought it would be a good way to hone her research skills and be mentored by expert geriatric nurses. As an outcome of her participation in the program, she has been able to disseminate the findings of her work on nutrition in older adults not only in research journals but also to nurses working at the bedside. Part of her research

involves identifying the causes of weight loss in older adults undergoing surgery, and the other part is focused on developing interventions to prevent it.

“The Hartford summer program is one of the best programs I have ever attended,” she says. During the program, she was able to develop her research proposal, which subsequently received funding from the American Nurses Foundation and University of Washington School of Nursing’s Center for Women’s Health and Gender Research. But just as important, Dr. DiMaria-Ghalili made contacts and became known as an expert in the area of nutrition in the elderly.

After the Summer Scholars Program, Dr. DiMaria-Ghalili was asked to collaborate on an article about nutrition in older adults for the *American Journal of Nursing* (AJN) as part of their series “A New Look at the Old.” “I received requests for reprints of this article from all over the world, and the research was featured in a *New York Times*

article<sup>8</sup> based on the AJN article,” says Dr. DiMaria-Ghalili. She was also asked to write the section “Nutrition in the Elderly” for the Nurse Competence in Aging Web site [www.GeroNurseOnline.org](http://www.GeroNurseOnline.org).

“As a researcher, you want to publicize your work to the research community, but it’s also important to get the message out to the practicing nurse,” says Dr. DiMaria-Ghalili. And that’s what she’s been able to do. “My connection to the Hartford scholars program was the reason I was selected for these assignments and was able to have this impact,” she says.

8- Nagourney E. “Tea and Toast and a Danger That Can Be Hard to Spot.” *New York Times*. April 12, 2005.

Each summer, 12 to 18 doctorally prepared nursing scholars from around the country are chosen to participate in the one-week, intensive seminar at New York University, which has been co-sponsored by the Merck Foundation and the *American Journal of Nursing*. Researchers from leading nursing schools around the country are invited to participate as guest faculty. To date, 127 scholars have graduated from the program. The goal of the seminar is to help scholars to hone specific research skills and gain a competitive edge for funding.

## The Right People at the Right Time

After obtaining her doctoral degree in 1998 with a dissertation on acute confusion in the elderly, Pamela Cacchione, PhD, GNP, was considering the next step in her academic career. Dr. Cacchione attended the Summer Research Scholars Program in 1999, and she credits it with changing her professional life and making her the successful clinical researcher she is today.

Fortuitously for Dr. Cacchione, associate professor, Saint Louis University School of Nursing, Missouri, one of the guest faculty members at the Summer Scholars Program in 1999 was Toni Tripp-Reimer, PhD, RN, Professor and Associate Dean for Research at the University of Iowa College of Nursing. At the time, Dr. Tripp-Reimer had put together a consortium of researchers in the area of acute confusion in long-term care, which was Dr. Cacchione's and her primary area of research interest. Working with Dr. Tripp-Reimer, Dr. Cacchione identified a topic that no other researcher was investigating—hearing and vision impairment as a risk factor for delirium or acute confusion.

Shortly after the Summer Scholars Program ended, Dr. Tripp-Reimer offered Dr. Cacchione a postdoctoral position at the University of Iowa. Even though it required a four-hour commute, Dr. Cacchione jumped at the chance. She made connections with other researchers doing similar work and built on the research idea that had begun in the Scholars Program. As a result of her participation in the one-week scholars program, Dr. Cacchione wrote a research proposal that eventually led to a four-year \$1.47 million grant from the National Institute of Nursing Research, which is the largest research grant the Saint Louis University School of Nursing has ever received. The study is evaluating the impact of a nursing intervention called Individualized Sensory Enhancement in the Elderly (I-SEE) in a population of nursing home residents. "We assess things like medications to make sure they're not affecting vision or hearing," says Dr. Cacchione. "We also clean their glasses, clean out ear wax, and increase the lighting in the room." Dr. Cacchione and her colleagues hypothesize that improving vision and hearing in older patients will

have a positive impact on cognitive performance, physical function, and social engagement. She has hired a research staff to implement the interventions and measure the outcomes.

When the researchers detected a cataract in one patient and referred her for surgery, the woman returned to the clinic and remarked "I can see colors again." "On a personal level, cases like that make the work of putting together a study worthwhile," says Dr. Cacchione.

Seven years after attending the Summer Scholars Program, Dr. Cacchione maintains strong ties to the Hartford Institute for Geriatric Nursing. She is the president of its Scholars alumni association, she contributed a chapter on vision in older adults to a textbook edited by another graduate of the Summer Scholars Program, and she continues to interact with scholars on the listserv and at the scholar's annual meeting at GSA.

"The program was the catalyst for my career," she says. "It was the right people at the right time and generated a tremendous amount of energy in me."

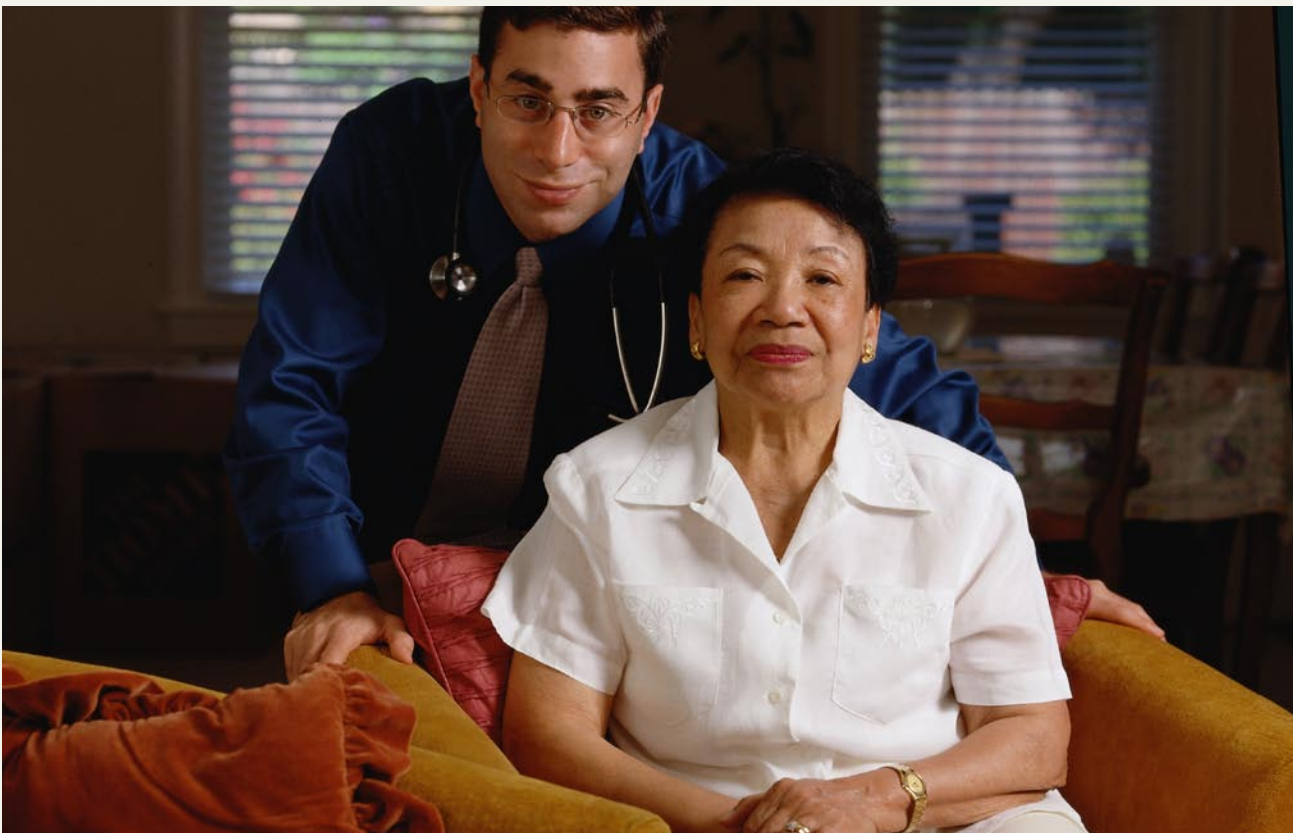
“The scholars come to the program to help them think through a research proposal,” says Dr. Capezuti. “But it’s much larger than that: it’s also about helping them envision their career paths and future research interests.” Many of the scholars come from smaller nursing schools where there may not be adequate mentorship for their work. During the seminar, the scholars have the opportunity to meet prominent researchers from outstanding universities and federal agencies who engage them in critical analysis of their work.



*Pamela Cacchione, PhD, GNP, (foreground) with members of the I-SEE research team Leah MacQuality, BSN, RN, and Mary Beth Barad, MSN, RN, with Betty Goode, a resident at Beauvais Manor, St. Louis, Missouri, seeks to help older patients maintain their independence by addressing hearing and visual problems.*

The participants also make important professional connections that will assist them throughout their careers. “Some of the scholars have never been to a Gerontological Society of America (GSA) meeting,” says Dr. Capezuti. The faculty members encourage all scholars to participate in this scientific meeting, an important forum for exchanging research and ideas with colleagues. The Hartford Institute also hosts a scholars group meeting every year at the GSA Annual Meeting, a place where all alumni from the scholars program can gather for professional exchange.

While the scholars program is only one week, the impact is long lasting. So far, the graduates of the program have obtained over \$25 million in research funds. In addition, scholars tend to stay in touch



*Abraham Brody, RN, GNP, visits with a home care patient and study volunteer. His work as an undergraduate research assistant at the Hartford Institute inspired him to seek a PhD in nursing at the University of California, San Francisco.*

with one another, either directly or through the listserv. “In nursing, recruitment of faculty is important and we don’t want people to fail,” says Dr. Capezuti. “People often flounder when they’re not connected to other professionals who are helping them.”

### **Leveraging Success to Increase Aging Content in Nursing Education**

To achieve the goal of truly embedding geriatrics into nursing practice, the Hartford Institute and the Hartford Foundation have worked to create lasting structures that ensure enduring improvement. This has been accomplished by leveraging Hartford Foundation funding to obtain additional funding, forging strategic partnerships, and creating lasting programs.

## **Finding a Calling in Geriatric Nursing**

In 1999, Abraham Brody, RN, GNP, was an undergraduate student in the Department of Biology at New York University, looking forward to one day becoming a pediatrician. His career aspirations were about to take a major turn in an example of the importance of mentoring and role models in geriatrics. In the spring of that year, Mr. Brody was simply looking for a job when fate stepped in, in the guise of Mathy Mezey, not only to change his planned career path but to give him what he now considers his calling—as a geriatric nurse.

Mr. Brody worked as a research assistant at the Hartford Institute from 1999 until he graduated in 2002, by which time he had become a devoted convert to nursing

and specifically to geriatrics. He went to the University of California, San Francisco, where he received a Master in Science (MS) in Nursing and is now working toward a Doctor of Philosophy (PhD) in nursing. Presently, he is a scholar in the Hartford Geriatric Nursing Initiative’s Building Academic Geriatric Nursing Capacity Program.

“Working with such a vibrant and intelligent group of people on topics that are of such gravity for a large number of people changed my career focus,” he says. Mr. Brody had experienced the death of some of his elderly relatives, but at the Hartford Institute he realized that end-of-life care was something that could be studied in order to increase the quality of care. His current research is looking at how palliative and hospice care affect the quality of pain and symptom management at the end of life in the long-term care setting.

Mr. Brody also works as a nurse practitioner for a private home visit practice, where he performs geriatric assessments on homebound elderly people and nursing home residents. “I hope to improve their quality of life or, if they are at that stage, the quality of the dying process,” he says.

“The Hartford Institute and the people who work there helped to convince me through their actions that geriatric nursing is a valuable and necessary field and that we need more people in it to take care of older adults,” says Mr. Brody. “Without them, I would not be doing what I’m doing today.”

*Between 1996 and 2006:  
400,000 nurses receive  
information on geriatric  
nursing best practices  
through their specialty  
associations.*

For example, in nursing education, the AACN has embraced the importance of geriatrics, and gerontological content is now integrated into the curricula of most baccalaureate nursing programs. In addition, through a 2005 Hartford Foundation/AACN curriculum grant, the Hartford Institute has asked nursing specialty associations to review and approve educational modules for schools of nursing, thereby assuring that what is taught in the undergraduate programs is consistent with practice. AACN plans to use a “train the trainer” approach to teach faculty and embed geriatric content/techniques in curricula. The focus of the Hartford Institute has also expanded beyond the undergraduate level to the graduate level. Modules being developed include case studies for teaching nurse practitioners about geriatrics. They will utilize a Web-based format that supports self-learning and will keep nurse practitioners current in geriatric practice.

With funding from the Atlantic Philanthropies, the Hartford Institute is reaching out to specialty nurses working with older patients through the Nurse Competence in Aging (NCA) initiative. This \$5 million, five-year award supports a strategic alliance between the American Nurses Association, the American Nurses Credentialing Center and the Hartford Institute, and is administered by the American Nurses Foundation. The initiative is working with 55 specialty nursing associations (representing over 400,000 nurses) to incorporate geriatrics and enhance members’ competence in aging. NCA also promotes gerontological nursing certification to encourage specialty nurses to obtain dual certification and validate their geriatric competence along with their specialty expertise.

“We’ve developed educational materials and helped the specialty associations create materials so that nurses in specialty practice (oncology, cardiology, hospice, etc.) have tools that address the specific needs of the population of older patients they are treating,” says Dr. Mezey. Many of the associations have added geriatric content to their Web sites, as well. In 2004, the NCA launched [www.GeroNurseOnline.org](http://www.GeroNurseOnline.org), a comprehensive geriatric nursing resource center that pulls together evidence-based content from several sources, including the Web sites of the Hartford Institute and the 55 affiliated nursing specialty societies. In 2005, the Web site was awarded a Silver Medal from the World Wide Web Health Awards.



The *Try This* series has also been a vehicle for Hartford Foundation grant leveraging. In 2004, the Hartford Institute developed a partnership and received funding from the Alzheimer's Association to create a 12-issue subset of the *Try This* series. These issues cover topics that relate to nursing care of hospitalized older adults with dementia and are available on the Institute's Web site and also appear in the newsletters and journals of 18 specialty nursing associations, for an estimated circulation of 150,000. The series is also disseminated through specialty listservs and e-mail newsletters.

In creating a better environment for geriatrics in the world of nursing research, Institute staff found that bringing greater attention to geriatric nursing does not always require large, expensive, funded programs. In some instances networking, encouragement, recognition, and persistence can prove revolutionary. An example is how the talented leaders of the Hartford Institute instigated a major change in the recognition of the accomplishments of nurse researchers within the GSA, and by extension within the larger geriatric academic community. Prior to 1996, there was little recognition of nursing research at the GSA. "A fledgling interest group of about 10 people had begun to meet around a bowl of pretzels," says Dr. Mezey. Today, about 300 nurse researchers meet annually in one of the most vital interest groups of the GSA, and it is known for its prestigious awards program. A significant mark of the success the Hartford Institute has achieved in raising the prestige and value of geriatric nursing research is the selection of Dr. Fulmer, co-director of the Hartford Institute, as the first nurse to hold the position of president of the GSA, in 2005.

## HARTFORD INSTITUTE FOR GERIATRIC NURSING

**MILESTONES: 2001**

- > First "Nursing Counts" is published by the *American Journal of Nursing*, coordinated by Charlene Harrington and Christine Kovner



- > Hartford Institute convenes new Coalition of Geriatric Nursing Organizations, representing 18,500 nurses; Sarah Greene Burger, chair



## Strategy No. 2: Promoting Work Environment Changes to Support Good Geriatric Nursing



*Taking prescription drugs can be a challenge for older patients with multiple prescriptions. At Rochester General Hospital, Rochester, New York, nurse leaders Sue Montagiano, RN, and Sue Nickoley, MS, RN, are testing programs to help patients manage their own medications.*

INDIVIDUAL NURSES ARMED WITH THE KNOWLEDGE AND SKILLS to most effectively care for their older patients may still fail unless the work environment is conducive to supporting their efforts. Therefore, the second strategy of the Hartford Institute is to influence care of older patients at a systems level by integrating geriatric nursing best practices into the standard practices and protocols of health care institutions.

Good nursing is the key to effectively managing the acute care of older patients while preventing or minimizing troubling adverse outcomes, because while older patients can benefit from treatments received in the hospital, hospitalization itself can result in complications. For example, pressure ulcers occur frequently in older hospitalized patients; these are serious problems that can lead to serious infections or even death. Early detection of patients who are at risk for pressure ulcers is the key to prevention, and nurses can identify patients for whom preventive interventions should be undertaken.

However, nurses who are well trained and have access to information and resources on proper care of older adult patients can still fail to provide the best possible care unless they receive the necessary support in their work environment. Health care institutions must have structures in place and the motivation to ensure their personnel have the resources to employ practices that can reduce adverse events of hospitalization for older patients. Truly improving health care for older adults depends on hospitals and other health care facilities making this an institutional priority.

The Hartford Institute has promoted system level change through the Nurses Improving Care to Healthsystem Elders (NICHE) program. NICHE encourages the use of nursing models to achieve system change, including encouraging hospitals to utilize Geriatric Resource Nurses and supporting the use of Acute Care for Elders (ACE) units.

#### **Nurses Improving Care to Healthsystem Elders (NICHE)**

To assist hospitals in implementing systemic changes to achieve institutional improvements in geriatric care, the Hartford Foundation provided funding to the NYU Division of Nursing to launch Nurses Improving Care to Healthsystem Elders (NICHE) in 1992. NICHE has since been incorporated into the Hartford Institute for Geriatric Nursing. NICHE focuses on programs and protocols that are under the control of nursing practice; in other words, the areas where nursing interventions have a substantive and positive impact on patient care. Examples include preventing falls, assessing for delirium, assessing cognitive function, assessing pain, and preventing pressure ulcers and skin tears. The NICHE program currently has 198 active sites in 38 states as well as parts of Canada and The Netherlands.

NICHE hospitals use the educational resources of the Hartford Institute for Geriatric Nursing, but the program provides more than just content. “NICHE hospitals want to know how to put programs into place and how to write policies and procedures,” says Dr. Capezuti. “It’s not about just training one person, but rather how to embed certain practices into the system in a way that is ongoing and self-sustaining.” NICHE does not prescribe how institutions should modify geriatric care; rather, it provides the materials and services necessary to stimulate and support the planning and implementation process.

HARTFORD INSTITUTE FOR GERIATRIC NURSING

#### **MILESTONES: 2002**

- > Nurse Competence in Aging is founded. Funded by the Atlantic Philanthropies (USA) Inc., it forms a strategic alliance among the American Nurses Association, American Nurses Credentialing Center, and the Hartford Institute



- > *Health Affairs* article on the nursing workforce is published
- > Free national gerontological nursing certification review course launched on the Hartford Institute Web site

*Between 1996 and 2006:  
225 hospitals in 40 states  
adopt the NICHE program  
to better serve older  
patients.*

The process usually begins with attendance at the NICHE Leadership Conference, a two-day meeting introducing new sites to the program and providing an overview of the available tools. The faculty of the conference are national leaders in gerontologic nursing, and representatives from mature NICHE sites often participate as well. The next step is the Geriatric Institutional Assessment Profile, a 68-item self-report survey that allows hospitals to assess staff knowledge and attitudes towards older adults and examine institutional barriers and support for quality geriatric care. It also helps identify issues and concerns of staff and provides baseline data that can be used to develop priorities for geriatric nursing care. The questionnaire evaluates knowledge and practice related to four common geriatric syndromes (incontinence, sleep, restraints, and pressure ulcers). The survey is available free of charge, but many hospitals using it contract with the Hartford Institute to analyze the results and provide benchmarks to guide care improvement programs.

To reorganize care of older patients, NICHE promotes two nursing care models. The first is the geriatric resource nurse model. About 12 percent of NICHE hospitals use a second nursing care model, which is an Acute Care for the Elderly unit as a venue to provide tailored services for older patients with complex medical problems.

#### **Use of Geriatric Resource Nurses**

The Hartford Institute has found that hospitals—NICHE sites as well as other institutions—are enthusiastic about the geriatric resource nurse model, which at its core is based on the observation that of all the health team members, nurses know the most about the older patients on their units. Under the program, nurses interested in geriatric health issues are recruited and given specialized education and training in the care of older adults. After training, the nurse serves as a resource for geriatric best practices to other nurses. Using this model, many of the problems encountered in care of geriatric patients can be handled on the unit by staff nurses.

The number of resource nurses in a participating hospital can range from 2 to 100. They are educated about the range of geriatric syndromes and issues, including fall prevention, reduction of restraint use, pain management, appropriate use of medication, wound care, dementia care, and addressing patient and family concerns such as advance directives. Initial trainings are augmented with ongoing

education to deepen their knowledge, empowering them to become role models for their colleagues. In some hospitals, the responsibility of the resource nurse is informal—colleagues know which of their peers they can approach for an opinion on care for an older patient. In other hospitals, the resource nurses play a more formal role, providing educational programs and conducting quality improvement activities.

“In hospitals that use the Geriatric Resource Nurse model, the geriatrician knows that a nurse with competence in geriatric issues has addressed the problem,” says Dr. Mezey. “As a result, it allows the interdisciplinary team to focus on the most complex patients and it is empowering for nurses.”

### **Supporting the Creation of ACE Units**

Acute Care for Elders, or ACE units are inpatient wards providing both standard medical services and advanced geriatric interventions. ACE units are geared toward preventing functional decline in older patients through careful design of the physical environment, collaboration among interdisciplinary teams, and nurse-initiated clinical protocols of care. In ACE units, the hospital environment has a home-like feel and encourages patients to be as active as possible and to be more involved in their care. The use of ACE units has been shown to improve physical function among elderly patients and reduce discharges to long-term care institutions.

ACE units typically have bright lights, flooring that prevents falls, and an activity room for congregate meals, visiting and therapy. The latter is meant to encourage patients to get out of bed and move around, thus reducing the risk for functional decline due to immobility. The staff members on the unit, including nurses, social workers and therapists, have special training in care of older adults, and protocols to promote best geriatric practice, such as not using physical restraints, removing Foley catheters, and early ambulation.

Studies have shown that patient and nursing satisfaction is generally higher in ACE units than on traditional hospital floors.<sup>9</sup> In many cases, ACE units produce cost savings. Initial development costs are usually offset by shorter lengths of stay and reduced patient costs. The units have also been shown to make more efficient use of scarce hospital staff, concentrating staff efforts on the patients who need more care.

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9- Counsell SR, Holder CM, Liebenauer LL, et al. “Effects of a Multicomponent Intervention on Functional Outcomes and Process of Care in Hospitalized Older Patients: A Randomized Controlled Trial of Acute Care for Elders (ACE) in a Community Hospital.” *Journal of the American Geriatrics Society*. 2000. Vol. 48, Number 12, pp. 1572-1581.

Landefeld CS, Palmer RM, Kresevic DM, Fortinsky RH, Kowal J. “A Randomized Trial of Care in a Hospital Medical Unit Especially Designed to Improve the Functional Outcomes of Acutely Ill Older Patients.” *New England Journal of Medicine*. 1995. Vol. 332, Number 20, pp. 1338-1344.

Palmer RM, Counsell SR, Landefeld SC. “Acute Care for Elders Unit: Practical Considerations for Optimizing Health Outcomes.” *Disease Management & Health Outcomes*. 2003. Vol. 11, Number 8, pp. 507-517.

**Resources for NICHE**

All of the comprehensive, evidence-based resources of the Hartford Institute are available for use by NICHE hospitals, including the procedures in the book “Geriatric Nursing Protocols for Best Practice” and the *Try This* series. NICHE sites are also provided with educational materials through the Partners for Dissemination Program to assist staff developers to assure nurse competency in geriatrics. Materials include a user’s manual, curriculum guide, teaching slides, protocols, and evaluation packets. These materials address common age-related issues, such as falls, pressure sores, and functional loss.



*Sue Nickoley, MS, RN (second from right), Sue Montagliano, RN (left) and Judith Lawson, RN (right) discuss the after-surgery walking program protocol with a patient at Rochester General Hospital in Rochester, New York.*



Another important resource for NICHE sites is a listserv, through which participating sites can share information on protocols, technologies, materials, assessment instruments, and staff development tools. The Hartford Institute also provides NICHE sites with tools for evaluating the effectiveness of the nursing care models and clinical practice protocols. NICHE sites also have access to a free on-line review course to prepare nurses for the American Nurses Credentialing Center Gerontological Nursing Examination.

Studies conducted by individual NICHE hospitals have demonstrated measurable results from NICHE implementation, including reduction

## Investing Resources in Geriatrics: Rochester General Hospital

When Sue Nickoley, MS, RN, took a position at Rochester General Hospital as a clinical nurse specialist and care manager in acute rehabilitation, it was a departure from her previous position and lifelong interest in geriatrics. In 2003, when she learned that the hospital was interested in exploring ways to better serve its older patients, she decided to get involved by helping to initiate an interdisciplinary team using the NICHE model to identify and address the special needs of hospitalized elderly patients. Today, Ms. Nickoley holds the position of geriatric clinical nurse specialist, Rochester General Hospital is a formal NICHE site, and the hospital has been named a Nurse Magnet Hospital. Getting there took vision and persistence on the part of Ms. Nickoley, her nursing and team colleagues, as well as the support of the Hartford Institute for Geriatric Nursing.

In 2003, Rochester General Hospital wanted to explore its options completely before making the commitment. So Ms. Nickoley led the development of a pilot program on two medical units of the hospital, using

the NICHE resources and materials that are available free of charge on the Hartford Institute Web site. Ms. Nickoley began by administering the Geriatric Institutional Assessment Profile, both at the beginning and two years later.

“Even though we were a nonpaying institution, I was able to informally consult by phone with the people at the Hartford Institute and they willingly shared knowledge and resources that allowed us to proceed with improving care to our older patients,” says Ms. Nickoley.

As part of the pilot study, the team created a walking program for older patients, an evening nutritional snack program, and a program to manage high-risk medications. Ms. Nickoley also performed geriatric risk screening rounds and the team worked with medical colleagues to get geriatrics embedded in the standardized medical orders, including bed rest, urinary catheters, prevention of blood clots, and immunization items. “During this pilot phase, we were learning and growing, but we were

also using this experience to build a case for becoming a NICHE hospital and investing more resources in geriatrics,” says Ms. Nickoley.

By February 2005, the administration at Rochester General Hospital agreed that becoming a NICHE site was warranted, expanding the pilot projects across the entire hospital. A core geriatric class was offered with 70 classes attended by over 1,300 staff. In addition, Ms. Nickoley created a Web page called “Age Matters” to communicate the many geriatric resources available for bedside staff, including NICHE content and a link to the Hartford Institute Web site.

Two years after implementation, the institutional survey was readministered, showing statistically significant improvements. Staff perceived improved education on geriatrics and greater satisfaction with staff knowledge on how age affects response to treatment and the extent to which geriatric care issues are addressed.

in use of physical restraints, reduction in catheter use and the associated urinary tract infections, decreases in injuries from falls, and declines in delirium. These patient outcomes have been correlated with administrative cost savings. One hospital reported a significantly lower length of stay and numbers of patients readmitted within one month of discharge.

Overall, hospitals that have implemented NICHE report enhanced nursing knowledge and skills regarding treatment of common geriatric syndromes, greater patient satisfaction, decreased length of stay for elderly patients, reduced readmission rates, increases in the length of time between re-admissions, and reductions in costs associated with hospital care for the elderly.<sup>10</sup> Being a NICHE site has the added benefits of assisting health care facilities with their accreditation reviews and in obtaining status as a Magnet hospital. The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association, to recognize health care organizations that provide nursing excellence.

#### **Keeping the Focus on Geriatrics in Nursing Practice and Health Systems**

In all its endeavors, the Hartford Institute seeks partnerships and additional funding to sustain, enhance, and extend the reach of its programs. In the case of the NICHE initiative, a strategic alliance was formed with the American Organization of Nurse Executives (AONE), the nursing branch of the American Hospital Association, which represents vice presidents and directors of nursing of over 5,000 hospitals nationally. The AONE has embraced NICHE and encourages its members interested in geriatrics to become active. AONE also developed a national award for hospital excellence in the care of older adults, which is presented at the organization's annual meeting.

Inspired by NICHE, the nurse executives are also working with the Hartford Institute to explore an initiative called the Elder-Friendly Hospitals Project, bringing together nurse leaders from around the country to discuss the concept of redesigning hospitals in ways that are most conducive to quality care for older adult patients. The initiative will create criteria and a system of recognition for hospitals that make a serious and substantial commitment to high quality care of older adults.

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Pfaff J. "The Geriatric Resource Nurse Model: A Culture Change." *Geriatric Nursing*. 2002. Vol. 23, Number 3, pp. 140-144.

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NICHE is financially self-sustaining and continues to increase member hospital sites. But greater numbers of hospitals becoming NICHE sites presents a challenge to the Hartford Institute. Today, with over 200 sites (and growing), it is becoming increasingly difficult to hold conferences and provide all of the other support systems within the current structure. “In order to make a significant impact on hospitals in America, we must have the mechanisms in place to enroll many more hospitals,” says Dr. Capezuti. To capitalize on NICHE’s promise, the Atlantic Philanthropies has pledged \$5.35 million, beginning in September, 2007, to greatly expand the NICHE program.

HARTFORD INSTITUTE FOR GERIATRIC NURSING

**MILESTONES: 2003**

- > Best Nursing Practices in Care of Older Adults Curriculum Guide for Baccalaureate Education and Staff Development issued as CD ROM
- > Agency for Healthcare Research and Quality (AHRQ) posts selected Hartford Institute-developed protocols on its Web site
- > *Try This* issued in PDA format



- > *Protocols* book, 2nd Edition, receives *American Journal of Nursing* Book of the Year award in geriatrics

### Strategy No. 3: Showcasing Excellence to Transform Geriatric Nursing



*Taylor Harden, PhD, RN, assistant to the director for special populations at the National Institute on Aging, presents the 2006 Doris Schwartz Gerontological Nursing Research Award to Meridean Maas, PhD, RN, Professor Emerita at the University of Iowa College of Nursing, in recognition of her pioneering research for therapies and interventions to help persons with dementia in nursing homes and their caregivers.*

To INCREASE THE PROMINENCE OF GERIATRIC NURSING, the Hartford Institute for Geriatric Nursing has worked to raise the bar for the provision of high quality geriatric nursing by rewarding people who have made significant contributions in the areas of geriatric nursing curriculum, research and practice.

Presenting awards for outstanding work in research, education, curriculum development and practice is a high-profile, low-cost strategy that brings national attention to geriatric nursing.

“The strategy behind giving awards is to send the message to important audiences that there are exemplary nurses and institutions delivering high quality care to older adults and therefore everybody can and should be doing it,” says Dr. Mezey.

In a world of sensationalized news coverage, of course, too often it is poor rather than excellent care of the elderly that captures professional and public attention. Ageism, still so prevalent in society, spills over to

stigmatize the nurses who work with the elderly. Negative perceptions within and outside the profession can derail attempts to generate interest in geriatrics among nursing students, recruit nurses to practice in geriatric settings, garner support for geriatric nursing research, and promote public policy favorable to geriatric nursing. By recognizing excellence in geriatric nursing, these perceptions can be turned around. Awards provide encouragement and validation for individual recipients. But the impact is potentially far greater. By strategically giving awards, there is a ripple effect which inspires others toward greater achievement in the field, attracts nursing students to pay greater attention to geriatrics, and creates positive perceptions about care of older adult patients in the wider health arena.

“Our strategy is to showcase achievement by creating awards that recognize recipients among their peers and other audiences,” says Dr. Mezey. The first is the immediate professional environment of the recipient. Professors who receive awards are recognized within the institution in which they work. The second audience is the wider community of, for example, the specialty association or other appropriate organizations. Finally, the larger nursing community, reached through press releases to appropriate media outlets and by presenting awards in a forum where they will receive the greatest attention, can learn about geriatric nursing as a result of publicity surrounding the awards.

The Hartford Institute has succeeded in this strategy by developing partnerships with large national organizations. By presenting awards at national conferences, such as meetings of the American Association of Colleges of Nursing, the Gerontological Society of America, and the American Organization of Nurse Executives, the visibility and prestige of the work of geriatric nurses is recognized. “There have always been pockets of excellence in geriatric nursing, but these awards add legitimacy to what geriatric nurses are doing,” says Dr. Mezey. “They don’t have to feel alone, because they’ve joined a group of professionals who are recognized over time for a body of excellent work.”

## HARTFORD INSTITUTE FOR GERIATRIC NURSING

**MILESTONES: 2004**

- > American Association of Colleges of Nursing/Hartford Institute publish advanced practice nursing *Competencies*
- > *Try This Dementia* series starts, funded by Alzheimer’s Association
- > Nurse Competence in Aging project launches GeroNurseOnline.org Web site



- > American Organization of Nurse Executives/NICHE Award is initiated to honor a hospital that embodies best practice in nursing care to older adults

*Between 1996 and 2006:  
Over 150 scholarly articles  
have been published by  
Hartford Institute faculty  
and staff. More than 300  
presentations and trainings  
have been conducted by  
Institute staff, as well.*



### Curriculum Awards

In 1998, the American Association of Colleges of Nursing (AACN) and the Hartford Institute established the Award for Baccalaureate Education in Geriatric Nursing, the first recipient of which was Minnesota State University at Mankato School of Nursing. Since then the award, which recognizes the efforts of nursing schools to enhance student competence in aging, has been expanded to encompass four separate accomplishments. Annual awards are now given to outstanding faculty members, for infusion of geriatric content into the curriculum, for a stand-alone geriatric course, and for innovative clinical settings in which geriatric nursing can be taught.



*Kristen Mauk, PhD, RN, Associate Professor of Nursing, Valparaiso University, Valparaiso, Indiana, at the Hebron Community Center, Hebron, Indiana, supervises students performing blood pressure screening as part of their course, "The Aging Process."*

Because the Hartford Institute and AACN recognize the importance of showcasing geriatric nursing to deans of nursing schools, who are influential leaders in curriculum design and faculty development, the \$500 awards are presented every year at the Fall Deans Meeting of the AACN.

#### **Awards to Recognize Nursing Research**

A prime example of how an award has served as the spark to generate growing interest and excitement around geriatric nursing is the Doris Schwartz Gerontological Nursing Research Award. The award was conceived in 1998 to honor the life and work of Doris Schwartz and

### **Award for Baccalaureate Education: Infusing Geriatrics into the Nursing Curriculum**

When Valparaiso University College of Nursing revised its baccalaureate curriculum, the faculty saw an opportunity to integrate geriatric content into every course. “The faculty realized that we needed to prepare our nursing students to take care of older people because no matter where they eventually work they will have exposure to taking care of elderly patients,” says Kristen Mauk, PhD, RN, Associate Professor of Nursing. With assistance from a Hartford/AACN grant, this effort was so successful that Valparaiso was recognized in 2004 with the “Infusing Geriatrics into the Nursing Curriculum Award” from the Hartford Institute and the American Association of Colleges of Nursing.

“As we developed the curriculum, we made sure that geriatrics was covered in some way in each of the courses and each of the clinical experiences,” says Dr. Mauk. The faculty also created a required free-standing course called “The Aging Process.” Prior to this, there had been an elective course in gerontological nursing, which had not been well attended. With help from the Hartford Foundation grant, the gerontology

course was updated and made a requirement for all nursing students in the junior year.

“One of the things we try to do in the class is to positively influence the students’ attitude about older people,” says Dr. Mauk. The course covers the biological aging process, medical issues that relate to aging (such as taking multiple medications), as well as psychological and sociological issues that relate to older people, (such as elder abuse, suicide, and loss of independence as a result of illness). The students go through an aging simulation day where they see what it’s like to engage in activities as an older person. A popular activity of the class is a service learning project in which small groups of students make a health-related presentation to older adults in a community-based setting, such as a senior center or independent living facility. Using a laptop computer and projector, the students give a slide presentation on topics such as stroke and stroke prevention, eating a heart healthy diet, or vitamins and supplements, followed by questions and a game that the students invent. “In all of their usual clinical experiences, the students are taking care of

sick people. This activity gives students an opportunity to interact with healthy older adults and to look at aging in a different way,” says Dr. Mauk.

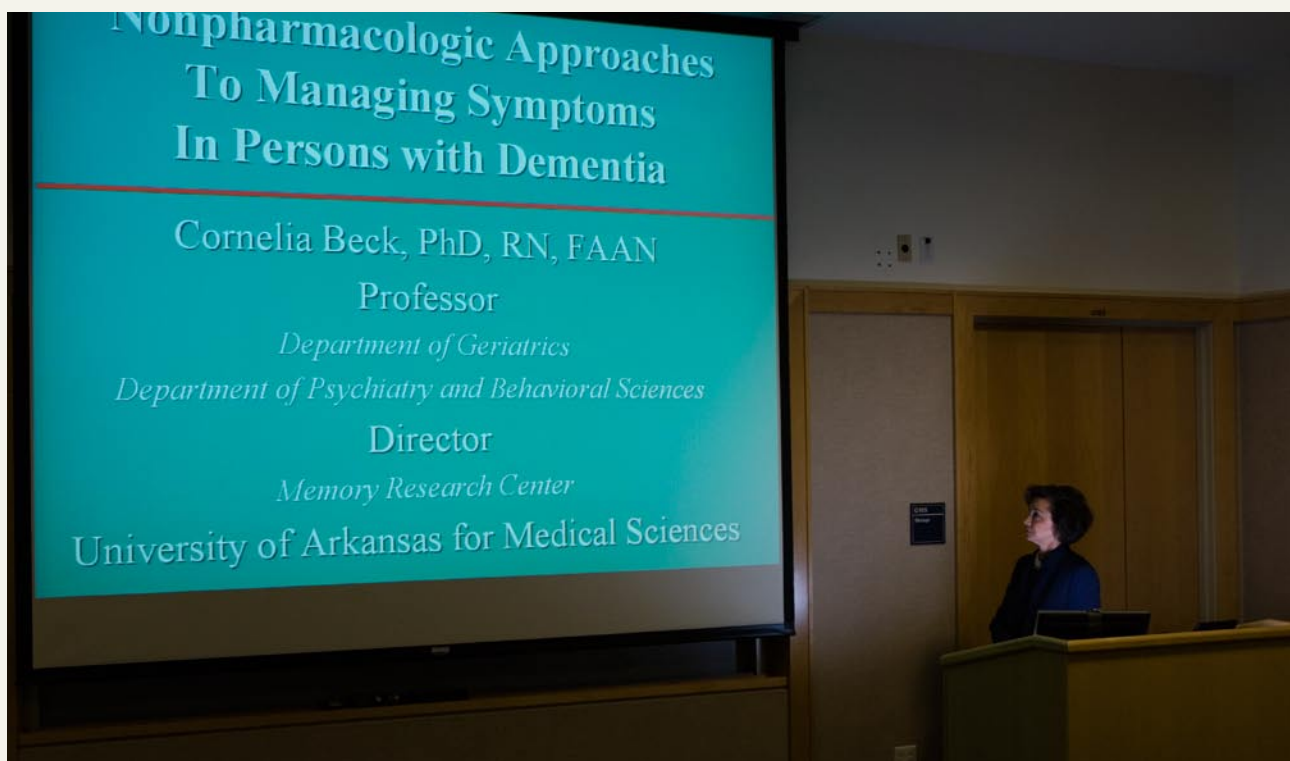
In the senior year, nursing students are taken to an extended care facility or rehabilitation unit in a hospital, where they work with older people who are recovering from a hip fracture or another acute condition. This provides students a chance to experience working with older adults who get better and go home to continue living independently.

“When our students graduate, we can say that we have given them a really good experience and that they are well prepared to provide care to older adults,” says Dr. Mauk, who along with Janet M. Brown, PhD, RN, Professor and Dean, College of Nursing, wrote the proposal for the project. “Getting the award was a validation of what we were doing; it encouraged us that what we were doing was in the right direction and that our faculty was coming up with new and good ideas,” says Dr. Mauk.

to recognize outstanding and sustained contributions to geriatric nursing research.

Doris Schwartz (1917-1999) was a pioneer in gerontological nursing research and the first gerontological nurse to receive funding from the National Institutes of Health, and her 1961 study was one of the first research projects done by a nurse on the effects of aging. Her work and dedication to geriatric nursing continues to inspire nurse researchers.

In 1998, the first Doris Schwartz award was presented at the annual meeting of the GSA, to Cornelia Beck, PhD, RN. The award served as a catalyst, revitalizing the GSA nursing interest group and showcasing the contributions of nurse researchers in the field of gerontological research. Today, about 300 people annually attend the nursing interest



Cornelia Beck, PhD, RN, Director of the Memory Research Center, University of Arkansas for Medical Sciences, Little Rock, Arkansas, presents research findings from a project to promote individualized therapies for patients with Alzheimer's disease.

group and it is a vital part of the GSA. The Doris Schwartz Award is now embedded in the Clinical Medicine Section of the Society and presented at the Society's Nursing Interest Group meeting. The *Journal of Gerontological Nursing* (JGN) publishes the speeches of the Doris Schwartz Award winners. Geriatric nursing research is also being recognized at the regional level. The Institute has developed partnerships with the four regional nursing research societies to give awards for outstanding research contributions of geriatric nurses.

Nurse researchers will continue to be recognized in the future, as GSA has made the Doris Schwartz Geriatric Nursing Research Award a permanent part of its Clinical Medicine Section. Such designation is a tribute to GSA's recognition of the importance of nursing's contributions to research on the care of older adults. Further acknowledging the significance of the award to geriatric nursing,

## Inaugural Doris Schwartz Award Recipient: Cornelia Beck

Numerous awards for excellence in basic and applied research on aging have traditionally been given out at the annual meeting of the Gerontological Society of America. But it wasn't until 1998 that an award was given for geriatric nursing research. This was the Doris Schwartz Gerontological Nursing Research Award, created by the Hartford Institute for Geriatric Nursing and named for the inspirational leader in geriatric nursing research.

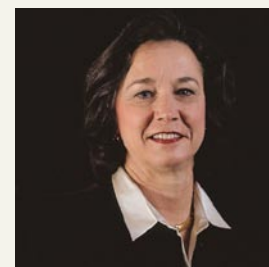
"I was thrilled to receive the first Doris Schwartz award," says Cornelia Beck, PhD, RN, who is a professor at the College of Nursing, University of Arkansas for Medical Sciences (UAMS) in Little Rock, Arkansas and holds joint appointments in the departments of geriatrics and psychiatry and behavioral sciences, as well. "This was an important milestone for me and also for the field of geriatric nursing research. I was particularly pleased that Doris Schwartz was

at the award ceremony; she's such an inspiration on individualizing care to older adults." (Doris Schwartz died the following year.) The award recognized Dr. Beck's research on strategies to improve nursing care of older adults with dementia in long-term care settings, investigating ways to delay the decline of functional performance and deal with problem behaviors. She has promoted a rehabilitation approach to care of Alzheimer's disease patients.

"The focus is on capitalizing on the abilities and skills that are preserved, rather than just looking at patients' deficits," says Dr. Beck. She emphasizes the need to individualize care of Alzheimer's disease patients because the disease does not affect everyone in the same way.

Dr. Beck was the first nurse in Arkansas with a PhD in nursing and the first nurse at her university to receive funding from the National Institutes of Health. In 2001, she became the first nurse to be a director of

one of the 29 NIH-funded Alzheimer's disease centers. She recently received the endowed Louise Hearn Chair in Dementia and Long-Term Care at UAMS. "Having a GSA award for geriatric nurse researchers gives national recognition to geriatric nursing research and is an important legacy to honor Doris Schwartz," says Dr. Beck.



Cornelia Beck, PhD, RN

the Nursing Care of Older Adults Interest Group has created an endowment fund with a goal of \$50,000 to assure the award will continue in perpetuity.

#### **American Organization of Nurse Executives/NICHE Award**

Impressed with the positive outcomes for older patients that can be achieved when hospitals participate in the NICHE program, the American Organization of Nurse Executives Institute for Patient Care Research and Education collaborated with the Hartford Institute to establish an award for a hospital that embodies best practice in nursing care for older adults. The award honors a hospital that can serve as a model for other hospitals seeking to provide exemplary care to their older patients.

### **AONE/NICHE Award: Bronson Methodist Hospital**

In 2001, recognizing that 47 percent of its admissions were patients over age 65, the administration of Bronson Methodist Hospital in Kalamazoo, Michigan considered becoming a NICHE site. They sent staff members to the annual NICHE Leadership Conference and administered the Geriatric Institutional Assessment Profile (GIAP). Three years later, their efforts were so successful they received the inaugural AONE/NICHE Award.

"While the staff initially reported being confident in their ability to use treatments appropriately in older adults and to manage problems, the knowledge scores on the GIAP reflected a need for training," says Rita LaReau, MSN, GNP. The hospital adopted the Geriatric Resource Nurse model of the NICHE program and developed an inservice training curriculum based on the one recommended by the Hartford Institute for Geriatric Nursing.

Bronson Methodist Hospital embedded many of the evidence-based protocols and procedures of the Hartford Institute into their nursing documentation system, as well. For example, the nursing admission history incorporates assessment tools for activities of daily living and sensory deprivation.

Other assessment tools the hospital learned from the *Try This* series and incorporated into practice include the Hendrich II Fall Risk Model, Braden Pressure Ulcer Risk Assessment Scale, Confusion Assessment Method (CAM), and the Geriatric Depression Scale. The Mini-Cog (a brief dementia screening test) and the Foley Catheter Removal Protocol are two other evidence-based practice tools utilized. "One of our greatest achievements is using evidence-based tools in our nursing practice," says Ms. LaReau.

Once the potential for geriatric nursing was established, the hospital also decided to open a ward based on the Acute Care of the

Elderly (ACE) concept. The unit has a community room, which encourages patients to walk about to encourage recovery and to spend time with family and friends. For patients not admitted to the ACE Unit, elder-focused protocols and procedures are in place throughout the hospital.

In addition to its own internal accomplishments, the hospital received a \$200,000 grant from the federal Health Resources and Services Administration to make the NICHE program available to rural hospitals and nursing homes, through classroom instruction and teleconferencing. Bronson Methodist Hospital provided over \$200,000 in funding to the project, as well. "One nice outcome was that many of these nurses pursued gerontological nurse certification, meaning that for the first time in some nursing homes there were staff who were certified as gerontological nurses," says Ms. LaReau.



Hospitals that receive this award have implemented commendable practices in use of evidence-based geriatric nursing models, geriatric practice protocols and policy standards, geriatric nurse certification, geriatric education activities, and outcome measures focused on care of older patients. In 2004, Bronson Methodist Hospital in Kalamazoo, Michigan, received the first of these annual awards.

“When we received the award, it was a validation of all the work and effort that Bronson had put into development of this program and it gave us a lot of energy to continue with our efforts,” says Rita LaReau, MSN, GNP, geriatric clinical nurse specialist at Bronson Methodist Hospital in Kalamazoo, Michigan.

HARTFORD INSTITUTE FOR GERIATRIC NURSING

### MILESTONES: 2005

- > Results of national BSN school follow-up survey of geriatric content are published in the *Journal of Professional Nursing*
- > *Journal of the American Geriatrics Society* publishes paper: “Experts Recommend Strategies for Strengthening the Use of Advanced Practice Nurses in Nursing Homes”

#### NURSING

#### Experts Recommend Strategies for Strengthening the Use of Advanced Practice Nurses in Nursing Homes

Marilyn Mezey, EdD, RN,\* Sarah Greene Berger, MPH, RN,<sup>†</sup> Harrison G. Bloom, MD,<sup>‡</sup> Alice Bonner, APN-BC,<sup>§</sup> CNP Mary Bourbomiere, PhD, RN,<sup>¶</sup> Barbara Bowers, PhD, RN,<sup>||</sup> Jeffrey B. Bird, MD,\* Elizabeth Caporaso, PhD, RN,\*\* Diane Carter, MSN, RN,<sup>††</sup> Jacob Dimant, MD,<sup>‡‡</sup> Sarah A. Jerns, MA, RN,<sup>§§</sup> Susan C. Reinhard, PhD, RN,<sup>|||</sup> and Marilyn Ter Maat, MSN, RN,<sup>¶¶</sup>



In the foreground is Rita LaReau, MSN, GNP, geriatric clinical nurse specialist at Bronson Methodist Hospital in Kalamazoo, Michigan. In the background, Terry Mcleod, RN, and Bronson Hospital patient Erica Kloth review information about older patients' risk of falling and strategies to prevent accidents.

## Strategy No.4: Creating a Forum to Enhance Policy Around Geriatric Nursing

AS PART OF ITS EFFORT TO RAISE THE PROFILE AND PROMINENCE of nursing care for older adults, the fourth strategy of the Hartford Institute for Geriatric Nursing involves shaping public policy. Activities to reach these important audiences have included bringing together leaders and key players in geriatric nursing to discuss issues of public policy related to geriatric nursing, supporting the Coalition of Geriatric Nursing Organizations, and writing the “Nursing Counts” newsletter, which is published as a column in the *American Journal of Nursing*.



### Serving a Convening Function

The Hartford Institute is in a unique position to bring together leaders from various sectors of health care who would not otherwise meet and to create a forum for dialogue on issues of public policy around geriatric nursing. “The Hartford Institute provides the umbrella to bring together diverse points of view and to forward the field of nursing,” says Dr. Mezey. Three major invitational conferences have been held, focusing on nurse staffing standards in nursing homes, use of geriatric nurse practitioners in long-term care, and the teaching nursing home as a model of care.

With partial support in 1998 from the Agency for Healthcare Research and Quality (then known as the Agency for Health Care Policy Research), the Hartford Institute gathered a national expert panel to propose a research agenda on nurse staffing standards in long-term care and recommended nurse staffing levels that were cited by the Senate Committee on Aging and in the *New York Times*.

In 2003, the Hartford Institute and the American Medical Directors Association, in collaboration with the Coalition of Geriatric Nursing Organizations convened an Expert Panel Meeting to review the state of knowledge and caseloads of advanced practice nurses in nursing homes. As a result of the meeting, the Hartford Institute prepared a summary of recommendations regarding utilization and caseload parameters. The recommendations for strengthening the use of advanced practice nurses in nursing homes were published in the October 2005 issue of the *Journal of the American Geriatrics Society*.

An initiative called the Teaching Nursing Home Project received funding from the Health Resources and Services Administration to explore the feasibility of using nursing homes to serve as model sites to implement initiatives designed to improve the education, skills, and overall preparation of health professionals who care for nursing home residents. In March 2005, an invitational summit was held by the Hartford Institute to discuss the project. National experts representing practice, education, regulation, and culture change met to generate principles and actions that should be associated with a teaching nursing home, and two pilot sites implemented aspects of the program.

Organized by the Hartford Institute in October 2001, the Coalition of Geriatric Nursing Organizations represents over 20,000 geriatric nurses seeking to improve the health care of older adults across care settings. The Coalition has two major goals: to positively affect the quality of long-term care through improving and implementing “Pioneer Network” nursing home reform practices and to facilitate the measurement of quality in long-term care by supporting and advancing the “Minimum Data Set” and other tools appropriate for the long-term care setting, including quality indicators and measures derived from those instruments.

#### **Spreading the Message that Nursing Counts**

The Hartford Institute is also spreading the message about geriatric nursing through articles in nursing journals. In partnership with the *American Journal of Nursing*, the Hartford Institute created the “Nursing Counts” pages, reaching that journal’s 350,000 readers. The two-page articles are written for policymakers and highlight data that illustrate the value of nursing care for older adults. Some recent titles include “Correlation between Staffing and Quality,” “Improving Safety and Outcomes in Home Care,” and “Older Adults in the ICU.”

HARTFORD INSTITUTE FOR GERIATRIC NURSING

#### **MILESTONES: 2006**

- > 127 geriatric nurse researchers have participated in the Geriatric Nursing Research Summer Scholars Program

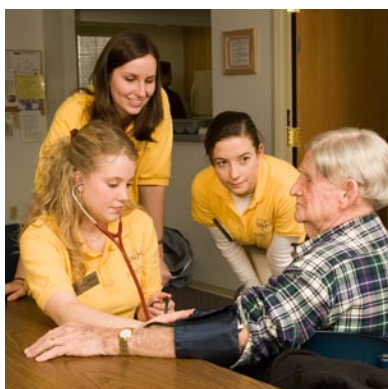


- > Hartford Institute collaborates with American Organization of Nurse Executives to begin Elder-Friendly Hospital Initiative
- > “Geriatric Competencies for RNs in Hospitals” is published in the *Journal for Nurses in Staff Development*
- > “The Nurse Competence in Aging Initiative” is published in *American Journal of Nursing*

*Between 1996 and 2006:*  
350,000 readers of the *American Journal of Nursing* and 5,000 government and regulatory agency staff members have been regularly reached with information about geriatric nursing best practices through the “Nursing Counts” supplement.

## Future Goals for Geriatric Nursing

NO MATTER WHAT THEIR AILMENT, older adult patients are clearly best served by a health care team that includes nurses with specialized training in gerontology. Therefore, ultimately all nurses, working in all settings, need to have expertise in geriatric nursing, with the knowledge, skills and management support that reflects the reality that older patients are indeed the mainstay of health care business.



For ten years, the Hartford Institute for Geriatric Nursing has gradually, steadfastly and remarkably successfully transformed geriatric nursing from an under-recognized and often unappreciated specialty into a centerpiece of nursing education and practice. The Hartford Institute has attracted funding, resources and attention and generated enthusiasm, support and legitimacy for the professional response needed to meet the needs of older patients. Moving forward, geriatric nursing is prepared to take its part in all of the challenges facing nursing as a profession and issues of health care for older adults.

To begin with, it is essential to address the nursing faculty shortage. The shortage of nurses is a well-known problem, which is made worse by a deficit of nursing faculty as current nursing professors advance toward retirement and not enough young academic nurses replace them. Faculty shortages contribute to a decline in nursing school enrollment at a time when these enrollments need to be rising. It is imperative to increase the number of faculty ready to teach nursing, and it is also essential to increase the ability of existing and new faculty to teach geriatrics. Government at all levels, along with private philanthropies, will have to play major roles in alleviating the nursing faculty shortage. And by highlighting excellence in geriatric nursing and the importance of a growing segment of health care, the Nursing Institute is contributing to the faculty development and creation of rewarding careers needed to increase the number of nurses in the United States.

For those nurses in training, new mechanisms must be created to continue to increase the number of nurses with expertise in geriatrics, especially masters and doctorally prepared nurses. The Hartford Institute has made numerous inroads towards increasing competencies around aging for all nurses, and this work must continue and grow. Demographic changes in the United States, as well as the



ever increasing employment options for young women, suggest that the traditional pool of future nurses will not be available to health care employers going forward. Colleges of nursing, employers of nurses and insurers will need to work collaboratively to continue to make nursing an attractive profession.

To optimize patient care in an ever more complex health delivery system, the role of nursing in translational research needs to be expanded. Research on quality care for older adult patients will not make a difference unless the latest knowledge from academic centers is effectively translated to care of patients' in all health care settings. Because nurses are responsible for implementing many assessments and procedures that influence patient care, nurses must take an even greater part in speeding innovations from research centers to everyday patient care. The institutions that train future nurses, the educational opportunities provided to current nurses, and the employers of nurses all have large stakes in creating the capacity of nurses to create and implement evidence-based nursing protocols and must support this work.

As part of its broad commitment to improve health care for older Americans, the John A. Hartford Foundation continues to support geriatric nursing through a variety of grant programs. The Hartford Geriatric Nursing Initiative (HGNI) prepares nurses to play leadership roles in improving the health of older adults. This national initiative works in partnership with the nation's nursing schools and a variety of health care organizations to shape nursing practice, enhance professional education, promote research, develop leadership in academic and professional settings, and influence public policy. Between 1996 and 2006 the Foundation's Trustees authorized a total of \$59.7 million in support of geriatric nursing. The Hartford Institute's groundbreaking work for geriatrics in nursing has made all these subsequent initiatives possible, ensuring that older patients receive the highest quality care.





## 2006 Aging and Health Grants

In 2006, The John A. Hartford Foundation awarded 26 new grants under its Aging and Health program totaling \$36,935,491.

Authorizations for new programs or large renewal grants are described here.

### Academic Geriatrics and Training

#### Centers of Excellence in Geriatric Medicine and Training Renewal Grants

\$8,999,717, Five Years

The Foundation renewed 12 centers of excellence in geriatric medicine and training to continue their efforts to increase the number of physician faculty dedicated to geriatrics. Funding is used variously for direct salary support, pilot research, tuition or training expenses, or hiring research support personnel. At least 250 advanced fellows and junior faculty will be supported through these grants for careers in aging research and teaching geriatric medicine.

#### Baylor College of Medicine

Houston, TX  
George E. Taffet, MD  
\$750,000, Five Years

#### Boston University Medical Center

Boston, MA  
Rebecca A. Silliman, MD, PhD  
\$750,000, Five Years

#### Duke University

Raleigh Durham, NC  
Harvey Cohen, MD  
\$750,000, Five Years

#### Harvard/Beth Israel Deaconess Medical Center

Boston, MA  
Lewis A. Lipsitz, MD  
\$750,000, Five Years

#### Mount Sinai Medical Center

New York, NY  
Roseanne M. Leipzig, MD, PhD  
\$750,000, Five Years

#### University of California, Los Angeles

Los Angeles, CA  
David B. Reuben, MD  
\$749,717, Five Years

#### University of California, San Francisco

San Francisco, CA  
C. Seth Landefeld, MD  
\$750,000, Five Years

#### University of Chicago

Chicago, IL  
Greg A. Sachs, MD  
\$750,000, Five Years

#### University of Colorado

Denver, CO  
Robert S. Schwartz, MD  
\$750,000, Five Years

#### University of Michigan

Ann Arbor, MI  
Jeffrey B. Halter, MD  
\$750,000, Five Years

#### University of Pennsylvania

Philadelphia, PA  
Jerry C. Johnson, MD, PhD  
\$750,000, Five Years

#### University of Texas Health Science Center

San Antonio, TX  
David V. Espino, MD  
\$750,000, Five Years

#### Gerontological Society of America

Washington, DC

#### Hartford Geriatric Social Work Faculty Scholars Program

Barbara Berkman, DSW and Linda Harootyan, MSW  
\$7,694,916, Five Years

This renewal grant provides financial and career support for 30 Hartford Geriatric Social Work Faculty Scholars to improve geriatric social work training, teaching, and research. Scholars participate in a two-year program of research and leadership development with the guidance of national and institutional mentors and faculty development institutes and workshops.

**American Federation for Aging Research**

New York, NY

*Paul B. Beeson Career Development Awards in Aging Research Partnership*

Odette van der Willik

\$7,232,192, Seven Years

The Foundation is supporting the career development of 30 physician leaders in aging science in conjunction with the National Institute on Aging. The competitive program provides funding for research, advanced training, mentoring, and networking opportunities for medical school junior faculty. With the help of national research mentors and by participating in annual scientific and networking meetings, Beeson Scholars are primed to be researchers, teachers, and leaders in research and medical education. The National Institute on Aging, The Atlantic Philanthropies, The Starr Foundation, and others are funding partners for this initiative.

**Association of Specialty Professors**

Washington, DC

*Integrating Geriatrics into the Specialties of Internal Medicine:**Moving Forward from Awareness to Action*

Kevin P. High, MD

\$2,639,358, Four Years

To help prepare current and future internal medicine specialists to better care for older patients, this award funds a series of research agenda setting meetings to help focus federal research funding on the needs of older adults, provide enhancements to the T. Franklin Williams Scholars program for junior faculty physicians who are specialty researchers in geriatrics, and support the creation of working groups focused on geriatrics within internal medicine professional societies.

**Association of Directors of Geriatric Academic Programs**

New York, NY

*Geriatrics Leadership Development Program*

David B. Reuben, MD

\$1,615,653, Four Years

Leadership training for 20 recently appointed leaders of medical school geriatrics divisions, and a scholars program for 16 senior directors is being supported under this renewal grant. In addition, partial funding is provided for three annual leadership retreats for approximately 60 program directors.

**Council on Social Work Education**

Alexandria, VA

*Increasing Gerontological Competencies in MSW Advanced Curriculum Areas*

Sadhna Diwan, PhD and Nancy Hooyman, PhD

\$1,500,000, Four Years

To help schools of social work better prepare advanced master's program students specializing in health, mental health, and substance abuse to care for older adults, reviews of existing evidence-based literature relevant to aging and curriculum resources and a small grants program for up to 20 master's in social work programs to develop methods to infuse gerontological competencies into their classes are being supported.

**Community College of Philadelphia**

Philadelphia, PA

*Fostering Geriatrics in Associate Degree Nursing Education*

Elaine Tagliareni, EdD, RN

\$590,547, Two Years

This project will enhance the quality of geriatric education in associate degree nursing programs by conducting a national survey to identify the current issues and gaps in geriatrics education, convening a task force of leaders in geriatric nursing to review the current curricula and resources, and disseminating the findings and resources produced. The Independence Foundation is a funding partner for this initiative.

**Integrating and Improving Services****Paraprofessional Healthcare Institute**

Bronx, New York

*The Nurse as Supervisor of Direct-Care Staff*

Sara Joffe, MEd

\$2,350,000, Four Years

In partnership with the Atlantic Philanthropies, this award is supporting a model program in 42 agencies where nurses are trained to be better supervisors to reduce home health aide turnover. The project will formalize a curriculum on nurse coaching, create tools to help agency managers implement supervision training, implement management training at home health care agencies, evaluate the results of the program and develop partnerships with nursing schools for dissemination of effective outcomes.

**Partners in Care Foundation, Inc.**

San Fernando, CA

*Preventing Medication Errors: Evidence-Based Medications Management Intervention*

June Simmons, LCSW

\$1,699,845, Four Years

Under this grant, an evidence-based medications management program for frail and poor older adults who live in their own homes will be demonstrated and evaluated in three states. Utilizing newly developed software and data that will be reviewed by a consulting pharmacist, the program targets high-risk problems such as drug duplication and inappropriate medication use. In the final year of the grant, up to 15 home care agencies will participate in an online workshop to deliver materials and technical assistance.

**Center to Advance Palliative Care, Mount Sinai School of Medicine**

New York, NY

*Advancing the Palliative Care Field: A Consortium Funded Initiative*

Diane E. Meier, MD

\$750,000, Three Years

As part of a coalition of funders, the John A. Hartford Foundation awarded \$750,000 over three years to further develop the field of palliative care through technical support, educational materials and tools, development of leaders in the field, educational outreach, and engagement of regulatory and accrediting bodies.

### Other Aging and Health Grants

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#### The Foundation for the Louisiana State University Health Science Center

New Orleans, LA

*Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans*

Charles A. Cefalu, MD

\$501,945, Five Years

This grant provides salary supplements for geriatric health care workers in New Orleans and supports the re-establishment of the geriatric medicine fellows program at Louisiana State University Health Science Center in the aftermath of the 2005 Hurricane Katrina disaster. After five years, and construction of a new University Hospital, a steady clinical income stream should be in place to sustain the geriatric medicine clinical service and teaching mission.

#### Institute of Medicine of the National Academies

Washington, DC

*Health Care Workforce Consensus Report for an Aging Society*

Harvey Fineberg, MD, PhD

\$400,000, Two Years

The Hartford Foundation, in partnership with ten other foundations, is supporting an Institute of Medicine study to review the current state of knowledge about geriatrics health care workforce preparation and create a “blueprint” for geriatric care in the 21st century. The grantee will develop a national consensus study and report to characterize the optimal health care workforce for an aging America, which will be disseminated to a broad audience.

#### Florida Health Care Association

Tallahassee, FL

*Hurricane and Disaster Preparedness for Long-term Care Facilities*

LuMarie Polivka-West, MSP

\$361,556, Two Years

In collaboration with the University of South Florida, a Disaster Planning Guide will be created and disseminated to nursing homes and assisted-living facilities to reduce deaths and suffering of frail elders during hurricanes and other disasters. Software developed under the grant will contain role-specific guidance for nursing home staff as well as guidelines for administrators on decisions to evacuate, and the creation of training exercises to increase the readiness of nursing home staff in the event of an emergency.

Financial Reports



## Financial Summary

ON DECEMBER 31, 2006, the Foundation's assets were \$679.8 million, an increase of \$65.6 million for the year after cash payments of \$27.7 million for grants, expenses and taxes. Total return on the investments, income plus realized and unrealized capital gains, was 16.3 percent.

Double-digit equity market returns in the US and overseas propelled the Foundation's portfolio to a record high year-end closing value and the highest since the end of 2000. In 2006 the Foundation increased its international equity exposure and made several investments in new private equity and real estate funds in its continuing effort to add value with acceptable levels of risk.



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. While we do not expect the market environment experienced this year to continue indefinitely, the Foundation is confident it can achieve this goal through value-added active management and prudent diversification.

At the end of the year the Foundation's asset mix was 69 percent public equities, 4 percent fixed income, and a combined 27 percent in event-driven, real estate, private equity and venture capital funds, virtually the same as at the end of 2005. However, the portion of the public equities managed with either a global or international mandate grew from 28 to 40 percent in 2006.

As of December 31, 2006, Acadian Asset Management, AllianceBernstein Investment Research and Management, Private Capital Management, Sound Shore Management, T. Rowe Price Associates and Wasatch Advisors 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, Greenhill Capital Partners 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., and Canyon Capital Partners.

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. Northern Trust Company 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, 2006 and 2005 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, 2006 and 2005 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 72 to 81, 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,

A handwritten signature in dark ink, appearing to read "Owen J. Flanagan & Co.", written in a cursive, flowing style.

Owen J. Flanagan & Company  
New York, New York  
March 9, 2007

The John A. Hartford Foundation, Inc.  
Balance Sheets  
December 31, 2006 and 2005

Exhibit A

	2006	2005
<b>Assets</b>		
Cash in operating accounts	\$ 5,029	\$ 4,033
Interest and dividends receivable	834,104	786,136
Prepayments and deposits	51,369	60,428
Prepaid taxes	75,016	104,682
	965,518	955,279
<b>Investments, at fair value or adjusted cost</b> (Notes 2 and 3)		
Short-term cash investments	45,135,141	47,315,488
Stocks	503,426,864	473,620,643
Investment partnerships	58,675,693	34,290,491
Real estate pooled funds	68,808,170	55,000,529
Total Investments	676,045,868	610,227,151
<b>Office condominium, furniture and equipment</b> (net of accumulated depreciation of \$2,437,189 in 2006 and \$2,169,781 in 2005) (Note 5)	2,759,121	3,014,770
Total Assets	\$679,770,507	\$614,197,200
<b>Liabilities And Net Assets</b>		
<b>Liabilities:</b>		
<b>Grants payable (Note 2)</b>		
Current	\$ 23,459,043	\$ 17,452,899
Non-current (Note 7)	52,207,287	41,793,845
Accounts payable	937,266	1,044,342
Deferred Federal excise tax (Note 2)	1,033,435	720,673
Total Liabilities	77,637,031	61,011,759
<b>Net Assets - Unrestricted</b>		
Board designated (Note 2)	9,888,094	7,233,832
Undesignated	592,245,382	545,951,609
Total Net Assets (Exhibit B)	602,133,476	553,185,441
Total Liabilities and Net Assets	\$679,770,507	\$614,197,200

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, 2006 and 2005

	2006	2005
<b>Revenues</b>		
Short-term investment earnings	\$ 2,587,800	\$ 1,706,587
Dividends, interest and partnership earnings	8,267,949	7,155,057
Net realized capital gains	53,427,002	64,794,065
Net change in unrealized gains, net of deferred Federal excise tax (Note 3)	30,963,409	(21,643,624)
	95,246,160	52,012,085
Direct investment expenses	(5,191,348)	(4,173,588)
Excise and unrelated business income taxes	(1,735,028)	(660,318)
Net Investment Revenue	88,319,784	47,178,179
<b>Grants And Expenses</b>		
Grant expense (less cancellations and refunds of \$358,802 in 2006 and \$503,541 in 2005)	35,229,130	30,676,330
Foundation-administered projects	607,680	618,122
Grant-related direct expenses	122,408	84,872
Personnel salaries and benefits (Note 6)	2,182,523	2,410,413
Office and other expenses	950,883	867,062
Depreciation	267,408	266,489
Professional services	85,584	152,040
Total Grants and Expenses	39,445,616	35,075,328
Increase in Net Assets before Special Item	48,874,168	12,102,851
<b>Special Item</b>		
Contribution from liquidating foundation	73,867	—
Increase in Net Assets	48,948,035	12,102,851
Net Assets, beginning of year	553,185,441	541,082,590
Net Assets, End of Year (Exhibit A)	\$602,133,476	\$553,185,441

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, 2006 and 2005

Exhibit C

	2006	2005
<b>Cash Flows Provided (Used)</b>		
<b>From Operating Activities:</b>		
Interest and dividends received	\$ 7,943,392	\$ 7,191,567
Cash distributions from partnerships and real estate pooled funds	16,756,775	20,237,234
Contribution from liquidating foundation	73,867	—
Grants and Foundation-administered projects paid (net of refunds)	(19,420,638)	(26,871,045)
Expenses and taxes paid	(8,273,435)	(6,447,085)
Net Cash Flows Provided (Used) By Operating Activities	(2,920,039)	(5,889,329)
<b>From Investing Activities:</b>		
Purchase of equipment	(11,759)	(10,487)
Proceeds from sale of investments	254,247,022	309,848,005
Purchases of investments	(253,523,683)	(311,312,087)
Net Cash Flows Provided (Used) By Investing Activities	711,580	(1,474,569)
Net Increase (Decrease) in Cash and Equivalents	(2,208,459)	(7,363,898)
Cash and equivalents, beginning of year	47,344,165	54,708,063
Cash and equivalents, end of year	\$ 45,135,706	\$ 47,344,165
<b>Reconciliation Of Increase In Net Assets to Net Cash Used By Operating Activities:</b>		
Increase in Net Assets	\$ 48,948,035	\$ 12,102,851
Adjustment to reconcile increase in net assets to net cash used by operating activities:		
Depreciation	267,408	266,489
Increase in interest and dividends receivable	(47,968)	(131,198)
Decrease in prepayments and deposits	9,059	155,180
Increase in grants payable	16,419,586	4,421,872
Increase (decrease) in accounts payable	(148,783)	189,613
Net realized and change in unrealized gains	(84,390,411)	(43,150,441)
Other	16,023,035	20,256,305
	\$ (2,920,039)	\$ (5,889,329)

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, 2006 and 2005

Exhibit C

	2006	2005
<b>Supplemental Information:</b>		
<b>Detail of other:</b>		
Investment partnerships and real estate pooled funds:		
Cash distributions	\$16,756,775	\$20,237,234
Add: investment fees reported	2,059,273	1,608,013
Less: reported income	(2,864,389)	(1,538,878)
	15,951,659	20,306,369
Tax expense	1,735,028	660,318
Less: Net taxes paid	(1,663,652)	(710,382)
Difference (change in prepaid/payable)	71,376	(50,064)
Total - Other	\$16,023,035	\$20,256,305
<b>Composition of Cash and Equivalents:</b>		
Cash in operating accounts	\$ 5,029	\$ 4,033
Short-term cash investments	45,135,141	47,315,488
Unrealized (gain) loss on forward currency contracts and foreign cash	(4,464)	24,644
	\$45,135,706	\$47,344,165

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

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The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2006 and 2005

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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.

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## 2. Summary of Significant Accounting Policies

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### *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.

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### *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. Because of the inherent uncertainty of valuation, estimated values may differ significantly from the values that would have been used had a ready market for the entities existed. Realized gains and losses from the sale of marketable securities are recorded by comparison of proceeds to cost determined under the average cost method.

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### *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.

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### *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, money market mutual funds and commercial paper. Short-term cash investments also include the unrealized gain or loss on open foreign currency forward contracts and foreign cash.

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The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2006 and 2005

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 2006 and 2005 the Foundation's rate was 2% and 1%, respectively.

Investment expenses for 2006 include direct investment fees of \$5,191,348 and \$395,000 of allocated salaries, legal fees and other office expenses. The 2005 comparative numbers were \$4,173,588 and \$380,000.

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 \$30,000,000 of undistributed income in grants or qualifying expenditures by December 31, 2007 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 change in unrealized gains in 2006 are summarized as follows:

	Cost	Fair Value	Appreciation
Balance, December 31, 2006	\$572,702,411	\$676,045,868	\$103,343,457
Balance, December 31, 2005	\$538,159,865	\$610,227,151	\$ 72,067,286
Increase in unrealized appreciation during the year, net of increased deferred Federal excise tax of \$312,762			\$ 30,963,409

For 2005, the decrease in unrealized appreciation was \$21,643,624 net of decreased deferred Federal excise tax of \$218,622.

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2006 and 2005

Exhibit D

3. Investments (Continued)

Receivables and payables on security sales and purchases pending settlement at December 31, 2006 and 2005 were as follows:

	2006	2005
Proceeds from sales	\$2,159,659	\$ 337,074
Payables from purchases	( 905,335)	(1,054,799)
Net cash pending settlement	\$1,254,324	\$ (717,725)

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

The Foundation is a participant in six investment limited partnerships. As of December 31, 2006, \$45,065,899 had been invested in these partnerships and future commitments for additional investment aggregated \$40,434,101.

In addition, the Foundation was a participant in five other investment partnerships which were in liquidation. The recorded value of these investments is \$1,895,121.

One of the Foundation's investment partnerships permit withdrawals at least once a year. It is valued at its fair value, \$30,338,348 (adjusted cost \$29,828,265).

Real estate investments included six limited partnerships and five real estate investment trusts. The Foundation had invested \$78,750,000 at December 31, 2006 and future commitments for additional investment aggregated \$73,250,000. One of the real estate investments is considered liquid and is recorded at fair value, \$17,711,246 (adjusted cost \$15,021,404).

In addition, two other real estate investments are in liquidation. The recorded value of these investments is \$1,444,346.

4. Foreign Investments

At December 31, 2006 the Foundation's foreign denominated investments were \$53,832,819.

5. Office Condominium, Furniture and Equipment

At December 31, 2006 and 2005 the fixed assets of the Foundation were as follows:

	2006	2005
Office condominium	\$4,622,812	\$4,622,812
Furniture and equipment	573,498	561,739
	5,196,310	5,184,551
Less: Accumulated depreciation	2,437,189	2,169,781
Office condominium, furniture and equipment, net	\$2,759,121	\$3,014,770

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2006 and 2005

## Exhibit D

**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 2006 and 2005 amounted to \$177,616 and \$191,671, respectively. The Foundation also incurred additional pension costs of approximately \$24,000 in 2006 and 2005 for payments to certain retirees who began employment with the Foundation prior to the initiation of the formal retirement plan.

**7. Grants Payable**

The Foundation estimates that the non-current grants payable as of December 31, 2006 will be disbursed as follows:

	2008	\$21,453,702
	2009	14,776,424
	2010	18,750,015
	2011	4,945,040
	2012	1,221,385
	2013-2015	948,815
		62,095,381
Discount to present value		(9,888,094)
		\$52,207,287

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 2006 and 2005 was 8.25% and 7.25%, respectively.

At December 31, 2005, one grant in the amount of \$472,839 was contingent on the grantee meeting certain conditions. This amount was shown as part of board designated net assets.

**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:

	2006	2005
Partnership earnings	\$1,074,426	\$ 907,608
Realized gains	4,848,101	5,891,613
Unrealized gain (loss), net of deferred taxes		
\$6,814 in 2006 and 14,072 in 2005	(674,550)	1,393,157
Investment management fees	(1,443,173)	(1,225,528)
	\$3,804,804	\$6,966,850



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The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2006 and 2005

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Exhibit D

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**9. Alternative Investment Incentive Fees**

Most alternative investment vehicles provide for an incentive allocation of gains to the general partner or organizer of the Fund. These fees are deducted from the share of gains reported to the Foundation. It is estimated these fees were approximately \$4,700,000 in 2006 and \$3,700,000 in 2005.

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**10. Other Investment Fees**

Certain alternative investments organized offshore are in the legal form of corporate stock investments. Income is only recognized when dividends are declared or a sale of shares takes place. Unrealized gain (loss) is recorded for the change in value. Accordingly, investment fees paid by the corporation are not recorded in these financial statements. The approximate amount of fees by these investments was \$750,000 in 2006 and \$960,000 in 2005.

In one alternative investment, the manager deferred their fees in the amount of approximately \$200,000 and adjusted their capital.

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## Summary of Active Grants

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>ACADEMIC GERIATRICS &amp; TRAINING</b>					
<b>American Academy of Nursing</b> <i>Nursing Initiative Coordinating Center and Scholar Stipends</i> Patricia G. Archbold, DNSc, RN	Washington, DC	\$ 12,859,052		\$ 2,792,766	\$ 10,066,286
<b>American Association of Colleges of Nursing</b> <i>Enhancing Gerontology Content in Baccalaureate Nursing Education Programs</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	2,391,640		327,089	2,064,551
<b>American Association of Colleges of Nursing</b> <i>Creating Careers in Geriatric Advanced Practice Nursing</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	1,637,599		489,132	1,148,467
<b>American Association of Colleges of Nursing</b> <i>Enhancing Geriatric Nursing Education at Baccalaureate and Advanced Practice Levels</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	95,646		95,646	
<b>American Federation for Aging Research, Inc.</b> <i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik/Stephanie Lederman	New York, NY	4,685,154	\$ 7,232,192	1,208,896	10,708,450
<b>American Federation for Aging Research, Inc.</b> <i>Medical Student Summer Research Training in Aging Program</i> Odette van der Willik	New York, NY	1,585,545		327,136	1,258,409
<b>American Federation for Aging Research, Inc.</b> <i>Hartford Center of Excellence Network Resource Center</i> Odette van der Willik	New York, NY	421,657		71,492	350,165
<b>American Geriatrics Society, Inc.</b> <i>Increasing Geriatrics Expertise in Surgical and Related Medical Specialties</i> David H. Solomon, MD/John R. Burton, MD	New York, NY	4,134,645		1,147,534	2,987,111
<b>American Geriatrics Society, Inc.</b> <i>Integrating Geriatrics into the Subspecialties of Internal Medicine - Renewal</i> William R. Hazzard, MD	New York, NY	93,672		75,767	17,905
<b>American Society of Clinical Oncology</b> <i>Enhancing Geriatric Oncology Training</i> Charles M. Balch, MD	Alexandria, VA	50,902			50,902
<b>ASCO Foundation</b> <i>A Commitment to Geriatric Oncology</i> Hyman B. Muss, MD	Alexandria, VA	290,033		65,009	225,024

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>Association of American Medical Colleges</b> <i>Dissemination of Hartford/AAMC Geriatric Education Models: Leveraging Further Change and Preparing for the Future</i> M. Brownell Anderson	Washington, DC	\$ 214,687		\$ 31,387	\$ 183,300
<b>Association of Directors of Geriatric Academic Programs</b> <i>Geriatric Leadership Development Program</i> Marie A. Bernard, MD/David B. Reuben, MD	New York, NY	483,421	\$ 1,615,653	243,304	1,855,770
<b>Association of Directors of Geriatric Academic Programs</b> <i>The Status of Geriatrics Workforce Study - Phase III</i> Gregg A. Warshaw, MD	New York, NY	258,559		51,183	207,376
<b>Association of Professors of Medicine</b> <i>Integrating Geriatrics into the Specialties of Internal Medicine: Moving Forward from Awareness to Action</i> Kevin P. High, MD	Washington, DC		2,639,358		2,639,358
<b>Baylor College of Medicine</b> <i>Center of Excellence Renewal</i> George E. Taffet, MD	Houston, TX	150,847	750,000	41,370	859,477
<b>Beth Israel Deaconess Medical Center, Inc.</b> <i>Harvard Center of Excellence Renewal</i> Lewis A. Lipsitz, MD	Boston, MA	50,000	750,000	200,000	600,000
<b>Boston Medical Center</b> <i>Center of Excellence Renewal</i> Rebecca A. Silliman, MD, PhD	Boston, MA	102,407	750,000	51,201	801,206
<b>Community College of Philadelphia</b> <i>Fostering Geriatrics in Associate Degree Nursing Education</i> M. Elaine Tagliareni, EdD, RN	Philadelphia, PA		590,547		590,547
<b>Cornell University</b> <i>Center of Excellence</i> M. Carrington Reid, MD, PhD	New York, NY	377,526		120,896	256,630
<b>Council on Social Work Education</b> <i>Increasing Gerontological Competencies in MSW Advanced Curriculum Areas</i> Ashley Brooks-Danso, MSW	Alexandria, VA		1,500,000		1,500,000
<b>Council on Social Work Education</b> <i>National Center for Gerontological Social Work Education</i> Nancy Hooyman, PhD/Julia M. Watkins, PhD	Alexandria, VA	1,387,667		782,379	605,288

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>Council on Social Work Education</b> <i>Transforming Geriatric Social Work Education (Gero-Rich)</i> Nancy Hooyman, PhD	Alexandria, VA	\$ 195,727		\$ 195,727	
<b>Duke University</b> <i>Center of Excellence Renewal</i> Harvey J. Cohen, MD	Durham, NC		\$ 750,000		\$ 750,000
<b>Emory University</b> <i>Southeast Center of Excellence Renewal</i> Joseph Ouslander, MD	Atlanta, GA	250,000		70,117	179,883
<b>Foundation for Health in Aging Inc.</b> <i>Hartford Geriatrics Health Outcomes Research Scholars</i> Eric A. Coleman, MD, MPH	New York, NY	1,154,641		256,647	897,994
<b>Gerontological Society of America</b> <i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, DSW	Washington, DC	2,879,763	7,694,916	719,339	9,855,340
<b>Gerontological Society of America</b> <i>Hartford Geriatric Social Work Doctoral Fellows Program</i> James E. Lubben, DSW, MPH	Washington, DC	4,345,796		906,984	3,438,812
<b>Indiana University</b> <i>Center of Excellence</i> Steven R. Counsell, MD	Indianapolis, IN	375,000		118,951	256,049
<b>Johns Hopkins University</b> <i>Center of Excellence Renewal</i> Linda P. Fried, MD, MPH	Baltimore, MD	169,416		107,993	61,423
<b>Mount Sinai Medical Center, Inc.</b> <i>Center of Excellence Renewal</i> Rosanne M. Leipzig, MD, PhD	New York, NY	53,650	750,000	128,650	675,000
<b>New York Academy of Medicine</b> <i>Partnership Practicum Program Adoption Initiative</i> Patricia J. Volland, MSW, MBA	New York, NY	4,344,790		1,046,065	3,298,725
<b>New York University</b> <i>The John A. Hartford Foundation Institute for Geriatric Nursing</i> Mathy D. Mezey, EdD, RN	New York, NY	1,152,171		655,937	496,234
<b>Oregon Health &amp; Science University</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Heather M. Young, PhD, GNP	Portland, OR	1,153,128		103,128	1,050,000

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>RAND Corporation</b> <i>Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services</i> Harold Alan Pincus, MD	Santa Monica, CA	\$ 1,810,120	\$ 499,762	\$ 66,557	\$ 2,243,325
<b>Society of Hospital Medicine</b> <i>Improving Hospital Care for the Elderly through Hospitalist Interventions</i> Laurence Wellikson, MD	Philadelphia, PA	215,693		178,509	37,184
<b>University of Alabama at Birmingham</b> <i>Southeast Center of Excellence Renewal</i> Richard M. Allman, MD	Birmingham, AL	250,000		75,332	174,668
<b>University of Arkansas for Medical Sciences</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	Little Rock, AR	1,187,400		211,400	976,000
<b>University of California, Los Angeles</b> <i>Center of Excellence Renewal</i> David B. Reuben, MD	Los Angeles, CA	95,223	749,717	95,223	749,717
<b>University of California, San Diego</b> <i>Center of Excellence in Geriatric Psychiatry</i> Dilip V. Jeste, MD	La Jolla, CA	375,000		92,920	282,080
<b>University of California, San Francisco</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Margaret I. Wallhagen, RN, CS, GNP, PhD	San Francisco, CA	1,176,386		223,311	953,075
<b>University of California, San Francisco</b> <i>Center of Excellence Renewal</i> C. Seth Landefeld, MD	San Francisco, CA	100,000	750,000	100,000	750,000
<b>University of Chicago</b> <i>Center of Excellence Renewal</i> Greg A. Sachs, MD	Chicago, IL	120,428	750,000	17,508	852,920
<b>University of Colorado</b> <i>Center of Excellence Renewal</i> Robert S. Schwartz, MD	Denver, CO	126,461	750,000	55,374	821,087
<b>University of Hawaii</b> <i>Center of Excellence Renewal</i> Patricia L. Blanchette, MD, MPH	Honolulu, HI	200,000		91,529	108,471
<b>University of Iowa</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Kathleen C. Buckwalter, PhD, RN	Iowa City, IA	1,175,022		219,518	955,504
<b>University of Michigan</b> <i>Center of Excellence Renewal</i> Jeffrey B. Halter, MD	Ann Arbor, MI	137,093	750,000	212,093	675,000



		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>University of North Carolina at Chapel Hill</b> <i>Center of Excellence</i> Jan Busby-Whitehead, MD	Chapel Hill, NC	\$ 375,000		\$ 152,587	\$ 222,413
<b>University of Pennsylvania</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Neville E. Strumpf, PhD, RNC	Philadelphia, PA	1,178,312		128,312	1,050,000
<b>University of Pennsylvania</b> <i>Center of Excellence Renewal</i> Jerry C. Johnson, MD, PhD	Philadelphia, PA	200,000	\$ 750,000	200,000	750,000
<b>University of Pittsburgh</b> <i>Center of Excellence in Geriatric Psychiatry</i> Charles F. Reynolds III, MD	Pittsburgh, PA	375,000		60,899	314,101
<b>University of Pittsburgh</b> <i>Center of Excellence Renewal</i> Neil M. Resnick, MD	Pittsburgh, PA	223,545		77,174	146,371
<b>University of Rochester</b> <i>Center of Excellence Renewal</i> William J. Hall, MD	Rochester, NY	206,345		102,908	103,437
<b>University of Texas Health Science Center at San Antonio</b> <i>Center of Excellence Renewal</i> David V. Espino, MD	San Antonio, TX	128,971	750,000	28,198	850,773
<b>University of Utah</b> <i>Geriatric Training Program Development</i> Mark A. Supiano, MD	Salt Lake City, UT		100,000	50,000	50,000
<b>University of Washington</b> <i>Center of Excellence Renewal</i> Itamar B. Abrass, MD	Seattle, WA	250,000		21,387	228,613
<b>Yale University</b> <i>Center of Excellence Renewal</i> Mary E. Tinetti, MD	New Haven, CT	200,000		100,000	100,000
<b>Total Aging and Health - Academic Geriatrics &amp; Training</b>		\$57,450,740	\$30,872,145	\$14,992,464	\$73,330,421

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>INTEGRATING &amp; IMPROVING SERVICES</b>					
<b>Boston Medical Center</b>	Boston, MA	\$ 155,000		\$ 81,146	\$ 73,854
<i>Clinical Service Challenge Grant: Redesigning Long-Term Care Services for Urban Vulnerable Elders to Improve Efficiency, Quality, and Satisfaction Rebecca A. Silliman, MD, PhD</i>					
<b>Group Health Cooperative of Puget Sound</b>	Seattle, WA	102,476		102,476	
<i>Delivering Effective Primary Care to Older Adults: The Senior Resource Team at Group Health Cooperative Edward H. Wagner, MD, MPH</i>					
<b>Intermountain Health Care</b>	Salt Lake City, UT	256,148		226,148	30,000
<i>Evaluating the Impact of Geriatric Care Teams in Ambulatory Practice Cherie Brunner, MD</i>					
<b>Johns Hopkins University</b>	Baltimore, MD	1,188,932		98,086	1,090,846
<i>Translating Research into Practice: The Johns Hopkins Home Hospital Bruce Leff, MD</i>					
<b>Johns Hopkins University</b>	Baltimore, MD	1,597,531		168,212	1,429,319
<i>Guided Care: Demonstration Project and Diffusion Planning Charles E. Boulton, MD, MPH, MBA</i>					
<b>Johns Hopkins University</b>	Baltimore, MD	155,000		64,526	90,474
<i>Clinical Service Challenge Grant: Johns Hopkins Hospital Geriatrics Floating Interdisciplinary Team Samuel C. Durso, MD</i>					
<b>Mount Sinai Medical Center, Inc.</b>	New York, NY	155,000		76,849	78,151
<i>Clinical Service Challenge Grant: The Four "C"s of Excellent Geriatric Hospital Care: Coordination, Collaboration, Communication, Continuity Rosanne M. Leipzig, MD, PhD</i>					
<b>Mount Sinai Medical Center, Inc.</b>	New York, NY		\$ 750,000	125,000	625,000
<i>Advancing the Palliative Care Field: A Consortium Funded Initiative Diane E. Meier, MD</i>					
<b>The National Council on the Aging, Inc.</b>	Washington, DC	10,000		10,000	
<i>Restoration of Funds to Foster the National Adoption of NCOA Model Programs Nancy A. Whitelaw, PhD</i>					

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>Paraprofessional Healthcare Institute, Inc.</b> <i>The Nurse as Supervisor of Direct-Care Staff</i> Sara Joffe	Bronx, NY		\$ 2,350,000	\$ 235,304	\$ 2,114,696
<b>Partners in Care Foundation, Inc.</b> <i>Preventing Medication Errors: Evidence-Based Medication Management Intervention</i> June Simmons, LCSW	San Fernando, CA		1,699,845	253,566	1,446,279
<b>Rush University Medical Center</b> <i>Virtual Integrated Practice: A New Approach to Health Care Teams</i> Steven K. Rothschild, MD	Park Ridge, IL	\$ 5,385		5,385	
<b>State University of New York, Albany</b> <i>Elder Network of the Capital Region Implementation Plan</i> Philip McCallion, PhD, MSW	Albany, NY	189,621		67,296	122,325
<b>University of California, Los Angeles</b> <i>Clinical Service Challenge Grant: Redesigning a Geriatrics Practice to Manage Chronic Conditions</i> David B. Reuben, MD	Los Angeles, CA	155,000		52,004	102,996
<b>University of California, San Francisco</b> <i>Clinical Service Challenge Grant: Going Home Clinical Services Project</i> C. Bree Johnston, MD, MPH	San Francisco, CA	155,000		76,415	78,585
<b>University of Colorado</b> <i>Dissemination of Geriatric Interdisciplinary Teams in Practice (GIT-P)</i> Eric A. Coleman, MD, MPH	Denver, CO	905,049			905,049
<b>University of Pennsylvania</b> <i>Translating Research into Practice: Transitional Care for Elders</i> Mary D. Naylor, PhD, RN	Philadelphia, PA	472,839		134,156	338,683
<b>University of Washington</b> <i>Improving Depression Care for Elders - IMPACT Model Dissemination</i> Jürgen Unützer, MD, MPH	Seattle, WA	1,999,568			1,999,568
<b>Total Aging and Health - Integrating &amp; Improving Services</b>		\$ 7,502,549	\$ 4,799,845	\$ 1,776,569	\$ 10,525,825

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>AGING &amp; HEALTH - OTHER</b>					
<b>Florida Health Care Education and Development Foundation, Inc.</b>	Tallahassee, FL		\$ 361,556	\$ 92,057	\$ 269,499
<i>Hurricane and Disaster Preparedness for Long-Term Care Facilities</i>					
LuMarie Polivka-West, MSP					
<b>George Washington University</b>	Washington, DC	\$1,276,549		437,545	839,004
<i>Advancing Aging and Health Policy</i>					
<i>Understanding Renewal</i>					
Judith Miller Jones					
<b>Institute of Medicine of the National Academies</b>	Washington, DC		400,000	200,000	200,000
<i>Healthcare Workforce Consensus Report for an Aging Society</i>					
Harvey Fineberg, MD, PhD					
<b>The Foundation for the L.S.U. Health Sciences Center</b>	New Orleans, LA		501,945	112,270	389,675
<i>Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans</i>					
Charles A. Cefalu, MD					
<b>Project HOPE - People-to-People Health Foundation, Inc.</b>	Bethesda, MD	70,548		70,548	
<i>Health Affairs Journal: Thematic Issues on Aging &amp; Health</i>					
John K. Iglehart					
<b>Total Aging and Health - Other</b>		\$1,347,097	\$1,263,501	\$ 912,420	\$ 1,698,178
<b>NEW YORK FUND</b>					
<b>American Federation for Aging Research, Inc.</b>	New York, NY		\$ 25,000	\$ 25,000	
<i>AFAR 25th Anniversary Dinner</i>					
Hadley C. Ford					
<b>Foundation for Health in Aging Inc.</b>	New York, NY		12,330	12,330	
<i>2006 Lifetime of Caring Gala</i>					
Linda M. Hiddemen-Barondess					
<b>The Hospital for Special Surgery Fund Inc.</b>	New York, NY		3,000	3,000	
<i>Annual Support</i>					
Deborah M. Sale					
<b>Medicare Rights Center</b>	New York, NY		1,000	1,000	
<i>General Support</i>					
Robert M. Hayes					
<b>New York Academy of Medicine</b>	New York, NY		13,000	13,000	
<i>2007 Gala Vice-Chair Benefactor Package</i>					
Jeremiah A. Barondess, MD					

		Balance Due January 1, 2006	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2006
<b>United Hospital Fund</b> <i>Annual Support</i> James R. Tallon, Jr.	New York, NY		\$ 2,500	\$ 2,500	
<b>University of Pennsylvania</b> <i>"Where Science Leads" Campaign Gala</i> Michelle Murtha	Philadelphia, PA		24,075	24,075	
<b>Visiting Nurse Service of New York</b> <i>2006 Benefit Dinner</i> Carol Raphael	New York, NY		13,650	13,650	
<b>Total New York Fund</b>			<b>\$94,555</b>	<b>\$94,555</b>	
<b>OTHER GRANTS</b>					
<b>The Foundation Center</b> <i>Annual Support</i> Sara L. Engelhardt	New York, NY		\$10,000	\$10,000	
<b>Grantmakers in Aging</b> <i>Annual Support</i> Carol A. Farquhar	Dayton, OH		5,000	5,000	
<b>Grantmakers in Health</b> <i>Annual Support</i> Lauren LeRoy, PhD	Washington, DC		10,000	10,000	
<b>The New York and Presbyterian Hospital</b> <i>Pauline A. Hartford Chapel Lighting Improvements</i> Herbert Pardes, MD	New York, NY		5,000	5,000	
<b>New York Regional Association of Grantmakers</b> <i>Annual Support</i> Michael Seltzer	New York, NY		12,450	12,450	
<b>The Philanthropy Roundtable</b> <i>Annual "Sustaining" Support</i> Adam Meyerson	Washington, DC		1,000	1,000	
<b>Total Other Grants</b>			<b>\$ 43,450</b>	<b>\$ 43,450</b>	
<b>Matching Grants*</b>			<b>\$ 1,120,698</b>	<b>\$ 1,120,698</b>	
<b>Staff Discretionary Grants**</b>			<b>\$ 48,000</b>	<b>\$ 48,000</b>	
<b>Grants Refunded or Cancelled</b>		180,190	( 358,802)	( 178,612)	
<b>Discounts to Present Value</b>		( 7,233,832)	( 2,654,262)		( 9,888,094)
<b>Total (All Grants)</b>		<b>\$59,246,744</b>	<b>\$35,229,130</b>	<b>\$18,809,544</b>	<b>\$75,666,330</b>

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

\*\* Grants made under the Foundation's program for charitable contributions designated by staff.

	Expenses Authorized Not Incurred January 1, 2006	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred December 31, 2006
<b>Foundation-Administered Projects</b>				
<i>Evaluation of the Foundation's Nursing Programs</i>	\$ 615,793		\$ 299,999	\$ 315,794
<i>Communications &amp; Dissemination Initiative</i>	676,140		162,714	513,426
<i>Extending Gains and Celebrating our 75th Anniversary</i>	2,658		2,658	
<i>To Pursue Selected Activities in the Strategic Plan</i>		\$142,309	142,309	
<b>Total</b>	\$1,294,591	<b>\$142,309</b>	<b>\$ 607,680</b>	<b>\$ 829,220</b>

#### ADDITIONAL ACTIVE GRANTS

#### AGING AND HEALTH - ACADEMIC GERIATRICS AND TRAINING

**American Academy of Nursing**  
*Nursing School Geriatric Investment Program*  
 Patricia G. Archbold, DNSc, RN  
 2001; \$2,163,096; 59 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 well-being of the nation's elders, grants are made in two priority areas:



Visit us on the web: [www.jhartfound.org](http://www.jhartfound.org)

### Academic Geriatrics and Training

The Foundation supports efforts, on an invitational basis, in selected academic medical centers and other appropriate institutions 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 is available at our Web site, <http://www.jhartfound.org>.

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##### editorial:

Lynne Christensen

##### design and photography:

Donald Battershall Design

##### photos pgs 6, 19, 28, 31, 44, 48:

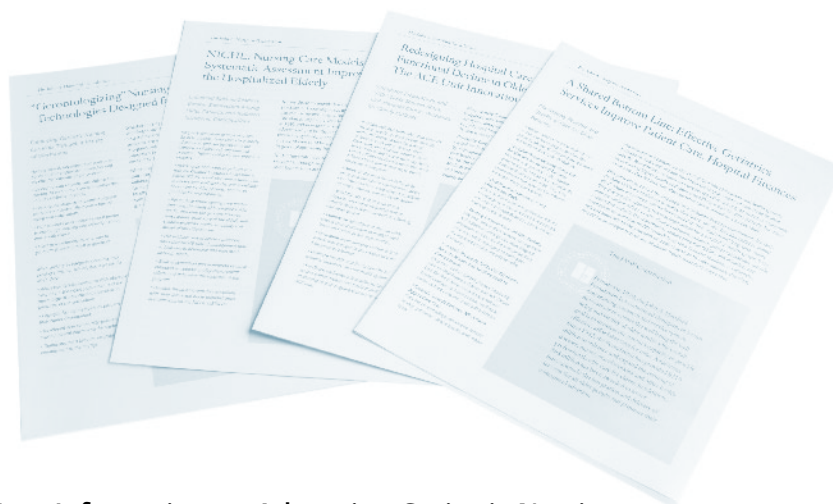
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New York University

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Brodock



## For More Information on Advancing Geriatric Nursing

In 2005, as part of its award-winning 75th Anniversary Annual Report, the John A. Hartford Foundation produced a number of brief guides to help speed the recognition of geriatric nursing. These are available at the Foundation's Web site.

**"Gerontologizing" Nursing Curricula:  
New Courses, Technologies  
Designed for Patients' Needs**

[www.jhartfound.org/IDEAS/nursecurriculum](http://www.jhartfound.org/IDEAS/nursecurriculum)

**NICHE: Nursing Care Models and  
Systematic Assessment Improve Care  
for the Hospitalized Elderly**

[www.jhartfound.org/IDEAS/NICHE](http://www.jhartfound.org/IDEAS/NICHE)

**Redesigning Hospital Care to  
Prevent Functional Decline in Older  
Adults: The ACE Unit Innovation**

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**A Shared Bottom Line:  
Effective Geriatrics Services Improve  
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[www.jhartfound.org/IDEAS/businesscase](http://www.jhartfound.org/IDEAS/businesscase)