

2010 Annual Report

# The John A. Hartford Foundation

Dedicated to Improving  
the Health of  
Older Americans



## **Mission Statement**

Founded in 1929, the John A. Hartford Foundation is a committed champion of health care training, research and service system innovations that will ensure the well-being and vitality of older adults. Its overall goal is to improve the health of older adults by creating a more skilled workforce and a better designed health care system. Today, the Foundation is America's leading philanthropy with a sustained interest in aging and health.

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

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

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



**“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 John A. 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 the health of older Americans.

## **Dedication**

For 13 years, Steve served as the Information Technology Officer building the infrastructure that advances our work at the John A. Hartford Foundation. During this time, Steve made us laugh with his subtle sense of humor. He held our hand regarding all manner of IT needs. And he reminded us on a very personal level about the importance of quality health and end-of-life care. Such care is exemplified by the nurses profiled in this Annual Report.

Thank you, Steve. We miss you every day.



Steve Abramovich, Jr.  
1964 - 2010

# BAGNC<sup>10</sup>

a decade of achievement

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## Report of the Chairman



Norman H. Volk, Chairman, addressing the 2010 BAGNC Leadership Conference.

It is my great pleasure to introduce the John A. Hartford Foundation's 2010 Annual Report: "A Day in the Life of an Academic Geriatric Nurse," honoring the 10th anniversary of Hartford's Building Academic Geriatric Nursing Capacity (BAGNC) Initiative. During these 10 years, the BAGNC program has supported over 170 pre- and post-doctoral nurses working to improve the health of older Americans. Many of these scholars have gone on to faculty leadership positions in the field of nursing, as well as serving on editorial or governing boards,

national advisory groups, university committees, and field-wide task forces. This photo-driven annual report celebrates the richness and diversity of a career in academic geriatric nursing and the impact these BAGNC pioneers are having on the health of our aging society.

The U.S. health care system desperately needs more clinicians prepared to meet the needs of a growing number of older adults. Geriatric and adult care nurses are helping fill the gap, many as a direct result of the BAGNC program. During the past 10 years, BAGNC alumni have taught more than 20,000 undergraduate students, as well as over 3,500 graduate and doctoral students—helping them develop the skills necessary to provide quality care to the most medically complex segment of our population.

The 2010 Annual Report honors and illuminates the research, teaching, and practice of BAGNC leaders, teachers, mentors, Scholars, Fellows, and alumni in a special photo essay. We present images from the diverse

professional lives of 18 academic geriatric nurses. "A Day in the Life" reflects the Foundation's investment in supporting a cadre of geriatric expert nurses who influence the health care of older adults, educate and mentor the next generation of nurses, and serve as a catalyst for system-wide change.

### *A Sustained Commitment to Geriatrics*

During 2010, the Trustees approved a number of important grant renewals, representing \$4 million in new commitments. For BAGNC, this included nearly \$1.8 million over two years to Centers of Geriatric Nursing Excellence at Oregon Health & Science University; the University of Arkansas for Medical Sciences; the University of California, San Francisco; the University of Iowa; and the University of Pennsylvania. These grants focus on increasing academic geriatric nursing capacity by recruiting and training new doctoral students who will become faculty, as well as retraining current faculty to better teach geriatric content.

The Foundation also continued its support of other programs in aging and health, including renewal grants to the Association of Specialty Professors to increase competence in the care of older adults among physicians in internal medicine specialties and to the Association of Directors of Geriatric Academic Programs to support the development and maintenance of leadership skills of geriatric medicine program directors. PHI (formerly the Paraprofessional Healthcare Institute) was also awarded a challenge grant to help the organization continue to build the direct-care workforce in support of Institute of Medicine recommendations.

### *Expanding Our Influence, Improving Our Network*

We continue to find creative ways of fulfilling our mission, beyond grantmaking. Hartford staff have assumed leadership roles on a variety of national advisory bodies, and we remain committed to our collaboration with other funders on projects of mutual interest. We have also created opportunities for grantees to speak to important audiences at venues such as the Brookings Institution, the Institute of Medicine, and *Health Affairs*.

These outreach and communications efforts have helped focus attention on aging and health, promoted and supported the work of our grantees, and made the case for improved care for older adults, particularly in the context of health reform and the passage of the Affordable Care Act in 2010. In the coming year, we expect to continue refining our communications through enhanced program evaluations and by expanding and improving our online presence.

### *Financial Report*

The Foundation's endowment ended 2010 at approximately \$498 million, representing an increase of \$26 million during the year, after disbursement for grants and expenses. We are pleased that the investment return on the Foundation's portfolio in 2010 was positive for the second consecutive year, after a double-digit loss in 2008. The Foundation did achieve its investment goal of adding to the value of the endowment after spending and inflation in 2010. Although the portfolio remains well below the pre-crisis peak achieved in 2007, the Foundation's investments have continued to gradually recover from the losses resulting from the global financial crisis of 2008-09. We are confident that, with the assistance of our outsourced investment office, New Providence Asset Management, the Foundation can accomplish its long-term investment objective through prudent diversification across multiple asset classes.

### *Transitions at the Foundation*

Finally, I'd like to acknowledge some important staff changes that took place during the past year. In 2010, Samuel Gische, our finance director and controller, retired after 30 years of devoted and conscientious service. Eva Cheng was promoted to finance director and controller, where she has taken over Sam's responsibilities. We would also like to congratulate Amy Berman for her well-deserved promotion to senior program officer, and Marcus Escobedo, whose capacity and talent have taken him from associate to program officer.

On a sadder note, I would like to express for all of us at the Foundation our profound grief at the loss of our colleague, Steve Abramovich, the Foundation's first information technology officer. Steve's death from cancer on Thanksgiving Day after a two-year struggle with the disease seemed far too abrupt for all of us who cared for him. He was a valued team member and a good friend to all of us. Our hearts are heavy for his parents, his wife, and his two young sons. We dedicate this annual report to Steve and will continue to honor his memory through our work.

Although these are challenging times for philanthropy, I have great confidence that, working together, we will sustain and expand the Foundation's impact and influence. With our dedicated Board of Trustees, staff, and grantees focusing on our common mission, I remain optimistic about our ability to improve the health of older Americans. As always, it has been a pleasure to work with this extraordinary group of colleagues, and I look forward to continuing our efforts together over the coming year.



Norman H. Volk

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(Opposite page: left to right,  
back row) Kathryn D. Wriston,  
William T. Comfort, Jr.,  
Christopher T. H. Pell,  
Norman H. Volk, John J.  
Curley, Barbara Paul Robinson,  
Anson McC. Beard, Jr.  
(Left to right, front row)  
James G. Kenan III, Margaret  
L. Wolff, John H. Allen,  
Lile R. Gibbons.



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**BAGNC**  
CELEBRATING A  
**DECADE**  
OF ACHIEVEMENT



# Building Academic Geriatric Nursing Capacity (BAGNC) Initiative 10th Anniversary

## Introduction

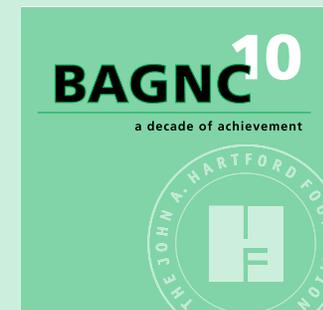
In celebration of the ten-year anniversary of the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative, this Annual Report honors the richness, diversity, and importance of a career in academic geriatric nursing. The photo-driven essays that begin on page 20 show “A Day in the Life of an Academic Geriatric Nurse,” illustrating how the BAGNC program and geriatric nurses are improving the health of older adults across our country.

Before presenting these stories, we begin with some background. We describe the importance of geriatric nursing skills in the care of older adults and the need to increase the number of academic geriatric nurses to teach the next generation of nurses and expand the scientific basis of nursing care through research. This is followed by an overview of how the BAGNC program was structured to build capacity by investing in people, creating synergy among academic institutions, and laying the foundation for continued growth in geriatric nursing.



(Above) The First BAGNC Leadership Conference, 2001, Chicago, IL.

(Opposite page) 2010 Leadership Conference, New Orleans, LA.




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Building Academic Geriatric Nursing Capacity  
<http://www.geriatricnursing.org>

## Geriatric Nurses Serve Unique Needs of Older Adults

Nurses skilled in geriatric care make a difference every day in the health and lives of older adults—in hospitals, clinics, long-term care facilities, and patients' homes. They administer therapies and medications, monitor and assess symptoms, educate patients and their families, ensure safety, and provide comfort and support—all directed toward the needs of older adults. Illness, whether acute or chronic, may be experienced quite differently in older age than earlier in life (see profiles of Dr. Hilaire Thompson, page 58, and Dr. Corrine Jurgens, page 62).

To describe this expertise in action, consider Alice, an older adult whose story represents common clinical issues and mistakes in the health care system. Alice's situation is not unusual. She was confused and disoriented when her daughter brought her to the local hospital clinic. The student nurse who first evaluated the 81-year-old observed that she believed it was 1955, and she was demanding to see her husband. Alice's daughter explained that her father died six months ago. The nurse reported to her supervisor that Alice appeared to be suffering from dementia. After learning from Alice's daughter that the mental confusion had come on suddenly, the supervisor—a geriatric nurse practitioner—conducted a more thorough assessment.

The nurse practitioner's evaluation revealed that Alice suffered from several chronic illnesses, including diabetes, arthritis, and osteoporosis. More than 80 percent of adults over age 65 have at least one chronic health problem.<sup>1,2</sup> Alice was also taking several medications, which can sometimes be a source of acute health problems, especially if the drugs are taken improperly. Even when taken as directed, medication use in older adults must be closely monitored since older adults metabolize drugs differently than younger people. They may need a smaller dose, should take them for a shorter period of time, or avoid certain drugs altogether. Some common pain killers and sleep medications can cause delirium and confusion in older people.

The nurse also reviewed psychological issues. A possible explanation for Alice's confusion may have been mourning over the loss of her husband. But the geriatrically prepared nurse practitioner suspected that the cause of Alice's symptoms might be a urinary tract infection. A simple test confirmed her suspicion. The major symptom of a urinary tract infection in a young adult is often pain. An older adult, however, may experience little or no pain. Instead, there may be an abrupt change in mental status.

Older adults are not simply older versions of young adults. This nurse had the specialized geriatric education needed to properly assess Alice and to pinpoint the treatable cause of her problem. Without this, Alice would have received substandard care. She may have been subjected to unnecessary tests, possibly hospitalized, or even admitted unnecessarily to a long-term care facility. This nurse also took the opportunity to discuss Alice's chronic health conditions to make sure they were adequately managed and that she and her daughter understood her medications and how to take them.

Older adults have unique and often complex needs related to the physiological, psychological, cultural, and social factors involved in aging. In addition to having a higher prevalence of chronic illnesses, older adults are more vulnerable to injury (e.g., falls) and acute illnesses (e.g., influenza or pneumonia). They also tend to have more physical limitations (see profile of Dr. Sarah Szanton on page 20). In 2007 (the most recent year for which data are available), 42 percent of people age 65 and over reported a functional limitation.<sup>3</sup> Fourteen percent had difficulty performing one or more instrumental daily activities, such as using the telephone, housework, meal preparation, shopping, or managing money. Approximately 25 percent had difficulty with at least one activity of daily living, such as bathing, dressing, eating, getting in and out of chairs, walking, or using the toilet.

“Gerontological nurses apply a body of specialized knowledge and skills to provide nursing care that meets the unique needs of the diverse population of older adults and promotes healthy aging,” says Patricia Archbold, DNSc, RN, Director, Building Academic Geriatric Nursing Capacity (BAGNC) Initiative. “Skilled gerontological nurses are able to detect problems early and initiate care that often prevents more serious conditions or minimizes their effects,” she adds. They have the skills to work with older adults to reduce a variety of risks that can be detrimental to health and well-being.

The benefits of highly skilled geriatric nursing have been documented. Evidence shows that older adults cared for by geriatric nurse practitioners and clinical nurse specialists are less likely to experience delirium as a by-product of hospitalization, be in pain, or be readmitted to the hospital from home or from a nursing home. The presence of a nurse practitioner in nursing homes has been shown to reduce the number of hospital admissions and to result in residents having fewer pressure ulcers and a lower incidence of incontinence.<sup>4,5,6</sup>

Older adults can present complex challenges in every health care setting. Nurses are the health care professionals with the most frequent direct contact with patients. Their ability to be effective in caring for older adults depends on obtaining a high-quality education in geriatrics, having knowledge of the most up-to-date nursing practices, and having the support of the health care system and society to make quality care of older adults a priority.

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  2. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Archives of Internal Medicine*. 2002. Vo. 162, Number 20, pp. 2269-2276.
  3. Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2010: Key Indicators of Well-Being*. Washington, DC: U.S. Government Printing Office. July 2010.
  4. Kane RL, Garrard JG, Skay CL, et al. Effects of a geriatric nurse practitioner on process and outcome of nursing home care. *Am J Public Health*. 1989. Vo. 79, Number 9, pp. 1271-1277.
  5. Ryden MB, Snyder M, Gross CR, et al. Value-added outcomes: the use of advanced practice nurses in long-term care facilities. *Gerontologist*. 2000. Vo. 40, Number 6, pp. 654-662.
  6. Krichbaum K, Pearson V, Savik K, Mueller C. Improving resident outcomes with GAPN organization level interventions. *Western Journal of Nursing Research*. 2005. Vo. 27, Number 3, pp. 322-337.

## Quality Nursing Care Depends on Education, Research, and Leadership

When the John A. Hartford Foundation began funding geriatric nursing initiatives in 1996, there simply were not enough academic nurses specializing in geriatrics to educate the next generation and to engage in the research needed to develop and test the best models of care for older patients. Geriatric nursing suffered from negative perceptions among both the public and health professionals.

At that time, less than one 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 nurse 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. A Hartford Institute for Geriatric Nursing survey commissioned by the John A. Hartford Foundation in 1999 found that of 1,000 students receiving doctoral degrees at 43 nursing schools, only 16 percent had a primary interest in geriatrics. The survey also found that geriatric nurses were scarce in top leadership positions at academic institutions.

Demographics—specifically the rapid expansion of our aging society—dictated this must change. Now more than ever, we need nurses who possess the skills and training to provide quality care to older Americans.



(Right) Dr. Claire Fagin addressing the 2010 BAGNC Leadership Conference.

## Institute of Medicine Raises Awareness of Looming Crisis

While progress has been made in the past 14 years, the work is far from complete as documented in two recent reports by the Institute of Medicine (IOM), a congressionally chartered expert advisory body.

### Retooling for an Aging America

In 2008, the IOM highlighted the deficiencies in the current health care work force in the wake of the age wave. By the year 2030, 20 percent of the United States population will be over age 65, up from 12.9 percent in 2009. In its report “Retooling for an Aging America: Building the Health Care Workforce,” supported by a consortium of funders including the Hartford Foundation, the IOM’s expert panel noted that, “Unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future.”

To address the crisis, the IOM committee challenged the health care community to enhance the competence of all individuals in the delivery of geriatric care, increase the recruitment and retention of geriatric specialists and caregivers, and redesign models of care and broaden provider and patient roles to achieve better health outcomes more efficiently.

“Geriatric specialists are needed in all professions not only for their clinical expertise, but also because they will be responsible to train the entire health care work force,” according to the IOM report.

### The Future of Nursing

In 2010, the IOM published “The Future of Nursing: Leading Change, Advancing Health.” According to the report, with more than three million members, the nursing profession has nearly doubled since 1980 and represents the largest segment of the health care workforce. The report responded to the question: “What roles can nursing assume to address the increasing demand for safe, high quality, and effective health care services?”

The report identifies aging and a more diverse population with chronic conditions as one of five national health challenges for the 21st century. The report noted the need for long-term and palliative care as well as care coordination for chronically ill and older persons. Among the recommendations in the report, the committee called on the profession to double the number of nurses with a doctorate by 2020, ensure that nurses engage in lifelong learning, and prepare and enable nurses to lead change to advance health.

“I believe the Initiative on the Future of Nursing will lean heavily on BAGNC programs to implement the Future of Nursing plan,” says Linda Burns Bolton, DrPH, RN, Vice President, Nursing and CNO, Cedars-Sinai Medical Center and Vice Chair, Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine.

“These collegial efforts that the Hartford Foundation has created in tandem with universities, professional societies and funders will serve as a platform from which to launch our plan to transform the caring experience of consumers, improve interdisciplinary teams’ ability to provide excellent, patient-centered, efficient and equitable health care services, and facilitate the achievement of true health care accountability beyond the financing of our delivery system.”

Dr. Linda Burns Bolton

## Building Academic Geriatric Nursing Capacity

The John A. Hartford Foundation made its first major investment in nursing in 1996, establishing the Hartford Institute for Geriatric Nursing at New York University. The Hartford Institute focuses on strengthening gerontological nursing in baccalaureate education and in clinical practice, and influencing health policy. The Institute identifies and develops best practices in nursing care of older adults and infuses these practices into the education of nursing students and the work environment of practicing nurses.

The Hartford Institute has been very successful, as highlighted in the Foundation's 2006 Annual Report. But it became clear that the ability of nursing schools to adequately prepare gero-competent nurses was limited, at least in part, by the small number of nursing faculty expert in this area. The field of geriatric nursing could not sufficiently grow without well-trained, dedicated, and influential leaders in academia.

Claire M. Fagin, PhD, RN, former Dean of the University of Pennsylvania School of Nursing, a pioneer in nursing, along with Corinne H. Rieder, EdD, Executive Director of the John A. Hartford Foundation, and Donna I. Regenstreif, PhD, then Senior Program Officer at the Foundation, crafted an initiative to address the critical shortage of leaders in geriatric nursing research and education.

In 2000, the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative was developed, with two main components. The first component focused on academic institutions. Grants were provided to establish five Centers of Geriatric Nursing Excellence at schools of nursing to advance geriatric nursing research, education, and practice. In 2007, four additional Centers were funded. The second component aimed to develop academic leaders through a Scholar and Fellow awards program. To oversee the Initiative, a coordinating center was established at the American Academy of Nursing.

"We chose the American Academy of Nursing because of the prestige of that national body and to ensure the program had a high profile in nursing," says Dr. Fagin, who served as Program Director from 2000 to 2005. In 2005, Dr. Patricia Archbold became the Program Director. Patricia D. Franklin, RN, MSN, served as Program Manager of the coordinating center from 2001 to 2010. Penny Roberts, JD, former Center Administrator, Hartford Center of Geriatric Nursing Excellence at Oregon Health & Science University, now holds that position.



(Top) Dr. Claire Fagin.

(Bottom, left to right) Ms. Patricia Franklin and Dr. Patricia Archbold.

(Right) The BAGNC Coordinating Center team at the American Academy of Nursing, (left to right) Thomas Webb, Penny Roberts, Cheryl Sullivan, Faswilla Sampson.



### **Better Research, Better Education, Better Practice**

“The main mission of the BAGNC Initiative is to create well-prepared, productive academic geriatric nurses who are able to conduct research that underpins care, teach the next generation of nurses so that they are enthusiastic and knowledgeable in the care of elders, and lead change in schools of nursing and health care systems,” says Dr. Archbold.

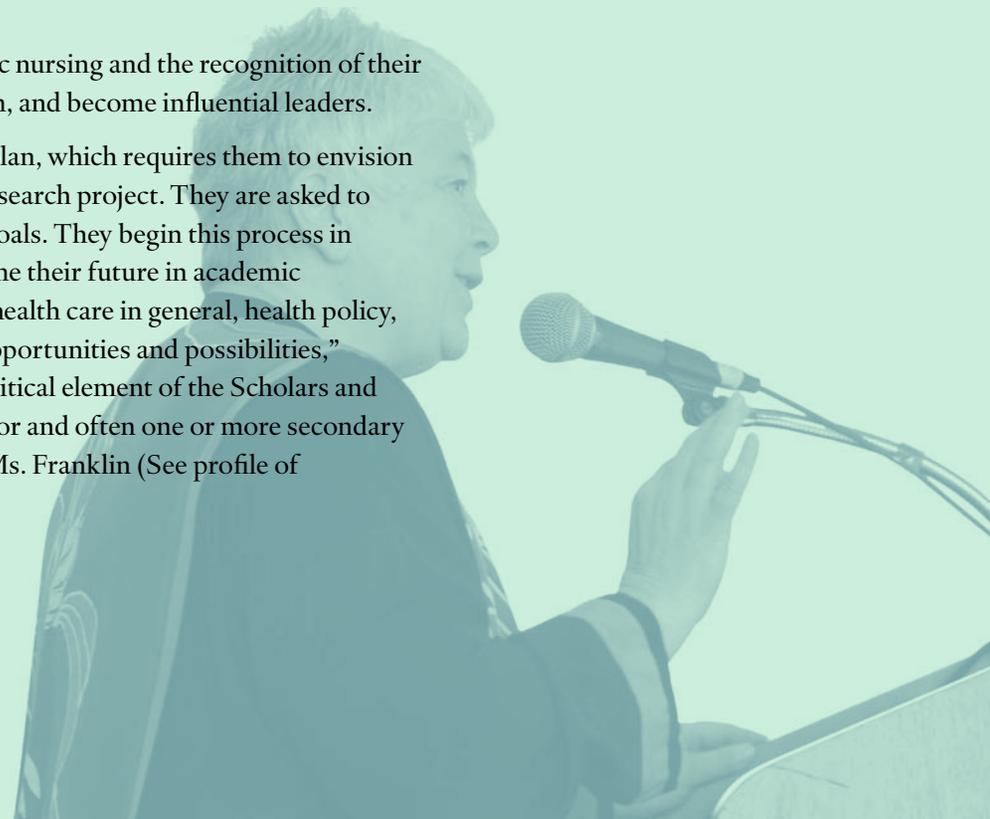
The BAGNC program accomplishes its goals through four primary activities: faculty development, leadership development, collaboration among the Centers of Geriatric Nursing Excellence, and dissemination of Hartford nursing resources and products. Two of these goals, faculty and leadership development, are exemplified in the upcoming photos and described in detail below.

#### **Faculty Development**

The core of the BAGNC Initiative is the gero nurse Scholar and Fellow Awards Program. Each Pre-doctoral Scholar receives \$50,000 per year for two years and each Claire M. Fagin Post-doctoral Fellow receives \$60,000 per year for two years. The Scholars use the funds for tuition and research costs to finish their dissertation, while Fellows complete a research project. During the award period, they have the opportunity to work with mentors and to attend an annual leadership conference.

Scholars and Fellows are chosen because of their commitment to academic geriatric nursing and the recognition of their potential to teach and inspire nursing students, conduct practice-changing research, and become influential leaders.

Applicants for a scholarship or fellowship must write a professional development plan, which requires them to envision their two years as more than a linear progression through a doctoral program or research project. They are asked to map out, explain, and connect the proposed activities to their professional career goals. They begin this process in collaboration with a senior faculty member or mentor who can help them to imagine their future in academic geriatric nursing. “Mentors can expand an applicant’s view of the field of nursing, health care in general, health policy, teaching, and research, and help the applicant to appreciate the many and varied opportunities and possibilities,” says Ms. Franklin. Mentorship by senior faculty in geriatric nursing research is a critical element of the Scholars and Fellows Award Program. Each Scholar and Fellow is matched with a primary mentor and often one or more secondary mentors. “Mentors help Scholars and Fellows emerge as leaders in the field,” says Ms. Franklin (See profile of Dr. Barbara Resnick on page 24).



Most Scholars and Fellows maintain ongoing professional relationships with their mentors long after their Hartford funding has ended. Many of the mentors are BAGNC alumni themselves, demonstrating how the program continues to give back to the field of nursing (see profile of Dr. Lisa Skemp on page 42).

Faculty development is also a major goal of the nine Hartford Centers of Geriatric Nursing Excellence, each of which has programs in place to increase the overall number of geriatric nursing faculty. The Centers are recruiting doctoral students committed to careers in geriatric nursing, creating programs to enhance the curriculum with more geriatric content, providing gero-focused development opportunities for existing faculty, and supporting Scholars and Fellows.

### Leadership Development

In addition to building their individual careers as academic nurses, Scholars and Fellows are expected to function as leaders within their institutions, within nursing, and the health care environment. The field of geriatric nursing will advance only if nurses are able to bring about change by positioning themselves in influential roles to create interdisciplinary, evidence-based systems in which the health care needs of older adults are a priority. To do so, nurses need the skills and opportunities.

The BAGNC program offers leadership skill building through an annual Leadership Conference developed by Angela McBride, PhD, RN, Distinguished Professor and Dean Emerita, Indiana University School of Nursing, Indianapolis, and author of *The Growth and Development of Nurse Leaders*.

“All doctorally prepared nurses are leaders, but at the stage of training they may not yet own that concept,” says Dr. McBride. “At the Leadership Conference we convey the concept that the skill building they get now is connected to their ever-increasing leadership responsibilities as they develop in the field.”

### Hartford Centers of Geriatric Nursing Excellence

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Arizona State University

Oregon Health & Science  
University

The Pennsylvania State  
University

University of Arkansas for  
Medical Sciences

University of California,  
San Francisco

University of Iowa

University of Minnesota

University of Pennsylvania

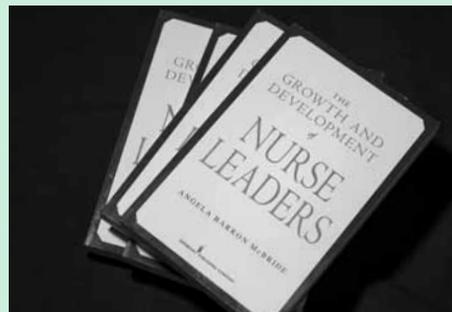
University of Utah

### Donald W. Reynolds Center of Geriatric Nursing Excellence

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University of Oklahoma

(Right) Book signing for Dr. Angela McBride's *The Growth and Development of Nurse Leaders* at the 2010 BAGNC Leadership Conference, New Orleans.



## Building on Success

In 2006, program leaders recognized that the BAGNC Initiative was growing a significant cadre of alumni. Many BAGNC alumni continued to communicate and collaborate post-Hartford funding, but there was no structured opportunity to do so. Therefore, the BAGNC coordinating center provided seed money and support for alumni to organize receptions, symposia, and other activities at each of the four annual regional nursing research society meetings. These activities allow alumni to continue to develop a network of resources, support, and collaboration and to raise awareness about geriatric nursing.

In 2010, BAGNC alumni, led by Adriana Perez, PhD, RN, ANP, at Arizona State University (see profile on page 32), demonstrated great initiative by formally establishing a BAGNC Alumni Association Network. The Alumni Network serves as a structured mechanism to maintain strong connections with colleagues and to promote and sustain the BAGNC program. The Alumni Network has created a page on the professional social networking site LinkedIn ([www.linkedin.com](http://www.linkedin.com)), where alumni can share ideas and stay connected. The Alumni Association sponsored a symposium at the 2010 Gerontological Society of America meeting and has contracted with the journal *Research in Gerontological Nursing* to publish a special issue in 2011 highlighting ten years of BAGNC research.

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

## Collaboration with other Funders

Another mechanism to sustain the work of the BAGNC Initiative is partnerships. To advance its mission and overall impact, the John A. Hartford Foundation places a high priority on developing and co-funding projects with other foundations and federal agencies.

As a result, the BAGNC Initiative has benefited from the generosity of many funders. The Atlantic Philanthropies contributed \$5.4 million since 2004 to fund Claire M. Fagin Post-doctoral Fellows. The Mayday Fund has provided additional support to BAGNC awardees focused on pain. In 2010 the Jonas Center for Nursing Excellence provided funds for a scholarship at each of the nine Hartford Centers of Geriatric Nursing Excellence. “The point of all of this is better patient care,” says Darlene Curley, MS, RN, Executive Director of the Jonas Center. “By all of the foundations working together, sharing resources, expertise, and passion, patient care will be improved.”

Partnering can also take the form of sharing knowledge, expertise, and model development. In 2008, the Donald W. Reynolds Foundation, a major philanthropy in the field of aging, funded a Center of Geriatric Nursing Excellence at the University of Oklahoma, modeled on the nine existing Hartford centers.



(Above) Rachael Watman from the Hartford Foundation and Susan Hassmiller from the Robert Wood Johnson Foundation addressing the Hartford Geriatric Nursing Initiative directors.

## Accomplishments and Impact

Ultimately, the goal of the BAGNC program is to improve the health of older adults by ensuring that all nurses are competent to care for our aging society.

“The most important outcome of the BAGNC Initiative is a vibrant, motivated, and well-prepared national network of academic geriatric nurse colleagues,” says Dr. Archbold. Including the 2010 cohort, 102 Scholars and 70 Claire M. Fagin Fellows have been part of the program.

Evaluation data by Shoshanna Sofaer, DrPH, and her colleagues at Baruch College show BAGNC alumni to be highly productive in research and scholarship (<http://geriatricnursing.org/about/program-impact.asp>). The average BAGNC alumnus is academically productive, having published six peer-reviewed articles and obtained nearly \$200,000 in research grants related to the care of older adults. Alumni scholarship addresses a wide range of timely elder-care topics, such as making life-sustaining treatment decisions, evaluating nursing home management characteristics and outcomes for elders, improving cognition and function through exercise, and assessing and managing pain in elders.

BAGNC Scholars, Fellows, and alumni are actively involved in teaching geriatric nursing (see profile of Dr. Donald Bailey, Jr., on page 26). As of July 2010, they had taught geriatric nursing content to nearly 33,000 undergraduate and graduate students. They also influence geriatric nursing nationally, having contributed to projects like the Geriatric Nursing Education Consortium, a faculty development program within the American Association of Colleges of Nursing ([www.aacn.nche.edu/gnec.htm](http://www.aacn.nche.edu/gnec.htm)) (see profile of Ms. Melissa Aselage on page 54).

“As a result of ten years of investment, there is now a cadre of BAGNC alumnae over 170 strong,” says Rachael A. Watman, Senior Program Officer, the John A. Hartford Foundation. “They are improving the care of older adults across the nation—in rural areas, in clinical settings, in Tribal communities, and in the home. These BAGNC alumni are tailoring their research and interventions to focus on the unique needs of older adults. BAGNC leaders have started exercise programs. They’ve explored the lives of those with hoarding behaviors and worked to maximize their safety and independence. They are teaching the next generation of nursing students, and embracing the full spectrum of technology to do so. We at the John A. Hartford Foundation are enormously proud of the BAGNC champions, and we are pleased to share their stories with you.”

(Right) Norman H. Volk, Chairman, the John A. Hartford Foundation, with outgoing BAGNC Program Manager Patricia Franklin at the 2010 BAGNC Leadership Conference.

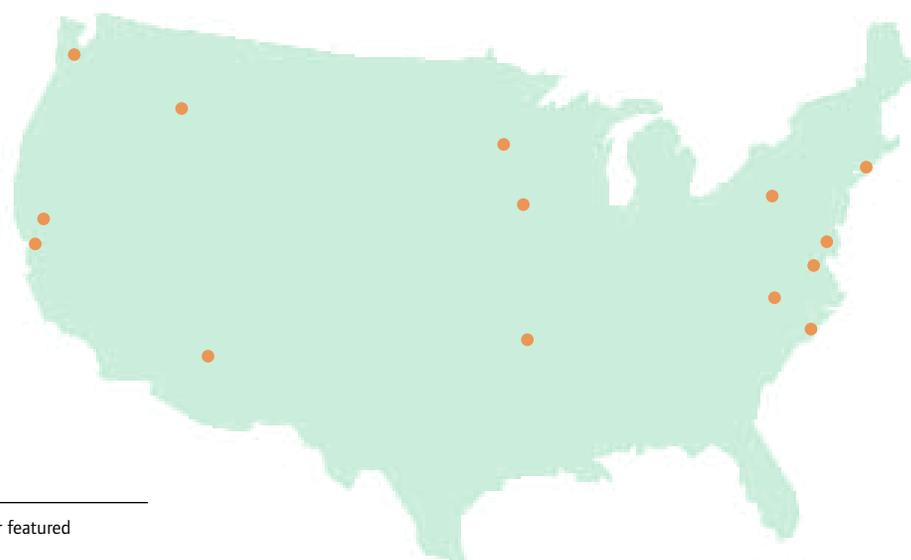


# A Day in the Life of an Academic Geriatric Nurse

For this Annual Report, the John A. Hartford Foundation visited eighteen BAGNC academic geriatric nurses. Some are current or former Scholars or Fellows, some are directors of a Center of Geriatric Nursing Excellence, some are mentors. We celebrate their work and contribution to the field through photographic essays that depict “A Day in the Life of an Academic Geriatric Nurse.”

Through their dedicated research, teaching, and practice, these remarkable nurses are transforming the field. They represent the rich and diverse array of available opportunities to improve the health of older adults. They work at the bedside, create evidence-based nursing practices, teach nursing students, shape public health policy, and serve as role models to recruit the best and brightest students into geriatric nursing.

We hope these profiles educate, inform and inspire you.



Map indicates the locations of our featured geriatric nurses.

## Featured Geriatric Nurses

Sarah Szanton, PhD, CRNP

Barbara Resnick, PhD, RN, CRNP

Donald Bailey, Jr., PhD, RN

Ann Kolanowski, PhD, RN

Adriana Perez, PhD, RN, ANP

Jean Wyman, PhD, RN

Patricia Holkup, PhD, RN

Lisa Skemp, PhD, RN, MA

Jimmy Reyes, DNP, MSN, RN

Monika Eckfield, RN, MSN

Heather Young, PhD, RN

Elena Siegel, PhD, RN

Melissa Aselage, MSN, RN, FNP-BC

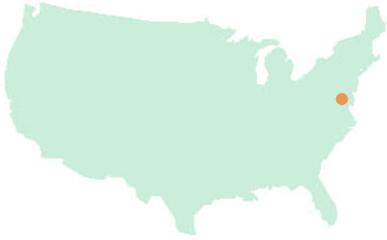
Hilaire Thompson, PhD, RN, CNRN

Claudia Beverly, PhD, RN

Corrine Jurgens, PhD, RN

Patricia Archbold, DNSc, RN

Patricia Franklin, RN, MSN



## Sarah Szanton PhD, CRNP

Assistant Professor  
Johns Hopkins University  
School of Nursing  
Baltimore, Maryland

Pre-doctoral Scholar 2005-2007  
Claire M. Fagin Post-doctoral  
Fellow 2009-2011

Research: Outreach project  
to help older adults remain in  
their homes

“I wanted to do more  
than just document  
problems faced by  
older adults. I want to  
find solutions.”

“My passion is remedying health disparities among older adults,” says Sarah Szanton, PhD, CRNP. “Older adults who are poor often are sicker and have less access to health care resources.” Several years ago, while making house calls as a nurse practitioner to homebound, low-income elderly patients, Dr. Szanton witnessed how physical environment, financial strain, and family responsibilities can adversely impact an older person’s health.

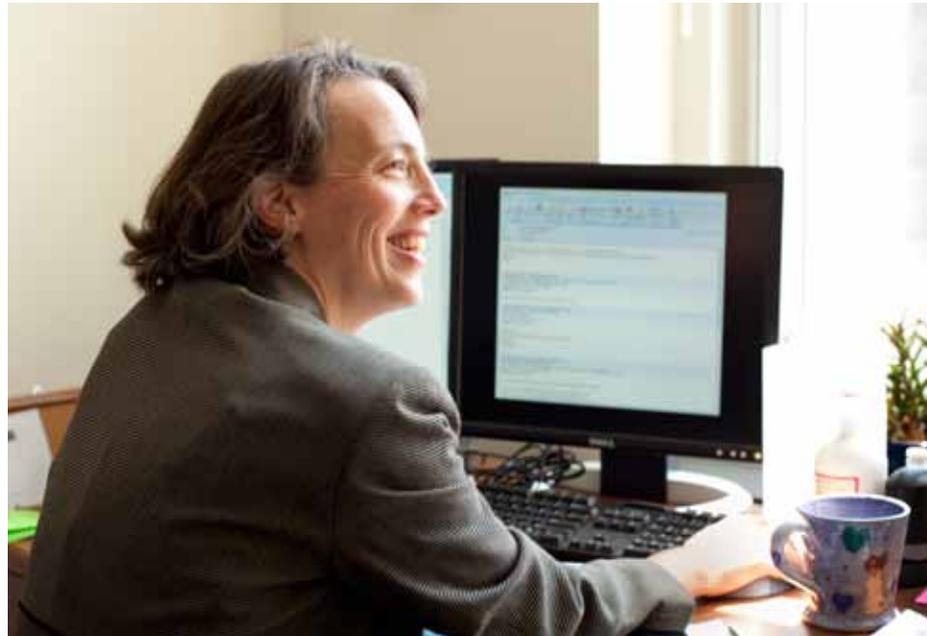
As a doctoral student, Dr. Szanton knew she was interested in the health effects of poverty. She examined how financial strain

may lead to cardiovascular disease and even death. “But I found that I wanted to do more than just document problems faced by older adults. I want to find solutions.”

She is now testing an intervention featuring home visits from a nurse, an occupational therapist, and a handyman that can help low-income older adults remain in their own homes. “Lots of people have uneven floors, shaky banisters and other safety issues in their homes,” says Dr. Szanton. The difference is that people who are elderly and poor don’t have the resources and ability to fix these problems. In Dr. Szanton’s study, a nurse counsels older adults about fall

prevention strategies, helps with medication adherence, identifies problems with depression or pain, and connects the person with appropriate health care services. The occupational therapist ensures the older adult can prepare meals, get safely in and out of the shower, and engage in other basic activities of living. The handyman fixes trip hazards and other physical safety issues in the home.

Ultimately, Dr. Szanton hopes to demonstrate that this strategy can keep people out of the hospital due to falls and out of nursing homes.



(Left) Dr. Szanton in her office working on Project CAPABLE, an intervention that partners a nurse, an occupational therapist, and a handyman with low-income older adults to help them remain independent.

(Below) Dr. Szanton visiting a participant’s home to evaluate her needs.





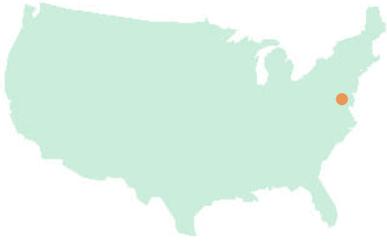
As a result of Dr. Szanton's work, many upgrades are made to help older adults remain safe at home. Here a new light switch, handrail and locks were installed.



(Below and opposite page)  
Dr. Szanton and Allyson Evelyn-  
Gustave, an occupational therapist,  
visit a client to assess the effective-  
ness of the intervention.







## Barbara Resnick PhD, RN, CRNP

Professor  
University of Maryland  
School of Nursing  
Baltimore, Maryland  
BAGNC Mentor

"The greatest gift the BAGNC program gave me was the opportunity to be mentored by Barbara Resnick," says Beth Galik, PhD, Assistant Professor, University of Maryland School of Nursing (Hartford Pre-doctoral Scholar, 2003-2005). "She's very motivating and made me believe I could succeed," says Dr. Galik. Mentorship is a core component of the BAGNC Initiative.

Dr. Resnick, a geriatric nurse practitioner and recognized leader in the field, tends to attract Scholars and Fellows with an interest in her research on function-focused care. Her work involves optimizing physical activity and function in older adults in a

variety of care settings. Students she has mentored have built on her intervention, with some replicating it in different populations of patients, such as those with dementia or Parkinson's disease.

As a mentor, Dr. Resnick provides advice and assistance with research. Just as importantly, she helps to position Scholars and Fellows in roles where they can have an impact on the profession of nursing and on improving care for older adults. "These individuals were selected because they have the potential to bring something special to academic geriatric nursing," says Dr. Resnick. "Mentoring is about

listening, finding out the person's strengths, then helping them to promote those strengths," she says.

Dr. Resnick encourages everyone she mentors to become active in the profession by writing manuscripts, serving on editorial boards, and participating in national meetings. She encouraged and facilitated Dr. Galik's involvement in national organizations, such as the American Medical Director's Association and the Gerontological Advanced Practice Nurses Association, where she is vice president-elect. Dr. Galik was recently named a Robert Wood Johnson Faculty Scholar.



(Above) Dr. Resnick, BAGNC mentor and geriatric nurse practitioner at Roland Park Place, a continuing care community in Baltimore, MD.

(Right) Dr. Resnick and her mentee, Dr. Galik, discuss medication issues with a resident.



(Right) Dr. Resnick and Dr. Galik discuss their mutual interest in function-focused care.

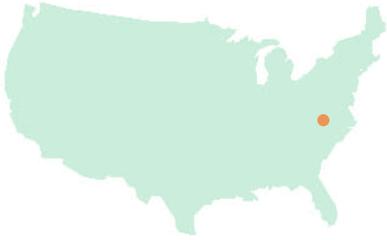
(Below) Dr. Resnick with a resident.



“The greatest gift the BAGNC program gave me was the opportunity to be mentored by Barbara Resnick.”

Dr. Elizabeth Galik





## Donald (Chip) Bailey, Jr. PhD, RN

Associate Professor  
Duke University  
School of Nursing  
Durham, North Carolina

Claire M. Fagin Post-doctoral  
Fellow 2003-2005

Research: Nursing interventions  
to improve quality of life in  
patients with serious chronic  
illnesses

The BAGNC Initiative aims to increase the number of academic geriatric nurses who possess the skills and enthusiasm to educate and inspire new generations of nursing students. Chip Bailey, Jr., PhD, RN, embodies that goal. He developed a course in geriatrics for baccalaureate nursing students at Duke University that was recognized by the John A. Hartford Foundation and the American Association of Colleges of Nursing as the best in the country in 2004. The course prepares students to provide the highest quality evidence-based care to older adults in long-term care settings and continuing care retirement communities.

When he isn't teaching, Dr. Bailey conducts research focusing on patients with chronic illness who are being actively monitored rather than immediately treated. His earlier research focused on older men with prostate



(Left) Dr. Bailey speaking with Kristen Corazzini, PhD, Associate Professor at Duke University School of Nursing at Rex Rehabilitation and Nursing Care Center of Apex, North Carolina.

(Opposite page) Dr. Bailey meets with nursing students to work on a grant proposal to the National Institute of Nursing Research.

(Below) Dr. Bailey at the Duke University School of Nursing.

cancer and patients with hepatitis C who chose to forgo immediate treatment, retaining the option to receive more aggressive treatment if their disease began to worsen. While avoiding the risks of possibly unnecessary active treatments, patients who choose this "watchful waiting" approach may experience high levels of uncertainty. Dr. Bailey developed an intervention that helps these patients to reframe their thinking about their disease, thus improving quality of life.

Dr. Bailey is now engaged in a five-year study to tailor this intervention for patients with end-stage liver disease who are awaiting a liver transplant. A nurse or other health care provider teaches the patients and their caregivers coping skills, stress management techniques, and how to deal with symptoms. "The goal is to improve symptoms and quality of life for these vulnerable patients and their caregivers," says Dr. Bailey.

"The goal is to improve symptoms and quality of life for these vulnerable patients and their caregivers."



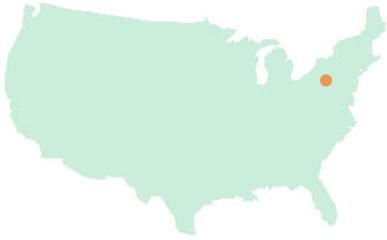




(Above and left) Dr. Bailey with nursing students, including Ashley Leak, 2009 BAGNC Pre-doctoral Scholar (in white coat), in a patient's room at Rex Rehabilitation and Nursing Care Center of Apex, North Carolina. They are working on a fall prevention program.

(Opposite page) Dr. Bailey teaching gerontologic nursing to baccalaureate nursing students. This course received an award as best Stand-Alone Baccalaureate Geriatric Nursing Course by the American Association of Colleges of Nursing and the Hartford Foundation.





## Ann Kolanowski PhD, RN

Elouise Ross Eberly Professor  
School of Nursing  
The Pennsylvania State University  
University Park, Pennsylvania

Director, Hartford Center of  
Geriatric Nursing Excellence  
at Penn State



As Director of the Penn State Center of Geriatric Nursing Excellence, Ann Kolanowski, PhD, RN, employs innovative technological solutions to meet the center's goals of preparing more geriatric nursing faculty committed to careers in teaching, especially in underserved areas.

Penn State has one of the largest nursing schools in the country, with about 1,500 nursing students at ten campuses across Pennsylvania. Many of these campuses are in rural parts of the state. The school offers degrees from the associate to the doctorate level and allows students to seamlessly matriculate from one level to the next. However, offering advanced degrees in rural areas can be challenging due to lower enrollment.

"We offer all of our geriatric nursing master's level courses online or via videoconferencing," says Dr. Kolanowski. This allows the school to deliver the master's program to anyone across the state who wants to be able to teach at the associate's or baccalaureate level. "We want to prepare people who can study and work where it's really needed, like in rural areas," she says.

Videoconferencing is also used as a tool to bring faculty together to review academic journals. Faculty and students from the Penn State campuses and the University of Virginia participate. An article related to the care of older adults is chosen and discussed. "I'm amazed at how successful this has been," says Dr. Kolanowski. "It's really having an impact on practice."

"Recruitment of nursing students is also a major priority," says Dr. Kolanowski. To this end, Penn State, together with WPSU Public Broadcasting Production House, with funding from Johnson & Johnson, created a series of videos featuring leaders in the field of health care in order to recruit nurses to an exciting career in academic geriatrics. (<http://www.hhdev.psu.edu/hartford/educators.html>)



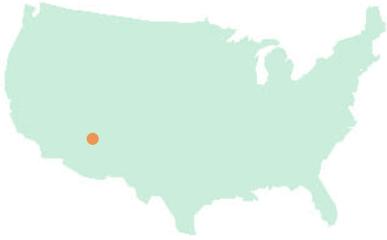
(Left and above) Dr. Kolanowski at the local PBS station where she is creating a training video for an intervention for delirium in people who have dementia. Her student Niki Hill, a Hartford Pre-doctoral Scholar, is featured in the video interviewing older adults and explaining recommended guidelines.



(Above and right) Dr. Kolanowski with nursing students in a dissertation seminar. Students at the Penn State campus in Hershey participate via videoconferencing. This videoconferencing technology is also used to bring nursing faculty from all the Penn State campuses together for a journal club that focuses on the care of older adults.



“We want to prepare people who can study and work where it’s really needed, like in rural areas.”



## Adriana Perez PhD, RN, ANP

Arizona State University  
College of Nursing and  
Health Innovation  
Phoenix, Arizona

Pre-doctoral Scholar 2007-2009  
Claire M. Fagin Post-doctoral  
Fellow 2009-2011

Research: Promoting cardiovascular  
health in older Hispanic women



The prevalence of heart disease is disproportionately high among Hispanic Americans. While lifestyle modification and medication are key elements of prevention for everyone, many people do not get them due to cultural barriers to health care.

As a doctoral student, Adriana Perez sought to remedy this situation. She developed and tested a theory-based intervention to promote cardiovascular health among older Hispanic women through physical activity. She started by asking participants about their values and priorities. "They want to continue to care for their families and play with their grandchildren," she says. "I can help them accomplish this by making healthy choices, which includes physical activity." Dr. Perez found that when the women increased their physical activity it often influenced the entire family.

As a Post-doctoral Fellow, Dr. Perez expanded the study. Participants receiving the Wellness Motivation Intervention meet once a week for physical activity and education. They also wear pedometers and keep a weekly log of activities. "Some of the women have even added activities like dancing or taking short hikes," says Dr. Perez.

(Right) Dr. Perez exercises with participants in her study aimed at promoting physical activity among older Hispanic women who have limited access to health care resources.

Dr. Perez is measuring physiologic outcomes, like blood pressure and body mass index, as well as variables that relate to social support, motivation, and use of community resources. To ensure this intervention is designed with older Hispanic women in mind, the surveys she uses have been translated into Spanish. Through focus groups, Dr. Perez is examining each question to ensure the concepts are culturally equivalent.

While supported by the BAGNC awards, Dr. Perez especially valued the connection with colleagues. Therefore, she, along with other alumni, spearheaded the creation of a BAGNC Alumni Association Network to "continue to support each other in our scholarship and practice and share resources, knowledge, and expertise," she says.



“They want to continue to care for their families and play with their grandchildren. I can help them accomplish this by making healthy choices, which includes physical activity.”

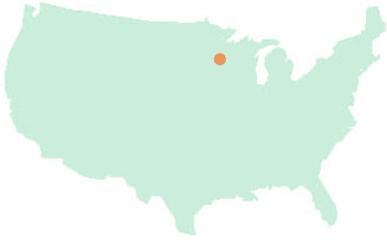


(Above and left) Participants in Dr. Perez’s exercise program arrive at Our Lady of Fatima Church in Phoenix. They meet early in the morning for exercise and camaraderie. They learn about community resources from the program and each other, and they make plans to meet for extra exercise sessions.

(Following pages) Study participants walk in a nearby park.







## Jean Wyman PhD, RN

Professor and Cora Meidl Siehl  
Endowed Chair in Nursing Research  
School of Nursing  
University of Minnesota  
Minneapolis, Minnesota

Director, University of Minnesota  
Hartford Center of Geriatric  
Nursing Excellence

President, Midwest Nursing  
Research Society



(Below) As president of the Midwest Nursing Research Society (MNRS), Dr. Wyman presides at the 2010 Annual Meeting in Kansas City, MO.

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“It’s an honor and a privilege to promote nursing science, which ultimately improves care for all patients, including older adults.”





"It's an honor and a privilege to promote nursing science, which ultimately improves care for all patients, including older adults," says Jean Wyman, PhD, RN, about her role as president of the Midwest Nursing Research Society (MNRS). MNRS is the largest of the four regional nursing societies in the country. "MNRS promotes the careers of nurse scientists," says Dr. Wyman. The gerontological nursing research section is one of the largest sections within MNRS.

Serving as president of MNRS is just one of Dr. Wyman's many leadership roles. As Director of the University of Minnesota Hartford Center of Geriatric Nursing Excellence, she guides the Center in its mission to advance the care of older adults by preparing outstanding nursing faculty.

(Right, top and bottom) At the poster session of the MNRS meeting, Dr. Wyman talks with Claire M. Fagin Post-doctoral Fellow Todd Rupp, PhD, RN, GCNS-BC, about his research.

(Below) A convening of members of the gerontological nursing research section and Rachael Watman of the Hartford Foundation at the 2010 MNRS meeting.

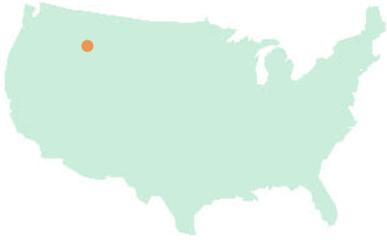


"At our center we prepare both doctor of philosophy (PhD) and doctor of nursing practice (DNP) students who are committed to academic careers and teaching geriatric nursing," says Dr. Wyman.

Dr. Wyman is particularly proud of a program called Faculty Learning About Geriatrics (FLAG). This week-long summer program and year of mentorship for new and existing faculty enhances expertise in teaching geriatric nursing. "This has become a national model for strengthening the teaching of geriatric nursing," says Dr. Wyman.

Under Dr. Wyman's leadership, the Hartford Center has established opportunities to increase the reach of geriatric nursing throughout the region, paying particular attention to the communities served. The Upper Midwest Geriatric Nursing Education Alliance brings regional nursing schools together to discuss how to strengthen aging content in their programs. The Hartford Center is also dedicated to increasing the number of American Indian nurses pursuing clinical and academic careers in geriatric nursing.





## Patricia Holkup PhD, RN

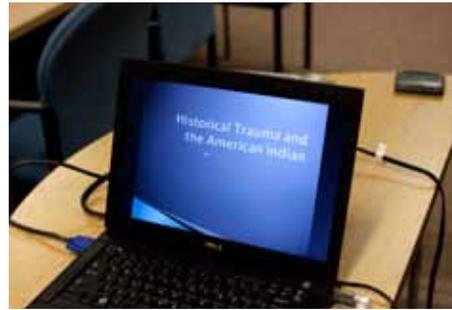
Associate Professor  
Montana State University,  
Bozeman  
College of Nursing,  
Missoula Campus  
Missoula, Montana

Claire M. Fagin Post-doctoral  
Fellow 2005-2007

Research: Historical Trauma and  
Unresolved Grief: A Culturally  
Anchored Intervention for  
American Indians



(This page) Dr. Holkup teaches a nursing class at Montana State University, which is sometimes provided via videoconferencing to College of Nursing campuses across the state.



As Associate Professor at Montana State University, Patricia Holkup, PhD, RN, conducts research primarily in collaboration with American Indian communities in Montana.

Dr. Holkup's current project involves a three-day grief retreat. In addition to collecting quantitative data to assess the effectiveness of the retreats, interviews are conducted with participants to explore their experiences of grief.

While pursuing an advanced nursing degree, Dr. Holkup became interested in a research method that explores the reflective

understanding of human experiences. As a doctoral student, she planned to use this method in a study about the lived experience of growing older. She and her advisor, Toni Tripp-Reimer, PhD, RN, a nurse anthropologist, decided to add a cross-cultural component to her research project. As Dr. Holkup learned about cross-cultural research, particularly with American Indians, she discovered the significance of reciprocity and generosity for Tribal people. Knowledge of these values underscored the importance of incorporating a service component into research with Tribal communities.

(Opposite page) Dr. Holkup travels to Browning, Montana, on the Blackfeet Nation Reservation to conduct research for the Historical Trauma and Unresolved Grief project, which includes a retreat for American Indians that combines components of Western psychological grief counseling with Native healing traditions.





“Patti is an unusual person to be able to do this work. Her work is never invasive and it’s always about the community.”

Emily Matt Salois



With a community representative, Dr. Holkup explored the needs of American Indian elders in Montana. A Tribal social worker introduced Dr. Holkup to a culturally compatible family conference model for addressing child welfare issues. This model draws on family strengths and helps the family come together to address the safety and well-being of the children.

Dr. Holkup and her team adapted the model to work with families who had concerns about elder mistreatment. The model was readily accepted because it honors the community’s definition and meaning of family, spirituality, the use of ritual, and the value of non-interference.

Dr. Holkup is committed to using a community-based participatory approach in her research with Tribal communities. “Patti is an unusual person to be able to do this work,” says Emily Matt Salois, MSW, ACSW, an enrolled member of the Blackfeet Nation in Browning, Montana, and a co-investigator on Dr. Holkup’s current project. “I can’t say enough good things about the way Patti does her work. It’s never invasive and it’s always about the community.”

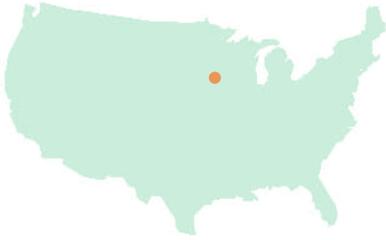


(Opposite page) Dr. Holkup and Dr. Gyda Swaney, co-investigator on the Historical Trauma and Unresolved Grief project, interview a participant of the grief retreat. During the retreat, participants address issues of personal grief, community grief, and unresolved grief from historical trauma.

(Below) Drs. Holkup and Swaney discuss the grief retreat with Emily Matt Salois, MSW, ACSW, (co-investigator) and grief counselors Melveena Malatara and Mary Louise DeRoche.







## Lisa Skemp PhD, RN, MA

Associate Professor  
College of Nursing  
The University of Iowa  
Iowa City, Iowa

Claire M. Fagin Post-doctoral  
Fellow 2003-2005

Research: Elder care in a rural area

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“I systematically  
looked at how older  
adults create their  
own systems of care.”





"My doctoral research training was in classic ethnography where I partnered with community members on a Caribbean island to explore how older adults acquire the things they need to live where they have limited access to formal elder health care resources," says Lisa Skemp, PhD, RN, MA. At the University of Iowa, Dr. Skemp translated this research to ethnically diverse populations of older adults living in rural Midwestern communities where there is a shortage of culturally appropriate health care resources. In her faculty role, teaching public and global health to nursing students, Dr. Skemp involves students both in community-based programs and in her research.

(Left) Dr. Skemp and BAGNC Pre-doctoral Scholar Jimmy Reyes visit with older adults in rural Iowa.

(Right) Dr. Skemp with an older farmer. Dr. Skemp is conducting research on natural care systems, meaning how older adults are able to get what they need when they do not have access to formal resources.



Dr. Skemp's early U.S. research focused on one of the poorest rural counties in Iowa where many of the older residents were farmers and there was a rapidly growing population of Hispanic residents working at a nearby meatpacking plant. "I systematically looked at how older adults create their own systems of care," says Dr. Skemp. In general, the Anglo older adults had strong support networks of family, friends, and neighbors, often grounded in several generations of living in the community. For Hispanic older adults, many of whom were recent immigrants, care networks were smaller and more fragile. Immigration policy impacted the sustainability of these networks.

While conducting research with this and other communities, including a Sudanese immigrant/refugee population, Dr. Skemp and her partners identified key health care

issues associated with healthy aging. They discovered that these communities lacked culturally relevant health information and programs in the areas of diabetes, obesity, stress, and hypertension. To meet these needs, Dr. Skemp mentored Jimmy Reyes, DNP, MSN, RN, Hartford Pre-doctoral Scholar (see page 46) on the culturally informed model of community-based care. He participated in her research and established community education programs to improve the health of these older adults.

Dr. Skemp is currently mentoring two doctoral students as she works with librarians and technology experts at the WiderNet Project ([www.widernet.org](http://www.widernet.org)) to build a digital library of gerontological resources.





(Above, top and bottom)  
Dr. Skemp visits an older woman in rural Iowa to assess her needs so that she can remain safely in the community.



(Above) Two nursing students who are supervised by Dr. Skemp interviewing a participant in a meal program.



(Top, small photo) Dr. Skemp at the meal program at Witwer Senior Living, Cedar Rapids, Iowa.



(Above) Dr. Skemp visits with members of a Sudanese community in rural Iowa, where she and her students are working to help residents gain better access to health care information and resources.

## Jimmy Reyes DNP, MSN, RN

College of Nursing  
The University of Iowa  
Iowa City, Iowa

Pre-doctoral Scholar 2008-2010

Research: Diabetes self-management  
in Hispanic older adults

Jimmy Reyes' interest in geriatric nursing was sparked as a teenager living in Chile with his grandmother, a community health nurse. His grandmother often visited patients in their homes. "I was interested in her work, and what she taught me was the foundation for my pursuit of a career in geriatric nursing," he says.

When Dr. Reyes came to the United States, he enrolled as a bachelor's student at the University of Iowa, a top rated nursing school for gerontology and a Hartford Center of Geriatric Nursing Excellence. "The professors were very passionate about working with older adults and that helped me to become passionate about assisting this underserved group," says Dr. Reyes.

Encouraged by his advisors, Toni Tripp-Reimer, PhD, RN, and Lisa Skemp, PhD, RN, MA, Dr. Reyes decided to pursue a doctoral (PhD) degree in gerontology and at the same time a doctor of nursing practice (DNP) degree. "This has helped me to look at clinical problems and think about how to develop culturally anchored interventions," says Dr. Reyes.

For his dissertation, Dr. Reyes is using community-based participatory research methods to create a diabetes self-management program for Hispanic older adults. Dr. Reyes is responsive and invested in the health care of older adults in his neighborhood and has designed his research accordingly.



“The professors were very passionate about working with older adults and that helped me to become passionate about assisting this underserved group.”

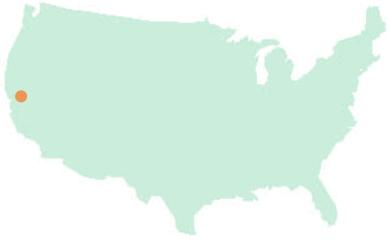


(Opposite page) Dr. Reyes and his mentor Dr. Lisa Skemp arrive at the Health Department in Louisa County, Iowa, which is one of the community partners in their diabetes management program for older Hispanic residents.

(Above) Dr. Reyes consults with Louisa County Public Health Administrator Alana Poage.

(Above, right) Dr. Reyes with a restaurant owner in rural Iowa where he and Dr. Skemp are implementing the diabetes management program.





## Monika Eckfield RN, MSN

Doctoral Candidate  
University of California,  
San Francisco School of Nursing  
San Francisco, California

Pre-doctoral Scholar 2004-2006

Research: Onset, experience,  
and effect of hoarding behaviors  
in older adults

While working as a geriatric care manager, Monika Eckfield, RN, MSN, began to notice hoarding behaviors in some of her elderly clients. "They were reluctant to get rid of things and it was complicating their ability to receive health care services in their home," she says. One woman had fallen and



gone to the hospital. She wanted to return home and there was no medical reason to prevent this, but the excessive clutter in her home made it unsafe.

This experience planted the seed for what would become Ms. Eckfield's research focus when she decided to pursue a doctoral degree. At that time there was very little information about hoarding behaviors in general and even less on older adults. She began by conducting interviews with eight older adults to better understand the behavior and help her to plan a larger study.

"I learned that a lot of people struggle with this and want help," says Ms. Eckfield. "However, when they seek help they often are met with such negative reactions they worry they might lose control over their home if they allow anyone in. So they shy away from asking."

Through her research, Ms. Eckfield is beginning to understand hoarding behaviors and how best to support these older adults. She has expanded her study to include 22 older adults, most of whom live alone. Most had hoarding behaviors to some degree all their lives. Ms. Eckfield noticed a big change often occurred after a divorce or death of a spouse, when they no longer had another person to provide a check on the clutter. Health changes, retirement, and other factors related to aging can complicate or exacerbate hoarding behaviors that might have been manageable in the past.

Ms. Eckfield has become an expert in this area and as a result, gives talks on hoarding behaviors, advises community groups, and has written a journal article on the effectiveness of current interventions.



(Left) Ms. Eckfield visits a participant in her study on hoarding behaviors.

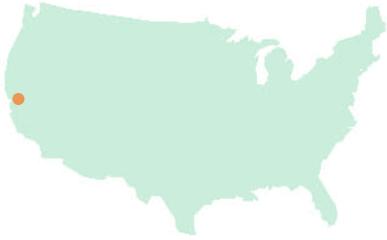


(Above right) Ms. Eckfield gives a presentation on hoarding behaviors in older adults to health care workers at the San Leandro Marina Community Center in San Leandro, CA.

(Left and below) Ms. Eckfield in the San Francisco apartment of a participant in her study on hoarding behaviors. When she began recruiting study participants she received calls from all over the country, highlighting the need for research on this topic.

“I learned that a lot of people struggle with this and want help.”





## Heather Young PhD, RN

Associate Vice Chancellor  
for Nursing  
University of California, Davis  
Health System  
Sacramento, California

Dean and Professor  
Betty Irene Moore School  
of Nursing



In 2008, the University of California, Davis, sought a founding dean to establish the Betty Irene Moore School of Nursing. They were looking for someone who shared the vision of advancing health and igniting leadership through innovative education, transformative research and bold system change. Claire M. Fagin, PhD, RN, founding

**“She’s audacious, innovative,  
and, most importantly,  
a very positive person.”**

Dr. Claire M. Fagin

(Above) Dr. Young works with doctoral nursing student Sheridan Miramoto on a telehealth system to communicate with patients living in rural settings.

(Right) Dr. Young, who in addition to her position as Dean serves as Associate Vice Chancellor of the UC Davis Health System, meets with the board as it undergoes a strategic planning process.

Program Director, Building Academic Geriatric Nursing Capacity Initiative and a consultant to the school, knew just the right person. Dr. Heather Young had already distinguished herself as an expert in gerontological nursing, a BAGNC mentor, and Director of the Oregon Health & Science University Hartford Center of Geriatric Nursing Excellence.

“I believed she would make a wonderful dean and just what Davis needed,” says Dr. Fagin. “She’s audacious, innovative, and, most importantly, a very positive person.” Dr. Young hesitated at first. “I told Dr. Fagin that I don’t fit the mold of a typical dean,” she says. “I don’t always follow the rules and I’m out there trying different things.” Ultimately, she embraced the opportunity to build a new school of nursing intent on transforming nursing education and creating change in the delivery of health care.

A unique aspect of Dr. Young’s position is that she also holds an executive leadership position within the entire health system, serving as Associate Vice Chancellor. Thus nursing has an integral role in system-wide strategic planning and implementation.

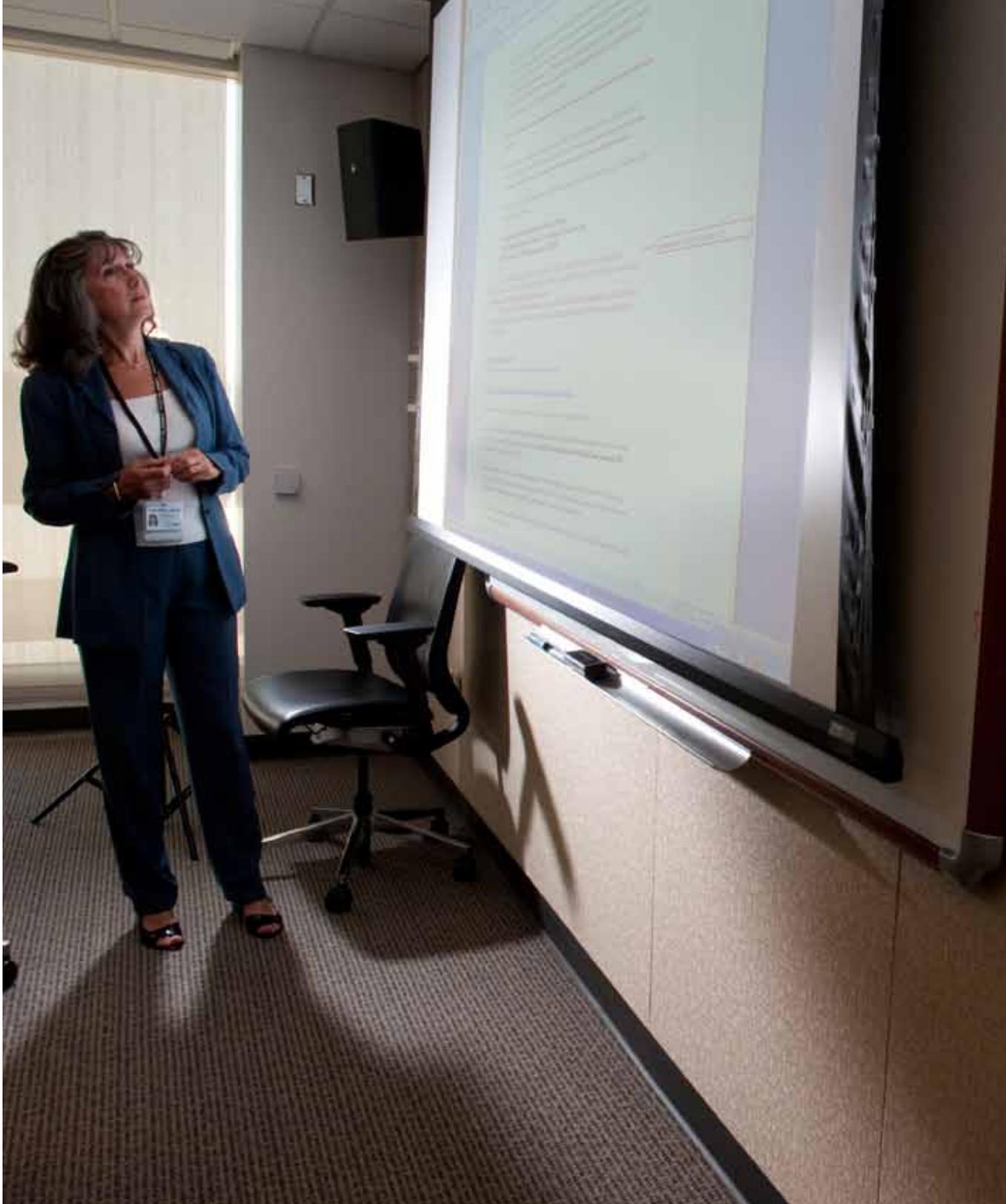
Dr. Young is especially pleased that the school’s research and education places special emphasis on promoting health, specifically for older adults. Her own research focuses on environments that promote healthy aging.

Dr. Young realized the importance of hiring faculty “with the kind of values that will take us to the future.” For this reason, she has turned to several former BAGNC Pre-doctoral Scholars and Post-doctoral Fellows, including Elena Siegel, PhD, RN, (see page 52), whom she recruited to teach and conduct research in the area of health systems.

(Opposite page) Claire M. Fagin Post-doctoral Fellow Tara Sharpp, PhD, RN, (far left) discusses her research on how staff monitor and provide health care to residents with dementia in assisted living facilities with her mentors, Dr. Young, Debra Bakerjian, PhD, FNP, RN, and Dr. Elena Siegel.







University of California, Davis  
Sacramento, California

## Elena Siegel PhD, RN

Assistant Professor  
Betty Irene Moore School  
of Nursing  
University of California, Davis  
Sacramento, California

Pre-doctoral Scholar 2004-2006  
Claire M. Fagin Post-doctoral  
Fellow 2007-2009

Research: Nursing home organization

Elena Siegel, who had a 15-year career as a certified public accountant and controller, had a life-changing experience while caring for her mother-in-law with Alzheimer's disease. "At first, I went into the nursing home with blinders on, not noticing what was happening around me," she says. But in the final days of her mother-in-law's life the blinders came off. "I noticed the way the nursing assistant was caring for my mother-in-law and I decided I wanted that job," she says.

Dr. Siegel went to nursing school with the intention of working in a nursing home to "provide the soul-touching care that I saw role modeled." But she couldn't easily shake her 15 years of business experience. With help and advice from her mentor, Dr. Heather Young (see page 50), Dr. Siegel realized she needed an advanced degree if she wanted to be involved with changing systems to support nursing in the care of older adults.

Dr. Siegel was the recipient of both a Pre-doctoral Scholarship and a Claire M. Fagin Post-doctoral Fellowship. "This support was instrumental," she says. "I recognized that the Hartford Foundation had made a calculated decision to invest in me and believed that I would make a contribution to the future of geriatric nursing."

Dr. Siegel is doing just that with her research on ways to structure nursing home organizations to enhance quality, decrease costs, and increase value.



“The Hartford Foundation made a calculated decision to invest in me and believed that I would make a contribution to the future of geriatric nursing.”



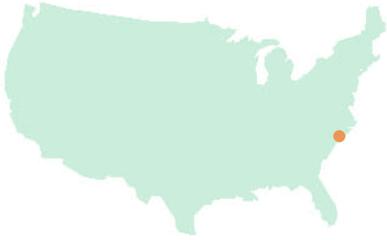
(Above) Dr. Siegel advocating on behalf of nursing home residents.

(Right, top) Dr. Siegel sorts through data she has collected from nursing home administrators. She will use this to work to improve care of nursing home residents.

(Right) Dr. Siegel attends a faculty retreat, led by Dr. Heather Young, Dean of the Betty Irene Moore School of Nursing.

(Opposite page) Dr. Siegel presents a statistical analysis of the data she has collected.





## Melissa Aselage MSN, RN, FNP-BC

Doctoral Candidate  
Medical University of South Carolina  
College of Nursing  
Full-time Lecturer  
University of North Carolina  
Wilmington School of Nursing  
Wilmington, North Carolina

Pre-doctoral Scholar 2009-2011

Research: Techniques to help  
nursing home staff manage meal  
time behaviors in residents  
with dementia

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

Because nursing students often have preconceived notions about gerontological nursing, Melissa Aselage, MSN, RN, FNP-BC, begins teaching her gerontology course by telling her own story. “In nursing school I was one of those students who said I don’t want to work with older adults and I’ll never work in a nursing home,” she says. Fate intervened. The first job offer Ms. Aselage received after graduation was from a nursing home. “I fell in love with it and thus began my career in geriatric nursing,” she says.

After obtaining a master’s degree, Ms. Aselage worked as a nurse practitioner in the nursing home. When the University of North Carolina Wilmington (UNCW), began

offering a stand-alone gerontology course, she moved from clinical practice to teaching. “I wanted to capture students at the very beginning of their careers and get them excited about taking care of older adults and teach them best practices,” she says.

As she moved further into academic nursing (now completing a doctoral degree), Ms. Aselage attended a Hartford-funded national faculty development institute—the Geriatric Nursing Education Consortium offered by the American Association of Colleges of Nursing. This institute provided geriatric content for nurse faculty to bring back to their academic institutions to infuse into the nursing curriculum. While struggling

to accomplish this at UNCW where she is one of two faculty members with geriatric expertise, Ms. Aselage came up with a high-tech solution. She developed modules taken directly from the conference and created podcasts for students.

In April 2010, nine of these gero nursing podcasts, including the popular “Atypical Presentation in Older Adults with Complex Illness,” were made available on the Internet. They have been accessed more than 2,700 times from 16 countries. ([http://consultgerirn.org/resources/gnec\\_podcasts](http://consultgerirn.org/resources/gnec_podcasts))



Ms. Aselage in the Cypress Pointe Rehabilitation and Health Center, in Wilmington, NC, where she is conducting training sessions to show staff the proper technique for feeding an older person with dementia.



(Above) Podcasts with geriatric nursing instruction created by Ms. Aselage are available for students to download from the Internet.

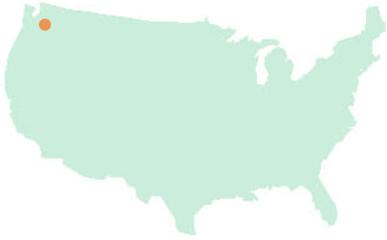
(Left) Nursing students listen to a podcast on geriatric nursing.



Ms. Aselage with advanced practice nursing students at the Cypress Pointe Rehabilitation and Health Center in Wilmington, NC. The students gain clinical experience in a nursing home setting.







## Hilaire Thompson PhD, RN, CNRN

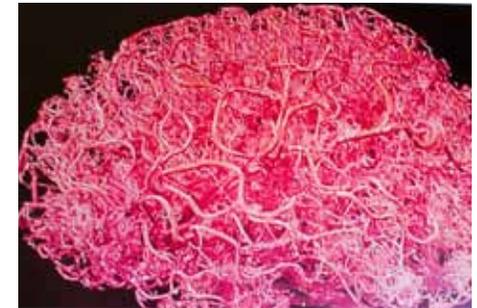
Assistant Professor  
Biobehavioral Nursing and  
Health Systems  
Harborview Injury Prevention  
and Research Center  
University of Washington  
Seattle, Washington

Claire M. Fagin Post-doctoral  
Fellow 2006-2008

Research: Improving  
outcomes from traumatic  
brain injury in older adults



(Left) Dr. Thompson walking with Patricia A. Blissitt, PhD, RN, Neuroscience Clinical Nurse Specialist, in the Neuroscience Intensive Care Unit at Harborview Medical Center in Seattle, WA, where she is gathering data for her research on brain injury in older adults.



“Through this program I obtained the geriatric skill set I needed to move my research in the direction of working with older adults.”

Hilaire Thompson, PhD, RN, CNRN, graduated from nursing school with a specialty in neuroscience, specifically the care of patients with traumatic brain injuries. When her 70-year-old mother suffered a head injury it became personal. Dr. Thompson’s mother was treated and evaluated and deemed by her physician to be fine. “She was not fine,” says Dr. Thompson. Her short-term memory was impaired and she got lost traveling to previously familiar places. “It took her much longer to recover than it would a younger person,” she says.

In her own practice, Dr. Thompson had noticed a gap in knowledge about how best to treat, and prevent, head injuries in older adults. She wanted to switch her research focus, but she had no geriatric experience. The Claire M. Fagin Post-doctoral Fellowship gave her the opportunity she needed. “Through this program I obtained the geriatric skill set I needed to move my research in the direction of working with older adults,” she says.

Dr. Thompson now conducts research to improve the care of older patients with head injury from the time of emergency department admission and throughout the following year. She hopes to improve assessment and identify new interventions

to optimize recovery following injury. Her research also focuses on preventing head injuries from occurring, primarily by preventing falls. She was recently appointed to the Institute of Medicine’s Committee on Cognitive Rehabilitation Therapy for Traumatic Brain Injury, which is reviewing the evidence for the effectiveness of cognitive rehabilitation therapy.

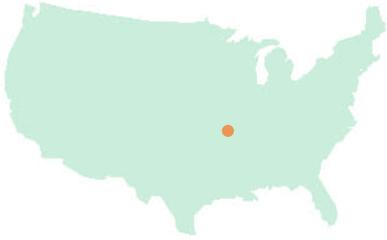
Dr. Thompson also teaches an undergraduate gerontologic nursing course and works on curriculum development to increase the infusion of aging-focused nursing content in the adult nurse practitioner and adult clinical nurse specialist programs.



(Left) Dr. Thompson with a student in the laboratory at the University of Washington.

(Below) Dr. Thompson with a resident at University House in Seattle, an assisted living facility, where she is working on a project to monitor older adults using information technologies (such as cognitive assessment software and a telehealth kiosk) to predict when adverse events, such as falls or unexpected hospitalization, are likely to occur.





## Claudia Beverly PhD, RN

Professor  
University of Arkansas  
for Medical Sciences  
College of Nursing  
Little Rock, Arkansas

Director, Hartford Center of  
Geriatric Nursing Excellence



Claudia Beverly, PhD, RN, is committed to ensuring that all older adults receive the highest quality health care. Toward that end, she has embraced the public policy arena and has been rewarded with outstanding results and recognition for her efforts. The American Academy of Nursing, through their Raise the Voice campaign, named her an Edge Runner—an honor given to nurses who have developed innovative models of care with excellent clinical and financial outcomes.

Dr. Beverly received this recognition for her leadership in helping to convince the Arkansas government and citizens to dedicate the state’s share of the



(This page) Dr. Beverly presenting an annual report to the Tobacco Commission about the Centers on Aging, which are funded by the Tobacco Master Settlement Agreement.

Tobacco Master Settlement Agreement to health. As part of this referendum, the Donald W. Reynolds Institute on Aging was funded with \$1.5 to \$2 million annually for a health-related program targeted to older adults. As Associate Director of the Reynolds Institute, Dr. Beverly designed and implemented a program of eight regional Centers on Aging.

Each Center on Aging partners with a local hospital to provide primary care by an interdisciplinary team of a geriatrician, advanced practice nurse, and social worker. An educational component of the program provides health information to health care professionals, students, older adults and their families, and the community at large.

Dr. Beverly also advocates for nursing home residents through the Arkansas Coalition for Nursing Home Excellence, which she created with Cornelia Beck, PhD, RN, and Peggy Moody, Executive Director of Catlett Care. "We brought together stakeholders from government, long-term care providers, and consumers and received funding from the State of Arkansas to improve care in nursing homes," says Dr. Beverly. Through this collaboration the Coalition has succeeded in reducing pressure ulcer rates and use of physical restraints as well as improving pain management in nursing homes in Arkansas. Impressively, over 85 percent of residents and families rate their nursing home facility as good or excellent.

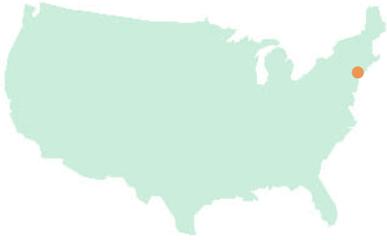


"We brought together stakeholders from government, long-term care providers, and consumers and received funding from the State of Arkansas to improve care in nursing homes."



(Above) Dr. Beverly visits M. Dale Terrell, MD, Director, and Theresa Horton, MNsc, APN, Director of Education, at the South Central Center on Aging in Pine Bluff, AR, to check on the Schmieding Home Caregiving Training Program, which the center had just implemented.

(Left) Donna Taylor, RN, and students in the classroom at the South Central Center on Aging in Pine Bluff, AR. The education center provides caregiver education courses for home health aides and family members who care for older adults living in their homes.



## Corrine Jurgens PhD, RN

Clinical Associate Professor  
Stony Brook University  
School of Nursing  
Stony Brook, New York

Claire M. Fagin Post-doctoral  
Fellow 2004-2006

Research: Older adults with  
heart failure

When Corrine Jurgens, PhD, RN, began studying heart failure she realized that people of varying ages experience symptoms differently. She decided to focus on the unique needs of older adults. During her Claire M. Fagin Post-doctoral Fellowship at the University of Pennsylvania, she investigated how older adults experience and respond to heart failure symptoms.

Dr. Jurgens is continuing this work as Clinical Associate Professor at Stony Brook University. As a result of the Hartford award, she received a grant from the American Heart Association to develop an intervention to improve symptom recognition. Symptoms of heart failure can be subtle and not specific to the illness, and they can increase insidiously over time. "My prior work showed that many patients were on the downhill slide for about three weeks, but didn't realize it until a week or less before hospital admission," says Dr. Jurgens. If patients can recognize early warning signs, they can manage their condition, avoid hospitalization, and improve their quality of life.



In addition to chairing the nursing committee of the Heart Failure Society of America, Dr. Jurgens also is part of an interdisciplinary working group of the American Heart Association. She advocated for both groups to co-write guidelines for heart failure management for people in skilled nursing facilities, which will be published in about a year. Patients with heart failure tend to have frequent hospitalizations for symptom management, and nursing home staff do not always recognize incremental changes in symptoms. "Weight gain in a nursing home resident is often considered good," says Dr. Jurgens. "However, if weight gain due to worsening heart failure is not recognized and managed, it increases the risk of a preventable hospitalization."

"I was stunned by the enthusiasm of nurses, physicians, social workers, dieticians, and nursing home staff in anticipation of these guidelines," says Dr. Jurgens.

(Below) Dr. Jurgens examines a patient at the Long Island State Veterans Home.



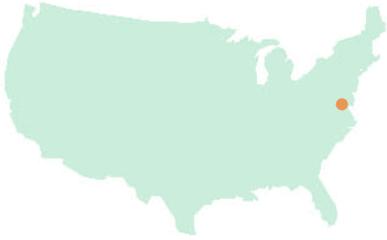
“Because of the Hartford grant I received a grant from the American Heart Association to develop an intervention to improve symptom recognition among patients with heart failure.”



(Above) On the Cardiac Care Ward at Stony Brook Hospital Dr. Jurgens talks with cardiologist Dr. David L. Brown and his team about potential candidates for her study on heart failure in older adults.

(Left) Dr. Jurgens enrolls a patient in her study.

(Far left) Dr. Jurgens teaching a class in the nursing school.



## Patricia Archbold DNSc, RN

Program Director  
BAGNC Initiative

## Patricia Franklin RN, MSN

Program Manager (2001–2010)  
BAGNC Coordinating Center  
American Academy of Nursing  
Washington, DC



(Above) Dr. Archbold and Ms. Franklin discuss last-minute logistics for the 2010 BAGNC Leadership Conference in New Orleans.

(Top) Dr. Archbold greets participants at the annual BAGNC Leadership Conference.

As Program Director of the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative, Patricia Archbold, DNSc, RN, presides at the annual BAGNC Leadership Conference. As Program Manager, Patricia Franklin, RN, MSN, and the team at the BAGNC coordinating center make the event happen, together with the Leadership Conference architect, Angela McBride, PhD, RN.

The Leadership Conference has been an essential component of the BAGNC Initiative since the program's inception. The meeting serves as a transformative experience.

Dr. McBride designs the conferences in collaboration with BAGNC leadership and a planning committee, which includes alumni and second-year participants in the program.

Attendees of the Leadership Conference include Pre-doctoral Scholars, Post-doctoral Fellows, mentors, BAGNC alumni, Directors of the Hartford Centers of Geriatric Nursing Excellence, members of the BAGNC advisory committee, and nurse leaders. The conference creates a forum for budding scholars to interact with leaders in the field to develop contacts and cultivate relationships. As a result, the Scholars and Fellows

increase their network of colleagues and professional resources that they utilize and expand upon throughout their careers.

In her closing remarks at each Leadership Conference, Dr. Archbold effectively anoints the Scholars and Fellows as tomorrow's nursing leaders. "In whom a lot has been invested a lot is expected," she tells the participants. "We know you will be the leaders of the future. This conference and the other components of the program are designed to provide you with the skills to assume that role."



“We know you  
will be the leaders  
of the future.”

Dr. Archbold addressing  
participants at the Annual  
BAGNC Leadership  
Conference.



(Left, top) At the 2010 Leadership  
Conference, Dr. McBride was the  
Mary Starke Harper Distinguished  
Lecturer and was interviewed by  
Dr. Archbold.

(Above and left) Ms. Franklin  
behind the scenes at the 2010  
BAGNC Leadership Conference.



## Conclusion

Nursing care for older adults can be complex, challenging, and rewarding, as described in the case of Alice in the introduction to this Annual Report and illustrated in the stories of the nurses profiled in the preceding pages. Every older adult deserves high-quality, geriatric-competent care, and the nurses involved in the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative are dedicated to realizing this goal.

At the celebration of the 10th Anniversary of the BAGNC Initiative, founding Program Director Dr. Claire M. Fagin remarked: “BAGNC is an extraordinary example of transformational leadership. I have observed leaders emerge and be strengthened by building a cohort. I have seen young nurses stimulated and inspired by those who came before them. I see young nurses turning into the scientists and clinicians and educators who will prepare future generations. The need increases and does not diminish.”

The progress is exciting, but there remains an enormous gap between the need for nurses competent in geriatrics and their availability to older adults. The momentum must not stop. The Baby Boom generation started turning 65 in 2011 and the numbers will rapidly grow over the next two decades.

“We must continue to support and sustain those entering the field of geriatric nursing. They are America’s hope for a future of caring for and respecting a huge portion of our population.”

Dr. Claire Fagin

We hope this report inspires even more nurses to join Drs. Szanton, Resnick, Bailey, Kolanowski, Perez, Wyman, Holkup, Skemp, Reyes, Young, Siegel, Thompson, Beverly, Jurgens, and Archbold, and Ms. Eckfield, Ms. Aselage and Ms. Franklin, and become academic geriatric nurses. We hope this report also raises the awareness of policy makers, funders, and the public about the need to support geriatric nursing as a vital mechanism to provide better, safer care for older adults.

## 2010 Aging and Health Grants

In 2010, the John A. Hartford Foundation awarded eight grants under its Aging and Health program representing \$4 million in new commitments. Authorizations for new programs or large renewal grants are described here.

The Foundation made \$24 million in payments to existing grants in 2010. A Summary of Active Grants can be found on page 70.

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### ACADEMIC GERIATRICS AND TRAINING

#### Association of Directors of Geriatric Academic Programs (ADGAP)

New York, NY

#### *Geriatrics Leadership Development Initiative—Phase III*

Laura Mosqueda, MD  
\$420,000, Three Years

This renewal grant will continue to develop and sustain the leadership skills of directors of geriatric academic programs at schools of medicine across the country. The effort will provide training in specific skills through a Leadership Retreat and identify issues suitable for collective action on the part of ADGAP members. The Initiative will incorporate essential elements observed in other successful programs, such as mentoring, networking, and developing problem-solving skills.

#### Association of Specialty Professors, Association of Professors of Medicine, Alliance for Academic Internal Medicine Alexandria, VA

#### *Integrating Geriatrics into the Specialties of Internal Medicine Renewal: Capitalizing on Forward Momentum*

Kevin P. High, MD, MSc  
\$1,391,552, Four Years

To increase competence in the care of older adults among physicians in the specialties of internal medicine, such as cardiology and oncology, this grant provides support

for three activities: research agenda-setting meetings to spur new federal funding at the intersection of aging and specialty medicine; support for leadership training, networking, and mentorship opportunities for both active and alumni T. Franklin Williams Scholars (junior specialty medicine faculty); and continuing encouragement of the specialty societies to address aging issues.

#### Centers of Geriatric Nursing Excellence \$1,778,939, Two Years

These renewal grants focus on three core activities in academic geriatric nursing: the development of faculty with expertise in geriatrics, the creation of sustainability plans for each center, and the formation of a collaborative Hartford Center funding proposal in 2012.

#### Oregon Health & Science University Portland, OR

Theresa A. Harvath, PhD, RN, CNS  
\$378,325, Two Years

#### University of Arkansas for Medical Sciences

Little Rock, AR  
Claudia J. Beverly, PhD, RN  
\$369,749, Two Years

#### University of California, San Francisco San Francisco, CA

Margaret I. Wallhagen, PhD, GNP  
\$327,908, Two Years

#### University of Iowa

Iowa City, IA  
Janet K. Specht, PhD, RN  
\$333,266, Two Years

#### University of Pennsylvania

Philadelphia, PA  
Kathy C. Richards, PhD, RN  
\$369,691, Two Years

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### INTEGRATING AND IMPROVING SERVICES

#### PHI (formerly the Paraprofessional Healthcare Institute)

Bronx, NY

#### *Challenge Grant: Expanding PHI's Work to Improve Care for Elders*

Steven L. Dawson  
\$400,000, Two Years

This challenge grant, in concert with other sources of funding, will provide flexible core support for five key activities that address the Institute of Medicine's recommendations to build the direct-care workforce and improve the care of older adults. The five core activities will focus on health policy implementation, development of new partnerships, advancement of direct-care workers, efforts to promote consumer direction, and increased training capacity through the launch of Web-based courses.

## Financial Summary

ON DECEMBER 31, 2010, the Foundation's portfolio was valued at approximately \$498 million, an increase of \$26 million for the year. Spending for grants, administrative expenses and taxes totaled \$28.5 million. Total return on the investments, income plus realized and unrealized capital gains, was 12 percent. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's Web site.

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

Global equity markets finished 2010 on a strong note. The S&P 500 rallied 15.1 percent, the MSCI EAFE Index gained 7.8 percent, and emerging markets climbed 18.9 percent. As a result, the Foundation's portfolio benefited from the strong performance in the financial markets during 2010, and continued to recover from the losses resulting from the global financial crisis of 2008-09. However, due to the defensive asset class allocation of the endowment, the Foundation's portfolio trailed the S&P 500 index for the year, but surpassed the rate of the Foundation's spending plus inflation in 2010.

At the end of the year the Foundation's asset mix was 48 percent marketable equities, 12 percent fixed income, and a total of 40 percent in private equity and real estate funds, compared with 49 percent public equities, 17 percent fixed income and 34 percent in non-marketable alternatives as of the end of 2009.

As of December 31, 2010, Cubic Asset Management, Lateef Investment Management, Neuberger Berman – The Bolton Group, Integre Advisors, Newport Asia, Westwood Global Investments, and T. Rowe Price Associates manage the Foundation's long-only equity investments. Chilton Investment Company, High Rise Capital Management, New Providence Asset Management, Pennant Capital Management, Porter Orlin (Amici) and York Capital Management manage the marketable alternatives. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates and William Blair Capital Partners. Private equity partnerships are managed by GE Investments, GCP Capital Partners, Angelo, Gordon & Co. and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co and Heitman/JMB Advisory Corporation.

As the investment landscape continues to grow more complex and volatile, in order to best meet its fiduciary obligation, the Foundation has engaged New Providence Asset Management, an independent registered investment advisor, to assist in overseeing the day-to-day management of the endowment since the beginning of 2009.

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

## Summary of Active Grants

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
<b>AGING AND HEALTH</b>					
<b>ACADEMIC GERIATRICS AND TRAINING</b>					
American Academy of Nursing Washington, DC	<i>Nursing Initiative Coordinating Center and Scholar Stipends Renewal</i> Patricia G. Archbold, DNSc, RN	\$10,123,444		\$ 1,854,113	\$ 8,269,331
American Academy of Nursing Washington, DC	<i>The John A. Hartford Foundation Geropsychiatric Nursing Collaborative</i> Cornelia Beck, PhD, RN	588,560		196,702	391,858
American Association of Colleges of Nursing Washington, DC	<i>Ensuring the Advanced Practice Registered Nurse Workforce is Prepared to Care for Older Adults</i> Geraldine Polly Bednash, PhD, RN	826,324		213,779	612,545
American Association of Colleges of Nursing Washington, DC	<i>Enhancing Gerontology Content in Baccalaureate Nursing Education Programs</i> Geraldine Polly Bednash, PhD, RN	243,416		160,304	83,112
American College of Cardiology Foundation Washington, DC	<i>Development and Dissemination of a Curriculum in Geriatric Cardiology</i> Susan Ziemann, MD	126,796		42,674	84,122
American Federation for Aging Research, Inc. New York, NY	<i>Centers of Excellence in Geriatric Medicine and Training National Program Office</i> Odette van der Willik	8,319,000		938,840	7,380,160
American Federation for Aging Research, Inc. New York, NY	<i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik	7,535,176		1,404,913	6,130,263
American Federation for Aging Research, Inc. New York, NY	<i>Medical Student Training in Aging Research Program Renewal</i> Odette van der Willik	725,924		198,392	527,532
American Federation for Aging Research, Inc. New York, NY	<i>Hartford Collaborative Research Awards: Paul B. Beeson Career Development Scholars Program</i> Odette van der Willik	345			345
American Geriatrics Society, Inc. New York, NY	<i>Geriatrics for Specialists Initiative: Increasing Geriatrics Expertise for Surgical and Related Medical Specialties</i> John R. Burton, MD	3,723,306		648,205	3,075,101
American Geriatrics Society, Inc. New York, NY	<i>Geriatrics for Specialty Residents Program Expansion</i> Ronnie Ann Rosenthal, MD	1,648,726		929,191	719,535

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
Arizona State University Tempe, AZ	<i>Center of Geriatric Nursing Excellence</i> Colleen Keller, PhD, RN	\$ 655,925		\$ 159,741	\$ 496,184
Association of Directors of Geriatric Academic Programs New York, NY	<i>Geriatric Leadership Development Program</i> David B. Reuben, MD; G. Paul Eleazer, MD; C. Seth Landefeld, MD; Laura Mosqueda, MD	530,609	\$ 420,000	309,014	641,595
Association of Directors of Geriatric Academic Programs New York, NY	<i>Chief Resident Immersion Training in the Care of Older Adults</i> Sharon A. Levine, MD	465,186		299,634	165,552
Association of Professors of Medicine Alexandria, VA	<i>Integrating Geriatrics into the Specialties of Internal Medicine</i> Kevin P. High, MD, MSc	1,031,108	1,391,552	579,992	1,842,668
Baylor College of Medicine Houston, TX	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> George E. Taffet, MD	120,089		103,201	16,888
Beth Israel Deaconess Medical Center, Inc. Boston, MA	<i>Harvard Center of Excellence in Geriatric Medicine and Training Renewal</i> Lewis A. Lipsitz, MD	137,102		137,102	
Boston Medical Center Boston, MA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Rebecca A. Silliman, MD, PhD	99,892		99,892	
Community College of Philadelphia Philadelphia, PA	<i>Fostering Geriatrics in Pre-licensure Nursing Education: Phase II</i> M. Elaine Tagliareni, EdD, RN	386,840		132,139	254,701
Cornell University New York, NY	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> M. Carrington Reid, MD, PhD	122,898		122,898	
Council on Social Work Education Alexandria, VA	<i>National Center for Gerontological Social Work Education Renewal</i> Julia M. Watkins, PhD	2,146,987		1,121,703	1,025,284
Council on Social Work Education Alexandria, VA	<i>Increasing Gerontological Competencies in MSW Advanced Curriculum Areas</i> Sadhna Diwan, PhD	69,094		69,094	
Duke University Durham, NC	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Kenneth Schmader, MD	85,171		85,171	

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
Emory University Atlanta, GA	<i>Southeast Center of Excellence in Geriatric Medicine and Training Renewal</i> Theodore M. Johnson, MD, MPH	\$ 73,656		\$ 73,656	
Foundation for Health in Aging Inc. New York, NY	<i>Hartford Geriatrics Health Outcomes Research Scholars Renewal</i> Eric A. Coleman, MD, MPH	601,123		354,753	\$ 246,370
Gerontological Society of America Washington, DC	<i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, PhD, DSW	7,313,828		1,912,590	5,401,238
Gerontological Society of America Washington, DC	<i>Hartford Doctoral Fellows in Geriatric Social Work Program Renewal</i> James E. Lubben, DSW, MPH	2,804,593		743,695	2,060,898
Indiana University Indianapolis, IN	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Steven R. Counsell, MD	100,000		100,000	
Johns Hopkins University Baltimore, MD	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Samuel C. Durso, MD, MBA	372,401		88,803	283,598
Mount Sinai Medical Center, Inc. New York, NY	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Rosanne M. Leipzig, MD, PhD	74,999		74,999	
New York Academy of Medicine New York, NY	<i>Hartford Partnership Program for Aging Education Adoption Initiative Continuation</i> Patricia J. Volland, MSW, MBA	1,486,124		620,762	865,362
New York University New York, NY	<i>How to Try This: Geriatric Assessment Nursing Resources</i> Mathy D. Mezey, EdD, RN	304,150		304,150	
New York University New York, NY	<i>Hartford Institute for Geriatric Nursing Clinical Resources Expansion</i> Mathy D. Mezey, EdD, RN	49,165		49,165	
NLN Foundation for Nursing Education New York, NY	<i>Fostering Geriatrics in Pre-licensure Nursing Education: Phase II</i> M. Elaine Tagliareni, EdD, RN	228,333		58,438	169,895
Oregon Health & Science University Portland, OR	<i>Center of Geriatric Nursing Excellence Renewal</i> Theresa A. Harvath, PhD, RN, CNS	369,135	\$ 378,325	177,992	569,468

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
Pennsylvania State University University Park, PA	<i>Center of Geriatric Nursing Excellence</i> Ann Kolanowski, PhD, RN	\$ 505,959		\$ 147,201	\$ 358,758
RAND Corporation Santa Monica, CA	<i>Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services: Phase II</i> Harold Alan Pincus, MD	325,734		325,734	
Research Foundation of the City University of New York New York, NY	<i>Evaluating the Hartford Geriatric Nursing Initiative</i> Shoshanna Sofaer, DrPh	434,065		154,619	279,446
Rhode Island Hospital Providence, RI	<i>Brown University Center of Excellence in Geriatric Medicine and Training</i> Richard W. Besdine, MD	175,000		89,380	85,620
University of Alabama at Birmingham Birmingham, AL	<i>Southeast Center of Excellence in Geriatric Medicine and Training Renewal</i> Richard M. Allman, MD	101,000		101,000	
University of Arkansas for Medical Sciences Little Rock, AR	<i>Center of Geriatric Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	327,646	\$ 369,749	201,755	495,640
University of California, Los Angeles Los Angeles, CA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> David B. Reuben, MD	63,092		63,092	
University of California, San Diego La Jolla, CA	<i>Center of Excellence in Geriatric Psychiatry Renewal</i> Dilip V. Jeste, MD	58,552		58,552	
University of California, San Francisco San Francisco, CA	<i>Center of Geriatric Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP, APRN	314,993	327,908	174,072	468,829
University of California, San Francisco San Francisco, CA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> C. Seth Landefeld, MD	103,072		103,072	
University of Chicago Chicago, IL	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> William Dale, MD, PhD	106,902		106,902	
University of Colorado Denver Denver, CO	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Robert S. Schwartz, MD	107,090		107,090	

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
University of Hawaii Honolulu, HI	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Kamal H. Masaki, MD	\$ 249,830		\$ 249,830	
University of Iowa Iowa City, IA	<i>Center of Geriatric Nursing Excellence Renewal</i> Janet K. Specht, PhD, RN	350,919	\$ 333,266	183,744	\$ 500,441
University of Michigan Ann Arbor, MI	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jeffrey B. Halter, MD	121,925		121,925	
University of Minnesota Minneapolis, MN	<i>Center of Geriatric Nursing Excellence</i> Jean F. Wyman, PhD, APRN	622,112		160,548	461,564
University of North Carolina at Chapel Hill Chapel Hill, NC	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jan Busby-Whitehead, MD	109,754		72,254	37,500
University of Pennsylvania Philadelphia, PA	<i>Center of Geriatric Nursing Excellence Renewal</i> Kathy C. Richards, PhD, RN	378,255	369,691	195,902	552,044
University of Pennsylvania Philadelphia, PA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jerry C. Johnson, MD, PhD	78,638		78,638	
University of Pittsburgh Pittsburgh, PA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Neil M. Resnick, MD	149,703		149,703	
University of Pittsburgh Pittsburgh, PA	<i>Center of Excellence in Geriatric Psychiatry Renewal</i> Charles F. Reynolds III, MD	88,835		88,835	
University of Rochester Rochester, NY	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> William J. Hall, MD	123,933		123,933	
University of Texas Health Science Center at San Antonio San Antonio, TX	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Robin L. Brey, MD; Michael Lichtenstein, MD, MSc	62,510		62,510	
University of Utah Salt Lake City, UT	<i>Center of Geriatric Nursing Excellence</i> Ginette A. Pepper, PhD, RN	627,882		195,323	432,559
University of Washington Seattle, WA	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Itamar B. Abrass, MD	126,882		126,882	

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
University of Wisconsin Madison, WI	<i>Center of Excellence in Geriatric Medicine and Training</i> Sanjay Asthana, MD	\$ 250,000		\$ 185,733	\$ 64,267
Wake Forest University Health Sciences Winston-Salem, NC	<i>Center of Excellence in Geriatric Medicine and Training</i> Jeff D. Williamson, MD, MHS	192,042		94,340	97,702
Yale University New Haven, CT	<i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Mary E. Tinetti, MD	55,427		55,427	
<b>Sub-Total Academic Geriatrics and Training</b>		<b>\$59,701,177</b>	<b>\$ 3,590,491</b>	<b>\$18,143,693</b>	<b>\$45,147,975</b>
<b>INTEGRATING AND IMPROVING SERVICES</b>					
AARP Foundation Washington, DC	<i>Professional Partners Supporting Family Caregiving: Phase II</i> Susan C. Reinhard, RN, PhD	\$ 621,723		\$ 136,953	\$ 484,770
Johns Hopkins University Baltimore, MD	<i>Enhancing the Quality of Medical Home Services</i> Bruce Leff, MD	1,081,014		433,359	647,655
Johns Hopkins University Baltimore, MD	<i>Translating Research into Practice: The Johns Hopkins Home Hospital</i> Bruce Leff, MD	97,619			97,619
Johns Hopkins University Baltimore, MD	<i>Guided Care: Demonstration Project and Diffusion Planning</i> Charles E. Boulton, MD, MPH, MBA	63,226		63,226	
Mount Sinai Medical Center, Inc. New York, NY	<i>Center to Advance Palliative Care: Advancing the Palliative Care Field</i> Diane E. Meier, MD	500,940		140,251	360,689
Oregon Health & Science University Portland, OR	<i>Dissemination of Care Management Plus: Information Technology Tools for the Care of Seniors</i> David A. Dorr, MD, MS	1,066,364		525,296	541,068
Paraprofessional Healthcare Institute, Inc. Bronx, NY	<i>The Nurse as Supervisor of Direct-Care Staff</i> Sara Joffe	419,336		347,336	72,000
Paraprofessional Healthcare Institute, Inc. Bronx, NY	<i>Challenge Grant: Expanding PHI's Work to Improve Care for Elders</i> Steven L. Dawson		\$ 400,000		400,000

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
Partners in Care Foundation, Inc. San Fernando, CA	<i>Preventing Medication Errors: Evidence-Based Medication Management Intervention</i> W. June Simmons, MSW	\$ 348,632		\$ 260,868	\$ 87,764
Sigma Theta Tau International Honor Society of Nursing Foundation, Inc. Indianapolis, IN	<i>Geriatric Nursing Leadership Academy Implementation</i> Patricia Thompson, EdD, RN	785,101		282,893	502,208
Society of Hospital Medicine Philadelphia, PA	<i>Improving Hospital Care Transitions for Older Adults</i> Mark V. Williams, MD	424,703		424,703	
University of Colorado Denver Denver, CO	<i>Building the Capacity to Disseminate the Care Transitions Intervention on a National Scale</i> Eric A. Coleman, MD, MPH	907,051		351,935	555,116
University of Colorado Denver Denver, CO	<i>The Practice Change Fellows: An Interdisciplinary Leader- ship Program to Improve Health Care for Older Adults</i> Eric A. Coleman, MD, MPH	280,151		90,230	189,921
University of Pennsylvania Philadelphia, PA	<i>Translating Research into Practice: Transitional Care for Elders</i> Mary D. Naylor, PhD, RN	63,939		63,939	
University of Washington Seattle, WA	<i>Improving Depression Care for Elders: IMPACT Model Dissemination</i> Jürgen Unützer, MD, MPH, MA	736,217		385,415	350,802
Visiting Nurse Service of New York New York, NY	<i>The Geriatric CHAMP (Curricula for Home Care Advances in Management and Practice) Program as a Framework for Geriatric Home Care Excellence Expansion</i> Penny Hollander Feldman, PhD	864,165		419,054	445,111
<b>Sub-Total Integrating and Improving Services</b>		<b>\$ 8,260,181</b>	<b>\$ 400,000</b>	<b>\$ 3,925,458</b>	<b>\$ 4,734,723</b>
<b>AGING AND HEALTH - OTHER</b>					
American Federation for Aging Research, Inc. New York, NY	<i>Kensington-Hartford Travel Awards in Geriatrics</i> Stephanie Lederman	\$ 33,486		\$ 12,526	\$ 20,960
American Geriatrics Society, Inc. New York, NY	<i>Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care</i> Nancy E. Lundebjerg, MPA	366,399		65,113	301,286
Florida Health Care Education and Development Foundation, Inc. Tallahassee, FL	<i>Hurricane and Disaster Preparedness for Long-Term Care Facilities</i> LuMarie Polivka-West, MSP	14,396		14,396	

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
The Foundation for the LSU Health Sciences Center New Orleans, LA	<i>Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans</i> Charles A. Cefalu, MD, MS	\$ 233,805			\$ 233,805
George Washington University Washington, DC	<i>Advancing Aging and Health Policy Understanding Renewal</i> Judith Miller Jones	733,438		\$ 410,023	323,415
Tides Center San Francisco, CA	<i>Eldercare Workforce Alliance</i> Nancy E. Lundebjerg, MPA	325,000		89,234	235,766
<b>Sub-Total Aging and Health-Other</b>		<b>\$ 1,706,524</b>		<b>\$ 591,292</b>	<b>\$ 1,115,232</b>
<b>NEW YORK FUND</b>					
American Federation for Aging Research, Inc. New York, NY	<i>2010 Annual Awards Dinner</i> Stephanie Lederman		\$ 8,600	\$ 8,600	
Foundation for Health in Aging Inc. New York, NY	<i>Annual Support</i> Jennie Chin Hansen		8,400	8,400	
Geriatric Mental Health Foundation Bethesda, MD	<i>Planning, Development, and Dissemination of Educational Materials</i> Christine M. deVries		20,000	20,000	
Grantmakers in Aging Dayton, OH	<i>Organizational Assessment and 2010 Annual Conference Support</i> Carol A. Farquhar		25,000	25,000	
New York Academy of Medicine New York, NY	<i>2010 Gala Benefactor</i> Jo Ivey Boufford, MD		13,000	13,000	
New York University New York, NY	<i>The John A. Hartford Foundation Doctoral Research Seminar in Geriatric Nursing</i> Terry T. Fulmer, PhD, RN	\$ 40,000		15,000	\$ 25,000
United Hospital Fund New York, NY	<i>Annual Support</i> James R. Tallon, Jr.		2,500	2,500	
Visiting Nurse Service of New York New York, NY	<i>2010 Benefit Dinner</i> John Billeci		7,500	7,500	
<b>Sub-Total New York Fund</b>		<b>\$ 40,000</b>	<b>\$ 85,000</b>	<b>\$ 100,000</b>	<b>\$ 25,000</b>

		Balance Due January 1, 2010	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2010
<b>OTHER GRANTS</b>					
Center for Effective Philanthropy, Inc. Cambridge, MA	<i>Annual Support</i> Phil Buchanan		\$ 1,700	\$ 1,700	
The Foundation Center New York, NY	<i>Annual Support</i> Bradford Smith		10,000	10,000	
Grantmakers in Aging Dayton, OH	<i>Annual Support</i> Carol A. Farquhar		7,500	7,500	
Grantmakers in Health Washington, DC	<i>Annual Support</i> Lauren LeRoy, PhD		7,500	7,500	
Philanthropy New York, Inc. New York, NY	<i>Annual Support</i> Ronna D. Brown		16,600	16,600	
The Philanthropy Roundtable Washington, DC	<i>Annual Support</i> Adam Meyerson		1,700	1,700	
<b>Sub-Total Other Grants</b>			\$ 45,000	\$ 45,000	
<b>Matching Grants*</b>			\$ 842,655	\$ 842,655	
<b>Discretionary Grants**</b>			\$ 61,000	\$ 61,000	
<b>Grants Refunded or Cancelled</b>		\$ 5,568,572	( 5,700,212)	( 131,640)	
<b>Discounts to Present Value</b>		( 8,445,736)	6,523,076		( 1,922,660)
<b>Total (All Grants)</b>		\$66,830,718	\$ 5,847,010	\$23,577,458	\$49,100,270
*Grants made under the Foundation's program for matching charitable contributions of Trustees and staff.					
**Grants made under the Foundation's program for charitable contributions designated by staff.					
		Expenses Authorized Not Incurred Jan.1, 2010	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2010
<b>Foundation-Administered Grants</b>					
New York, NY	<i>Communications &amp; Dissemination Initiative</i> <i>Expansion Renewal</i> John Beilenson	\$ 671,755		\$ 287,730	\$ 384,025
	<i>To Pursue Selected Activities in the Strategic Plan</i>		\$ 187,398	187,398	
<b>Total</b>		\$ 671,755	\$ 187,398	\$ 475,128	\$ 384,025



## Application Procedures

The John A. Hartford Foundation's overall goal is to improve the health of older adults by creating a more skilled workforce and a better designed health care system. In order to maximize the Foundation's impact on the health and well-being of the nation's older adults, grants are made in two priority areas:

### Academic Geriatrics and Training

The Foundation supports efforts, on an invitational basis, in selected academic medical centers and other appropriate 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 by invitation.

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

Due to its narrow funding focus, the Foundation makes grants by invitation. 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) that summarizes the purpose and activities of the grant, the qualifications of the applicant and institution, and an estimated cost and time frame for the project. The letter will be reviewed initially by members of the Foundation's staff and possibly by outside reviewers. Those submitting letters of inquiry will be notified of the results of this review in approximately six weeks and may be asked to supply additional information.

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

The John A. Hartford Foundation  
55 East 59th Street, 16th floor  
New York, NY 10022

Detailed information about the Foundation and its programs is available at our Web site:

<http://www.jhartfound.org>



This 2010 Annual Report is available as a pdf on the John A. Hartford Foundation home page at [www.jhartfound.org](http://www.jhartfound.org).

**credits**

*editorial:*

*Rachael Watman  
Marcus Escobedo  
Francisco Doll*

*writer:*

*Lynne Christensen*

*design:*

*Donald Battershall Design*

*photography:*

*Donald Battershall  
William Mebane*

*printing:*

*Brodock*