2008 ANNUAL REPORT

The John A. Hartford Foundation

Dedicated to Improving Health Care for Older Americans

"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.

The John A. Hartford Foundation
www.jhartfound.org

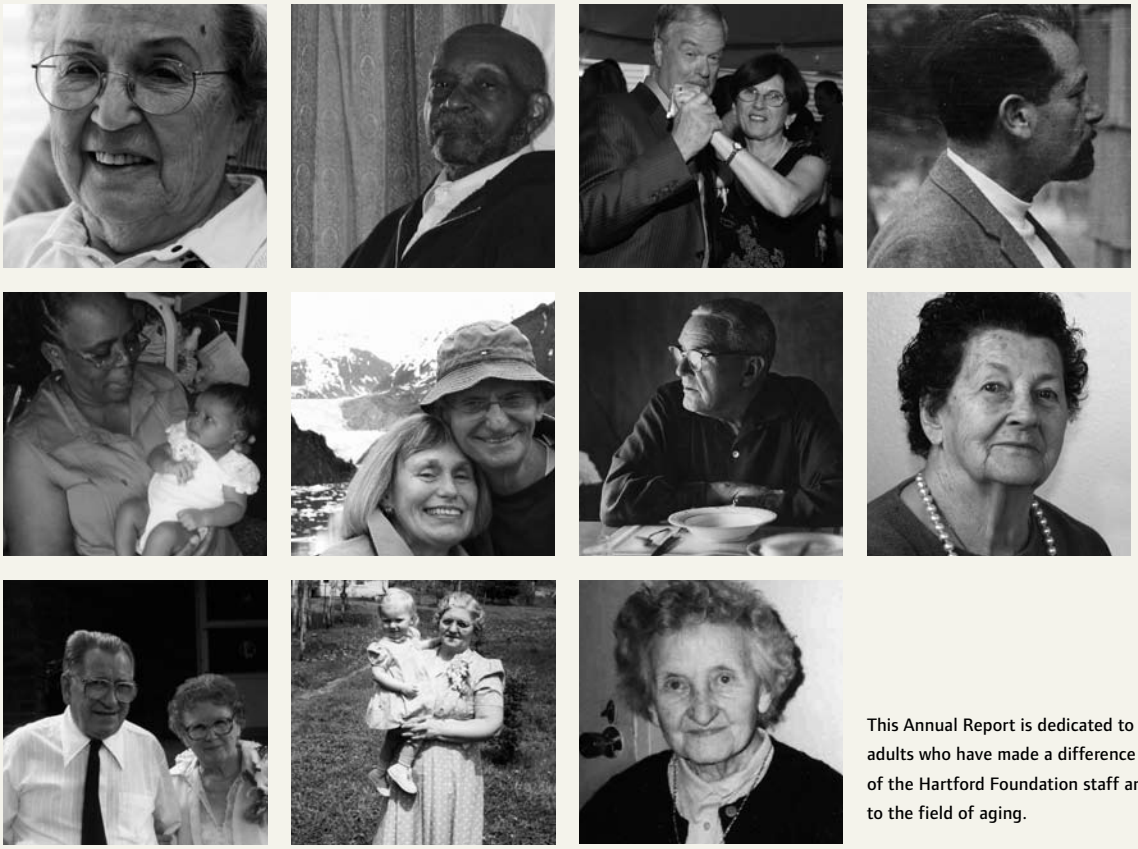
Mission Statement

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

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

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

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



This Annual Report is dedicated to the older adults who have made a difference in the lives of the Hartford Foundation staff and called us to the field of aging.

The John A. Hartford Foundation

A Call for Leadership in Aging

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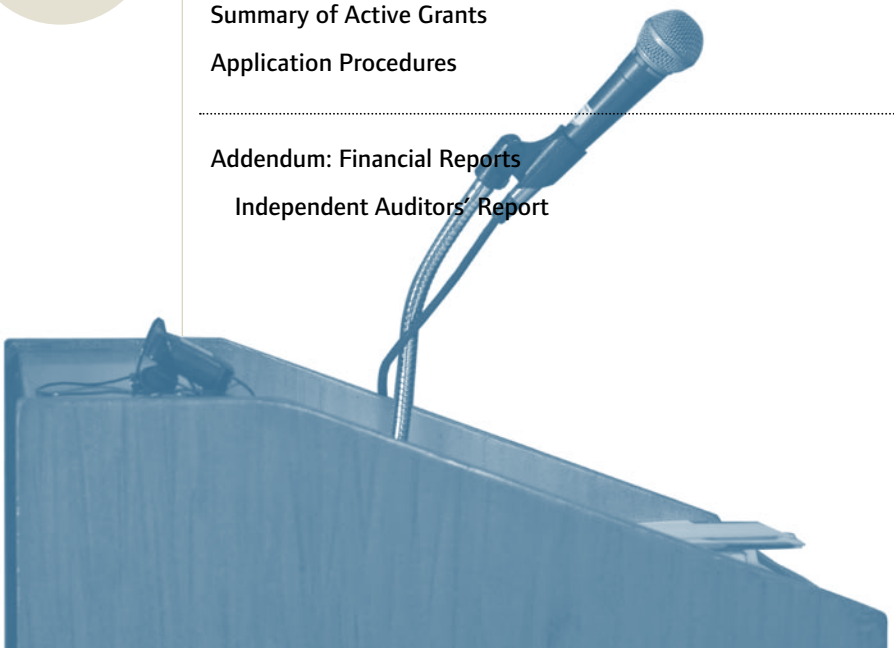

Report of the Chairman

Norman H. Volk
CHAIRMAN

It is once again my pleasure to introduce the annual report of the John A. Hartford Foundation. This issue features the crucial work of Foundation initiatives that develop leaders among geriatrics professionals. As the Institute of Medicine (IOM) detailed in its 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, rising health costs and a diminishing geriatrics workforce are creating new and difficult challenges—just as the number of older patients is poised to grow dramatically. We need reform, and our nation's health care systems require strong leaders to guide the way.

Virtually every initiative the Foundation supports includes some kind of leadership development, whether through fellowships, scholarships, or other types of training opportunities. The four programs highlighted in this report represent a direct investment focused on cultivating leaders in medicine, nursing, and social work. These initiatives constitute a comprehensive effort to create a cadre of aging-savvy professionals who can foster needed public and private policy change and prepare the health care workforce older people so desperately need.

During 2008, the Foundation continued to make targeted grants to increase the nation's capacity to provide effective, affordable care to its rapidly aging population. In the face of new challenges arising from the current national economic downturn, we are striving to sustain our longstanding and strategic commitments in aging and health.

Notably, the Foundation awarded a renewal grant to the American Academy of Nursing to serve as the coordinating center for the Building Academic Geriatric Nursing Capacity Initiative. Since its launch in 2000, this program has produced scores of new geriatric nursing faculty, with more on the way. These faculty leaders have in turn instructed more than 12,000 nursing students in geriatric care. In medicine, the Foundation renewed its support for six Centers of Excellence in Geriatric Medicine and Training. These grants represent the latest in an 11-year commitment, totaling over $45 million to 28 institutions, to prepare physicians to care for older adults.

2008 also marked the celebration of the Hartford Geriatric Social Work Initiative's 10th anniversary. We are especially proud to note the publication of a new book chronicling this effort. In 2009, the Council on Social Work Education released *Transforming Social Work Education: The First Decade of the Hartford Geriatric Social Work Initiative*, edited by Nancy Hooyman, PhD, endowed gerontology professor and dean emeritus at the University of Washington School of Social Work.

In addition to its investments in training, the Foundation made several major grants to support geriatric services integration. Primary care "medical homes," where physicians team with nurse or social work care managers to improve the care of patients with multiple chronic diseases, have shown considerable promise. In fact, the Foundation has supported the development of medical home-type models such as Care Management Plus and Guided Care. This year, we made an award to the Johns Hopkins Medical Center to develop and distribute educational resources and technical assistance to primary care practices participating in a new Medicare Medical Home Demonstration project. These funds will support technical assistance to adopters in more than 400 clinics in eight states.

The Foundation also made a grant to the Visiting Nurse Service of New York to expand the Curricula for Homecare Advances in Management and Practice program, which will enhance the geriatric competence of frontline nurse managers and clinicians at 600 leading home care agencies around the country.

The Foundation also increased its efforts towards educating policy makers about aging issues. Following up on the publication of the IOM's *Retooling for an Aging America* report, the Foundation supported the formation of a national coalition called the Eldercare Workforce Alliance to advance the study's recommendations. This effort has already brought together 25 national nonprofits to advance a common agenda around the health care workforce. In addition, the American Geriatrics Society received a grant to establish a new Geriatrics Workforce Policy Studies Center. This will complement the work of the Alliance and serve as a credible and timely source of data and support a range of efforts aimed at expanding the number of health care professionals prepared to care for an aging population.

(Above) Hartford Foundation Chairman, Norman Volk, at a convening of leaders of the Hartford Geriatric Nursing Initiative.

The Foundation's assets ended 2008 at approximately $456 million, significantly below the value at which it began the year. However, the investment return of negative 26.0 percent outperformed the broad equity indices, both here and abroad and unfortunately was very similar to the experience of most endowments and foundations. To help the Foundation navigate the uncharted waters that lie ahead for the financial markets, at the end of the year we engaged the firm New Providence Asset Management to serve as an outsourced investment office. We are confident that with New Providence's assistance, we can position the portfolio so that when the recovery in financial assets does occur, the Foundation can once again achieve its long–term investment goals.

This year, we were pleased to welcome Nora O'Brien, who joined our staff as a senior program officer and now oversees our social work grants. Nora brings a wealth of experience to the Foundation, including nine years as a program officer with the Brookdale Foundation.

Finally I would like to express my deep appreciation to our Board of Trustees, staff, and grantees, for their superb efforts over the past year. The Foundation's ongoing success in fulfilling its mission is due in large part to their extraordinary skills and dedication. It is an honor to serve with this outstanding group, and I look forward to continuing our work together over the coming year.

Norman H. Volk

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Wriston, John J. Curley, James G. Kenan III,
Barbara Paul Robinson (Seated, left to right)
Anson McC. Beard, Jr., Margaret L. Wolff,
John H. Allen, Lile R. Gibbons

Staff

(Standing, left to right) Julianne N. McLean, James G. Gallagher, Benita B. Cox, Corinne H. Rieder, Steve Abramovich, Jr., Francisco J. Doll, Marcia E. Brown, Rachael A. Watman, Marcus R. Escobedo, Samuel R. Gische. (Seated, left to right) Gavin W. Hougham, Amy J. Berman, Nelissa Rashid, Eva Y. Cheng, Christopher A. Langston, Nora O'Brien-Suric

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Rachael A. Watman
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Introduction

A Call for Leadership in Aging

The Hartford Foundation Annual Report traditionally features a program within a discipline or a specific initiative. This year is different. The 2008 Annual Report highlights a theme—leadership. We celebrate leaders in geriatric nursing, social work, and medicine—both established and emerging—and issue a call to expand leadership in aging. This report illustrates the need to develop leaders to address our increasing aging population. It outlines the 26-year history of leadership efforts at the Hartford Foundation and recognizes key leadership efforts launched by other funders. The report also identifies essential elements for leadership development and describes how these elements are incorporated within four current Hartford projects. Finally, we invite individuals, organizations, and funders to partner on efforts to develop future leaders in aging.

The American health care system is at a crossroads. Health care costs continue to rise, the population of older adults continues to grow, the health care workforce receives little training in geriatrics, chronic diseases such as diabetes are becoming more common, and systems of care are often inefficient and not well-coordinated.

Staying the course is not an option. Fundamental reforms to the delivery of health care must take place. Transforming the health care system requires innovative leadership in education, research, clinical practice, and policy. To ensure the needs of older adults are clearly represented in the national conversation, health professionals who specialize in aging must have a voice. But the field of geriatrics does not yet exert sufficient influence.

Through its leadership initiatives, the John A. Hartford Foundation is addressing the critical need to cultivate leaders in nursing, social work, and medicine ready to take up these challenges—leaders like Dr. Marie Bernard.

RISING TO THE LEADERSHIP CHALLENGE

Marie A. Bernard, MD

DEPUTY DIRECTOR, NATIONAL INSTITUTE ON AGING

"Early in my medical career I was most interested in older patients, who have more complex health problems and more life experiences than younger adults," says Marie A. Bernard, MD. The daughter of two physicians, Dr. Bernard demonstrated an early aptitude for leadership when she was appointed chief resident at Temple University. While there, Dr. Bernard completed a mini-fellowship at the Geriatric Education Center (GEC) of Pennsylvania in 1987.

"The mini-fellowship was an epiphany for me," says Dr. Bernard. "Prior to that I thought that I knew geriatrics, because I was skilled in diagnosing and treating hypertension, diabetes, and other conditions common among older adults. The training at the GEC opened my eyes to the fact that there is a lot more to the care of the elderly."

Dr. Bernard joined the faculty of the University of Oklahoma in 1990, when the geriatrics program was in the Department of Internal Medicine. "In 1997 we decided to start a separate Department of Geriatric Medicine after an unsuccessful attempt to obtain grant funds from the Donald W. Reynolds Foundation," says Dr. Bernard. The Reynolds Foundation later provided an $11.2 million grant to enhance the department, with Dr. Bernard as founding chair.

"I was given the challenge of developing a small operation of just a handful of physicians into a much larger department that would provide a required four-week geriatrics rotation for all third-year medical students, as well as geriatrics training for trainees at all levels," says Dr. Bernard.

Dr. Bernard had held leadership positions throughout her early career, but the challenges of being a department chair with a large mandate tested her abilities. It was then she learned of the Association of Directors of Geriatric Academic Programs (ADGAP): Geriatrics Leadership Scholars Program (described on page 46). As a recently appointed department chair, she qualified for the first cohort.

"Through this program, I learned that there is a literature, a discipline, an approach to leadership—just as there is to geriatric medicine," says Dr. Bernard.

"Sometimes leadership training can help people take full advantage of their natural talents. Dr. Bernard is a clear example of such a talented geriatrician," says David Reuben, MD, Director of leadership efforts at the Association of Directors of Geriatric Academic Programs.

Dr. Bernard continued to raise her profile within the field of geriatrics. Recently, she was chosen to serve on the committee that wrote an Institute of Medicine report titled *Retooling for an Aging America: Building the Health Care Workforce*. This report warns that the health care workforce lacks the size and the skill to care for the unique needs of the growing older population and offers strategies to address this critical issue.

As Dr. Bernard pondered her role as a leader, her desire to exert more influence in the field of aging grew. To gain assistance, Dr. Bernard applied for a scholarship in a new Hartford initiative—the Senior Leadership Scholars Program, which guides senior academic geriatrics leaders as they advance to nationally prominent positions (see page 49).

With guidance from an executive coach, she decided to pursue an opportunity at the National Institute on Aging (NIA). In October 2008, Dr. Bernard became the Deputy Director of the NIA, where she helps direct the nation's research and training programs on aging and on age-related cognitive change.

"Ultimately, this will be an opportunity to serve as a role model for future leaders," says Dr. Bernard. Leadership in geriatrics has never been more urgently needed.

The interview with Dr. Bernard was conducted for informational purposes only and does not constitute an endorsement of the Hartford Foundation or its programs by the National Institute on Aging, the National Institutes of Health, or the U.S. Department of Health and Human Services.

Improving Care for Older Adults: Who Will Lead the Way?

Shifting Demographics Create Imperative for Leadership

The United States rests on the brink of an unprecedented surge in the number of older adults, propelled by the aging of the baby boom generation. In 2011, those born in 1946—the first year of the baby boom, which continued until 1965—will turn 65. By 2030, 71 million Americans will be over age 65, double the number in 2005. The impact on the health care system will be huge.

Older adults are the core business of American health care. They have more complex care needs than younger adults, take more medications, utilize more services, and account for a disproportionate share of health care expenditures. The baby boom generation, our country's emerging older Americans, is unique. They have longer life expectancies than previous generations, and they are more educated, more racially and ethnically diverse, and have more widely dispersed families.

Even as older adults enjoy longer lives, they rarely escape the physical effects of aging. Over 80 percent of adults over age 65 have at least one chronic health condition, such as high blood pressure, arthritis, or heart disease, and two-thirds have two or more chronic conditions.[1,2] Chronic conditions are the primary reason older adults seek medical care.[3] Although adults over age 65 currently make up only about 12 percent of the U.S. population, they account for over 20 percent of visits to family practice physicians, over 35 percent of all

visits to general internists, and over 50 percent of visits to cardiologists and urologists.[4] Older adults constitute 50 percent of hospital occupancy and they use 34 percent of all prescriptions. They also account for 70 percent of home health services and 90 percent of nursing home use.

In addition to coping with chronic health problems, some older adults experience conditions that affect their ability to care for themselves. Conditions such as osteoporosis, susceptibility to falls, hearing and vision impairments, depression, incontinence, and delirium may necessitate assistance with daily activities. While most older people are able to live independently, almost all eventually need at least some specialized care due to illness or difficulty caring for themselves.

(Left) Dr. David Reuben, University of California, Los Angeles, addresses participants at the 2009 ADGAP Geriatrics Leadership Scholars Retreat.

1. MedPAC (Medicare Payment Advisory Commission). *Report to the Congress: Increasing the Value of Medicare.* Washington, DC: MedPAC. 2006.

2. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Archives of Internal Medicine.* 2002. Vo. 162, Number 20, pp. 2269-2276.

3. Hing E, Cherry DK, Woodwell BA. National ambulatory medical care survey: 2004 summary. Advance data from vital and health statistics; no 374. Hyattsville, MD; National Center for Health Statistics. 2006.

4. Centers for Disease Control and Prevention. National Ambulatory Medical Care Survey. National Center for Health Statistics. 2005.

(Above) Joyce Chan, MS, RN, Hartford Building Academic Geriatric Nursing Capacity Scholar with patient at Laguna Honda Hospital, San Francisco, CA.

Health Care Workforce Lacking in Geriatrics Training

Unless fundamental changes take place in the coming years, the demand for greater health care services will fall upon an inadequately trained health care workforce. Even though most nurses, social workers, and physicians spend a large percentage of their professional lives working with older adults, few health professionals obtain the specialized skills and particular knowledge needed to care for the complex needs of older adults.

Nurses are the health professionals with the most frequent contact with patients, and they play a critical hands-on role in caring for sick and frail older adults. In hospitalized older patients, high quality nursing care can prevent functional decline, reduce disability, and keep people out of nursing homes. Yet, within the context of the general nursing shortage, there exists an even greater shortage of nurses with geriatric skills. Less than 1 percent of registered nurses are certified in geriatrics. Only about 2.6 percent of advanced practice nurses (such as nurse practitioners and clinical nurse specialists) are certified in geriatrics.

Geriatric social workers also play a vital role in maximizing the independence of older adults. Among health professionals, they are

unique in their ability to assess the social, psychological, environmental, and economic situation of patients. With their extensive knowledge of systems of care, community services, and other available resources, geriatric social workers are in a position to coordinate care effectively and cost efficiently. Today, less than 4 percent of social workers specialize in geriatrics, which represents just one-third the number needed, as projected by the National Institute on Aging.

Geriatricians—medical doctors with advanced training in treating older patients—also are in short supply. The Alliance for Aging Research predicted that by 2030, the United States will need about 36,000 geriatricians. Currently, only about 7,100 physicians are certified in geriatric medicine and 1,600 are certified in geriatric psychiatry. The mismatch between supply and demand is unlikely to be remedied soon, if at all. Issues of compensation and prestige play a role in limiting interest in geriatrics. Geriatricians, who must do a residency in internal or family medicine and a fellowship in geriatrics, generally earn less than general internists in primary care and far less than those who become subspecialists in internal medicine.

Since too few health professionals choose to specialize in geriatrics, its core principles must be taught in all specialties. Yet the subject of geriatrics often is not well-represented in the curricula of many schools of nursing, social work, and medicine. According to the Institute of Medicine, only one-third of baccalaureate nursing programs require a course in geriatrics, and only 29 percent of baccalaureate programs have a faculty member who is certified in geriatrics. Eighty percent of social work students in undergraduate programs have no coursework in aging. While most medical schools require some exposure to geriatrics, much of this is "inadequate."[5] The Association of American Medical Colleges accredits 130 medical schools in the United States, but only 9 have departments of geriatrics.

In summary, too few nurses, social workers, and physicians specialize in geriatrics and the disciplines of geriatrics and gerontology lack prestige and visibility. Reversing these trends requires inspired leadership. Health professionals in key leadership positions must promote geriatrics within their institution, recruit quality students to specialize in geriatrics, infuse geriatric content throughout the curriculum, conduct research to develop and disseminate innovative models of care for older adults, and have a seat at the table of public health policy.

> "Leaders are visionaries with a poorly developed sense of fear and no concept of the odds against them."
>
> Robert Jarvik, MD, inventor of the first permanent artificial heart.

5. Institute of Medicine. *Retooling for an Aging America: Building the Health Care Workforce.* Washington DC; The National Academies Press. 2008.

LEADERS IN THE FIELD OF AGING RESPOND

Question: Negative perceptions about older adults are widespread. How do we attract leaders to improve health care for an aging America?

Nancy R. Hooyman, PhD, MSW
Endowed Gerontology Professor,
Dean Emeritus
School of Social Work
University of Washington
Seattle, WA

Recruiting students to careers in gerontological social work remains a significant challenge. Positive personal interactions with older adults are a critical factor in reducing students' fear of the unknown often associated with aging and increasing their receptivity toward work with older people. When students have such structured opportunities, whether conducting oral histories or being engaged in service learning, their level of discomfort and anxiety about working with elders tends to dissipate.

Admissions and career counseling staff can influence students' choice of concentrations, field placements, and careers. They must be equipped with resources to counter students who say, "I don't want to work with old people."

Jennie Chin Hansen, MS, RN
President, Board of Directors
AARP
Washington, DC

We need engaged, caring, intellectually curious, and tenacious individuals to shape the next generation of health care for older adults.

We need to identify those who have had early positive relationships with older adults, either through family interactions or caring for someone. Then, we need to select those who are motivated by a deep commitment to solve problems and who love complexity and challenge.

We need to design opportunities to collectively spend time with those of us who love and have felt blessed to do what we do on behalf of elders. We need to create time to socialize and converse on matters of aging, and provide exposure to clinicians, educators, researchers, system designers, and policy makers. Motivated professionals can then take on an issue with the guidance of one or more of these seasoned guides. This exposure and collaboration will produce a synergy of inspiration, creativity, and skill to build a new cadre of needed leaders.

Christine K. Cassel, MD, MACP
President and CEO
American Board of Internal Medicine
Philadelphia, PA

Awareness of the challenges of an aging population is growing fast, and geriatric medicine ought to be able to jump on that wave. The success of "anti-aging" products and ventures demonstrates the openness of the boomer "Age Wave" to the realities of aging. But cosmetic interventions won't solve the real problems facing older adults and their families, who need meaningful options for coordination of care, personalized medicine, and patient-centered engagement in decision making.

The current economic crisis and the ever more intense need for health care reform that focuses on affordability is the window of opportunity for geriatric expertise—especially for the challenge of Medicare in the 21st century. Geriatrics leaders need to step forward and offer a vision for both quality and affordability of health care. This is an unusual voice in the health care arena, and if it is compelling, it will be noticed.

W. June Simmons, MSW
President and CEO
Partners in Care Foundation
San Fernando, CA

We attract the best and the brightest by being role models and engaging leaders of all ages. Talent has no age limit. Many of the up and coming leaders in the field of gerontology have come to the field through the personal experience of caring for an aging loved one. Some are just beginning their careers and others have come to it as an encore. Either way, we must ensure they have access to career pathways that promote the great meaning and personal satisfaction that comes from caring for others.

We must also communicate the nearly unlimited opportunity that exists in the field today. With an aging population, increased demand for services, and a health care system that is failing, the time for new leaders and new ideas is now. The opportunities to help shape the future of health care for our aging population has never been greater.

Claire M. Fagin, PhD, RN
Dean Emerita, Professor Emerita
School of Nursing
University of Pennsylvania
Philadelphia, PA

As a result of Hartford Foundation support for nursing education, more young nurses specializing in geriatrics are moving even earlier into faculty positions. They can be expected to be the leaders of the future in geriatric nursing education and practice. But negative perceptions about working with older adults linger, so we need to creatively recruit and prepare bright young nursing leaders and help them to develop the leadership skills that will strengthen them and inspire others.

Some people are blessed with natural leadership characteristics—charisma, quick thinking, and interpersonal skills. But teaching leadership skills must encompass the understanding that there are many ways to lead. Writing for publication, for example, may influence a larger audience than the most charismatic speaker. Leaders must give voice to issues. Individually and collectively, they must recognize and listen to diverse voices and try to bring them together as a cohesive force for change.

William J. Hall, MD
Professor of Medicine
University of Rochester
Director
The Center for Healthy Aging
Rochester, NY

We currently are attracting some of the best and brightest young physicians into geriatrics, thanks to the prescient and steadfast leadership of the Hartford Foundation. I am constantly impressed with the talent, dedication, and zeal of young trainees at meetings and at site visits compared to 20 years ago. The problem is that we have not yet attracted enough of them to move us to the "tipping point" where we can be truly transformational in changing the American health care system. The continuing involvement of the Foundation and other key stakeholders in training and leadership development is crucial in bringing to fruition that sort of quantum leap at this point in history when our country, and the burgeoning population of older adults, needs us.

The Hartford Foundation's Commitment to Leadership Development

As the country's largest private foundation focused solely on aging and health, the John A. Hartford Foundation's goal is to improve the health of older adults by creating a more skilled workforce and a better designed health care system. For over two decades, the Foundation has funded initiatives that nurture leaders who will transform health care.

The Greatest Good: A History of The John A. Hartford Foundation by Judith Jacobson, 1984.

In the late 1970s, the Hartford Foundation moved away from funding basic biomedical research (such as dialysis, laser surgery, and the first permanent artificial heart invented by Dr. Robert Jarvik) to focus on health care quality improvement and cost containment. Recognizing that shifting demographics would have profound implications, the Foundation ultimately began funding aging and health initiatives. The Foundation's first grant in aging in 1982 focused on programs to strengthen leadership in geriatric medicine by encouraging mid-career faculty to pursue advanced training in geriatrics. The Foundation has been funding efforts that foster and support leadership among geriatric nurses, social workers, and physicians ever since.

HARTFORD HISTORY OF LEADERSHIP DEVELOPMENT

26 Years of Investing in Leadership Development in Geriatrics and Gerontology

1982 -
Hartford Geriatric Physician Faculty Development Awards – This first Hartford grant in aging and health created a cadre of academic geriatric medicine leaders by supporting the geriatrics training of internal medicine faculty.

1988 -
Centers of Excellence in Geriatric Medicine and Training are established to advance the careers of physician faculty in geriatric medicine.

CoE
Centers of Excellence

1990 / 1993 -
The Foundation makes its first grants to integrate geriatrics into the surgical specialties and the subspecialties of internal medicine, under the leadership of Dennis W. Jahnigen, MD, former president of the American Geriatrics Society and William B. Hazzard, MD, the first geriatrician department of medicine chair, respectively.

1994-
The Paul B. Beeson Career Development Awards in Aging Research Program begins with funding from the Hartford Foundation, The Atlantic Philanthropies, The Commonwealth Fund and others to support outstanding physician researchers.

1996-
John A. Hartford Foundation Institute for Geriatric Nursing at the New York University College of Nursing – Hartford's first grant in nursing galvanizes pioneering leadership in the field. In 1998, the first Doris Schwartz Gerontological Nursing Research Award is presented, recognizing leaders in the research arena.

1999-
Geriatric Social Work Initiative – The Foundation provides $20.5 million for recruitment and career development for nearly 200 junior faculty and doctoral students to promote leadership in the field of geriatric social work. In 2001, the initiative develops the Policy Leadership Institute (see program profile on page 36).

These efforts—many of which are summarized in the timeline below and four of which are described later in this report—develop leaders and assist them in launching and sustaining sucessful careers. By virtue of this support, it is expected that individuals funded by the Hartford Foundation will have the capability to take the national stage and influence the field of health care.

Recent Hartford-funded efforts have recognized that in order to garner support and make sustained change, senior level leaders must be engaged. For example, through its Social Work Leadership Institute, project directors at the New York Academy of Medicine have enlisted deans and directors of schools of social work to participate in intensive training sessions to build capacity to address the needs of America's aging population.

A guiding strategy of the Hartford Foundation has been to help people and organizations recognize their potential as leaders in the field of aging.

> "If I have seen further it is by standing on the shoulders of giants."
>
> Issac Newton

2000-
Hartford's Building Academic Geriatric Nursing Capacity Initiative begins, funding five Centers of Geriatric Nursing Excellence, a coordinating center, and a scholarship program to produce more geriatric nursing faculty. In 2001, the Initiative holds its first annual Leadership Conference (see program profile on page 26).

2001-
The Association of Directors of Geriatric Academic Programs is funded to begin the Geriatrics Leadership Scholars Program, which gives division chiefs skills to advance their work (see program profile on page 46).

2007-
In partnership with The Atlantic Philanthropies, the Practice Change Fellows program is funded to expand the number of health care leaders who can effectively promote high-quality care to older adults in a wide range of health care organizations.

2008-
The Institute of Medicine publishes its groundbreaking report, *Retooling for an Aging America,* with five leaders of Hartford grant projects serving on the study committee.

2008-
The first Leadership Academy in Aging is sponsored by the Foundation, as part of its grant to the New York Academy of Medicine Social Work Leadership Institute, to help social work deans and directors further develop as leaders in the field of aging care.

2008-
Sigma Theta Tau, The Honor Society of Nursing, is funded to conduct an annual Geriatric Nursing Leadership Academy for nurses working to change practice in their institutions. (see program profile on page 56).

(Above) Dr. William Hazzard, past president of the American Geriatrics Society and former chairman, Department of Internal Medicine of the Wake Forrest University School of Medicine.

The Hartford Foundation's reputation is maintained and furthered by the quality individuals and institutions that it funds. For example, academic geriatrics programs designated as Hartford Centers of Excellence gain national recognition and respect, which helps them to recruit students and faculty. Individual Hartford-funded scholars and fellows achieve credibility as being among a select group chosen for their talents and promise.

When the Hartford Foundation began focusing on aging and health in the 1980s, the field of geriatrics was largely unrecognized. Little research was being done on the biological mechanisms of aging and few health care professionals were specializing in treatment of the elderly. While much work remains, the environment for geriatrics has noticeably changed and more funders have been brought to the table. The positive impact of the Hartford Foundation on the field can largely be attributed to its sustained commitment to aging and health issues and strong partnerships with its grantees.

Hartford grantees recently validated this impact in a 2008 survey conducted by the Center for Effective Philanthropy. The survey found that in a comparison with other foundations, the Hartford Foundation was rated above the 99th percentile on "Impact on the Field" and "Impact on Grantee Organizations" and at the 75th percentile in "Overall Effectiveness in Creating Social Impact." Eighty percent of grantees agreed or strongly agreed with the statement that "The Foundation is on the right track to improve the health of aging populations."

The Foundation rated above the 90th percentile in non-monetary assistance to grantees, which includes advising grantees, brokering connections, and strategic planning. The Foundation also rated above the 90th percentile for all foundations in assistance to grantees in securing funding from other sources.

Norman H. Volk, chairman of the Hartford Foundation concludes, "The prestige associated with the Hartford name is the product of the Foundation's history coupled with the tremendous contributions of our grantees. This stature has served as a catalyst to advance our mission to improve the health care of older adults."

A CALL TO ACTION

The Institute of Medicine Calls for Fundamental Reform

As an expression of leadership in the field, the Hartford Foundation convened a group of funders who sponsored the 2008 book-length Institute of Medicine (IOM) report, *Retooling for an Aging America: Building the Health Care Workforce.* Alarmed by the looming health care crisis as the baby boom generation nears retirement age, experts in geriatric medicine, nursing, social work, and health policy analyzed the readiness of the health care workforce to meet the needs of older Americans. The resulting IOM report states that "the impending crisis, which has been foreseen for decades, is now upon us."

The report issues an urgent call for fundamental reform: "Unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future."

To address the crisis, the IOM committee challenged the health care community to:

- Enhance the competence of all individuals in the delivery of geriatric care,
- Increase the recruitment and retention of geriatric specialists and caregivers, and
- Redesign models of care and broaden provider and patient roles to achieve greater flexibility.

Education, training, and recruitment of geriatric-trained health professionals must be enhanced to improve care for the rapidly growing population of older adults. "Geriatric specialists are needed in all professions not only for their clinical expertise, but also because they will be responsible to train the entire health care workforce," according to the IOM report.

Because the health care system often fails to provide high quality care to older adults, the very systems of delivering care must also be transformed. The health care delivery and reimbursement systems in the United States are structured around acute care of single diseases. But most older adults require comprehensive, coordinated care of multiple chronic diseases and geriatric syndromes (such as incontinence and gait disorders).

The IOM report calls for a shift in the way that health care services for older adults are organized, financed, and delivered. The committee noted that it is unlikely that a single approach could be broadly adopted for all older persons. Therefore, a variety of models will be needed to meet the diverse health care needs of older adults.

Redesigning primary care to provide high quality chronic care, which will improve health care for patients of all ages, requires innovative and feasible strategies. Leaders must obtain funding and conduct research that will bring about the new models of care delivery. Resources will be allocated to such projects only if strong, well-connected, imaginative leaders advocate for them.

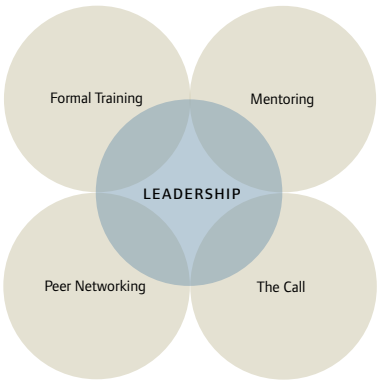
New models of care can provide higher quality cost-efficient care, but only if the models are adopted into practice. Most health care settings—physician offices, hospitals, clinics, long-term care facilities—have well-entrenched systems in place. Those advocating for change are often met with resistance. Little will be accomplished unless leaders can inspire others to become active partners in the development of effective and efficient models of care.

Finally, transformation of the entire health care system will occur only if policy makers understand the reforms that are needed, have the information to make a strong case, and have the political will to bring change. Nurses, social workers, and physicians have specialized knowledge and expertise. This will translate into public health policy only if they inform the nation's health policy agenda. The notion of political activism may seem intimidating, but influencing public policy is essential to bring about reforms that ultimately will serve the interests of current and future generations of older adult patients.

The Institute of Medicine report, focused on the geriatrics workforce shortage, was released in April 2008.

Strategies for Growing Leaders: Lessons from the Literature and other Funders

Early on, the Hartford Foundation recognized that leaders do not necessarily rise spontaneously from within the ranks of health professionals, but need specialized training, nurturing, and support. Fortunately, a large and rich body of literature on leadership development exists, and numerous funders have created leadership development initiatives. The Hartford Foundation was able to draw on this expertise in designing its programs.



Model of the four key elements of a leadership development program.

One message is that leadership skills can be acquired. "Leadership is a measurable, learnable, and teachable set of behaviors," according to Jim Kouzes and Barry Posner, researchers in the field of leadership, who created a model that is used as a central text by the Hartford Geriatric Nursing Leadership Academy (described on page 56).[6]

Rising to the challenge of leadership in any field requires certain personal attributes along with the ability and desire to motivate and inspire others. But most leaders also need additional assistance. Based on the literature on leadership and lessons from other funders, the Hartford Foundation identified four key elements of a leadership development program. These are formal training, mentoring, peer networking, and a less tangible element that entails encouraging a new generation to answer the call to leadership.

Formal Training

Advanced educational training for most nurses, social workers, and physicians is focused on clinical expertise. Rarely is there an opportunity to obtain formal training in administration or leadership. Once in an administrative or other leadership position, clinicians may be called upon to manage personnel and finances, develop budgets, engage in fundraising, and participate in strategic planning. Health care leaders benefit from programs targeted at teaching business skills.

Management skills are important, but by themselves are insufficient for the type of leadership that will transform health care institutions. In the book *Transformational Leadership*[7]—co-sponsored by the Robert Wood Johnson Foundation and the Pew Charitable Trusts—the authors argue that society will not be prepared for the challenges ahead if leaders do not embody the values and characteristics that will alter organizations. Examples include being proactive, serving as catalysts for innovation, functioning as team members, and encouraging organizational learning.

To prepare such leaders, the Robert Wood Johnson Foundation, in its Executive Nurse Fellows Program, identified several competencies that

6. Kouzes JM, Posner BZ. The Leadership Challenge Workbook. 2003. John Wiley and Sons.

7. Kohles MK, Baker WG Jr, Donaho BA. Transformational Leadership: Renewing Fundamental Values and Achieving New Relationships in Health Care. Chicago, IL: American Hospital Publishing; 1995.

must be taught to current and prospective leaders. These include interpersonal and communication effectiveness, risk-taking and creativity, self-knowledge, inspiring and leading change, and having a strategic vision. The Hartford Foundation has woven the training of these competencies into its leadership development initiatives.

Mentoring

Mentorship has long been recognized as critical for the development of successful leadership and political influence in academic and practice settings.[8] Mentors share their knowledge and expertise, offer advice on career development, and help to formulate goals. Mentors also provide important introductions to people who may be potential collaborators, advisors, or partners. Mentors can endow their mentees with credibility, which may prove especially advantageous in a health care environment where the allocation of resources is highly competitive.

One analysis of mentoring found that both mentors and protégés have expectations.[9] Protégés expect their mentors to be role models and to have the expertise, interest, and demeanor to guide and support them in seizing and using opportunities to develop a successful career. Mentors seek protégés who are motivated for success and leadership, and are a good match with the mentor in terms of career interests and a mutually beneficial relationship.

Mentoring can come from many sources, including colleagues in all settings, peers, and others.[10] This broad view of mentoring fosters freedom to share ideas. Opportunities for each person to lead, grow, and achieve are strengthened by multiple ideas, perspectives, and energies.

Several foundations have created leadership initiatives that employ mentorship as a central feature. For example, the Brookdale Foundation Leadership in Aging Fellowship Program requires each Fellow to have a formal mentor (a recognized leader in the field) and assigns a former Fellow to provide additional mentorship. The mentoring relationship helps the Fellow achieve credibility and gain access to other leaders in the field.

Peer Networking

The third element of leadership development is peer networking. By developing a network of supportive colleagues, health care professionals have a forum where they can share ideas, elicit feedback,

> “Treat people as if they were what they ought to be, and you help them to become what they are capable of being.”
>
> Johann Wolfgang von Goethe

8. Stewart BM, Krueger LE. An evolutionary concept analysis of mentoring in nursing. J Prof Nurs. 1996;12:311-321.

9. Yoder L. Mentoring: a concept analysis. Nurs Adm Q. 1990;15:19.

10. Broome ME. Mentoring: to everything a season. Nurs Outlook. 2003;5:249-250.

> Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.
>
> Margaret Mead

build self confidence, and make career-enhancing contacts. Some health care leaders (e.g., program directors, deans) may feel isolated in their position at their home institution. This makes having a national network of peers especially helpful.

Professionals often form friendships with other colleagues in their field. But the type of networking that moves the field of geriatrics forward may not come naturally to all health care professionals. Therefore, the Hartford Foundation and other foundations have learned the importance of providing structured venues for encouraging networking activities among colleagues.

For example, the Andrus Scholars Program, funded by the Helen Andrus Benedict Foundation, focuses on developing social work leaders in aging by providing networking opportunities for second-year master's level students. In addition to tuition stipends, course work, and practicum experiences, ample opportunities are provided for scholars to network with colleagues, faculty, community professionals, and past scholars.

Answering the Call

In "The Leadership Challenge Workbook," Kouzes and Posner write:

The next time you say to yourself, "Why don't they do something about that?" look in the mirror. Ask the person you see, "Why don't you do something about that?" By accepting the challenge to lead, you come to realize that the only limits are those you place on yourself.

For transformational leadership to become a reality, health care professionals must answer the call to leadership and understand the value they bring to their profession.

The John D. and Catherine T. MacArthur Foundation exemplify the concept of empowering future leaders in their MacArthur Fellows program. According to the foundation, "the purpose of the MacArthur Fellows Program is to enable recipients to exercise their own creative instincts for the benefit of human society."

Health care professionals with a vision for the future of health care must blaze their own unique trail. In 1929, John A. Hartford challenged future generations of leaders with the motto he chose for the Hartford Foundation: "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."

Four Hartford Leadership Development Projects

The Hartford Foundation ensures that leadership development components are built into its many initiatives. This Annual Report illustrates how four Hartford-funded projects in the fields of nursing, social work, and medicine incorporate the leadership development strategies of formal training, mentoring, peer networking, and encouraging a new generation to answer the call to lead.

These four projects are:

- **Building Academic Geriatric Nursing Capacity Leadership Conference**
- **Social Work Faculty Scholars Policy Leadership Institute**
- **Association of Directors of Geriatric Academic Programs: Geriatrics Leadership Scholars Program**
- **Geriatric Nursing Leadership Academy**

The first three projects provide nurses, social workers, and physicians in academic settings with the tools to recognize themselves as leaders and prepare them to seize opportunities to promote geriatrics within their institution, as well as in the wider community. The fourth project offers leadership training in the clinical setting to position nurse supervisors to enact system-wide reforms in the care of older adults.

A Call to Leaders in Research

Building Academic Geriatric Nursing Capacity Leadership Conference

Recognizing the centrality of nurses to the care of older adults, the John A. Hartford Foundation, in partnership with the American Academy of Nursing (AAN), launched the $7.8 million Building Academic Geriatric Nursing Capacity (BAGNC) Initiative in 2000. This Initiative addresses the critical shortage of leaders in geriatric nursing education and research through the funding of nine Hartford Centers of Geriatric Nursing Excellence, a coordinating center housed at the AAN, and a scholarship program with an annual Leadership Conference for pre-and postdoctoral nurses focused on aging.

(Above) Dr. Patricia Archbold, Director, and (below) Patricia Franklin, Program Manager

BAGNC
Building Academic Geriatric Nursing Capacity

Building Academic Geriatric Nursing Capacity
www.geriatricnursing.org

Claire M. Fagin, PhD, RN, served as program director from 2000 to 2005. Under her leadership and guidance, the program generated a groundswell of interest in geriatric nursing. In 2005, Patricia Archbold, DNSc, RN, and Elnora E. Thomson Distinguished Professor at the Oregon Health & Science University, assumed the position of Program Director. Under her leadership, the program continues to influence geriatric health care. Patricia Franklin, MSN, RN, serves as Program Manager.

Building Geriatric Nurse Leaders for Education, Research, and Practice

Through the scholar and fellow awards, the BAGNC Initiative provides two-year awards for predoctoral nursing scholars and postdoctoral nursing fellows who have been identified as potential academic leaders of the future. The program prepares them to conduct influential research, train the next generation of gerontological nurse leaders, and influence health policy related to older adults. The goal is to create sustainable change in schools of nursing and the health care system. To date, 70 fellowships and 104 scholarships have been awarded to nurses from 35 states.

Simply increasing the numbers of academic geriatric nurses is not sufficient to change systems of care for older adults. Therefore, the initiative also focuses on leadership development in geriatric nursing. “All doctorally prepared nurses, particularly those with postdoctoral research experience, must function as leaders,” says Angela McBride, PhD, RN, Distinguished Professor and Dean Emerita, Indiana University School of Nursing, Indianapolis, and director of the annual BAGNC Leadership Conference. BAGNC offers the only conference

targeted specifically to develop leadership among academic geriatric nurses—a unique and effective strategy for building capacity.

Leadership Development

The approaches to leadership development for BAGNC scholars and fellows include the four strategies of formal training, mentoring, peer networking and encouraging nurses to answer the call to leadership. "The primary guidance we offer is strong mentorship," says Dr. Archbold. Scholars and fellows select a well-regarded nurse researcher to mentor them during the two-year program.

As the principal venue for leadership training and peer networking, the annual Leadership Conference allows BAGNC scholars and fellows to develop leadership skills to advance the field of gerontological nursing and ultimately improve care for older adults. The Leadership Conference is held each year as a pre-conference to the annual scientific meeting of the Gerontological Society of America (GSA).

Dr. McBride designs the annual Leadership Conference in collaboration with BAGNC leadership and the planning committee, which includes alumni and second-year scholars in the program.

(Below) Dr. Patricia Archbold leads a peer networking session "Life after Hartford" at the 2008 Nursing Leadership Conference.

Attendees of the leadership conference include predoctoral scholars, postdoctoral fellows, mentors, BAGNC alumni, directors of the Hartford Centers of Geriatric Nursing Excellence, members of the BAGNC advisory council, and leaders in the field of nursing. "This is an opportunity for scholars and fellows to develop specific knowledge and skills, to meet each other and established geriatric nursing leaders, and to realize they are part of a national movement in academic geriatric nursing," says Dr. Archbold. "Scholars and fellows begin to see themselves as part of this larger community of national leaders."

"I used to be intimidated about approaching nursing leaders," says Nancy Chu, PhD, GCNS-BC, FNGNA, Associate Professor, University of Oklahoma College of Nursing and a BAGNC postdoctoral fellow (2006 to 2008). "By attending the Leadership Conference I found they were very encouraging and wanted to nurture my potential so I, too, can become a leader."

The 2008 Leadership Conference included a session titled "POWER: It's Not a Dirty Word." During this session, Margaret P. Moss, PhD, JD, RN, Associate Professor in the School of Nursing at the University of Minnesota and a member of the Three Affiliated Tribes of North Dakota, noted that nurses have a lot of responsibility and accountability, but often little power. She challenged participants to recognize that having knowledge is power and to use this power effectively. "There are over two million nurses in the United States," she said. "When they recognize the power of their knowledge and expertise, they become a significant force in transforming care for older adults," said Dr. Moss.

The Leadership Conference combines both formal training sessions and informal interaction. The conference brings leaders in the field and budding scholars to a forum where networking is supported and relationships develop. The scholars and fellows come away with a network of colleagues and professional resources that they build on throughout their careers.

For Todd Ruppar, MSN(R), RN, PhD student, Sinclair School of Nursing, University of Missouri, Columbia, being a Hartford-funded scholar provided opportunities for leadership within his

(Opposite page) Dr. Lazelle Benefield speaking at the 2008 Nursing Leadership Conference while Dr. Ann Kolanowski looks on.

(Below) Formal training at the 2008 Nursing Leadership Conference, National Harbor, MD.

Hartford Foundation Trustee John H. Allen addressing the 2008 Leadership Conference.

institution. He was tapped to serve on a dean's search committee and on a strategic planning committee for the medical center. He has also been asked to provide peer mentoring for other doctoral students. "Because I'm in this program, I'm seen as someone who can be relied on to serve in ways that are outside the expected roles of a doctoral student or a new faculty member," he says.

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

"The leaders of the BAGNC program have high expectations that we will excel," says Dr. Chu, who is just finishing her fellowship. "These leaders give us extra motivation to increase publishing, apply for grants, and to become strong mentors to students and junior faculty in the future."

Lessons Learned

Since the program's inception in 2000, several important lessons about building leaders in geriatric nursing have been discerned. For example, conference leaders found that having panel discussions with audience interaction was more valuable than simply planning a series of talks by experts. They also learned that providing a subtle structure, such as having cohorts sit together or setting aside time specifically for networking, facilitated engagement in peer networking.

Outcomes

BAGNC alumni are a highly productive and effective group of academic nurses whose influence is already strong in the field. As of June 2008, an analysis of 132 of the 137 fellows and scholars in the first seven cohorts found that they had obtained over $27 million in grant funding during or after their BAGNC award. They've taught over 12,000 nursing students and published a total of 587 peer-reviewed articles.

Alumni of the BAGNC Initiative are taking their places as leaders in geriatric nursing regionally and nationally. For example, Corrine Jurgens, PhD, RN, (2004 to 2006 postdoctoral fellow) serves on the Quality of Care and Outcomes Research Committee of the American Heart Association—the prestigious group that sets national standards

of care for persons with heart disease. Deanna Gray-Miceli, DNSc, (2002 to 2004 postdoctoral fellow) chairs the New Jersey Department of Health and Senior Services Fall Prevention Workshop.

Collaboration with other Funders

The BAGNC program has attracted additional partners, also committed to improving care for older adults. The Atlantic Philanthropies has provided the coordinating center with $5.4 million to support additional postdoctoral fellowships.

The Mayday Fund provided $60,000 to supplement funding for scholars and fellows whose research focuses on improving pain management in older adults. The mission of the Mayday Fund is to alleviate the incidence, degree, and consequence of physical pain.

"Collaborating with the Hartford Foundation was intriguing for the board of the Mayday Fund because these nurse leaders will be changing practice," says Christina Spellman, Executive Director of the Mayday Fund. "At the Leadership Conference you see nurses working together in ways that demonstrate how they want to change the overall level of the field, as opposed to focusing only on individual careers."

Ms. Spellman also has high praise for the organizers of the conference. "These nurse leaders have heavily invested their time and expertise to shape the world of geriatric nursing for generations to come."

(Top) The 2008 Mary Starke Harper Distinguished Lectureship featured Gloria Smith, PhD, RN, being interviewed by Phyllis Beck Kritek, PhD, RN.

(Bottom) Reception in honor of Dr. Gloria Smith.

LAYING THE GROUNDWORK

Dana L. Carthron, PhD, RN

Dana L. Carthron, PhD, RN, conducts research on grandmothers raising grandchildren with a focus on issues surrounding older women caregivers who have diabetes. "I want to change policy for older African-American women who have difficulty taking care of their diabetes while being primary caregivers for their grandchildren" she says.

Dr. Carthron, who completed her doctoral work at the University of Arkansas for Medical Sciences College of Nursing in Little Rock, recognizes the importance of academic leadership to bring about social change. As a Hartford predoctoral BAGNC scholar (2007 to 2009), she wanted to advance her career so she can make a difference in the lives of older adults.

While developing her knowledge and skills, she has started laying the groundwork for her academic career, thanks to the BAGNC scholarship program and the two Leadership Conferences she attended. "I thought I knew where I wanted to go, but I didn't realize how many opportunities there are for geriatric nurses," says Dr. Carthron.

The Leadership Conferences were especially transformational. "I was able to speak to people I never would have had access to," she says. Nursing leaders like J. Taylor Harden, PhD, RN, Assistant to the Director for Special Populations, National Institute on Aging, offered advice and encouragement. "Talking to an African-American nurse in a position of authority affirmed my goals for the future and was exciting," says Dr. Carthron.

"One of the most valuable lessons I've learned in the BAGNC program is how to be a better advocate for older adults," says Dr. Carthron. Using the communication skills she learned, she is raising her visibility within her community by speaking at seminars for older adults with diabetes and health professionals who care for older diabetic patients. "The BAGNC

program taught me the skills to be a better speaker," says Dr. Carthron, who was coached by mentors about how to more effectively convey her ideas.

She has also become active as a leader in professional organizations. She is the president of the Little Rock Black Nurses Association. "The BAGNC program gave me the confidence to take on that position," she says. Through connections she made in the BAGNC program, she became involved with the National Coalition of Ethnic Minority Nurses Associations. Working toward her goal of influencing public health policy, she was one of the students selected by the National Minority Quality Forum to be trained in effective lobbying of political leaders and policy makers. "These opportunities would not have been available if I hadn't been a BAGNC scholar," she says.

> "I thought I knew where I wanted to go, but I didn't realize how many opportunities there are for geriatric nurses."

At a Southern Nursing Research Society (SNRS) conference several years ago, Dr. Carthron met Lenora R. Campbell, DSN, RN, who also conducts research on health issues faced by grandparents who are primary caregivers of grandchildren. Because of their mutual research interest, Drs. Campbell and Carthron stayed in touch and decided to conduct a symposium at the 2009 SNRS conference titled "Challenges and Needs of Custodial Grandmothers." They are also considering ways they might collaborate on research projects.

Dr. Campbell, who is Associate Dean, Division of Nursing, Winston-Salem State University in North Carolina, is impressed with Dr. Carthron's strong commitment to the older adult population with whom she works and to the education of nursing students who care for older patients. "She is tenacious in her desire to make a difference for both of these groups," says Dr. Campbell.

(Below) Dr. Dana Carthron with grandmother and grandchild. Dr. Carthron assesses the grandmother for diabetes.

MENTORING MATTERS

Lazelle Benefield, PhD, RN

Lazelle Benefield, PhD, RN, (above left) wanted to improve care for older adults by addressing the needs of family caregivers who provide care from a distance. "By understanding their concerns, we can develop innovative interventions to support them," she says.

A fortuitous meeting with Cornelia Beck, PhD, RN, (above right) Professor in the Department of Geriatrics at the University of Arkansas for Medical Sciences in Little Rock, helped to stimulate Dr. Benefield's interest in increasing her research capabilities, but just as importantly it set her career on a path toward leadership in gerontological nursing. Dr. Beck encouraged Dr. Benefield to apply for a BAGNC postdoctoral fellowship. She was accepted in 2003, with Dr. Beck as her mentor. "I had been doing research on a small scale, but I needed the postdoc to successfully compete for grant funds," says Dr. Benefield.

As a Hartford Fellow, Dr. Benefield attended the BAGNC Leadership Conferences where she acquired leadership skills and forged career-enhancing relationships with peers from across the country. But she credits her success largely to the

mentoring she received from Dr. Beck, a highly regarded pioneer in nursing research.

"With guidance from Dr. Beck, I was able to move to another level of thinking, of interaction, of expectation for myself," says Dr. Benefield.

Dr. Beck gave Dr. Benefield advice and support and introduced her to important contacts in the worlds of business and academics. Because of this entrée, Dr. Benefield was able to include a technology director, a nurse engineer, and a leading psychologist on an expert panel for a National Institutes of Health grant application. They were willing to contribute as consultants because of Dr. Beck. The research project examined distance caregiving of cognitively impaired elders living alone at home. "I believe the grant was funded, at least in part, because of the expertise of the team," says Dr. Benefield.

After the postdoctoral fellowship ended, Dr. Beck continued to provide Dr. Benefield with career advice. Dr. Benefield was subsequently appointed to the Endowed Parry Chair in Gerontological Nursing in the College of Nursing at the University of Oklahoma.

"With guidance from Dr. Beck, I was able to move to another level of thinking, of interaction, of expectation for myself."

"The Hartford Fellowship laid the groundwork that brought me to this position," says Dr. Benefield.

Looking for avenues to build capacity in geriatric nursing, the Donald W. Reynolds Foundation wanted to make a grant modeled on the Hartford Foundation's Centers of Geriatric Nursing Excellence. They noticed Dr. Benefield and the work she and the School of Nursing had done to build their program.

"Lazelle was quick to articulate what was new at the School of Nursing, what resources and infrastructure could support the center, and what more was needed," says Rani Snyder, Senior Program Officer at the Donald W. Reynolds Foundation. The Reynolds Center for Geriatric Nursing Excellence was funded with a $2.6 million grant in July 2008, with Dr. Benefield serving as director.

"Because of the relationships I had forged through the Hartford program, as we built the infrastructure for the Reynolds Center, we had resources around the country to draw on," says Dr. Benefield.

"Lazelle has a vision for where she wants to go and how to get there," says Ms. Snyder.

(Below) Dr. Lazelle Benefield at the Donald W. Reynolds Center of Geriatric Nursing Excellence with faculty members from the Oklahoma University School of Nursing.

A Call to Leaders in Policy

Social Work Faculty Scholars Policy Leadership Institute

To expand academic leadership in geriatric social work, in 1999 the John A. Hartford Foundation funded the Hartford Geriatric Social Work Faculty Scholars Program administered by the Gerontological Society of America. The program provides financial and career support for junior social work faculty who are committed to academic careers in aging-related social work.

(Above) Dr. Barbara Berkman and (below) Linda Harootyan, Program Leaders

The Faculty Scholars program is led by Barbara Berkman, DSW, Helen Rehr/Ruth Fizdale Professor of Health and Mental Health at the Columbia University School of Social Work, and is administered by Linda Harootyan, MSW, Deputy Director of the Gerontological Society of America (GSA).

Each year, doctorally prepared social work faculty who are conducting community-based research are selected for the two-year program. Participants hone their leadership skills through formal training, skill-building workshops, mentoring, and peer networking. Each scholar is assigned a nationally recognized leader as a mentor. The mentor works with the scholar on professional development and enhancing research skills. Moreover, the numerous program workshops dedicate ample opportunities for peer networking.

Policy Leadership Institute

In 2001, the Policy Leadership Institute was launched as part of the Hartford Geriatric Social Work Faculty Scholars Program. The intensive two-day training focuses on framing issues for policy makers, understanding the legislative process, and using targeted communication strategies. In recognition of the interdisciplinary nature of geriatrics, in 2005 the Institute expanded to include nurses involved in Hartford Foundation training programs.

"We want scholars to recognize that as faculty who conduct research, they have a responsibility to use what they've learned from their research to inform policy makers," says Dr. Berkman.

The Policy Leadership Institute, which takes place in Washington, DC, helps participants develop an understanding of the connections between the research, academic, practice, and policy arenas. Institute participants learn that positive relationships with policy makers on the state and national levels can advance research goals, help disseminate knowledge, and ultimately improve the quality of life for older adults.

GERIATRIC SOCIAL WORK INITIATIVE

Hartford Geriatric Social Work Initiative
www.gswi.org

"First, academicians must feel empowered to become advocates, and then they must be given the tools to move in that direction," says Ms. Harootyan. "The change we see in the attitudes and skills of the scholars in the two short days of this Institute is phenomenal."

The Institute addresses theory and practice with keynote speakers from the world of aging and health policy, as well as interactive sessions on crafting a unique message and testifying at a hearing. The participants are also given a policy toolkit containing a variety of educational materials, such as tips for working with the media and understanding the legislative process.

Over the years, the participants have benefitted from the wisdom and personal examples of academicians who have become involved in policy making at such organizations as the Alzheimer's Association, the Kaiser Family Foundation, Georgetown University, the Urban Institute, Schering-Plough, and AARP. Using the strategy of formal training, these accomplished speakers have shared practical advice on making research relevant and usable to policy makers, and inspired the scholars to expand their understanding of potential career opportunities.

(Below) Cecelia Thomas, PhD, Social Work Faculty Scholar, University of North Texas, meeting with Josh Martin, Legislative Director to Representative Michael Burgess (R-TX). Dr. Thomas discussed her research on trauma and relocation experiences of older African-American survivors of hurricane Katrina, many of whom now reside in Texas.

Marilyn Moon, Vice President and Director, Health Programs at the American Institutes for Research, emphasized to the scholars that having credible research doesn't guarantee that one's policy ideas will be adopted. Academicians must make their findings timely and know how to make their voices heard in the policy process.

During the Institute, an interactive communications session is devoted to crafting a short, memorable message summarizing each participant's research. The scholars are reminded that a meeting with a Member of Congress or Congressional staff is an opportunity to communicate their message. The key is to be credible, concise, compelling, and consistent.

Another session, "Advice on Communicating with Staff and Members of Congress," is led by current and former Hill staffers. Participants also hear insider information from a Library of Congress speaker who tells them "How Congress Really Works."

(Below) Elena O. Siegel, PhD, RN, BAGNC Postdoctoral Fellow, Assistant Professor, Oregon Health & Science University, sharing her testimony regarding her research on nursing homes.

One of the highlights of the Policy Leadership Institute is the mock hearing conducted by the institute's organizer, Brian Lindberg, a social worker and former Congressional staffer. "Given the depth of experience and expertise that these scholars have accumulated in their careers, it is quite possible that they could be asked to provide expert testimony on an aging or health related issue, and we want them to be prepared and feel comfortable doing so," observes Mr. Lindberg.

The Policy Leadership Institute culminates in visits to Congressional offices, where participants most often meet with staff members who handle the aging and health related issues. As the participants learn at the Institute, the relationship with the staff is nearly as important as

meeting the elected official. Using their sharpened message about their research, the scholars experience firsthand what it is like to try to make a lasting impression in a fifteen minute meeting. Fortunately, "the focus of these first Hill meetings is to establish relationships," points out Mr. Lindberg, "with the scholar becoming known to the legislator and staff as a resource or go-to person for certain issues."

Lessons Learned

Reflecting on lessons learned in the eight years of the Policy Leadership Institute, Ms. Harootyan notes that the organizers had initially not anticipated how nervous the participants would be about advocacy. "We've worked on decreasing anxiety levels and have emphasized communication skills," she says. Formal training is therefore essential.

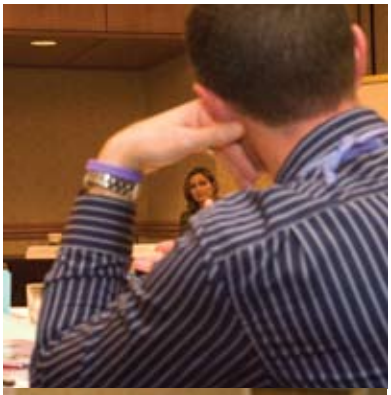
To reinforce lessons learned, the Institute utilizes a facilitator, Doris Reeves-Lipscomb, a social worker with extensive experience in aging policy and nonprofit strategic planning. At the end of each session, Reeves-Lipscomb helps the scholars reflect on the "take away" messages.

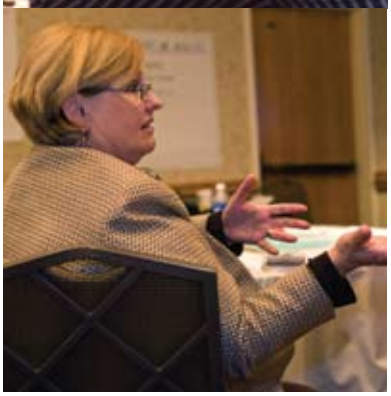
Faith Hopp, PhD, Social Work Faculty Scholar from Wayne State University, attended the 2008 Institute. "I learned that there are people on Capitol Hill with whom I might form a relationship and that they might find value in the knowledge I have," says Dr. Hopp.

"Attending the Policy Leadership Institute gave me a glimpse of what takes place on Capitol Hill," says David Jenkins, PhD, Social Work Faculty Scholar from Texas Christian University in Forth Worth. "Before this experience I didn't appreciate that people with credible, quality information are in demand from Members of Congress."

Outcomes

Policy Leadership Institute participants have put their training to good use. When Suzanne Prevost, PhD, RN, attended the Institute in 2007, she met with her Member of Congress, Bart Gordon (TN). Dr. Prevost began the meeting by thanking Rep. Gordon for obtaining funding for the Middle Tennessee State University School of Nursing, where Dr. Prevost is on the faculty. They discussed the need for additional funds for equipment. One month after the visit, Dr. Prevost received a letter informing her that the school would receive an additional $250,000 federal appropriation for equipment and technology.





(Top) Elaine Dalpiaz, Policy and Legislative Consultant, Senate Special Committee on Aging, answering questions from Hartford Faculty Scholars.

(Bottom) Hartford Faculty Scholar, Jean Munn, PhD, offers her perspective during the 2008 Policy Leadership Institute.

The work of Michael W. Parker, a Social Work Faculty Scholar from the University of Alabama, so impressed his Congressman that he placed a statement about Parker in the *Congressional Record*. The statement described the Military Parent Care Project that Parker modified to include older and disabled loved ones in caregiving preparations.

Related Programs

The importance of developing leaders with the knowledge and expertise to influence public health policy has been recognized by other foundations. The Health and Aging Policy Fellows Program, funded by The Atlantic Philanthropies, allows Fellows to participate in the policy making process on either the federal or state level as legislative assistants in Congress or professional staff members in executive agencies or policy organizations.

The Heinz Family Philanthropies has funded the John Heinz Senate Fellowship in Issues of Aging program for a decade. That fellowship, co-funded by the U.S. Senate, provided an opportunity for mid-career professionals in aging to learn public policy by working in the U.S. Senate. In 2008, the Heinz Fellowship was linked with The Atlantic Philanthropies' aging policy program to create the joint John Heinz/ Health and Aging Policy Fellowship, which funds one individual each year to work in the office of a U.S. Senator. The first joint fellow is Gretchen E. Alkema, PhD, a former Hartford Doctoral Fellow in Geriatric Social Work.

Dr. Alkema is working in the office of Senator Blanche Lincoln (AR), where she assists with bills that relate to aging, long-term care, and chronic care. For example, she is helping to craft the Geriatric Assessment and Chronic Care Coordination Act, which fits with her policy interests of creating better coordination between health care and social services for vulnerable adults with chronic conditions. "Being a Hartford Fellow gave me the confidence to take my ideas forward and bring a leadership perspective to the role I have here in Senator Lincoln's office," says Dr. Alkema.

(Opposite page) Hartford Social Work Faculty Scholars, Catherine Tompkins, David Jenkins, and Cecilia Thomas visting the Capitol.

(Below) 2008 Policy Leadership Institute participants.

A CLEAR VISION AND FEARLESSNESS

Michelle Putnam, PhD

As an academic social worker, Michelle Putnam, PhD, is concerned about people who are aging with a long-term disability (such as multiple sclerosis, polio, and spinal cord injury). "My work is centered on understanding how public policy does or does not work for this group of people," she says. While a Hartford Social Work Faculty Scholar (2002 to 2004), Dr. Putnam studied how aging and disability service provider networks collaborate to support people who are aging with disabilities.

As part of the Faculty Scholar program, Dr. Putnam, an assistant professor at Washington University in St. Louis, attended the Policy Leadership Institute. There she had the opportunity to discuss her research with legislators from her home state of Missouri.

During the workshop prior to the day of lobbying, speakers discussed techniques for engaging policy makers about an issue or concern. "Advocacy can be intimidating," says Dr. Putnam. "It was helpful to hear presentations from people who are active in the policy arena and to understand what they do and how they do it."

The Policy Leadership Institute had a lasting and positive influence on Dr. Putnam and her career. "The workshop and the experience on Capitol Hill encouraged me to approach legislators and organizations at the state level to try to make policy changes," she says.

Dr. Putnam designed her aging policy course to be a "think tank." She and her students worked with community advocates and state legislators to shape a new Medicaid law in Missouri. Two items they proposed were included in the law—the creation of a permanent commission to find ways to simplify access to state health services, and the addition of a gerontologist on the commission. Dr. Putnam's students also wrote policy briefs and testified before a State Senate Committee about legislation that would make long-term care insurance funded by public/private partnerships less discriminatory toward people with low incomes and existing medical conditions.

"These were large victories," says Dr. Putnam. "We got included and we got our voices heard."

"The Policy Leadership Institute helped me to think about how to incorporate policy ideas as I design my studies," she says. She tries to build an argument for creating effective policies or understanding how well policies are working into her research.

Dr. Putnam left Washington University in 2008 to accept a position as assistant professor at Simmons College School of Social Work in Boston.

"These were large victories," says Dr. Putnam. "We got included and we got our voices heard."

She continues to utilize lessons from the Policy Leadership Institute. For example, she teaches a doctoral level course on incorporating public policy outcomes in research and scholarship. To help break down the mystique of policy work, Dr. Putnam often uses examples of her own research and its policy connections in class.

Dr. Putnam's continued research into barriers to collaboration between aging and disability service provider networks, along with other work, has garnered national and international attention from organizations and institutions concerned with cross-network collaborations. She was the keynote speaker at the International Conference on Bridging Knowledge in Long-Term Care and Support: Crossing Boundaries between Ageing and Disability, sponsored by the European Union.

"Michelle is a unique individual who brings compassion and insight at the community level, but also brings a clear vision and fearlessness on a national policy stage," says Joseph L. Lugo, Aging Services Program Specialist, Center for Planning and Policy Development, U.S. Administration on Aging.

(Below) Dr. Michelle Putnam, Assistant Professor, teaching a doctoral level course on policy at Simmons College, Boston, MA.

GAINING SKILLS TO INFLUENCE PUBLIC POLICY

Sandra Owens-Kane, PhD

Sandra Owens-Kane, PhD, began her social work career as a case manager counseling older adult clients admitted to a private psychiatric hospital in Las Vegas, Nevada. "I was an efficient and effective social work clinician," says Dr. Owens-Kane. But she recognized that as a full-time college professor and researcher, she could have an even greater impact on providing solutions for the problems confronting older adults and their family members.

Dr. Owens-Kane received her doctoral degree in 2000 from the University of California, Berkeley. She is now Associate Professor in the School of Social Work, University of Nevada, Las Vegas, where she teaches and conducts research on improving formal and informal caregiving for older adults. In 2006, Dr. Owens-Kane was accepted as a Hartford Social Work Faculty Scholar, and it was during the Policy Leadership Institute that she realized that she could have an even broader impact on the lives of older adults in America.

> "The Hartford Policy Leadership Institute helped me to develop the underpinnings of my future geriatric-focused advocacy work. Without it I would not have had the courage."

"One of the most pivotal career experiences I had as a Hartford Social Work Faculty Scholar was the two days we spent in Washington, D.C. at the Policy Leadership Institute," says Dr. Owens-Kane. The Institute demystified the process of policy making by taking scholars to Capitol Hill and allowing them to learn from key political constituents. "I felt like an active participant in the American political process," she says.

"And I realized that I could directly influence national legislation and policies regarding elder health care, care-giving, and other problems faced by older adults."

Dr. Owens-Kane embraced the opportunity to meet with staff members in the offices of Senators Harry Reid and John Ensign. She briefed Congressional staffers about her research on the needs of older Americans and their caregivers. She also volunteered to be a resource for the Senators around legislation they were drafting, including the Lifespan Respite Care Act, which was later passed into law. She provided Nevada state and national data, agency reports, and peer-reviewed scholarly articles. These initial exchanges were the start of a lasting relationship. Dr. Owens-Kane contacts the Senators' staff every six months to offer information or to ask them to support aging-focused legislation.

Dr. Owens-Kane co-authored a research article titled "Family Caregiving to Older Adults," which is published in the 2008 edition of the Encyclopedia of Social Work. Dr. Owens-Kane credits the Policy Leadership Institute with helping to enhance her state and national recognition as an expert on aging issues.

Dr. Owens-Kane also catapulted herself onto the national political stage as an alternate Nevada state delegate to the Democratic National Convention in Denver in 2008. A treasured bonus of her grassroots volunteer political work during the primary election was the opportunity to meet Barack Obama and to speak with Michelle Obama about national elder caregiving problems.

Now Dr. Owens-Kane is contemplating running for public office herself. "The Hartford Policy Leadership Institute helped me to develop the underpinnings of my future geriatric-focused advocacy work," she says. "Without the Institute, I would not have had the courage to become so politically involved."

Dr. Owens-Kane also applied the knowledge and skills she learned at the Hartford Policy Leadership Institute to her local advocacy work. For example, she was appointed to the Nevada Strategic Plan for Senior Services Accountability Committee. She was invited to be an expert panelist to discuss elder issues following the Las Vegas preview of the PBS documentary "Caring for Your Parents," and she was invited by the National Association of Social Workers to present her insights into why social workers should pursue a career in aging services.

(Opposite page) Dr. Sandra Owens-Kane with her mentor Letha A. Chadiha, PhD, at the 2008 GSA Conference presenting her with the Mentorship of the Year award.

A Call to Leaders in Education

Association of Directors of Geriatric Academic Programs: Geriatrics Leadership Scholars Program

To build geriatric leadership at academic health centers, in 2001 the John A. Hartford Foundation provided funding to the Association of Directors of Geriatric Academic Programs (ADGAP) for a training program to increase leadership skills of newly appointed geriatrics program directors. The initiative develops leadership and management skills through intensive formal training, close mentorship, and strong peer support.

Dr. David Reuben, Director of ADGAP's Leadership Programs

The success of this program inspired funding for a second scholars program for more senior leaders. The two leadership development programs are led by David B. Reuben, MD, Chief of the Division of Geriatric Medicine and Director of the Multicampus Program in Geriatric Medicine and Gerontology at the University of California, Los Angeles; C. Seth Landefeld, MD, Professor of Medicine and Chief of the Division of Geriatrics at the University of California, San Francisco; and G. Paul Eleazer, MD, Professor of Internal Medicine and Director of the Division of Geriatrics, University of South Carolina, Columbia.

"Investing in geriatrics leadership produces important downstream effects," says Dr. Reuben. A geriatrics program director with good leadership skills does a better job of recruiting and training health professionals in geriatrics, obtains more funding for research on care of older adults, and ensures that geriatrics receives a fair share of institutional resources.

Each year, four to six academic geriatrics program directors who assumed their positions within the past six years are chosen as Leadership Scholars. In addition, four to six geriatrics directors who have held their position for six years or more and are looking for further career advancement are selected as Senior Leadership Scholars.

Skill-Building for Newly Appointed Program Directors

Physician leaders often find themselves at a disadvantage because a basic grounding in fundamental management concepts, such as operations theory, finances, and negotiations, is not taught in medical school and postgraduate training.

Formal training in management is important, but it doesn't by itself produce effective leaders. According to Dr. Reuben, additional

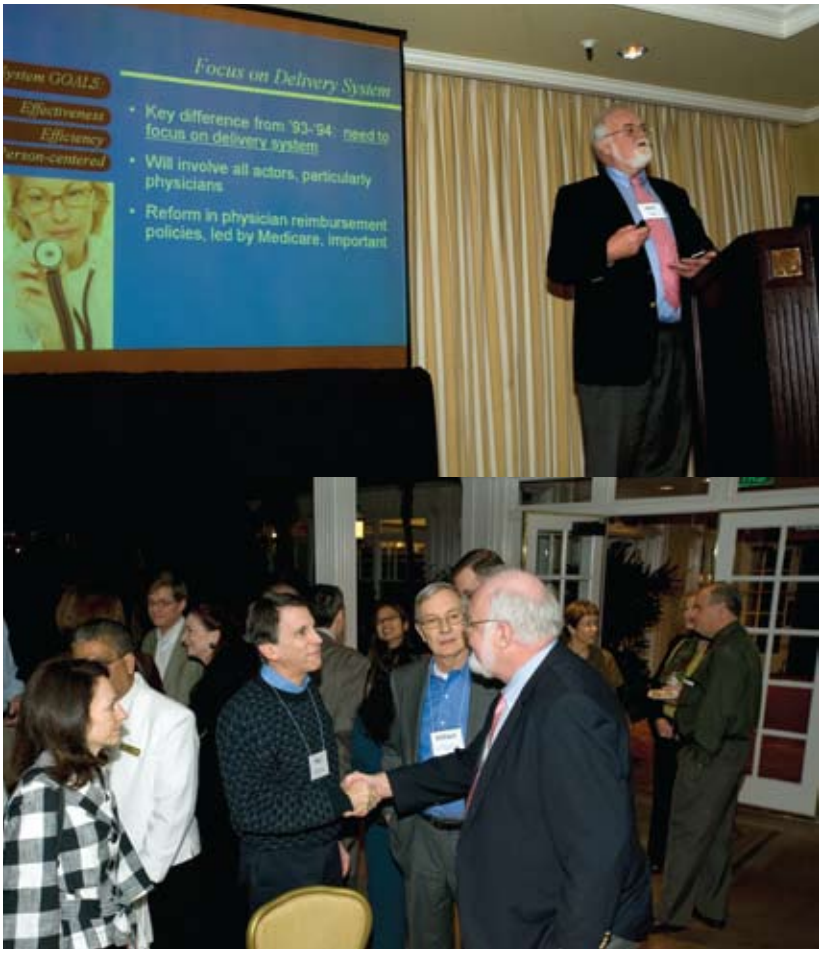
Association of Directors of Geriatric Academic Programs
www.americangeriatrics.org/adgap

components of leadership development, such as heeding the call, are necessary. "Everyone in a leadership position has talent," says Dr. Reuben. "It's a question of developing that talent so they are as effective as they can be."

To bolster confidence and provide a support structure, two mentors are assigned to each Leadership Scholar. The first mentor is a department chair, dean, or senior official at the scholar's institution. This mentor offers advice about institutional politics and helps with strategic planning. Having a local mentor demonstrates an investment on the part of the institution in the success of the geriatrics program director. Frequently, this mentorship role alters the relationship between the scholar and her or his supervisor such that the institutional leader becomes the scholar's advocate. The second mentor is a senior national geriatrics leader, who visits the scholar as well as key personnel who are critical to the success of the program director at her or his home institution. This may include geriatrics faculty members, the department chair, dean, and chiefs of related programs.

Mindy Fain, MD, Associate Professor of Clinical Medicine and Co-director of the Arizona Center on Aging, University of Arizona

(Below) Dr. Seth Landefeld (right) at the 2009 ADGAP Leadership Retreat in the Small Group Problem-Solving session designed to help program directors resolve current issues. The session is led by John O'Neil (center), President of the Center for Leadership Renewal.



(Top) John Rother, JD, Policy Director at AARP, delivering the keynote on influencing policy at the opening of the 2009 ADGAP Leadership Retreat in San Diego, CA.

(Bottom) Neil Resnick, MD; William Hall, MD; and John Rother at an ADGAP dinner.

College of Medicine, Tucson, found this especially helpful in raising the visibility of geriatrics at her institution. When her national mentor, John R. Burton, MD, Director, Johns Hopkins Geriatric Education Center, Baltimore, Maryland, conducted the annual site visit, he had a meeting with the dean, department heads, and all of the first and second-year medical students, in which he stressed that all physicians need to be prepared to care for older adults. He also had conversations with the dean and department head about a path that an academic health center can take to better meet the needs of an aging population. "Then he placed me front and center to continue," says Dr. Fain.

Dr. Burton's continued mentoring of Dr. Fain provided the support and connections that have helped her to position herself as a leader in geriatrics at her institution and on the state level and to obtain education and training grants in geriatrics for the university.

Leadership Scholars also serve as a source of support for each other. Being a program director can be lonely, so it's important to have other people at your professional level to discuss issues in common. A peer network is also essential for the development of the field of geriatrics.

Leadership Scholars interact with each other and build a community of leaders through bimonthly conference calls and at the two-day annual Geriatrics Leadership Retreat. "The peer networking helped me form a network of colleagues throughout the country whom I can call upon for advice and feedback," says Laura Mosqueda, MD (see profile page 54).

The leadership retreat has three goals. The first is formal leadership training, which may include workshops on financial planning, negotiations, fundraising, and other management issues. The second goal is interpersonal development. Leaders need to understand their

own strengths and weaknesses, so they can play to their abilities and surround themselves with people who augment their deficits. One tool used to develop interpersonal skills is the "360 evaluation" in which confidential feedback is provided by superiors, peers, and direct reports. While the feedback is often challenging, it enables participants to see how they are perceived by others and allows for change.
The third goal of the retreat is to provide time for peer networking with colleagues. Program directors are encouraged to discuss issues that are challenging to geriatrics in general and to look for areas where they can work together.

Preparing Seasoned Leaders for System-Wide Impact

The Senior Leadership Scholars Program is designed to allow experienced division heads—those with six or more years in a leadership position—to develop new opportunities to shape the future of medicine and enhance the health of older adults. The Scholars receive individual coaching to assess their goals and engage in personal strategic planning. This program establishes the networks that foster careers at the highest levels of health care, medical education, science, and policy.

From the first cohort of five Senior Leadership Scholars, two have recently pursued new leadership opportunities. Linda Fried, MD, MPH, left her position as Division Chief at Johns Hopkins to become Dean of the Mailman School of Public Health, Columbia University. Marie Bernard, MD, the founding director of the University of Oklahoma's Department of Geriatric Medicine, was appointed Deputy Director of the National Institute on Aging in October 2008 (see profile page 11). Both credit their experience in the Leadership Scholars Program with helping to propel their careers to the next level.

Lessons Learned

"Over the past eight years, we have learned that formal training programs are only the start of leadership training in geriatrics," says Dr. Reuben. The formal courses that the newly appointed directors participate in and the leadership development sessions at the retreat provide some basic tools and open the program directors to the possibilities for further development. Much of the subsequent growth can be attributed to learning from their formal mentors (local and national) and peer network (the other program directors who are facing similar issues in their work).

(Top) Thomas Perls, MD, MPH, giving a presentation at the 2009 ADGAP Leadership Retreat.

(Bottom) Other ADGAP participants attend training sessions.

Geriatrics program directors have been remarkably generous in sharing their time and experience with their colleagues. "Watching the one-on-one and small group sessions at the retreat has been inspirational and a far cry from some of the competitiveness that often characterizes academic medicine," says Dr. Reuben. "It's wonderful to see a community helping each other so that all boats (i.e., geriatric academic programs) can rise."

Outcomes

"As a result of the ADGAP leadership work, program directors find that they are more effective as leaders and are able to bring more resources not only to their own institutions, but to the field of geriatrics as well," says Dr. Reuben. The outcomes of the leadership training have been amazing. "Some Leadership Scholars have taken fledgling or struggling programs and made them solid programs at their institutions," says Dr. Reuben. "Some have brought new resources to their programs and have taken leadership of professional societies, and some have moved on to more advanced leadership positions."

(Top) James Kirkland, MD, PhD, from Mayo Clinic, participating in a small group session with Steven Counsell, MD, and colleagues at the 2009 ADGAP Retreat.

(Bottom) Joe Golding, Chairman and CEO of Advancement Resources, giving a workshop titled, "Patients, Family, Geriatrics and Fundraising."

Eight scholars led successful applications for Donald W. Reynolds Foundation grants to increase geriatrics training in medical school curricula, bringing $2 million in outside funding to each of their respective schools. Two Scholars led their institutions to become Hartford Centers of Excellence in Geriatric Medicine and Training. Scholars have also brokered favorable revisions to the Accreditation Council for Graduate Medical Education fellowship program requirements.

(Above) Dr. Laura Mosqueda, seated with Dr. Lisa Gibbs, right, are members of a team that investigates cases of abuse and neglect among the elderly. Photo: Monica Almeida/ The New York Times/Redux.

Partnerships with Other Programs

The ADGAP Geriatrics Leadership Scholars Program, like all Hartford-funded projects, seeks to efficiently utilize existing resources and to capitalize upon the success of proven leadership programs. As part of their experience, ADGAP Scholars are awarded a stipend to attend a short-term leadership training program for physicians at an established institution or business school. Scholars often elect to participate in Harvard's Leadership Development for Physicians program. This program brings together physicians and an inter-disciplinary faculty for two weeks of intensive and systematic study of critical leadership and management issues that face physicians in administrative positions of academic health centers. This and other renowned leadership programs, such as the one at the University of Pennsylvania Wharton School of Business Center for Leadership and Change Management, provide state-of-the-art training in leadership and augment what is learned through the ADGAP program.

ACCEPTING THE CHALLENGE TO EXPAND GERIATRICS

Mark A. Supiano, MD

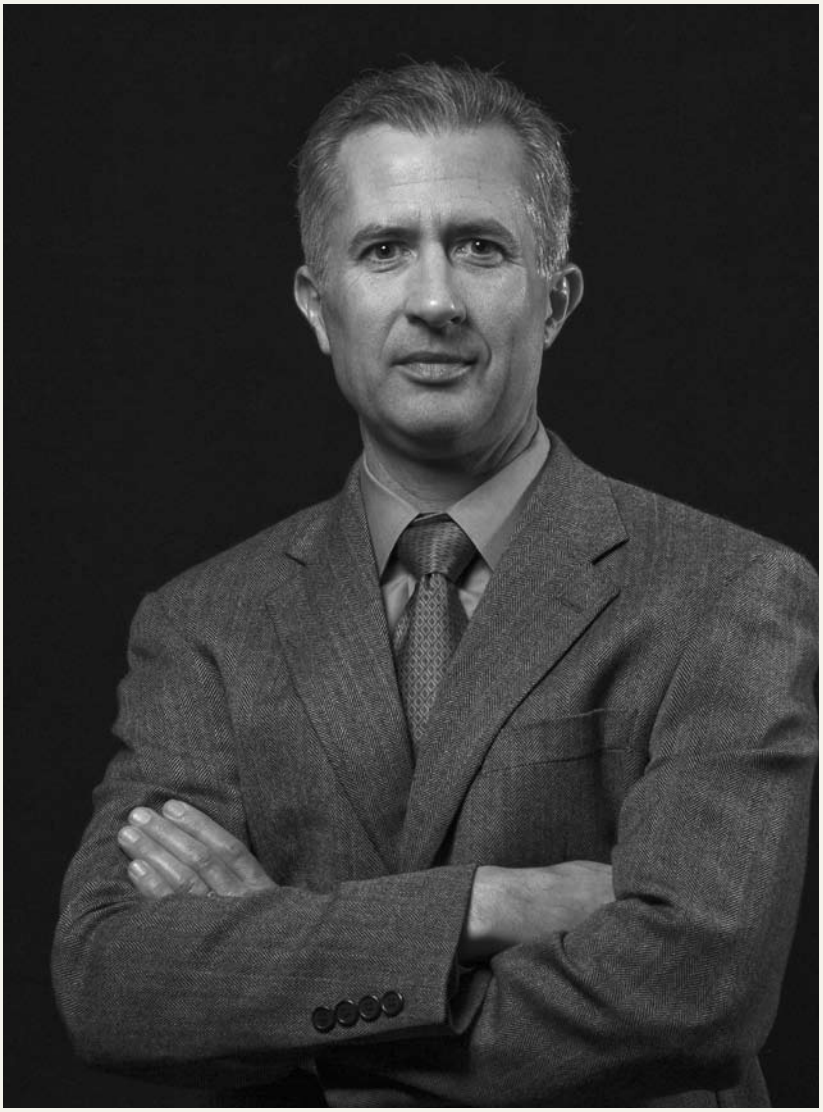
Mark A. Supiano, MD, traces his passion for caring for older adults back to the close bond he had with his grandfather, an immigrant from Ukraine who lived to be 90 years old. Andrew Szupiany's remarkable life and approach to successful aging inspired his grandson to focus his medical career on the relatively new field of geriatric medicine.

In 1988, Dr. Supiano was in the first cohort of physicians to receive certification in geriatric medicine, which required two years of fellowship training. At that time, the Hartford Foundation had funded their first Centers of Excellence in Geriatric Medicine. Dr. Supiano's fellowship training was supported in part by the Center of Excellence grant at the University of Michigan, led by Jeffrey B. Halter, MD, who was a mentor to Dr. Supiano. "That was one of the formative experiences in my professional development in geriatrics," says Dr. Supiano.

> "I realized that it was my mission to take what I learned from mentors and apply it in a leadership position at an institution where the program in geriatrics needed to be expanded."

Dr. Supiano remained at the University of Michigan for over 20 years, moving up through the academic ranks to full professor while conducting research on hypertension and heart failure in older adults. He also directed the Veterans Administration's (VA) Ann Arbor Geriatric Research, Education and Clinical Center (GRECC). Dr. Supiano recalls early visits by Hartford Foundation staff to review the Center of Excellence. "On more than one occasion, the program officer encouraged me to consider leading my own program," says Dr. Supiano.

In 2005, Dr. Supiano finally decided the time had come. He was appointed Chief of the Division of Geriatric Medicine at the University of Utah, Director of the VA Salt Lake City GRECC and Executive Director of a newly created institution-wide Center on Aging. "I accepted the position because it's clear to me that for geriatrics to succeed as a discipline it's not just the top programs that need to be supported," says Dr. Supiano. "We need to have strong geriatrics programs at every medical school in the country. I realized that it was my mission to take what I learned from mentors and my experience at the University of Michigan and apply it in a leadership position at an institution where the program in geriatrics needed to be expanded."



The University of Utah had made a commitment to enhancing geriatrics and becoming a nationally recognized program. Dr. Supiano was excited to lead the effort, but he realized he could use assistance. Turning again to the Hartford Foundation, Dr. Supiano applied and was accepted as a Hartford Geriatrics Leadership Scholar.

"The most significant benefit of the program was the mentoring, both internal and external," says Dr. Supiano. His external mentor, Lewis Lipsitz, MD, Chief of the Division of Gerontology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, was instrumental in helping Dr. Supiano to successfully reapply for a grant from the National Institute on Aging. The grant was crucial to help launch the Center on Aging, a university-wide, comprehensive, interdisciplinary center that serves as the University of Utah's focal point for aging-related research, education, and clinical programs.

When Dr. Supiano arrived at the University of Utah in October 2005, there were five faculty members in the Center on Aging. Now there are over 90 faculty members, representing 10 different schools and colleges across the University. "The ADGAP Leadership program equipped me to effectively lead the expansion of the program here," says Dr. Supiano.

"Mark was a trainee, mentee, collaborator, and critical program leader at the University of Michigan," says Dr. Halter. "Now he is an esteemed colleague as a program leader at Utah, someone whose advice and wisdom is of great value to me and many others."

For Dr. Supiano, who was a Hartford Geriatrics Leadership Scholar in 2005, the experience has come full circle. He now serves as external mentor for one of the current scholars.

(Opposite page) Dr. Mark Supiano, right, with Robert Schwartz, MD, at the 2009 ADGAP Retreat.

ADVOCATING FOR ABUSED AND NEGLECTED SENIORS

Laura Mosqueda, MD

As Director of the Program in Geriatrics at the University of California, Irvine, Laura Mosqueda, MD, put her interest in the detection and prevention of elder abuse to work as founder of a medical response team that provides consultation on elder abuse cases, an elder abuse forensic center, and an Elder Abuse Prevention Coalition.

Dr. Mosqueda was making a difference in the lives of older adults, but in her position as Director of the Program in Geriatrics, she felt she could benefit from some guidance. "Like many physicians, I never received formal training related to leadership," says Dr. Mosqueda. Her successes at the helm of the Program in Geriatrics and on a national level in the area of elder abuse are largely due to the skills and confidence she gained as a Hartford ADGAP Leadership Scholar.

"Dr. Mosqueda inherited a program that needed strengthening at the University of California, Irvine, and she turned it into a marquee program," says Dr. David Reuben.

The ADGAP Leadership Scholars Program provided her with practical information about budgets, personnel, and strategic planning, and the opportunity for professional and personal growth. Feedback from mentors and colleagues helped her gain personal insights and paved the way for dealing with difficult and challenging situations. "I became a better person," says Dr. Mosqueda, "calmer and more confident in my ability to lead our program."

For Dr. Mosqueda, the mentorship aspect of the ADGAP program was transformational. It allowed her to raise the visibility and credibility of the geriatrics program within the medical school. By having her dean as her internal mentor, she began to meet with him regularly. "This strengthened our relationship and provided me with valuable insights," she says. She was invited to high level meetings and learned about the inner workings of the medical school. Years later, she still attends weekly meetings with the dean. "I'm in the loop," she says.

By forming relationships with influential leaders throughout the medical school, Dr. Mosqueda learned how to negotiate with other departments. She utilized this knowledge and her connections to put together a complex proposal and obtain a $2 million grant from the Donald W. Reynolds Foundation to infuse geriatrics into every department in the medical school. "Every medical student who graduates from this university will have the tools to provide superb care to senior patients because of this grant," says Dr. Mosqueda.

During this time, Dr. Mosqueda never abandoned her work on elder abuse. In fact, she raised the standing of the geriatrics program even further with the formation of the Center of Excellence in Elder Abuse and Neglect, funded by the Archstone Foundation. The Center provides medical, forensic, and victim services to abused and neglected seniors and serves as a resource for technical assistance, best practice information, and multidisciplinary training on a national scale. "As the center has grown, the ADGAP program has helped me to be a better leader, especially in dealing with diverse groups of professionals," says Dr. Mosqueda. The Center works with people from the medical school, the school of social ecology, as well as social workers, prosecutors, law enforcement officers, and others in the criminal justice system. "It brings a new meaning to the term interdisciplinary," says Dr. Mosqueda.

> "Dr. Mosqueda is a trailblazer. She's willing to tackle the medical community, the law enforcement community, and the bureaucratic social service community."

"Dr. Mosqueda is a trailblazer," says Rebecca Guider, Director of Adult Services and Assistance Programs, Orange County, California, who has collaborated with Dr. Mosqueda for over ten years to combat elder abuse. "She's willing to tackle the medical community, the law enforcement community, and the bureaucratic social service community. She inspires and motivates them to understand the problems of elder abuse and to get behind solutions."

(Below) Dr. Laura Mosqueda giving a presentation on "Elder Abuse Investigation" at the Orange County, California Sheriff's Training Facility to detectives and police officers.

A Call to Leaders in Practice

Geriatric Nursing Leadership Academy

In an effort to improve care for older adults, the John A. Hartford Foundation funded the Geriatric Nursing Leadership Academy (GNLA) in 2008. While other Hartford leadership initiatives have focused on academics and researchers, this initiative prepares nurse leaders who work in clinical environments, such as hospitals and long-term care settings. Nurses who assume management positions in clinical settings often lack the skills to effectively lead interdisciplinary teams of health professionals to shape the delivery of care in their institutions.

Mary Rita Hurley, Director

The Hartford Geriatric Nursing Leadership Academy provides nurse leaders with the formal training, mentorship, peer networking, and the sense of authority needed to enact change in the way care is delivered to older Americans. The Academy is administered by the Honor Society of Nursing, Sigma Theta Tau International whose mission is to support the learning, knowledge, and professional development of nurses committed to making a difference in health worldwide. The Academy is under the leadership of Mary Rita Hurley, MPA, RN, Ageing Initiatives Director, in partnership with the nine Hartford Centers of Geriatric Nursing Excellence.

"Nurse leaders can have great ideas and want to move projects forward," says Ms. Hurley, "but if they don't have communication, interpersonal, and leadership skills, they're not going to get their ideas off the ground."

"This stellar program provides an avenue to promote and develop nurses who can make a difference in geriatrics from the bedside to the board room," says Patricia E. Thompson, EdD, RN, Chief Executive Officer, Sigma Theta Tau International. "Providing nurses with the knowledge and skills to be leaders will allow them to effect system-wide change to improve care for older adults."

Fostering Nurse Leaders in Clinical Practice

The Geriatric Nursing Leadership Academy was inspired by Sigma's successful Johnson & Johnson-funded Maternal-Child Health Leadership Academy. This mentored leadership development experience prepares and positions nurses to influence practice and patient outcomes of mothers and their children.

With a planning grant provided by the Hartford Foundation in March 2006, Sigma Theta Tau and the directors of the Hartford Centers of

Geriatric Nursing Leadership Academy
www.nursingsociety.org

Geriatric Nursing Excellence evaluated the leadership development content of the Maternal-Child Health Leadership Academy and used it as a template to create a leadership academy focused on the needs of older adults in health care settings. They developed a curriculum using geriatric case studies and scenarios and other leadership content to prepare nurse leaders in a variety of clinical settings. In designing the content of the formal training provided to Geriatric Nursing Leadership Academy Fellows, the program developers incorporated the leadership model created by James Kouzes and Barry Posner in their book *The Leadership Challenge*. This model delineates five practices of exemplary leadership—model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.

A 2008 implementation grant from the Hartford Foundation provides funding for the first two cohorts of the Geriatric Nursing Leadership Academy. During the 18-month Academy, each Fellow is paired with a local mentor to put into action a quality improvement project in their practice setting. Additionally, faculty from an established clinical or academic geriatric center (e.g., one of the Hartford Centers) advises each participant. The Academy begins with a four-day intensive

(Below) The inaugural 2008 Geriatric Nursing Leadership Academy Fellows.

(Above) Dr. Deborah Cleeter, Leadership Consultant, addressing the Fellows.

leadership workshop. Following this training, the Fellows, together with their mentors, design a project to improve the delivery of care to older adults in their institution. Examples include a fall prevention program, a geriatric resource nurse model, alternatives to personal alarm systems in long-term care, and a program to integrate geriatric excellence into the emergency department.

A host of resources are offered to the GNLA Fellows: monthly online learning activities and discussion groups, site visits from their mentors, and multi-day implementation and evaluation workshops.

Deborah Cleeter, EdD, MSN, GNLA Leadership Consultant, offers, "The Academy has established an experiential framework for the Geriatric Nursing Leadership Fellows to develop their personal skills, create a significant impact on patient care outcomes, lead interdisciplinary teams, and effect organizational change within their institutions."

The inaugural Geriatric Nursing Leadership Academy was launched in June 2008 with the first workshop, "The Leader Within: Defining Your Passion." A subsequent workshop was held in February 2009. The Academy will culminate in a presentation of participants' completed projects at Sigma Theta Tau International's Biennial Convention in November 2009.

Gena Edmiston, BSN, RN, Executive Director of the Denali Long Term Care Center—the only nursing home in Fairbanks, Alaska—will present her project, "Achieving Resident Centered Care Goals through Strengthened Bedside Leadership." Even now, before the completion of her project, Ms. Edmiston declares that the impact of the GNLA is already apparent at her institution. "This project has taught me to rethink leadership and to have profound respect for it," she says.

"We're helping nurses who work with older adults and are already in a leadership position within their practice setting to hone their leadership skills," says Ms. Hurley. Ultimately, the goal is that these budding leaders will continue to be promoted, will embed geriatric models and best practices in their institutions, and will mentor future leaders.

"We want to influence geriatric health care practices within a variety of settings and improve geriatric health outcomes through leadership and the enactment of evidence-based care, then disseminate this information widely so we can improve the health care of older adults," says Ms. Hurley.

Several of the Fellows are already expanding their projects into research studies. The research will be disseminated via Sigma Theta Tau's Web site. As one of the largest nursing organizations in the world, Sigma Theta Tau has the ability to disseminate information to over 130,000 active members in 90 countries.

(Above) Leadership Academy Fellow, Gena Edmiston, participating in a health care media discussion.

Lessons Learned

Because funding for this project was preceded by a one-year planning grant and builds on Hartford leadership initiatives and the expertise of faculty in the Hartford Centers of Geriatric Nursing Excellence, important lessons have already been learned.

"Regardless of the health care setting and the resources, good leaders can emerge when structure, support, and knowledge are provided," says Ms. Hurley. She understands that participants must know themselves before they can be an effective leader. Each must recognize his or her potential to shape the delivery of health care; each must answer the call to leadership.
And thus, the first workshop was designed to help participants learn about themselves and their leadership style.

Another finding is the overwhelming demand for this type of program. For the first cohort, 55 applications were received for 16 Fellowships.

(Below) Media consultant, Sandra Davidson, giving a presentation to Fellows titled "Leading Health Care in the Digital Age".

(Above) The leadership model created by James Kouzes and Barry Posner provides the foundation for the curriculum of the Geriatric Nursing Leadership Academy.

Outcomes

As a result of the first cohort of GNLA Fellows, 16 projects to improve the health care of older adults have been implemented in 16 organizations representing 13 states.

Examples of project outcomes include: required aging sensitivity training for all staff at a major medical center in Detroit and increased utilization of a geriatric specialist at a hospital and trauma center in San Francisco. There have also been unanticipated benefits, such as a mentor who now incorporates aging materials in her nursing curricula, enabling future nurses to have the skills to provide quality care to older adults.

Collaboration with Other Funders

The Geriatric Nursing Leadership Academy was created as a partnership among the Hartford Foundation, Sigma Theta Tau, the home institutions of the participants, and the Northwest Health

(Right) Kathleen Burke, PhD, RN, Practice Assistant Professor of Nursing at the University of Pennsylvania, presents at the 2009 Academy.

Foundation. Hartford funding is leveraged through three mechanisms. Sigma Theta Tau provides matching support and employers provide critical release time and pay for travel of scholars.

As a partner, the Northwest Health Foundation funds three GNLA Fellows from Oregon to develop a local cohort of leaders who can make change. The Northwest Health Foundation became interested in the Academy because of the opportunity to promote leadership within the long-term care community. The three Oregon Fellows have come together with their mentors, foundation staff, and a leadership consultant to work on issues outside of the formal GNLA meetings.

"We are developing the advocacy and policy skills of nurses statewide to participate in the many health and health care issues facing the state," says Judith Woodruff, Program Director, the Northwest Health Foundation. "Having three geriatric nurses who can speak to policy makers and influence decision-making will be an asset as we move forward with our strategic plans."

A TREMENDOUS DESIRE TO MAKE A DIFFERENCE

Kathy Wright, MSN, RN

During 18 years at Summa Health System, Kathy Wright, MSN, RN, has been a geriatrics clinical nurse specialist in an outpatient geriatrics assessment center and an advanced practice nurse for a managed Medicare program. For the past eight years, she has conducted research as part of an interdisciplinary group that develops and tests interventions to improve care throughout the Akron, Ohio-based hospital system.

"It's unusual for a small community hospital that is not tied to a university to have such a unique research program," says Mrs. Wright. Summa's Health Services Research and Education Institute brings together physicians, medical students, and nurses to collaborate on research. One example includes a study funded by the federal Agency for Healthcare Research and Quality and Summa Foundation focusing on care management for low income frail older adults after discharge from the hospital. Mrs. Wright was one of four co-investigators on this study.

Throughout her career at Summa, Mrs. Wright only considered herself "an informal leader." This attitude has changed since Mrs. Wright entered the first cohort of the Geriatric Nursing Leadership Academy. The program has heightened her self confidence.

"Some of my characteristics and traits are actually leadership traits," she says, in particular she cites her rapport with coworkers. Mrs. Wright's mentor, Rose Beeson, PhD, RN, elaborates: "She has a tremendous desire to make a difference in the lives of older adults. As her self-esteem grows, her enthusiasm grows, and other people want to join her."

"I didn't realize I had a leadership vision until I was asked to articulate one during the Leadership Academy," says Mrs. Wright. She wants to assist older adults as they make transitions between settings. Older adults are often discharged from the hospital without the tools they need to manage their own care.

"One of my goals is to empower older adults regarding their own health care," says Mrs. Wright. This is especially important because older adults who take several medications may not have an organized system. This can lead to medication error.

To reduce the likelihood of medication error, Mrs. Wright designed a project that gives older adults a tool to maintain an accurate medication record. Working with Dr. Beeson, Director of the Center for Gerontological Health Nursing and Advocacy, College of Nursing, The University of Akron, Mrs. Wright is conducting a pilot study with 30 older adults at the Summa Health System outpatient Internal Medicine and Family Practice clinic. Participants receive a medication bag in which to place pill bottles to take to physician visits along with a medication log. "The idea is to show patients how to record and reconcile their medications with the doctor on their own," says Mrs. Wright.

With help from Dr. Beeson, Mrs. Wright designed the project as a research study, with the potential for publication. "The mentorship has been the best part of this program," says Mrs. Wright. "Dr. Beeson gave me the courage to decide to get my doctorate."

"She already had the capability, she just needed some encouragement," says Dr. Beeson.

Mrs. Wright is now a PhD student at the University of Utah College of Nursing, Hartford Center of Geriatric Nursing Excellence.

Dr. Beeson is impressed with Mrs. Wright's potential to be an influential nurse leader, having witnessed how Mrs. Wright's enthusiasm has drawn some of Dr. Beeson's advanced practice nursing students, who are assisting with the pilot study, to become interested in gerontology. "She already had the capability, she just needed some encouragement," says Dr. Beeson.

(Below) Kathy Wright works with an older adult to avoid medication errors.

OVERCOMING OBSTACLES BY ARTICULATING A VISION

Amy E. Cotton, MSN, FNP

Amy E. Cotton, MSN, FNP, began her career as a certified nurse's aide, and has been a registered nurse for 22 years at Eastern Maine Healthcare Systems (EMHS), a regional network of hospitals, home care, nursing homes and primary care providers serving central, eastern, and northern Maine. As a staff nurse caring for older adults, Ms. Cotton was not satisfied with the quality of care her patients received. In the early 1990s, she wrote a proposal recommending that a geriatric nurse specialist be hired.

Ms. Cotton's talents and enterprise were noticed and she was encouraged to move forward in her career. She obtained a masters degree and became a nurse practitioner. In 1997, she opened the Center for Healthy Aging, which is part of Rosscare, the older adult health services affiliate of EMHS. The Center for Healthy Aging is a clinic run by nurse practitioners that provides primary care and consultation services to frail elders having difficulty living at home due to memory loss or other health problems.

"For the first time in my career, I felt I successfully engaged stakeholders." This has laid the foundation for her continued work on a new model of care that will improve the lives of older adults in Maine.

"In my career, I've found that if you're a really good clinician you tend to get promoted," says Ms. Cotton. "I've had wonderful opportunities," she says, but admits that she was unprepared for many aspects of leadership, such as fiscal management, strategic planning, conflict resolution, and project leadership. This became especially apparent in 2005 when Ms. Cotton was promoted to Director of Operations at Rosscare. In addition to the Center for Healthy Aging,

(Below) Amy Cotton with resident, Geraldine Laliberte at Rosscare, Bangor, ME.

Rosscare includes a medical alarm program, a telephone reassurance program, a senior health information line, an assisted living facility, a retirement community, and four nursing homes. Ms. Cotton supervises 21 employees.

Ms. Cotton's main goal in her new position was to elevate the standard of care for older adults regardless of where they access health care. She wanted to measure quality using markers such as falls, medication errors, pressure ulcers, and patient satisfaction. She wanted to identify desired outcomes, and put systems in place to support best practices in health care. Ms. Cotton realized, "I was not prepared to lead this sort of change. I didn't know how to engage the stakeholders, and it did not go well."

Ms. Cotton was accepted into the first Geriatric Nursing Leadership Academy cohort and threw herself into the process with great enthusiasm. Her project focused on developing a quality model to improve health care outcomes for older adults by reducing errors and preventable harm.

The first intensive workshop she attended focused on refining a vision and mission and learning how to communicate it. Upon returning from the workshop, Ms. Cotton was able to practice her newly acquired skills at a meeting of the EMHS long-term care leadership, including clinical managers and administrators. EMHS aims to become the best rural health care system in America by 2012, in part by striving to eliminate preventable errors from medical care. Ms. Cotton was able to draw on this system-wide mission to convey her vision of improving the standard of care for older adults and to discuss how to achieve this goal within the EMHS family of health care services.

"For the first time in my career, I felt I successfully engaged stakeholders." This has laid the foundation for her continued work on a new model of delivering quality health care that will improve the lives of older adults in Maine.

A Leadership Charge for Individuals, Organizations, and Funders

As presented throughout this annual report, the Hartford Foundation, along with its partners, has learned important lessons about cultivating leaders who will be prepared to bring about system-wide change to improve health care for older Americans.

First and foremost, leadership is a skill that can and must be taught and nurtured. It is essential to identify and recruit skilled health care professionals and then provide the formal training, mentorship, and supportive peer network to transform caring and committed individuals into influential geriatrics leaders who have the knowledge, self assurance, and vision to shape their profession and the entire field of health care.

Significant progress has been made over the past decades in raising the visibility of geriatrics through the dedicated efforts of many individuals, organizations, and funders. But this work is not finished.

Thanks are due to the numerous individual leaders in geriatric nursing, social work, and medicine who blazed a trail that others must now follow. These leaders, many of whom we have been privileged to support, have created a vision of improved health care for older Americans and helped build the research base, educational infrastructure, and workforce that will be needed to make it reality.

Individual leaders must continue to seize opportunities and mobilize others. They must lead while simultaneously preparing successive generations of leaders. They pass on the mantle of leadership through mentoring, teaching, and acting as role models.

We thank those funders who have created innovative leadership development initiatives. The Hartford Foundation appreciates the many partners, both foundations and organizations, who have shared the vision of improving care for older adults by investing in tomorrow's leaders. These efforts must continue in order to meet the needs of our aging society. Foundations and other organizations must identify health care professionals with leadership qualities and provide them with the tools and encouragement to fulfill their potential.

The Institute of Medicine in its report, *Retooling for an Aging America,* issued a clear call to action that must not be ignored. The reality of an increasing aging population is here and meaningful solutions to health care delivery must be implemented. "The nation needs to move quickly and efficiently to make certain that the health care workforce increases in size and has the proper education and training to handle the needs of a new generation of older Americans," concludes the report.

Leadership in geriatrics is urgently needed. We invite you to join the Hartford Foundation and its partners who have heard the call and are working with talented individuals and organizations to bring about much-needed change.

2008 Aging and Health Grants

In 2008, The John A. Hartford Foundation awarded 19 new and renewal grants under its Aging and Health program totaling $23,458,130. Authorizations for these grants are described below.

ACADEMIC GERIATRICS AND TRAINING

American Academy of Nursing
Washington, DC
Nursing Initiative Coordinating Center and Scholar Stipends Renewal
Patricia Archbold, DNSc, RN
$9,354,654, Five Years

This grant supports the continuation of the coordinating center for the Building Academic Geriatric Nursing Capacity Initiative, which aims to prepare more nurses to care for older adults by increasing the nation's geriatric nursing faculty. The initiative includes funding for 60 geriatric nursing scholarships and fellowships, annual Leadership Conferences, and coordination of ten Centers of Geriatric Nursing Excellence at academic institutions across the country.

Centers of Excellence in Geriatric Medicine and Geriatric Psychiatry
Geriatric Medicine Centers:
$3,450,000, Three to Five Years
Geriatric Psychiatry Centers:
$1,500,000, Five Years

The Foundation awarded renewal grants for five Centers of Excellence in Geriatric Medicine and two Centers of Excellence in Geriatric Psychiatry to continue their efforts to increase the number of physician faculty dedicated to geriatrics. Funding is used variously for direct salary support, pilot research, developing service venues for research, tuition and support for additional training, or hiring research support personnel. At least 25 geriatric psychiatry faculty scholars and 67 geriatric medicine advanced fellows and junior faculty will be supported through these grants for careers in aging research and education.

Cornell University
New York, NY
M. Carrington Reid, MD, PhD
$750,000, Five Years

University of North Carolina at Chapel Hill
Chapel Hill, NC
Jan Busby-Whitehead, MD
$750,000, Five Years

University of Washington
Seattle, WA
Itamar B. Abrass, MD
$750,000, Five Years

Indiana University
Indianapolis, IN
Steven R. Counsell, MD
$450,000, Three Years

Southeast Center of Excellence

Emory University
Atlanta, GA
Theodore M. Johnson, MD, MPH
$375,000, Three Years

University of Alabama at Birmingham
Birmingham, AL
Richard M. Allman, MD
$375,000, Three Years

University of California, San Diego
La Jolla, CA
Dilip Jeste, MD
$750,000, Five Years

University of Pittsburgh
Pittsburgh, PA
Charles Reynolds III, MD
$750,000, Five Years

Research Foundation of the City University of New York/Baruch College
New York, NY
Evaluating the Hartford Geriatric Nursing Initiative
Shoshanna Sofaer, DrPH
$806,913, Four Years

This grant will support the external evaluation of the Hartford Geriatric Nursing Initiative projects and document the impact of the initiative on the field of nursing overall.

American Association of Colleges of Nursing
Washington, DC
Ensuring the Advanced Practice Registered Nursing Workforce is Prepared to Care for Older Adults
Geraldine Bednash, PhD, RN
$324,811, Eighteen Months

This project will develop national aging-focused competency requirements and curricular recommendations for the new model of master's level nursing education that will combine two traditionally distinct areas of study in adult care and gerontology. Advanced Practice Registered Nurses (APRNs) earn master's degrees and provide specialized care in a variety of settings, and the combined Adult/Gerontology APRN education model will ensure that an increased number of these nurses are prepared to care for the country's rapidly growing older adult population.

INTEGRATING AND IMPROVING SERVICES

Johns Hopkins University
Baltimore, MD
Enhancing the Quality of Medical Home Services
Charles E. Boult, MD, MPH, MBA
$1,729,690, Three Years

This project will develop and distribute educational resources and technical assistance to primary care practices participating in a new $400 million Medicare Medical Home Demonstration project. Resources will be based on the successful Hartford-funded Guided Care model, an evidence-based approach to the Medical Home with proven success managing chronic disease in primary care practice. The Demonstration will test whether reimbursement for improved primary care management of elderly patients with multiple chronic conditions will lead to improved health and reduced health care costs.

Sigma Theta Tau International Honor Society of Nursing
Indianapolis, IN
Geriatric Nursing Leadership Academy Implementation
Mary Rita Hurley, RN, MPA
$1,666,413, Forty-four Months

The implementation of the Geriatric Nursing Leadership Academy program will increase Sigma Theta Tau's capacity to meet the needs of an aging population and will prepare and position nurses in leadership roles within health care delivery settings to improve the quality of care for older patients and their families.

University of Colorado
Denver, CO
Building the Capacity to Disseminate the Care Transitions Intervention on a National Scale
Eric A. Coleman, MD, MPH
$1,156,698, Three Years

This grant will promote at least 45 adoptions of the Care Transitions intervention by health care organizations (hospitals, health plans, or others). The Care Transitions model is a proven, effective method for building self-management skills of older patients and their families to ensure their needs are met during the transition from hospital to home, resulting in lower hospital readmission rates and lower medical costs.

Visiting Nurse Service of New York
New York, NY
The Geriatric CHAMP Program as a Framework for Geriatric Home Care Excellence
Penny Hollander Feldman, PhD
$1,066,176, Three Years

To improve the health of older adults receiving home health care services, the CHAMP (Curricula for Homecare Advances in Management and Practice) program, originally funded by The Atlantic Philanthropies, will be expanded. This effort will enhance the geriatric competence of frontline nurse managers and clinicians across 600 leading home care agencies throughout the country.

OTHER AGING AND HEALTH GRANTS

National Health Policy Forum
Washington, DC
Advancing Aging and Health Policy Understanding
Judith Miller Jones
$940,896, Three Years

Through this grant, the non-partisan National Health Policy Forum provides Congressional and regulatory staff with information and materials to better craft policies and programs that meet the health care needs of older adults. The Forum helps bridge the gap between academic and industry experts and Washington policy makers, utilizing a variety of meeting formats and written products aimed at new and senior Congressional staff members.

Strategic Communications and Planning
Wayne, PA
Communications and Dissemination Initiative Expansion Renewal
John Beilenson
$875,740, Three Years

The Foundation's communications initiative will continue to raise awareness of and increase support for education and service innovations in geriatrics and gerontology by preparing grantees and staff to successfully communicate the importance and characteristics of strong training and research programs for improved quality of care for older adults. The Foundation will continue to work with Strategic Communications and Planning to provide direct consultation to Hartford Foundation grantees and staff, hold annual cross-disciplinary conferences for Hartford-supported faculty scholars, and oversee the publication of the e-newsletter, "The Hartford Foundation Report."

American Geriatrics Society
New York, NY
Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care
Nancy E. Lundebjerg, MPA
$499,456, Three Years

A Geriatrics Workforce Policy Studies Center will be established to serve as a source of data and communications in support of policy and advocacy efforts to expand the geriatrics health care workforce. The Center will also work more broadly to improve the availability and quality of health care for older adults, as recommended in the recent Institute of Medicine report, *Retooling for an Aging America: Building the Health Care Workforce*. This project builds on the eight-year Status of Geriatrics Workforce Study, a comprehensive, longitudinal set of resources developed by the University of Cincinnati Department of Public Health Sciences on the growth and status of geriatric medicine, funded by the John A. Hartford Foundation and the Donald W. Reynolds Foundation.

The Meridian Institute
Washington, DC
Creating a National Alliance on Improving Care for Older Americans
Timothy J. Mealy
$86,683, Nine Months

To facilitate the formation of a national coalition that will advance the recommendations of the Institute of Medicine consensus report on the health care workforce needs for an aging society, The Meridian Institute, a national nonprofit organization dedicated to facilitating dialogue and coalitions in the public interest, identified health professional associations, consumer groups, and industry stakeholders to form the Eldercare Workforce Alliance. This project was co-funded by The Atlantic Philanthropies.

The John A. Hartford Foundation
www.jhartfound.org

Financial Summary

On December 31, 2008, the Foundation's assets were approximately $456 million, a significant decline for the year, the first yearly fall in endowment value since 2002 in the aftermath of the bursting of the technology bubble. Spending for grants, administrative expenses, investment fees and taxes totaled $33.0 million. Total return on the investments, income plus realized and unrealized capital gains, was negative 26.0 percent. Audited financial statements will be available on the Foundation's Web site. Due to the difficulties entailed in using estimates in the statements during times of high volatility in the financial markets, the Auditors' Report was not completed in time for this printing.

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.

To that end, the Foundation is presently conducting a full review of its investment policy and strategy with the assistance of an outsourced investment office, New Providence Asset Management. We are confident that the changes being made will allow the Foundation to meet its investment goal.

At the end of the year the Foundation's asset mix was 35 percent public equities, 15 percent fixed income, and a combined 50 percent in absolute return, private equity funds and real estate funds, compared with 58 percent equities, 1 percent fixed income and 41 percent in the alternative asset classes as of the end of 2007. The portion of the public equities managed with either a global or international mandate was 21 percent at the end of 2008.

As of December 31, 2008, Acadian Asset Management, AllianceBernstein Investment Research and Management, Sound Shore, High Rise Capital Management and T. Rowe Price Associates 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 and William Blair Capital Partners. Private equity partnerships are managed by GE Investments, Greenhill Capital Partners and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co. and Heitman/JMB Advisory Corporation. Absolute return investment managers are Angelo, Gordon & Co., and Canyon Capital Partners.

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

Summary of Active Grants

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
AGING AND HEALTH					
ACADEMIC GERIATRICS AND TRAINING					
American Academy of Nursing *Nursing Initiative Coordinating Center and Scholar Stipends Renewal* Patricia G. Archbold, DNSc, RN	Washington, DC	$ 8,043,587	$ 9,354,654	$ 2,285,250	$ 15,112,991
American Academy of Nursing *The John A. Hartford Foundation Geropsychiatric Nursing Collaborative* Cornelia Beck, PhD, RN Kathleen C. Buckwalter, PhD, RN Lois K. Evans, PhD, RN	Washington, DC	1,200,000		142,668	1,057,332
American Association of Colleges of Nursing *Enhancing Gerontology Content in Baccalaureate Nursing Education Programs* Geraldine Polly Bednash, PhD, RN	Washington, DC	1,402,274		277,692	1,124,582
American Association of Colleges of Nursing *Creating Careers in Geriatric Advanced Practice Nursing Renewal* Geraldine Polly Bednash, PhD, RN	Washington, DC	713,441		291,658	421,783
American Association of Colleges of Nursing *Ensuring the Advanced Practice Registered Nursing Workforce is Prepared to Care for Older Adults* Geraldine Polly Bednash, PhD, RN	Washington, DC		324,811	40,000	284,811
American College of Cardiology Foundation *Development and Dissemination of a Curriculum in Geriatric Cardiology* Susan Zieman, MD	Washington, DC	229,633			229,633
American Federation for Aging Research, Inc. *Paul B. Beeson Career Development Awards in Aging Research Partnership* Stephanie Lederman Odette van der Willik	New York, NY	8,746,858		813,309	7,933,549
American Federation for Aging Research, Inc. *Hartford Collaborative Research Awards: Paul B. Beeson Career Development Scholars Program* Odette van der Willik	New York, NY	1,767,061		519,773	1,247,288
American Federation for Aging Research, Inc. *Medical Student Summer Research Training in Aging Program* Odette van der Willik	New York, NY	878,403		184,529	693,874
American Federation for Aging Research, Inc. *Hartford Center of Excellence Network Resource Center* Odette van der Willik	New York, NY	229,105		92,646	136,459

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
American Geriatrics Society, Inc. *Geriatrics for Specialty Residents Program Expansion* Ronnie Ann Rosenthal, MD	New York, NY	$ 4,377,749		$ 1,142,190	$ 3,235,559
American Geriatrics Society, Inc. *Increasing Geriatrics Expertise for Surgical and Related Medical Specialties - Phase IV* John R. Burton, MD	New York, NY	1,952,382		583,140	1,369,242
Arizona State University *Center of Geriatric Nursing Excellence* Colleen Keller, PhD, RN	Tempe, AZ	932,566		50,014	882,552
ASCO Foundation *A Commitment to Geriatric Oncology* Hyman B. Muss, MD	Alexandria, VA	139,651		84,119	55,532
Association of American Medical Colleges *Dissemination of Hartford/AAMC Geriatric Education Models: Leveraging Further Change and Preparing for the Future* M. Brownell Anderson	Washington, DC	79,251		79,251	
Association of Directors of Geriatric Academic Programs *Chief Resident Immersion Training in the Care of Older Adults* Sharon A. Levine, MD	New York, NY	1,859,094		613,225	1,245,869
Association of Directors of Geriatric Academic Programs *Geriatric Leadership Development Program* David B. Reuben, MD	New York, NY	1,420,326		239,419	1,180,907
Association of Directors of Geriatric Academic Programs *The Status of Geriatrics Workforce Study - Phase III* Gregg A. Warshaw, MD	New York, NY	115,687		85,276	30,411
Association of Professors of Medicine *Integrating Geriatrics into the Specialties of Internal Medicine: Moving Forward from Awareness to Action* Kevin P. High, MD, MSc	Washington, DC	2,293,862		457,257	1,836,605
Baylor College of Medicine *Center of Excellence in Geriatric Medicine and Training Renewal* George E. Taffet, MD	Houston, TX	675,000		54,062	620,938
Beth Israel Deaconess Medical Center, Inc. *Harvard Center of Excellence in Geriatric Medicine and Training Renewal* Lewis A. Lipsitz, MD	Boston, MA	526,110		70,087	456,023

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
Boston Medical Center *Center of Excellence in Geriatric Medicine and Training Renewal* Rebecca A. Silliman, MD, PhD	Boston, MA	$ 600,000		$ 30,700	$ 569,300
Community College of Philadelphia *Fostering Geriatrics in Associate Degree Nursing Education* M. Elaine Tagliareni, EdD, RN	Philadelphia, PA	406,948		221,720	185,228
Cornell University *Center of Excellence in Geriatric Medicine and Training Renewal* M. Carrington Reid, MD, PhD	New York, NY	120,484	$ 750,000	48,071	822,413
Council on Social Work Education *National Center for Gerontological Social Work Education Renewal* Julia M. Watkins, PhD	Alexandria, VA	4,507,529		469,462	4,038,067
Council on Social Work Education *Increasing Gerontological Competencies in MSW Advanced Curriculum Areas* Sadhna Diwan, PhD	Alexandria, VA	965,457		334,443	631,014
Duke University *Center of Excellence in Geriatric Medicine and Training Renewal* Kenneth Schmader, MD	Durham, NC	528,259		71,822	456,437
Emory University *Southeast Center of Excellence in Geriatric Medicine and Training Renewal* Theodore M. Johnson, MD, MPH	Atlanta, GA	143,804	375,000	100,000	418,804
Foundation for Health in Aging Inc. *Hartford Geriatrics Health Outcomes Research Scholars Renewal* Eric A. Coleman, MD, MPH	New York, NY	3,198,075		426,292	2,771,783
Gerontological Society of America *Hartford Geriatric Social Work Faculty Scholars Program and National Network* Barbara J. Berkman, DSW	Washington, DC	7,873,697		2,244,791	5,628,906
Gerontological Society of America *Hartford Doctoral Fellows in Geriatric Social Work Program Renewal* James E. Lubben, DSW, MPH	Washington, DC	6,931,656		1,105,729	5,825,927
Indiana University *Center of Excellence in Geriatric Medicine and Training Renewal* Steven R. Counsell, MD	Indianapolis, IN	127,509	450,000		577,509
Johns Hopkins University *Center of Excellence in Geriatric Medicine and Training Renewal* Samuel C. Durso, MD, MBA	Baltimore, MD	692,238		70,375	621,863

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
Mount Sinai Medical Center, Inc. *Center of Excellence in Geriatric Medicine and Training Renewal* Rosanne M. Leipzig, MD, PhD	New York, NY	$ 540,909		$ 81,227	$ 459,682
New York Academy of Medicine *Hartford Partnership Program for Aging Education Adoption Initiative* Patricia J. Volland, MSW, MBA	New York, NY	6,007,724		1,987,578	4,020,146
New York University *How to Try This: Geriatric Assessment Nursing Resources* Mathy D. Mezey, EdD, RN	New York, NY	1,599,954		286,844	1,313,110
New York University *Hartford Institute for Geriatric Nursing Clinical Resources Expansion* Mathy D. Mezey, EdD, RN	New York, NY	296,208		28,063	268,145
New York University *Restoration to The John A. Hartford Foundation Institute for Geriatric Nursing* Mathy D. Mezey, EdD, RN	New York, NY	102,765		102,765	
Oregon Health & Science University *Center of Geriatric Nursing Excellence Renewal* Theresa Harvath, PhD, RN, CNS	Portland, OR	722,666		114,290	608,376
Pennsylvania State University *Center of Geriatric Nursing Excellence* Ann Kolanowski, PhD, RN	University Park, PA	1,000,000		200,815	799,185
RAND Corporation *Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services: Phase II* Harold Alan Pincus, MD	Santa Monica, CA	1,656,051		640,820	1,015,231
Research Foundation of the City University of New York *Evaluating the Hartford Geriatric Nursing Initiative* Shoshanna Sofaer, DrPh	New York, NY		$ 806,913	134,350	672,563
Rhode Island Hospital *Brown University Center of Excellence in Geriatric Medicine and Training* Richard W. Besdine, MD	Providence, RI	450,000		75,000	375,000
Society of Hospital Medicine *Improving Hospital Care Transitions for Older Adults* Mark V. Williams, MD	Philadelphia, PA	1,225,183		367,778	857,405
University of Alabama at Birmingham *Southeast Center of Excellence in Geriatric Medicine and Training Renewal* Richard M. Allman, MD	Birmingham, AL	96,284	375,000	66,743	404,541

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
University of Arkansas for Medical Sciences *Center of Geriatric Nursing Excellence Renewal* Claudia J. Beverly, PhD, RN	Little Rock, AR	$ 859,684		$ 236,025	$ 623,659
University of California, Los Angeles *Center of Excellence in Geriatric Medicine and Training Renewal* David B. Reuben, MD	Los Angeles, CA	580,023		62,169	517,854
University of California, San Diego *Center of Excellence in Geriatric Psychiatry Renewal* Dilip V. Jeste, MD	La Jolla, CA	125,229	$ 750,000	143,147	732,082
University of California, San Francisco *Center of Geriatric Nursing Excellence Renewal* Margaret I. Wallhagen, PhD, GNP	San Francisco, CA	732,794		131,973	600,821
University of California, San Francisco *Center of Excellence in Geriatric Medicine and Training Renewal* C. Seth Landefeld, MD	San Francisco, CA	600,000		91,205	508,795
University of Chicago *Center of Excellence in Geriatric Medicine and Training Renewal* William Dale, MD, PhD	Chicago, IL	750,000		104,707	645,293
University of Colorado Denver *Center of Excellence in Geriatric Medicine and Training Renewal* Robert S. Schwartz, MD	Denver, CO	650,152		116,974	533,178
University of Hawaii *Center of Excellence in Geriatric Medicine and Training Renewal* Patricia L. Blanchette, MD, MPH	Honolulu, HI	750,000			750,000
University of Iowa *Center of Geriatric Nursing Excellence Renewal* Kathleen C. Buckwalter, PhD, RN	Iowa City, IA	732,255		128,833	603,422
University of Michigan *Center of Excellence in Geriatric Medicine and Training Renewal* Jeffrey B. Halter, MD	Ann Arbor, MI	572,802		136,995	435,807
University of Minnesota *Center of Geriatric Nursing Excellence* Jean F. Wyman, PhD, APRN, BC	Minneapolis, MN	900,000		46,185	853,815
University of North Carolina at Chapel Hill *Center of Excellence in Geriatric Medicine and Training Renewal* Jan Busby-Whitehead, MD	Chapel Hill, NC	222,413	750,000	154,076	818,337
University of Pennsylvania *Center of Geriatric Nursing Excellence Renewal* Kathy C. Richards, PhD, RN	Philadelphia, PA	806,865		139,186	667,679

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
University of Pennsylvania *Center of Excellence in Geriatric Medicine and Training Renewal* Jerry C. Johnson, MD, PhD	Philadelphia, PA	$ 675,000		$ 75,000	$ 600,000
University of Pittsburgh *Center of Excellence in Geriatric Psychiatry Renewal* Charles F. Reynolds III, MD	Pittsburgh, PA	242,354	$ 750,000	164,857	827,497
University of Pittsburgh *Center of Excellence in Geriatric Medicine and Training Renewal* Neil M. Resnick, MD	Pittsburgh, PA	675,000		52,047	622,953
University of Rochester *Center of Excellence in Geriatric Medicine and Training Renewal* William J. Hall, MD	Rochester, NY	750,000		75,000	675,000
University of Texas Health Science Center at San Antonio *Center of Excellence in Geriatric Medicine and Training Renewal* David V. Espino, MD	San Antonio, TX	675,000		84,729	590,271
University of Utah *Center of Geriatric Nursing Excellence* Ginette A. Pepper, PhD, RN	Salt Lake City, UT	916,459		33,500	882,959
University of Washington *Center of Excellence in Geriatric Medicine and Training Renewal* Itamar B. Abrass, MD	Seattle, WA	133,327	750,000	89,442	793,885
University of Wisconsin *Center of Excellence in Geriatric Medicine and Training* Sanjay Asthana, MD	Madison, WI	450,000		75,000	375,000
Wake Forest University Health Sciences *Center of Excellence in Geriatric Medicine and Training* Jeff D. Williamson, MD, MHS	Winston-Salem, NC	450,000		75,000	375,000
Yale University *Center of Excellence in Geriatric Medicine and Training Renewal* Mary E. Tinetti, MD	New Haven, CT	750,000		75,000	675,000
Sub-Total Academic Geriatrics and Training		$91,374,797	$15,436,378	$19,606,293	$87,204,882
INTEGRATING AND IMPROVING SERVICES					
AARP Foundation *Professional Partners Supporting Family Caregiving* Susan C. Reinhard, PhD, RN	Washington, DC	$ 255,937		$ 155,782	$ 100,155

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
International Honor Society of Nursing Foundation, Inc. *Geriatric Nursing Leadership Academy* Mary Rita Hurley, RN, MPA	Indianapolis, IN	$ 264,787	$ 1,666,413	$ 465,390	$ 1,465,810
Johns Hopkins University *Enhancing the Quality of Medical Home Services* Charles E. Boult, MD, MPH, MBA	Baltimore, MD		1,729,690	216,369	1,513,321
Johns Hopkins University *Guided Care: Demonstration Project and Diffusion Planning* Charles E. Boult, MD, MPH, MBA	Baltimore, MD	766,206		476,574	289,632
Johns Hopkins University *Translating Research into Practice: The Johns Hopkins Home Hospital* Bruce Leff, MD	Baltimore, MD	665,925		345,521	320,404
Mount Sinai Medical Center, Inc. *Advancing the Palliative Care Field: A Consortium Funded Initiative* Diane E. Meier, MD	New York, NY	375,000		125,000	250,000
Mount Sinai Medical Center, Inc. *Clinical Service Challenge Grant: The Four "C"s of Excellent Geriatric Hospital Care: Coordination, Collaboration, Communication, Continuity* Rosanne M. Leipzig, MD, PhD	New York, NY	59,037		37,212	21,825
National PACE Association *Establishing PACE as a Community Care Option for Rural Elders* Peter Fitzgerald, MSc	Alexandria, VA	222,517		103,576	118,941
Oregon Health & Science University *Dissemination of Care Management Plus: Information Technology Tools for the Care of Seniors* David A. Dorr, MD, MS	Portland, OR	2,074,485		234,133	1,840,352
Paraprofessional Healthcare Institute, Inc. *The Nurse as Supervisor of Direct Care Staff* Sara Joffe	Bronx, NY	1,545,162		502,298	1,042,864
Partners in Care Foundation, Inc. *Preventing Medication Errors: Evidence-Based Medication Management Intervention* W. June Simmons, MSW	San Fernando, CA	1,126,975		333,441	793,534
State University of New York, Albany *Elder Network of the Capital Region Implementation Plan* Philip McCallion, PhD, MSW	Albany, NY	42,819		42,819	
University of California, Los Angeles *Clinical Service Challenge Grant: Redesigning a Geriatrics Practice to Manage Chronic Conditions* David B. Reuben, MD	Los Angeles, CA	51,248		22,348	28,900

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
University of Colorado Denver *Building the Capacity to Disseminate the Care Transitions Intervention on a National Scale* Eric A. Coleman, MD, MPH	Denver, CO		$ 1,156,698		$ 1,156,698
University of Colorado Denver *The Practice Change Fellows: An Interdisciplinary Leadership Program to Improve Health Care for Older Adults* Eric A. Coleman, MD, MPH	Denver, CO	$ 540,518			540,518
University of Colorado Denver *Dissemination of Geriatric Interdisciplinary Teams in Practice (GIT-P)* Eric A. Coleman, MD, MPH	Denver, CO	465,242		$ 237,459	227,783
University of Pennsylvania *Translating Research into Practice: Transitional Care for Elders* Mary D. Naylor, PhD, RN	Philadelphia, PA	338,683		157,028	181,655
University of Washington *Improving Depression Care for Elders - IMPACT Model Dissemination* Jürgen Unützer, MD, MPH	Seattle, WA	1,870,381		141,049	1,729,332
Visiting Nurse Service of New York *The Geriatric CHAMP (Curricula for Home Care Advances in Management and Practice) Program as a Framework for Geriatric Home Care Excellence* Penny Hollander Feldman, PhD	New York, NY	417,733	1,066,176	231,387	1,252,522
Sub-Total Integrating and Improving Services		$11,082,655	$ 5,618,977	$3,827,386	$12,874,246
AGING AND HEALTH - OTHER					
American Federation for Aging Research, Inc. *Kensington-Hartford Travel Awards in Geriatrics* Stephanie Lederman	New York, NY	$ 73,867		$ 24,623	$ 49,244
American Geriatrics Society, Inc. *Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care* Nancy E. Lundebjerg, MPA	New York, NY		$ 499,456		499,456
Florida Health Care Education and Development Foundation, Inc. *Hurricane and Disaster Preparedness for Long-Term Care Facilities* LuMarie Polivka-West, MSP	Tallahassee, FL	88,721		74,325	14,396
The Foundation for the L.S.U. Health Sciences Center *Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans* Charles A. Cefalu, MD, MS	New Orleans, LA	233,805			233,805

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
George Washington University *Advancing Aging and Health Policy Understanding Renewal* Judith Miller Jones	Washington, DC	$413,770	$ 940,896	$430,770	$ 923,896
Institute of Medicine of the National Academies *Healthcare Workforce Consensus Report for an Aging Society* Roger Herdman, MD	Washington, DC	55,953			55,953
Meridian Institute *Creating a National Alliance on Improving Care for Older Americans* Timothy J. Mealey	Washington, DC		86,683	86,683	
Sub-Total Aging and Health - Other		$866,116	$1,527,035	$616,401	$1,776,750
NEW YORK FUND					
American Federation for Aging Research, Inc. *2008 Annual Awards Dinner* Stephanie Lederman	New York, NY		$ 23,880	$ 23,880	
Columbia University *Paul D. Clayton Lectureship* Robert V. Sideli, MD	New York, NY		1,000	1,000	
Grantmakers in Aging *Grantmakers in Aging 2008 Annual Meeting* Carol A. Farquhar	Dayton, OH		20,000	20,000	
Mount Sinai Medical Center, Inc. *Martha Stewart Center for Living Gala: Celebrating the 25th Anniversary of the Brookdale Department of Geriatrics and Adult Development* Sophie Deprez	New York, NY		8,200	8,200	
New York Academy of Medicine *2008 Gala Sponsor Package* Jo Ivey Boufford, MD	New York, NY		8,000	8,000	
New York University *The John A. Hartford Foundation Doctoral Research Seminar in Geriatric Nursing* Terry T. Fulmer, PhD, RN	New York, NY		100,000	13,420	$86,580
United Hospital Fund *Annual Support* James R. Tallon, Jr.	New York, NY		2,500	2,500	
Visiting Nurse Service of New York *2008 Benefit Dinner* John Billeci	New York, NY		23,000	23,000	
Sub-Total New York Fund			$186,580	$100,000	$86,580

		Balance Due January 1, 2008	**Grants Authorized During Year**	Amount Paid During Year	Balance Due December 31, 2008
OTHER GRANTS					
Big Shoulders Fund *In Memory of Thomas A. Reynolds, Jr. for The Thomas A. Reynolds, Jr.-Winston & Strawn Scholars Program* Joshua Hale	Chicago, IL		$ 5,000	$ 5,000	
The Foundation Center *Annual Support* Sara L. Engelhardt	New York, NY		10,000	10,000	
Grantmakers in Aging *Annual Support* Carol A. Farquhar	Dayton, OH		5,000	5,000	
Grantmakers in Health *Annual Support* Lauren LeRoy, PhD	Washington, DC		10,000	10,000	
New York Regional Association of Grantmakers *Annual Support* Ronna D. Brown	New York, NY		16,600	16,600	
The Philanthropy Roundtable *Annual Support* Adam Meyerson	Washington, DC		1,000	1,000	
Sub-Total Other Grants			$ 47,600	$ 47,600	
Matching Grants*			874,414	874,414	
Discretionary Grants**			182,500	182,500	
Grants Refunded or Cancelled		$ 8,760	(66,859)	(58,099)	
Discounts to Present Value		(10,665,597)	4,210,011		$ (6,455,586)
Total (All Grants)		$92,666,731	$28,016,636	$25,196,495	$95,486,872

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

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

	Expenses Authorized Not Incurred Jan. 1, 2008	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2008
FOUNDATION-ADMINISTERED GRANTS				
Evaluation of the Foundation's Geriatric Nursing Programs George J. Huba, PhD	$ 19,815		$ 19,815	
Communications & Dissemination Initiative Expansion Renewal John Beilenson	279,473	$ 875,740	221,249	$933,964
To Pursue Selected Activities in the Strategic Plan		187,723	187,723	
Total	$299,288	$1,063,463	$428,787	$933,964

Application Procedures

The John A. Hartford Foundation's overall goal is to improve the health of older adults by creating a more skilled workforce and a better designed health care system. In order to maximize the Foundation's impact on the health and well-being of the nation's 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 letters of inquiry will be notified of the results of this review in approximately six weeks and may be asked to supply additional information.

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

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

Detailed information about the Foundation and its programs is available at our Web site, http://www.jhartfound.org.

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Addendum:
Financial Reports

Independent Auditors' Report

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

Ladies and Gentlemen:

We have audited the balance sheets of The John A. Hartford Foundation, Inc. (a New York not-for-profit corporation) as of December 31, 2008 and 2007 and the related statements of revenues, grants and expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The John A. Hartford Foundation, Inc. as of December 31, 2008 and 2007 and its changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Respectfully submitted,

Owen J. Flanagan & Company
May 22, 2009
New York, New York

The John A. Hartford Foundation, Inc. **Exhibit A**
Balance Sheets
December 31, 2008 and 2007

	2008	2007
Assets		
Investments, at fair value, or adjusted cost (Notes 2, 3 and 4)		
Short-term cash investments	$ 76,215,165	$ 15,398,489
Stocks	187,942,968	493,889,357
Investment partnerships	94,781,553	97,501,523
Real estate pooled funds	94,300,367	73,910,875
Total Investments	453,240,053	680,700,244
Interest and dividends receivable	265,581	491,351
Prepayments and deposits	55,784	57,837
Prepaid taxes	472,200	104,263
	793,565	653,451
Office condominium, furniture and equipment (net of accumulated depreciation of $2,975,096 in 2008 and $2,705,773 in 2007) (Note 6)	2,228,608	2,490,537
Total Assets	$456,262,226	$683,844,232
Liabilities And Net Assets		
Liabilities:		
Grants payable (Note 2)		
Current	$ 21,847,588	$ 28,593,955
Non-current (Note 8)	73,639,284	64,072,776
Accounts payable	362,423	780,582
Deferred Federal excise tax (Note 2)	—	650,553
Total Liabilities	95,849,295	94,097,866
Net Assets - Unrestricted		
Board designated (Note 2)	6,455,586	10,665,597
Undesignated	353,957,345	579,080,769
Total Net Assets (Exhibit B)	360,412,931	589,746,366
Total Liabilities and Net Assets	$456,262,226	$683,844,232

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

The John A. Hartford Foundation, Inc. **Exhibit B**
Statements of Revenues, Grants and Expenses and Changes in Net Assets
Years Ended December 31, 2008 and 2007

	2008	2007
Revenues		
Short-term investment earnings	$ 1,366,980	$ 1,741,620
Dividends, interest and partnership earnings	11,852,972	9,516,738
Net realized capital gains (losses)	(34,484,518)	73,149,612
Net change in unrealized gains (losses), net of deferred Federal excise tax (Note 3)	(169,427,126)	(37,905,232)
	(190,691,692)	46,502,738
Direct investment expenses	(5,232,197)	(6,486,692)
Excise and unrelated business income taxes	(382,239)	(759,333)
Net Investment Revenue (Loss)	(196,306,128)	39,256,713
Grants And Expenses		
Grant expense (less cancellations and refunds of $66,859 in 2008 and $1,165,874 in 2007)	28,016,636	46,803,386
Foundation-administered projects	428,787	662,219
Grant-related direct expenses	225,443	105,829
Personnel salaries and benefits (Note 7)	2,771,212	2,612,672
Office and other expenses	1,222,552	1,068,409
Depreciation	269,323	268,584
Professional services	93,354	122,724
Total Grants and Expenses	33,027,307	51,643,823
Increase (Decrease) in Net Assets	(229,333,435)	(12,387,110)
Net Assets, beginning of year	589,746,366	602,133,476
Net Assets, End Of Year (Exhibit A)	$360,412,931	$589,746,366

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

The John A. Hartford Foundation, Inc. **Exhibit C**
Statements of Cash Flows
Years Ended December 31, 2008 and 2007

	2008	2007
Cash Flows Provided (Used)		
From Operating Activities:		
Interest and dividends received	$ 6,033,053	$ 8,290,207
Cash distributions from partnerships and real estate pooled funds	18,746,660	28,371,990
Grants and Foundation-administered projects paid (net of refunds)	(25,641,901)	(30,438,535)
Expenses and taxes paid	(7,345,948)	(7,824,350)
Net Cash Flows Provided (Used) By Operating Activities	(8,208,136)	(1,600,688)
From Investing Activities:		
Purchase of equipment	(7,394)	—
Proceeds from sale of investments	303,093,711	356,395,977
Purchases of investments	(234,055,891)	(384,537,357)
Net Cash Flows Provided (Used) by Investing Activities	69,030,426	(28,141,380)
Net Increase (Decrease) In Cash and Equivalents	60,822,290	(29,742,068)
Cash and Equivalents, Beginning of Year	15,393,638	45,135,706
Cash and Equivalents, End of Year	$ 76,215,928	$ 15,393,638
Reconciliation of Decrease in Net Assets to Net Cash Used by Operating Activities:		
Increase (Decrease) in Net Assets	$(229,333,435)	$(12,387,110)
Adjustment to reconcile increase (decrease) in net assets to net cash used by operating activities:		
Depreciation	269,323	268,584
Decrease in interest and dividends receivable	225,770	342,753
Decrease (Increase) in prepayments and deposits	2,053	(6,468)
Increase in grants payable	2,820,141	17,000,401
Decrease in accounts payable	(419,154)	(156,684)
Net realized and change in unrealized losses (gains)	203,911,644	(35,244,380)
Other	14,315,522	28,582,216
	$ (8,208,136)	$ (1,600,688)

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

The John A. Hartford Foundation, Inc. **Exhibit C**
Statements of Cash Flows
Years Ended December 31, 2008 and 2007

	2008	2007
Supplemental Information:		
Detail of other:		
Investment partnerships and real estate pooled funds:		
Cash distributions	$18,746,660	$28,371,990
Add: investment fees reported	3,348,473	3,550,376
Less: reported income	(7,514,144)	(3,310,903)
	14,580,989	28,611,463
Tax expense	383,237	759,333
Less: Net taxes paid	(749,179)	(788,580)
Difference (change in prepaid/payable)	(366,942)	(29,247)
Cost adjustment	101,475	—
Total - Other	$14,315,522	$28,582,216
Composition of Cash and Equivalents:		
Short-term cash investments	$76,215,165	$15,398,489
Unrealized (gain) loss on forward currency contracts and foreign cash	763	(4,851)
	$76,215,928	$15,393,638

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

The John A. Hartford Foundation, Inc. Exhibit D
Notes to Financial Statements
December 31, 2008 and 2007

1. Purpose of Foundation

The John A. Hartford Foundation was established in 1929 and originally funded with bequests from its founder, John A. Hartford and his brother, George L. Hartford. The Foundation supports efforts to improve health care in America through grants and Foundation-administered projects.

2. Summary of Significant Accounting Policies

Method of Accounting

The accounts of the Foundation are maintained, and the accompanying financial statements have been prepared, on the accrual basis of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

All net assets of the Foundation are unrestricted.

Investments

Investments in marketable securities are valued at their fair value (quoted market price). Investment and real estate partnerships where the Foundation has the right to withdraw its investment at least annually are valued at their fair value as reported by the partnership. Investment partnerships, real estate partnerships and REIT's which are illiquid in nature are recorded at cost adjusted annually for the Foundation's share of distributions and undistributed realized income or loss. Valuation allowances are also recorded on a group basis for declines in fair value below recorded cost. Because of the inherent uncertainty of valuation, estimated values may differ significantly from the values that would have been used had a ready market for the entities existed. Realized gains and losses from the sale of marketable securities are recorded by comparison of proceeds to cost determined under the specific identification method.

Grants

The liability for grants payable is recognized when specific grants are authorized by the Board of Trustees and the recipients have been notified. Annually the Foundation reviews its estimated payment schedule of long-term grants and discounts the grants payable to present value using the prime rate as quoted in the *Wall Street Journal* at December 31 to reflect the time value of money. The amount of the discount is then recorded as designated net assets.

Definition of Cash

For purposes of the statements of cash flows, the Foundation defines cash and equivalents as cash and short-term cash investments. Short-term cash investments are comprised of cash in custody accounts and money market mutual funds. Short-term cash investments also include the unrealized gain or loss on open foreign currency forward contracts and foreign cash.

Tax Status

The Foundation is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been classified as a "private foundation." The Foundation is subject to an excise tax on net investment income at either a 1% or 2% rate depending on the amount of qualifying distributions. For 2008 and 2007 the Foundation's rate was 1%.

Investment expenses for 2008 include direct investment fees of $5,232,197 and $460,000 of allocated salaries, legal fees and other office expenses. The 2007 comparative numbers were $6,486,692 and $385,000.

The John A. Hartford Foundation, Inc. Exhibit D
Notes to Financial Statements
December 31, 2008 and 2007

2. Summary of Significant Accounting Policies (Continued)

Deferred Federal excise taxes payable were also recorded on the unrealized appreciation of investments using the Foundation's normal 1% excise tax rate in 2007. No deferred excise tax was provided in 2008 as the recorded cost of investments exceeded fair value.

The Foundation intends to distribute at least $28,200,000 of undistributed income in grants or qualifying expenditures by December 31, 2009 to comply with Internal Revenue Service regulations.

Some of the Foundation's investment partnerships have underlying investments which generate "unrelated business taxable income." This income is subject to Federal and New York State income taxes at "for-profit" corporation income tax rates.

Property and Equipment
The Foundation's office condominium, furniture and fixtures are capitalized at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets (office condominium-20 years; office furniture and fixtures-5 years).

3. Investments

The net change in unrealized gains in 2008 are summarized as follows:

	Recorded Cost	*Recorded Value*	*(Depreciation) Appreciation*
Balance, December 31, 2008	$558,262,389	$453,240,053	$(105,022,336)
Balance, December 31, 2007	$615,644,901	$680,700,244	$ 65,055,343
Decrease in unrealized appreciation during the year, net of decreased deferred Federal excise tax of $650,553			$ 169,427,126

For 2007, the decrease in unrealized appreciation was $37,905,232, net of decreased deferred Federal excise tax of $382,882.

Receivables and payables on security sales and purchases pending settlement at December 31, 2008 and 2007 were as follows:

	2008	2007
Proceeds from sales	$ 216,483	$2,652,792
Payables from purchases	(382,276)	(2,085,679)
Net cash pending settlement	$(165,793)	$ 567,113

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

The Foundation is a participant in eight investment limited partnerships. As of December 31, 2008, $104,368,182 had been invested in these partnerships and future commitments for additional investment aggregated $36,131,818.

In addition, the Foundation was a participant in four other investment partnerships which were in liquidation. The recorded value of these investments is $768,426.

One of the Foundation's investment partnerships permit withdrawals at least once a year. It is valued at its fair value, $19,794,901 (adjusted cost $33,777,910).

The John A. Hartford Foundation, Inc. Exhibit D
Notes to Financial Statements
December 31, 2008 and 2007

3. Investments (Continued)

Real estate investments included six limited partnerships and five real estate investment trusts. The Foundation had invested $136,300,000 at December 31, 2008 and future commitments for additional investment aggregated $48,700,000. One of the real estate investments is considered liquid and is recorded at fair value, $14,382,555 (adjusted cost $17,017,410).

In addition, three other real estate investments are in liquidation. The recorded value of these investments is $597,932.

4. Fair Value of Investments

The Foundation adopted FASB Statement No. 157, Fair Value Measurements, ("SFAS 157") as of January 1, 2008. SFAS 157 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements for those investments reported at fair value.

Fair value of an investment is the amount that would be received to sell the investment in an orderly transaction between market participants at the measurement date.

SFAS 157 establishes a hierarchal disclosure framework which prioritizes and ranks the level of market price observability used in measuring investments at fair value. Market price observability is impacted by a number of factors, including type of investment and the characteristics specific to the investment.

Investments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgement used in measuring fair value.

Investments measured and reported at fair value are classified and disclosed in one of the following categories.

Level 1 Inputs
Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. SFAS 157 requires entities to measure fair value using quoted market prices whenever available, unless the active market is not readily available to the entity (for example the entity holds a large block), in which case a Level 2 or Level 3 valuation methodology maybe appropriate.

Level 2 Inputs
Level 2 inputs are inputs other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly with fair value being determined through the use of models or other valuation methodologies. The types of investments which may be included in this category include less liquid and restricted equity securities, bonds, commingled funds and certain over-the-counter derivatives.

Level 3 Inputs
Level 3 inputs are unobservable inputs for the asset or liability and are used to the extent that observable inputs do not exist. Level 3 inputs require significant management judgment and estimation. The types of investments which would generally be included in this category include equity and/or debt securities issued by private entities and some partnership investments.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Excluded from these categories are illiquid investments valued at lower of adjusted cost or fair value.

The John A. Hartford Foundation, Inc. Exhibit D
Notes to Financial Statements
December 31, 2008 and 2007

4. Fair Value of Investments (Continued)

The Foundation's investments are categorized as follows:

	2008				
	Level 1	*Level 2*	*Level 3*	*Excluded*	*Total*
Short-term cash investments	$ 76,215,165				$ 76,215,165
Stocks	107,692,700	$45,526,676	$34,723,592		187,942,968
Investment partnerships		14,382,556	19,794,901	$ 60,604,096	94,781,553
Real estate pooled funds				94,300,367	94,300,367
	$183,907,865	$59,909,232	$54,518,493	$154,904,463	$453,240,053

	2007				
	Level 1	*Level 2*	*Level 3*	*Excluded*	*Total*
Short-term cash investments	$ 15,398,489				$ 15,398,489
Stocks	300,381,557	$141,164,583	$ 52,343,217		493,889,357
Investment partnerships		17,863,243	$ 30,839,592	$ 48,798,688	97,501,523
Real estate pooled funds				73,910,875	73,910,875
	$315,780,046	$159,027,826	$ 83,182,809	$124,709,563	$680,700,244

The change in level 3 investments consists of the following:

	Stocks	*Investment Partnerships*	*Total*
Balance, January 1, 2008	$52,343,217	$30,839,592	$83,182,809
Realized gain (loss)	(1,261,740)	(713,121)	(1,974,861)
Unrealized gain (loss)	(15,736,366)	(12,662,247)	(28,398,613)
Net additions (subtractions)	(621,519)	2,330,677	1,709,158
Balance December 31, 2008	$34,723,592	$19,794,901	$ 54,518,493

5. Foreign Investments

At December 31, 2008 the Foundation's foreign denominated investments were $26,453,646.

6. Office Condominium, Furniture and Equipment

At December 31, 2008 and 2007 the fixed assets of the Foundation were as follows:

	2008	2007
Office condominium	$4,622,812	$4,622,812
Furniture and equipment	580,892	573,498
	5,203,704	5,196,310
Less: Accumulated depreciation	2,975,096	2,705,773
Office condominium, furniture and equipment, net	$2,228,608	$2,490,537

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7. Pension Plan

The Foundation has a defined contribution retirement plan covering all eligible employees under which the Foundation contributes 14% of salary for employees with at least one year of service. Pension expense under the plan for 2008 and 2007 amounted to $274,368 and $230,070, respectively. The Foundation also incurred additional pension costs of approximately $20,000 and $24,000 in 2008 and 2007 for payments to certain retirees who began employment with the Foundation prior to the initiation of the formal retirement plan.

8. Grants Payable

The Foundation estimates that the non-current grants payable as of December 31, 2008 will be disbursed as follows:

2010	$18,376,860
2011	18,703,600
2012	19,691,000
2013	19,576,000
2014	3,398,322
2015-2016	349,088
	80,094,870
Discount to present value	(6,455,586)
	$73,639,284

The amount of the discount to present value is calculated using the prime rate as quoted in the *Wall Street Journal*. The prime rate for 2008 and 2007 was 3.25% and 7.25%, respectively.

9. Non-Marketable Investments Reported at Adjusted Cost

As previously mentioned, the Foundation values the majority of its investment partnerships and real estate investments at cost adjusted for the Foundation's share of distributions and undistributed realized income or loss. If a group of investments has total unrealized losses, the losses are recognized.

Income from these investments is summarized as follows:

	2008	2007
Partnership earnings	$ 4,771,662	$1,478,718
Realized gains	4,990,750	9,275,598
Unrealized gain (loss), net of deferred taxes $6,814 in 2007.	(44,957,241)	674,550
Investment management fees	(2,782,805)	(2,895,604)
	$(37,977,634)	$8,533,262

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10. Alternative Investment Incentive Fees

Most alternative investment vehicles provide for an incentive allocation of gains to the general partner or organizer of the Fund. These fees are deducted from the share of gains reported to Foundation. It is estimated these fees were approximately $2,300,000 in 2008 and $4,700,000 in 2007.

11. Other Investment Fees

Certain alternative investments organized offshore are in the legal form of corporate stock investments. Income is only recognized when dividends are declared or a sale of shares takes place. Unrealized gain (loss) is recorded for the change in value. Accordingly, investment fees paid by the corporation are not recorded in these financial statements. The approximate amount of fees by these investments was $1,300,000 in 2008 and $1,200,000 in 2007.

12. Subsequent Event

Due to the decline in the value of the Foundation's investments during 2008, the Board rescinded approximately $23,000,000 of grants (before discount) at its March 2009 meeting.