

2019 ANNUAL REPORT



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



DOING WHAT
MATTERS

2019 Annual Report



The John A. Hartford Foundation

Dedicated to Improving the Care of Older Adults

The John A. Hartford Foundation
www.johnahartford.org

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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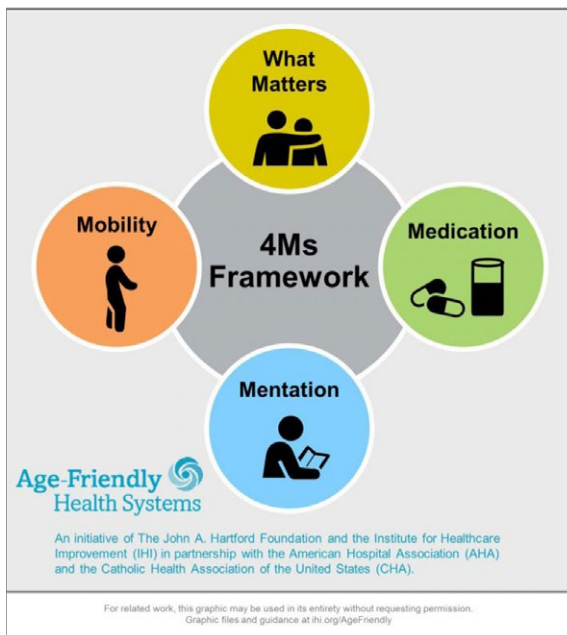
President and Board Chair's Message

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.



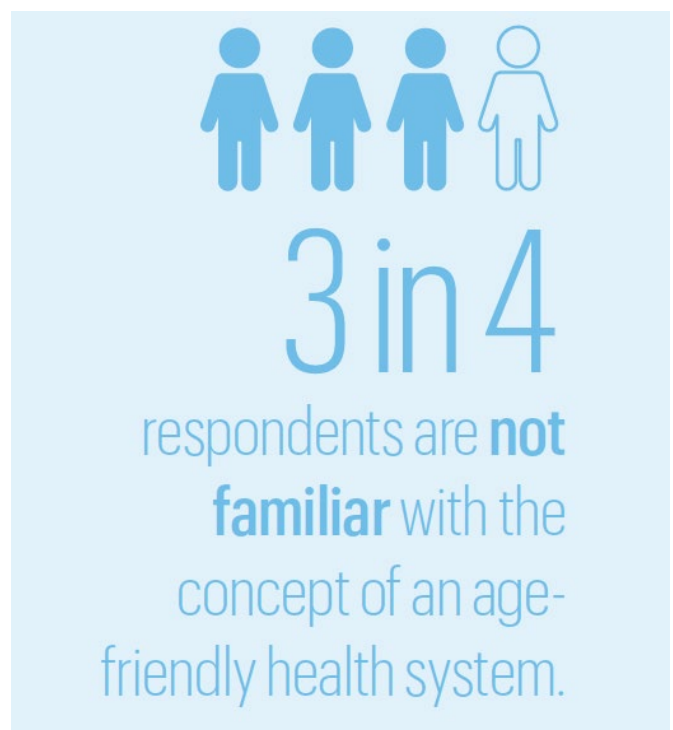
Our philosophy rests upon doing what matters—improving the care of older adults by developing creative and practical solutions, collaborating with experts and influential organizations, and spreading the evidence-based care that we know works.

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.



From WebMD/JAHF National Survey of Older Adults

Sincerely,

Terry Fulmer, PhD, RN, FAAN — *President*

Margaret L. Wolff — *Chair of the Board*



DOING WHAT MATTERS: 2019 Highlights



CREATING
Age-Friendly
Health Systems



SUPPORTING
Family Caregiving



IMPROVING
Serious Illness and
End-of-Life Care



RAISING
Awareness of
Our Work

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](#).



Geriatric Surgery Verification Program

We've helped develop new standards for surgery that are innovating and improving the quality of care for older adults.

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](#).



Home-Based Primary Care

We're improving health and curbing costs by bringing primary care services to the home, where older adults want to be.

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.



Home Alone Revisited

We're revealing new insights about the complex tasks required of family caregivers, and how better to support them.

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.



Helping States Support Family Caregivers

We're illuminating the state policy changes needed to better support caregivers.

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.



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](#).



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.

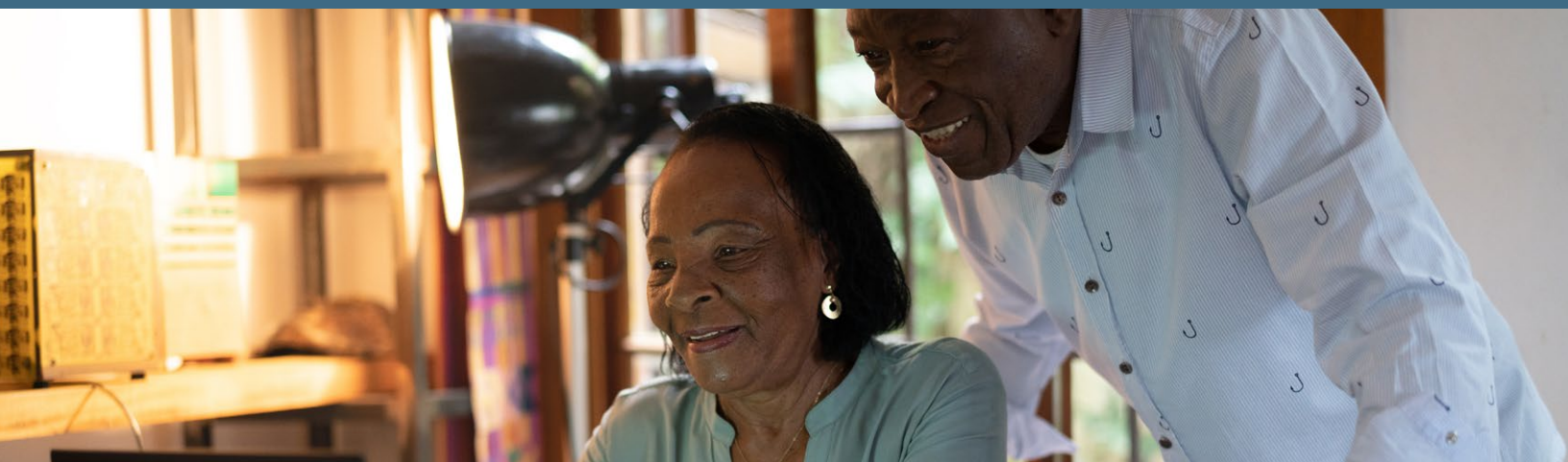
WHAT WE DID

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](#).



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](https://www.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](#) and an [op-ed](#) 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](#) 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.



ABOUT US



Grants



Financials



Leadership & Staff

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.





2019 Grants

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](#)

\$3,447,029

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

Anthony L. Back, MD

[National Association of Area Agencies on Aging \(n4a\)](#)

\$2,973,335

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

Sandy Markwood, MA

[American Hospital Association / Health Research & Educational Trust](#)

\$1,957,990

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

[Gerontological Society of America](#)

\$600,000

Sustaining the Reframing Aging Initiative

Patricia M. D'Antonio, BSPHarm, MS, MBA, BCGP



2019 Grants

Second Quarter 2019

[Center for Health Policy Development / National Academy
for State Health Policy \(NASHP\)](#)

\$2,547,867

The RAISE Act Family Caregiver Resource and Dissemination Center

Kitty Purington, JD

[Icahn School of Medicine at Mount Sinai](#)

\$1,925,742

The Center to Advance Palliative Care (CAPC): Improving Access to Quality Palliative Care

Carol Seiger, JD

[National Academy of Sciences / National Academies of Sciences,
Engineering, and Medicine](#)

\$250,000

Roundtable on Quality Care for People with Serious Illness, Phase II

Sharyl Nass, PhD

[RAND Corporation](#)

\$174,999

Building Capacity for Future Impact Assessment

Regina Shih, PhD

Third Quarter 2019

[American Geriatrics Society, Inc.](#)

\$2,631,930

Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center, Phase II

Nancy E. Lundebjerg, MPA



2019 Grants

Third Quarter 2019 (continued)

Henry J. Kaiser Family Foundation

\$2,594,330

Highlighting Aging & Health: The Older Adult Reporting Project

David Rousseau, MPH

Massachusetts General Hospital

\$850,000

Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy

Christine Ritchie, MD, MSPH & Bruce Leff, MD

Home Centered Care Institute

\$385,000

Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy

Thomas Cornwell, MD

American Academy of Home Care Medicine

\$340,000

Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy

Eric DeJonge, MD & Brent Feorene

Fourth Quarter 2019

Institute for Healthcare Improvement

\$6,026,760

Age-Friendly Health Systems Initiative, Phase II

Kedar Mate, MD

Diverse Elders Coalition

\$1,199,763

Addressing Unmet Family Caregiving Needs in Diverse Older Communities

Jenna McDavid



2019 Grants

Fourth Quarter 2019 (continued)

[Johns Hopkins University](#)

\$364,656

Engaging Family Caregivers through Shared Access to the Electronic Health Record: Planning for Transformational Change

Jennifer Wolff, PhD

[Benjamin Rose Institute on Aging](#)

\$300,000

Dissemination of Best Practice Caregiving: Guiding Organizations to Dementia Programs for Family Caregivers

David M. Bass, PhD

[Center for Health Care Strategies, Inc.](#)

\$204,547

Development of the Better Care Playbook, Phase V

Lorie Martin

[Hebrew Home for the Aged at Riverdale](#)

\$175,000

Evaluation of the Weinberg Center for Elder Justice's Shelter Model

Joy Solomon, Esq.

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.



All Active Grants

Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
AGING & HEALTH					
AGE-FRIENDLY HEALTH SYSTEMS					
American Academy of Home Care Medicine <i>Moving and Scaling Home-Based Primary Care Phase II: Quality, Training and Advocacy</i> Eric DeJonge, MD & Brent Feorene	Chicago, IL		340,000	146,500	193,500
American College of Surgeons <i>Geriatric Surgery Verification and Quality Improvement Program</i> Clifford Y. Ko, MD, MS, MSHS	Chicago, IL	918,936		708,922	210,014
American Geriatrics Society, Inc. <i>Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center, Phase II</i> Nancy E. Lundebjerg, MPA	New York, NY		2,631,930	898,782	1,733,148
American Geriatrics Society, Inc. <i>Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center</i> Jan Busby-Whitehead, MD	New York, NY	572,569		572,569	0
American Geriatrics Society, Inc. <i>CoCare-Geriatric Orthopedic Hip-Fracture Co- management Implementation</i> Nancy E. Lundebjerg, MPA	New York, NY	493,858		493,858	0
American Geriatrics Society, Inc. <i>Catalyzing Emergency Department Enhance- ments for Older Adults: Geriatric Emergency Department Collaborative (GEDC 2.0), Phase 2</i> 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 <i>Next Generation Leaders Transformation Institute: 1) Developing Age-Friendly Health Systems Lead- ership; 2) Transforming HRET's HIIN Hospitals to Become More Age-Friendly</i> Jay Bhatt, DO, MPH, MPA, FACP	Chicago, IL		1,957,990	1,182,478	775,512
Case Western Reserve University <i>Age-Friendly Health Systems Ambulatory Care Continuum</i> Mary A. Dolansky, PhD, RN, FAAN	Cleveland, OH	100,000		100,000	0



Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
AGE-FRIENDLY HEALTH SYSTEMS					
Center for Health Care Strategies, Inc. <i>Development of the Better Care Playbook, Phase V</i> Lorie Martin	Hamilton, NJ		204,547	0	204,547
Center for Medicare Advocacy, Inc. <i>Medicare Education & Outreach: Opening Doors to Quality Care for Older Adults with Long-term and Serious Illnesses</i> Judith Stein, JD	Willimantic, CT	307,500		307,500	0
Education Development Center, Inc. <i>National Collaboratory to Address Elder Mistreatment</i> Rebecca Stoeckle	Waltham, MA	886,456		0	886,456
Emergency Medicine Foundation dba American College of Emergency Physicians <i>Catalyzing Emergency Department Enhancements for Older Adults: Geriatric Emergency Department Accreditation (GEDA)</i> Sandra Schneider, MD, FACEP	Irving, TX	525,011		320,399	204,612
Hebrew Home for the Aged at Riverdale <i>Evaluation of the Weinberg Center for Elder Justice's Shelter Model</i> Joy Solomon, Esq.	Riverdale, NY		175,000	0	175,000
Home Centered Care Institute <i>Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</i> Thomas Cornwell, MD	Schaumburg, IL		385,000	82,500	302,500
Home Centered Care Institute <i>Moving and Scaling Home-Based Primary Care, into the Mainstream of US Health Care</i> Thomas Cornwell, MD	Schaumburg, IL	90,387		90,387	0
Icahn School of Medicine at Mount Sinai <i>Implementation of Rehabilitation at Home</i> Albert L. Siu, MD, MSPH	New York, NY	289,676		289,676	0
Icahn School of Medicine at Mount Sinai <i>Scaling and Dissemination of Hospital at Home</i> Albert L. Siu, MD, MSPH	New York, NY	1,206,715		243,806	962,909



Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
AGE-FRIENDLY HEALTH SYSTEMS					
Icahn School of Medicine at Mount Sinai <i>Mobile Acute Care Team Services: Outcomes and Dissemination of Hospital at Home in Fee-for-Service Medicare and Beyond</i> Albert L. Siu, MD, MSPH	New York, NY	186,170		186,170	0
Institute for Healthcare Improvement <i>Continued Development of the Better Care Playbook (Phase 4)</i> Kedar Mate, MD	Boston, MA	95,184		95,184	0
Institute for Healthcare Improvement <i>Learning and Action Network for Medicare Advantage Plans</i> Kedar Mate, MD	Boston, MA	120,636		65,178	55,458
Institute for Healthcare Improvement <i>Age-Friendly Health Systems Initiative, Phase II</i> Kedar Mate, MD	Boston, MA		6,026,760	1,194,386	4,832,374
Institute for Healthcare Improvement <i>Age-Friendly Health Systems</i> Kedar Mate, MD	Boston, MA	1,245,077		1,245,077	0
Johns Hopkins University <i>Moving and Scaling Home-Based Primary Care into the Mainstream of US Health Care formerly Implementation of a National Learning Collaborative to Enhance the Quality of Home-Based Primary Care</i> Bruce A. Leff, MD	Baltimore, MD	416,856		416,856	0
Massachusetts General Hospital * <i>Moving and Scaling Home-Based Primary Care, Phase II: Quality, Training and Advocacy</i> Christine Ritchie, MD, MSPH & Bruce Leff, MD	Boston, MA		850,000	331,053	518,947
National Association of Area Agencies on Aging, Inc. <i>Aging and Disability Business Institute, Phase 2: Advancing Integration, Partnerships and Payment Models Between Social Services and Health Systems</i> Sandy Markwood, MA	Washington, DC		2,973,335	1,044,686	1,928,649



Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
AGE-FRIENDLY HEALTH SYSTEMS					
National Association of Area Agencies on Aging, Inc. <i>Building the Capacity of the Aging and Disability Networks to Ensure the Delivery of Quality Integrated Care</i> Sandy Markwood, MA	Washington, DC	177,885		177,885	0
National Committee for Quality Assurance <i>Demonstration of Person-Driven Outcome Measures for an Age-Friendly Health System</i> Jessica Briefer French, MHSA	Washington, DC	994,562		512,396	482,166
Project HOPE - The People-to-People Health Foundation, Inc. <i>Health Affairs: Publishing and Disseminating Lessons on Innovative Health Care Models for an Aging Population Renewal</i> Alan Weil, MPP	Bethesda, MD	258,970		258,970	0
Research Foundation for Mental Hygiene, Inc. <i>Health and Aging Policy Fellows Program</i> Harold Alan Pincus, MD	Menands, NY	2,399,822		597,320	1,802,502
Research Foundation for Mental Hygiene, Inc. <i>Health and Aging Policy Fellows Program</i> Harold Alan Pincus, MD	Menands, NY	569,977		569,977	0
Trust for America's Health <i>Advancing an Age-Friendly Public Health System</i> John Auerbach, MBA	Washington, DC	184,980		184,980	0
Yale University <i>Patient Priorities Care: Dissemination and Scaling</i> Mary E. Tinetti, MD	New Haven, CT	2,250,023		0	2,250,023
Yale University <i>Patient Priorities Care (formerly known as CareAlign Implementation)</i> Mary E. Tinetti, MD	New Haven, CT	382,554		382,554	0
Total Age-Friendly Health Systems		\$15,424,055	\$15,544,562	\$13,086,145	\$17,882,472



Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
FAMILY CAREGIVING					
AARP Foundation <i>Supporting Family Caregivers Providing Complex Care; Bridging the Gap between Expectations and Execution</i> Susan C. Reinhard, PhD, RN	Washington, DC	381,518		381,518	0
Benjamin Rose Institute on Aging <i>Online Resource for Comparing Evidence-Based Dementia Caregiving Programs</i> David M. Bass, PhD	Cleveland, OH	211,433		211,433	0
Benjamin Rose Institute on Aging <i>Dissemination of Best Practice Caregiving: Guiding Organizations to Dementia Programs for Family Caregivers</i> David M. Bass, PhD	Cleveland, OH		300,000	0	300,000
Center for Health Care Strategies, Inc. <i>Helping States Support Families Caring for an Aging America</i> Stephen A. Somers, PhD	Hamilton, NJ	105,391		105,391	0
Center for Health Policy Development dba National Academy for State Health Policy (NASHP) <i>The RAISE Act Family Caregiver Resource and Dissemination Center</i> Kitty Purington, JD	Washington, DC		2,547,867	849,919	1,697,948
Diverse Elders Coalition: Fiscal Sponsor: Services & Advocacy for Gay Lesbian Bisexual & Transgender Elders, Inc. (SAGE) <i>Addressing Unmet Family Caregiving Needs in Diverse Older Communities</i> Jenna McDavid	New York, NY		1,199,763	0	1,199,763
Johns Hopkins University <i>Engaging Family Caregivers through Shared Access to the Electronic Health Record: Planning for Transformational Change</i> Jennifer Wolff, PhD	Baltimore, MD		364,656	0	364,656
Regents of the University of California <i>Dissemination of the UCLA Alzheimer's and Dementia Care Program</i> David B. Reuben, MD	Los Angeles, CA	1,512,085		500,226	1,011,859
Total Family Caregiving		\$2,210,427	\$4,412,286	\$2,048,487	\$4,574,226



Summary of Active Grants

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

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
COMMUNICATIONS & SPECIAL INITIATIVES					
Gerontological Society of America <i>Sustaining the Reframing Aging Initiative</i> Patricia M. D'Antonio, BSPHarm, MS, MBA, BCGP	Washington, DC		600,000	200,000	400,000
Grantmakers in Aging <i>Core Support Renewal</i> John A. Feather, PhD	Arlington, VA	120,772		80,383	40,389
Henry J. Kaiser Family Foundation <i>Highlighting Aging & Health: The Older Adult Reporting Project</i> David Rousseau, MPH	San Francisco, CA		2,594,330	200,673	2,393,657
Henry J. Kaiser Family Foundation <i>Kaiser Health News: The Late Life and Geriatric Care Reporting Project</i> David Rousseau, MPH	San Francisco, CA	627,083		627,083	0
RAND Corporation <i>Building Capacity for Future Impact Assessments</i> Regina Shih, PhD	Santa Monica, CA		174,999	174,999	0
Tides Center <i>Eldercare Workforce Alliance Renewal</i> Amy M. York	San Francisco, CA	100,000		100,000	0
Total Communications & Special Initiatives		\$847,855	\$3,369,329	\$1,383,138	\$2,834,046



Summary of Active Grants					
		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
LEGACY GRANTS					
American Federation for Aging Research, Inc. <i>Paul B. Beeson Career Development Awards in Aging Research Partnership Renewal</i> Odette van der Willik	New York, NY	1,073,463		557,922	515,541
American Geriatrics Society, Inc. <i>Geriatrics for Specialists Initiative (GSI): Phase V</i> John R. Burton, MD	New York, NY	81,528		81,528	0
Wake Forest University Health Sciences <i>Integrating Geriatrics into the Specialties of Internal Medicine Renewal: Capitalizing on Forward Momentum</i> Kevin P. High, MD, MSc	Winston- Salem, NC	102,492		85,992	16,500
Total Legacy Grants		1,257,483	0	725,442	532,041
TOTAL AGING & HEALTH		\$20,279,026	\$28,948,948	\$19,433,365	\$29,794,609
PRESIDENT'S DISCRETIONARY GRANTS					
PARTNERSHIP					
American Academy of Home Care Medicine <i>2019 Annual Meeting Sponsorship</i> Brent T. Feorene, MBA	Chicago, IL		3,500	3,500	0
Brandeis University <i>Council on Health Care Economics and Policy, 2019 Princeton Conference</i> Jehuda Reinharz, PhD	Waltham, MA		20,000	20,000	0
Camden Coalition of Healthcare Providers <i>Conference Sponsorship</i> Mark Humowiecki, JD	Camden, NJ		10,000	10,000	0
Conference of Non-Governmental Organizations Foundation, Inc. <i>Integrate Ageing in United Nations Policies and Programs</i> Nelida Quintero, PhD	New York, NY		500	500	0

Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
PARTNERSHIP					
Foundation for the National Institutes of Health, Inc. <i>2019 Alzheimer's Disease-Related Dementia Summit Sponsorship</i> Shawn Stern	North Bethesda, MD		5,000	5,000	0
Gerontological Society of America <i>Annual Scientific Meeting Sponsorship</i> James C. Appleby, BSPHarm, MPH	Washington, DC		15,000	15,000	0
Grantmakers in Aging <i>Annual Conference Sponsorship and Local Host</i> John A. Feather, PhD	Arlington, VA		40,000	40,000	0
Health Care For All, Inc. <i>Together for the People: An Evening Honoring Rob Restuccia to Benefit Community Catalyst and Health Care For All</i> Renee Markus Hodin, JD	Boston, MA		500	500	0
Hebrew Home for the Aged at Riverdale Foundation <i>The Art of Aging 102nd Annual Gala</i> Patricia Weiss, MFA	Riverdale, NY		12,400	12,400	0
Institute for Healthcare Improvement <i>2019 National Forum on Quality Improvement in Health Care</i> David Coletta	Boston, MA		15,000	15,000	0
Medicare Rights Center, Inc. <i>Annual Awards Dinner</i> Frederic Riccardi, MSW	New York, NY		1,000	1,000	0
National Academy of Sciences <i>Decadal Survey of Behavioral and Social Science Research on Alzheimer's Disease and Alzheimer's Disease-Related Dementias</i> Barbara A. Wanchisen, PhD	Washington, DC		2,000	2,000	0
National Academy of Sciences <i>Decadal Survey of Behavioral and Social Science Research on Alzheimer's Disease and Alzheimer's Disease-Related Dementias, Phase II</i> Barbara A. Wanchisen, PhD	Washington, DC		10,000	10,000	0

Summary of Active Grants					
		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
PARTNERSHIP					
National Academy of Sciences <i>National Academies of Sciences, Engineering and Medicine Forum on Aging, Disability and Independence Sponsorship</i> Marcia McNutt, PhD	Washington, DC		25,000	25,000	0
National Investment Center for Seniors Housing & Care, Inc. <i>Co-Sponsor of Health Affairs "The Forgotten Middle" Policy Briefing</i> Robert Kramer, MDiv	Annapolis, MD		15,000	15,000	0
New York Academy of Medicine <i>Annual Gala</i> Judith A. Salerno, MD, MS	New York, NY		9,150	9,150	0
Research Foundation for Mental Hygiene, Inc. <i>GSA Annual Scientific Meeting for the Health and Aging Policy Fellows Networking Reception</i> Harold Alan Pincus, MD	New York, NY		10,000	10,000	0
Southern Maine Agency on Aging <i>Laurence W. Gross Retirement Tribute Book</i> Megan Walton, MBA	Scarborough, ME		300	300	0
United Hospital Fund of New York <i>Gala Sponsor</i> Anthony Shih, MD, MPH	New York, NY		800	800	0
United Hospital Fund of New York <i>Tribute to Excellence in Health Care Recognizing Quality Improvement Champions</i> Anthony Shih, MD, MPH	New York, NY		500	500	0
Total Partnership			195,650	195,650	\$0
PROGRAM DEVELOPMENT					
Trustees of Columbia University in the City of New York <i>Identifying Drivers of State-based Differences in the Status of Older Persons in the US</i> John W. Rowe, MD	New York, NY		39,000	39,000	0
Institute for Accountable Care <i>Institute for Accountable Care and Camden Coalition Collaboration Plan</i> Robert E. Mechanic, MBA	Washington, DC		20,000	20,000	0

Summary of Active Grants

		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
PROGRAM DEVELOPMENT					
Joint Commission on Accreditation of Healthcare Organizations <i>Age-Friendly Health Systems Technical Expert Panel</i> Mark Chassin, MD, FACP, MPP, MPH	Oakbrook Terrace, IL		24,700	24,700	0
Milken Institute <i>The Center for the Future of Aging's report, Reducing the Price and Risk of Dementia: Recommendations to Improve Brain Health and Reduce Disparities</i> Nora Super, MPA	Santa Monica, CA		5,000	5,000	0
National Academy of Sciences <i>Global Roadmap for Healthy Longevity Initiative</i> Victor J. Dzau, MD	Washington, DC		50,000	50,000	0
National Alliance for Caregiving <i>Caregiving in the US 2020 - A Research Study</i> C. Grace Whiting, JD	Washington, DC		10,000	10,000	0
NEHI, Inc. <i>State of Emergency in Patient Safety: Galvanizing Activists to Demand Excellence Project, Multi-Stakeholder Meetings Support</i> Valerie Fleishman, MBA	Boston, MA		15,000	15,000	0
Research Foundation of State University of New York <i>TeleHealth and Distance Learning Geriatric Mental Health Collaborative - A Program for Outreach to Interdisciplinary Services and Education in Medically Underserved Areas</i> John Toner, EdD, PhD	Albany, NY		48,478	48,478	0
Regents of the University of California <i>Building an Acute Care for Elders (ACE) Unit National Database</i> Stephanie Rogers, MD	San Francisco, CA		40,000	40,000	0
Total Program Development			252,178	252,178	\$0



Summary of Active Grants					
		Balance Due Jan 1, 2019	Grants Authorized During Year	Amount Paid During Year	Balance Due Dec 31, 2019
MEMBERSHIPS/OTHER					
AcademyHealth <i>Annual Support</i> Lisa Simpson, MD, BCh, MPH, FAAP	Washington, DC		2,000	2,000	0
Grantmakers in Aging <i>Annual Support</i> John A. Feather, PhD	Arlington, VA		7,500	7,500	0
Grantmakers in Health <i>Annual Support</i> Faith Mitchell, PhD	Washington, DC		14,950	14,950	0
Hispanics in Philanthropy <i>Annual Support</i> Ana Marie Argilagos	Oakland, CA		5,000	5,000	0
Philanthropy New York, Inc. <i>Annual Support</i> Ronna D. Brown, JD	New York, NY		19,750	19,750	0
Services & Advocacy for Gay Lesbian Bisexual & Transgender Elders, Inc. (SAGE) <i>Annual Support</i> Michael Adams, JD, MA	New York, NY		5,000	5,000	0
Total Memberships/Other			54,200	54,200	\$0
TOTAL PRESIDENT'S DISCRETIONARY GRANTS			502,028	502,028	\$0
<i>Matching Grants¹</i>			\$733,259	\$733,259	0
<i>Discretionary Grants²</i>			56,000	56,000	0
<i>Grants Refunded or Cancelled</i>		\$165,136	-194,710	-29,574	0
<i>Contingent Grant Adjustment*</i>			-518,947		-518,947
<i>Discount to Present Value</i>		-962,275	-249,768		-1,212,043
TOTAL (ALL GRANTS)		\$19,481,887	29,276,810	\$20,695,078	\$28,063,619
¹ Grants made under the Foundation's program for matching charitable contribution by Trustees and staff.					
² Grants made under the Foundation's program for matching charitable contribution designated by staff.					





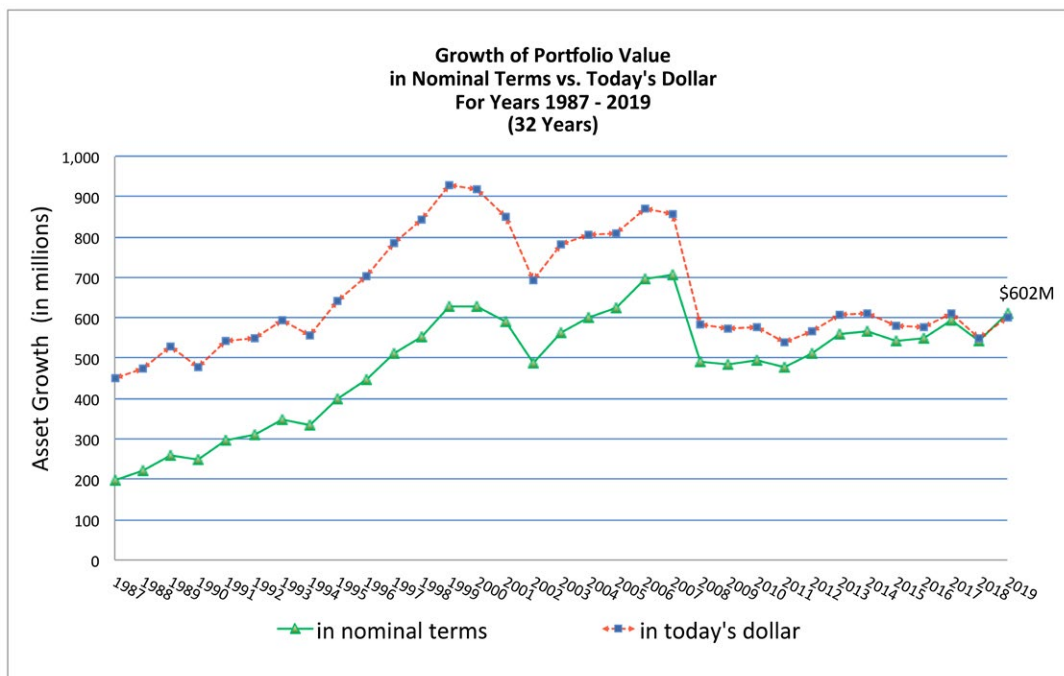
Financials

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.





Financials

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



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2019 MILESTONES

In 2019 we worked together to launch new programs, grow investments, expand networks, and provide valuable resources to improve care for older adults.

JANUARY

ASSESSMENT OF THE
**ACCOMPLISHMENTS AND IMPACT OF
THE JOHN A. HARTFORD FOUNDATION'S
GRANTMAKING IN AGING AND HEALTH**

1983-2015

- “The John A. Hartford Foundation and The Growth of Geriatrics,” a peer-reviewed [article](#) assessing JAHF’s grantmaking from 1983 to 2015, is published in Health Affairs based on the external [evaluation](#), “Assessment Of The Accomplishments And Impact Of The John A. Hartford Foundation’s Grantmaking In Aging And Health.”
- 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

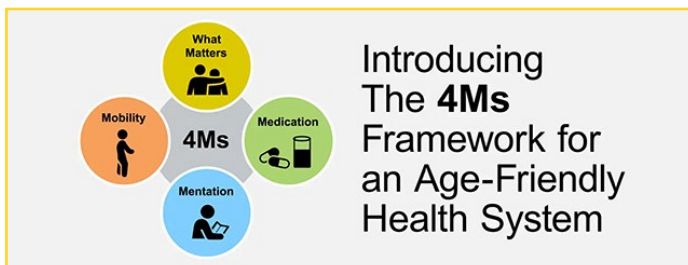
- *The Wall Street Journal* publishes an [article](#), “Preparing for a Good End of Life,” featuring JAHF-supported programs and a JAHF staff member.
- *Next Avenue* begins a special yearlong [feature](#) on age-friendly health care.

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

“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



2019 Milestones

65 and older, with a panel event in New York City featuring Martha Stewart and Don Berwick.

- *New York Daily News* publishes an [op-ed](#) by Terry Fulmer that argues older adults deserve better age-friendly care.
- 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.



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