

# The John A. Hartford Foundation *History and Programs*

*Dedicated  
to improving  
health care  
for older  
Americans*



FROM ITS FOUNDING IN 1929 UNTIL TODAY, the John A. Hartford Foundation has been at the forefront of pioneering advances in medicine and healthcare, funding research and programs that have literally revolutionized medicine and shaped the delivery of health care in the 20th century, and continuing into the 21st century.



The Foundation's early administrators sought to fund promising medical research that could not obtain support from other sources. In doing so, they took risks on many avenues of research that at the time were uncertain, but with often remarkable, even sometimes astounding, results. Hartford grants were used to fund the first kidney transplants, to create the equipment that keeps patients alive on long-term kidney dialysis, to discover and disseminate electrical therapies for restoring abnormal heart rhythms, to set up the first specialized cardiac care units, to turn cataract surgery into a minimally invasive procedure, to use lasers to treat diabetic retinopathy and to investigate cryogenic therapies, among many, many others.

In the 1980s, the Foundation began to focus on aging and health, recognizing that the unprecedented growth of the over-65 population was impacting medicine and health services earlier than almost any other part of American society. Today, the Hartford Foundation is the country's largest private foundation focused solely on aging and health. Since 1983, \$290.7 million has been devoted to projects across the nation to prepare health professionals for both the variety of older patients they will treat and the various systems of care in which they will work, and to create new models of integrated health services, in geriatric medicine, nursing and social work.

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

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

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

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

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

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

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## Report of the Chairman

I AM PARTICULARLY GRATIFIED TO REPORT on the activities for 2004, a year that marked the 75th anniversary of the John A. Hartford Foundation. Founded in 1929 by the Great Atlantic and Pacific Tea Company (A&P) executive John A. Hartford, with substantial bequests from both John and his brother George L. Hartford, the Foundation has a long and influential history in philanthropy in the field of health. As this special 75th Anniversary Annual Report shows, during its early years Hartford supported programs that produced some of the most pioneering advances in biomedical research and engineering at the time. Since the early 1980s the focus has been on aging and health with remarkable results. Projects funded by the Hartford Foundation have enhanced geriatric education and raised awareness about the critical need to better serve the growing number of older adults.



NORMAN H. VOLK  
CHAIRMAN

This Annual Report is different from our usual format. In this document you will find historical and program information about the Hartford Foundation. Additionally, the folder includes 20 pull-outs that use the experiences of our grantees to suggest how people and organizations interested in improving care for the elderly can adopt tested ideas in their own work. This information is available on the Foundation's Web site, and we hope these ideas and models will reach many audiences.

During the past year, we have continued our longstanding commitment to geriatrics by developing innovative and effective programs in medicine, nursing, and social work. In an effort to raise the capacity of social work schools to prepare aging-expert social workers, a three-year \$2.3 million grant was awarded to establish a National Center for Gerontological Social Work Education. This center will help over 75 social work education programs sharpen their focus on gerontology through assistance with curriculum development, promotion of geriatric-related content in social work textbooks, and adoption of gerontological competencies in education programs.

Over the past five years the Foundation, together with several funding partners, has supported Project IMPACT (Improving Mood—Promoting Access to Collaborative Treatment for late-life depression) which aims to enhance the care of older people with depression. The Trustees approved a five-year \$2.9 million renewal grant for this worthy program aimed at moving it from a demonstration to widespread adoption.

The Trustees also furthered the Foundation's investment in promoting geriatrics in medical schools by renewing funding for the 17-year Centers of Excellence in Geriatric Medicine program. The program was established in 1988 to increase academic

geriatrics capacity. Three new Centers of Excellence in Geriatric Medicine were funded: Cornell and Indiana Universities, and the University of North Carolina at Chapel Hill. In addition, the program was expanded to include programs in geriatric psychiatry at the University of California, San Diego and the University of Pittsburgh.

On December 31, 2004, the Foundation's assets were \$597.7 million, an increase of \$36.8 million for the year after payments of \$30.6 million for grants, expenses and taxes. Since the Foundation created its diversified investments program in 1979, \$345.7 million has been dispersed in grants while we achieved a fivefold growth in our asset base. The knowledgeable involvement of the members of our Finance Committee has been particularly important in achieving these excellent results.

This past year William B. Matteson and Thomas A. Reynolds, Jr. retired as Trustees. They served with great distinction and were unfailingly supportive of our efforts to advance the health and well-being of older Americans. Two eminent individuals joined our Board this year. John J. Curley, Professor and Distinguished Professional-in-Residence in Communications at the Pennsylvania State University, is a former president, chairman and CEO of the Gannett Co., Inc., and the first editor of *USA Today*. Margaret L. Wolff is a partner at Skadden, Arps, Slate, Meagher & Flom LLP, where her law practice is concentrated in domestic and international transactional mergers. Both bring valuable perspectives to our deliberations.

I would like to thank all my colleagues for their untiring efforts and commitment to the very crucial goals of the Hartford Foundation. I would also like to recognize the dedicated individuals who committed their time, effort and talents to the work of the Foundation during the past 75 years. The success and longevity of the John A. Hartford Foundation rests on the shoulders of innovative Trustees, staff, and scholars—physicians, nurses, and social workers—whose far-sighted work over the years has revolutionized health care for elders.

My hope for the Foundation's future is that we continue the journey begun 75 years ago, finding more and better ways to meet new challenges as we strive to improve health care for our nation's older adults.



Norman H. Volk

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# The John A. Hartford Foundation *An American Business Paragon Generates Far Reaching Impact for Medicine and Health Care*



THE JOHN A. HARTFORD FOUNDATION is the philanthropic product of a triumph in American business. Over two generations, one family created innovations in marketing and retailing that changed how people shopped for food and household goods. What began in 1859 as the Great American Tea Co., a mail-order business selling inexpensive tea nationwide, eventually grew into an international chain of thousands of retail stores called the Great Atlantic and Pacific Tea Co., but known to generations as the A&P.

The John A. Hartford Foundation History >



**1850s**  
George Huntington Hartford

He co-founds a small business in downtown New York City to purchase tea from clipper ships as they arrive in New York and sell the then expensive commodity directly to customers. Eventually it became the Great Atlantic and Pacific Tea Company, known as the A&P, a national supermarket chain. Two of his sons later join the business.



**1880**  
George Ludlum Hartford

He begins work, at age 15, as the chief cashier at the A&P store on Vesey Street in downtown Manhattan. A few years later he hires a chemist to make baking powder to sell in the store, creating A&P's first branded product to be manufactured in house. "Mr. George," as he was known to A&P employees, led the financial operations that allowed the chain to grow to national prominence.



**1888**  
John Augustine Hartford

At age 15, John Augustine Hartford starts working with his father and brother as a store clerk for a salary of \$5 per week. His talents in merchandising, promotions and business operations will help the family business evolve from small stores to super-markets across the United States and Canada and spur the international production of goods for A&P stores.

**1929**  
The John A. Hartford Foundation Established

A&P achieves \$1 billion in annual sales for the first time, with 15,000 stores and five million customers daily. George Hartford's financial management is credited with keeping the company sound in the aftermath of the stock market crash.

John Hartford establishes the John A. Hartford Foundation as a conduit for his charitable giving. Donations over the next few years go to a range of recipients, including community groups, hospitals, churches, and, in response to the stock market crash, \$40,000 to relief agencies.

Created long before today's era of rapid transportation or easy communication, the A&P was one of the country's great retail empires. Innovations in mass production and distribution, private label marketing and advertising helped to create the concept of the modern supermarket in 1912. This Jersey City, NJ store, circa 1920, was part of a network of over 13,000 stores operating nationwide by 1925.



**1933**  
Medical Charities  
and Research

The federal government's New Deal commitment to help the unemployed leads John Hartford to shift the focus of his giving to medical charities and research. His support for medicine and research over the next two decades will guide the Foundation's giving in the 1950s when it becomes one of the country's largest philanthropies.

**1948**  
Pauline Hartford dies

John Hartford's wife Pauline suffers an attack of appendicitis, which is followed by complications that result in a lengthy stay at the Presbyterian Hospital. John spends nearly all of his time at

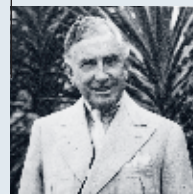


Columbia Presbyterian Hospital, NYC

the hospital, tending to his wife but also becoming acquainted with doctors and hospital administrators. In September 1948, Pauline dies of a heart attack. The Pauline A. Hartford Memorial Chapel, a small-scale version of the grand Romanesque cathedrals of Europe, is constructed with \$995,000 from the Foundation.

**1951**  
John A. Hartford dies

John A. Hartford suffers a fatal heart attack. With no living children, about \$500,000 is left in bequests to family, friends, and employees. The rest of his \$55 million fortune goes to the Foundation.



1872-1951



THE COMPANY CREATED IMMENSE WEALTH for its founding family, and in 1929, John A. Hartford decided to provide a structure for his charitable giving and so created The John A. Hartford Foundation with the guiding principle that “it is necessary to carve from the whole vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution.”

Originally, the Foundation had no endowment but served simply as a conduit for John Hartford’s charitable giving. The Foundation was eventually reorganized to receive bequests, and upon their deaths both John and his brother George left the majority of their fortunes to the Foundation, creating a substantial endowment. By 1959, the market value of the Foundation’s assets amounted to \$325 million, the fourth largest private foundation in the United States. By this time, the Foundation had embarked on an ambitious course of funding medical research and was the largest private not-for-profit supporter of clinical research in the United States, and probably the world.

**Early 1950s**  
Investigating Medical Research

E. Pierre “Pete” Roy, an auditor for the A&P, assumes the position of Foundation administrator. With no experience in scientific funding, he begins by acquainting himself with foundation administration and with medical research. Early in 1954, Roy sends letters to about a dozen well-known hospitals in Boston, Chicago, and Philadelphia, asking

about their financial situations, what medical research they are doing, and the opportunities available in medical research.

**1954**  
Kidney Diseases

The Hartford Foundation makes grants totaling \$3.5 million for the year in response to Roy’s investigations. Among them, the Peter Bent Brigham Hospital in Boston receives \$300,000 to fund a nine-bed research unit to explore kidney transplantation and kidney dialysis.



Kidney Transplantation

**1954**  
Kidney Transplantation

Bolstered by funds from the Hartford Foundation, physicians at the Brigham Hospital perform the first successful kidney transplantation in a human. The patient receives a kidney from his identical twin brother, thus overcoming the organ rejection problem that stymied most organ transplantation at the time.

The Foundation's first professional staff were drawn, as was the funding, from the A&P Company. In 1952, E. Pierre "Pete" Roy, an internal auditor at A&P, was chosen by the chairman of the Hartford Foundation's Board of Trustees to serve as administrator of the Foundation. Roy had no experience either in foundation work or medical research. Working in an organization with no scientists on its staff and a board composed of businessmen, Roy created mechanisms for reviewing proposals and oversaw the awarding of grants for biomedical research that would produce some of the most important advances in diagnostic and therapeutic technologies of the time.

Roy cultivated relationships with experts in a number of medical fields to serve as consultants, to review grant applications and make recommendations for the trustees. This structure allowed the Foundation to flexibly and quickly make funds available for promising areas of research that were not receiving government or other funding. The standard three-year grant for medical research projects was \$300,000, a very generous sum in those days.

**1955**

Cardioversion

Harvard receives a commitment of \$2 million over ten years, which results in the creation of a technique to use direct current to deliver an electrical shock to a person's heart in order to restore normal heart rhythms. The new therapy, a result of a collaboration between medical researchers and engineers, is a significant improvement over existing technologies and becomes standard equipment in American hospitals.

**Late 1950s**

Transplantation  
Immunology

With support from the Hartford Foundation, researchers at the Peter Bent Brigham Hospital in Boston begin exploring drug therapy to suppress the immune response to tissue transplants in an effort to overcome the problem of organ rejection from a non-related donor. Grants made to Brigham and other institutions assist the research that ultimately results in overcoming the organ rejection problem by the mid-1970s.



1865-1957

**1957**

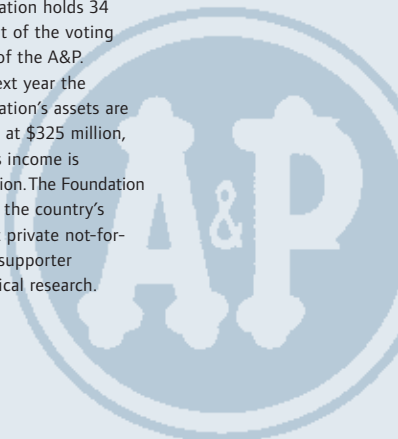
George L. Hartford dies

George Ludlum Hartford, John Hartford's older brother and the chairman of the board of the A&P, dies at the age of 92. With no children, and noting that his closest relatives are already wealthy, he leaves the bulk of his fortune to the John A. Hartford Foundation. His bequest made the Foundation the nation's fourth largest foundation.

**1958**

The A&P goes public

Through its founders' bequests, the Hartford Foundation holds 34 percent of the voting stock of the A&P. The next year the Foundation's assets are valued at \$325 million, and its income is \$9 million. The Foundation is now the country's largest private not-for-profit supporter of clinical research.



During the 1950s and 1960s, the breadth of projects funded was extraordinary, pioneering technologies and treatment innovations for organ transplantation, kidney dialysis, heart disease, premature birth, hyperbaric chambers, eye surgery, lasers, cryogenics, skin diseases, hearing, cancer, and sickle cell anemia, among others.

The decade of the 1970s was a period of transition for the Hartford Foundation. The Foundation’s managers worked through an era of recession, dealt with major changes in the tax laws under which private Foundations operate, and faced the declining performance of A&P stock. The number of new grants awarded was cut, and in some years the Foundation had to dip into its principal to continue supporting projects to which it had already made commitments.

At the same time that the Foundation found itself with less money, advances in medicine and technologies made medical research increasingly expensive: the cost of progress meant, to the Foundation, that research projects funded for \$300,000 in the 1950s now required closer to \$1 million annually.

<p><b>1959</b> Newborns</p>	<p><b>1960-62</b> Kidney Dialysis</p>	<p><b>1960-66</b> Cryogenic Techniques</p>	<p><b>1961</b> Coronary Care Units</p>
<p>Jefferson Davis Hospital in Houston, Texas, receives a grant of \$172,000 to support the development of transitional care for neonates. Over the next nine years, regular Foundation grants will help create a standard of care that reduces the complications of shock, hemorrhage, infection, and asphyxia in newborn babies.</p>	<p>In a series of grants, the Hartford Foundation underwrites the costs for the first person to have a shunt implanted to allow repeated dialysis treatments, eventually extending dialysis therapy to those with chronic kidney disease and transforming the way kidney disease is treated. Later grants fund the first outpatient dialysis centers (in Seattle and Spokane, Washington), which include panels of community members deciding who will</p> <p>receive the life-sustaining therapy. Eventually, the federal government provides funding for dialysis, making it available without the need for Foundation support.</p>	<p>New York University School of Medicine researchers use Hartford grant support to develop a freezing technique (cryogenics) to destroy selected brain tissue in persons with Parkinson’s disease. Until the discovery of L-dopa, surgery was the only option available for alleviating tremors that occur with the disease. In 1966, with a five-year \$365,000 grant, researchers at Cornell University Medical College study how to use cryogenics to remove premalignant lesions and benign skin tumors.</p>	<p>A three-year grant of \$144,259 to Bethany Hospital in Kansas City, Kansas initiates a new concept in patient care—the coronary care unit. Death rates among heart patients in the CCU are cut nearly in half during the grant. By 1977, nearly 2,500 hospitals in the U.S. will have established similar units.</p>



*John A. and George L. Hartford sit beneath a portrait of their father George Huntington Hartford, co-founder of the mail order business that became the Great Atlantic and Pacific Tea Company. The bequests of John and George, both former chief executives of the company, made the Hartford Foundation one of the largest in the country.*



**1962**  
Burns

With a three-year grant of \$358,000, researchers at Barnes Hospital in St. Louis discover ways to treat fluid loss and infection in severe burn patients. The resulting "lactated Ringer's solution" and "Locke's bath" therapies become standard treatment for burn injuries and other kinds of shock.

**1963**  
Cataracts

With a three-year grant of \$270,856, researchers at the Manhattan Eye and Ear Hospital revolutionize cataract surgery by developing a small drill that can make a tiny two-millimeter incision in the eye. A cataract can then be extracted and an intraocular lens inserted, saving the patient up to six weeks of surgical recovery time.

**1964-70**  
Hyperbaric Chambers

Funding of \$490,000 to the Lutheran General Hospital in Park Ridge, Illinois supports the construction of three hyperbaric chambers for research purposes. A hyperbaric chamber

supplies fifteen times the normal amount of oxygen to the blood, which provides a beneficial environment for treating certain types of patients, including "blue babies" requiring heart surgery,

patients with a type of infection called "gas gangrene," and divers who suffer from decompression sickness (the bends).

Children's Medical Center in Boston receives a grant for \$172,455 to investigate long-term use of the pump-oxygenator. This instrument allows surgeons to perform heart surgery on babies, making the use of a hyperbaric chamber

unnecessary for these patients. Many lives had been saved using hyperbaric treatment and their use laid the groundwork for the newer technology.



*Lutheran General Hospital, Park Ridge/Illinois*

Perhaps most importantly, the federal National Institutes of Health was growing into the extensive enterprise we know today, providing, by 1977, 65.4 percent of the financing of medical research in the US. Private foundations' contributions, once pivotal to the medical research enterprise, were providing only 1.6 percent of the total funding. For the Foundation's trustees, medical research no longer seemed like the "one small band" in which the Foundation's resources could make the "best contribution" John Hartford had specified when he created the Foundation.

In 1982, following a wide-ranging strategic planning process in which almost 50 areas of grantmaking were considered, the Foundation's directors finally chose not to stray from its interests in health care. But recognizing that the increasing life expectancy and the decline of the infant mortality rate in the US were shifting demographics in a way that would have profound implications for health care, the trustees set out on two new paths: aging and health and health care financing. In 1995, responding to the lack of national consensus

**Mid-1960s**  
Artificial Heart

With a grant from the Foundation, Dr. John C. Norman at Harvard studies methods for slowing the heart beat to facilitate heart surgery. This leads him to study methods of replacing damaged parts of the heart, which results in his contribution to the development of the first left ventricular assistance device in 1975, a partial artificial heart. These devices are still used today to keep patients with failing hearts alive while waiting for a transplant.

**1966-68**  
Lasers

Columbia Presbyterian Medical Center in New York City receives a three-year \$259,000 grant in 1966 to study lasers for treating diabetic retinopathy, the damage to tiny blood vessels inside the retina



which can lead to vision loss. In 1968, Hartford supports the first surgical procedure on a human eye with an argon laser, performed at Columbia Presbyterian on a nearly blind nine-year-old girl, resulting in her regaining her sight. Within a few years, argon lasers come into widespread surgical use, especially for the treatment of diabetic retinopathy.

**1966-69**  
Transplantation  
Immunology

A renewal grant to New York University of \$209,000 explores the clinical implications of newly discovered antigens on white blood cells—a breakthrough for organ transplantation because it allows for matching potential organ donors to appropriate recipients.

A \$400,000 grant to New York University is used to establish a New York City-wide tissue typing program. At each of 14 participating institutions, candidates for organ transplants are typed and listed on a central waiting roster so that when a donor organ becomes available it can quickly be typed and matched to the most compatible recipient. This is the precursor of today's nationwide organ transplant waiting list.

for reform of the health care system, the Foundation's entire efforts were directed to aging and health.

The Foundation's first grant in aging in the early 1980s, to help the country begin to prepare to meet the health care needs of the growing number of older adults, focused on programs to strengthen leadership in geriatric medicine with a 1983 initiative to encourage mid-career faculty to pursue advanced training in geriatric medicine. From this start, grants that span the spectrum of medical education and training were made, with expansions into interdisciplinary teams, nursing and social work, and new models of care for older persons. By the end of 2004, more than 400 awards worth over \$291 million had been made in support of the Aging and Health program.

**1972**  
Eye Surgery

With a six-year \$586,000 grant, researchers at Manhattan Eye and Ear Hospital develop a microscope that can be used during eye surgery, allowing for better visualization and greater precision. This work is a major advance in ophthalmic surgery, facilitating a variety of modern eye surgery techniques.



Community Health Management Information System

**1979-85**  
Health Care Financing

Grants totaling \$30 million supported demonstration projects and research devoted to innovative local health care financing arrangements, including reimbursement experiments, cost-containment initiatives, efficacy of medical care technologies, and public education.

**1979-85**  
John A. and George L. Hartford Fellowships In Biomedical Research

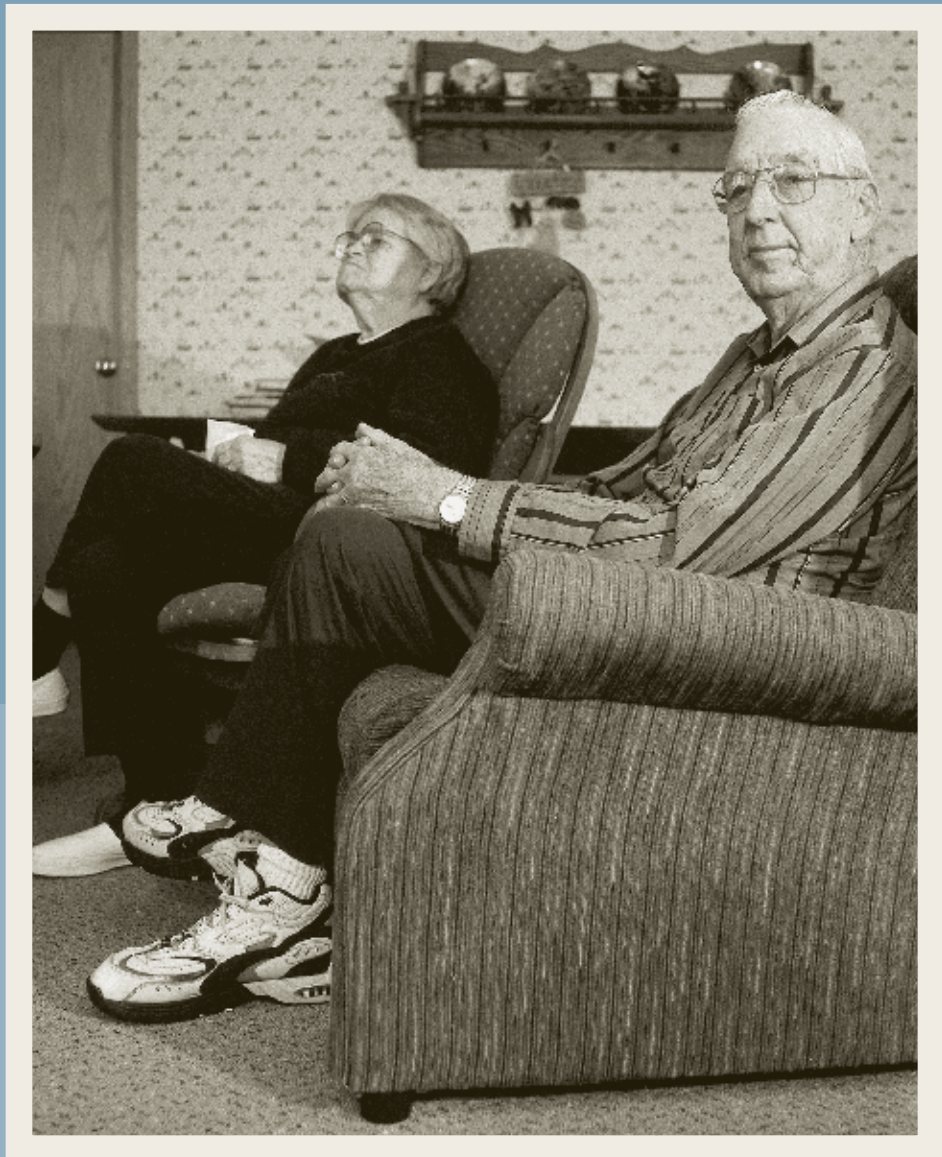
Through national competitions, 12 fellows each year were provided three-year awards of up to \$135,000 to attract junior investigators to independent research careers in biomedicine. Projects are funded across the lifespan, from fetal development to molecular processes of diseases to organ dysfunction related to specific disorders.

**1980**  
Creating An Endowment For The Future

After selling the last of its A&P stock, the Foundation's endowment is \$130.5 million. Future grants will be supported by the proceeds of a diversified investment program rather than from stock dividends.



The Impact of Geriatrics  
for Society *Shifting Demographics*  
*Create New Health Care*  
*Imperatives*





**DURING THE 20TH CENTURY,** humanity has achieved an unprecedented increase in life expectancy. During the 21st century, we must manage its consequences. Whether medical and social service infrastructures are ready or not, whether elected representatives, the public, physicians, nurses or social workers are ready, the demographic age wave that will transform America is advancing upon us.

According to the 2000 census, 13 percent of the population is 65 years old or older, and their numbers are growing. During the next 20 years, the over-65 population, fueled by aging baby boomers, will surge while the birthrate is expected to continue to decline. With the baby boom generation poised to live longer than any generation in history, the fastest growing segment of the population will be those age 85 and older. These demographic realities will force a re-imagining of many parts of American life: family relationships, the nature of work, notions of productivity to society and self-growth will all be impacted by this unprecedented trend.

But the first part of our society to face the aging boom is medicine and health services. Simply stated, older adults are more likely than younger people to have multiple chronic ailments, to be taking multiple medications, and to require assistance with aspects of daily living that impact their health care.

**1980**  
Promoting Energy  
Efficiency and the  
Environment

\$2.8 million is awarded to 12 projects to help local communities launch public education efforts to encourage energy conservation and create mediation mechanisms for facility siting conflicts.



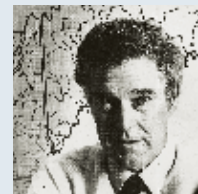
**1982**  
Strategic Planning

Responding to the decline in its assets and the emerging importance of the National Institutes of Health for research funding, the Foundation undertakes a wide-ranging strategic planning process. Over 50 possible program priorities are reviewed, leading to programs in Health Care Financing and Aging and Health.



**1982-85**  
Geographical Variations  
in Medical Practice

Grants to Dartmouth Medical School supported research by John E. Wennberg, MD, indicating wide variations in practice patterns for many common medical procedures. The results, published in the scientific and popular presses, begin to provide an evidence base for the consideration of proper utilization of health care procedures, a major aim of the Foundation's Health Care Financing Program.



Dartmouth Medical School

For example, studies have shown that 13 percent of older Americans use fully one-third of health care services and occupy as much as one-half of physician time. And the growing number of people age 85 and older is of particular importance because they have the greatest need for health care services, are most likely to be frail, and consume large amounts of Medicare resources.

### Bolstering the Geriatric Healthcare Workforce

Despite these clear demographic trends and the fact that most physicians, nurses and social workers spend a large percentage of their professional lives working with older adults, few health professionals have traditionally obtained the specialized skills and particular knowledge needed to care for the complex needs of the elderly. Recognizing this gap, the Hartford Foundation's Aging and Health program focuses on the preparation of tomorrow's doctors, nurses and social workers and the service innovations that will be needed for our society to care for, and thrive, with a population marked by a greater number of older people than ever before.

The Foundation's overall goal is to increase the nation's capacity to provide effective and affordable care to its rapidly increasing elderly population. Enhancing and expanding the training of physicians, nurses, social workers, and other health professionals who care for older adults requires strengthening the position of geriatrics and gerontology in academic institutions and improving models of geriatric practice.

#### 1983 - 86 Hartford Geriatric Faculty Development Awards

With Foundation support, 29 medical school faculty from various internal medicine disciplines undertake year-long training in geriatric medicine in an initiative to support the development of geriatrics as an academic medical discipline. Training centers at the medical schools of Harvard, Mt. Sinai, Johns Hopkins, and UCLA are funded, along with salary support for participants, at a cost of \$2.5 million.



Hebrew Rehabilitation Center for the Aged/Boston



#### 1983 - Program of All-inclusive Care for the Elderly (PACE) Programs

\$4.7 million across nine grants helped San Francisco-based On Lok, a program for the integration of comprehensive financing and community-based

services for the frail elderly, demonstrate its effectiveness. Funding also supports the first replication of the model, helps to overcome

regulatory barriers to PACE implementation, and promotes its adoption at 80 centers in 19 states via the National PACE Association.



On Lok/San Francisco

### *The Critical Need to Train Physicians in Geriatric Care*

Physicians require specific training in geriatric medicine because older adults often present clinical challenges that set them apart from younger patients. For example, certain diseases become more prevalent with age, and the normal aging process can produce physiologic changes that make diagnosing and treating even common diseases different in the elderly. Changes that occur with age can alter how drugs are metabolized and older adults are likely to be taking multiple medications, increasing the potential for adverse drug interactions. In addition, older adults are living longer with chronic diseases, such as diabetes and heart disease, which necessitate long-term medical management.

Geriatricians—primary care physicians who have completed at least one year of fellowship training in geriatrics—develop the expertise to manage common conditions that afflict the elderly (dementia, falls, incontinence, osteoporosis, etc.). They understand how aging influences diseases, and they recognize the need to coordinate care among the entire team of professionals to keep patients at the highest possible level of functioning.

Today, there are approximately 7,600 certified geriatricians in the US, despite an estimated need for 20,000.<sup>1</sup> By 2030, the US will need up to 36,000 geriatricians—but will be 25,000 short unless effective measures are taken to train new ones. Unfortunately, the numbers are decreasing because many geriatric physicians are retiring or not becoming recertified.

<sup>1</sup> "Geriatric Medicine: A Clinical Imperative for an Aging Population." Report of the American Geriatrics Society and the Association of Directors of Geriatric Academic Programs. April 2004.

#### 1983-2001 Geriatric Pharmacology

Despite recognition of the numbers of drugs prescribed for older patients, in the early 1980s few academic



University of Florida/Gainesville

research or private drug development programs focused on the barriers to optimal medication use by older patients, including the ways older bodies metabolized drugs and the risk of drug interactions from polypharmacy. Seventeen Foundation grants, worth over \$7.4 million dollars, help to pioneer the field of geriatric pharmacology. Initiatives include the development of the

Beers Criteria for problematic drugs for elderly patients and programs to address geriatric safety issues in drug development, dispensing in nursing homes, and using home health care professionals to reduce medications errors. The grants also help build a cadre of scientists and teachers expert in drug use in the elderly.

#### 1985 Biomedical Research and Technology Transfer

To assist research universities to accelerate the development of clinical therapies and diagnostic tools made possible by research, and to ensure schools benefit from the financial rewards of research they have fostered, over \$3 million was provided to seed biotechnology transfer programs and studies.

#### 1987-91 Academic Geriatrics Recruitment Initiative

Following the recommendations of an Institute of Medicine report commissioned by the Foundation, the Academic Geriatrics Recruitment Initiative provided \$6.4 million to 13 medical schools to recruit and train faculty and fellows for research related to geriatrics.



While not all older people require the care of a board-certified geriatrician, all are well served by physicians who at least have received some training in geriatrics during medical school and residency and are knowledgeable about geriatric issues. Unfortunately, many physicians are not getting this training. To make matters worse, geriatrics often receives scant attention in medical school. At one time, less than 3 percent of all medical students took even one course in geriatrics.<sup>2</sup> Not only is it imperative that medical schools place more emphasis on geriatrics, training is needed for physicians currently in practice because the elderly represent a large share of the practices of most medical specialists.

Since the early 1980s, the Hartford Foundation has been committed to changing the environment in medical schools and among practicing physicians to create an increased emphasis on geriatrics. A small 1983 initiative to encourage mid-career faculty to pursue advanced training in geriatric medicine has developed into a program comprised of \$122 million in awards for support of innovative faculty development programs for medical students, residents, junior faculty, and physician-scientists. In addition, programs to instill geriatrics into surgical and medical specialties and subspecialties of internal medicine have been launched.

### *Geriatric Nursing: Critical to Patients' Needs*

Like physicians, nurses also benefit from specialized training in the care of older adults but often do not receive that training in their formal education. Representing the largest segment of the health care workforce, nurses play a critical, hands-on role in caring for sick and frail older adults. Yet, within the

2 O'Neill G., Barry P. "Training Physicians in Geriatric Care: Responding to Critical Need." *Public Policy & Aging Report*. Spring 2003. Vol. 13, Number 2, p.17.

#### 1989-95 Reducing Functional Deterioration of Hospitalized Elders

A program of grants to six hospitals around the country expands to eleven organizations at a total cost of \$5.7 million to support different strategies to alleviate the negative effects of inpatient



hospitalization and emergency care on older patients. Acute Care for the Elderly, or ACE Units, and the Nurses Improving Care to Health system Elders program (NICHE) are among the products of the initiative.



University of Michigan Hospital for Joint Diseases/NYU Neuro-ophthalmology/University of Iowa

#### 1990- Increasing Geriatric Expertise in the Surgical and Medical Specialties

A \$598,000 commitment to the "Gero-Physician Scientist Development Program" leads to \$13 million in grant commitments to ensure that surgical and specialty care—from diagnosis to treatment through rehabilitation—delivers outstanding care to older people. Grant funding supports programs for specialty residents and the setting of a national

context of the general nursing shortage, there exists an even greater shortage of nurses with geriatric skills. Less than 1 percent of the 2.56 million registered nurses in the US are certified gerontological nurses and only 3 percent of advanced practice nurses specialize in gerontology.<sup>3</sup>

Unfortunately, nursing programs that train both baccalaureate generalist and specialty nurses lack content on geriatrics, leaving nurses inadequately prepared to care for the elderly, who make up over half of the patients most nurses care for. Less than one-quarter of four-year nursing schools offer a required undergraduate course in geriatric nursing, and most baccalaureate programs do not have even one faculty member prepared in geriatric nursing. Geriatric nurses are scarce in the top leadership of both nursing schools and the nursing profession.

But knowledge specific to older patients is needed in nursing. Caring for older patients, particularly those in the hospital, presents unique challenges for nurses as patients may have multiple illnesses or be at risk for complications from exposure to drugs, diagnostic testing and treatments. Unless properly cared for during their treatment for an acute illness, older patients are at risk for a wide variety of side effects of common treatments that increase suffering and health care costs, including cognitive decline, delirium, functional decline, falls, fractures, pressure ulcers, incontinence, dehydration, or urinary infection. The care that older patients receive from nurses can significantly reduce these adverse consequences of hospitalization—but only if nurses are armed with the knowledge that results in improved outcomes and quality of life.

<sup>3</sup> Mezey M., Kovner CT. "Nursing's Geriatric Workforce: Caring for Older Adults." *Public Policy & Aging Report*. Spring 2003. Vol 13, Number 2, p.22.

research agenda for surgical and specialty geriatric care. The creation of the Council of the Section for Surgical and Related Medical Specialties provides a hub for future innovations at the American Geriatrics Society.

**1992 - 93**  
Integrating Care for the Elderly at Physician Practices

Recognizing that patients turn to their general physician for guidance and care on a wide variety of issues, six sites across the country receive support through the \$4.6 million "Generalist Physician

Initiative" to develop and test team care models that integrate health care services with community-based services and increase physician-nurse collaborations to improve patient care in their doctors' offices.



UHS Binghamton, NY

**1993 -**  
Integrating Geriatrics into the Subspecialties of Internal Medicine

Five grants worth over \$7.2 million support a decade-long effort to ensure that subspecialist doctors have the knowledge they need to care for geriatric patients in their procedure-intensive practices. Through a series of Geriatric Education Retreats between 1995 and 2001, and the 2000 inauguration of the T. Franklin Williams Scholars Award for academic subspecialists in internal medicine who are

focusing their research on gerontologic questions, nine subspecialties are revamping curriculum and creating new knowledge to better prepare practicing and future physicians to address their older patients' needs.



University of Rochester

The Hartford Foundation’s commitment to geriatric nursing began in 1996 with a grant to found the Hartford Foundation Institute for Geriatric Nursing, and has since grown to encompass a \$40.7 million integrated network of curriculum, practice and research training programs across the country.

*Geriatric Social Workers: Assessing Needs, Tailoring Services*

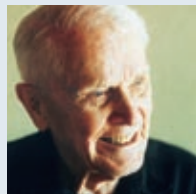
Social workers familiar with the specialized needs of older patients can have significant impact on the quality of life of these patients as they participate in the health care system. Social workers are educated and trained to look at the whole person, broadly assessing how that individual is faring medically, socially, psychologically and economically. They know what community services exist and how to access and enhance the usefulness of those services. These skills become particularly important in an aging society, as individuals become frailer and face interrelated medical, psychological and social problems.

Social workers who specialize in aging help older adults stay in charge of their lives, especially during periods of change and turmoil. They operate on many levels, and are trained to interact with individuals and their families, public agencies and private care organizations. Yet their unique role—and variety of functions—in meeting and improving the health and welfare of older Americans is not well understood and is generally overlooked or undervalued by policymakers.

As with physicians and nurses, there is a shortage of much-needed geriatrically prepared professionals in social work. Few of the 600,000 practicing social

**1993 -**  
Medical Student Geriatric  
Scholars

A 1993 Foundation-sponsored Institute of Medicine report on training physicians in geriatrics leads to \$7.2 million for a series of five grants for summer research internships to recruit medical students to academic geriatrics. Over 1,250 students will participate in the project through 2009 in a program expansion with the National Institute on Aging.



Paul B. Beeson

**1994 -**  
The Paul B. Beeson Career  
Development Awards in  
Aging Research

To attract the nation’s most outstanding physician-scientists to careers in research on aging and investigations of geriatric clinical care and health services, the Foundation creates a consortium of funders to launch the Beeson Scholars awards, supporting it with \$28.2 million in Foundation grants. As of 2004, 104 scholars have been supported with more than \$46 million, with graduates assuming leadership roles at top research institutions across the country. Advances have been made in nearly every area of age-related research, including biology, neurodegeneration, disease mechanisms management and treatment, and health care systems innovations. A 2004 partnership with the National Institute on Aging leads to a significant expansion of the program and assures its funding through at least 2014.

workers have been specially trained to meet the needs of older adults. Social work education programs currently offer limited content on gerontology within their core curricula, and many graduate schools of social work, where specialization occurs, neither offer geriatrics as a specialty option nor include gerontology appropriately in the coursework. In 2000, according to Council on Social Work Education statistics, only 3 percent of master's degree students were enrolled in aging and gerontology programs, and of the remaining 97 percent, fewer than 2 percent took any courses in aging during their two years in graduate school.

To address this shortage, between 1998 and 2004, the Foundation awarded \$35.5 million across programs to cultivate faculty leaders in gerontological social work education and research, create new curricula for social work students, and develop rich field experiences for masters' students.

*Interdisciplinary Teamwork Necessary to Care for Older Patients*

Not only is it necessary to encourage a greater focus on geriatrics within each individual health care discipline, but physicians, nurses, pharmacists, social workers and other health care specialists involved in the care of elder patients must also learn to work more effectively in teams to provide for the often complex care demands of older patients. Currently, health professionals are educated separately and trained to work autonomously, which can lead to health care providers who lack the skills to be effective team members. An interdisciplinary team approach to patient care can enhance quality and lower costs.



Vancouver Veterans Hospital/Washington

1994 -  
"Hospital at Home"

Recognizing that the hospital is a dangerous setting for frail older adults, the Foundation devotes \$6.0 million to develop, demonstrate feasibility and cost-effectiveness, and disseminate a model that allows complex medical services to be delivered in patients' homes. Four acute illnesses (pneumonia, congestive heart failure, pulmonary

disease and deep skin infection) have been shown to be treatable outside the hospital while saving money and respecting patients' desires to avoid hospitalization.

1994-1997  
Geriatrics in Primary Care  
Residency Training

To increase the knowledge of future internists and family physicians about geriatric medicine, \$5.4 million supports seven sites to create computer-based learning modules, pocket cards for easy reference, new instructional materials, exams, rotations, and training exercises for use in residency training programs.



Effective teamwork also has been shown to improve patient safety and reduce medication errors. Health professionals also benefit from greater productivity and improved morale.

It is clear from the research literature and the experience of Hartford-funded programs that the highest quality geriatric care is achieved when a team of health professionals work in a coordinated, interdisciplinary fashion. To further the goal of enhancing care through interdisciplinary team work, the Hartford Foundation developed the Geriatric Interdisciplinary Team Training (GITT) program, which has demonstrated the feasibility of introducing education and training in teamwork into the curricula of health professional education. Between 1995 and 2002 the Foundation awarded \$14.4 million to develop programs to provide health professionals with the knowledge and skills necessary to work effectively in teams. Years later, many of these projects continue to be a part of the curriculum at the institutions at which they were started.

### Growing Geriatric Population Demands Improved Models of Care

Older adults receive health care in a number of settings, each of which presents challenges to care providers. These include the home, primary care or specialty physicians' office, hospital/emergency room, and nursing home or residential care facility. The often complicated health and social needs of older adults combined with this variety of settings at which they receive services demands a system-level rethinking of how care is delivered to this population.

#### 1995 - 2004 Geriatric Interdisciplinary Team Training

First-rate geriatric care is, by definition, team care, and incorporates the expertise of many health professionals to implement treatment across clinical settings. Eight sites are funded to develop

curricula and training to provide students across 16 disciplines with the skills necessary to work effectively in teams. As part of the \$14.9 million commitment, the National GITT Resource Center provides ongoing technical assistance, as well.



GITT/Houston

#### 1995 Health Care Cost and Quality Program Closes

With no national consensus on how to provide health insurance for all Americans, it becomes apparent that community-based and corporate health care purchasing organizations need better tools to

purchase quality health services. The Foundation awards \$9.9 million in final grants for its Cost and Quality Program, helping grantees create health care quality measurement tools, community health management information systems, and purchaser-led health financing consortia.



Community Health Reform



Therefore, the health care system, which at present is oriented to treatment of single episodes of acute illness, must adapt in ways to provide more comprehensive care to an increasingly older patient population who often have multiple chronic conditions. This requires improved coordination of care over time and across settings of care.

Since 1982, the Foundation has provided \$69 million to a wide variety of programs to integrate and improve the health services available to older persons in this country, including initiatives to improve geriatric care in physician practices, national demonstration and dissemination programs for medications use in older patients, treatment of depression, programs to help older adults avoid hospitalization or institutionalization for common medical complaints, and new models of team-based care to make geriatric medical care as efficient and effective as possible.

The Hartford Foundation's ultimate goal, to improve the nation's capacity to provide effective and affordable care to its increasing population of older adults, requires continuing efforts to develop both highly trained professionals and excellent health care service systems that provide the most efficient, highest quality care for older patients. All of the Hartford-funded programs are intended to function individually and as an integrated whole to work toward improving the system of health care delivery that will ultimately benefit all Americans by making the care provided to the core consumers of medical and health services more effective and efficient.

1996 -  
John A. Hartford  
Foundation Institute for  
Geriatric Nursing



JAHF Institute for Geriatric Nursing/New York University

Playing a pivotal role in igniting national awareness of geriatric nursing with \$9.9 million in funding, the Institute develops nursing education geriatric competencies and creates and disseminates geriatric resource materials for nursing education and practice, partnering to impact curriculum and training in over 500 nursing schools, 700 health care institutions,

and 67 specialty nursing associations, reaching hundreds of thousands of nurses. The Institute advances not only individual nurse expertise but also system-level care of the older adult through nurse-led models that influence where nurses learn and work. The Institute recruits and trains a national cadre of over 100 geriatric nurse researchers, and has launched numerous policy

and consumer education initiatives. The Institute's national awards in geriatric nursing education, practice, and research create recognition of excellence and provide models and momentum for replication.

Evaluation at the Hartford  
Foundation *Fostering Excellence  
and Sustaining the Commitment  
to Geriatrics*





A FUNDAMENTAL UNCERTAINTY facing any private foundation is how to measure the overall impact of its work, both in terms of individual grants and, more importantly, on the field in which it works. When the Hartford Foundation began focusing on academic geriatrics in the 1980s, the field of geriatrics was in its infancy; little research was being done on the biological mechanisms of aging and few health care professionals were choosing to specialize in treatment of the elderly. Two decades later, while much work remains to be done to make geriatrics more effective and widespread, the environment for geriatrics is noticeably changed, and the Hartford Foundation’s commitment to geriatric medicine continues.

It’s unusual for a private foundation to fund in the same area for many years, let alone decades. The Hartford Foundation has maintained its focus partly because of a structure, unique in American philanthropy, which allows the Foundation’s trustees and staff to monitor the environment constantly, keep fine-tuning its grants over time, and attract the attention of top officials at grantees’ home institutions to the work of geriatrics. The Foundation’s trustees believe timely feedback and accurate information on the progress of its grantees is so important that in 1988 they created a free-standing Board-appointed Evaluation Committee.

The evaluation and monitoring process involves annual half-day site visits to all grantees to follow the progress of each project, learn from experiences, and guide future grants. At the visits, grantees are encouraged to invite members of the project team as well as department chairs, deans, faculty and students. Often Foundation trustees attend. At the end of the first and final years of most awards, the Foundation recruits an expert consultant to participate and assist

1997 -  
Centers of Excellence for  
Training Academic  
Geriatricians

Building on the experiences gained with its Academic Geriatric Recruitment Initiative, in 1997 the Foundation launches a long-term effort to increase the production of faculty to develop new knowledge in geriatrics and teach medical students and residents. Centers of

Excellence are located at medical schools with the research infrastructure, advanced training opportunities and mentors necessary for training academic geriatricians. CoEs are training scholars in clinical research, basic science, health services research, and as clinician educators. Funding is used for direct salary support,

pilot research, developing service venues for research and hiring necessary research support personnel. In 2004 the program

expands to include geriatric psychiatry training. \$25.6 million is awarded to 35 organizations.



Centers of Excellence/Johns Hopkins Geriatric Center

*Former Chairman James D. Farley, who led the Foundation to its focus on aging and health, reviews staff and consultant reports during a quarterly meeting of the Board's Evaluation Committee. The rigorous evaluation process helps trustees, staff and grant recipients alike to recognize accomplishments and emerging opportunities for strengthening the Foundation's grants programs.*

with program evaluation and help disseminate findings. Following each visit, written and oral reports are delivered to the trustees on each grant, allowing for high level discussions at the Foundation to ascertain how each project is doing and how well they fit together.

For the Hartford Foundation, this is a time-intensive and costly process, which involves staff travel to up to 100 project sites each year. The grantees must also annually set aside the time to bring together a group of staff and administrators locally. But this system allows the Foundation's trustees to become closely familiar with the projects they fund, while ensuring that the programs are able to focus on long-term goals through a process in which staff and recipients are continually learning and adapting programs to achieve the highest levels of excellence.



And the time and effort pay off for everyone involved. Site visits are an opportunity for the Foundation staff and grantees to review progress, to look at plans for the coming year, and for staff involved in the funded program to learn about geriatrics programs across their institution. The annual visit also provides an opportunity for grantees to present their work to the highest levels of their organization. Site visits also help to keep the grantees focused on the overall goals of the project, or to decide that a program as first envisioned needs to be changed. If change is needed, the staff can gather information at the site visit to present the trustees with the rationale for those changes, which can then be immediately implemented.

**1998 -**  
Project IMPACT:  
Collaborative Treatment  
for Late-Life Depression

Project IMPACT, the result of \$8.4 million in Foundation funds and additional support from other foundations, tests and is disseminating a ground-breaking model for depression treatment for older adults in primary care physicians' offices. Over half of the patients treated with the help of a depression care manager report significant improvement, and at no net increase in costs to insurers. The innovation is disseminated nationally with the help of an additional \$2.9 million grant.



IMPACT Sites: Palm Springs/Indiana University

**1999 -**  
Community Based  
Health Programs for  
Older Persons

Because even well-prepared doctors, nurses and social workers practice in fragmented systems of care, \$3.3 million is allocated to programs that seek to enhance the coordination of community-based health services and create evidence-based health programs for implementation by providers of aging services.



For the Hartford Foundation staff and trustees, the evaluation process helps them to structure the next round of grants, making timely use of the insights derived from the site visits. The site visits also allow staff to facilitate connections between grantees from different institutions who might be faced with similar issues or opportunities, and to introduce other private funders to exemplary work in geriatrics.

Trustee and staff discussions at the quarterly evaluation meeting can be fruitful and wide-ranging. Examples from recent discussions include: Can the expertise in evaluating educational programs developed over many years at one grantee be brought to the early stages of similar work in another discipline? How can grants be structured to facilitate cross-institutional mentorship so that a lack of subject expertise locally can be overcome? If a grantee has had an exciting new opportunity open up in the past year, how can Hartford support the new work while the recipient stays on track to its long-term goals? Can the annual evaluation visit be an opportunity to introduce the grant's leaders to a new university president? What other resources might be made available to emerging scholars, based on program officers' knowledge of outside funding?

Probably most importantly, the site visits allow the Foundation to measure changes in geriatrics in the academic setting over time and to adapt its programs accordingly. Ultimately, the evaluation mechanism helps the Foundation to determine where the opportunities are to meet the long-term goal of a health care work force that is prepared for an aging population.

**1999-2004**  
Curriculum Grants in  
Medicine, Nursing and  
Social Work

In 1999, the Foundation launches large-scale programs to create innovations for the teaching of gerontology and geriatrics in medicine, nursing and social work. Grants to the Association of American Medical Colleges, American Association of Colleges of Nursing, and Council on Social Work Education are changing the way aging is taught at over 300 schools and helping thousands of faculty members infuse aging into their teaching.



Case Western Reserve University/Cleveland



2004 Hartford Social Work Faculty Scholars/Washington DC



**1999-**  
Geriatric Social Work  
Leaders

In order to help geriatric social work with the vast expansion of faculty needed to produce the research that will guide future practice, demonstrate the value and cost-effectiveness of social work services, and teach tomorrow's practitioners, the Foundation provides \$20.5 million for recruitment and career development of up to 199 junior faculty and doctoral students.



Communications and  
Dissemination *Promoting  
Geriatrics in Medicine, Nursing  
and Social Work*





THE HARTFORD FOUNDATION, as the country's leading private foundation focused on geriatrics, has made significant investments in improving services and training medical, nursing, and social work professionals to better meet older persons' health needs. The results of these initiatives, however, have not always been adequately disseminated outside the grantees' immediate professional networks, to wider medical audiences, or to policymakers and the public. A 1998 communications audit of the Foundation's programs and outreach mechanisms, for example, found that grant recipients questioned their ability to speak outside of their own community about their work. This was not surprising as they were working in fields not yet attuned to the need to prepare health care professionals for the challenges and opportunities of working with an expanding older client base. Consequently, to broaden the reach of its grants, the Foundation created the Communication and Dissemination Initiative in 1999 to help grantees and staff communicate the importance of, and innovations in, geriatric health care.

Working with the American Federation of Aging Research, the Foundation created an integrated set of activities to share information both across the medical community and to larger audiences. The communication activities, which include dissemination strategy and training meetings, skills-building workshops, individual consultations, and training for Foundation staff, have allowed grantees and staff to develop focused, integrated messages about the importance of geriatrics in medicine, nursing and social work and supported training and



Partners in Care/Los Angeles



1999 -  
Geriatric Social Work  
Practicum Partnership  
Program

With grants totaling \$4.8 million, 11 schools of social work and a coordinating center develop an integrated academic and field curricula that introduces 400 students to older adults of varied ages and spans fragmented systems of care. The six consortial projects demonstrate the viability of rotational field training while creating new partnerships between community agencies and social work education.

2000 -  
Geriatric Nursing  
Faculty and Workforce  
Development

A \$12.1 million program provides stipends for over 100 pre-doctoral, post-doctoral, and MBA degree nurse scholars to pursue careers in academic geriatrics and nursing administration focused on the research and care needs of elderly patients. An additional \$4.1 million provides partial scholarships to more than 200 students in geriatric advanced practice nursing programs across the country.



BUILDING  
ACADEMIC  
GERIATRIC  
NURSING

*Consultant John Beilenson devised a particularly helpful tool for scholars who present their research at poster sessions of professional meetings. Using Mr. Beilenson's easy-to-use guidelines, researchers are able to create posters that highlight key messages, important findings and methodology in a succinct, visually attractive format that invites fellow academics to stop, look, and engage in conversation.*



branding in the social work and nursing initiatives. They have also strengthened the Foundation's Annual Report and Web site and provided an opportunity for grantees to work across disciplines.

Communications and dissemination support has been provided to grant recipients via "on call" individual consulting with a communications expert already familiar with geriatrics and aging issues, both to help with disseminating research findings and new models of care and to ensure that new grants have sound communications plans.

To enhance cross-disciplinary cooperation among young faculty leaders, the Foundation has sponsored a series of annual training conferences, with junior faculty from the medical, nursing and social work disciplines, to help build interdisciplinary relationships and foster communication among emerging leaders in medicine, nursing and social work. Training focuses on communications skills relevant to young academics, including strategic communications, developing messages for and speaking to audiences outside their home discipline, working with the media and lay audiences, fund raising with prospective donors, and describing their research to policy makers.

In addition, two-day dissemination strategy meetings with the Foundation's largest grantees have been held to build communications skills and abilities, promote cross-project fertilization, and develop



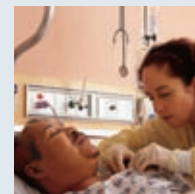
*GIT Team, Mt Sinai ACE Unit/NY*

**2001 -  
Geriatric Interdisciplinary  
Teams In Practice**

Five grants test new models of team care—and their cost effectiveness—in diverse practice settings across the country. Total grants of \$7.2 million support projects using information and communications technologies to better structure coordination activities in primary care and after discharge from hospital in order to provide the evidence to speed adoption of team care more widely.

**2000 -  
Centers for Geriatric  
Nursing Excellence**

Five nursing schools are funded at \$1.3 million each over five years with the goal of building expertise and capacity within geriatric nursing education and practice. The Centers raise the profile of gerontological nursing at their institutions, regionally, and nationally, and dramatically increase recruitment to geriatric nursing, bolster research and spearhead best practices for nursing care of older adults.

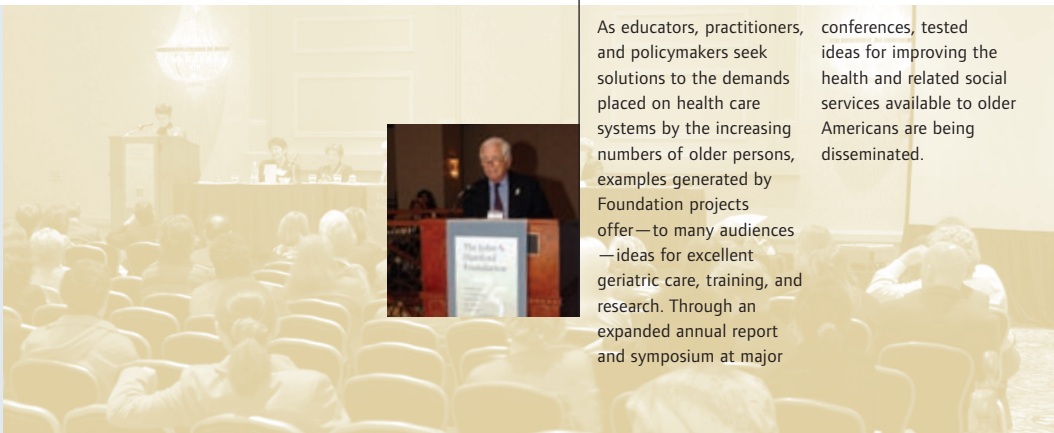


*Nursing, UPenn Hospital*

mechanisms to leverage the impact of grants. Participating grantees have sought to incorporate communications strategies more deeply into their work, including assistance with publications, product packaging, and outreach aimed at enhancing the reach and efficacy of their projects. Finally, communications about the importance of geriatrics by Foundation staff have been improved, and an e-newsletter, “The Hartford Foundation Report” has been developed to report news across the Hartford grantee network, identify helpful resources, and reinforce the Foundation’s messages, brand, and “action agenda.”

Overall, the communications and dissemination initiative has produced a strong and deep effect on the Foundation and its grantees, creating widespread recognition of the importance of effective dissemination in order to instill geriatric issues into all aspects of the health professions. Many of the Foundation’s key grantees are incorporating vibrant communications strategies into their work, and the initiative’s meetings have provided a forum for building connections and relationships across grants and programs—cross-fertilization the Foundation hopes will spur the next generation of thinking and innovation in improving health care for older adults.

**2005**  
 Hartford Foundation  
 Celebrates 75th  
 Anniversary



As educators, practitioners, and policymakers seek solutions to the demands placed on health care systems by the increasing numbers of older persons, examples generated by Foundation projects offer—to many audiences—ideas for excellent geriatric care, training, and research. Through an expanded annual report and symposium at major conferences, tested ideas for improving the health and related social services available to older Americans are being disseminated.

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John A. Hartford Foundation Annual Reports

2004 Gerontological Society of America Annual Meeting/Washington, D.C.



## 2004 Aging and Health Grants

### Academic Geriatrics and Training

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#### Gerontological Society of America

Washington, DC

*Hartford Doctoral Fellows in Geriatric Social Work: Program Expansion*

James E. Lubben, DSW, MPH

\$4,890,814, Five Years

This grant will support dissertation research and career development of up to 102 doctoral students. In addition to stipends, research training and mentorship, the grant will establish a pre-dissertation program to attract more social work doctoral students to gerontology.

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#### American Geriatrics Society, Inc.

New York, NY

*Increasing Geriatrics Expertise for Surgical & Related Medical Specialties – Phase IV*

John R. Burton, MD and George W. Drach, MD

\$4,344,076, Four Years

To support the efforts of surgical specialties and related fields of medicine to enhance care for older adults, funding will be used to support the Jahnigen career development awards, the AGS council of specialty societies, provide small grants, update research agendas, and conduct a national competition to enhance residency training. (Co-funded with the Atlantic Philanthropies.)

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#### Council on Social Work Education

Alexandria, VA

*National Center for Gerontological Social Work Education*

Julia M. Watkins, PhD and Nancy Hooyman, PhD

\$2,300,297, Three Years

The National Gero-Ed Center will conduct regional, multi-year curriculum institutes at 64 schools of social work, workshops for up to 250 faculty on infusing gerontology and geriatrics into the curriculum, work with the accreditation board for social work education to stimulate wider adoption of gerontological competencies, promote geriatric-related content into social work textbooks and make the National Gerontological Social Work Conference self-sustaining.

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#### American Federation for Aging Research (AFAR), Inc.

New York, NY

*Medical Student Summer Training in Aging Research Program*

Odette van der Willik

\$1,848,170, Five Years

AFAR will recruit up to 500 medical students nationally for a structured summer research experience with outstanding mentors and clinical exposure to introduce them to the possibility of academic careers. (Co-funded with the National Institute on Aging.)

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#### American Association of Colleges of Nursing

Washington, DC

*Creating Careers in Geriatric Advanced Practice Nursing*

Deirdre Thornlow, MN, RN

\$1,832,676, Four years

The renewed national scholarship program will promote careers in geriatric advanced practice nursing. Matching funds equal to Foundation support are provided by the participating schools.

In 2004, The John A. Hartford Foundation awarded 32 new grants under its Aging and Health program totaling \$33,223,084.



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**Foundation for Health in Aging, Inc./American Geriatrics Society**

New York, NY

*Hartford Geriatrics Health Outcomes Research Scholars*

Eric A. Coleman, MD, MPH

\$1,762,871, Four Years

The Geriatrics Health Outcomes Research Scholars award will protect research time and provide mentoring and networking opportunities for four nationally-selected scholars each year. Research topics will focus on models of health service delivery, health policy or clinical quality improvement strategies.

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**Centers of Excellence in Geriatric Medicine & Geriatric Psychiatry**

New Geriatric Medicine Centers: \$1,350,000, Three Years

New Geriatric Psychiatry Centers: \$900,000, Three Years

Renewals: \$1,799,995, Three Years

The Hartford Foundation's centers of excellence program allows select academic health centers to provide support for fellows and junior faculty developing their careers in academic geriatrics and attract other medical school faculty to geriatric research and care.

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**Cornell University**

New York, NY

M. Carrington Reid, MD, PhD

\$450,000, Three Years

**Indiana University**

Indianapolis, IN

Steven R. Counsell, MD

\$450,000, Three Years

**University of North Carolina**

at Chapel Hill

Chapel Hill, NC

Jan Busby-Whitehead, MD

\$450,000, Three Years

In 2004 the program was expanded to include Centers of Excellence in Geriatric Psychiatry, as well.

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**University of California, San Diego**

San Diego, CA

Dilip V. Jeste, MD

\$450,000, Three Years

**University of Pittsburgh**

Pittsburgh, PA

Charles F. Reynolds, III, MD

\$450,000, Three Years

The Foundation also renewed six existing Centers of Excellence in Geriatric Medicine.

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**Emory University**

Atlanta, GA

Joseph G. Ouslander, MD

\$300,000, Three Years

**University of Pittsburgh**

Pittsburgh, PA

Neil M. Resnick, MD

\$299,995, Three Years

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**University of Alabama at Birmingham**

Birmingham, AL

Richard M. Allman, MD

\$300,000, Three Years

**University of Washington**

Seattle, WA

Itamar B. Abrass, MD

\$300,000, Three Years

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**University of Hawaii**

Honolulu, HI

Patricia L. Blanchette, MD, MPH

\$300,000, Three Years

**Yale University**

New Haven, CT

Mary E. Tinetti, MD

\$300,000, Three Years

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**The Measurement Group**

Culver City, CA

*Evaluation of the Foundation's Geriatric Nursing Programs*

George Huba, PhD

\$1,000,000, 42 months

The Measurement Group will continue its overall evaluation of the Foundation's initiatives to address the critical shortage of nurses and faculty trained to meet the health care needs of the nation's growing population of older adults.

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**Society of Hospital Medicine, Inc.**

Philadelphia, PA

*Improving Hospital Care for the Elderly through Hospitalist Intervention*

Tina Budnitz, MPH

\$409,025, Two Years

The Society of Hospital Medicine will provide educational symposia and an e-newsletter highlighting advances in geriatric inpatient care, distribute the CD-ROM "Clinical Toolbox for Geriatric Care," and fund pilot demonstration projects and a leadership training program for its membership.

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The Foundation also provided additional funds for the following projects:

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**Gerontological Society of America**

Washington, DC

*Geriatric Social Work Faculty Scholars Program*

Barbara J. Berkman, DSW

\$1,797,880

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**Gerontological Society of America**

Washington, DC

*Hartford Geriatric Social Work Doctoral Fellows Program*

James E. Lubben, DSW, MPH

\$202,840

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**American Academy of Nursing**

Washington, DC

*Nursing Initiative Coordinating Center and Scholar Stipends*

Claire M. Fagin, PhD, RN, FAAN

\$1,184,000

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**Association of Directors of Geriatric Academic Programs**

New York, NY

*Geriatric Leadership Program*

David B. Reuben, MD

\$174,352

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**American Geriatrics Society, Inc.**

New York, NY

*Internal Medicine Subspecialties Project*

Kevin P. High, MD, MSc

\$397,156

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**Society of General Internal Medicine**

Washington, DC

*Increasing Education and Research Capacity to Improve Care of Older Americans Program*

C. Seth Landefeld, MD

\$155,867

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**New York University**

New York, NY

*Hartford Institute for Geriatric Nursing*

Mathy D. Mezey, EdD, RN, FAAN

\$250,000

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**Stanford University**

Stanford, CA

*Stanford Faculty Development Program for Geriatrics in Primary Care*

Georgette A. Stratos, PhD

\$17,170

## Integrating and Improving Services

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### The University of Washington

Seattle, WA

*Improving Depression Care for Elders – IMPACT Model Dissemination*

Jürgen Unützer, MD, MPH

\$2,896,599, Five Years

Over the past five years, the Foundation and several funding partners have supported Project IMPACT, which enhances the care of older people with depression. This renewal will build upon the skills and the evidence developed to change the way older adults with depression are cared for in the United States. Marketing and communications efforts will be employed to enhance demand, combined with training and technical assistance to increase supply.

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### Johns Hopkins University

Baltimore, MD

*Guided Care: Demonstration Project and Diffusion Planning*

Charles E. Boulton, MD

\$1,880,467, Five Years

This grant provides for a rigorous demonstration of Guided Care, a nurse-coordinated model that brings specially trained RN level nurses into primary care practices to provide and coordinate high quality, evidence-based geriatric care. (Co-funded with the Agency for Healthcare Research and Quality and the National Institute on Aging.) Foundation funds were also provided to begin planning for dissemination of the model if it is proved effective.

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### Johns Hopkins University

Baltimore, MD

*Translating Research into Practice: The Johns Hopkins Hospital at Home*

Bruce Leff, MD and John R. Burton, MD

\$1,638,836, Three Years

With this award, Johns Hopkins will continue to spread the home hospital model, a home-based alternative to acute hospital care for selected conditions of older persons, to health systems around the nation and to create the infrastructure for its continued diffusion and adoption.

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### National Council on the Aging, Inc.

Washington, D.C.

*Promoting Vital Aging through Teamwork Between Community Organizations and Health Care Providers*

Nancy A. Whitelaw, PhD

\$139,993

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### PeaceHealth Oregon Region

Eugene, OR

*Geriatric Interdisciplinary Team Development – Building a Curriculum for Dissemination Project*

Ronald D. Stock, MD

\$50,000

## Financial Summary

ON DECEMBER 31, 2004, the Foundation's assets were \$597.7 million, an increase of \$36.8 million for the year after cash payments of \$30.6 million for grants, expenses and taxes. Total return on the investments, income plus realized and unrealized capital gains, was 12.1 percent.

Since the receipt of the bequests from the estates of John A. and George L. Hartford in the 1950s until the late 1970s, most of the Foundation's assets consisted of shares of the Great Atlantic and Pacific Tea Company (A&P). The value of these shares had declined with the fortunes of A&P since its heyday in the 1960s. Beginning in 1979 prudent diversification of the Foundation's endowment and a predominantly favorable investment climate has resulted in strong and steady growth in its assets to its present level from a value of \$104.7 million at the end of 1978. This nearly fivefold growth in assets was achieved while disbursing \$345.7 million in grants over this period.

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

Mindful of the lessons learned from its history, the Foundation seeks to attain this goal while at the same time maintaining a portfolio consisting of multiple investment managers and various asset classes that in combination produce an endowment with an acceptable level of volatility. At the end of the year the Foundation's asset mix was 67 percent public equities, both traditional and alternative, 7 percent fixed income, and a combined 26 percent in event-driven, real estate, private equity and venture capital funds, versus 76, 4 and 20 percent, respectively, at the end of 2003.

As of December 31, 2004, AllianceBernstein Investment Research and Management, Capital Guardian Trust Company, Sound Shore Management, T. Rowe Price Associates and Wasatch Advisors manage the Foundation's public equity investments. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates, Midwest Ventures and Chicago Growth Partners. Private equity partnerships are managed by GE Investments and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co. and Heitman/JMB Advisory Corporation and High Rise Capital Management. Event-driven investment managers are Angelo, Gordon & Co., Canyon Capital Partners, Quellos Capital Management and Whippoorwill Associates.

The Finance Committee and the Board of Trustees meet regularly with each of the investment managers to review their performance and discuss current investment strategy. JPMorgan Chase Bank, N.A. is custodian for all the Foundation's securities. A complete listing of investments is available for review at the Foundation offices.



## Financial Highlights

### The John A. Hartford Foundation, Inc.

Statement of Financial Position	December 31, 2004	December 31, 2003
<b>Assets</b>		
Cash in operating accounts	\$ 2,292	\$ 2,766
Interest and dividends receivable	654,936	447,421
Prepaid expenses and other current assets	290,926	189,297
Investments	593,503,257	556,949,275
Office condominium, furniture and equipment (net)	3,270,772	3,356,447
<b>Total Assets</b>	<b>\$597,722,183</b>	<b>\$560,945,206</b>
<b>Liabilities and Net Assets</b>		
Grants payable	\$ 54,824,872	\$ 49,898,719
Accounts payable and deferred taxes	1,814,721	1,643,167
<b>Total Liabilities</b>	<b>56,639,593</b>	<b>51,541,886</b>
Unrestricted net assets	541,082,590	509,403,320
<b>Total Liabilities and Unrestricted Net Assets</b>	<b>\$597,722,183</b>	<b>\$560,945,206</b>
<b>Statement of Activities</b>		
<b>Revenue</b>		
Investment income	\$ 5,750,458	\$ 6,206,936
<b>Total Revenue</b>	<b>\$ 5,750,458</b>	<b>\$ 6,206,936</b>
<b>Expenses</b>		
Grants expense and Foundation-administered projects	\$ 29,223,036	\$ 15,149,794
Investment fees	1,980,238	1,527,971
Other expenses	3,847,658	3,464,367
<b>Total Expenses</b>	<b>\$ 35,050,932</b>	<b>\$ 20,142,132</b>
Net Realized and Change in Unrealized Gains (Losses)	\$ 60,979,744	\$ 92,892,112
<b>Increase in Unrestricted Net Assets</b>	<b>31,679,270</b>	<b>78,956,916</b>
<b>Unrestricted Net Assets, beginning of year</b>	<b>509,403,320</b>	<b>430,446,404</b>
<b>Unrestricted Net Assets, end of year</b>	<b>\$541,082,590</b>	<b>\$509,403,320</b>

The financial information in this report has been summarized by the Foundation from its audited financial statements.

A copy of this independent auditor's report, complete financial statements, the notes thereto and the summary of active grants will be on file in the Foundation's office and available on its Web site.

## Application Procedures

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

### *Academic Geriatrics and Training*

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

### *Integrating and Improving Health-Related Services*

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

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

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

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

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

*Detailed information about the Foundation and its programs are available at our Web site: [www.jhartfound.org](http://www.jhartfound.org).*