The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

The John A. Hartford Foundation strives to do the greatest good for the greatest number by supporting efforts to improve the care of older adults.
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As of this writing, the thoughts of everyone at The John A. Hartford Foundation and its Board of Trustees are centered especially on older adults and others at the highest risk because of COVID-19, as well as the valiant health care providers who are working to care for us all. We are committed to helping our grantees and partners through this public health crisis, and we remain confident that we as a community have the ingenuity and perseverance that will lead us through. Nothing will stand in the way of our mission to do what matters and ensure older adults receive the best care possible.

Doing what matters is at the heart of The John A. Hartford Foundation’s work.

Through a series of focused, fast-paced initiatives, we’re helping more people and organizations improve care for older adults and their families. We’re showing hospitals and health care systems how to design age-friendly approaches to care that start with asking and acting on what matters to patients. We’re supporting family caregivers by improving their support systems, so that they can focus on what matters. We’re improving care for people facing serious illness when what matters to them is often misunderstood.

Our philosophy rests upon doing what matters—improving the care of older adults by developing creative and practical solutions, collaborating with experts and influential organizations, and spreading the evidence-based care that we know works.

Over the past year, we have much to show for it:

- Our Age-Friendly Health Systems movement has grown and attracted well-deserved national attention:
  - With our grant support, the American Hospital Association launched its seven-month Action Community of 185 teams and the Institute for Healthcare Improvement officially recognized 265 hospitals, practices and post-acute and long term care communities for their documentation of age-friendly care using the 4Ms framework. Nearly 400 health care teams engaged in the Age-Friendly Health Systems initiative in all 50 states last year.
President and Board Chair’s Message

• We worked with two advisory committees to the U.S. Department of Health and Human Services, which resulted in their recommendations to incorporate the Age-Friendly Health Systems framework into federal programs on rural health care and workforce development.

• Our grantee and funder partners released videos about age-friendly care and guides on the business case and electronic health record integration.

• We partnered with AARP to release follow-up findings to the groundbreaking Home Alone report, which continues to sound the alarm that half of family caregivers are performing complex medical and nursing tasks with little support, while highlighting important distinctions among multicultural caregivers.

• Our long-term support of the Center to Advance Palliative Care (CAPC) has resulted in access to better serious illness care. Hospitals offering palliative care programs have grown 10-fold, from seven percent in 2001 to 72 percent of hospitals in 2019. CAPC is now focusing on making palliative care more available through primary care and in the home, and by ensuring all clinicians have the basic skills they need to provide high-quality serious illness care.

• A national survey we sponsored with WebMD found that three in four older adults are not aware that they have the right to ask for, and receive, age-friendly health care. This underscores the urgency of our ongoing efforts to raise awareness with consumers.

• This past year, we also welcomed Liam Donohue, co-founder and managing partner of .406 Ventures, as the newest member of our Board of Trustees. Our work benefits from his experience identifying and investing in innovative health care companies.

Sincerely,

Terry Fulmer, PhD, RN, FAAN — President

Margaret L. Wolff — Chair of the Board

From WebMD/JAHF National Survey of Older Adults
The John A. Hartford Foundation is leading a transformation in the health care delivered to older adults in the U.S. Our focus is on shaping care so that we move from asking what’s the matter with the patient to what matters to the patient.

It’s at the heart of all we do—whether it’s initiatives that are encouraging patients to speak up about their goals and preferences to projects that bring much-needed primary care into the patient’s home. As we move into the new decade, we’ll continue to put what matters to older adults at the forefront of all of our initiatives.
Age-Friendly Health Systems

The COVID-19 crisis has underscored why it's important to bring age-friendly health care to 1,000 hospitals and practices by 2020.

WHY IT MATTERS
The evidence and ingenuity to deliver care that achieves better outcomes for older adults exists, but there is a gap between what works and what is done in practice. As more health systems join the Age-Friendly Health Systems movement, more older adults are receiving evidence-based care that reduces harm from health care and focuses on what matters to older adults and their families. In times of crisis, age-friendly care is more important than ever.

WHAT WE DID
In 2016, we set a bold vision to ensure age-friendly care reaches as many older adults as possible—and quickly. Today, working with our partners at the Institute for Healthcare Improvement, the American Hospital Association, and the Catholic Health Association of the United States, we are helping health systems deliver the “4Ms”—evidence-based best practices to:

- Know and align care with What Matters to older adults;
- Ensure Medication, if necessary, does not interfere with what matters to the patient, their mobility, or their mentation;
- Focus on Mentation by preventing, identifying, treating, and managing dementia, depression, and delirium across all settings of care; and
- Prioritize Mobility, ensuring older adults move safely every day.

WHAT'S THE RESULT
- Nearly 400 health care teams participated in the Age-Friendly Health Systems initiative as of December 2019, with 265 sites gaining official recognition.
- Needed resources have been developed to implement and make the case for age-friendly care:
  - The Business Case for Becoming an Age-Friendly Health System, which includes return-on-investment calculators for inpatient and outpatient settings;
  - “What Matters to Older Adults?” toolkit; and
  - Age-Friendly Health Systems EHR Implementation Guides (for Cerner and Epic).

Read more about the Age-Friendly Health Systems initiative.
WHY IT MATTERS
Forty percent of all patients undergoing surgery are over age 65, and rates of death and complications increase with age. Between 15 and 50 percent of older surgical patients develop delirium, a dangerous and deadly altered mental state. Hospitals and health systems must continuously optimize surgical care for older patients.

WHAT WE DID
We worked with the American College of Surgeons to create the Geriatric Surgery Verification Program, a quality improvement initiative built on a set of interdisciplinary standards developed through a unique collaboration of more than 50 organizations representing older patients and families, advocates, regulators, health care professionals, and multiple medical and surgical specialties.

WHAT'S THE RESULT
• The initiative released a set of 30 new surgical standards that prioritize identifying and acting on what matters to older patients. The standards can be achieved by all hospitals regardless of size, location, or population served.
  • In vetting the standards at eight hospitals, we found:
    • More patients go home rather than needing a stay in a nursing home or other care facility; and
    • According to one of the testing sites, one in four patients changed their original surgical plan after a team review.
• The Geriatric Surgery Verification program was launched in October 2019, when it began accepting applications from hospitals ready to demonstrate their commitment to improving the quality of care for their older surgical patients.

Read more about the Geriatric Surgery Verification Program.
WHY IT MATTERS
More than two million older adults are homebound because of frailty and complex conditions. They often need primary care the most, yet are least likely to get it and, consequently, are more likely to end up in emergency rooms. Sudden changes in health care delivery—as in the case of the COVID-19 pandemic—require immediate changes, such as the move to home-based care and telehealth.

WHAT WE DID
We supported three coordinated projects to increase access to high-quality, home-based primary care for older adults with complex needs:

- The American Academy of Home Care Medicine is developing a centralized, comprehensive directory of home-based primary care practices.
- The Home Centered Care Institute is scaling up the training of clinicians.
- The National Home-Based Primary Care Learning Network is expanding and enhancing their National Learning Network for home-based primary care providers.

WHAT'S THE RESULT
- We started funding home-based care projects more than 20 years ago, building a robust knowledge base about how to provide high-quality, home-based primary care. As a result:
  - Independence at Home, a primary care demonstration project involving 10,000 people funded by the Centers for Medicare & Medicaid Services (CMS), has confirmed that home-based primary care increases quality while decreasing costs. The project:
    - Saved more than $49 million in its first three years;
    - Reduced unnecessary hospitalizations; and
    - Showed how providers can even provide x-rays, EKGs, and other tests in the home, rather than needing to schedule in-office follow up appointments.
  - The success and efficacy of Independence at Home has led CMS to include home-based primary care in new payment models it released in 2019 around primary care.
- Watch this video about the power of home care medicine.
Family Caregiving in Diverse Communities

We’re gaining critical insights that will help us meet the distinct needs of diverse caregivers.

WHY IT MATTERS
In the next 15 years, people of color will make up one in three older adults in the United States, and the older lesbian, gay, bisexual, and transgender (LGBT) population will grow to at least four million. Caregivers of older relatives, partners, or friends from diverse communities require support that matches their specific needs—especially during crises like COVID-19, when existing inequities are laid bare.

WHAT WE DID
With our support, the Diverse Elders Coalition conducted groundbreaking research into the experiences of caregivers representing Asian Americans, Pacific Islanders, and Native Hawaiians; African Americans; American Indians and Alaska Natives; Hispanics and Latinx people; and the LGBT community. This included:

• A national survey in more than eight different languages that resulted in more than 800 responses from family caregivers from diverse communities.
• More than 35 focus groups held across the country, which provided an opportunity for family caregivers to voice their experiences.

WHAT'S THE RESULT
• The Diverse Elders Coalition has conducted surveys and interviews with hundreds of people from different populations. Among their findings:
  • Caregivers and patients who belong to historically marginalized demographic groups are more likely to forgo making their wishes known to providers.
  • LGBT caregivers report that fewer people help them with caregiving than the average respondent.
  • Native American caregivers report a higher number of emergency room visits and hospital admissions.
• A training curriculum developed for health care and social service organizations based on these and other findings will be launched in 2020.

Learn more about the Diverse Elders Coalition’s work to support diverse caregivers.
WHY IT MATTERS
Family members and friends providing care make it possible for many older adults to live in their homes, rather than an institutional setting, for as long as possible—which is what 76 percent of older people want. These invisible members of our health care system often don’t receive training or support.

WHAT WE DID
We partnered with AARP to produce a series of studies to increase awareness of the needs of caregivers. The first study, Home Alone: Family Caregivers Providing Complex Chronic Care (2012), revealed for the first time that nearly half of caregivers perform complex medical and nursing tasks, with little preparation. In 2019, we followed on that seminal report with Home Alone Revisited, presenting findings of a nationally representative online survey of more than 2,000 caregivers, to better understand the complex tasks they undertake. The updated report provides 10 recommendations to better support family caregivers.

WHAT'S THE RESULT
• Home Alone Revisited marked a shift in the perception of family caregivers, moving away from the idea that the care they provide is informal and nonmedical to an understanding that family caregivers perform daily complex medical and nursing tasks.
• New findings suggest that managing pain, incontinence, and special diets are particularly stressful for caregivers. Co-funding from partners has resulted in videos and other tools that can help caregivers perform these tasks.

Read the full Home Alone Revisited report.
WHY IT MATTERS
What could be more important than supporting family caregivers who are helping an older relative, friend, or neighbor? This care can feel like a full-time job, and family caregivers need more support and resources to help them navigate their roles. They may have lost a job and be struggling with unemployment, children returning to the home, or closed day care. State governments need to better understand the needs of family caregivers so they can shape policies to support them.

WHAT WE DID
Seeing a need for a common system for sharing best practices in state caregiving policy, we partnered with the Center for Health Care Strategies (CHCS) to help six states build comprehensive plans to support family caregivers and share their learnings. CHCS worked closely with policymakers in Alabama, Idaho, Iowa, New Hampshire, South Carolina, and Virginia to develop action plans and identify peer-to-peer learning opportunities.

WHAT'S THE RESULT
• Alabama is developing recommendations for draft legislation to support respite care services and implement standards and training for respite care workers.
• Idaho is strengthening a partnership between payers and family caregiver support agencies to enhance caregivers’ access to information and services.
• Iowa is streamlining the services and support for family caregivers currently offered through its network of Area Agencies on Aging.
• New Hampshire is developing a more streamlined, consistent process for assessing family caregiver capacity.
• South Carolina is assessing its current family caregiver resources and developing a set of statewide recommendations to support family caregivers.
• Virginia is partnering with community-based organizations and health plans to help care coordinators better support family caregivers.

Read a blog post by CHCS about the goals of the initiative.

Helping States Support Family Caregivers

We’re illuminating the state policy changes needed to better support caregivers.
Improving Access to Quality Palliative Care

We’re creating a tipping point in patients seeking and receiving high-quality palliative care.

WHY IT MATTERS
Palliative care is still equated with the withdrawal of care, especially in diverse communities. Misperceptions about palliative care, gaps in its availability, and variability in quality mean older adults and others aren’t receiving the benefits of this specialized field of medicine that provides relief from the symptoms and stresses of serious illness.

WHAT WE DID
We continued our support of the Center to Advance Palliative Care (CAPC) to improve the quality of palliative care for older adults living with serious illness. A grant ending in 2019 supported CAPC’s transition to a membership model that will help sustain it financially. A new grant funds:

• Expanding access to high-quality community-based palliative care;
• Improving frontline clinician skills through the first-ever John A. Hartford Foundation Tipping Point Challenge;
• Partnering with the American Hospital Association to drive uptake of palliative care; and
• Addressing palliative care financing and operational barriers through learning collaboratives of Accountable Care Organizations and Medicare Advantage plans.

WHAT’S THE RESULT

• Community-based palliative care is being mapped and spread by CAPC, including to states through a partnership with the National Academy of State Health Policy.
• More than 1,500 health systems participated in the first Tipping Point Challenge, which recognizes health systems and their clinicians for completing skill-building courses in palliative care. Twenty-four organizations won in different categories and another 70 achieved “Honor Roll” status.
• The second Tipping Point Challenge, to be announced in 2020, will focus on the development of innovation in the care of serious illness.

Learn more about CAPC’s work to improve palliative care.
National POLST

We’re helping people plan for serious illness and medical emergencies.

WHY IT MATTERS
Respecting people’s preferences for care during serious illness is paramount, but it requires planning and documentation. Approximately one-third of adults in the United States have an advance directive, but these are typically legal documents and not medical orders, and often leave out what should happen in the case of a medical emergency.

WHAT WE DID
We supported National POLST, which has developed the first-ever national Physician’s Orders for Life-Sustaining Treatment (POLST) form, based on forms that have typically varied by state. This portable medical order is intended to guide future decision-making around a patient’s care. It derives from conversations between a clinician and patient about the patient’s conditions, prognoses, treatment options, and goals for their care.

WHAT'S THE RESULT
- National POLST released the first National POLST Form, making it easier to:
  - Know and honor patient treatment wishes throughout the United States;
  - Conduct research and quality assurance activities; and
  - Educate patients and providers about POLST so the process and form are understood and appropriately implemented.
- We are working with National POLST to disseminate guides for patients and guides for health professionals.
- POLST now exists at some level in all 50 states and in Washington, DC.

Learn more about National POLST.
2019 Highlights: Doing What Matters to Improve Serious Illness & End-of-Life Care

Messaging for Better Serious Illness Care

We’re facilitating coordinated messaging about serious illness and end-of-life care through the Message.Lab project.

WHY IT MATTERS
Can you imagine living well with serious illness and at the end-of-life? Most people are insufficiently informed about the care that a person with a serious illness or at end-of-life could and should receive. The result is that care may not match what matters to the patient or their family.

WHAT WE DID
We funded the Message.Lab Project, which created a messaging toolkit after developing and testing common messaging principles and practical guidance to spur conversations about “What Matters.” The project has engaged nine leading organizations in palliative care, hospice, and advance care planning as a workgroup to guide the project. Their task was to align their internal messaging with the principles—and do it with maximum flexibility for individual sectors to use their own vocabulary.

WHAT'S THE RESULT
- Six messaging principles were developed by the project workgroup in September 2019.
- The Message.Lab Project tested and refined the six principles in a series of focus groups with older adults, caregivers, and clinicians. The outcome: The principles were generally understood and effective.
- In 2020, the project workgroup members are exploring ways to share and adhere to the principles in real-world communications with their varied audiences.

Learn more about the Message.Lab Project.
2019 Highlights: Raising Awareness of Our Work – Because it Matters

WebMD Partnership

**We’re educating consumers so they know to ask for age-friendly health care.**

**WHY IT MATTERS**
You may have visited [WebMD.com](http://WebMD.com) to better understand your health conditions, or you may have seen their magazine in your doctor’s office. We want to reach consumers along with providers, and with 80 million unique website visitors each month, WebMD is a powerful partner to help older adults understand their right to ask for, and receive, age-friendly health care tailored especially to what matters to them.

**WHAT WE DID**
To better understand what people know and how they feel about age-friendly care, we partnered with WebMD to perform a comprehensive consumer survey. The survey asked more than 2,700 older adults and family caregivers about their knowledge and experiences related to the 4Ms of age-friendly care: What Matters, Mentation, Medication and Mobility. The survey findings were released at a standing-room-only panel discussion featuring Martha Stewart, Don Berwick, and others. A [television media tour](http://televisionmedia.com) and an [op-ed](http://op-ed.com) in the *New York Daily News* amplified the reach to consumers.

**WHAT'S THE RESULT**
- Our partnership with WebMD has helped bring public attention to the importance of the 4Ms of age-friendly care. According to the survey findings:
  - Three in four older adults are not familiar with the concept of age-friendly health care.
  - The majority of caregivers say the person in their care has difficulty walking around (68 percent), and half say the person in their care had a fall within the last year.
  - Nearly 40 percent of patients and caregivers do not know that certain medications can have cognitive side effects.
  - More than 40 percent inaccurately think depression is an inevitable part of aging.
  - Less than 10 percent believe it is important for their health care provider to know about their fears, concerns and future health goals.

Read the [report](http://report.com) summarizing the WebMD survey results.
Modern Healthcare Partnership

We’re engaging C-suite leaders in the Age-Friendly Health Systems movement.

WHY IT MATTERS
Modern Healthcare is the leading provider of health care business news and intelligence, ranked as the #1 publication in readership among hospital CEOs, CFOs and CIOs.

WHAT WE DID
In 2019, we launched a branded content partnership to increase awareness of the Age-Friendly Health Systems movement and spur engagement. The partnership included promotion on the magazine’s cover, an Executive Insight column featuring Terry Fulmer, an educational webinar, a series of print and digital ads, and sponsorship of the 2019 Leadership Symposium attended by prominent U.S. health care executives.

WHAT'S THE RESULT
• Through the partnership, we have made important in-roads in raising awareness about the Age-Friendly Health Systems movement:
  • We worked with our partners, the Institute for Healthcare Improvement, the American Hospital Association, and the Catholic Health Association of the United States, and promoted two Action Communities (both oversubscribed).
  • Our print and online ads drove hundreds of visitors to the Age-Friendly Health Systems website to learn more.
  • Our webinar was attended by 160 health care professionals—70 percent of whom said they were likely to participate in the Age-Friendly Health Systems initiative as a result.
Our vision is a nation where all older adults receive evidence-based health care, are treated equitably with respect and dignity, and have their goals and preferences honored. Our Board of Trustees, staff, and grantees are committed to developing creative, practical solutions that are informed by deep collaboration with experts and respect what matters to older adults.
Grants Awarded in 2019

We funded a robust roster of 19 new grants totaling $29 million to improve the care of older adults. The Foundation made $20.7 million in payments to existing grants in 2019.

First Quarter 2019

**University of Washington**

*Building Public Engagement and Access to Palliative & End-of-Life Care for Persons Living with Serious Illness*

Anthony L. Back, MD

$3,447,029

**National Association of Area Agencies on Aging (n4a)**

*Aging and Disability Business Institute, Phase 2: Advancing Integration, Partnerships and Payment Models Between Social Services and Health Systems*

Sandy Markwood, MA

$2,973,335

**American Hospital Association / Health Research & Educational Trust**

*Age-Friendly Health Systems Leaders Group: 1) Developing Age-Friendly Health Systems Leadership; 2) Transforming HRET’s Hospitals Network to Become More Age-Friendly*

Jay Bhatt, DO, MPH, MPA, FACP

$1,957,990

**Gerontological Society of America**

*Sustaining the Reframing Aging Initiative*

Patricia M. D’Antonio, BSPharm, MS, MBA, BCGP

$600,000
# 2019 Grants

## Second Quarter 2019

<table>
<thead>
<tr>
<th>Organization</th>
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<tr>
<td>Center for Health Policy Development / National Academy for State Health Policy (NASHP)</td>
<td>$2,547,867</td>
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<td>The RAISE Act Family Caregiver Resource and Dissemination Center</td>
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<tr>
<td>Icahn School of Medicine at Mount Sinai</td>
<td>$1,925,742</td>
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<tr>
<td>The Center to Advance Palliative Care (CAPC): Improving Access to Quality Palliative Care</td>
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<tr>
<td>National Academy of Sciences / National Academies of Sciences, Engineering, and Medicine</td>
<td>$250,000</td>
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<td>Roundtable on Quality Care for People with Serious Illness, Phase II</td>
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<td>RAND Corporation</td>
<td>$174,999</td>
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<td>Building Capacity for Future Impact Assessment</td>
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## Third Quarter 2019

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<td>American Geriatrics Society, Inc.</td>
<td>$2,631,930</td>
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<tr>
<td>Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center, Phase II</td>
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# 2019 Grants

## Third Quarter 2019 (continued)

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<th>Project Description</th>
<th>Participants</th>
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<tr>
<td>Henry J. Kaiser Family Foundation</td>
<td>$2,594,330</td>
<td>Highlighting Aging &amp; Health: The Older Adult Reporting Project</td>
<td>David Rousseau, MPH</td>
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<tr>
<td>Massachusetts General Hospital</td>
<td>$850,000</td>
<td>Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</td>
<td>Christine Ritchie, MD, MSPH &amp; Bruce Leff, MD</td>
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<tr>
<td>Home Centered Care Institute</td>
<td>$385,000</td>
<td>Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</td>
<td>Thomas Cornwell, MD</td>
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<td>American Academy of Home Care Medicine</td>
<td>$340,000</td>
<td>Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</td>
<td>Eric DeJonge, MD &amp; Brent Feorene</td>
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## Fourth Quarter 2019

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<th>Foundation/Institute</th>
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<tr>
<td>Institute for Healthcare Improvement</td>
<td>$6,026,760</td>
<td>Age-Friendly Health Systems Initiative, Phase II</td>
<td>Kedar Mate, MD</td>
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<tr>
<td>Diverse Elders Coalition</td>
<td>$1,199,763</td>
<td>Addressing Unmet Family Caregiving Needs in Diverse Older Communities</td>
<td>Jenna McDavid</td>
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2019 Grants

Fourth Quarter 2019 (continued)

**Johns Hopkins University**
*Engaging Family Caregivers through Shared Access to the Electronic Health Record: Planning for Transformational Change*
Jennifer Wolff, PhD
$364,656

**Benjamin Rose Institute on Aging**
*Dissemination of Best Practice Caregiving: Guiding Organizations to Dementia Programs for Family Caregivers*
David M. Bass, PhD
$300,000

**Center for Health Care Strategies, Inc.**
*Development of the Better Care Playbook, Phase V*
Lorie Martin
$204,547

**Hebrew Home for the Aged at Riverdale**
*Evaluation of the Weinberg Center for Elder Justice’s Shelter Model*
Joy Solomon, Esq.
$175,000

Funding Guidelines  The John A. Hartford Foundation makes grants by invitation only.

The Foundation normally makes grants to organizations in the United States which have tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (and are not private foundations within the meaning of section 107(c)(1) of the code), and to state colleges and universities. The Foundation does not make grants to individuals.
<table>
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<tr>
<th>Summary of Active Grants</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
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<td><strong>AGING &amp; HEALTH</strong></td>
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| American Academy of Home Care Medicine  
Moving and Scaling Home-Based Primary Care Phase II: Quality, Training and Advocacy  
Eric DeJonge, MD & Brent Feorene | Chicago, IL  
340,000  
146,500  
193,500 |                                |                         |                         |
| American College of Surgeons  
Geriatric Surgery Verification and Quality Improvement Program  
Clifford Y. Ko, MD, MS, MSHS | Chicago, IL  
918,936  
708,922  
210,014 |                                |                         |                         |
| American Geriatrics Society, Inc.  
Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center, Phase II  
Nancy E. Lundebjerg, MPA | New York, NY  
2,631,930  
898,782  
1,733,148 |                                |                         |                         |
| American Geriatrics Society, Inc.  
Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center  
Jan Busby-Whitehead, MD | New York, NY  
572,569  
572,569  
0 |                                |                         |                         |
| American Geriatrics Society, Inc.  
CoCare-Geriatric Orthopedic Hip-Fracture Co-management Implementation  
Nancy E. Lundebjerg, MPA | New York, NY  
493,858  
493,858  
0 |                                |                         |                         |
| American Geriatrics Society, Inc.  
Catalyzing Emergency Department Enhancements for Older Adults: Geriatric Emergency Department Collaborative (GEDC 2.0), Phase 2  
Nancy E. Lundebjerg, MPA, Kevin Biese, MD, Ula Hwang, MD | New York, NY  
750,251  
386,096  
364,155 |                                |                         |                         |
| American Hospital Association, Health Research and Educational Trust  
Next Generation Leaders Transformation Institute: 1) Developing Age-Friendly Health Systems Leadership, 2) Transforming HRET’s HIIN Hospitals to Become More Age-Friendly  
Jay Bhatt, DO, MPH, MPA, FACP | Chicago, IL  
1,957,990  
1,182,478  
775,512 |                                |                         |                         |
| Case Western Reserve University  
Age-Friendly Health Systems Ambulatory Care Continuum  
Mary A. Dolansky, PhD, RN, FAAN | Cleveland, OH  
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<td>Center for Health Care Strategies, Inc. Development of the Better Care Playbook, Phase V</td>
<td>Lorie Martin</td>
<td>Hamilton, NJ</td>
<td>204,547</td>
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<td>204,547</td>
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<tr>
<td>Center for Medicare Advocacy, Inc. Medicare Education &amp; Outreach: Opening Doors to Quality Care for Older Adults with Long-term and Serious Illnesses</td>
<td>Judith Stein, JD</td>
<td>Willimantic, CT</td>
<td>307,500</td>
<td>307,500</td>
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<td>Education Development Center, Inc. National Collaboratory to Address Elder Mistreatment</td>
<td>Rebecca Stoeckle</td>
<td>Waltham, MA</td>
<td>886,456</td>
<td>0</td>
<td>886,456</td>
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<td>Emergency Medicine Foundation dba American College of Emergency Physicians Catalyzing Emergency Department Enhancements for Older Adults: Geriatric Emergency Department Accreditation (GEDA)</td>
<td>Sandra Schneider, MD, FACEP</td>
<td>Irving, TX</td>
<td>525,011</td>
<td>320,399</td>
<td>204,612</td>
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<tr>
<td>Hebrew Home for the Aged at Riverdale Evaluation of the Weinberg Center for Elder Justice’s Shelter Model</td>
<td>Joy Solomon, Esq.</td>
<td>Riverdale, NY</td>
<td>175,000</td>
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<td>175,000</td>
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<tr>
<td>Home Centered Care Institute Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</td>
<td>Thomas Cornwell, MD</td>
<td>Schaumburg, IL</td>
<td>385,000</td>
<td>82,500</td>
<td>302,500</td>
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<tr>
<td>Home Centered Care Institute Moving and Scaling Home-Based Primary Care, into the Mainstream of US Health Care</td>
<td>Thomas Cornwell, MD</td>
<td>Schaumburg, IL</td>
<td>90,387</td>
<td>90,387</td>
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<tr>
<td>Icahn School of Medicine at Mount Sinai Implementation of Rehabilitation at Home</td>
<td>Albert L. Siu, MD, MSPH</td>
<td>New York, NY</td>
<td>289,676</td>
<td>289,676</td>
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<tr>
<td>Icahn School of Medicine at Mount Sinai Scaling and Dissemination of Hospital at Home</td>
<td>Albert L. Siu, MD, MSPH</td>
<td>New York, NY</td>
<td>1,206,715</td>
<td>243,806</td>
<td>962,909</td>
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</table>
# Summary of Active Grants

<table>
<thead>
<tr>
<th>AGE-FRIENDLY HEALTH SYSTEMS</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Icahn School of Medicine at Mount Sinai</td>
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<tr>
<td>Institute for Healthcare Improvement</td>
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<tr>
<td>Institute for Healthcare Improvement</td>
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<td>65,178</td>
<td>55,458</td>
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<tr>
<td>Institute for Healthcare Improvement</td>
<td>6,026,760</td>
<td>1,194,386</td>
<td>4,832,374</td>
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<td>Institute for Healthcare Improvement</td>
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<tr>
<td>Johns Hopkins University</td>
<td>416,856</td>
<td>416,856</td>
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<tr>
<td>Massachusetts General Hospital</td>
<td>850,000</td>
<td>331,053</td>
<td>518,947</td>
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<tr>
<td>National Association of Area Agencies on Aging, Inc.</td>
<td>2,973,335</td>
<td>1,044,686</td>
<td>1,928,649</td>
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</table>
## Summary of Active Grants

<table>
<thead>
<tr>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Due Jan 1, 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AGE-FRIENDLY HEALTH SYSTEMS

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Authorized</th>
<th>Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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</thead>
<tbody>
<tr>
<td>National Association of Area Agencies on Aging, Inc.</td>
<td>Washington, DC</td>
<td>177,885</td>
<td>177,885</td>
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<tr>
<td>National Committee for Quality Assurance</td>
<td>Washington, DC</td>
<td>994,562</td>
<td>512,396</td>
<td>482,166</td>
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<tr>
<td>Project HOPE - The People-to-People Health Foundation, Inc.</td>
<td>Bethesda, MD</td>
<td>258,970</td>
<td>258,970</td>
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<tr>
<td>Research Foundation for Mental Hygiene, Inc.</td>
<td>Menands, NY</td>
<td>2,399,822</td>
<td>597,320</td>
<td>1,802,502</td>
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<tr>
<td>Research Foundation for Mental Hygiene, Inc.</td>
<td>Menands, NY</td>
<td>569,977</td>
<td>569,977</td>
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<tr>
<td>Trust for America’s Health</td>
<td>Washington, DC</td>
<td>184,980</td>
<td>184,980</td>
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<tr>
<td>Yale University</td>
<td>New Haven, CT</td>
<td>2,250,023</td>
<td>0</td>
<td>2,250,023</td>
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<tr>
<td>Yale University</td>
<td>New Haven, CT</td>
<td>382,554</td>
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</table>

**Total Age-Friendly Health Systems**

- Authorized: $15,424,055
- Paid: $15,544,562
- Balance Due Dec 31, 2019: $13,086,145
- Total: $17,882,472
## Summary of Active Grants

<table>
<thead>
<tr>
<th>Family Caregiving</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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</thead>
<tbody>
<tr>
<td>AARP Foundation</td>
<td>Washington, DC</td>
<td>381,518</td>
<td>381,518</td>
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<tr>
<td>Supporting Family Caregivers Providing Complex Care: Bridging the Gap between Expectations and Execution</td>
<td>Susan C. Reinhard, PhD, RN</td>
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<tr>
<td>Benjamin Rose Institute on Aging</td>
<td>Cleveland, OH</td>
<td>211,433</td>
<td>211,433</td>
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<tr>
<td>Online Resource for Comparing Evidence-Based Dementia Caregiving Programs</td>
<td>David M. Bass, PhD</td>
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<tr>
<td>Benjamin Rose Institute on Aging</td>
<td>Cleveland, OH</td>
<td>300,000</td>
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<tr>
<td>Dissemination of Best Practice Caregiving: Guiding Organizations to Dementia Programs for Family Caregivers</td>
<td>David M. Bass, PhD</td>
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<tr>
<td>Center for Health Care Strategies, Inc.</td>
<td>Hamilton, NJ</td>
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<tr>
<td>Helping States Support Families Caring for an Aging America</td>
<td>Stephen A. Somers, PhD</td>
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<tr>
<td>Center for Health Policy Development dba National Academy for State Health Policy (NASHP)</td>
<td>Washington, DC</td>
<td>2,547,867</td>
<td>849,919</td>
<td>1,697,948</td>
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<tr>
<td>The RAISE Act Family Caregiver Resource and Dissemination Center</td>
<td>Kitty Purington, JD</td>
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<tr>
<td>Diverse Elders Coalition: Fiscal Sponsor: Services &amp; Advocacy for Gay Lesbian Bisexual &amp; Transgender Elders, Inc. (SAGE)</td>
<td>New York, NY</td>
<td>1,199,763</td>
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<td>1,199,763</td>
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<tr>
<td>Addressing Unmet Family Caregiving Needs in Diverse Older Communities</td>
<td>Jenna McDavid</td>
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<tr>
<td>Johns Hopkins University</td>
<td>Baltimore, MD</td>
<td>364,656</td>
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<tr>
<td>Engaging Family Caregivers through Shared Access to the Electronic Health Record: Planning for Transformational Change</td>
<td>Jennifer Wolff, PhD</td>
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<td>Regents of the University of California</td>
<td>Los Angeles, CA</td>
<td>1,512,085</td>
<td>500,226</td>
<td>1,011,859</td>
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<tr>
<td>Dissemination of the UCLA Alzheimer's and Dementia Care Program</td>
<td>David B. Reuben, MD</td>
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<tr>
<td>Total Family Caregiving</td>
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<td>$2,210,427</td>
<td>$4,412,286</td>
<td>$2,048,487</td>
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</table>
## Summary of Active Grants

<table>
<thead>
<tr>
<th>SERIOUS ILLNESS &amp; END OF LIFE</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
</tr>
</thead>
</table>
| **Center for Health Policy Development dba National Academy for State Health Policy (NASHP)**  
Supporting the Continuum of Palliative Care: A Resource Hub for State Policymakers  
Kitty Purington, JD | Washington, DC 232,192 | 212,916 | 19,276 |
| **Icahn School of Medicine at Mount Sinai**  
The Center to Advance Palliative Care (CAPC): Improving Access to Quality Palliative Care  
Carol Seiger, JD | New York, NY 1,925,742 | 673,719 | 1,252,023 |
| **Icahn School of Medicine at Mount Sinai**  
The Center to Advance Palliative Care (CAPC): Transformation Business Plan  
Diane E. Meier, MD | New York, NY 204,016 | 204,016 | 0 |
| **National Academy of Sciences**  
Roundtable on Quality Care for People with Serious Illness, Phase II  
Sharyl Nass, PhD | Washington, DC 250,000 | 83,333 | 166,667 |
| **National Academy of Sciences**  
Roundtable on Quality Care for People with Advanced Illness  
Sharyl Nass, PhD | Washington, DC 35,243 | 35,243 | 0 |
| **Twin Cities Public Television, Inc.**  
Television Documentary Production and Distribution: "Fast Forward"  
William F. Baker, PhD | Saint Paul, MN 67,755 | 48,555 | 19,200 |
| **University of Washington**  
Building Public Engagement and Access to Palliative & End-of-Life Care for Persons Living with Serious Illness  
Anthony L. Back, MD | Seattle, WA 3,447,029 | 932,371 | 2,514,658 |
| **Total Serious Illness & End of Life** | $539,206 | $5,622,771 | $2,190,153 | $3,971,824 |
# Summary of Active Grants

<table>
<thead>
<tr>
<th>Organization</th>
<th>Initiative Description</th>
<th>City, State</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gerontological Society of America</strong></td>
<td>Sustaining the Reframing Aging Initiative</td>
<td>Washington, DC</td>
<td>600,000</td>
<td>200,000</td>
<td>400,000</td>
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<tr>
<td></td>
<td>Patricia M. D'Antonio, BSPharm, MS, MBA, BCGP</td>
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<tr>
<td><strong>Grantmakers in Aging</strong></td>
<td>Care Support Renewal</td>
<td>Arlington, VA</td>
<td>120,772</td>
<td>80,383</td>
<td>40,389</td>
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<td></td>
<td>John A. Feather, PhD</td>
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<tr>
<td><strong>Henry J. Kaiser Family Foundation</strong></td>
<td>Highlighting Aging &amp; Health: The Older Adult Reporting Project</td>
<td>San Francisco, CA</td>
<td>2,594,330</td>
<td>200,673</td>
<td>2,393,657</td>
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<tr>
<td></td>
<td>David Rousseau, MPH</td>
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<td></td>
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<tr>
<td><strong>Henry J. Kaiser Family Foundation</strong></td>
<td>Kaiser Health News: The Late Life and Geriatric Care Reporting Project</td>
<td>San Francisco, CA</td>
<td>627,083</td>
<td>627,083</td>
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<tr>
<td></td>
<td>David Rousseau, MPH</td>
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<tr>
<td><strong>RAND Corporation</strong></td>
<td>Building Capacity for Future Impact Assessments</td>
<td>Santa Monica, CA</td>
<td>174,999</td>
<td>174,999</td>
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<td></td>
<td>Regina Shih, PhD</td>
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<tr>
<td><strong>Tides Center</strong></td>
<td>Eldercare Workforce Alliance Renewal</td>
<td>San Francisco, CA</td>
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<td>100,000</td>
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<td></td>
<td>Amy M. York</td>
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<tr>
<td><strong>Total Communications &amp; Special Initiatives</strong></td>
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<td></td>
<td>$847,855</td>
<td>$3,369,329</td>
<td>$1,383,138</td>
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</tbody>
</table>

**Additional Information**

- **Total Communications & Special Initiatives**
  - Total Authorized: $847,855
  - Total Paid: $3,369,329
  - Total Balance Due: $1,383,138
  - Total Balance Due at End of Year: $2,834,046
## Summary of Active Grants

<table>
<thead>
<tr>
<th>Legacy Grants</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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</thead>
<tbody>
<tr>
<td><strong>American Federation for Aging Research, Inc.</strong></td>
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<td></td>
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<tr>
<td>Odette van der Willik</td>
<td>New York, NY</td>
<td>1,073,463</td>
<td>557,922</td>
<td>515,541</td>
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<tr>
<td><strong>American Geriatrics Society, Inc.</strong></td>
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<tr>
<td>Geriatrics for Specialists Initiative (GSI): Phase V</td>
<td>New York, NY</td>
<td>81,528</td>
<td>81,528</td>
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<tr>
<td>John R. Burton, MD</td>
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<tr>
<td><strong>Wake Forest University Health Sciences</strong></td>
<td>Winston-Salem, NC</td>
<td>102,492</td>
<td>85,992</td>
<td>16,500</td>
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<tr>
<td>Integrating Geriatrics into the Specialties of Internal Medicine Renewal:</td>
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<tr>
<td>Capitalizing on Forward Momentum</td>
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<tr>
<td>Kevin P. High, MD, MSc</td>
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<tr>
<td><strong>Total Legacy Grants</strong></td>
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<td>1,257,483</td>
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<tr>
<td><strong>Total Aging &amp; Health</strong></td>
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<tr>
<td><strong>Total</strong></td>
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<td>725,442</td>
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| President's Discretionary Grants                                            |                         |                               |                         |                          |

## Partnership

<table>
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<tr>
<th>Partnership</th>
<th>Location</th>
<th>Amount Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Academy of Home Care Medicine</strong></td>
<td>Chicago, IL</td>
<td>3,500</td>
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<tr>
<td>2019 Annual Meeting Sponsorship</td>
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<tr>
<td>Brent T. Feorene, MBA</td>
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<tr>
<td><strong>Brandeis University</strong></td>
<td>Waltham, MA</td>
<td>20,000</td>
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<tr>
<td>Jehuda Reinharz, PhD</td>
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<tr>
<td><strong>Camden Coalition of Healthcare Providers</strong></td>
<td>Camden, NJ</td>
<td>10,000</td>
<td>10,000</td>
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<tr>
<td>Conference Sponsorship</td>
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<tr>
<td>Mark Humowiecki, JD</td>
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<tr>
<td><strong>Conference of Non-Governmental Organizations Foundation, Inc.</strong></td>
<td>New York, NY</td>
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<tr>
<td>Integrate Ageing in United Nations Policies and Programs</td>
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<td>Nelida Quintero, PhD</td>
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</table>

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**Note:** The table provides a summary of active grants, including details such as the grantee, grant purpose, location, and financial details.
<table>
<thead>
<tr>
<th>PARTNERSHIP</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation for the National Institutes of Health, Inc.</strong>  &lt;br&gt;2019 Alzheimer's Disease-Related Dementia Summit Sponsorship  &lt;br&gt;Shawn Stern</td>
<td>North Bethesda, MD</td>
<td>5,000</td>
<td>5,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gerontological Society of America</strong>  &lt;br&gt;Annual Scientific Meeting Sponsorship  &lt;br&gt;James C. Appleby, BSPharm, MPH</td>
<td>Washington, DC</td>
<td>15,000</td>
<td>15,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grantmakers in Aging</strong>  &lt;br&gt;Annual Conference Sponsorship and Local Host  &lt;br&gt;John A. Feather, PhD</td>
<td>Arlington, VA</td>
<td>40,000</td>
<td>40,000</td>
<td>0</td>
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<tr>
<td><strong>Health Care For All, Inc.</strong>  &lt;br&gt;Together for the People: An Evening Honoring Rob Restuccia to Benefit Community Catalyst and Health Care For All  &lt;br&gt;Renee Markus Hodin, JD</td>
<td>Boston, MA</td>
<td>500</td>
<td>500</td>
<td>0</td>
</tr>
<tr>
<td><strong>Hebrew Home for the Aged at Riverdale Foundation</strong>  &lt;br&gt;The Art of Aging 102nd Annual Gala  &lt;br&gt;Patricia Weiss, MFA</td>
<td>Riverdale, NY</td>
<td>12,400</td>
<td>12,400</td>
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<tr>
<td><strong>Institute for Healthcare Improvement</strong>  &lt;br&gt;2019 National Forum on Quality Improvement in Health Care  &lt;br&gt;David Coletta</td>
<td>Boston, MA</td>
<td>15,000</td>
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<tr>
<td><strong>Medicare Rights Center, Inc.</strong>  &lt;br&gt;Annual Awards Dinner  &lt;br&gt;Frederic Riccardi, MSW</td>
<td>New York, NY</td>
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<tr>
<td><strong>National Academy of Sciences</strong>  &lt;br&gt;Decadal Survey of Behavioral and Social Science Research on Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias  &lt;br&gt;Barbara A. Wanchisen, PhD</td>
<td>Washington, DC</td>
<td>2,000</td>
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<td><strong>National Academy of Sciences</strong>  &lt;br&gt;Decadal Survey of Behavioral and Social Science Research on Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias, Phase II  &lt;br&gt;Barbara A. Wanchisen, PhD</td>
<td>Washington, DC</td>
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### Summary of Active Grants

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<tr>
<th>PARTNERSHIP</th>
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<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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<td>Disability and Independence Sponsorship</td>
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<td>Marcia McNutt, PhD</td>
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<td>Robert Kramer, MDiv</td>
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<td>Annual Gala</td>
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<td>Judith A. Salerno, MD, MS</td>
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<td>GSA Annual Scientific Meeting for the Health and Aging Policy Fellows</td>
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<td>Networking Reception</td>
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<td>Harold Alan Pincus, MD</td>
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<td>Megan Walton, MBA</td>
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<td><strong>United Hospital Fund of New York</strong></td>
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<td>Champions</td>
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<td>Anthony Shih, MD, MPH</td>
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<td><strong>Total Partnership</strong></td>
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| PROGRAM DEVELOPMENT                                                        |                |                                |                         |                          |
| **Trustees of Columbia University in the City of New York**               | New York, NY   | 39,000                         | 39,000                  | 0                        |
| Identifying Drivers of State-based Differences in the Status of Older     |                |                                |                         |                          |
| Persons in the US                                                          |                |                                |                         |                          |
| John W. Rowe, MD                                                           |                |                                |                         |                          |
| **Institute for Accountable Care**                                        | Washington, DC | 20,000                         | 20,000                  | 0                        |
| Institute for Accountable Care and Camden Coalition Collaboration Plan    |                |                                |                         |                          |
| Robert E. Mechanic, MBA                                                    |                |                                |                         |                          |
### Summary of Active Grants

<table>
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<tr>
<th>Program Development</th>
<th>Balance Due Jan 1, 2019</th>
<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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<tr>
<td><strong>PROGRAM DEVELOPMENT</strong></td>
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<td>Joint Commission on Accreditation of Healthcare Organizations</td>
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<td>Age-Friendly Health Systems Technical Expert Panel Mark Chassin, MD, FACP, MPP, MPH</td>
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<td>Milken Institute</td>
<td>Santa Monica, CA</td>
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<td>The Center for the Future of Aging’s report, Reducing the Price and Risk of Dementia: Recommendations to Improve Brain Health and Reduce Disparities Nora Super, MPA</td>
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<tr>
<td>National Academy of Sciences</td>
<td>Washington, DC</td>
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<td>Global Roadmap for Healthy Longevity Initiative Victor J. Dzau, MD</td>
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<td>National Alliance for Caregiving</td>
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<td>Caregiving in the US 2020 - A Research Study C. Grace Whiting, JD</td>
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<td>NEHI, Inc.</td>
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<td>State of Emergency in Patient Safety: Galvanizing Activists to Demand Excellence Project, Multi-Stakeholder Meetings Support Valerie Fleishman, MBA</td>
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<td>Research Foundation of State University of New York</td>
<td>Albany, NY</td>
<td>48,478</td>
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<td>TeleHealth and Distance Learning Geriatric Mental Health Collaborative - A Program for Outreach to Interdisciplinary Services and Education in Medically Underserved Areas John Toner, EdD, PhD</td>
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<td>Regents of the University of California</td>
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<td>Building an Acute Care for Elders (ACE) Unit National Database Stephanie Rogers, MD</td>
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<td><strong>Total Program Development</strong></td>
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## Summary of Active Grants

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<th>MEMBERSHIPS/OTHER</th>
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<th>Grants Authorized During Year</th>
<th>Amount Paid During Year</th>
<th>Balance Due Dec 31, 2019</th>
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<td>Lisa Simpson, MD, BCh, MPH, FAAP</td>
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<td>Arlington, VA</td>
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<td>Annual Support</td>
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<td><strong>Grantmakers in Health</strong></td>
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<td>Annual Support</td>
<td>Faith Mitchell, PhD</td>
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<td><strong>Hispanics in Philanthropy</strong></td>
<td>Oakland, CA</td>
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<td>Annual Support</td>
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<td><strong>Philanthropy New York, Inc.</strong></td>
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<td><strong>Services &amp; Advocacy for Gay Lesbian Bisexual &amp; Transgender Elders, Inc. (SAGE)</strong></td>
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<td>Annual Support</td>
<td>Michael Adams, JD, MA</td>
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<td><strong>Total Memberships/Other</strong></td>
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</table>

## TOTAL PRESIDENT’S DISCRETIONARY GRANTS

| | 502,028 | 502,028 | $0 |

**Matching Grants**¹ | $733,259 | $733,259 | 0 |

**Discretionary Grants**² | 56,000 | 56,000 | 0 |

**Grants Refunded or Cancelled** | $165,136 | -194,710 | -29,574 | 0 |

**Contingent Grant Adjustment** | -518,947 | 0 | -518,947 |

**Discount to Present Value** | -962,275 | -249,768 | -1,212,043 |

## TOTAL (ALL GRANTS)

| | $19,481,887 | 29,276,810 | $20,695,078 | $28,063,619 |

¹Grants made under the Foundation’s program for matching charitable contribution by Trustees and staff.

²Grants made under the Foundation’s program for matching charitable contribution designated by staff.
FINANCIAL SUMMARY

The Foundation’s investment portfolio ended in 2019 at approximately $602 million, representing a net increase of $66 million after disbursement for grants, administrative expenses and taxes totaling $27 million during the year. 2019 turned out to be a strong year for both equity and bond markets. Despite the persistence of ongoing macro risks, global equity markets posted their best year since the aftermath of the financial crisis a decade ago and U.S. equities ended the year near all-time highs. To that end, the portfolio delivered a strong return of 17.6 percent after fees in 2019, marking its best annual gain since 2003.

The Foundation’s investment objective continues to be securing maximum long-term total return on its investment portfolio in order to maintain a strong grants program, while assuring consistent growth of its assets at a level greater than the rate of inflation. We are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 32 years; the portfolio appreciated from $198 million (nominal value) or $441 million (in today’s dollar) at the end of 1987 to $602 million at the end of 2019, while spending over $1 billion in today’s dollars for grants and expenses during this period of time.
In an effort to align the Foundation’s investments with its philanthropic mission or program initiatives, the investment policy statement was revised during 2019. The amendment will allow the Foundation to seek mission-aligned investment opportunities as well as incorporate environmental, social and governance (ESG) criteria into the portfolio.

With the assistance of Goldman Sachs, the Foundation’s investment advisor since August 2012, the Foundation has proactively redesigned its asset allocation guidelines while maintaining a moderate plus risk portfolio diversified across a wide array of asset classes and strategies. The portfolio has experienced significant asset allocation changes since 2012. There has been a noticeable transition of assets from alternative investments (hedge funds and private assets) into traditional asset classes (long-only equity and fixed-income) during this period.

Heading into 2020, considerable uncertainty around the impact of the continuing spread of the coronavirus, upcoming domestic elections, potentially volatile geopolitical situations and ongoing trade tensions may lead to economic and market dislocations. With a keen focus on the risks and financial market volatility, Goldman will continue to reevaluate the portfolio’s strategic asset allocation in order to ensure that the portfolio can withstand dramatic swings in the financial markets. While 2020 is off to a challenging start, we are confident that our disciplined, prudent investment approach coupled with robust diversification will provide us with the ability to navigate an unpredictable political and economic landscape while pursuing investment opportunities.

The Finance Committee and the Board of Trustees meet regularly with Goldman Sachs to review asset allocation, investment strategy and the performance of the underlying investments. Northern Trust Corporation is the custodian for all the Foundation’s securities. A complete listing of investments is available for review at the Foundation’s offices. Audited financial statements were not completed in time for this publishing but will be available on the Foundation’s website in June.

Eva Cheng
Vice President, Finance
Leadership & Staff

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Christopher T.H. Pell  
Co-Vice Chair
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Rutuma Gandhi  
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Program Consultant
Julianne McLean  
Program Secretary

Eva Cheng  
Vice President, Finance
Scott Bane  
Program Officer
Jane Carmody  
Program Officer
Kevin De La Cruz  
Administrative Assistant
Malik Hatcher  
Communications Assistant
Malcolm Mack  
Administrative Assistant
Jennifer Phillips  
Executive Assistant
In 2019 we worked together to launch new programs, grow investments, expand networks, and provide valuable resources to improve care for older adults.

**JANUARY**

- The “Handbook of Geriatric Assessment,” co-edited by JAHF President Terry Fulmer, receives one of the American Journal of Nursing’s 2018 Book of the Year Awards.
- JAHF staff and grantees are quoted in an ACP Hospitalist article, “See, and Then Stop, Elderly Abuse.”
- A Journal of the American Medical Association study demonstrates the cost-effectiveness of the JAHF-supported UCLA Alzheimer’s and Dementia Care program.

**FEBRUARY**

- Inside Philanthropy, HomeCare Magazine, and Philanthropy News Digest recognize JAHF’s work to improve the care of older adults over the last 30 years.
- Modern Healthcare publishes an article, “Age-Friendly Health Systems Transform Care for Older Adults,” as part of its Executive Insight series.
2019 Milestones

• The Wall Street Journal publishes an article, “Preparing for a Good End of Life,” featuring JAHF-supported programs and a JAHF staff member.

• Next Avenue begins a special yearlong feature on age-friendly health care.

MARCH

• JAHF announces four new grants totaling nearly $9 million to improve care for older adults.

• Learnings from the JAHF-supported UCLA Alzheimer’s and Dementia Care program are published.

• The Center for Health Care Strategies explores “Opportunities for States to Support Family Caregivers.”

• The Philadelphia Inquirer publishes an article about approaches to provide better surgical care for older patients, including several JAHF supported initiatives.

APRIL

• More than 150 new teams from more than 80 health systems join the second Age-Friendly Health Systems Action Community.

• The Institute for Healthcare Improvement, with support from The SCAN Foundation, releases a report on “The Business Case for Becoming an Age-Friendly Health System” and two Return on Investment Calculators.

• Rush University’s Geriatric Workforce Enhancement Program releases the first in a series of videos exploring the basics of the Age-Friendly Health Systems movement and the 4Ms.

• The AARP Public Policy Institute-led Home Alone Alliance debuts a new JAHF-sponsored study, “Home Alone Revisited: Family Caregivers Providing Complex Care.”

• JAHF staff write about the American Bar Association’s advance care planning toolkit for lawyers.

• JAHF-grantee Diverse Elders Coalition launches a survey of traditionally underserved populations of family caregivers.

MAY

• JAHF shares a blog about home-based primary care and a new way that Medicare can pay for it.

• The National Academy for State Health Policy unveils

“What Matters” to Older Adults?
A Toolkit for Health Systems to Design Better Care with Older Adults

• JAHF shares a blog about home-based primary care and a new way that Medicare can pay for it.

• The National Academy for State Health Policy unveils
2019 Milestones

a new JAHF-funded resource, “Palliative Care: A Primer for State Policy Makers.”

• A new Age-Friendly Health Systems toolkit for clinicians is released for “What Matters to You?” Day.

• At a Modern Healthcare symposium, JAHF leads a discussion about how health systems are finding new age-friendly ways to care for older adults.

• A Lown Institute report shows an alarming trend in over prescribing medications to older adults.

• Springer Publishing Company releases a textbook edited by Terry Fulmer, “NICHE: Nurses Improving Care for Healthsystem Elders.”

• JAHF-funded research is cited in a U.S. Senate Special Committee on Aging hearing to discuss the Older Americans Act.

• Kaiser Health News hosts a discussion about inclusive end-of-life care for LGBTQ+ older adults.

JUNE

• JAHF announces four new grants totaling nearly $5 million.

• A Next Avenue blog from JAHF marks World Elder Abuse Awareness Day.

• Johns Hopkins University researchers release a new report on supporting caregivers at the state level.

• JAHF announces a newly elected trustee, a new Program Officer, and three staff promotions.

• Terry Fulmer is awarded the Gerontological Society of America’s Donald P. Kent Award.

• The Eldercare Workforce Alliance celebrates the ten-year anniversary of “Retooling for an Aging America: Building a Health Care Workforce” with a new publication.

JULY

• The American College of Surgeons and JAHF launch the Geriatric Surgery Verification program to improve surgical care of older adults through new standards developed by a coalition of organizations.

• The Reframing Aging Initiative, led by The Gerontological Society of America and co-funded by JAHF, creates new web resource pages.

• A forum for funders interested in rural aging and health is debuted by Grantmakers in Aging.

• JAHF launches the Tipping Point Challenge that recognizes and rewards the completion of the Center to Advance Palliative Care courses and educational units.
**2019 Milestones**

### AUGUST

- A Center to Advance Palliative Care [survey](#) finds the public is still largely unaware of palliative care.
- The Cambia Health Foundation and JAHF announce a [partnership](#) to co-fund seven national organizations working to improve care for older adults and other people facing serious illness at the end of life.
- *Health Affairs* publishes a [blog](#) on how states can improve palliative care services.
- The Administration for Community Living announces the first [meetings](#) of the advisory councils established by the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act and the Supporting Grandparents Raising Grandchildren Act.
- JAHF-funded research, “Advancing Legal and Medical Collaboration in Advance Care Planning,” is cited in an *ABA Journal* [article](#) encouraging attorneys who provide advance care planning to consider greater collaboration with medical providers and the health care system.

### SEPTEMBER

- JAHF awards nearly $7 million in [new grants](#).
- The first national POLST (Physician’s Orders for Life-Sustaining Treatment) [form](#) and related patient and professional guides are released by the National POLST Paradigm.
- The National Center on Elder Abuse releases a new [communications strategy and toolkit](#) under their “Reframing Elder Abuse Project.”
- *Health Affairs* and JAHF hold a [briefing](#) on “Improving Care for Older Adults.”
- Program Officer Nancy Wexler authors a [blog](#) about her journey to JAHF.
- The American Hospital Association convenes the third Age-Friendly Health Systems [Action Community](#).

### OCTOBER

- JAHF and WebMD release the [results](#) of “Driving Toward Age-Friendly Care for the Future,” a survey of more than 2,700 patients and caregivers age
65 and older, with a panel event in New York City featuring Martha Stewart and Don Berwick.


- The Milken Institute unveils a new report, “Reducing the Cost and Risk of Dementia: Recommendations to Improve Brain Health and Decrease Disparities.”

- The Center to Advance Palliative Care releases a report, “America’s Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospitals.”

- Terry Fulmer presents on the age-friendly health systems movement at the National Investment Center for Seniors Housing & Care Conference.

- JAHF explores what we’ve learned about caregivers thanks to the work of the Diverse Elders Coalition.

- JAMA Internal Medicine publishes a paper showing an association between the JAHF-supported Patient Priorities Care model with improved patient-reported outcomes and reduced unwanted care.

**NOVEMBER**

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults

April 2019

- The National Academy for State Health Policy launches a RAISE Act Family Caregiver Resource and Dissemination Center and releases an issue brief exploring ways state policymakers can promote palliative care.

- The AARP Public Policy Institute releases a report on key issues and emerging trends in family caregiving.

- Health Affairs publishes an article, “Age-Friendly Care At the Emergency Department.”

- The Age-Friendly Health Systems initiative releases an implementation guide for integrating the 4Ms into electronic health records.

**DECEMBER**

- JAHF announces six newly funded projects totaling over $8 million.

- The Center to Advance Palliative Care releases a report, “Mapping Community Palliative Care: A Snapshot,” that provides the first scan of community palliative care programs in the United States.

- The American Geriatrics Society releases a guide to assist older drivers and their caregivers.

- A collection of guidelines and best practices on trauma center recognition of child abuse, elder abuse, and intimate partner violence is produced by the American College of Surgeons.