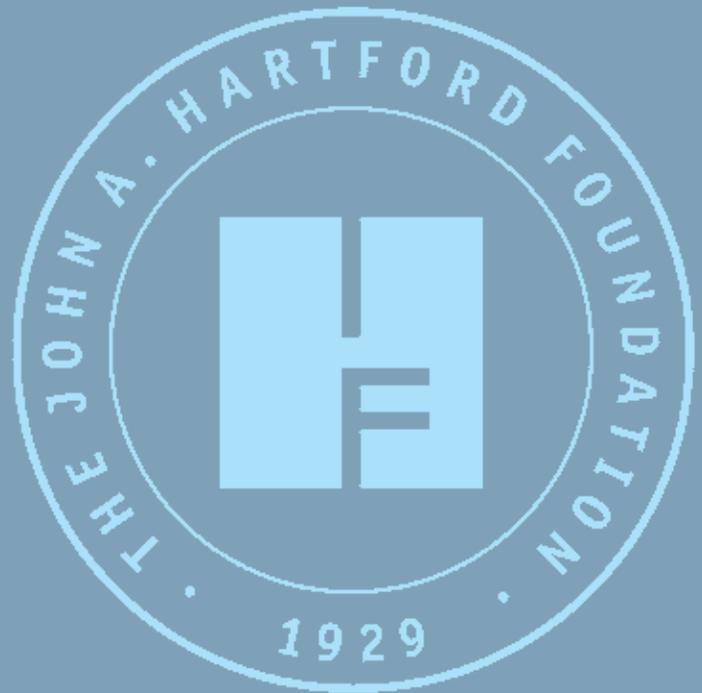


2013 Annual Report

# The John A. Hartford Foundation

Working to improve the health  
of older Americans



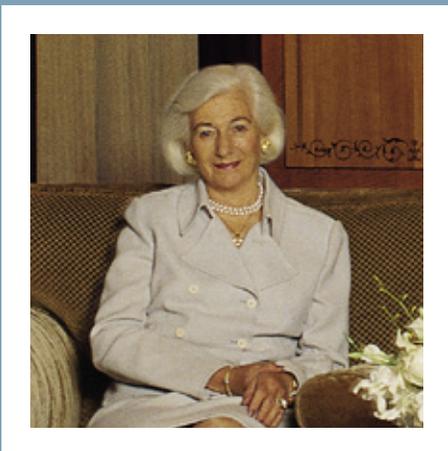
## Dedication

Nuala Pell, who served as a Trustee of the John A. Hartford Foundation for 19 years, was a remarkable woman, full of grace, dignity, and passion for the causes she believed in. The grandniece of the Foundation's founders, John and George Hartford, she was a committed and faithful supporter of our work to improve the health of older Americans.

A philanthropist who strongly supported the arts, humanities, and education, as well as aging and health, she—along with her husband, the late U.S. Senator Claiborne Pell—devoted much of her life to public service.

For those of us fortunate enough to have known her, she was unfailingly friendly and self-effacing. She genuinely liked people and warmly welcomed staff and grantees into the Hartford “family.”

Nuala Pell will be greatly missed.



Nuala Pell 1925 - 2014



The John A. Hartford Foundation  
[www.jhartfound.org](http://www.jhartfound.org)

*“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.

## Contents



---

<b>Report of the Chairman and Executive Director</b>	4
<b>Trustees and Staff</b>	6

---

<b>Spreading Innovation Through Collaboration</b>	7
<b>The Five Principles of Successful Partnerships</b>	8
Keys to Thriving Partnerships	10
The Challenges of Partnerships	11
Beyond Dollars: The Benefits of Partnership	12
Five Principles of Partnership	13
• Shared Vision	13
• Shared Commitment	14
• Mutual Trust	14
• Clear and Frequent Communication	15
• Measurable Results	16
A Collaboration, Not a Competition	16
Cultivating the Field	17

---

<b>The Power of Partnerships</b>	18
<b>Co-Funding</b>	
The Best of Both Worlds: Forging a Model Public-Private Partnership	20
Making a Lasting IMPACT on Improving Mental Health	22
CAPC: Forging Partnerships and Alliances for Patient-Centered Care	26
Retooling for an Aging Society	28
<b>Affinity Funding</b>	
Complementary Collaborators	29
‘The Perfect Storm’	30
Infusing Geriatric Competencies in Specialty Nursing	33
Transitioning to Reduce Readmissions and Lower Medicare Costs	34
<b>Sustaining Funds</b>	
Everything’s Coming Up ACES	37
Training and Mentoring Medical Students in Aging Research	38
When You Wish Upon a STAR	39
Partnering for Better Care for Our Older Veterans	40

---

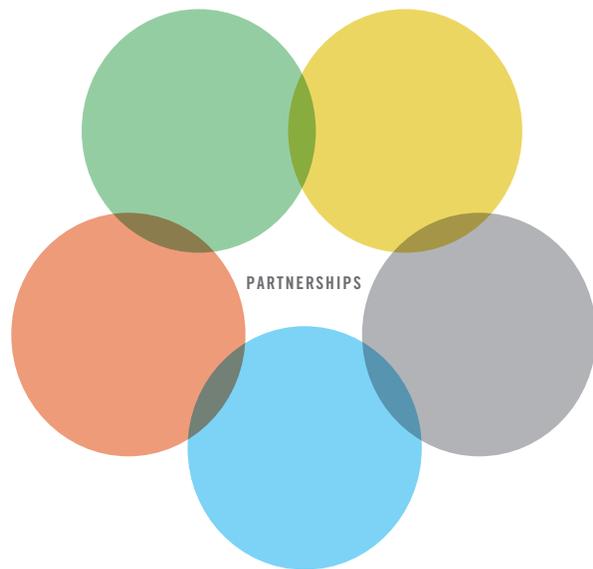
<b>Entrepreneurial Partners</b>	42
Eric A. Coleman, MD, MPH: Leading Change	43
Claire M. Fagin, PhD, RN: Exemplifying a Passion for Geriatric Nursing	44
Mathy D. Mezey, EdD, RN: Taking an Expansive View of Nursing	45
David B. Reuben, MD: Developing Leaders and a Model for Alzheimer’s Care	46
W. June Simmons, MSW: Building a Powerful Team	47
Patricia J. Volland, MSW, MBA: Changing the Way Social Workers Are Trained	48

---

<b>Partners in Change</b>	50
Time for Change AGEnts Is Now	51
Better Together: Building an Integrated Healthcare and Social Services Delivery System	52
Promoting Quality Jobs and Quality Care for Older Adults	56
Looking Forward: Together	58

---

<b>Aging and Health Grants</b>	60
<b>Financial Summary</b>	61
Summary of Active Grants	62
<b>Application Procedures</b>	68



## Report of the Chairman and Executive Director

IT IS OUR GREAT PLEASURE TO INTRODUCE the 2013 Annual Report of the John A. Hartford Foundation. As we continue to move our focus from academic capacity building to practice change, we are reminded that some critical elements of the Foundation's work remain steadfast. Among the most important of these are the creation and maintenance of productive partnerships. This report presents a special appreciation and celebration of those collaborations, as they have, in particular, characterized all of our achievements. We do not travel alone.

Our partners—currently 104 academic institutions, nonprofit organizations, governmental agencies, and other philanthropies who work closely and diligently with us to help improve the health of older adults—have allowed us to leverage and magnify our funding investments to far greater effect than they ever could have achieved on their own. In fact, during the past 14 years, our partnerships have amplified the Foundation's \$398 million investment in older adult health to nearly \$2 billion in funding for other related projects—a 500 percent return on investment.

We have joined with the National Institute on Aging, the Administration for Community Living, the Department of Veterans Affairs in the government sector, and the F.B. Heron Foundation, the Margaret A. Cargill Foundation, the SCAN Foundation, the Rasmuson Foundation, and so many others in the nonprofit philanthropic world.

The rewards of these partnerships go well beyond advantages in additional project funding. Collaboration augments creativity, productivity, and efficiency, maximizing the effect and broadening the scope of our efforts. And it has substantially extended our reach, with one collaboration often leading to another.

This Annual Report recounts the stories of many of the productive partnerships the Hartford Foundation has been privileged to enjoy, particularly during the last 30 years.

### *Notable Grants in 2013*

Several grants were illustrative not only of the Foundation's shift in focus from academic capacity building to practice change, but also of the kind of collaborative partnerships

that have always energized our work. Notably, the Foundation granted \$5,062,819 over three years to the Gerontological Society of America to launch the *Hartford Change AGENTS Initiative*, under the direction of Laura Gitlin, PhD, and Nancy Whitelaw, PhD. This interdisciplinary effort will harness the talents and energy of the more than 3,000 scholars and health systems leaders the Foundation has supported during the last three decades and encourage them to work directly on changes in practice and service delivery that improve the health of older patients.

With co-funding from the Tufts Health Plan Foundation and the Archstone Foundation, the Foundation awarded Partners in Care Foundation, Inc., in San Fernando, CA, \$2,068,500 for a period of three years to conduct an initiative called *Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services*. Under the direction of W. June Simmons, MSW, this project will develop two large-scale prototype networks—one in California and one in Massachusetts—that link community-based, social service agencies to the health care sector. With the collaboration of the Administration for Community Living and other similar efforts around the country, our hope is that these networks can serve as replicable models of the kind of integrated health care and social services delivery systems older patients and their families so desperately need.

Finally, with co-funding from the SCAN Foundation, the Foundation funded the National Committee for Quality Assurance in Washington, DC to initiate *Quality Measures to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care*. A grant of \$415,222 over 18 months will support the first stage of a multi-phase initiative that will develop critically needed outcomes-based performance measures that can be used to improve the quality and experience of care for dually enrolled Medicare/Medicaid beneficiaries.

In total, the Foundation paid out \$18.2 million in grants, of which \$17.5 million went to the Foundation's aging & health initiative.

### *Financial Report*

Favorable markets, especially U.S. equities, propelled the Foundation's well-diversified portfolio to another year of solid performance, continuing its march forward with a gain of about 14 percent. This was the fourth year in which the portfolio delivered a double-digit return since the financial crisis of 2008-09. The Foundation's endowment ended 2013 at approximately \$550 million, representing a net increase of \$38 million after disbursement for grants and expenses during the year. Furthermore, we are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 26 years; the portfolio delivered a net annualized return of 9.1 percent, while spending over \$784 million in today's dollars for grants and expenses during this period of time. However, after a nearly five-year strong performance run since the financial crisis, we believe that maintaining a disciplined, prudent investment approach becomes more critical than ever. With Goldman Sachs' assistance, we are confident that our portfolio has positioned us well to pursue investment opportunities and to better withstand dramatic swings in the financial markets in 2014 and beyond.

### *Foundation Transitions*

We would like to express our gratitude and best wishes to William T. Comfort, Jr., who retired from the Hartford Foundation's Board of Trustees in 2013 as its secretary after 13 years of service. Mr. Comfort is a Managing Partner at Court Square Capital Partners and Chairman of Citicorp Venture Capital and was first elected to the Board in June 2000.

We would also like to acknowledge some additions to the Hartford family. On June 6, 2013, two new Trustees, Elizabeth A. Palmer and Earl A. Samson III were elected to the Board.

Ms. Palmer is Head of North American Marketing and Client Services at Lindsell Train and the former Senior Managing Director of Global Product Management at MFS Investment Management, Boston, MA. She is also a Trustee and Chair of the Mt. Holyoke College Investment Committee.

Mr. Samson is President and Chief Investment Officer at Landmark Management, Inc.; Treasurer and Chair of Finance and Investment Committees and Former Chairman of the Board of Trustees of the Darrow School in New Lebanon, NY; and Founding President of the Sakonnet Point Club, a nonprofit organization in Little Compton, RI.

On the Hartford staff, we were pleased to welcome Crystal Tsoi, who joined us in June 2013 as administrative assistant. Ms. Tsoi comes to us from the University of Chicago, where she earned her B.A. in political science.

Finally, we would like to express our profound gratitude to our Board of Trustees, staff, and grantees for their extraordinary support over the past year as we continued to make the transition in our funding focus. It is only through their extraordinary skills and dedication that we have been able to achieve the successes we have in so short a time. They are our most important partners of all.

Norman H. Volk  
Chairman



Corinne H. Rieder  
Executive Director and Treasurer



Two handwritten signatures in black ink. The top signature is "Norman H. Volk" and the bottom signature is "Corinne H. Rieder".

## Trustees

**NORMAN H. VOLK**  
CHAIRMAN

**KATHRYN D. WRISTON**  
PRESIDENT

**BARBARA PAUL ROBINSON**  
SECRETARY

**JOHN H. ALLEN**

**WILLIAM T. COMFORT, JR.**

**JOHN J. CURLEY**

**CHARLES A. DANA**

**LILE R. GIBBONS**

**JOHN R. MACH, JR., MD**

**AUDREY A. MCNIFF**

**ELIZABETH A. PALMER**

**CHRISTOPHER T. H. PELL**

**EARL A. SAMSON III**

**MARGARET L. WOLFF**

**JAMES D. FARLEY**  
CHAIRMAN EMERITUS

## Staff

**CORINNE H. RIEDER**  
EXECUTIVE DIRECTOR AND TREASURER

**HUA “EVA” CHENG**  
FINANCE DIRECTOR AND CONTROLLER

**CHRISTOPHER A. LANGSTON**  
PROGRAM DIRECTOR

**AMY J. BERMAN**  
SENIOR PROGRAM OFFICER

**MARCIA E. BROWN**  
EXECUTIVE ASSISTANT

**BENITA B. COX**  
ADMINISTRATIVE OFFICER

**FRANCISCO J. DOLL**  
GRANTS MANAGER

**MARCUS R. ESCOBEDO**  
PROGRAM OFFICER

**RUTUMA M. GANDHI**  
SENIOR ACCOUNTANT

**JULIANNE N. MCLEAN**  
PROGRAM SECRETARY

**NORA O'BRIEN-SURIC**  
SENIOR PROGRAM OFFICER

**WALFRIDO B. PATAWARAN**  
PROGRAM OFFICER

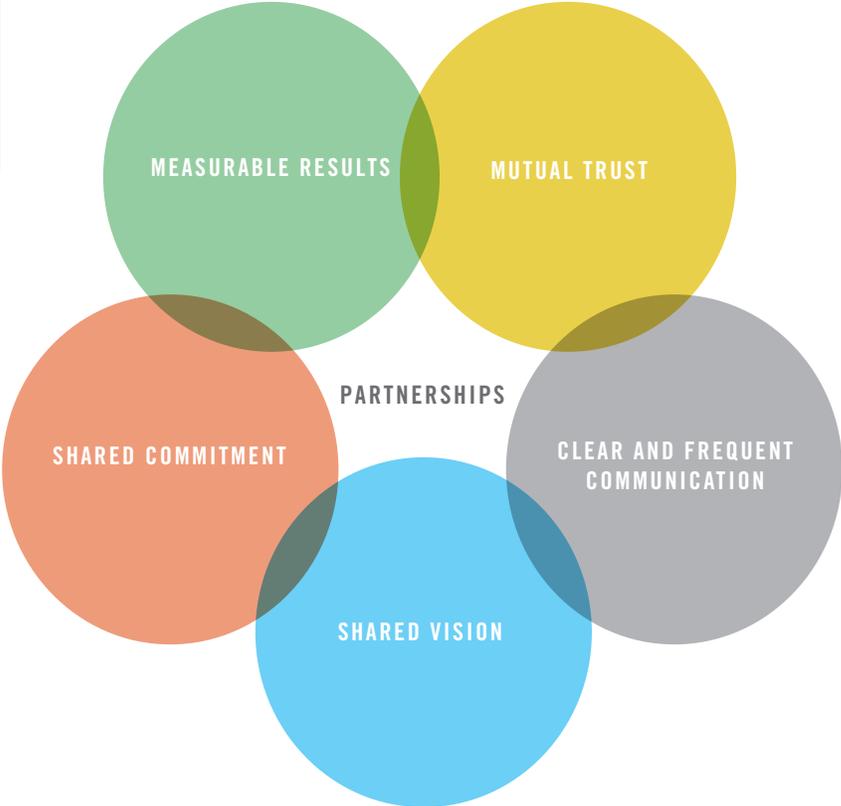
**CRYSTAL H. TSOI**  
ADMINISTRATIVE ASSISTANT

**RACHAEL A. WATMAN**  
SENIOR PROGRAM OFFICER

**JESSICA L. WHITE**  
GRANTS AND EVALUATIONS COORDINATOR

# Spreading Innovation Through Collaboration

The John A. Hartford Foundation  
2013 Annual Report





## The Five Principles of Successful Partnerships



### Fact:

During the next 20 years, nearly **10,000 people** will turn **65 each day**, doubling the number of older adults in the United States.

### THERE IS POWER IN PARTNERSHIPS.

It manifests in myriad ways. In a funding environment in which resources to address aging and health are relatively scarce, partnerships are critical to make the changes needed to meet the growing health care needs of older adults.

The John A. Hartford Foundation has a long track record of collaborating with other foundations, levels of government, organizations, and individuals who share our vision and goals. These partnerships are a two-way street that benefit and extend the reach of all concerned. By pooling resources, talents, and expertise, we create a path for our mission that is more lasting and sustainable.

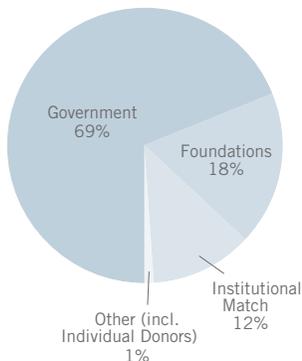
“Partnering defines our work and is a major strategy of the Foundation,” says Corinne H. Rieder, EdD, the Foundation’s executive director and treasurer. “We can do more to improve the health of older adults by actively seeking out and working with partners who share our mission. None of us can do it alone.”

First, there is the financial impact. Since 2000, the Hartford Foundation has authorized grants totaling \$398.3 million to improve the health of older adults. Through strategic funding partnerships with government agencies, foundations, other institutions and through subsequent development efforts of our grantees and scholars, those grants generated a total of \$1.97 billion in related funding in health and aging.

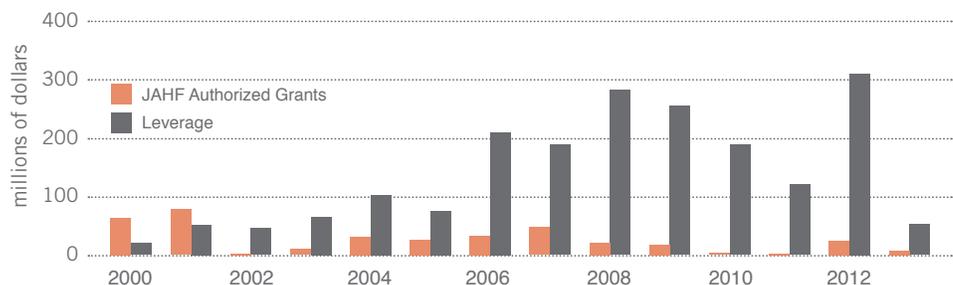
That adds up to more than \$4.95 leveraged for every dollar of Hartford funding.

### 13 Year Leverage Summary

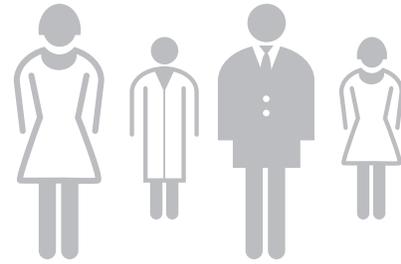
Approximate Breakdown of Leverage by Source



Leverage vs JAHF Authorized Grants by Year



Total Leveraged Funding 2000-2013 = \$1,970,299,595



“ Over the past century, almost all the compelling examples of philanthropic impact involve multiple grantmakers, nonprofits, and other organizations working together toward common goals.”

**Phil Buchanan**  
President  
Center for Effective Philanthropy  
writing in *The Chronicle of Philanthropy*

Almost three out of every four projects financially supported by the Foundation have external co-funders, and Hartford currently has 104 partners, ranging from the National Institute on Aging (NIA), the Administration for Community Living, and the Department of Veterans Affairs (VA) in the government sector, to the California HealthCare Foundation, the F.B. Heron Foundation, and the Margaret A. Cargill Foundation in the nonprofit philanthropic world.

And in what may come as a surprise to many, 69 percent of the Foundation’s leveraged funding is from government agencies. That reflects an important historical trend, as the federal government has invested increasingly in aging and health over the past two decades.

In many ways, it also reflects history repeating itself, in the sense that it marks the second time—first in medical research, then aging and health—that the federal government has invested in an area after the Hartford Foundation stepped in to meet a pressing national need.

The John A. Hartford Foundation was founded by A&P grocery chain President John A. Hartford in 1929, the same year that A&P became the first retailer to reach \$1 billion in annual sales. In the 1950s, following the deaths of Hartford and his brother, A&P Chairman George L. Hartford, A&P stock contributions from their estates made the Hartford Foundation the fourth largest philanthropy in the country.

The Foundation at the time did what philanthropies do: It saw a need that was not being met by the government or private sector and filled it. Over the next two decades, the Hartford Foundation became the largest private, not-for-profit supporter of medical research in the United States, spending \$10 for every \$1 in government support. The resulting advances included pioneering technologies and treatment innovations for organ transplantation, kidney dialysis, heart disease, non-invasive cataract surgery, and cancer, among others.

But the funding landscape changed dramatically in the 1970s. A&P stock declined in value, leaving the Foundation with less money to invest at a time when the cost of medical research was greatly increasing. Meanwhile, the National Institutes of Health (NIH) had grown from two institutes in 1950 to 15 by 1970, and in the early 1970s, Congress funded major initiatives to fight cancer and heart disease. NIH support for medical research grew to a level far beyond the means of even the largest foundation or private funding source.

---

Leverage Ratio:  
**~\$4.95**  
leveraged for every  
**\$1**  
of Hartford funding  
(over 13 years)

---

Percentage of projects  
with external co-funders:  
**74**



(Top) Corinne H. Rieder, EdD (center), Executive Director and Treasurer of the Hartford Foundation; with grantee Nelma Shearer, PhD, RN (right), Director, Hartford Center of Gerontological Nursing Excellence, Arizona State University; and funding partner Carol A. Kratz, MPA (left), formerly of Virginia G. Piper Charitable Trust.

(Middle) Gretchen E. Alkema, Vice President, Policy and Communications; and René Seidel, Vice President, Programs and Operations, the SCAN Foundation.

(Bottom) Hartford Board Chair, Norman Volk (right) attending the Norman and Alicia Volk Lecture on Geriatric Nursing at New York University with his wife Alicia (left); Tara Cortes, PhD, RN, Director of the Hartford Institute for Geriatric Nursing; and presenter Diane Meier, MD, Director, Center to Advance Palliative Care.

---

As the Hartford Foundation began to wind down its biomedical research projects in the late 1970s, the Trustees once again looked for an area in which the Foundation, in the words of John A. Hartford, could “do the greatest good for the greatest number.” In 1982, the Foundation launched its Aging and Health program, once more stepping up to address a need that was not being adequately met by government or private funding.

Over the next three decades, the Foundation pursued an “upstream strategy”—focusing its grantmaking on championing geriatrics research, education, and the development and dissemination of evidence-based, cost-effective models of care. In this work, the Foundation has actively sought to partner with other foundations and organizations and, increasingly, with the federal government to leverage its relatively modest resources so that they would have maximum impact on behalf of older Americans. And just as it had done with medical research decades earlier, the NIH has taken on much of the support for aging and health and has become an important partner in sustaining and expanding valuable programs started by the Hartford Foundation.

Twice since 2000, the nation has experienced severe economic downturns—first when the tech bubble burst shortly after the turn of the 21st century, and then with the 2008 Great Recession. Following the first financial crisis, the Hartford Foundation concluded that it could no longer continue funding the Paul B. Beeson Career Development Awards in Aging Research, which at the time was the biggest private award for aging-focused researchers in academic medicine. For two years, Hartford staff, led by Dr. Rieder, worked to find other foundation partners to keep the Beeson Scholars Program alive. When those efforts failed to bear fruit, Dr. Rieder—who formerly worked in the federal government—came up with an outside-the-box solution, reaching out to the NIA about stepping in to fund the Beeson program. The notion of having a federal agency, with all of its rules and regulations, take over administration of a private career development award seemed like a long shot at best. But the NIA, Hartford, and the program’s other partners were committed to making what at the time was a groundbreaking partnership work, and today, the Beeson Scholars program is stronger than ever. (For the complete story, see page 20.)

### Keys to thriving partnerships

Successful partnerships take a lot of work. They require the ability to identify and invest in strong leaders and projects, as well as a strategic and deliberate approach to networking: getting to know key players in other foundations, government agencies, and organizations and remaining in frequent contact with them.

The Hartford Foundation actively searches for new potential partners and has consulted in the development of new foundations. On a national level, Hartford

## The Challenges of Partnerships



Partnerships don't just happen. Particularly within the world of philanthropy and nonprofit organizations, there can be deep-rooted impediments to collaboration.

Foundations, in general, tend to strive for uniqueness in activity, strategy, and emphasis. This focus on uniqueness as a business and branding strategy was reinforced by two influential *Harvard Business Review* articles in the 1990s that urged foundations to act more like competitive businesses, Phil Buchanan, president of the Center for Effective Philanthropy, noted in *The Chronicle of Philanthropy*.

"The fact is, focusing competitively and narrowly on individual institutional performance isn't necessarily consistent with maximizing impact," Mr. Buchanan wrote. "It has led many large foundations to develop and put in place their strategies alone. But in philanthropy, unlike in business, that is a recipe for failure."

In a 2011 article in the *Stanford Social Innovation Review*, John Kania, MBA, and Mark Kramer, JD, MBA, examined successful efforts to tackle social problems and concluded "that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations."

Or, as Mr. Buchanan put it: "Big progress against tough challenges requires a lot of effective organizations working together."

If that's the case, why is partnership so hard?

The emphasis on uniqueness certainly is one factor and can lead to what some in nonprofit circles call the "not invented here" syndrome. In some cases, getting a foundation or organization to support a project or program developed by another foundation can be a tough sell.

That is not an issue for all foundations. "We're very happy being part of a crowd," says Florence A. Davis, president of the Starr Foundation. "We know that we don't have bottomless resources and if we find something that we're very interested in, we love to have company. We like to share the stage and the credit. We just want to make sure the people undertaking the project are good leaders and have sound ideas and a good plan for executing the project."

Another factor is that foundations tend to strongly value independent internal processes, timing, and rules, which can make compromise difficult. Similarly, potential public-private partnerships can be complicated because the federal government is encumbered by reams of rules and regulations regarding how they administer taxpayer money.

Differences in foundation size and resources also can make it harder to partner. Some large foundations with sizeable endowments may feel they have sufficient resources to make the kind of impact they desire on their own.

And while it seems to make sense to pair the resources of a national foundation with a local foundation's knowledge of a community, there are times when it instead creates a clash of cultures and approaches. For instance, which is more important: local health outcomes or building a national model?

However, the Hartford Foundation remains committed to actively pursuing partnerships of all kinds because the benefits—shared throughout this report—far outweigh the challenges, as significant as they sometimes are. Our decades of experience in working with others to improve the health of older Americans confirm what the *Stanford Social Innovation Review* article found: "No single organization is responsible for any major social problem, nor can any single organization cure it."



(Top) W. June Simmons, MSW, CEO, Partners in Care Foundation, shares the success of a Hartford Social Work model.

(Middle) Mary Ellen Kullman, MPH, Vice President, Archstone Foundation, has been a long-term partner of the Hartford Foundation.

(Bottom) The Hartford Change AGents Leadership team at the launch of the new Initiative at the 2013 Annual Meeting of the Gerontological Society of America.

has been an active leader in foundation affinity groups in aging and health. The Foundation also regularly invites other funders to participate in annual Hartford evaluation site visits.

“The right partnerships amplify the impact not only of the Hartford Foundation, but of those with whom we collaborate,” says Christopher A. Langston, PhD, program director. “As we continue to shift to our ‘downstream’ strategy to create real and meaningful practice change in the health care of older adults, partnerships will continue to play an essential role.”

### **Beyond Dollars: The Benefits of Partnership**

The benefits of collaboration go far beyond simply increasing the amount of money available for worthy projects and programs.

Working together, like-minded partners can not only leverage their funding, they can pool their knowledge, creativity, and efficiency—broadening the scope of their thinking, while increasing their ability to maximize their impact. In the end, it comes down to ensuring that the collaboration is a win-win for both partners.

Consider the example of Carol A. Kratz, MPA, who joined Virginia G. Piper Charitable Trust, located in Phoenix, Arizona, with a specific regional focus in Maricopa County. Ms. Kratz was a program officer at Piper Trust’s inception, when it decided to make the health of older adults one of its priority funding areas.

“When we first opened our doors and started competitive grantmaking in 2001, I was anxious to find out what was happening in the field,” Ms. Kratz recalls.

“My research at that time focused on the leading funders of initiatives for older adults—what types of programs were they investing in and would they make sense to replicate in our community?”

Ms. Kratz began attending Grantmakers In Aging (GIA) conferences and got to know several Hartford program staff, drawing on their knowledge and experience in the field. During the next six years, those relationships deepened, and in 2007, when the Hartford Foundation approved a \$1 million grant to establish a Hartford Center of Gerontological Nursing Excellence at Arizona State University, Piper Charitable Trust invested \$500,000 as a local match (see page 30).

For many years, the Foundation has taken a strategic approach to partnerships, finding ways to share expertise and relationships, as well as dollars.

As Mary Ellen Kullman, MPH, vice president of the Archstone Foundation in Long Beach, CA—which has partnered with Hartford on numerous projects through the years—puts it: “There’s far more room to work in this field than there are resources available. So the more we can bring new people into the field and nurture their growth, the more it facilitates our ability to do our work and ultimately serve the elders we want to serve.”

## Five Principles of Partnerships

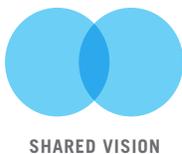
The Hartford Foundation has adhered to a set of core principles that have guided its partnership decisions. Not all of these principles are embodied in every successful partnership. But we have found at least some combination of them in those that flourish.

These principles include:

- Shared Vision
- Shared Commitment
- Mutual Trust
- Clear and Frequent Communication
- Measurable Results

Let's take a closer look at each:

### Shared Vision



When entering into a partnership, both parties need to have a common vision of what they are working together to accomplish. The organizations don't necessarily need to share the same mission in big-picture terms—but it helps. For example, it certainly is a plus when Hartford is able to partner with others, whether in the public or private sector, who share its focus on improving health care for older adults. It provides, as a basis, shared or similar passions, interests, knowledge, and experiences. And the Foundation has been fortunate over the years to partner with many other foundations, organizations, institutions, and government agencies that focus their efforts in the health and aging field.

That's not to say that partnering with an organization that has no previous focus in health and aging won't work. In fact, when done right, it's an excellent way to bring new resources—financial and otherwise—to the field. Through the Social Innovation Fund (SIF), for example, Hartford has partnered with the Corporation for National and Community Service (CNCS), a federal agency, to bring the evidence-based IMPACT model of depression care to treat older adults in the rural Northwest (see page 22). The SIF program had not previously awarded grants focused on older adults, mental health, or these rural areas.

What is essential to making a partnership work is agreeing up front on a shared vision for the specific project or program. The goal has to be clear, and all partners need to agree what success will look like in the end. "Collaboration is a dance," says Laura N. Gitlin, PhD, director of the Center for Innovative Care in Aging at the Johns Hopkins School of Nursing and member of the new Hartford Change AGENTS initiative leadership team. "Participants need to come together with a shared mission, vision, and set of goals. If participants or partners do not develop a shared mission and set of goals, the trust or the other elements essential for an effective collaboration will not happen."



---

### Shared Commitment

A true partnership means sharing not only in a project's successes, but in its challenges as well. All participating partners—regardless of their level of funding on any given project—must be committed to the project's success. And in most cases, that requires flexibility and creativity.

When a project's circumstances change or obstacles arise, partners need to find creative ways to work through issues in a way that acknowledges and respects different and even conflicting imperatives.

"You have a honeymoon phase at the beginning of a new project where everybody's excited about it," says W. June Simmons, MSW, a longtime Hartford grantee and president and CEO of the Partners in Care Foundation in San Fernando, CA. "But the real depth comes when you start to hit challenges. Do people stay the course? I think people get much closer and trust each other a lot more when they've had something go wrong and they've fixed it, than if everything just chugs along in a happy state all the time."

Getting over bumps in the road also goes back to a shared vision. If partners are in alignment on what success looks like, it greatly increases the odds that they will similarly understand problems they encounter along the way and—most importantly—find common solutions.

"You need to know they're going to deliver, that in a pinch they're going to tough it out and figure it out and be willing to contribute, and to really have that deep, abiding commitment to the long-term outcome," Ms. Simmons says.



### Mutual Trust

Any successful partnership is built on trust. Not blind trust, but one based on due diligence, mutual respect, and—over time—experience.

"Trust sounds kind of soft," says Dr. Gitlin, who has studied and written on collaboration. "But partnerships can collapse when people don't trust each other and respect each other's expertise or what each partner or participant brings to the table."

Trust means knowing that those with whom you've entered into partnership will do what they say they will. It means they will respect and meet deadlines. It means they will share information freely, not hoard it. And it means they will roll up their sleeves and work with you to find solutions to problems that threaten to derail your common project.

Going hand-in-hand with mutual trust is mutual respect. Ann F. Monroe, president of the Health Foundation for Western and Central New York, says that is especially true in collaborations between national and local funders.

"We might be small, but I believe we are very mighty here," Ms. Monroe says. "So the idea that we should go to the mountain and get the word from a big,

national foundation doesn't fit with the way we work. First of all, it's not a way to treat a partner. And secondly, you don't learn from that because there's no real give and take. I think particularly when organizations have different scopes, they have to come to each other with a general openness to learning and a general openness to share, and not be too worried about who gets credit for the idea."

Of course, developing a track record with a partner takes time. So when considering potential partners, it's important to do your homework. Do a thorough check with other organizations or grantees with whom they have worked, and take the time up front to discuss in detail your relative roles and obligations. You can't trust someone to fulfill their commitments if there's not a shared understanding of what those responsibilities are.

"The trust and collaboration doesn't happen overnight," says the Archstone Foundation's Ms. Kullman. "It happens over many years of working together."

#### **Clear and Frequent Communication**

Communication is not just about providing updates and exchanging information on a joint project. It's fundamentally about building relationships.

At the Hartford Foundation, that applies not only to partners and grantees, but to a wide array of individuals and organizations interested in learning more about health and aging.

Full disclosure among partners is essential. Few things can sour a partnership faster than having one partner feel like they've been kept in the dark on important developments or decisions. In the fast-paced world in which we live, it is tempting at times to move forward on a project, figuring that you can bring everyone else up to speed later. But any time saved can be quickly lost in repairing strained relationships.

The Foundation stresses frequent, open, and clear communication. Staying in contact with partners on a project, even just touching base, can bring potential problems to light earlier and head off some altogether.

It is equally important to forge relationships with key counterparts in the field, something the Hartford Foundation has done for more than three decades by allocating scarce time to meet with partners and potential partners, as well as maintaining an aggressive national travel schedule.

Rani E. Snyder, PhD, program director of health care programs for the Donald W. Reynolds Foundation, has collaborated often with Hartford, although the Reynolds Foundation tends to avoid the entanglements of co-funding specific projects. Through the years, Ms. Snyder has found that sharing knowledge, experience, and coordinating efforts is definitely a two-way street.

"I think that the cooperative and complementary relationship we've built with the Hartford Foundation over the years has helped us all be more effective in our work," says Ms. Snyder.





---

### **Measurable Results**

While it's important to agree on a shared vision for a project at the outset, it's just as critical to agree on how outcomes will be measured—both along the way and in the end. Partners often bring different processes, standards, objectives, and even definitions to a project, so explicitly working through these measurement issues is vital.

A lack of agreement on what constitutes a successful outcome—for example, feasibility or successful implementation versus clear health benefits versus financial savings—can drive potential partners apart. So can a lack of common objectives—for instance, one may focus on local outcomes while the other seeks to build national models.

But as the Foundation's partnerships with Virginia G. Piper Charitable Trust, the Archstone Foundation, the Fan Fox and Leslie R. Samuels Foundation, and several others demonstrates, national funders and local funders can successfully collaborate when their visions for a project align and they agree on how to measure success.

### **A Collaboration, Not a Competition**

Adhering to the principles outlined above has helped Hartford's and others' resources go further and created more movement on important issues than otherwise would have been possible. In the pages that follow, we will examine the many different kinds of partnerships the Foundation has forged through the years and highlight the real differences they have made in the field of aging and health.

James C. Appleby, RPh, MPH, executive director and CEO of the Gerontological Society of America (GSA), says he has found a kindred spirit in the Hartford Foundation in terms of its approach to collaboration and growing the field. Just as he believes that strengthening the field of aging and health will help GSA thrive, Hartford takes the approach that if the field is healthy, the Foundation will continue to be successful.

"In terms of how they interact with other aging organizations, it's not a competition, it's a collaboration," Mr. Appleby says. "They want as many people at the table helping solve the problems of the day as we can possibly find."

## Cultivating the Field



The John A. Hartford Foundation understands that the only way to accomplish its goal of realizing a gero-competent, patient-centered health care system is to grow the field of aging and health. No one foundation or organization or government agency can take on that Herculean task alone.

In addition to partnering with government agencies, other foundations, and institutions on specific projects and programs, the Hartford Foundation also partners with numerous organizations with a focus on aging and health that bring different perspectives and expertise together to learn from one another and work together to strengthen the field.

Over the decades, Foundation staff have worked diligently to build relationships with others in the field. They also have taken leadership roles in a wide variety of philanthropic organizations. Some of the most notable include:

- Grantmakers in Health (GIH), launched in 1982 as a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Multiple Hartford staff members have served on its board, and staff support and benefit from its mission to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness.
- Grantmakers in Aging (GIA), an inclusive and responsive membership organization of 100 institutions that is a national catalyst for philanthropy, with a common dedication to improving the experience of aging. The Hartford Foundation was a founding member, and continues to provide support.
- Philanthropy Roundtable dates back to the 1970s and was formally organized in 1987. The publisher of the influential *Philanthropy* quarterly magazine, Philanthropy Roundtable is America's leading network of charitable donors working to strengthen our free society, uphold donor intent, and protect the freedom to give.
- Philanthropy New York, founded in 1979, is the principal professional community of philanthropic foundations based in the New York City region. Its 285 member organizations—including the leading private, corporate, family, and public grantmaking foundations in the world—each year provide support totaling more than four billion dollars to thousands of nonprofit organizations and non-government organizations located in New York, the U.S., and around the world, which in turn focus on an almost endless range of issues and concerns.

These are just a few of the many organizations the Foundation has supported, and in which it has found inspiration. The benefits of networking and sharing experiences, knowledge, and ideas with those tilling the same field are invaluable. These organizations also provide fertile ground for new potential partners, as well as a bond to keep us connected with longtime collaborators.

Growing the field of aging and health is hard work. We are enormously grateful for the dedicated partners who have been willing to engage in that work with us over the years.



## The Power of Partnerships



### Fact:

According to the Foundation Center, just **2 percent** of all private philanthropic dollars go to fund programs that serve older adults.

THERE IS NO ONE-SIZE-FITS-ALL TEMPLATE for a successful partnership. Organizations join forces to work toward a common goal for almost as many reasons as there are potential partners. But at the most basic level, it comes down to aggregating resources—money, experience, relationships, intellectual capital, and more—to move a project or issue forward.

Most times, but not always, funding is involved. The number of private funders in the aging and health space has always been relatively small. The aging field accounts for just 2 percent of all foundation funding. That has made pooling money a critical factor in launching and sustaining worthy projects and programs. There are three general categories of funding partnerships that the John A. Hartford Foundation has engaged in through the years. They are:

- **CO-FUNDING:** This is usually the most straightforward, in which Hartford has joined with government agencies, foundations, or organizations to support a project. The partnership may begin at the conception, birth, or a later stage of a project's development or operation.
- **AFFINITY FUNDING:** In some cases, another organization may build on work done by the Hartford Foundation by funding its own program that extends the work in the same field. And in other cases, foundations may coordinate their efforts to invest in complementary programs in the same area.
- **SUSTAINING FUNDS:** This occurs when another organization sustains existing Foundation projects or funds the adoption/adaptation of the model in other places.

Over the past decade, the Hartford Foundation has cultivated an important and effective partnership with the federal government. Working with such key agencies as the National Institute on Aging, the Administration for Community Living, and the U.S. Department of Veterans Affairs, the Foundation has collaborated with the government on such influential programs as the Paul B. Beeson Career Development Awards in Aging Research, Project IMPACT, the Care Transitions Intervention, evidence-based health promotion and disease prevention programs, and the Hartford Partnership Program for Aging Education, among others. In turn, the federal government is now by far our biggest funding partner.

It bears repeating: 69 percent of the Foundation's leveraged funding from 2000 through 2013 comes through government agencies. At the same time, the Hartford Foundation continues to work closely with long-time foundation and institutional allies, while also constantly seeking to find new partners to help in the important work to which we are dedicated: improving the health of older adults.



## CO-FUNDING

# The Best of Both Worlds: Forging a Model Public-Private Partnership



### Fact:

**50 percent** of Beeson Scholars from the 2004 through 2011 cohorts who responded to a 2012 AFAR survey already hold leadership positions, such as center director, division chief, director of fellowship programs, or they serve on advisory committees. That percentage will certainly rise as those mid-career Scholars in the most recent cohorts advance further along their career trajectories.

(Below, left) Scholars share research posters at the 2013 Beeson Annual Meeting in Santa Ana Pueblo, New Mexico.

(Below, right) Edward H. Koo, MD, Chair of the Program Advisory Committee and Professor of Neurosciences at UC San Diego Department of Neurosciences. The Beeson Scholarship enabled Dr. Koo to further his research on Alzheimer's Disease.

The financial crisis that followed the end of the tech bubble in 2000-01 led the Hartford Foundation to the difficult realization that it could no longer continue to fund the Paul B. Beeson Career Development Awards in Aging Research.

The Beeson Awards had proven to be a highly successful program that had attracted scores of brilliant physician-scientists to the aging field over the previous decade. Determined not to allow the program to fail, Dr. Rieder and Hartford staff forged an unlikely alliance, to say the least.

Within the federal government's National Institutes of Health (NIH), there was no model for creating a public-private career development award. And within the academic ranks of the then-privately funded Beeson Awards, there was some skepticism and concern that bringing in the federal government as a partner would threaten the integrity of the program.

The groundbreaking partnership took two years of hard work to put together. A decade later, the public-private alliance that saved the Beeson Awards is not only thriving, but has served as a model for two similar endeavors: MSTAR (Medical Student Training in Aging Research) (see page 38) and GEMSTAR (Grants for Early Medical and Surgical Specialists Transitioning to Aging Research) programs (see page 39).

"Both the public and private partners brought their own unique resources and abilities to make the program happen," says Odette van der Willik, deputy executive director and director of grant programs for the American Federation for Aging Research (AFAR), which now jointly administers the program with the NIA, one of 27 institutes and centers within the NIH. "Our goals were really the same: to train more physician-scientists in aging and geriatric medicine."

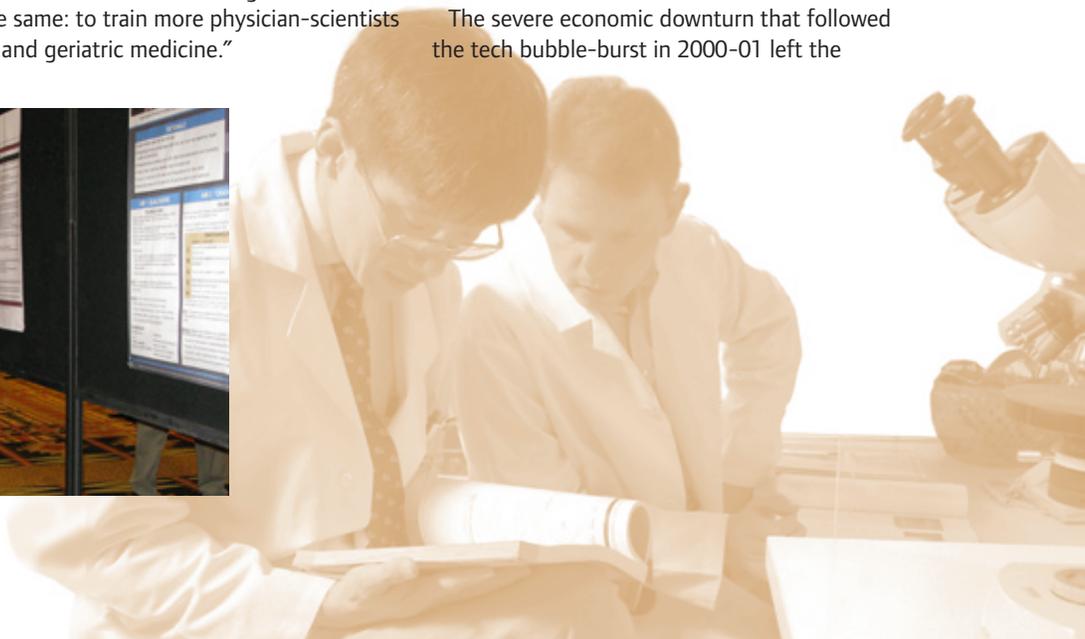
By all accounts, forging the public-private partnership required considerable creativity and perseverance. The Beeson Scholars program had been launched in 1994 with support from the Hartford Foundation, the Commonwealth Fund, and a third anonymous funder, later identified as The Atlantic Philanthropies. The idea for the career development award originated in the early 1990s with the late Margaret E. Mahoney, who was president of the Commonwealth Fund at the time.

The concept was to create a prestigious award—which turned out to be the largest non-governmental scholarship program dedicated to university faculty development, \$450,000 over three years—that would attract the best physician-scientists to conduct research in geriatrics, and hopefully, devote their careers to the field. The logic, over time, assumed that top medical students would want to work with these researchers, bringing even more talent to the field.

For the next decade, the program—named for Paul B. Beeson, MD, a renowned physician, researcher, and teacher who, before his death in 2006, attended Beeson Scholars meetings and advised many scholars—delivered on that promise, as other private funders would join for a few years and then move on. One of those was the Starr Foundation.

"It was clear to us at Starr that the aging population required the medical world to look at geriatrics and gerontology more seriously," says Florence A. Davis, president of the Starr Foundation. "At that time, we were expanding our medical research program, and this just made a lot of sense to us."

The severe economic downturn that followed the tech bubble-burst in 2000-01 left the



Hartford Foundation without funds available to back the program independently.

Dr. Rieder estimates that over the course of a year, she approached more than a dozen foundations in an effort to convince them to join Hartford in supporting the program. Finding no takers, she came up with the idea of reaching out to the NIA to explore the possibility of creating a sustainable public-private collaboration. It took another year of difficult negotiations before the partnership was struck.

"I really wanted to have this program continue because it was having a huge impact," Dr. Rieder says. "And there was no way that we had the resources to continue it on our own."

Robin A. Barr, DPhil, director of the NIA's division of extramural activities who was training officer at the time, says the NIA's existing career award program did not offer sufficient compensation to attract more physicians into aging research. So the idea of pooling government and foundation money to come up with a larger, more attractive career development award was appealing, even if it did require blazing new trails at the NIH.

What really impressed him, he says, was "...the organization that went beyond just the awards. Hartford was paying for an annual meeting of the Beeson awardees, which really was—and still remains—a very effective device in terms of sharing their results with each other, developing collaborations, and working with mentors. Basically, that annual meeting alone is a real building block for their careers, beyond the career development award itself."

It took a shared commitment and willingness to compromise to get the partnership off the ground. Leading experts in the field of geriatrics participated in the Beeson Scholars program review process, and there was concern among some on the academic side that federal rules and regulations would turn the process into a bureaucratic mess or lose sight of the program's focus on leadership development.

"I think a lot of credit has to be given to NIA leadership in being creative," AFAR's Ms. van der Willik says.

The NIA removed the main stumbling block when the agency essentially agreed to accept many of the Beeson review committee members onto the new federal review committee, a move

that Beeson project leaders believed would preserve the integrity of the program.

As Dr. Barr worked on getting the new model approved, he says, "At times, I felt that NIH was writing policy around this initiative because there was a gap—they hadn't done it before. It required our efforts at NIA to make NIH bend sufficiently to allow this to happen. But the thing is that the NIH is one of the more flexible agencies in government. We are always saying the rules are there to serve the research community, they're not there to obstruct the research community, so let's find a way through it in order to make it work. I had a lot of support from colleagues because of that general prevailing attitude at NIH."

In 2004, the new partnership to fund and administer the Beeson Scholars program was established between the NIA, AFAR, the Hartford Foundation, The Starr Foundation, and The Atlantic Philanthropies. It arose from economic uncertainty to a stronger and more stable program that draws on the best of both worlds—the NIH's rigorous peer-review process and imprimatur attracts a more diverse pool of applicants, which along with the networking and mentorship aspects, were a hallmark of the private program.

"It's a true public-private partnership," says Stephanie Lederman, EdM, executive director of AFAR, who adds that the unpaid mentors provided by the institutions receiving stipends constitute "another kind of partnership."

One of the keys to the program's success is its ability to deliver measurable results. Over a 19-year span, 186 scholars from more than 50 institutions have received Beeson awards. Many are now in leadership roles at top research institutions, and the collective impact of the Beesons on the aging field is undisputed. Thanks to the public-private partnership, funding is assured at least through 2017.

As the Beeson program marks its 20th anniversary, John E. Craig, MPA, executive vice president and chief operating officer of The Commonwealth Fund—an integral partner at the beginning and throughout the first decade—remarks, "It really is quite an impressive story. There are real challenges in collaboration. So this is quite phenomenal. With all the partners involved, there's amazing unanimity on what it's all about."

“It wasn't cobbling together a brand-new team and trying to figure out who was going to play shortstop. It was pretty clear they had already ironed out the problems and that we were going to be joining a very functional project. Sometimes, it's like herding cats. This was not one of those cases.”

Florence A. Davis, Esq.  
President  
The Starr Foundation

## CO-FUNDING

# Making a Lasting IMPACT on Improving Mental Health



SHARED VISION



MUTUAL TRUST



MEASURABLE RESULTS



### Fact:

**1 in 10** older adults  
visiting a physician suffers  
from depression.

Project IMPACT, a groundbreaking model of depression treatment in primary care settings, gained enormous credibility when it proved twice as effective as—and less expensive than—usual treatments for depression, in what is still the largest randomized clinical trial in depression treatment.

What made this impressive randomized trial possible? Partnerships.

In 1999, the Hartford Foundation wanted to give more emphasis to the mental as well as physical health of older adults. Through an extensive planning process that drew in researchers, advocates, and government agencies, this effort led to Project IMPACT (Improving Mood – Promoting Access to Collaborative Treatment for Late-Life Depression), a promising new team care approach pioneered by Jürgen Unützer, MD, MPH, MA, then at the University of California, Los Angeles.

“I realized early on in my career that most older adults who have depression will never see a mental health specialist, a psychologist, or psychiatrist like me. They go to their primary care doctor,” Dr. Unützer says. “We wanted to

a nonprofit to a for-profit organization and had just made its first grants in the area of elders and managed care.

There were two sites under review for participation in the IMPACT demonstration in California, both part of the large Kaiser Permanente network. CHCF agreed to fund one of the sites, but asked if it could add another—one outside the Kaiser Permanente network, representing large medical groups with managed care contacts that were major players in California’s health care landscape at the time.

“Hartford was incredibly flexible,” recalls Jan Eldred, MS, program officer for CHCF at the time. “They knew what we wanted and they understood why we needed to do this process.”

CHCF brought in the Desert Medical Group in Palm Desert, CA. As a result, the trial launched with seven total sites, three of which were in California. CHCF also helped fund some administrative and evaluation costs incurred on behalf of their two sites.

“There were huge numbers of pluses for us,” Ms. Eldred, now retired, says. “There was the expertise at Hartford. There was the expertise from the original research. There was a national advisory committee. Our grantees would have access to all these other grantees and experts around the country coming to the national meetings and being part of the evaluation. This enabled them to share their ideas and learn from each other. For a new foundation, it was a no-brainer. It made perfect sense for us given our interest in improving care for frail elders in managed care plans.”

Over five years, Hartford provided \$8 million for the clinical trial, and CHCF, the Hogg Foundation for Mental Health, and the Robert Wood Johnson Foundation contributed \$3 million in co-funding.

The IMPACT model offers resources to help primary care doctors treat depression in older adults. The program trains a staff person in the office—a nurse, clinical psychologist, or social worker—to work alongside a doctor with patients suffering from depression and perform supportive tasks such as providing follow-up on medication. IMPACT also has a dedicated psychiatrist assigned to the office who meets weekly with the trained staff member to review the cases of patients who are not getting better.

The multisite trial established IMPACT as a

**“We can’t achieve our goals at this foundation unless our partners in the community are at the top of their game. We can’t have ideas and implement them if the organizations we fund aren’t up to the task. The same is true with national and local funders. They can’t achieve their goals without us—meaning smaller, local foundations—being equal partners in things, rather than just pass-through funders.”**

**Ann F. Monroe**  
President, Health Foundation for  
Western and Central New York

be able to build a program that meets the patient right there in the primary care doctor’s office and offer some treatment that can really help them with their depression.”

The Hartford Foundation, convinced that Dr. Unützer’s approach had the potential to be a game-changer in the field, engaged in an open planning process that helped build trust as it reached out to potential partners to help fund the multisite trial.

One potential partner Hartford staff approached was the California HealthCare Foundation (CHCF), which had incorporated in 1996 as part of the complex negotiations that allowed Blue Cross of California to convert from

cost-effective, evidence-based model. In 2004, a \$2.4 million Hartford grant was used to create what became the Advancing Integrated Mental Health Solutions (AIMS) center at the University of Washington in Seattle, where Dr. Unützer now is Chair of the Department of Psychiatry and Behavioral Sciences. The implementation center, which is self-sustaining, has attracted numerous other partners, from the Fan Fox and Leslie R. Samuels Foundation—which gave a grant to the Institute for Family Health to adopt the IMPACT model in its chain of health centers in New York City and the Hudson Valley—to the National Institute of Mental Health, which awarded a grant to study the rollout process across Minnesota as part of the Institute for Clinical Systems Improvement’s DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction) program for depression.

And in a nice twist, Ann F. Monroe—who led the quality initiative at California HealthCare Foundation during the time those first crucial partnerships were formed around IMPACT—is now president of the Health Foundation for Western and Central New York, which just funded its first IMPACT grant in upstate New York.

“We’re not a research foundation in the sense that we look to develop brand new models,” Ms. Monroe says. “We really look to integrate what’s been learned in our community with what has been shown to work. In order to do that, I think it’s most effective if we can have an ongoing dialogue and ongoing respect for each other’s work and really be both candid and helpful to each other in crafting various types of projects.”

The Health Foundation for Western and Central New York grant supplements a state grant to adopt an IMPACT depression treatment model at Niagara Falls Memorial Medical Center, which is located in a low-income area with many older adults.

It’s another example of how IMPACT continues to attract new partners who share the vision of bringing improved mental health treatment to older adults who desperately need it. And this vision has been compelling to new government partners as well. A grant from the Social Innovation Fund (SIF) ushered the Hartford Foundation into a creative new form of public-private partnership, in which the Foundation fills



1



2



3



4



5

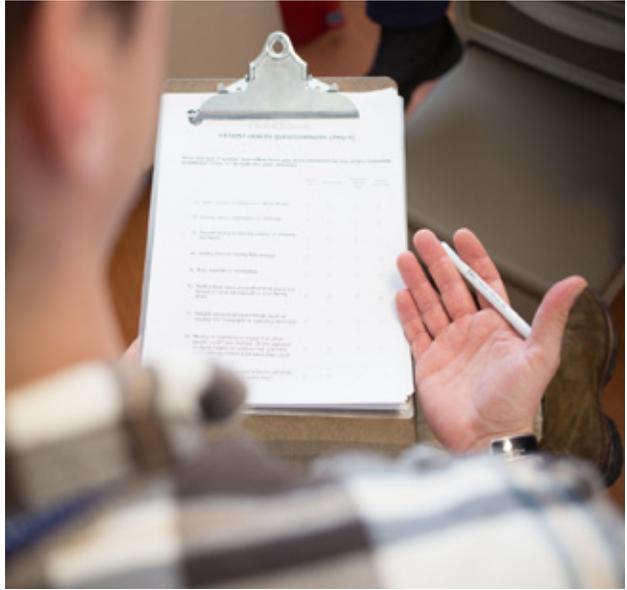


6

- (1) A presentation on SIF-IMPACT implementation.
- (2) Mat-Su Health Services, Wasilla, Alaska, a SIF site.
- (3) Jan Eldred, MS, Program Officer (former), California HealthCare Foundation, a partner on the IMPACT trial.
- (4) Desert Medical Group in Palm Springs, CA, Marc Hoffing, MD, MPH, Medical Director, discusses treatment with a patient.
- (5) Depression clinical specialist, Cora Hartwell, RN, MSN, Indiana University, IMPACT site.
- (6) A patient at Partnership Health Center in Missoula, MT, a SIF site.



1



2



3



4



5

(1-5) IMPACT implementation at Partnership Health Center, Missoula, MT with team members Colleen M. Harrison, MD; Charles W. Rourke; Kesli Delgadillo; and a patient.

(6-10) Participants in Seattle, WA discuss the implementation of IMPACT under the Social Innovation Fund.

(7) Christopher A. Langston, PhD, Hartford Foundation Program Director.

(8) Diane Powers, Associate Director, AIMS Center.

(9) From left to right: Steven Clark, Executive Director, Valley View Health Center; Commissioner P. W. "Bill" Schulte, Board of County Commissioners, Lewis County, WA; Brian J. Masterson, MD, MPH, Office of the Surgeon General.

(10) Dr. Masterson and (right) Ahmed V. Calvo, MD, MPH, Health Resources and Services Administration.



6



9



10



**Making a Lasting  
IMPACT on Improving  
Mental Health (cont.)**



the role of an intermediary who helps spread the IMPACT model to the rural Northwest. The SIF program, part of the federal Corporation for National and Community Service (CNCS), helps pool scarce financial resources and target them to support innovative practices that solve important social problems. In its role as SIF grantee, Hartford is responsible for re-granting the pooled funds to federally qualified health centers (FQHCs) that either adopt or expand the IMPACT model, along with contracting for technical assistance and evaluation services to ensure fidelity.

The result: Hartford’s \$3 million investment over three to four years turns into \$6 million when matched by \$3 million in federal funds, and then almost \$12 million with required matching funds from sub-grantees. The Foundation’s SIF grant, designed with the University of Washington’s AIMS Center, targets the five largely rural states for which the University of Washington is the only medical school: Washington, Wyoming, Alaska, Montana, and Idaho.

“Our deeply collaborative work with many institutions and clinics has a distinctly human dimension,” says Wally B. Patawaran, MPH, a program officer for the Hartford Foundation. “It’s about helping people reclaim their lives in low-income rural communities that suffer from a lack of economic and social resources.”

In 2013, grants totaling \$1.94 million for the initial two years were awarded by the Foundation to five sub-grantees—two in Washington and one each in Montana, Wyoming, and Alaska. In 2014, another two to three sub-grantees will be added. Eligible non-federal matching funds must match each sub-grant award on a dollar-for-dollar basis in cash, so the Hartford Foundation has forged partnerships for the first time with the Margaret A. Cargill Foundation (MAC) and the Rasmuson Foundation, along with smaller local funders such as Lewis County, Washington and the Kinskey Family Foundation, to come up with the matches.

Hartford Trustees and staff have worked to build a relationship with the MAC Foundation, one of three separate grantmaking charities under the Margaret A. Cargill Philanthropies, based in Minnesota, which resulted in Cargill agreeing to co-fund three of the clinic sites in Wyoming, Washington, and Montana.

The MAC Foundation added Aging Services as one of its seven program areas just two years ago, and is in the process of hiring a leader for the new program, says Terrence R. Meersman, vice president for programs. Building relationships and trust in the field of aging is very important.

“We rely a lot on expert partners who are working at scale and making a difference at the community level,” Mr. Meersman says.

The SIF grant “rang a lot of bells” for the MAC Foundation, because the Aging Services area has as its overarching goal improving the quality of life for older adults and helping keep people living independently in their homes and communities for as long as possible, he says, adding that the Foundation also has a special interest in rural areas.

And, thanks to the good offices of a Hartford Trustee, the Rasmuson Foundation joined the project as well. Rasmuson, which promotes better living for Alaskans and funds only in the state, agreed to co-fund the Alaska site.

The SIF grant not only underscores the importance of building trust and relationships to bring new partners to the table, it also illustrates the need to weigh costs versus benefits, when considering a project for funding. In every partnership, there are costs in terms of money, time, and communication. Before deciding to pursue the grant, Foundation staff talked with prior SIF grantees and realized that the multi-layered project would include assuming responsibility to identify, select, and manage sub-grantees, as well as working with the co-funding partners and the federal government.

The infusion of public and private money to help spread the IMPACT model more than offsets additional costs to the Foundation and turns the attention of a major federal program to the issue of better mental health care for older adults in rural areas.

As IMPACT continues to bring evidence-based depression treatment to older Americans who need it, the partners who help make it possible are discovering what Eldred did 15 years ago: “It was an absolute win-win for our foundation.”



## CO-FUNDING

# CAPC: Forging Partnerships and Alliances for Patient-Centered Care

MUTUAL TRUST

CLEAR AND FREQUENT COMMUNICATION

MEASURABLE RESULTS



### Facts:

1,635, or **66 percent** of U.S. hospitals with more than 50 beds have a palliative care team—an increase of **148.5 percent** since 2000.

**76.2 percent** of older adults with dementia are hospitalized versus **51.2 percent** of equivalently ill older adults without dementing illness.

-Callahan et al

In 2006, the Center to Advance Palliative Care (CAPC) at the Icahn School of Medicine at the Mount Sinai Medical Center was at a crossroads. The Robert Wood Johnson Foundation, CAPC's sole funder since its launch in 1999, announced it would no longer fund palliative care for the seriously ill.

The issue of sustainability in the face of a funder's change in strategic direction had suddenly become very real. Under the direction of Diane E. Meier, MD, CAPC had established an evidence-based track record showing that palliative care—specialized medical care that focuses on providing relief from symptoms, pain, and stress for people facing serious illnesses—improves outcomes and reduces costs. The patient-centered approach was also gaining traction in hospitals and health care settings.

Finding one funder to step in with \$10 million to replace the Robert Wood Johnson Foundation's support simply wasn't feasible. Having forged a relationship built on mutual trust, Dr. Rieder and Hartford staff counseled Dr. Meier to put together a consortium of funders, and ultimately CAPC was grateful that the Robert Wood Johnson Foundation agreed to provide transitional funding. This helped bring in multiple new funders to the project, with the Hartford Foundation contributing \$750,000.

“CAPC has taught us about the process of transformational change in health care: the interplay of policy, research, education, communications, finance, and leadership. Most of all, Diane has taught us the value of persistence. We hope to continue our relationship with CAPC long into the future.”

Christopher A. Langston, PhD  
Program Director  
John A. Hartford Foundation

CAPC has thrived by putting together this diverse group of funders whose interests include aging and health, medical research, cancer research, palliative care, support for those with serious illnesses, and health issues within the New York community, among others.

Over the past seven years, CAPC has become as much a partner as a grantee to the Hartford Foundation, building a relationship characterized by clear and frequent communication. Dr. Meier says she and Hartford have forged “a real intellectual partnership,” especially around the issue of aligning palliative care and geriatrics.

Dr. Meier says she consulted with Hartford staff and her fellow grantees as she prepared the Henderson Lecture she delivered at the American Geriatrics Society (AGS) Annual Scientific Meeting in 2013. One of the main points of the lecture was that in order to meet the needs of older adults and their families, geriatrics and palliative care “...need to be speaking with one voice and working together,” she says.

Dr. Meier also credits the Foundation with playing the role of convener in arranging a summit meeting between AGS and the American Academy of Hospice and Palliative Medicine, which led to an agreement to pursue strategic alignment.

Steven A. Schroeder, MD, who led the Robert Wood Johnson Foundation when CAPC was launched and was brought back to New York by the Foundation to review its progress, calls Dr. Meier “one of the national treasures of health care.”

And Dr. Schroeder, now a professor of health and health care at the University of California, San Francisco, says CAPC “...is beginning to mainstream palliative care into the fabric of the hospitals in the United States.”

There is no question that CAPC has delivered results. In 2000, the year after CAPC launched, less than one-quarter of hospitals in the U.S. with 50 or more beds had a palliative care program. In 2014, eight in 10 U.S. hospitals with 50 or more beds will have a palliative care program.

Having led the foundation that played such an important role in the birth of CAPC, Dr. Schroeder is pleased by its continuing success. “I’d like to see that every person who needs palliative care can get it, and can get it from high quality, empathic, highly seasoned health professionals,” he says. “I think that’s within our reach.”





**Fact:**

A 2011 study of **lung cancer patients** found that those receiving palliative care had improved quality of life, less major depression, and even lived longer than those receiving standard, more aggressive care.



Diane E. Meier, MD, Director of the Center to Advance Palliative Care, works to improve access to high quality palliative care to provide relief from symptoms, pain, and stress for people and families facing serious illness.



## CO-FUNDING

# Retooling for an Aging America



SHARED VISION



SHARED COMMITMENT



“The breadth of funding we were able to coalesce in support of this essential report demonstrates how the field of aging and health came together to recognize a common opportunity.”

Corinne H. Rieder, EdD  
Executive Director and Treasurer  
The John A. Hartford  
Foundation

For much of the past 30 years, the Hartford Foundation and its grantees have recognized that our healthcare workforce was insufficiently prepared for the growing number of Baby Boomers entering older adulthood. Of course, many of our philanthropic partners understood this looming crisis as well. In 2007, with nine other funders who shared our vision (see box) the Foundation commissioned a national research report, sponsored by the Institute of Medicine.

The result was *Retooling for an Aging America: Building the Health Care Workforce*, released in 2008, which outlined the critical need to enhance the geriatrics competence of all doctors, nurses, social workers, and other health professionals; increase the recruitment and retention of geriatrics specialists and caregivers; and expand the use of evidence-based models of care that yield better health outcomes for older adults.

“The breadth of funding we were able to coalesce in support of this essential report demonstrates how the field of aging and health came together to recognize a common opportunity,” says Dr. Rieder, who played a key role in recruiting the report’s sponsors.

The Foundation worked with all of the report’s partners and the Foundation’s grantees to disseminate the results of the report to help translate its recommendations into reality.

One of the key partners in this process was the American Geriatrics Society (AGS), the oldest

not-for-profit organization of health professionals devoted to improving the health, independence, and quality of life of all older people in the United States. AGS had run (and in some cases continues to run) several Foundation-funded workforce initiatives to increase the geriatrics expertise within the surgical and related specialties, and in the subspecialties in Internal Medicine, as well as to enhance the leadership of academic geriatrics programs around the country.

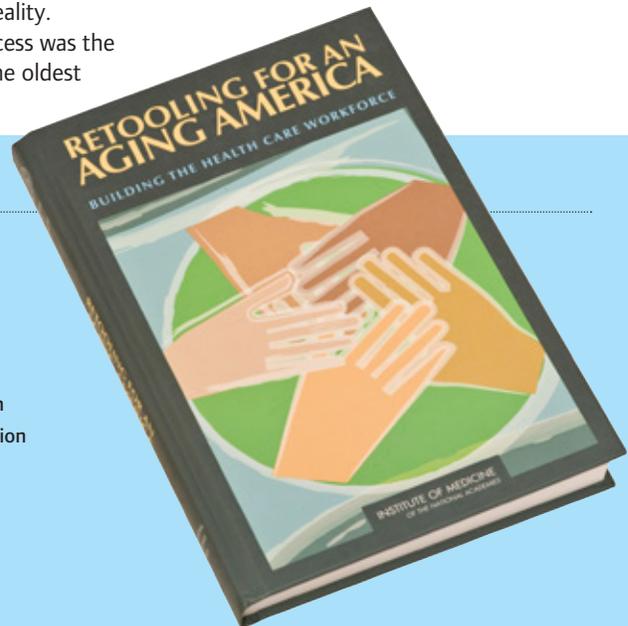
Following the release of the Retooling report, AGS along with the Paraprofessional Healthcare Institute became instrumental in the founding of the Eldercare Workforce Alliance (EWA), funded by Hartford and The Atlantic Philanthropies, which includes representatives from 28 national organizations, and continues to advocate for many of the reforms articulated in the report.

“The IOM report really laid out the current readiness of the health care workforce to care for older adults,” says AGS CEO Jennie Chin Hansen. “The report continues to anchor much of the work we do in partnership with others as we look to transform graduate medical education, payment, and workforce policies to assure that older adults receive safer and more knowledgeable care in more logical and aligned care systems.”

### Funders

#### “Retooling for an Aging America”

- The Atlantic Philanthropies
- Josiah Macy, Jr. Foundation
- Robert Wood Johnson Foundation
- The Retirement Research Foundation
- The California Endowment
- The Archstone Foundation
- AARP Foundation
- The Fan Fox & Leslie R. Samuels Foundation, Inc.
- The Commonwealth Fund
- The John A. Hartford Foundation



## AFFINITY FUNDING

# Complementary Collaborators



SHARED VISION



MUTUAL TRUST



CLEAR AND FREQUENT COMMUNICATION

Over the years, the Hartford Foundation and the Donald W. Reynolds Foundation have rarely co-funded projects. But in every sense of the word, they are partners with a shared vision for improving health care for older adults.

Underscoring the value of networking and relationships, the two staffers who have helmed Reynolds' health care program through the years—Richard S. Sharpe, retired, and Rani E. Snyder, PhD—are both former Hartford employees.

Through coordination, communication, and collaboration, Hartford and Reynolds have "interacted and made sure our work is complementary," Ms. Snyder says. The two foundations have accomplished that, she says, by "avoiding duplication and making sure that we are aligned in appropriate ways that will really magnify the results of our various grantmaking strategies and the individual grants themselves."

"I think their work represents an important contribution to the transformation of academic health centers and academic medicine in particular," says Hartford program director Dr. Langston.

Reynolds has also worked closely with Hartford on other projects, including establishing a center of geriatric nursing excellence at the University of Oklahoma. And most recently, Reynolds has awarded almost \$20 million in grants to 20 of the grantees from its original geriatrics training program to pursue ideas that Hartford has long nurtured: interprofessional education in geriatrics and infusion of geriatric expertise into the surgical and medical specialties that often predominantly care for older adults, but without much aging consciousness.

"As far as the aging program goes, we really consider Hartford to be sort of our sister foundation," Ms. Snyder says.



### Fact:

The Donald W. Reynolds Foundation programs have generated nearly **\$150 million** in support for comprehensive projects in academic health centers to train medical students, residents, and faculty in geriatrics.

*"We—the Reynolds Foundation—came around to the same place that Hartford had been at for some time in terms of recognizing that the best way to support geriatrics was to support these various programs at different schools. In our case, we really focused on education, but that dovetailed with Hartford having funded a number of programs more upstream. Then we were able to come in and build on those with some of the Reynolds grants to really go from funding geriatrics to funding geriatrics education for all physicians, beyond just geriatricians."*

Rani E. Snyder, PhD  
Program Director  
Health Care Programs  
Donald W. Reynolds Foundation

In April 2000, Reynolds—building on work Hartford had done through its American Association of Medical Colleges curriculum project and its Centers of Excellence in Geriatric Medicine—launched a major initiative to strengthen geriatrics training for medical students, residents, and practicing physicians in academic health centers. Over the next decade, the program generated nearly \$150 million for geriatrics training at 40 different schools. This includes Reynolds' contribution and \$40 million that schools themselves provided as part of the program's matching requirement.

Funding from the Reynolds Foundation has strengthened geriatrics training across the country and enabled physicians, both future and practicing, to provide high quality, safe care for the geriatric patients they will encounter throughout their careers.



## AFFINITY FUNDING 'The Perfect Storm'



SHARED VISION

SHARED COMMITMENT



### Fact:

In 2012, **68 percent** of new registered nurses in Arizona had associate degrees, and **32 percent** had bachelor's degrees, according to the Arizona State Board of Nursing.

“*In partnership creation, you've got to have active engagement from all of the partners and we did have that. So it was really a recipe for success.*”

Carol A. Kratz, MPA  
Program Officer (retired)  
Virginia G. Piper Charitable  
Trust

Maricopa County, AZ, which includes the city of Phoenix, is home to large numbers of older adults attracted by the warm year-round climate. And thanks to an ongoing partnership between the Hartford Foundation and Virginia G. Piper Charitable Trust, they can look forward to improved geriatric nursing care for years to come.

Nursing faculty at the eight community colleges in the Maricopa County system now have access to an online, continuing education program—developed by the Hartford Center of Gerontological Nursing Excellence (CGNE) at Arizona State University (ASU)—designed to enhance their knowledge and understanding about the care of older adults. In Arizona, many nurses with associate degrees earned from community colleges work in acute care settings.

The community college program complements ASU's ongoing doctoral program focused on aging, which is preparing future nursing faculty who will teach not only in Arizona, but across the nation. “The ultimate goal is to educate the next generation of nurses in the care of older adults,” says Nelma Shearer, PhD, RN, associate professor and director of the CGNE at Arizona State.

Virginia G. Piper Charitable Trust, the largest foundation in Arizona, is a local funder focused exclusively on Maricopa County, with aging and health care and medical research as priority areas. When it began competitive grantmaking in 2001, Carol A. Kratz, MPA, the program officer

overseeing aging and health, drew on the knowledge and experience of Hartford staffers she met through Grantmakers in Aging (GIA) to learn more about the field.

By 2007, Ms. Kratz describes the development of “the perfect storm”: ASU was building a doctoral program focused on aging and health promotion; Piper Trust was actively looking to bring evidence-based programs to the Phoenix metro area; and the Hartford Foundation was looking to expand its CGNE program.

“Interest was there from ASU's nursing school, and the grant opportunity was available through Hartford to help support the creation of something we knew was needed in our community,” says Ms. Kratz, who retired in January 2014.

That shared vision and commitment to training the next generation of nurses resulted in Hartford awarding ASU \$1 million to become a CGNE, with Piper Trust—due in large part to the personal relationships forged with Hartford over the years and a familiarity with the quality of the Foundation's grantees—providing the \$500,000 local match.

“We're not experts in health. They are,” Ms. Kratz says. “Partnering with them and leveraging their grant by providing a \$500,000 match made absolute sense.”

After that initial grant, Hartford and Piper Trust teamed up again to fund an online series on aging program for faculty of the community colleges, with Hartford awarding \$300,000 and Piper Trust contributing a local match of \$150,000. The first modules—a series on dementia and Alzheimer's disease—went online in March 2014.

“Working with Dr. Shearer and the dedicated nursing faculty at ASU and watching the program grow has been enormously rewarding,” says Rachael A. Watman, MSW, senior program officer at Hartford. “And Virginia G. Piper Charitable Trust has shown the value of partnering with a local foundation that not only knows the community and its needs, but cares deeply about improving the lives of the people who live there.”

Dr. Shearer says the shared vision that binds the partners together has helped make the collaboration successful.

“Everybody had a similar mission, vision, and goals. It's like we were all on the same page, and we were all looking at it the same way,” Dr. Shearer says.





1



**Fact:**

The U.S. Census Bureau estimates that about **27 percent** of Arizona's population will be 60 or older by the year 2030, up from just under 20 percent in 2012.



2

(1) Nelma Shearer, PhD, RN, Director, Hartford Center of Gerontological Nursing Excellence, Arizona State University (right) and colleagues.

(2) Dr. Shearer and Hartford ED and Treasurer Corinne Rieder, EdD, at a recent meeting of the Arizona Hartford Center.

(3) Arizona State University.

(4) Adriana Perez, PhD, ANP, Assistant Professor ASU and co-director of the Arizona Hartford Center.

(5) Dr. Perez and a colleague work to improve the health of older adults.

(Opposite) Carol A. Kratz, MPA, Program Officer (retired), Virginia G. Piper Charitable Trust.



3

*“Hartford saw the potential in us. I think that’s the secret in life. When you see the potential in people and you encourage them, the sky’s the limit and the passion just comes out.”*

**Nelma Shearer, PhD**  
Associate Professor and Director  
CGNE  
Arizona State University



4



5



## AFFINITY FUNDING

# Infusing Geriatric Competencies into Specialty Nursing



The Hartford Foundation has invested in nursing for nearly two decades, starting with funding to New York University in 1996 to establish the Hartford Institute for Geriatric Nursing, which has since this time become a valuable partner. The Institute has been a master collaborator, bringing private and public funders together to improve the field. Its effort to infuse geriatric competencies among the more than half a million specialty nurses in the United States is a notable case in point.

“Our mandate was to ensure that every nurse knew enough geriatrics to provide quality care,” recalls Mathy D. Mezey, EdD, RN, and professor emerita (see page 45), who was the Institute’s director in the late 1990s. “We looked around at the nurses in specialty organizations, who were really the *crème de la crème* in the field, and we wanted to make sure we had a vehicle to reach them.”

Initial grants from Hartford and the Avon Foundation in 1998 enabled the Institute to “go out on the road” to specialty association meetings with a large, attractively designed booth and information about the care of older adults. This exhibit generated interest, and the Institute looked to expand the effort.

Dr. Mezey and her team approached The Atlantic Philanthropies with an idea for a Specialty Nurses Association Initiative, bringing along Hartford and bringing in the American Nurses Association to ensure geriatrics content became part of qualifying examinations and to assist in the dissemination of specialty focused materials throughout the field.

“It has really been about raising awareness, educating and embedding aging into the normal processes of the specialty organizations,” says Laura A. Robbins, MS, MBA, a former senior program officer at Hartford, who then served as head of the U.S. Programme on Ageing for The Atlantic Philanthropies for eight years, as the project moved forward. “The work wasn’t easy,” she recalls, citing the difficulties inherent in working with dozens of different specialty organizations to convince them to add aging content to their exams.

The shared vision of ensuring that all nurses have the geriatrics knowledge to provide quality care to older adults helped the Initiative and its

various partners stay the course, and the effort has continued to blossom. Today, 55 nurse specialty groups are engaged, running professional development events, educational seminars, presentations, and a host of activities focused on the care needs of older patients. ConsultGerIRN.org serves as a Web home and clearinghouse for the project, featuring:

- Geriatric protocols, evidence-based for managing over 30 common geriatric syndromes and conditions;
- The *Try This* Assessment series with 30 nationally recommended instruments for use with older adults;
- Hospital competencies for older adults for use in nurse orientation and evaluation; and
- Opportunities to acquire continuing education contact hours.

“It’s been a wonderful partnership,” says Brian F. Hofland, PhD, who was the director of the ageing program at The Atlantic Philanthropies when it joined the initiative. “The Hartford Foundation gave very generously of their intellectual capital, their thought leadership, and their time, and I trust they received something in return as well.”



The Hartford Institute for Geriatric Nursing’s *Try This* Series offers evidence-based assessment tools and resources for nurses in caring for their older patients.  
[www.ConsultGerIRN.org](http://www.ConsultGerIRN.org)



## AFFINITY FUNDING

# Transitioning to Reduce Readmissions and Lower Medicare Costs



### Fact:

Anticipated net cost savings over 12 months for a typical Transitions Coach consulting with 350 chronically ill adults following an initial hospitalization is conservatively estimated at **\$300,000**.

“Evidence-based care transitions, such as Eric Coleman’s, are the kinds of innovative approaches we need to transform our health care system so it delivers high-quality care at a lower cost to older adults.”

Kathy J. Greenlee, JD  
Administrator  
Assistant Secretary for Aging  
Administration for Community  
Living

In a randomized clinical trial and then in a follow-up study, the Care Transitions Intervention (CTI) has proven to be a cost-effective way to reduce unnecessary hospital readmissions by empowering patients and their families.

CTI was developed by Eric A. Coleman, MD, MPH, professor of medicine at the University of Colorado Health Sciences Center (see page 43). It equips patients and families with the self-management skills needed to make the transition from hospital to home or other settings safer, significantly reducing return trips to the hospital in the process. Over the course of four weeks, a specially trained Transitions Coach meets the patient and family in the hospital, conducts one home visit within two days of discharge, and then provides three follow-up phone calls.

“A coach does not take care of anything for the patient,” says Jane Brock, MD, MSPH, chief medical officer at the Colorado Foundation for Medical Care, which has run federally funded studies of CTI in Colorado and then among Quality Improvement Organizations (QIO) in 14 states. “The coach coaches the patient to take care of things for themselves.”

CTI’s ties to the Hartford Foundation run deep. But it has achieved widespread dissemination with more than 900 sites in more than 40 states through an ever-widening series of partnerships.

During the last 15 years, Dr. Coleman and CTI have received support from a variety of private foundations. Early in his career, he was

a Robert Wood Johnson clinical scholar, as well as a Hartford Centers of Excellence scholar and a recipient of the Paul B. Beeson Career Development Award in Aging Research (see page 20). The Robert Wood Johnson Foundation funded an initial non-randomized trial of Dr. Coleman’s Care Transitions Intervention, and the Hartford Foundation supported a two-site randomized trial to produce more conclusive evidence.

In the beginning, Dr. Coleman says, “No federal funder was willing to take that kind of risk with us. I cringe when I hear the words ‘paradigm shift,’ but that’s really what it was.”

Private supporters, however, recognized the program’s potential and provided critically needed “seed money” to build the program’s capacity.

“Care Transitions could not have been disseminated as widely and effectively as it has without the partners who had the foresight to invest in this important intervention,” says Amy J. Berman, RN, senior program officer for the Hartford Foundation.

In addition to support from the Robert Wood Johnson and Hartford Foundations, CTI has received additional funding through the years from the California HealthCare Foundation, the Gordon and Betty Moore Foundation, Health Foundation for Western and Central New York, the Grotta Fund, and others.

The federal government has taken notice as well.



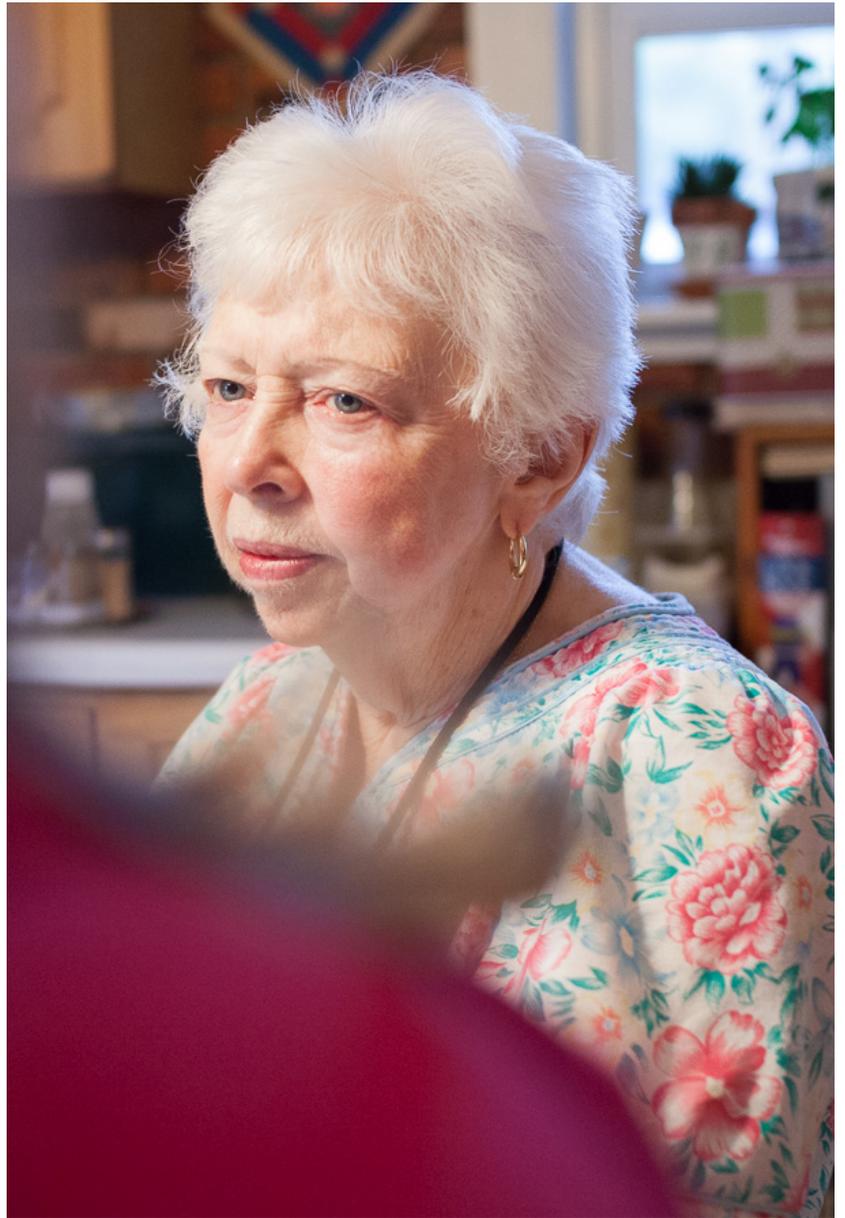
The program served as a model for—and has received a major boost from—Section 3026 of the 2010 Affordable Care Act, which created the Community-based Care Transitions Program (CCTP). With an initial \$500 million budget, CCTP is seeking to improve transitions from the inpatient hospital setting to other care settings, enhance quality of care, reduce readmissions for high-risk beneficiaries, and demonstrate measurable savings to the Medicare program.

Through the advocacy of Dr. Coleman and U.S. Senator Michael Bennet, CCTP also has an innovative partnership component of its own. It requires the collaboration of a community-based organization (e.g., an area agency on aging or senior center) and a hospital, rather than enabling a hospital or more conventional home health agency to run a program on its own. This enables the long-term relationships and unique insights of community organizations to inform the implementation of these new efforts to improve transitions.

Of the first 102 sites participating in the CCTP's work to speed the uptake of several evidence-based programs related to care transitions, 77—or 75 percent—have adopted the CTI.

Momentum continues to build on many fronts. If the program's development to date is any indication, the Care Transitions Intervention will likely engage many more private and public partners to ensure this dynamic work is taken up in communities across the country. These funders, along with the hundreds of sites around the country, are also a dynamic source of continued improvements for the intervention and its diffusion. "We continue to learn from each of our partners," says Dr. Coleman.

The Care Transitions Intervention model focuses on patients at high risk for complications or re-hospitalization. During the four-week Care Transitions program, patients with complex care needs and family caregivers work with a trained nurse—a Transition Coach—to learn self-management skills that will facilitate their transition from hospital to home.



## Transitioning to Reduce Readmissions and Lower Medicare Costs (cont.)



### Fact:

A federally funded study in Colorado found that the Care Transitions Intervention reduced 60-day hospital readmissions rates by **50 percent**.

During the home visit, the Transition Coach reviews the older adult's medication. Patients track prescriptions and instructions from numerous doctors and health care providers with the Personal Health Record.



## SUSTAINING FUNDS

# Everything's Coming Up ACES



### Fact:

Laerdal Medical, one of the original ACES partners, is helping spread the ACES case studies by pre-loading the geriatric simulations on its **SimPads**—the control center used by most **nursing programs** to run simulation exercises.

“Our experience with ACES clearly demonstrates how commitment, cooperation, and communication among an evolving cast of partners can help a valuable program navigate through a transition and emerge even stronger. We’re so grateful for the partners who are carrying forward this important work.”

Amy J. Berman, RN  
Senior Program Officer  
The John A. Hartford Foundation

Just like a successful relay team in track, a winning health care program sometimes must rely on a well-executed passing of the baton to sustain its work. And if the hand-off goes flawlessly, it can even set up the team to exceed prior performances.

That was certainly the case with ACES, or Advancing Care Excellence for Seniors.

Begun in 2006, with a partnership among the Hartford Foundation, the Independence Foundation, and Laerdal Medical Corporation (makers of SimMan and SimPad), ACES continues to thrive today—three years after Hartford’s funding ended. The grant-funded initiative, guided by M. Elaine Tagliareni, EdD, RN, chief program officer for the National League for Nursing (NLN) when she was on faculty at the Community College of Philadelphia (CCP), fosters gerontological nursing education for pre-licensure nursing programs.

The initiative has developed a series of workshops that have provided training for faculty from 300 different nursing programs in 44 states. It also created an innovative set of unfolding geriatric case studies for simulation exercises, and the ACES website has developed excellent resources that nursing faculty can use to teach future nurses how to better care for older adults.

The continuing success and growth can be traced to partners who share the vision and commitment to sustain the program through a funding transition from the Hartford Foundation to the Hearst Foundations in 2011. Hartford made its final grants worth more than \$680,000 in 2008, and just as it was ending, the Hearst Foundations stepped in with a \$1.2 million, three-year grant.

The Hearst Foundations were interested in investing in nursing, believing “nurses were on the front lines working with the aging population,” says Sarah Thompson Mishurov, program strategy manager for the Hearst Foundations.

For years, Hearst had engaged in a complementary partnership with Hartford by endowing student scholarships at universities with strong

programs, including many Hartford Centers of Excellence in medicine and in nursing as well as social work Practicum Partnership Program sites (see page 40). After being introduced to the ACES program and meeting “the highly capable team” at NLN and CCP, Ms. Mishurov says, Hearst began its due diligence on what was ultimately a \$1.2 million grant to help disseminate the program through a series of ACES workshops to a total of 20 states. In addition, the Independence Foundation has since provided almost \$1.2 million in funding and in kind support, while Laerdal gave \$300,000. Independence Blue Cross also made a \$180,000 award.

“The tremendous success in this has been the adoption of the unfolding case studies as teaching tools,” Ms. Mishurov says. “When professors attend an ACES workshop, they go back to their schools and share with their colleagues this information they’ve learned. And even if professors are unable to attend an ACES workshop, they can easily adopt the tools in the classroom—they’re intuitive, and there are also quite a few very resourceful teaching tools on the website. So it’s sort of a plug-and-play for professors to be able to introduce geriatrics in a much more engaging and interesting way than I think has been done historically.”

By the time its funding ends in 2014, Hearst expects to have helped spread the program through as many as 24 workshops in the target goal of 20 states.

ACES continues to grow. The case studies have proven so successful that MetLife has added \$125,000 for Alzheimer’s case studies, and Laerdal gave an additional \$100,000 for case studies that will be developed with input from the VA.

As the Hearst funding winds down, Ms. Mishurov says, “...the hope is that the workshops will have been enough to really entrench ACES as a constant in classrooms, and will enable them to roll this out nationally and gain the momentum that it can sustain itself.”



## SUSTAINING FUNDS

# Training and Mentoring Medical Students in Aging Research



SHARED VISION



SHARED COMMITMENT



MUTUAL TRUST



### Fact:

**90 percent** of former MSTAR students responding to a 2012 survey said the internship program had made them more aware of the needs of older adults.

For two decades, the Medical Student Training in Aging Research (MSTAR) program has provided medical students the opportunity early in their training to gain experience in aging-related research and geriatrics, under the mentorship of top experts in the field.

The idea is to encourage medical students to consider a career in geriatrics. And even for those who choose a different path, the experience provides an understanding of geriatrics that can last a lifetime.

Started two decades ago as a summer research internship program for medical students, MSTAR was originally funded with a grant from the Hartford Foundation to AFAR. In 2004, as the sustainability of foundation funding became a concern, the NIA was able to build on the mutual trust established through the Beeson Scholars partnership (see page 20) and bring MSTAR into its portfolio through an existing, but largely unused, training grant mechanism designed specifically for medical students.

In the current partnership model, about 150 students annually travel to medical schools serving as training centers with support from the NIA, or they can train at their home institutions with support from private philanthropy. At all of these sites, mentorship from faculty experts in the care of older adults is an “extremely important” aspect of the internship, according to Ms. Lederman, executive director of AFAR. The students also work on a research project and get to present their findings in a poster session at

the American Geriatrics Society annual meeting.

“One of the great joys of my work at Hartford has been being able to sit in on the truly impressive presentations MSTAR students make at the end of their summer internships in New York,” says Program Officer Marcus R. Escobedo, MPA. “Even at this early stage in their education, they understand what it will take for them to provide quality, patient-centered care throughout their careers. They are not only terrific spokespeople today, helping others realize the rewards of working with older adults. They also represent our hopes for the future as clinicians, educators, and researchers changing medicine for the better.”

Over the past 20 years, many MSTAR students have become geriatricians and train other students. But even those who go into other fields say the experience left them “sensitized to the field” of geriatrics, Ms. Lederman says.

Almost 1,900 medical students have gone through the program, which is now jointly administered by AFAR and the NIA in what has proven to be a successful public-private partnership. In addition to the NIA funding, the MetLife Foundation has joined the Hartford Foundation as a major sponsor of the program. Other partners, including members of the Hartford Foundation Board of Trustees, the Jean and Louis Dreyfus Foundation, Inc., and the Lillian R. Gleitsman Foundation, make it possible for medical students to take advantage of the program.

Robin A. Barr, DPhil of the NIA says: “I love meeting the medical students at the annual meeting. It’s always great fun being with them and their interest in research is wonderful to see.”



## SUSTAINING FUNDS

# When You Wish Upon a STAR



SHARED VISION



SHARED COMMITMENT



MUTUAL TRUST

“The NIA has been looked to as an innovator in public-private partnerships.”

Kevin P. High, MD, MSc  
Chief, Section on Infectious Diseases  
Professor, Medicine and Translational Science  
Wake Forest Baptist Medical Center

For more than a decade, two leadership development programs supported by the Hartford Foundation and its philanthropic partner The Atlantic Philanthropies—the T. Franklin Williams and Dennis W. Jahnigen awards—had helped early-stage, clinician-scientist physicians establish a track record in aging research.

But with the future of funding uncertain following the severe economic downturn of 2008, it was clear that something creative needed to be done to sustain the two programs. Although they shared similar goals, the programs—Williams was for internal medicine subspecialties, while Jahnigen was for surgical subspecialties—had very different funding models, review processes, and deadlines, which complicated efforts to bring them together.

The most likely source for new funding, the NIA, which had already successfully partnered with the Beeson Scholars (see page 20) and the MSTAR (see page 38) programs—did not have an obvious mechanism to fund a program that supported both research and early career development.

However, the NIH did have an existing small grant program for research, the R03, which was underutilized. And the mutual trust that had grown between the NIA and the Hartford Foundation through their collaboration on the previous programs led Dr. Barr, director of the NIA’s division of extramural activities, to come up with a solution that would have made Solomon smile: Use the R03 grant to fund the research portion of the awards, and have the foundations, subspecialty societies, and institutions continue to pay for the program’s career development and leadership aspects.

“It was a hybrid award that I was aiming at, where there was a public-private partnership in which the private part of it was paying for their training and their career development, and the public part was paying for the research they were doing,” Dr. Barr says.

The result was GEMSTAR, formally known as Grants for Early Medical and Surgical Specialists Transitioning to Aging Research.

“Revolutionary” is the way Kevin P. High, MD, describes Dr. Barr’s solution. Dr. High, chief of the Section on Infectious Diseases and professor of medicine and translational science at Wake Forest Baptist Medical Center, played a key role in the negotiations that led to the Williams and Jahnigen awards’ transition to the new public-private partnership.

To make it work, there was give and take on both sides. The Jahnigen awards were administered by the American Geriatrics Society (AGS). Applications went through a centralized process there, and all had the same deadline. The Williams awards, meanwhile, were administered by the Association of Specialty Professors (ASP). Each subspecialty handled its own applications, had its own review process and deadline, and co-funding came from the subspecialty societies and other sources.

For the NIH to sign off, all of the subspecialties had to agree on one deadline and one process administered by the NIA. Those approved for awards in internal medicine must now apply through the Alliance for Academic Internal Medicine (AAIM) for a Williams award to fund the career development portion, while those approved for awards in surgical subspecialties apply through AGS for matching career development funding.

For its part, the NIH had to be creative in developing a new R03 grant program that allowed funding of the research project through NIA coupled with professional development funding through matching funds from philanthropy or the applicant’s home institution.

Once the details were worked out, Dr. High says, “...everyone was thrilled with it because this program came with the moniker of NIH funding, which is still the number one coin in the realm of academic funding for research.”



## SUSTAINING FUNDS

# Partnering for Better Care for Our Older Veterans



### Fact:

Nearly **50 percent** of current veterans are **65 or older**, underscoring the importance of high quality geriatric care at the VA.

When it comes to providing quality social work services to older adults, the VA is widely considered the gold standard.

The VA is the largest employer of social workers in the U.S., employing 10,718 social workers, plus another 1,200 master's level student interns. The VA's "army" of social workers provides a wide range of services to the men and women who served their country.

That's why the Hartford Foundation is proud that the Hartford Partnership Program for Aging Education (HPPAE) is partnering with the VA to prepare qualified social workers to serve our nation's 21.2 million veterans, 9.6 million of whom are 65 or older—the period in their lives when so many begin to need more health and supportive services.

Since its inception, HPPAE has been directed by Patricia J. Volland, MSW, MBA, (see page 48) and the Social Work Leadership Institute (SWLI), first at the New York Academy of Medicine and more recently at the Silberman School of Social Work at Hunter College in New York. The groundbreaking practicum model for training second-year master's level social work students in geriatric competencies helps schools strengthen their partnerships with community

*“For us, the university-community partnerships that are an essential component of HPPAE have been one of the biggest benefits. We're finding in each site where we have implemented the program, there is a group of academic affiliates that we were working with, that we're familiar with, and that we have established relationships with. And then we're also bringing in, usually at each site, two or three new schools that are interested in participating because it's the HPPAE program. So it's really helped us to expand the number of university-community partnerships, as well as the depth of those partnerships.”*

Lorn Gingrich, LCSW-R  
Manager  
National Social Work Program  
Veterans Administration

organizations for field placements, find stipend funds for trainees in aging, and most innovatively, implement a system that has students rotate through different field placements to expose social workers to a diverse array of services for older adults.

The VA has long shared the Foundation's vision and commitment to training social workers to play an integral role in delivering quality care to older Americans. In 2012 and 2013, the VA launched the partnership with HPPAE through its Geriatric Research Education and Clinical Centers (GRECC). A total of 11 VA sites have

adopted the HPPAE rotational model, with four more scheduled to receive the technical assistance needed to do so in 2014. In addition, five new schools of social work have adopted the HPPAE model so they can participate in the VA partnership.

Already at these sites a total of 10 students have graduated after completing the rotational model. In 2014, a total of 24 students are expected to graduate after completing the HPPAE program.

“Their commitment to this model and their engaging in that way with graduate schools of social work becomes very, very important,” Ms. Volland says of the VA.

The experience in geriatric social work that students gain working in the VA is valuable, from helping veterans connect with community agencies that can assist them in living in their own homes longer, to applying for government benefits, and from developing and implementing treatment approaches that address individual social problems to working with people who have acute or chronic medical conditions.

“A crucial thing that we need to remember is that our veterans return to a community. They don't return to the VA,” says Michael T. Kilmer, LCSW, Chief Consultant for Care Management and Social Work Services at the VA. “Our mission is to serve our veterans, their family members and caregivers, and to improve their lives and their well-being. So our partnership with the community is crucial.”

Having the VA, known for its willingness to adopt innovative approaches to aid veterans, partner with HPPAE is “like getting the Good Housekeeping Seal of Approval,” says Nora OBrien-Suric, PhD, a senior program officer at the Hartford Foundation. “The result is that together, the VA and the HPPAE partnership is producing social workers who will be managers and leaders delivering high-quality services to older people. This partnership is changing the way social workers are trained to care for older adults and building a valuable resource in the VA.”

Originally established through a Hartford Foundation grant in 1999, the program—known as the Practicum Partnership Program at the time—brought a radically different approach to the standard practicum model for second-year master's social work students.

“What was unique about the practicum piece was that until Hartford came around, practicum

experiences were at a single site,” says Laura A. Robbins, MS, MBA, the program officer for Hartford’s Geriatric Social Work Initiative at the time. “You aligned yourself to a service organization for a year, and that was it. For this program, what we asked was that the students circulate among different agencies. And the reason we asked that was because older adults circulate among agencies, they don’t typically stay with one, and we wanted students to see things from the perspective of the older person. It turns out that was revolutionary.”

Social service agencies that previously tended to work separately began working together as the students rotated between them, Ms. Robbins says.

“Non-aging social work practicums saw that this was the reality of today’s social worker, that they no longer had long-term relationships with one agency,” she says. “So other fields picked it up. There were a lot of partnerships that were part of this. It was a very complex program to design and to get launched. But because of the demand for players working together at the local level, it worked.”

And today it’s thriving. As the program transitioned to its new institutional home within the Council on Social Work Education (CSWE) in 2013, it’s a good time to look at its accomplishments: From 2000 through 2012, 69 programs received funding in 33 states, graduating a total of more than 2,600 social work students. More than 20 additional schools adopted the model outside the Hartford-funded efforts.

The partnership with the VA ensures that moving forward, more master’s level social work graduates will enter the workforce with specific knowledge and experience in geriatrics, more schools of social work will adopt this proven training model, and more of our nation’s veterans will benefit from competent and compassionate care in their old age.



1



2



3

(1) Chief of Staff Heather Mahoney-Gleason (right), leads a HPPAE orientation at the Gainesville, FL, VA/GRECC with Marilyn Luptak, PhD, MSW, Associate Professor, University of Utah.

(2, 3) Supervisory social worker David Syfrett, MSW, LCSW, with an older veteran.



---

## Entrepreneurial Partners

“Hartford realized that if you invest in people, the returns continue on forever.”

Eric A. Coleman, MD, MPH  
Director  
Care Transitions Intervention  
Professor of Medicine  
University of Colorado  
Health Sciences Center

DURING THE PAST THREE DECADES, the Hartford Foundation has supported more than 3,000 grantees and scholars in medicine, nursing, and social work. The Foundation has always viewed its relationship with grantees and scholars as a two-way street. In addition to funding, we strive to offer encouragement and guidance, and to help those we support network to make connections that strengthen the field. In return, we aim to listen to and learn from our grantees as they work to make a difference in the quality of health care for older adults.

Over the years, we have been fortunate to have many grantees whose research and leadership have helped shape and transform the field of aging and health. In some cases, they have continued to work closely with us as valued advisors and as partners in every sense of the word.

The following profiles introduce just a few of these valued partners, leaders who through the years have offered counsel and helped shape the Foundation’s thinking and strategy. They share several traits: a passion for their work, an unwavering commitment to providing better care for older Americans, and a willingness to share their knowledge and expertise to help grow the field. They also share one other characteristic: an entrepreneurial spirit. They have mastered the art of bringing other partners to the table to help disseminate their work, often finding creative ways to deal with potentially adverse circumstances and keep moving forward.

The Hartford Foundation is fortunate to have these leaders in the field of geriatrics as partners. Their collaborative and entrepreneurial efforts have taken the important work they do well beyond what we, or any foundation, could ever accomplish alone.

## Leading Change

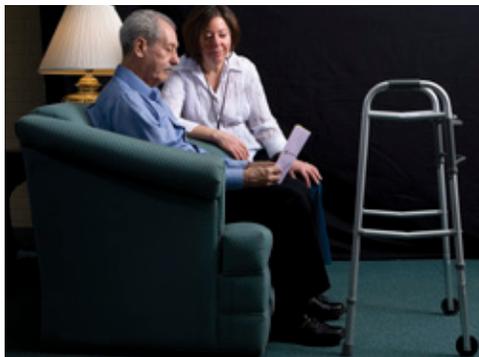
For nearly 15 years, Dr. Coleman has shown remarkable leadership in helping guide and grow some of the Hartford Foundation’s most innovative aging initiatives. He currently serves as professor of medicine and head of the Division of Health Care Policy and Research at the University of Colorado Denver Anschutz Medical Campus. Formerly the leader of the Hartford Geriatrics Health Outcomes Research Scholars program, he is also director of the Care Transitions Program and executive director of the Practice Change Leaders Program. Dr. Coleman received a MacArthur Fellowship in 2012 for his care transitions work.

In addition to his Care Transitions Intervention (see page 34), Dr. Coleman has led the Practice Change Fellows Program, the origin of which traces directly to the HMO Care Management Work Group. Both Dr. Coleman and Nancy A. Whitelaw, PhD, were active participants in the Work Group and were able to successfully recruit other participants to form the National Advisory Board for the Practice Change Fellows Program. The group, with funding from the Robert Wood Johnson Foundation, produced best-practices reports, but more importantly, created a supportive peer group for senior professionals.

The Foundation knew of the work and saw an opportunity in it to identify people earlier in their career for whom such a model could be helpful. “Hartford realized that if you invest in people, the returns continue on forever,” Dr. Coleman says. The idea resulted in the Fellows Program, funded both by the Hartford Foundation and The Atlantic Philanthropies, which offered mentorship in the form of pods—discrete interdisciplinary groups of professionals who could share ideas, advice, and experience.

As the Practice Change program began to wind down, Medicare decided to use it as a model for its new CMS Innovation Advisors Program (IAP). Hartford and Atlantic subsequently funded training in older adult care for graduates of the CMS program, which they called Practice Change Leaders.

After the first cohort graduated, Medicare discontinued IAP, but that wasn’t the end of the story. “Hartford, Atlantic, and our program had built in contingency plans,” says Dr. Coleman. “So now we can go forward and recruit people who have had comparable leadership experience. This will allow our alumni to continue in both the work they have been doing and in new, innovative projects.”



1



2



3

(1) As life expectancy increases, healthcare providers must support the growing numbers of medically complex patients, often with multiple chronic conditions.

(2) Participants at a 2013 Practice Change Leaders for Aging and Health conference designed to develop, support and expand the influence of organizational leaders committed to improving the way health care is delivered to older adults.

(3) Beeson Scholar, Robert Wood Johnson Clinical Scholar and MacArthur Genius awardee, Eric Coleman, MD, MPH, serves as Principal Investigator for the Care Transitions Intervention and director of the Practice Change Leaders program.

CLAIRE M. FAGIN, PhD, RN

## Exemplifying a Passion for Geriatric Nursing

Hartford Foundation investments in expanding the role of geriatric nursing have paid off handsomely in large measure because of the leadership of Dr. Fagin, nurse, educator, academic, and consultant. Dr. Fagin served as Dean of the School of Nursing at the University of Pennsylvania from 1977 to 1992, and Presidential Chair at the University of California, San Francisco, in early 1993. Later that year, she was named Interim President of the University of Pennsylvania, becoming the first woman university president at an Ivy League school.

Shortly after her retirement from the University of Pennsylvania, from 2000 to 2005, she served as director of the Foundation's Building Academic Geriatric Nursing Capacity (BAGNC) Initiative, which she helped conceive, design, and implement. She remembers working closely with Foundation staff to come up with the idea and fine-tune it.

The plan called for developing a scholars program and establishing academic centers of geriatric nursing excellence. To create the centers, letters were sent to 11 schools, and from the respondents, five were chosen that had an established "critical mass of geriatric nursing." The program proved successful, and still working with the Foundation, she helped establish an "investment program," supporting schools that demonstrated geriatric strength. "They turned out to be good investments," she says.

As BAGNC's director, Dr. Fagin continued to build the program, monitoring its operation and progress and mentoring its directors. When she turned the program over to Patricia G. Archbold, DNSc, RN, in 2005, Dr. Fagin continued working with her as a consultant, and she's been closely involved with other Hartford staff over the years. "I feel intimately involved with the Foundation, even though my formal relationship with them ended some time ago," she says. "And I still feel they are the only ones doing what they do, and the only people we can look to for building what is needed in this terribly important field of geriatrics."



(Above) Claire M. Fagin, PhD, RN, addressing the 2010 BAGNC Leadership Conference in New Orleans, LA. Here she shares lessons on leadership from her life to Hartford nursing students and faculty.

**MATHY D. MEZEY, EdD, RN**

## **Taking an Expansive View of Nursing**

Dr. Mezey is a professor emerita, senior research scientist, and associate director (as well as founding director) of the Hartford Institute of Geriatric Nursing at the New York University (NYU) College of Nursing. During her distinguished career, she held a professorship at the University of Pennsylvania School of Nursing, where she directed the Geriatric Nurse Practitioner Program and the Robert Wood Johnson Foundation Teaching Nursing Home Program. She accepted a position as Independence Foundation Professor at NYU in 1991 and accepted the directorship of the Hartford Institute there in 1996.

In recognition of her significant contributions to the field of nursing, an endowed chair—the Mathy Mezey Chair in Geriatric Nursing—was created at NYU in 2004.

Dr. Mezey played an important role in opening the door to the Hartford Foundation’s nursing initiative, working with the Foundation to develop the Institute. “They told me I would be more of a partner, and not just a grantee,” she says. “It is with this in mind, that we wrote the grants for the Institute.” She describes working with Hartford program officers as an iterative process. “We really pushed to be as expansive and encompassing as we could be.”

Since then, she has been instrumental in growing the reach of the Institute to academic institutions, to hospitals through its Nurses

Improving Care for Health System Elders (NICHE) program, and to specialty nurses through Resourcefully Enhancing Aging in Specialty Nursing (REASN), in which she takes particular pride.

“We wanted to make sure we had a vehicle to reach the 500,000 nurses around the country who belonged to specialty associations,” she says, “So we got grant money from Hartford and the Avon Foundation to take a big double booth around the country to specialty nursing association meetings with information about the care of older adults.”

She soon recognized the need for a better way to reach all of the specialty nurses, and expanded her efforts to start a Specialty Nursing Association Initiative (see page 33). “In addition to funding from the Hartford Foundation, we received a grant from The Atlantic Philanthropies, and we did REASN in partnership with the American Nurses Association. So we always looked to secure really robust partners for all of our major initiatives,” she says. Although Dr. Mezey no longer directs the Institute, she still takes a role in its activities, and says it has become the gold standard for authoritative, evidence-based materials for nurses’ care of older adults. Websites related to the Hartford Institute provide evidence-based geriatric resources for nursing students, faculty, practicing nurses, and researchers.

(Right) Mathy D. Mezey, EdD, RN, at the 2010 Annual Nursing Conference New Orleans, LA.

(Below) Classroom with first term students, Case Western Reserve University.



DAVID B. REUBEN, MD

## Developing Leaders and a Model for Alzheimer's Care

Dr. Reuben is the Archstone Foundation Chair and Professor at the David Geffen School of Medicine at UCLA and directs the Multi-campus Program in Geriatrics Medicine and Gerontology. He serves as chief of the division of geriatrics at the UCLA Center for Health Sciences and Medical Center. In 1987, he received a Hartford Foundation Faculty Development Award in Geriatrics, and has since been one of the chief advisors and sounding boards for Foundation programs.

Although Dr. Reuben participated in several Hartford Foundation programs over the years, including the Centers of Excellence in Geriatric Medicine and Training, Geriatric Interdisciplinary Team Training, and Practicing Physician Education initiatives, he is most proud of his contribution to a geriatrics leadership program, which he crafted with Hartford Foundation program officers in the 1990s.

"Geriatrics was a young field then," he says. "Some brand new chiefs of geriatrics divisions didn't know what they were doing. They'd just get beaten up at administrative meetings. So we started a program to develop leaders in geriatrics."

The result was the Association of Directors of Geriatric Academic Programs (ADGAP) Geriatric Leadership Development Program, which held an annual meeting for geriatric division chiefs and sponsored a leadership scholar component

that offers participants counseling, mentoring, leadership programs, and other resources. Past scholars have gone on to develop geriatric programs at their own institutions. At least one has become a dean, and others, department chairs.

Later, in 2005, through the UCLA/Hartford Center of Excellence, Dr. Reuben and his colleagues used a small clinical supplement grant to develop a nurse practitioner (NP) co-management model that addressed five geriatric conditions: dementia, heart failure, incontinence, depression, and falls. Quality of care was much improved with NPs than with geriatricians alone, and Dr. Reuben leveraged his findings to obtain a grant from Unihealth Foundation to replicate the study in two community-based practices.

"The model worked just as well, if not better, in those settings," he says, "and it became the basis for our team-based, NP co-managed Alzheimer's and Dementia Care program." Dr. Reuben obtained \$1.25 million in philanthropic funding to get the program started, as well as a \$3.2 million CMMI (Center for Medicare and Medicaid Innovations) Health Care Innovation Challenge award to expand it, and another grant to develop methodology for goal centered outcomes. "So the initial investment has spawned at least three grants," he says, "and it could become a model program around the country for Alzheimer's disease care."

(Right) David B. Reuben, MD, presenting at a Reynolds Foundation Mini-Fellowship meeting at the VA.

(Below) An older adult with Alzheimer's Disease in Iowa City, IO.



W. JUNE SIMMONS, MSW

## Building a Powerful Team

Partnership lies at the very heart of the work of Ms. Simmons, president and CEO of the Partners in Care Foundation. Partners in Care is the legacy foundation of the Visiting Nurse Association of Los Angeles, which collaborates with communities and funders to develop, test, and disseminate pioneering models of care that deliver improved health and social services more efficiently. She is currently a member of the Institute of Medicine's (IOM) Committee on Transforming End-of-Life Care, and recently completed a term on the National Advisory Council of the NIA.

Ms. Simmons first collaborated with the Hartford Foundation from 1990 to 1994 on a project called Geriatric Care Management in a Primary Care Setting, at Huntington Hospital in Los Angeles, which partnered social workers with physicians in primary care offices.

In 1995 she moved to the Visiting Nurse Association of Los Angeles, where she worked with Hartford, Vanderbilt University, and the Visiting Nurse Service of New York on a project called Home Care Medications Risk Identification. "We developed a system for a nurse who goes out and does an assessment in the home. The nurse gathers a list of all the meds and then submits them to a pharmacist for review to see what kind of medication problems and issues were out there and what kind of solution could be built to support and strengthen the visit."

She continued working with Vanderbilt and Hartford even after she moved on to found the Partners in Care Foundation, and at the same time, she became involved with the Hartford Partnership Program for Aging Education (HPPAE). "We got federal funding to translate the medications program from a medical person gathering the meds to putting it in the Medicaid waiver and having a social worker do it. We're still spreading that. It's built into the current funding, not so much as a distinct element but as part of a new model of what the people and community agencies can bring to medicine that really helps create a powerful team to get better health results for the people they're caring for."

Ms. Simmons has collaborated with the Hartford Foundation on several other projects, including the Practice Change Fellows program, and was active in forming and administering the Evidence-Based Leadership Council, which brings together national developers of the leading evidence-based self-management programs.

She also has worked with a number of other partners in her efforts to improve health care services through collaborative teams of medical personnel and social workers, including the California HealthCare Foundation, Kaiser Permanente, the Archstone Foundation, the Geriatric Social Work Education Consortium, the Open Society Institute, the Robert Wood Johnson Foundation, the Administration for Community Living, and the National Council on Aging. Her current work with the Foundation—to develop a large-scale, prototype network to improve the health care of older adults by linking community-based, social service agencies to the healthcare system—is featured on page 52.



Community-based social services agencies face severe challenges and enormous opportunities in the face of health reform. W. June Simmons, MSW, President/CEO Partners in Care Foundation, is leading a coalition of agencies to improve their organizational readiness and to demonstrate their value in working with new partners.



PATRICIA J. VOLLAND, MSW, MBA

## Changing the Way Social Workers are Trained

Ms. Volland has had a profound influence on the Hartford Foundation's support of social workers in aging care. She currently serves as director of the Social Work Leadership Institute at the Silberman School of Social Work at Hunter College in New York.

Ms. Volland is also project leader for the Hartford Partnership Program for Aging Education (HPPAE), and for the Leadership Academy in Aging for Deans and Directors of Schools of Social Work (LAA). These two programs have helped train educators and students in scores of social work programs across the country and influenced many deans and directors to develop programs on aging.

HPPAE evolved from a practicum model Ms. Volland had first conceived in 1998 during a meeting at the New York Academy of Medicine, where she served as Senior Vice President for Finance and Administration. "I was sitting in a conference room talking with three prominent physicians about how difficult it was to access the health care system, even for us professionals, let alone older adults, and they suggested social worker coordinators might help."

Ms. Volland took the ball and ran with it. With help from friend and colleague Barbara J. Berkman, DSW/PhD, a prominent scholar in social work at Columbia University, she secured a grant to convene a group of social work leaders who could identify barriers to recruiting people into the aging field. "We developed the idea that

we would work with social workers in hospital field units to establish a model of field education that would facilitate rotation among the various services for broader exposure. That was partly funded by the Samuels Foundation."

Staff at the Hartford Foundation learned of her work and approached her about taking her workforce development program to scale. Ms. Volland worked closely with her partners at the Foundation to design, implement, and disseminate the program.

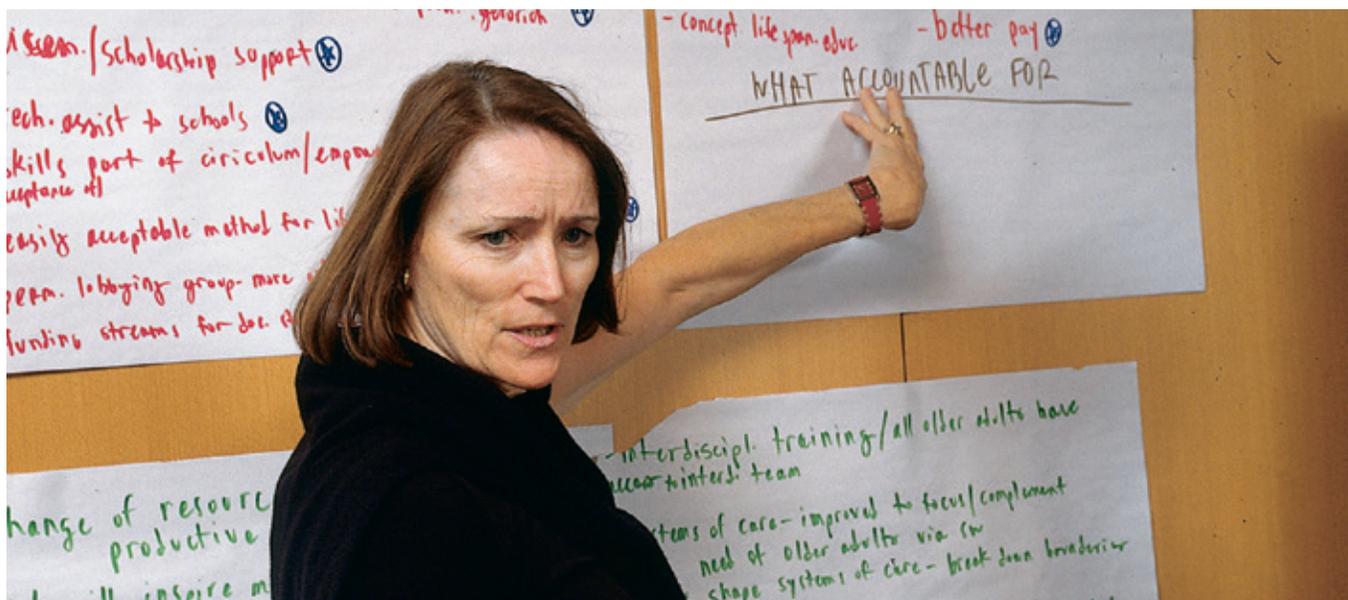
Early in the initiative, Ms. Volland and Foundation staff traveled the country to do site visits for what was initially called the Practicum Partnership Program for a multi-site demonstration of rotational experiences, enhanced aging curriculum, support for field faculty, and student stipends.

From that project she went on to garner support from The Atlantic Philanthropies for a foresighted initiative that anticipated the current work in Medicaid waivers and integrated health plans aimed at putting educational and competency requirements in place for geriatric care clinicians doing social work in the emerging field of care coordination.

Most recently, in 2012, the HPPAE program began working with the VA to spread the model throughout the system, while simultaneously institutionalizing the program with the Council on Social Work Education (CSWE). (See page 40.)

(Below) Patricia J. Volland, MSW, MBA, Hunter College, New York.

(Right) The Practicum Partnership Program offers rotational field training for social work masters' students. Pamela Davis, LCSW, and client Anna Matthews at Partners in Care Foundation of Los Angeles, CA.







---

## Partners in Change



**Fact:**

**25,000:1** - the ratio of annual Medicare spending to the Hartford Foundation's grant payments.

IMAGINE THE COLLECTIVE EXPERTISE, EXPERIENCE, AND ENERGY of Hartford's grantees and scholars, across disciplines and generations, brought to bear on making real and sustainable practice change. Or a regional health care system that integrates social services to create high quality care for older patients. Or a workforce of direct care workers who are well-trained and fairly compensated to care for our most vulnerable older Americans.

The Hartford Foundation has imagined all of those things, and more, expressions of a new strategic plan that focuses on putting geriatrics expertise to work and driving changes in how healthcare is delivered to older adults and their families. Partnerships are more important than ever as the Foundation now organizes its grantmaking in five core areas:

- Interprofessional Leadership in Action
- Linking Education and Practice
- Developing and Disseminating Models of Care
- Tools and Measures for Quality Care
- Policy and Communications

Perhaps one test of partnership is when strong partners in old enterprises are willing to join in new and relatively untested efforts.

In 2012, the Hartford Foundation began transitioning its grantmaking from its traditional efforts in academic capacity building (faculty and curricular investments) to a set of strategies focused on making change in the way health care is delivered to older adults. As you have read, the Foundation's historic partners are crucial for a graceful transition and will be key in helping us realize our new strategic vision in the practice environment.

We would like to now showcase three examples of partners advancing our new practice-driven vision to improve the health of older Americans.

## Time for Change AGents is Now



### Fact:

Almost **400** grantees and scholars attended the Change AGents launch event in November 2013.

*“One of the driving goals of the initiative is to bring people together in new partnerships and new ways of collaborating. That’s one clear outcome that we would like to see sooner than later, that this initiative has facilitated new partnerships/ collaborations among the previously separately funded disciplines.”*

Laura N. Gitlin, PhD  
Member, Leadership Team  
Hartford Change AGents

At its core, the new Hartford Change AGents Initiative is about collaboration. The Hartford Foundation partnered with a trusted colleague, the Gerontological Society of America (GSA), to manage the initiative, which seeks to harness the collective strengths and expertise of Hartford-affiliated grantees, scholars, and other health system leaders to drive improvements in the health and care of older adults, their families, and communities.

“This initiative will stimulate different kinds of important partnerships that seek to impact change in practice and policy as it concerns older adults and their families,” says Dr. Gitlin, director of the Center for Innovative Care in Aging at the Johns Hopkins School of Nursing, a GSA Fellow, and member of the Change AGents Initiative leadership team, with Nancy A. Whitelaw, PhD, a long-time leader in the field and a former GSA president.

“It will be fascinating to see how these kinds of partnerships evolve over time,” Gitlin says. “I think collaboration is at the crux of this initiative, in that Change AGents is bringing together people with different expertise, professional knowledge, and skills to help advance change in a whole variety of healthcare settings.”

During the past three decades, the Hartford Foundation has supported a dynamic group of researchers in geriatric medicine, nursing, and social work. The Change AGents Initiative is an interdisciplinary effort to leverage this powerful

network—more than 3,000 scholars and health systems leaders in all—to help them learn from and support one another, and work directly on changes in practice and service delivery.

“The Change AGents approach is absolutely inspired,” says Mr. Appleby, executive director and CEO of GSA.

The Change AGents Initiative hosted a launch event in November 2013 at the GSA annual meeting in New Orleans. GSA is managing the Initiative, guided by a leadership team consisting of the Hartford Foundation; representatives from GSA; SCP, a socially responsible communications consulting firm and longtime Hartford grantee; and Drs. Whitelaw and Gitlin, who are national experts in interdisciplinary practice change.

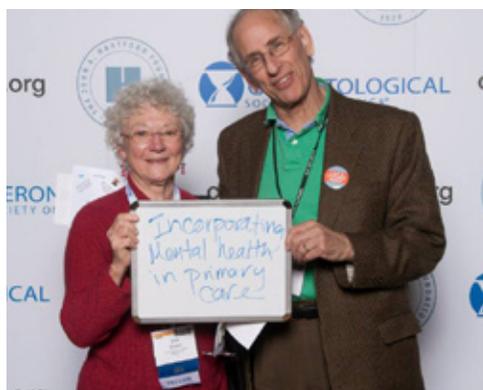
The Initiative has two main components. First, the Change AGents Community provides Hartford scholars, fellows, mentors, advisors, and grantees with online networking opportunities, support, and training to help mobilize them to action. Second, the Change AGents Networks—small, interdisciplinary groups—focus on top health care concerns. The two initial Networks will focus on caregiving for persons with dementia and on patient-centered medical homes.

Through conferences, grants, webinars, the ChangeAGents365.org website, and the practice and policy-focused Change AGents Networks, the project will foster a range of new and exciting partnerships. The Initiative will connect Hartford’s long-standing cadre of grantees and scholars with one another and, importantly, with clinicians, community agencies, health systems leaders, policymakers and others who deliver and shape health care services for and with older adults and their families.

It is not a moment too soon. With 10,000 people turning 65 every day, there is an increasingly urgent need to restructure how this care is delivered in all settings.

“I think the Change AGents work is aligned with where the market’s going,” Mr. Appleby says. “It’s also quite frankly aligned with the change we need. We simply can’t wait for other change to happen. We have to start making it happen now.”

(Right) Lois Evans, PhD, RN, of the University of Pennsylvania’s School of Nursing and Jeffrey Halter, MD, former director of the Division of Geriatrics at the University of Michigan participate in the launch of the Change AGents Initiative at the 2013 Annual Meeting of the Gerontological Society of America.



# Better Together: Building an Integrated Healthcare and Social Services Delivery System



**Facts:**

There are an estimated **950,000** adults aged **65 and older** in Los Angeles County.

Nearly one in three (**32.5 percent**) older people in Los Angeles report their health as fair or poor.

What W. June Simmons, MSW, president and CEO of the Partners in Care Foundation, calls “the transformational redesign of healthcare reimbursement” offers a unique opportunity to break down barriers that have long separated medical services and community-based social service agencies.

“They’re moving everybody’s cheese all at once,” says Ms. Simmons (see page 47), noting the dislocations and dynamism that characterize today’s healthcare system, with a nod to Spencer Johnson’s influential book about dealing with change.

These changes are creating new challenges—and opportunities. Partners in Care Foundation, based in San Fernando, CA, is developing a large-scale, prototype network that links community-based, social service agencies to the healthcare sector, with the goal of establishing an integrated healthcare and social services delivery system. As part of the grant, the longtime Hartford grantee is also collaborating with Elder Services of the Merrimack Valley and Hebrew SeniorLife to develop a second collaborative network in Massachusetts.

This is the type of complex, ambitious project that benefits from a variety of partners. And it clearly demonstrates how collaboration can greatly extend the reach and impact of their work for change.

Over the years, the Hartford Foundation has collaborated with Partners in Care on numerous projects, building a strong working relationship based on mutual trust and shared vision. As the Foundation was planning the California project with Partners in Care, Hartford was approached by the Tufts Health Plan Foundation, which was looking for a matching grant for a similar project with Elder Services of the Merrimack Valley and Hebrew SeniorLife in Massachusetts. By incorporating the Massachusetts project, Hartford’s \$2,068,500 grant became part of a \$4,010,846 million, three-year project with a site on each coast.

The Tufts Health Plan Foundation is supporting the Massachusetts collaboration with \$750,000 in funding, while the Archstone Foundation is contributing \$225,000 to support the California network. In addition, Partners in Care Foundation—the direct grantee and primary



project leader—is contributing a matching \$521,173 in cash and in-kind contributions.

The U.S. Administration for Community Living (ACL) is also joining the “party,” demonstrating how a non-funding partner can play a critical role. ACL will provide valuable technical assistance and training to enable the social service providers in the aging network to collaborate and contract with each other, as well as with health care providers and health insurance plans. ACL’s participation is part of a broader collaborative effort that will share tools and lessons among the Hartford-funded networks and seven other similar networks across the country.

As new health systems emerge covering large geographic areas and huge populations, community-based social service agencies—and the evidence-based services they provide—are fighting to enhance healthcare services. The large for-profit and nonprofit corporations dominating the health landscape have capital, information technology, impressive sales capabilities, and the ability to carry risk.

Community-based service agencies may not be able to compete on those terms, Ms. Simmons

says, but they have something the large health systems don’t: “We have feet on the ground that are very valuable. We have linguistic and cultural capabilities. We have deep knowledge of what’s in the community. We’re trusted, and we can get into people’s homes to help them. So we have some assets we can compete with, and we’re trying to mobilize that.”

In identifying community-based agencies to join in the prototype networks, Ms. Simmons says, it is important to find people and groups “...who really understand that you’re going to have to move to working with doctors’ practices and with health insurers and with hospitals, which is new for the community agencies. And they need to see that that’s a great opportunity to improve the way we care for people. It’s about alignment of vision and purpose, and ultimately, a common understanding of what the problems and the solutions are.”

Developing this kind of alignment will not be simple, she notes, but it is one of the hallmarks of successful partnerships.

“We’re trying to create regional delivery systems of community services organizations that can work together across a range of services and resources because it’s such a fragmented system... if we can build organizational structures that are integrated, there would be less fragmentation to manage.”

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



(Left) ACL leaders, funders, and stakeholders convene to develop partnerships for community-based programs (see page 54). (Clockwise) Kathy Greenlee, Assistant Secretary of the Administration for Community Living (ACL) and Corinne Rieder, EdD, Hartford Foundation ED and Treasurer. Key ACL leaders James Toews, John Wren, and Edwin Walker, JD. W. June Simmons of Partners in Care Foundation shares her views. Nora OBrien-Suric, PhD, Hartford Senior Program Officer addresses the group. René Seidel, Vice President, Programs and Operations, SCAN Foundation, and Mary Clare (Mimi) Toomey, ACL facilitate the discussion.



(Right) Classes at a senior center in Pocoima, CA. Seniors enjoy low-impact exercises to increase joint flexibility and range of motion, and maintain muscle strength in the evidence-based Arthritis Foundation Exercise Program.

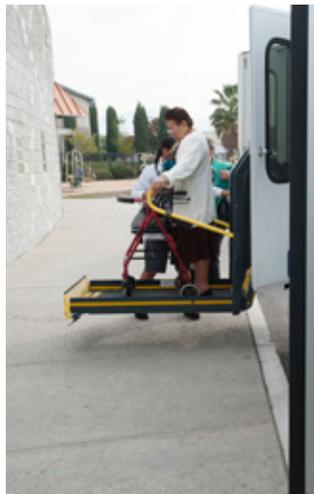
**Better Together: Building  
an Integrated HealthCare  
and Social Services  
Delivery System (cont.)**



(This page) Alicia Broadus,  
Duncan Multipurpose Senior  
Center, Pocomo, CA.

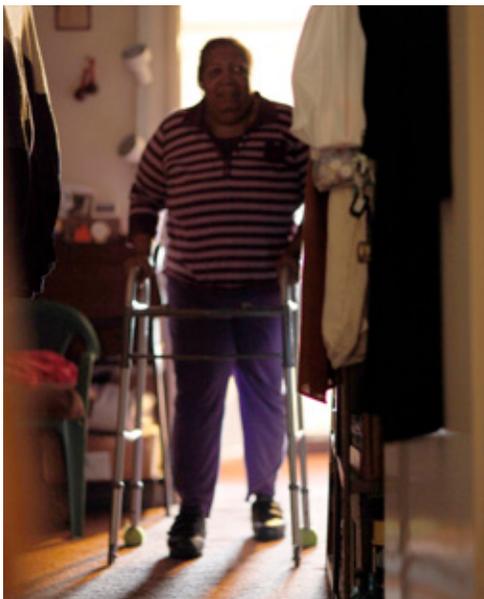
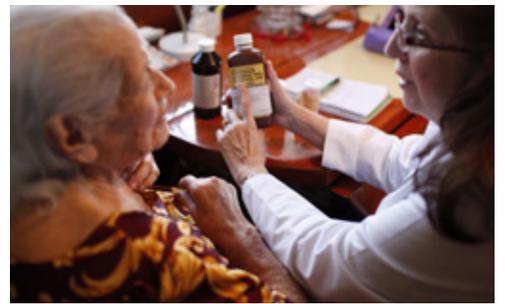
Older adults and people with  
disabilities must be able to  
participate freely in social  
activities and have transpor-  
tation access to health services.  
Social service networks bring  
people to services and services  
to people.

(Opposite page) Home visits.  
Quality of life for the  
homebound includes safety,  
nutrition, exercise, medication  
management, and social  
contacts. Social service networks  
are key members in the  
coordinated care system they  
need.



“ This nation is transforming and we really need to be ready.”

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



## Promoting Quality Jobs and Quality Care for Older Adults



### Facts:

Direct care workers account for **1 out of 3** members of the total US healthcare workforce.

Home Health Aide and Personal Care Aide rank third and fourth, respectively, on the list of occupations projected to add the most new jobs by 2020. There will be a net anticipated gain of **1.6 million jobs**.

(Right) Convening at Philanthropy New York hosted by the John A. Hartford, F. B. Heron, and Ford Foundations regarding the direct care workforce in the long-term-care system and the opportunities of the Philanthropic Equity Campaign.

Dr. Corinne H. Rieder and partners - Steven Dawson, past PHI President and now Strategic Advisor; Jodi M. Sturgeon, President, PHI.

Panel Discussion: Carla Washington, Executive Director, Direct Care Alliance; Steve Dawson, PHI; and Clara Miller, President, F.B. Heron Foundation.

(Opposite page) Direct care workers practice caring for clients at PHI's new Bronx training facility.

A shared mission is usually one of the bedrock principles of successful partnerships. But sometimes, two funders who at first blush would appear to have little in common meet at an unexpected place where their interests intersect.

For the F.B. Heron Foundation and the Hartford Foundation, that common ground was found in their shared commitment to the work of PHI, the leading authority on direct care workers.

PHI (Paraprofessional Healthcare Institute) works to improve the lives of direct care workers—certified nurse aides, home health aides, and personal care workers—who provide 70 to 80 percent of the paid, hands-on, long-term care for older adults in the U.S. It is a low-wage workforce, numbering more than 3 million, that recently gained minimum wage and overtime protections from the U.S. Department of Labor.

The Heron Foundation, an anti-poverty philanthropy focused on job creation and better employment opportunities for the economically disadvantaged, invested \$1.5 million in 2013 to help launch a five-year, \$9 million “philanthropic equity” campaign. The goal is to strengthen PHI so it can secure better training, working conditions, and wages for millions of direct care workers, who in turn will be equipped to provide better care for older adults who cannot care for themselves.

The Hartford Foundation, acting on its belief that improving the quality of direct care jobs will improve the quality of care for older adults,

committed a total of \$1.6 million—\$1 million immediately, with an additional \$600,000 released to PHI when the campaign achieves 50 percent of its goal.

“It’s the perfect match, in terms of two very, very different foundations recognizing that their perspectives not only overlap, but really leverage each other in terms of how their investments in our work pay doubly for both the caregiving side and the low-income workforce side,” says Jodi M. Sturgeon, PHI’s President.

Hartford had previously partnered with The Atlantic Philanthropies in 2006 to fund a PHI program that provides training to nursing homes and home health agencies nationwide, so they can then train their supervisors to coach and work more effectively with direct care staff. After that initial four-year grant, Hartford continued to support PHI’s work for another two years, during the severe economic downturn, before agreeing to co-lead the current campaign.

Heron, meanwhile, has embarked on a different path by combining its grantmaking and investing and focusing its efforts on jobs. “We consider everything we have to be mission-oriented assets,” Heron President Clara Miller says.

Nonprofit organizations don’t have access to equity investments and usually need to run operating deficits to build their businesses, Ms. Miller says. With the “philanthropic equity” campaign, she explains, Heron and those who support the campaign are investing the money PHI needs to grow. The “mission return” will be



more good jobs that have a multiplying effect on the economy, while providing needed services for older adults.

Ms. Sturgeon says that both partners are vital to PHI achieving its twin goals of “quality jobs, quality care.”

“It’s really important to have the support of Heron, which understands that we have to raise the floor on these jobs to have a thoughtful low-wage workforce strategy, and at the same time to have the support of Hartford, which understands that the quality of these jobs has a great impact on the quality of care for elders,” Ms. Sturgeon says.

“Billions and billions of dollars are publicly spent on this frontline workforce, and yet, for lots of different reasons, the system doesn’t really pay attention to the workforce and doesn’t take advantage of the investment it’s making.”

Thanks to the very different missions of the Heron and Hartford Foundations, one day that may change.



“PHI is one of the poster children for what we’re trying to do. They often say ‘We’re raising floors and building ladders.’ We find the work PHI does to be super inspiring in many ways.”

Clara Miller  
President  
The F.B. Heron Foundation



## Looking Forward: Together



### Fact:

The number of beneficiaries enrolled in both the Medicare and Medicaid programs is expected to increase from the current 9 million to **11 million** by 2020.

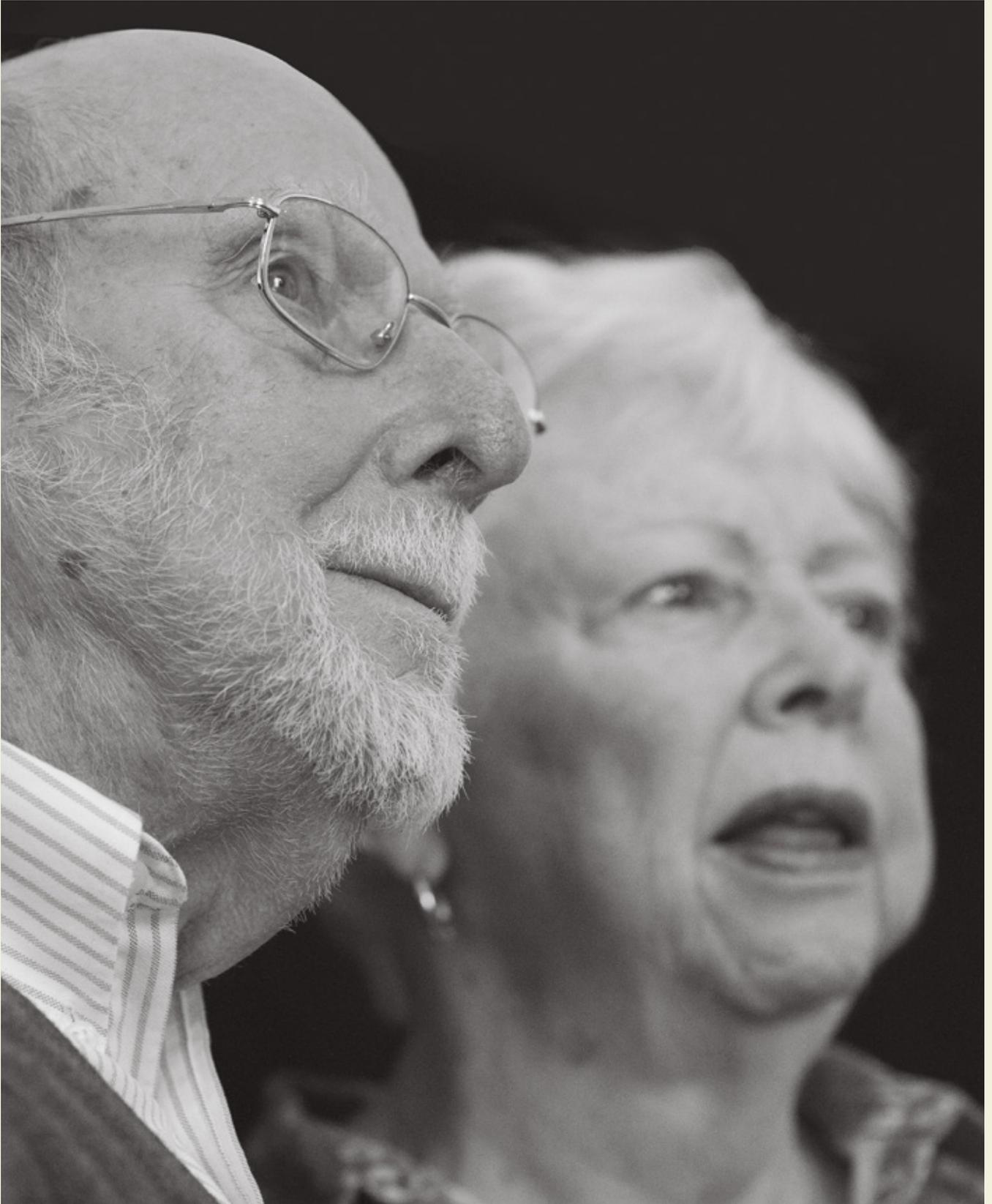
MAKING REAL AND SUSTAINABLE CHANGE IS A TEAM EFFORT. That's why the Hartford Foundation has been firmly committed for more than three decades to partnerships that advance our mission to improve the health of older adults.

Successful collaborations embrace risk (and even the prospect of failure)—relying on a shifting amalgam of contributions from a diverse array of organizations, institutions, and government agencies. In this report, we have shared the stories of numerous partnerships that demonstrate how harnessing the creativity, knowledge, experience, and support of forward-thinking government agencies, foundations, organizations, institutions, and entrepreneurial individuals results in accomplishments far greater than we could hope to attain with our own limited resources. And we have seen how certain bedrock principles—shared vision, shared commitment, mutual trust, clear and frequent communication, and measurable results—are woven throughout these successful partnerships.

The role the Foundation has played—first in supporting biomedical research and, for the past 30 years, aging and health—has not only led to groundbreaking research and interventions, but helped facilitate the federal government's move to invest more in these critical areas. The result is that the federal government has become an extremely important partner in the Foundation's work, with agencies as varied as the National Institute on Aging, Department of Veterans Affairs, Administration for Community Living, and the Corporation for National and Community Service all playing key roles. In the private sector, we continue to seek new philanthropic partners, and we rely on and appreciate the generosity and insights this growing number of funders brings to our common work.

As we shift to the “downstream” model of grantmaking detailed in our strategic plan, partnerships will continue to be central to our efforts to put geriatrics expertise to work in health care delivery and practice change. We will actively seek out new partners in areas ranging from health systems to workforce. Some will share our commitment to aging and health, while others will share common ground on a specific project or program.

We will continue to be guided by the principles that have guided us for decades, following our founder's enduring advice 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”—working to improve the health of older Americans.



## 2013 Aging and Health Grants

---

*In 2013, the John A. Hartford Foundation awarded 13 new grants under its Aging and Health program representing \$14.4 million in new commitments. Authorizations for new programs or large renewal grants are described here. The Foundation made \$18.3 million in payments to existing grants in 2013. A Summary of Active Grants can be found on pages 62-67.*

**Paraprofessional Healthcare Institute, Inc.**

Bronx, NY

*Strategic Investment: Doubling PHI's Impact on the Direct-Care Workforce to Improve Care for Elders*

Jodie M. Sturgeon

\$1,600,000, Four Years

**Partners in Care Foundation, Inc.**

San Fernando, CA

*Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services*

W. June Simmons, MSW

\$2,068,500, Three Years

**Community Catalyst, Inc.**

Boston, MA

*Voices for Better Health: Geriatrics Provider Collaboration*

Renée Markus Hodin

\$584,150, Two Years

**Gerontological Society of America**

Washington, DC

*Hartford Change AGENTS Initiative*

Linda Krogh Harootyan, MSW

\$5,062,819, Three Years

**National Committee for Quality Assurance**

Washington, DC

*Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care*

Jessica Breifer French

\$415,422, 18 Months

**Project HOPE-People-to-People Health Foundation, Inc.**

Bethesda, MD

*Health Affairs Journal: Publish and Disseminate Early Lessons on Innovative Health Care Models for an Aging Population*

John K. Iglehart

\$429,481, Two Years

**Trustees of Dartmouth College**

Lebanon, NH

*High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases*

Julie P.W. Bynum, MD, MPH

\$879,465, Two Years

**Yale University**

New Haven, CT

*Improving the Care of Persons with Complex Health Needs*

Mary E. Tinetti, MD

\$497,734, 18 Months

---

**SOCIAL INNOVATION FUND:  
HEALTHY FUTURES / IMPACT EXPANSION  
SUBGRANTEES**

**Community Health Center of  
Central Wyoming, Inc.**

Casper, WY

Ryan Bair, MSW, LCSW

\$468,943, Three Years

**Mat-Su Health Services, Inc**

Wasilla, AK

Jean Selk

\$649,551, Three Years

**Partnership Health Center, Inc.**

Missoula, MT

Mary Jane Nealon

\$734,192, Three Years

**Peninsula Community Health Services**

Bremerton, WA

Regina Bonnevie Rogers, MD

\$507,527, Three Years

**Lewis County Community Health Services  
d/b/a Valley View Health Center**

Chehalis, WA

Tre Normoyle, PhD

\$523,624, Three Years

## Financial Summary

The Foundation's investment portfolio had appreciated to approximately \$550 million at the end of 2013. Spending for grants, administrative expenses and taxes totaled \$26 million. Total return on the investments, income plus realized and unrealized capital gains, was about 14 percent. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's Web site.

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

Global equity markets generally posted strong gains in 2013. The MSCI EAFE index rose 22.8 percent, and the S&P 500 added 32.4 percent, which marked its fifth consecutive year of gains and the strongest return since 1997. However, emerging markets equity declined slightly for the year. Credit markets delivered mixed results during the year; high-yield bonds gained 7.5 percent while the Barclays Treasury index suffered a loss of 2.8 percent and local emerging market debt declined 9.0 percent. As a result, the portfolio's one-year performance, which benefited significantly from the exceptional performance of U.S. equities, far outpaced the inflation plus spending rate in 2013.

In order to best meet its fiduciary obligation, the Foundation has outsourced its investment management function since the beginning of 2009. Goldman Sachs, the Foundation's current investment advisor, has collaborated closely with the Foundation to redesign its asset allocation guidelines and implement significant portfolio changes by employing both passive and active strategies since August, 2012. The current portfolio remains liquid and well-diversified, providing it with the ability to capitalize on investment opportunities as well as to better weather market turbulence in the future.

At year-end 2013, the liquid portion of the portfolio was generally in line with the long-term target allocation, whereas illiquid funds will take longer to achieve their targets due to the timing and pace of new commitments and distributions. Over the course of 2013, the Foundation added exposure to long-only equities, tactical tilts, and non-core fixed-income, while reducing its allocation in hedge funds and private equity. At the end of the year, the Foundation's asset mix was 40 percent long-only equities, 12 percent fixed-income, 4 percent cash, 16 percent hedge funds, 8 percent tactical tilts and a total of 20 percent in private equity and real estate funds, compared with 29 percent public equities, 7 percent fixed-income, 4 percent cash, 20 percent in hedge funds, 5 percent tactical tilts, and 35 percent in non-marketable alternatives as of the end of 2012.

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

## Summary of Active Grants

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>AGING &amp; HEALTH</b>					
<b>ACADEMIC GERIATRICS &amp; TRAINING</b>					
<b>Alliance for Academic Internal Medicine</b> <i>Integrating Geriatrics into the Specialties of Internal Medicine</i> Kevin P. High, MD, MSc	Alexandria, VA	\$ 907,547		\$ 441,038	\$ 466,509
<b>American College of Cardiology Foundation</b> <i>Development and Dissemination of a Curriculum in Geriatric Cardiology</i> Susan Zieman, MD, PhD	Washington, DC	84,000		63,000	21,000
<b>American Federation for Aging Research, Inc.</b> <i>Centers of Excellence in Geriatric Medicine and Training National Program Office</i> Odette van der Willik	New York, NY	8,789,393		2,773,774	6,015,619
<b>American Federation for Aging Research, Inc.</b> <i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik	New York, NY	4,787,490		1,511,584	3,275,906
<b>American Federation for Aging Research, Inc.</b> <i>Medical Student Training in Aging Research Program Renewal</i> Odette van der Willik	New York, NY	707,414		204,057	503,357
<b>American Geriatrics Society, Inc.</b> <i>Geriatrics for Specialists Initiative</i> John R. Burton, MD Ronnie Ann Rosenthal, MD	New York, NY	2,383,166		970,638	1,412,528
<b>Arizona State University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Nelma Shearer, PhD, RN	Tempe, AZ	418,081		160,976	257,105
<b>Association of Directors of Geriatric Academic Programs</b> <i>Geriatric Leadership Development Program</i> Laura Mosqueda, MD Jan Busby-Whitehead, MD	New York, NY	114,142		114,142	
<b>Community College of Philadelphia</b> <i>Fostering Geriatrics in Pre-licensure Nursing Education: Phase II</i> M. Elaine Tagliareni, EdD, RN	Philadelphia, PA	35,496		35,496	
<b>Council on Social Work Education</b> <i>National Center for Gerontological Social Work Education</i> Darla Spence Coffey, PhD	Alexandria, VA	1,304,772		446,546	858,226
<b>Foundation for Health in Aging, Inc.</b> <i>Hartford Geriatrics Health Outcomes Research Scholars Renewal</i> Eric A. Coleman, MD, MPH	New York, NY	10,611		10,611	

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>Gerontological Society of America</b> <i>National Hartford Centers of Gerontological Nursing Excellence Coordinating Center Renewal</i> J. Taylor Harden, PhD, RN	Washington, DC	\$ 9,135,563		\$ 3,570,613	\$ 5,564,950
<b>Gerontological Society of America</b> <i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, DSW/PhD	Washington, DC	1,980,225		1,052,389	927,836
<b>Gerontological Society of America</b> <i>National Center on Gerontological Social Work Excellence</i> Linda Krogh Harootyan, MSW	Washington, DC	1,350,000		212,178	1,137,822
<b>Gerontological Society of America</b> <i>Hartford Doctoral Fellows in Geriatric Social Work Program Renewal</i> James E. Lubben, DSW, MPH	Washington, DC	219,800		109,900	109,900
<b>Oregon Health &amp; Science University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Theresa A. Harvath, PhD, RN, CNS	Portland, OR	375,502		175,879	199,623
<b>Pennsylvania State University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ann Kolanowski, PhD, RN	University Park, PA	325,948		125,948	200,000
<b>Research Foundation for the City University of New York</b> <i>Evaluating the Hartford Geriatric Nursing Initiative</i> Shoshanna Sofaer, DrPh	New York, NY	55,913		55,913	
<b>University of Arkansas for Medical Sciences</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	Little Rock, AR	323,187		123,187	200,000
<b>University of California, San Francisco</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP	San Francisco, CA	318,707		118,707	200,000
<b>University of Iowa</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Janet K. Specht, PhD, RN	Iowa City, IA	375,390		117,980	257,410
<b>University of Minnesota</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Jean F. Wyman, PhD, APRN, BC	Minneapolis, MN	355,616		155,616	200,000
<b>University of Pennsylvania</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Pamela Z. Cacchione, PhD, CRNP, BC	Philadelphia, PA	32,178		32,178	
<b>University of Utah</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ginette A. Pepper, PhD, RN	Salt Lake City, UT	319,799		119,799	200,000
<b>Total Academic Geriatrics &amp; Training</b>		\$34,709,940		\$12,702,149	\$22,007,791

## Summary of Active Grants

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>INTEGRATING &amp; IMPROVING SERVICES</b>					
<b>AARP Foundation</b> <i>Professional Partners Supporting Family Caregiving - Phase II</i> Susan C. Reinhard, PhD, RN	Washington, DC	\$ 131,321		\$ 131,321	
<b>International Honor Society of Nursing Foundation, Inc.</b> <i>Geriatric Nursing Leadership Academy Implementation</i> Patricia Thompson, EdD, RN	Indianapolis, IN	30,662		30,662	
<b>University of Colorado Denver</b> <i>Building the Capacity to Disseminate the Care Transitions Intervention on a National Scale</i> Eric A. Coleman, MD, MPH	Denver, CO	14,755		14,755	
<b>Total Integrating &amp; Improving Services</b>		\$ 176,738		\$ 176,738	
<b>INTERPROFESSIONAL LEADERSHIP IN ACTION</b>					
<b>Gerontological Society of America</b> <i>Hartford Change AGEnts Initiative</i> Linda Krogh Harootyan, MSW	Washington, DC		\$5,062,819	\$ 844,600	\$4,218,219
<b>University of Colorado Denver</b> <i>Practice Change Leaders for Aging and Health</i> Eric A. Coleman, MD, MPH	Denver, CO	\$1,500,000		500,000	1,000,000
<b>Total Interprofessional Leadership in Action</b>		\$1,500,000	\$5,062,819	\$1,344,600	\$5,218,219
<b>LINKING EDUCATION &amp; PRACTICE</b>					
<b>Partners in Care Foundation, Inc.</b> <i>Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services</i> W. June Simmons, MSW	San Fernando, CA		\$2,068,500	\$ 423,189	\$1,645,311
<b>Total Linking Education &amp; Practice</b>			2,068,500	423,189	1,645,311
<b>DEVELOPING &amp; DISSEMINATING MODELS OF CARE</b>					
<b>Paraprofessional Healthcare Institute, Inc.</b> <i>Strategic Investment: Doubling PHI's Impact on the Direct-Care Workforce to Improve Care for Elders</i> Jodi M. Sturgeon	Bronx, NY		1,600,000	500,000	1,100,000
<b>University of Colorado Denver</b> <i>Care Transitions Intervention Technical Assistance</i> Eric A. Coleman, MD, MPH	Denver, CO	\$ 766,377		252,061	514,316
<b>Yale University</b> <i>Improving the Care of Persons with Complex Health Needs</i> Mary E. Tinetti, MD	New Haven, CT		497,734		497,734
<b>Total Developing &amp; Disseminating Models of Care</b>		\$ 766,377	\$2,097,734	\$ 752,061	\$2,112,050

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>TOOLS &amp; MEASURES FOR QUALITY CARE</b>					
<b>National Committee for Quality Assurance</b>	Washington, DC		\$ 415,422	\$167,992	\$ 247,430
<i>Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care</i>					
Jessica Briefer French					
<b>Total Tools &amp; Measures for Quality Care</b>			\$ 415,422	\$167,992	\$ 247,430
<b>COMMUNICATIONS &amp; POLICY</b>					
<b>Community Catalyst, Inc.</b>	Boston, MA		\$ 584,150	\$139,585	\$ 444,565
<i>Voices for Better Health: Geriatrics Provider Collaboration</i>					
Renée Markus Hodin					
<b>George Washington University</b>	Washington, DC	\$ 900,000		293,031	606,969
<i>Advancing Aging and Health Policy Understanding Renewal</i>					
Judith Miller Jones					
<b>Project HOPE - People-to-People Health Foundation, Inc.</b>	Bethesda, MD		429,481		429,481
<i>Health Affairs Journal: Publish and Disseminate Early Lessons on Innovative Health Care Models for an Aging Population</i>					
John K. Iglehart					
<b>Tides Center</b>	San Francisco, CA	400,000		200,000	200,000
<i>Eldercare Workforce Alliance Renewal</i>					
Nancy E. Lundebjerg, MPA					
<b>Trustees of Dartmouth College</b>	Lebanon, NH		879,465		879,465
<i>High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases</i>					
Julie P.W. Bynum, MD, MPH					
<b>Total Communications &amp; Policy</b>		\$1,300,000	\$1,893,096	\$632,616	\$2,560,480
<b>SOCIAL INNOVATION FUND GRANTS</b>					
<b>Community Health Center of Central Wyoming, Inc.<sup>1</sup></b>	Casper, WY		\$ 468,943	\$ 306	\$ 468,637
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i>					
Ryan Bair, MSW, LCSW					
<b>Mat-Su Health Services, Inc.<sup>1</sup></b>	Wasilla, AK		649,551	12,921	636,630
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i>					
Jean Selk					
<b>Partnership Health Center, Inc.<sup>1</sup></b>	Missoula, MT		734,192	33,186	701,006
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i>					
Mary Jane Nealon					
<b>Peninsula Community Health Services<sup>1</sup></b>	Bremerton, WA		507,527	4,477	503,050
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i>					
Regina Bonnevie Rogers, MD					

## Summary of Active Grants

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>University of Washington</b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion</i> Jürgen Unützer, MD, MPH, MA	Seattle, WA	\$1,533,970		\$580,084	\$ 953,886
<b>Valley View Health Center<sup>1</sup></b> <i>Social Innovation Fund: Healthy Futures/ IMPACT Expansion Subgrantee</i> Tre Normoyle, PhD	Chehalis, WA		\$ 523,624	23,923	499,701
<b>Total Social Innovation Fund Grants</b>		\$1,533,970	\$2,883,837	\$654,897	\$3,762,910
<b>AGING &amp; HEALTH-OTHER</b>					
<b>American Geriatrics Society, Inc.</b> <i>Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care</i> Nancy E. Lundebjerg, MPA	New York, NY	\$12,206		\$ 12,206	
<b>Grantmakers in Aging</b> <i>Core Transitional Support</i> John Feather, PhD	Arlington, VA	50,000		50,000	
<b>Total Aging &amp; Health-Other</b>		\$62,206		\$ 62,206	
<b>OTHER GRANTS</b>					
<b>Center for Effective Philanthropy, Inc.</b> <i>Annual Support</i> Phil Buchanan	Cambridge, MA		\$ 2,500	\$ 2,500	
<b>The Foundation Center</b> <i>Annual Support</i> Bradford Smith	New York, NY		11,000	11,000	
<b>Grantmakers in Aging</b> <i>Annual Support</i> John Feather, PhD	Arlington, VA		7,500	7,500	
<b>Grantmakers in Health</b> <i>Annual Support</i> Faith Mitchell, PhD	Washington, DC		7,500	7,500	
<b>Manhattan Institute for Policy Research, Inc.</b> <i>Annual Support</i> Lawrence J. Mone	New York, NY		2,500	2,500	
<b>Philanthropy New York, Inc.</b> <i>Annual Support</i> Ronna D. Brown	New York, NY		17,350	17,350	
<b>The Philanthropy Roundtable</b> <i>Annual Support</i> Adam Meyerson	Washington, DC		5,000	5,000	
<b>The UCLA Foundation</b> <i>Tribute to David H. Solomon, MD</i> David B. Reuben, MD	Los Angeles, CA		500	500	
<b>Total Other Grants</b>			\$ 53,850	\$ 53,850	

		Balance Due January 1, 2013	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2013
<b>PARTNERSHIP FUND</b>					
American Federation for Aging Research, Inc. <i>2013 Annual Awards Dinner</i> Stephanie Lederman	New York, NY		\$ 5,000	\$ 5,000	
American Psychiatric Foundation <i>Efforts Related to Geriatric Psychiatry In Honor of Dr. Dilip V. Jeste</i> Paul T. Burke	Arlington, VA	\$ 22,550		22,550	
Institute of Medicine of the National Academies <i>Study on Family Caregiving in the United States</i> Katie Maslow, MSW	Washington, DC		30,000	30,000	
New York Academy of Medicine <i>2013 19th Annual Gala Sponsor Package</i> Jo Ivey Boufford, MD	New York, NY		7,500	7,500	
Nurses' Educational Funds, Inc. <i>Mathy Mezey Scholarship in Graduate Geriatric Nursing Education</i> Susan Bowar-Ferres, PhD, RN, NEA-BC	New York, NY		50,000	25,000	\$ 25,000
United Hospital Fund <i>Annual Support</i> James R. Tallon, Jr.	New York, NY		2,500	2,500	
Visiting Nurse Service of New York <i>2013 Benefit Dinner</i> John Billeci	New York, NY		7,500	7,500	
<b>Total Partnership Fund</b>		\$ 22,550	\$ 102,500	\$ 100,050	\$ 25,000
<b>Matching Grants<sup>2</sup></b>			1,123,475	1,123,475	
<b>Discretionary Grants<sup>3</sup></b>			60,000	60,000	
<b>Grants Refunded or Cancelled</b>		30,588	(51,387)	(20,799)	
<b>Contingent Grants Adjustment<sup>1</sup></b>			(2,698,263)		(2,698,263)
<b>Discounts to Present Value</b>		(1,412,266)	523,231		(889,035)
<b>Total (All Grants)</b>		\$38,690,103	\$13,534,814	\$18,233,024	\$33,991,893
1 Contingent Grants					
2 Grants made under the Foundation's program for matching charitable contributions made by Trustees and staff.					
3 Grants made under the Foundation's program for charitable contributions designated by staff.					
		Expenses Authorized Not Incurred Jan. 1, 2013	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2013
Foundation-Administered Grant <i>Communications &amp; Dissemination Initiative Expansion Renewal</i> John Beilenson	New York, NY	\$ 870,049		\$ 373,903	\$ 496,146
<i>To Pursue Selected Activities in the Strategic Plan</i>			\$ 195,463	195,463	
<b>Total</b>		\$ 870,049	195,463	\$ 569,366	\$ 496,146

## Application Procedures

---

UNDER A STRATEGIC PLAN ADOPTED IN 2012, the Hartford Foundation will make grants and initiate programs that will put geriatrics expertise to work in all health care settings by: advancing practice change and innovation; supporting team-based care through interdisciplinary education of all health care providers; supporting policies and regulations that promote better care; and developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

*The Foundation will organize its grantmaking under five strategy areas:*

- Interprofessional Leadership in Action
- Linking Education and Practice
- Developing and Disseminating Models of Care
- Tools and Measures for Quality Care
- Communications/Policy

*Overall criteria for funding include:*

- Focus on the older adult population and inclusion of geriatrics expertise;
- Potential for national scale and impact; and
- Potential for leveraging other initiatives and funding sources.

The Foundation 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 by **invitation only**. 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 will be notified of the results of this review in approximately six weeks and may be asked to supply additional information.

Please do not send correspondence by fax or e-mail.

Mail may be sent to:  
The John A. Hartford Foundation  
55 East 59th Street 16th Floor  
New York, NY 10022

More information can be found at [jhartfound.org/grants-strategy](http://jhartfound.org/grants-strategy)



The John A. Hartford Foundation  
[www.jhartfound.org](http://www.jhartfound.org)

# Working to improve the health of older Americans

## credits

### editorial:

Francisco J. Doll  
Walfrido B. Patawaran  
Rachael A. Watman

### writers:

Jack Croft  
John Beilenson  
Ernie Tremblay  
Strategic Communications & Planning (SCP)

### design:

Donald Battershall Design

### photography:

William Mebane  
Donald Battershall

### printing:

Brodock

## About the John A. Hartford Foundation

The mission of the John A. Hartford Foundation is to improve the health of older adults in the United States.

Based in New York City, the Hartford Foundation was founded in 1929 by the family owners of the A&P grocery chain. After an early history of funding pioneering biomedical research, for the last three decades the Foundation has been a champion of research and education in geriatric medicine, nursing, and social work. Today the Foundation pursues opportunities to put geriatrics expertise to work in all health care settings by:

- Advancing practice change and innovation;
- Supporting team-based care through interdisciplinary education of all health care providers;
- Supporting policies and regulations that promote better care; and
- Developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

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.



Spreading Innovation Through Collaboration