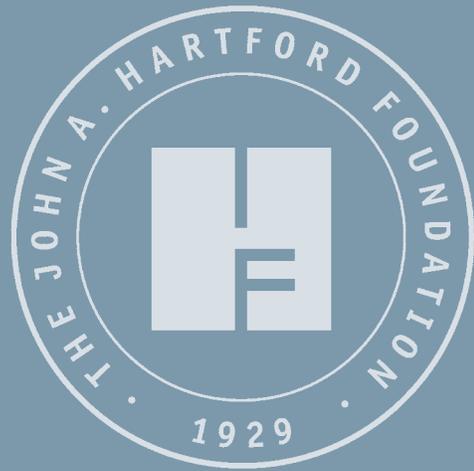


2015 Annual Report

# The John A. Hartford Foundation



**Dedicated to improving  
the care of older adults**

## Dedication

JAMES D. FARLEY

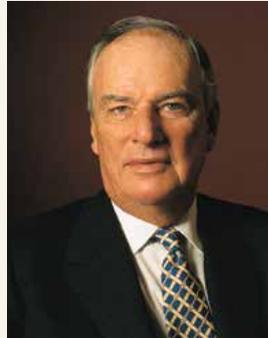
1926-2015

James D. Farley, Chair Emeritus of The John A. Hartford Foundation Board of Trustees, was an astute and principled leader, a man of integrity and the highest standards, who was always willing to speak his mind.

Mr. Farley served as a Trustee for 25 years, from 1977-2002, and was Chair for his last 13 years on the Board. After his retirement, he held the position of Chair Emeritus and continued to be engaged with the work of improving care for older Americans.

Described by his family as “the consummate New York City banker in banking’s heyday,” Mr. Farley began his 40-year career working for what would become Citibank in Argentina for 15 years, and spent the bulk of his career in New York City, where he retired in 1991 as a Vice Chair. He and his wife Mary Kay Farley, who predeceased him in 2014 after 54 years of marriage, raised four children in Greenwich, CT.

As a Trustee, Mr. Farley helped guide the Foundation as it transitioned from general biomedical research grants to funding in the area of Aging and Health in the early 1980s. The vision shown by Mr. Farley and his fellow Trustees continues to guide us today, for which we are truly grateful.



JAMES D. FARLEY

WILLIAM B. MATTESON

1928-2015

William B. Matteson, one of the leading corporate attorneys of his generation, served the Foundation with great distinction over 25 years as General Counsel and then Trustee. Upon his retirement from the Board in 2004, his fellow Trustees thanked him for his “diligence, legal expertise, untiring dedication, and above all his serenity of spirit.”

Mr. Matteson served as General Counsel to the Foundation from 1979-1995, and was elected to the Board of Trustees in 1996, serving for eight years.

A Harvard Law School graduate, Mr. Matteson joined the Debevoise law firm in New York in 1955, and rose to partner in 1961; head of the Paris office from 1973-76; and presiding partner from 1988-93. His daughter Lynn wrote of her father, “Unlike a lot of powerful business executives today, he knew how to balance his career and his family life. He raised us in New York City so he could eat breakfast and dinner with us and still put in a full day at the office.”

Mr. Matteson is survived by his wife of almost 65 years, Marilee; a sister; three daughters and their spouses; and three grandchildren.

He will be dearly missed.



WILLIAM B. MATTESON

The John A. Hartford Foundation  
2015 Annual Report



“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.”

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

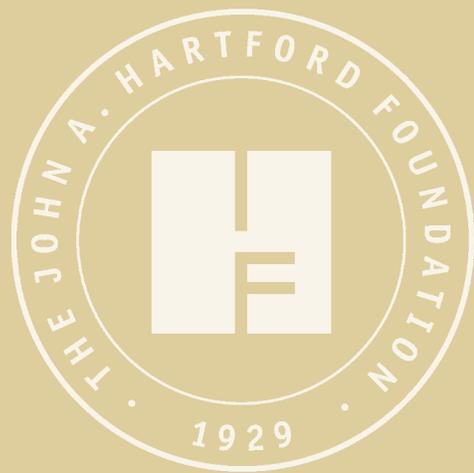
THIS HAS BEEN THE GUIDING PHILOSOPHY of The John A. Hartford Foundation since its establishment in 1929. The Foundation seeks to make its best contribution by supporting efforts to improve care for older adults.

## About The John A. Hartford Foundation

“OUR BENEFACTORS’ ONE COMMON REQUEST was that the Foundation strive always to do the greatest good for the greatest number.”

—from the 1958 John A. Hartford Foundation Annual Report.

Since its establishment in 1929, The John A. Hartford Foundation has sought to follow the guiding philosophy passed down from its benefactors: John A. Hartford, the President of the Great Atlantic and Pacific Tea Company (later known worldwide as the A&P grocery store chain) and his brother, George L. Hartford, A&P Chairman.



**Dedicated to improving  
the care of older adults**

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### *A Creative Partnership*

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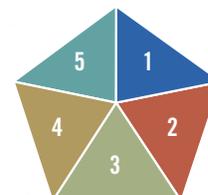
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## Report of the Chair and President



(Left) Terry Fulmer, PhD, RN, FAAN, President  
(Right) Peggy Wolff, Chair of the Board

THE EXCITEMENT THAT GOES WITH LEADING a world-class foundation is hard to express in words. However, it can be felt in every encounter we have with an older person who is having a better care experience because of the programs we support; in every meeting we have with a grantee who is able to move forward fresh, bold ideas that improve care of older adults; and in every conversation we have with the remarkable John A. Hartford Foundation staff who touch the lives of so many on behalf of our mission.

We are truly honored to introduce The John A. Hartford Foundation's 2015 Annual Report, which not only looks back on the many accomplishments of the Foundation and its grantees over the past year, but looks forward with great anticipation to the many exciting opportunities ahead. This marks our first Annual Report as the new Chair of the Board of Trustees and the new President, and we are deeply encouraged by the excellent work that the Foundation's dedicated staff and outstanding grantees perform every day.

This has been a year of transitions, not only for us, but for the Foundation more broadly. We have continued to refine our focus on advancing and accelerating the practice and policy changes needed to improve care of the nation's rapidly growing population of older adults. Our strategy builds on three decades of definitive work aimed at infusing aging expertise into our workforce. It also builds on our long history of developing and spreading innovative models that deliver care to older adults in ways that embrace the tenets of the Triple Aim (better care, better health, and lower costs).

As you read the detailed descriptions of several of the grants we highlight in this year's report, you will note certain themes that illustrate why we are so excited about the future. We also offer an in-depth look at our Social Innovation Fund (SIF) initiative, which is spreading an evidence-based, primary care-centered model of depression treatment—a model that was developed and tested with support from the Foundation—to underserved, low-income rural communities in the Northwest. The SIF program is an exemplar of the Foundation's commitment to creative solutions that demand flexibility and a willingness to

take on new roles and try new approaches. The special section on the SIF program includes several stories that bring to life the very real difference better depression care is making in the lives of so many older people.

We feel confident that you will find this annual report edifying, and that you will share our excitement about the outstanding projects currently underway, as well as the opportunities that await.

### **Notable Grants in 2015**

In the first section, “New Leadership, New Vision: An Exciting New Era Begins” (see page 11), as well as in the final section, “Advancing and Accelerating the Change We Need” (see page 34), this year’s annual report offers detailed descriptions of numerous grants approved in the past year. In this letter, we would like to highlight three additional investments that are representative of our current grantmaking approach.

Hospitals in general and emergency departments (EDs) in particular continue to seek ways to improve care for the unique needs of older adults. In 2015, our Trustees approved a two-year \$1,488,512 foundational grant to create a national Geriatric Emergency Department Collaborative (GEDC) to do just that: improve the quality of care that older adults receive in EDs across the country. The GEDC represents a truly interdisciplinary approach. The American Geriatrics Society (AGS) serves as the home for this initiative, which is very much a joint effort between the Foundation and several collaborators, including our research partner, the West Health Institute; four national organizations (the American College of Emergency Physicians, the Emergency Nurses Association, the Society for Academic Emergency Medicine, and AGS); a learning group of nine health systems that will rapidly grow over time; and a cadre of passionate clinicians with expertise in ED care of older adults.

One of the Foundation’s major success stories of the past 30 years is the Nurses Improving Care for Healthsystem Elders (NICHE) program, which was launched in 1992 with our support and led by the Hartford Institute for Geriatric Nursing at the New

York University College of Nursing. The program has gone on to become self-sustaining and today helps more than 600 hospitals improve the care they deliver to older adults. A \$1.5 million, three-year grant approved by the Trustees in 2015 will extend this highly successful program into Long-Term Care (LTC), including nursing homes and assisted living and post-acute rehabilitation facilities. During the course of the grant, 225 nursing homes will join NICHE-LTC, participate in geriatric quality improvement activities, and build staff competence in the care of older adults, while building sufficient revenue for ongoing sustainability.

Finally, we would like to mention a unique grant that we believe will benefit our aging nation as a whole and potentially have global impact. The Trustees approved a one-year, \$220,425 grant to Columbia University to develop an evidence-based composite measure, or “index,” that describes the capacity of countries to adapt successfully to the world’s aging population. The John A. Hartford Aging Society Index will build on the prior work of a number of prominent interdisciplinary scholars from the MacArthur Foundation Research Network on an Aging Society. It will serve both as a guide to policy implementation and a tool by which a range of stakeholders, in this country and abroad, can assess their effectiveness over time in meeting the needs of older adults.

These are just three of the many grants made by the Foundation in 2015. For a complete list, see 2015 Aging and Health Grants on page 36. You can see all of our current projects in the Summary of Active Grants starting on page 39.

### **Financial Report**

2015 was a challenging year for global financial markets. Market volatility increased significantly in the second half of 2015 and most markets experienced their worst performance since 2008. Concerns about China’s slow growth and its potential impact on global economics, the continued slide in commodity prices, uncertainty over monetary policies, and geopolitical instability were the main drivers of market volatility during the year. The Foundation’s endowment ended

2015 at approximately \$534 million, representing a decline of \$26 million after disbursement for grants and expenses during the year. The investment return on the Foundation's well-diversified portfolio was slightly positive for the year, which marked the seventh consecutive year of gains since the financial crisis. Although the Foundation's portfolio beat the median of the peer foundations and endowments in the Northern Trust universe in 2015, it failed to provide a return to meet the spending needs of the Foundation during the year. Despite macro headwinds in 2015, the Foundation continued to accomplish its long-term investment objective, which is to preserve and enhance the real purchasing power of its endowment. With capital markets facing a tough path ahead, we remain confident that our disciplined, prudent investment approach will enable the Foundation to navigate through the lower-return, higher-volatility market environment.

#### **Foundation Transitions**

We are thrilled to welcome Rani Snyder, MPA, as our new Program Director. Ms. Snyder started her professional career with The John A. Hartford Foundation in 1992 as an assistant program officer and most recently served as Chief Executive Officer for the Nevada Medical Center. She is best known for her leadership at the Donald W. Reynolds Foundation, starting as a Program Officer and rising to the position of Director for the Foundation's Health Care Programs, including critically important national work in its Aging and Quality of Life area. Ms. Snyder brings a wealth of experience and expertise to her new position, and fills a key role as we seek to advance and accelerate the changes we need to improve the care of older adults.

We would also like to recognize longtime Board of Trustees Chair Norman H. Volk, who stepped down in June 2015 after 36 years of service to the Foundation. Norman has been a mentor and inspiration to both of us, and we join with all of our colleagues in expressing our deep gratitude for his leadership and innumerable contributions to the field of aging and health. Please see a tribute to Norman on the next page.

We also gratefully acknowledge Corinne H. Rieder, EdD, who ably led the Foundation as Executive Director and then President. A strong and collaborative leader, she retired after 19 years of service to the Foundation. (Please see the tribute page to Cory in our 2014 Annual Report.)

We join with the entire John A. Hartford Foundation community in expressing our profound sense of loss at the passing of two former members of the Board of Trustees: James D. Farley and William B. Matteson. Each played an important role in building our impact and generously shared his wisdom, experience, and expertise to guide the Foundation. For more on both of these extraordinary leaders, please see the Dedication on the inside front cover of this report.

In closing, we would like to express our heartfelt thanks to the Board of Trustees, staff, and grantees of The John A. Hartford Foundation for their support through our time of transition and beyond. As the title of this annual report declares, The John A. Hartford Foundation has long been a catalyst for change, and no foundation is better positioned to address and embrace the change that comes with innovation—a hallmark of our country. We are constantly inspired by the work that is accomplished by those in our network who are so dedicated to improving care for older adults. Our deepest gratitude to all of you as we keep the pace and momentum that will ensure another great year in 2016.



MARGARET L. WOLFF  
*Chair of the Board*



TERRY FULMER, PHD, RN, FAAN  
*President*

## In Celebration of Norman Volk

NORMAN H. VOLK RETIRED from the Board of Trustees in 2015 after 36 years of passionate and dedicated service, including 13 years as Chair.

Mr. Volk served on or chaired every John A. Hartford Foundation Board committee and always played a pivotal role in formulating the Foundation's strategies. From 1979, when he joined the board, to 2015, the Foundation's grantmaking to improve the health of older adults had exceeded \$561 million.

"The board is deeply appreciative of Norman Volk's outstanding service, and I join my fellow board members in thanking Norman for his exceptional leadership," says Margaret L. Wolff, who succeeded Mr. Volk as Chair.



NORMAN H. VOLK

Norman Volk's wider contribution to the field of aging and health has been substantial. Since 2009, Mr. Volk has served as a member of the Advisory Council of Stanford University's Center on Longevity. He has been a member of the New York University College of Nursing Board of Advisors since its inception in 2005, where, with his wife, Alicia, he has endowed the annual Norman and Alicia Volk Lecture on Geriatric Nursing. He was a Trustee at his alma mater, Valparaiso University, and is a member of the National Council at its College of Nursing. In 2005, Mr. Volk became a member of the New York State Delegation at the White House Conference on Aging at the invitation of the Governor of New York and the New York State Office for the Aging.

"Norman Volk has made a tremendous personal contribution to The John A. Hartford Foundation and to the field of geriatrics," says Foundation President Terry Fulmer, PhD, RN, FAAN. "We are indebted to Norman for his dedication to improving the health of older people, and for the support, guidance, and friendship he has shown to so many of us."

Honors for Norman Volk include the Award of Distinction from the American Federation for Aging Research; the first Jonas Center Award for Advancing Nursing Leadership; the Friend of the College of Nursing Award from Marquette University; and the International Award from Sigma Theta Tau International, the Honor Society of Nursing. The New York Academy of Medicine honored him at their 2015 Healthy Cities, Healthy World gala. Norman Volk has been president of Chamberlain & Steward Associates, Ltd., an asset advisory firm, since 1985.

Norman Volk will always be treasured by The John A. Hartford Foundation staff and Trustees for his unwavering commitment and outstanding leadership that has helped to improve the care of older adults.



(Standing, left to right) Charles A. Dana, Lile R. Gibbons, John R. Mach, Jr., MD, Audrey A. McNiff, Christopher T. H. Pell, Barbara Paul Robinson, John H. Allen.  
(Seated, left to right) Elizabeth A. Palmer, Margaret L. Wolff, Earl A. Samson III (not in photograph: Charles M. Farkas).

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**A CATALYST FOR CHANGE: ADVANCING BETTER CARE FOR OLDER ADULTS**

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## New Leadership, New Vision: An Exciting New Era Begins

CHANGE IS AN INEVITABLE and exciting part of societal progress, whether it is in government, health care reform, or in organizations. The John A. Hartford Foundation is also in the midst of exciting change! In the spring of 2015, Terry Fulmer, PhD, RN, FAAN, became the Foundation's new President and Peggy Wolff the new Chair of the Board of Trustees. These talented leaders bring renewed energy and a sense of fresh possibility to the Foundation. For Dr. Fulmer, this role represents the pinnacle of her life's work (see page 12), the expression of her driving passion to improve care for older adults. It is a passion

shared by Ms. Wolff, who deeply understands and has an acute analytical perspective on the Foundation's history and current programs.



**Terry Fulmer, PhD, RN, FAAN**

President, The John A. Hartford Foundation

**Career Highlights**

- Nationally and internationally recognized as a leading expert in geriatrics whose research has focused on elder abuse and neglect
- Elected member of the National Academy of Medicine (formerly the Institute of Medicine) and American Academy of Nursing
- Past President of the Gerontological Society of America, former board member of the American Geriatrics Society
- University Distinguished Professor and Dean of the Bouvé College of Health Sciences at Northeastern University
- Erline Perkins McGriff Professor of Nursing, founding Dean of the New York University (NYU) College of Nursing, and co-director of the Foundation-supported Hartford Institute for Geriatric Nursing at New York University
- Faculty appointments at Boston College, Harvard Division on Aging, Columbia University, Yale University

Building upon the programmatic excellence and momentum for which the Foundation is internationally known, Dr. Fulmer has actively reached out to the extended John A. Hartford Foundation community of geriatric experts in order to listen to ideas and gain perspective on the Foundation's impact. She has met with a vast array of constituents across the country who are conducting truly inspiring work. These grantees have helped develop a better-prepared workforce through The John A. Hartford Foundation Centers of Excellence in Geriatric Medicine, Nursing, and Social Work. Other grantees have created data-driven care models. Together, these Foundation efforts are poised to dramatically improve care for the growing older adult population in this era of accountable care and finance reform. Throughout all these meetings, the resounding message is one of profound gratitude to The John A. Hartford Foundation for starting a movement and staying the course.

An internationally recognized scholar and leader in the field of aging, Dr. Fulmer has begun the first phase of her presidency by making several major national presentations on behalf of the Foundation. She has described her vision for the future and her aspirations for improving the care of older adults in the country. Earlier this year, she represented the Foundation at the White House Conference on Aging, including the invitational pre-conference meeting on elder justice, her own area of expertise. This outreach comes at a pivotal time. The Foundation can capitalize on its extensive body of work for the betterment of care delivery in the context of rapid changes in health care delivery and payment. Other trends present opportunities, as well. These include an emerging emphasis on meaningful engagement of older patients and families in their care, ensuring that their goals and preferences are foremost in clinical care planning, and linking medical care with social services and supports in the community.

In partnership with the Foundation's program officers, Dr. Fulmer and Ms. Wolff have initiated and revitalized conversations with key governmental agencies, peer foundations, and national organizations that share a commitment to aging programs. The Foundation also has a long history of developing leaders, and going forward the Foundation's development of new leaders and new partners will help the field define best practices, influence policy, and make real change. The John A. Hartford Foundation looks forward to spreading that change for the benefit of older adults and their families.

## Sharpening the Foundation’s Strategic Focus

The Foundation continues to analyze and refine its strategies for the future. After focusing efforts for three decades on building academic expertise in aging in the fields of medicine, nursing, and social work, the Foundation shifted its efforts “downstream” to more directly influence large-scale practice change that improves the care of older adults and their families.

The Foundation has identified three specific topics for its main programmatic work going forward: **family caregiving, end-of-life and serious illness care, and age-friendly hospitals/health systems**. A framework of five approaches will be utilized across the Foundation’s grant programs. These include:

Five Approaches to Grantmaking



### 1. Leadership in Action

Empowering emerging leaders and experts in the care of older adults to make change that improves the health of the older population.

### 2. Linking Education and Practice

Training current practitioners in today's best care of older adults while continuously enhancing curricula and education for the care of tomorrow’s older adults.

### 3. Models of Care

Making evidence-based models that deliver quality care with better outcomes at a lower cost.

### 4. Tools and Measures for Quality Care

Promoting quality measures, health information technology, and standards that support appropriate care for older people and their families.

### 5. Public Policy & Communications

Outreach, advocacy, and research that inform the development of effective health and aging policies.

A look at five current grants provides insight into how our strategic plan is working to advance better care for older adults.

## Practice Change Leaders for Aging and Health

\$2,250,000 – Three Years

### Approach

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- Builds **leadership** skills and knowledge to drive practice change
- Shares unique **competencies** needed to improve care for older adults
- Stresses evidence-based care **models**
- Delivers **measurable** improvements in the organization and delivery of health care for older adults
- Develops **communications** skills and focuses on topics of keen interest in practice and policy spheres



The Practice Change Leaders for Aging and Health program aims to provide a critically needed infusion into the health care delivery system of professionals with the requisite leadership skills and content expertise to drive practice improvement. Leveraging prior funding from The Atlantic Philanthropies, this renewal grant develops interprofessional leaders who can implement services that are both cost-effective and improve the health of older adults.

The program seeks to close the wide gaps that remain between evidence-based approaches, nationally recognized best practices, and how care is currently delivered for many conditions that disproportionately affect older adults. Each Practice Change Leaders cohort of 10 serves almost 700,000 older adults a year—36 percent of whom are low-income or vulnerable in other ways.

The leadership development program employs a small-group, interdisciplinary, problem-solving format with mentorship from senior leaders (national experts in practice change), skill-building seminars led by nationally known faculty, a curriculum that addresses the unique competencies for improving care for older adults, ongoing exposure to interdisciplinary collaboration, effective evidence-based models, and methods for facilitating local and national spread of their efforts.

The program is led by Eric Coleman, MD, MPH, University of Colorado, a MacArthur “genius” awardee and developer of the Care Transitions Intervention, a broadly replicated geriatric care model supported by The John A. Hartford Foundation. Nancy Whitelaw, PhD, a nationally recognized leader in the design and implementation of evidence-based health programs for older adults, serves as co-lead.



## Gerontological Social Work Supervisors Program

\$1,055,297 – Three Years

### Approach

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- Builds **leadership** capacity of social work supervisors
- Uses best practice **educational** concepts to equip social work supervisors with geriatric knowledge and skills they need to guide and teach front line social workers
- **scales** a successful pilot program
- Employs outcome **evaluations** to demonstrate effectiveness of program
- Spreads the program to additional chapters through targeted **communication** and technical assistance from NASW staff

This grant to the National Association of Social Workers (NASW) launches an advanced training program that equips social work supervisors with the geriatric knowledge and supervisory skills they need to help strengthen social work practice on the front lines of health care service delivery.

Social workers play an integral role in the care of older adults, working across service delivery systems to coordinate care, resolve difficult family situations, and advocate to ensure that elders receive necessary supports and benefits. However, most social workers have received no special training in geriatric care.

The John A. Hartford Foundation/National Association of Social Workers Gerontological Social Work Supervisors Program will train 160 master's level social work supervisors in four regions (New York, Maryland, Illinois, and Florida) to enhance their geriatric knowledge and supervisory skills so that more than 1,200 front line social workers will be better supported in improving and maintaining the health, safety, and independence of their older adult clients. The training is based on a successful pilot project in New York City that addresses the complex needs of older adults and the challenging situations that might arise, such as disputed end-of-life decisions, self-neglect and elder abuse, or severe physical and mental illness. The program will be embedded within NASW, the largest social work organization in the country, and will offer participants credits to meet continuing education requirements. Through tuition and fundraising toolkits, the program is expected to become sustainable and spread through additional NASW state chapters.



## Patient Priority Care (formerly Carealign)

\$3,889,741 – Three Years

### Approach

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- Empowers expert geriatrics **leaders** to innovate
- Requires **training** resources for providers to elicit meaningful patient outcome goals and care preferences and translate them into treatment options
- Implements and tests new **model of care**
- Establishes metrics for **evaluation**
- Builds in **communications** strategy with leading primary and specialty care organizations and experts

To accelerate the adoption of “patient goals-directed care” in practice settings, this grant supports a prototype to be tested within ProHealth, a large primary care group in Connecticut, that will translate patient goals into corresponding primary care and specialty provider treatment decisions. The grant to Yale University represents the second phase of an effort to implement and evaluate the feasibility and sustainability of this model called Patient Priority Care (formerly Carealign).

One in five Medicare beneficiaries experience “guideline-driven harm” as their different clinicians prescribe disease-specific medications that interact with each other in dangerous ways. This disease-focused approach often fails to meet the goals and preferences of older adults.

Patient Priority Care supports high-quality, patient-centered care of complex elders across primary and specialty care. Primary care providers (physicians and nurse practitioners) and cardiologists will implement patient goals-directed care for older adults with complex health needs. Health outcomes for this treatment group will be compared with those receiving usual care. Metrics will include progress toward the patient’s goal, health outcomes, and utilization, such as hospital admissions. The results will be used to develop a business case to disseminate the model.

The project is led by longtime grantee Mary Tinetti, MD, Gladys Phillips Professor of Medicine and Public Health, Chief of Geriatrics, Yale School of Medicine, and director of the Yale Hartford Center of Excellence in Geriatric Medicine, and co-led by Caroline Blaum, MD, MS, Diane and Arthur Belfer Professor of Geriatrics, director, Division of Geriatrics and Palliative Care, New York University Langone Medical Center. They developed the model with a broad group of stakeholders under an 18-month planning grant from The John A. Hartford Foundation, in partnership with the federally established Patient-Centered Outcomes Research Institute (PCORI) and the Robert Wood Johnson Foundation.



## Geriatric Surgery Verification and Quality Improvement Program

\$2,969,605 – Four Years

### Approach

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- Draws on JAHF-supported **leaders** in geriatric surgery
- Provides **training** and **educational** tools for patients and providers
- Spreads best practices from evidence-based **models**
- Develops quality **measures** and verification
- Establishes regular updates for CMS officials and extensive **information** campaign to spread program



The John A. Hartford Foundation has partnered with the American College of Surgeons (ACS) to create standards, measures, and a verification and quality improvement program that will allow all hospitals—regardless of size, location, or population served—to improve the quality of care they provide to older adults undergoing surgery.

The grant addresses a significant issue in the care of adults over age 65, who represent 15 percent of the United States population, but account for 37 percent of the more than 51 million surgical procedures performed each year. There is clear evidence that older adults remain at far greater risk for surgical complications and death than younger patients. Reducing age-associated conditions that are largely preventable—but common after surgery (such as delirium and falls)—would save an estimated \$16 billion annually.

The grant initiative has convened a broad set of interprofessional, consumer, and industry stakeholders to form the Coalition for Quality in Geriatric Surgery. The coalition will ensure that the standards and verification program are generalizable and scalable to the 4,000 hospitals across the country delivering surgical care. The Coalition for Quality in Geriatric Surgery is building on The John A. Hartford Foundation-funded, evidence-based guidelines and the American College of Surgeon’s well-established infrastructure for quality improvement, such as its designation program for trauma centers.

Longtime Foundation grantees Clifford Ko, MD, clinical director of the Division of Research and Optimal Patient Care at the College and professor of surgery at the University of California, Los Angeles and Ronnie Rosenthal, MD, chair of the College’s Geriatric Surgery Task Force, professor of surgery at Yale University, and Chief of Surgery at the Veteran’s Administration Connecticut Healthcare System, are leading the Development Committee for the program.

## Eldercare Workforce Alliance

\$500,000 – Two Years

### Approach

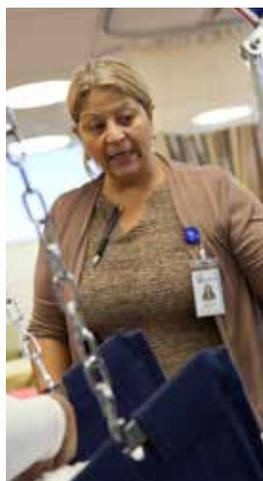
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- Supporting **leadership** in workforce advocacy
- Creating **educational** resources for advocates
- Promoting **models of care** proven to improve outcomes for older adults
- Advancing workforce inclusion within quality **measures**
- Using full array of **communications** (news media, briefings, social media, video, etc.) to promote policy

This renewal grant is helping to advance changes in health care delivery through advocacy for policies that support a better-prepared workforce to care for the nation’s aging population. By 2050, the number of people over age 65 is projected to double, while the number over age 85 will triple. A coordinated team of health and social services professionals and caregivers with aging expertise will be required to help older adults maintain independence and live with dignity, as they desire and deserve.

With co-funding from The John A. Hartford Foundation and The Atlantic Philanthropies, the Eldercare Workforce Alliance was launched in 2009 to advocate for implementation of recommendations from the landmark 2008 Institute of Medicine report, *Retooling for an Aging America*. The report called for increased competence among all health care professionals, more geriatrics specialists across disciplines, and the use of evidence-based models that utilize the workforce effectively to care for older adults.

The Eldercare Workforce Alliance comprises 31 organizations—representing consumers and family caregivers, health care professionals, direct care workers, and the health care industry. It has become an effective and respected advocacy coalition, forging meaningful relationships with policymakers, administration and agency staff, and other health care leaders. It has developed a reputation for unity, honesty, and sound analysis in Washington. The current grant is through the Alliance’s fiscal intermediary, the Tides Center.

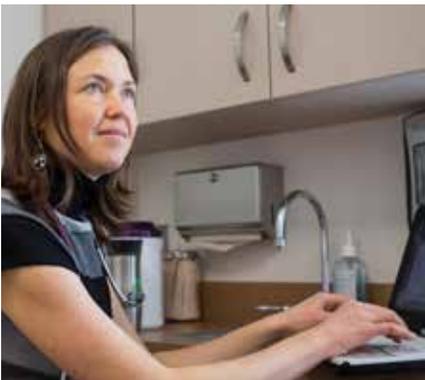


## Accelerating Good Ideas

Clearly, even these few selected grants from 2015 show that certain themes are emerging across The John A. Hartford Foundation's funding portfolios. These themes include: accelerating the testing and implementation of evidence-based models; empowering Foundation-supported leaders in aging to innovate new solutions and spread others; equipping a new generation of leaders with the skills and knowledge they need to make large-scale practice and policy change; working to improve delivery of care throughout the entire health care system; and being flexible and agile to respond to the rapidly changing economic and political landscape.



"I've had the privilege and experience to be closely connected to The John A. Hartford Foundation for many years, and at each point, I've seen the acceleration of good ideas through the work of the Foundation," Dr. Fulmer says. "My opportunity as president is to build on its well-deserved reputation as the premier foundation leading change in aging and health by accelerating our current strategies and innovating forward with the same excellence and quality that is the signature of The John A. Hartford Foundation."



On the following pages, we will take an in-depth look at a program that exemplifies the Foundation's willingness to move boldly in new directions that hold the promise to improve care of older adults. The Corporation for National and Community Service's Social Innovation Fund program called on the Foundation to play a role it never had before: an intermediary between the federal government and private funders, becoming a grant recipient as well as a grantmaker. As a result, the Foundation's investment of \$3 million, when pooled with federal and private matching funds, turned into almost \$12 million that has successfully spread an evidence-based, primary care-centered model of depression treatment to regions in the rural Northwest that desperately need it.



(Left) Partnership Health Center, Missoula, Montana with doctor, patient and Behavioral Health specialist.

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**SOCIAL INNOVATION FUND INITIATIVE**

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## The John A. Hartford Foundation and the Social Innovation Fund: Making Their Best Contribution

THE WAY TO ACCOMPLISH “THE GREATEST GOOD,” as John A. Hartford saw it, is to strategically target a specific area on which to focus philanthropic efforts. He wrote: “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.”

From the 1930s through the 1960s, before the rise of the National Institutes of Health (NIH), the Foundation made its best contribution as the nation’s largest funder of biomedical research. It funded such groundbreaking work as kidney transplants and dialysis, cardiac care and the development of the artificial heart, burns and microsurgery, and cryogenic techniques.

As the burgeoning NIH grew to dominate the field of medical research in the 1970s, the Foundation re-focused its efforts specifically on aging and health, anticipating in the early 1980s the profound demographic shift to an aging population that has occurred over the intervening decades.



Today, someone turns 65 every 8 seconds. While the country's health care system has been developed to perform life-saving and critically needed interventions and procedures, such as stents, transplants, radiation, and chemotherapy, it is often not well matched with the wants and needs of older adults, particularly those who require help with their personal care and daily activities.

For three decades, the Foundation focused its grantmaking on championing geriatrics research, education, and the development and dissemination of evidence-based, cost-effective models of care. As the NIH and its National Institute on Aging (NIA) stepped up to become the major players in funding for aging and health, infusing far more money into the field than any private funder possibly could, the Foundation's Trustees and staff saw the opportunity to increasingly collaborate with the federal government and wisely leverage its investments as it had long done with philanthropic and nonprofit partners.

By 2014, 69 percent of the Foundation's leveraged funding came from government agencies, including NIH, NIA, the U.S. Department of Veterans Affairs, the Administration for Community Living, and the Centers for Medicare and Medicaid Services, among others.

While continuing its commitment to improving care of older adults, the Foundation recently shifted its focus from academic capacity-building to practice and policy change, exploring creative new ways to collaborate with public and private partners to expand or accelerate innovative interventions and models of care. In 2012, the creation of a new federal program called the Social Innovation Fund led to the Foundation submitting—and winning—its first-ever grant application.

At its core, the Social Innovation Fund program's goal is simple: Find what works, and make it work for more people. Created in 2009 by the Edward M. Kennedy Serve America Act, the Social Innovation Fund program seeks to pool scarce public and private

financial resources to find and grow innovative and effective evidence-based solutions to local and national challenges in three priority areas: economic opportunity, healthy futures, and youth development.

The Social Innovation Fund grant awarded to The John A. Hartford Foundation was the program's first specifically focused on challenges related to mental health. The Foundation invested \$3 million over three years, to be matched by \$3 million in federal funds. The purpose was to spread the evidence-based IMPACT collaborative care model of depression treatment—which was developed and tested with support from the Foundation—in the rural Northwest.

The Foundation has played a strategic intermediary role, re-granting the pooled funds to eight federally qualified health centers (FQHCs) who, in turn, are required to commit matching funds and obtain additional matching support from a local funder. The Foundation's \$3 million investment has turned into almost \$12 million with the contributions from the federal government, sub-grantees, and local funders.

That funding is supporting the spread of a cost-effective, evidence-based mental health intervention that dramatically improves the lives of older adults. It is a powerful example of the role The John A. Hartford Foundation has played for decades as a catalyst for innovation and implementation of models that deliver better care for older adults.

The Social Innovation Fund grant has made it possible to bring this model of care to sparsely populated areas where mental health resources are few and far between, areas where breathtaking natural beauty can obscure severe socio-economic challenges including poverty, homelessness, and substance abuse. As a result, thousands of people have benefitted from access to the proven depression treatment the IMPACT program offers.

## Collaborative Care: The Gold Standard in Depression Treatment

DEPRESSION IS ONE OF THE MOST COMMON DISABLING and debilitating health conditions in the United States and internationally. It often co-occurs with chronic medical diseases, especially among older adults, and is associated with increased health care utilization and impaired functioning—almost half of those with severe depressive symptoms reported serious difficulties in work, home, and social activities. People living below the federal poverty level are more than twice as likely to have depression, according to the National Center for Health Statistics.

The notion of bringing mental health treatment into primary care settings was considered revolutionary when The John A. Hartford Foundation made its first grant to support the IMPACT (Improving Mood – Promoting Access to Collaborative Treatment for Late-Life Depression) collaborative care model in 1999. That grant provided funding for the clinical trial that established IMPACT as a cost-

effective, evidence-based model, and launched the program on its course to what it is today—the gold standard in depression treatment.

Pioneered by Jürgen Unützer, MD, MPH, then an early-career psychiatrist at UCLA, IMPACT uses a patient-centered, team approach based in primary care offices, where older adults in particular are most likely to be diagnosed with depression. A staff member (nurse, clinical psychologist, or social worker) is trained to be a depression care manager who becomes the primary contact for the patient, offering education about depression and its treatment, supporting use of medication, and providing brief counseling. A consulting psychiatrist assigned to the practice advises the depression care manager and primary care physician on treatment plans and meets directly with patients, if needed. Follow-up is supported by a rigorous tracking and reminder system.



(Above) Depression Care Manager Marcia Honigsztejn, LCSW, of the Woodhull Medical Center, Brooklyn, NY, with a patient (right) referred to her by her primary care doctor after the death of her mother.





Dr. Jürgen Unützer leads a training session on implementing the IMPACT model for the Los Angeles County Department of Mental Health.

Today, the IMPACT collaborative care model has been adopted by thousands of health care practices, health plans, social service organizations, and other provider organizations. Dr. Unützer is director of the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington in Seattle, where he is also Chair of the Department of Psychiatry and Behavioral Sciences. The AIMS Center, launched with a \$2.4 million John A. Hartford Foundation grant in 2004, has provided tools, training, coaching, and consultation to thousands of clinics across the United States and around the world.

When the Social Innovation Fund opportunity arose in 2012, The John A. Hartford Foundation again partnered with Dr. Unützer and the AIMS Center to disseminate the integrated collaborative care model across the rural Northwest. The federal Corporation for National and Community Service's selection of the Foundation's grant application reflected its confidence in the track record of both the Foundation and the AIMS Center in successfully implementing innovative, evidence-based programs.

It also was a testimonial to the effectiveness of the collaborative care model.



Carol Saur, RN, MSN, CS, (right), a depression clinical specialist at Duke University, discusses treatment with IMPACT team members.

## Making an IMPACT on Depression Treatment for 16 Years:

### ► 1999-2004

The John A. Hartford Foundation provides \$8 million for clinical trial to test IMPACT model. Co-funding totaling \$3 million provided by the California Health Care Foundation, the Hogg Foundation for Mental Health, and the Robert Wood Johnson Foundation. In the largest randomized controlled trial in depression treatment to date, IMPACT demonstrates that it is **twice as effective as usual treatment** for older adults and reduces total health care costs.

### ► 2004

JAHF approves a \$2.4 million grant to create what becomes the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington in Seattle.

### ► 2012

The AIMS Center becomes self-sustaining.

The federal Corporation for National and Community Service selects JAHF and its partner, the AIMS Center, for a Social Innovation Fund (SIF) award to expand the IMPACT model into low-income, rural areas in the Pacific Northwest. JAHF is one of just four awardees for the year in the highly competitive SIF application process. Total funding from JAHF, the federal government, sub-grantees, and local funders: almost \$12 million.

A meta-analysis of 79 randomized controlled trials including 24,308 patients worldwide found that the collaborative care model pioneered by IMPACT demonstrated significantly greater improvement in depression and anxiety outcomes for adults with those conditions. It also found evidence of improved outcomes in medication use, mental health quality of life, and patient satisfaction.

### ► 2013-2017

JAHF selects eight federally qualified health centers (FQHCs) in Washington, Wyoming, Alaska, and Montana to implement IMPACT, with technical assistance from the AIMS Center, bringing proven depression treatment to a vulnerable population that desperately needs it.

## Social Innovation Fund: A Public-Private Partnership to Scale What Works

(Below) Diane Powers and Mindy A. Vredevoogd of the AIMS Center attend the Social Innovation Fund Grantee Convening Conference in September 2015 in Washington DC.



THANKS TO THE BESTSELLING BOOK by Michael Lewis and the hit movie starring Brad Pitt, *Moneyball* entered the popular lexicon to describe an innovative management approach that prizes data over instinct to gain maximum value from limited resources.

The book and movie may have chronicled how the approach worked for the small-market, low-budget Oakland Athletics baseball team, but the term also aptly describes the philosophy behind the Social Innovation Fund (SIF). Relying on public-private partnerships, the SIF program smartly leverages federal grants of \$1 million to \$10 million by awarding the funds to experienced grantmaking intermediaries—such as The John A. Hartford Foundation—that have proven they can select, validate, and grow evidence-based programs. The IMPACT award falls under SIF’s Healthy Futures focus area, and is a good example of the federal government’s intent to pool public and private funds to evaluate and scale evidence-based solutions in low-income communities.

For all of their natural beauty, the Northwestern states of Alaska, Montana, Washington, and Wyoming confront significant challenges that include poverty, unemployment, substance abuse, and the absence of vibrant social support systems. According to the National Institute on Aging, social isolation constitutes a major risk factor for morbidity and mortality, especially in older adults. And loneliness is a unique risk factor for depression.

Although primary care settings are where people are most likely to be diagnosed and treated for depression, their track record in providing mental health care is discouraging: just 20 percent of patients treated for depression in primary care have significantly improved a year later.

With substantial evidence that IMPACT is at least twice as effective in treating depression as usual care (see page 23), the collaborative care model is exactly the kind of proven solution that the Social Innovation Fund program was created to support.

Nobody gets into the game without first investing money. So in addition to the \$3 million each that The John A. Hartford Foundation and the federal government provided, the eight regional clinics selected through the open competition process (see page 31) had to contribute funding, as well. The participating clinics had to bring to the table an additional dollar-for-dollar match from other sources, such as local or national funders. The John A. Hartford Foundation used its extensive knowledge and experience in philanthropy to lead outreach on behalf of the clinics to outside funders to obtain the required matching funds (see page 33).

Technical assistance for sub-grantees is a critical part of each grant, and rigorous evaluations are required to not only document and assess results, but to increase the evaluation capacity of participating nonprofit organizations and build the evidence base for other interested communities and organizations.

The AIMS Center, a longtime Foundation grantee and partner in the SIF initiative, is providing the required technical assistance throughout the grant, working closely with sub-grantees on all aspects of program implementation, including training and coaching, and helping them develop a plan for long-term sustainability after the grant ends.

The AIMS Center is also leading the required evaluation, which seeks to identify whether implementation in the SIF-participating clinics will result in depression improvements that are similar to benchmarks established in earlier studies. It also examines variations in the quality and effectiveness of implementation across these unique rural settings and explores the effect of program implementation on patients' use of health care services and other economic effects, such as workforce engagement.

## Strong Results

The results at clinics participating in The John A. Hartford Foundation's Social Innovation Fund grant initiative have generally mirrored the IMPACT model's strong performance in previous clinical trials:

- ▶ **Problem:** Across the eight clinics, 60 percent of patients in the IMPACT program had moderately severe or severe depression symptoms as measured by the PHQ-9—the nine-item depression scale of the Patient Health Questionnaire—when they started.
- ▶ **Outcome:** Clinically significant improvement is defined as a reduction in symptoms of 50 percent or greater after at least 10 weeks in treatment. On average, 46 percent of patients across the eight clinics in the SIF initiative experienced clinically significant improvement. That is more than double the 20 percent improvement rate achieved in usual primary care.
- ▶ At the completion of treatment, patients saw an average reduction in their scores of 66 percent.
- ▶ The eight clinics have served a combined total of 3,225 patients who received 21,496 "patient contacts," which includes both in-person and phone contacts. That is an average of 6.7 contacts per patient, which is within the typical range for a collaborative care program.

Providers, partners, and guests attend the AIMS Center/ The John A. Hartford Foundation training session and Seattle site visit in September 2015.



Sophie Shepherd, Kodiak, AK

## Getting the Help She Needs, After a Lifetime of Helping Others

GROWING UP IN THE SMALL FISHING VILLAGE of Karluk, Alaska, Sophie Shepherd learned at an early age to treasure the traditions, values, and culture of the Alutiiq people. Respect for your elders and a willingness to lend a helping hand were the two cornerstones of the close-knit community, which then numbered around 100 people.

“On nice days, when Shelikof Strait was calm, the men would be out, halibut fishing, cod fishing,” recalls Mrs. Shepherd, now 88 years old and living in the village of Kodiak on the other side of Kodiak Island. “We ate everything fresh. When they’d bring home the fish they caught, the families would get together and divide up what they got. They were always helping one another.

“If there was somebody that was sick in the village, there was always somebody there to help them. If somebody had work to do, there was always somebody else there to help them,” she says.

“Life was simple. But we never knew it was hard.”

Mrs. Shepherd carried those values through life, as she raised 12 children and worked as a cook in a cannery, hospital, and jailhouse. A pillar of the Alutiiq community, she teaches her native language to others and serves as a valued resource to the Alutiiq Museum. She has become an elder, like those she listened to as a child, and enjoys spending time with her close friend Katherine and 94-year-old cousin Clyda, speaking their shared native language and reminiscing about the old days. She also loves spending time with her children and grandchildren.

Along with the joys of family, friends, and helping others, Mrs. Shepherd has endured more tragedy than any person should. Two of her six brothers drowned in Larsen Bay when she was young. Her first husband fell off a boat and was presumed drowned between Kodiak and Anchorage on his way to being inducted into the U.S. Army, leaving Sophie and their first daughter alone. Her second husband died from cancer, and her third husband died from heart failure. “They all left me,” she says, wistfully.

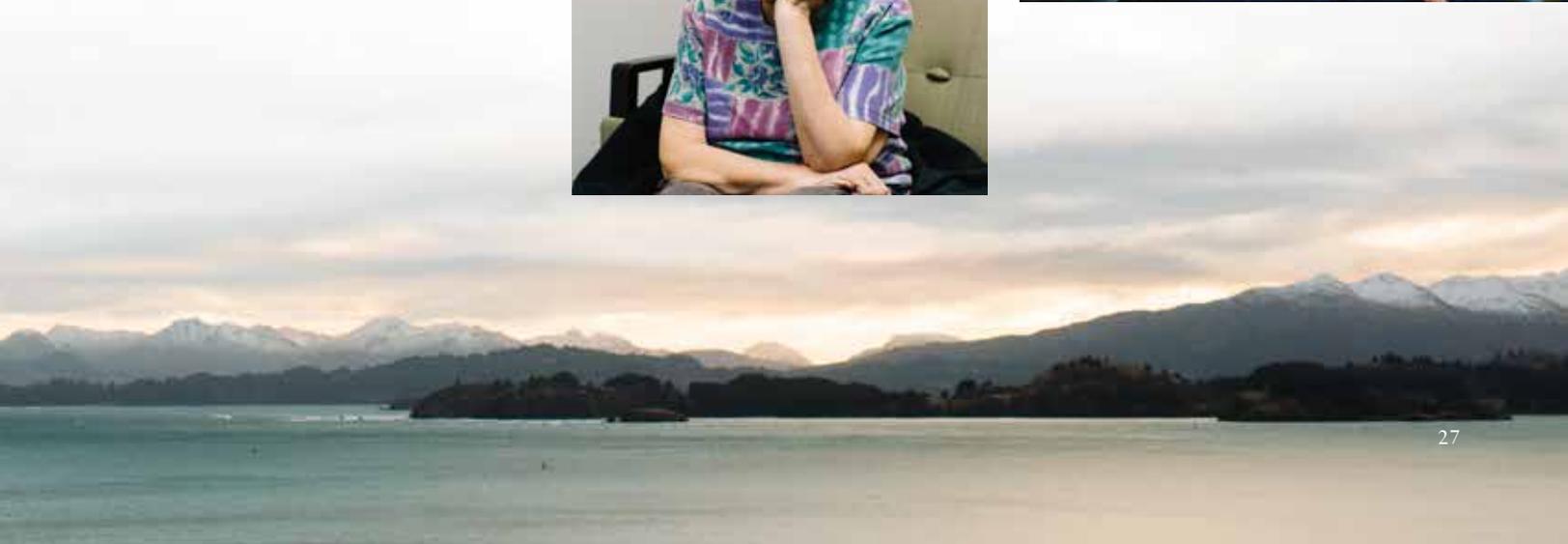


(Above and right) Sophie Shepherd at the KANA Clinic with therapist Meara Baldwin, LCSW, a care manager in the IMPACT depression treatment program.



“ I got to where  
I couldn't cry  
anymore.  
I just couldn't,  
I felt numb.”

Sophie Shepherd,  
Patient, KANA Clinic



In one heartbreaking span, she lost her son and son-in-law in a plane crash; two days later, another one of her brothers drowned; and a month-and-a-half after that, she buried a daughter. More recently, her mother died at age 98, and less than two months later, her “one and only sister” died. As she has dealt with all of that loss, she has fought through three bouts of cancer and recurring back problems.



By the end of 2014, the accumulation of tragedy and illness took a tremendous toll. “I got to where I couldn’t cry anymore. I just couldn’t,” Shepherd says. “I felt numb.”

Her doctor at the Kodiak Area Native Association (KANA) clinic suggested that she talk with a therapist, Meara Baldwin, LCSW, a Care Manager in the IMPACT depression treatment program supported by The John A. Hartford Foundation through the Social Innovation Fund.



When Mrs. Shepherd started the IMPACT collaborative care program in January 2015, her depression screening score was within the range for severe depression symptoms. Following her completion of the program, which included a three-month relapse prevention component over the summer, her depression score was reduced by two-thirds to the low end of mild depression symptoms.

She has once again discovered the simple joys in life—talking with her longtime friends, visiting with family, and sharing her Alutiiq traditions. Her success is pretty typical of the patients who have gone through the program in Kodiak, Ms. Baldwin says.

“Talking to you always lifts my spirits,” Mrs. Shepherd tells Baldwin during a visit to KANA. “I like to talk about old times.”

She warms to the topic the way a small lamp once warmed her bedroom growing up.



“My grandmother lived with my mom and dad, and I was with her most of the time. We had our own little bedroom. In those days, the homes weren’t very well insulated and they were very cold. My grandma used to let me light a kerosene lamp in the little bedroom, cover the window with a blanket, and shut the door so the lamp could warm up our room, which it did. But sometimes when it was really cold, we had to use some of her coats for blankets. She would tell me bedtime stories in Alutiiq. That’s how I learned the language.

“We lived a simple life, a good life.”

And thanks to the IMPACT program, she still does.



## Valley View Health Center, Chehalis, WA

# Demonstrating How Well Collaborative Care Works in a Rural State

(Below) Packwood Lake, Washington



AFTER LEAVING A POSITION PROVIDING mental health counseling services at a university, Tre Normoyle, PhD, headed west to pursue a new career path, one that would allow her to work as part of an integrated health care team in a primary care setting. She found what she was looking for at Valley View Health Center in Chehalis, WA.

She quickly discovered two things: “There was very much a lack of mental health services in this community. I also saw how much the medical team needed support.”

Valley View’s service area encompasses a sprawling 3,600 miles, and includes two of the poorest counties in the state of Washington: Lewis and Pacific counties. State budget cuts to mental health services exacerbated problems with depression, homelessness, and substance abuse, and people with untreated mental health problems

were increasingly showing up in the criminal justice system or local emergency rooms (see page 32).

Dr. Normoyle was the only behavioral health specialist on staff when she started working at the Valley View Health Center in 2009. The department has since grown to 14 staffers, and Dr. Normoyle gives much of the credit to The John A. Hartford Foundation’s decision to select Valley View as one of eight rural sites to participate in the Social Innovation Fund program.

“The recognition of getting the Social Innovation Fund grant helped us to have a little more credibility,” Dr. Normoyle says. “This grant really helped, and we just continue to grow.”

Valley View’s program and clinical outcomes are representative of the eight participating clinics.



(Clockwise from above left) Brendan Boyd, ARPN, consults with other members of the IMPACT team. Tyler Stewart, LMHC, serves as clinical lead for Valley View Health Center’s SIF program; Tre Normoyle, PhD, meets with a patient.

By December 2015, Valley View's IMPACT program had served 359 people over two years. After just 10 weeks, half of the patients experienced a 50 percent or greater reduction in symptoms.

That's impact!

"One of the things we learned was that we needed to bring services to the people we serve, rather than just offer them in our Chehalis center," Dr. Normoyle says. As a result, the program is offered at the center's satellite clinics in Toledo and Onalaska, in addition to Chehalis.

Valley View also started weekly relapse prevention groups to bring together people who went through the IMPACT program and help them connect to the community and maintain their reduction in symptoms. "We definitely realize that isolation is a big deal," Dr. Normoyle says.

Perhaps most significantly, the success of the program has led Valley View to commit to sustaining the collaborative care approach once the Social Innovation Fund grant ends. The center's medical, behavioral health, and dental clinics are all linked so that someone treated for one problem can be immediately referred to help for another.

"It's so interwoven in everything we do," Dr. Normoyle says. "I work very closely with the other two clinical directors. It's about treating the whole patient and having that open communication. All of the support we've had from The John A. Hartford Foundation, all of the support and training we've had from the AIMS Center, has really helped us to demonstrate how a collaborative care program can work well, and how it can work well in such a rural state."



(From left) Brendan Boyd, ARPN, and Tre Normoyle, PhD, conduct patient counseling at Valley View Health Center in Chehalis, WA.

## The John A. Hartford Foundation Social Innovation Fund Team

In addition to Valley View Health Center, these organizations are receiving grants through The John A. Hartford Foundation's Social Innovation Fund award:

**The Community Health Center of Central Wyoming** in Casper, Wyoming, the oldest and largest federally qualified health center (FQHC) in the state. In 2012, Wyoming had the nation's highest suicide rate, and the entire state is considered a mental health professional shortage area. Award amount: \$468,943

**Mat-Su Health Services** of Wasilla, Alaska. Mat-Su opened its doors in 1977 and became a Community Health Center in 2005. Award amount: \$352,626

**Partnership Health Center** in Missoula, Montana. PHC has provided health care services to the medically underserved for more than 21 years. Award amount: \$734,192

**Peninsula Community Health Services** in Bremerton, Washington, which has used an integrated care approach to mental health in primary care since 2002. Award amount: \$507,527

**Bighorn Valley Health Center** in Hardin, Montana is a FQHC located in southeastern Montana. It serves a diverse population of 13,000 spread over an area of nearly 5,000 square miles, encompassing most of the Crow Indian Reservation and part of the Northern Cheyenne Indian Reservation. Award amount: \$329,876

**Butte Community Health Center** in Butte, Montana, also a FQHC, has provided primary care services to southwest Montana for more than 28 years. It serves nearly one-third of the population of southwest Montana, with more than 17,000 patients cared for annually. Award amount: \$301,113

**Kodiak Area Native Association (KANA)** in Kodiak, Alaska was formed in 1966 as a 501(c)(3) nonprofit corporation, to provide health and social services for Alaska Natives in the City of Kodiak and six remote Alaska Native villages (Akhiook, Karluk, Larsen Bay, Old Harbor, Ouzinkie and Port Lions), serving 10 federally recognized Tribes of Kodiak Island. Award amount: \$579,861

## The Lewis County, WA, Board of County Commissioners Finding a Better Way to Improve Mental Health Services

(Below) Cathedral Falls,  
Washington



WHEN STATE BUDGET CUTS SLASHED MENTAL HEALTH funding at Western State Hospital in Lakewood, WA, several years ago, Lewis County found that residents in need of counseling and medications started showing up in the county jail in increasing numbers.

If people were not eligible for Medicare or Medicaid, or did not have private insurance covering mental health, the only way people could get the treatment they needed was if they were incarcerated, says Lewis County Commissioner Bill Schulte.

“We were having significant repeat users of the jail who should not have been there,” Mr. Schulte recalls. “Their issues weren’t criminal. They had mental health issues and they were acting out and we had no other way to address their treatment. We were paying an exorbitant amount of county tax dollars to provide mental health treatment. We came to the conclusion there had to be a better way.”

“It’s actual, qualitative feedback that says to me, in a nutshell, you’re spending this money wisely. It makes me a lot more comfortable putting tax dollars into it when we’re getting reports back from a third party that says here’s how effective your program is.”

Bill Schulte, Commissioner,  
Lewis County, WA



(Above) Dr. Jürgen Unützer leads an AIMS Center site visit with (Right, left to right): Tre Normoyle, PhD, Steve Clark, Executive Director of Valley View Health Center, and Bill Schulte, Commissioner, Lewis County, WA.



There was: The Social Innovation Fund and the IMPACT collaborative care model.

Over three years, Lewis County has invested about \$569,000 in matching funds to support the Valley View Health Center's participation in The John A. Hartford Foundation's SIF initiative. And it has made a significant difference, according to Schulte.

"What we've seen overall is the time spent behind bars for this group of people has dropped dramatically," he says.

Although finding a solution to the problem in the county jail was an important factor in approving funding for the SIF initiative, Schulte says the partnership with Valley View, The John A. Hartford Foundation, and SIF has far more wide-ranging benefits, especially for older adults who are at risk for depression.

The county has limited resources, Mr. Schulte says, which means it has a "very, very limited impact on behavioral health, depression, and other mental health issues if we don't partner with people who have day-to-day interactions" with those who need help.

"Valley View provides just a superb service for Lewis County," he says.

Mr. Schulte, a retired United States Coast Guard Commander, says he especially appreciates the training, evaluation, and accountability that the University of Washington's AIMS Center provides as part of the award.



## **Our Social Innovation Fund Funding Partners**

Below are the local and regional funding partners who have helped spread the evidence-based collaborative care model to the rural Northwest.

### **Alaska**

Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust. The perpetual trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program.

Mat-Su Health Foundation offers financial and strategic support to well-managed 501(c)(3) organizations that deliver services and practical solutions to significant health-related problems impacting the citizens of the Mat-Su Borough.

Rasmuson Foundation is a private foundation that works as a catalyst to promote a better life for Alaskans by supporting Alaskan non-profit organizations in the pursuit of their goals, with particular emphasis on organizations that demonstrate strong leadership, clarity of purpose, and cautious use of resources.

### **Montana**

The Leona M. and Harry B. Helmsley Charitable Trust aspires to improve lives by supporting exceptional nonprofits and other mission-aligned organizations in the U.S. and around the world in health, selected place-based initiatives, and education and human services. The Rural Healthcare program seeks to improve access to and quality of care in the Upper Midwest.

### **Washington, Montana, and Wyoming**

Margaret A. Cargill Foundation supports community-level initiatives, within its defined program areas, that help people, animals, and the environments in which they live. Aging Services is one of its seven program areas.

As described in this section, the Lewis County Board of County Commissioners provides funding support in Washington.

### **Wyoming**

Kinskey Family Foundation is an independent foundation established in 1979 in Casper, Wyoming. Its primary focus is on improving early childhood development and preventing learning disabilities.

## Conclusion

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### ADVANCING AND ACCELERATING THE CHANGE WE NEED

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Today, someone turns 65 every 8 seconds.

AFTER MORE THAN THREE DECADES of working to improve the care of older adults, The John A. Hartford Foundation has a good idea of what works, and what does not. Health, behavioral health, and social service providers with aging expertise can and do make a real difference across health care

settings and in the community. A coordinated team approach improves delivery of care. The best care is focused on the goals of older adults and their families.

The current health care environment is extraordinarily dynamic and requires a considerable degree of agility and creativity to advance and expand proven innovations so they “do the greatest good for the greatest number,” as John A. Hartford directed the Foundation that bears his name.

The Foundation’s partnership with the Corporation for National and Community Service on the Social Innovation Fund project in the rural Northwest is just one example of continuing openness to new opportunities to “do the greatest good” by spreading change to people who live in underserved regions.

As challenging as the current health care landscape can be, those opportunities abound. At a time when one person in the United States turns 65 every 8 seconds, the climate has never been more conducive to ensuring that the needs of our aging population are addressed.

Certainly, there are many areas in which we can and should do far better: increasing access to palliative care and advance care planning, ridding our society of the scourge of elder abuse and neglect, empowering and supporting family caregivers, and improving care of older adults in hospitals and emergency rooms, to name just a few.

For more than 30 years, The John A. Hartford Foundation has been a catalyst for change. Success over the next 30 years depends on building coherent and measurable programmatic excellence, maintaining momentum, and staying alert to exciting and even unexpected openings.

The Foundation has begun to explore new ideas to advance and expand its efforts on behalf of older adults, such as regional and cross-institutional collaborations and projects, new partnerships with federal and state governments, and engagement with other private funders and personal philanthropy.

Beyond this collaborative work and the hopeful grant initiatives described in this report, there is much work to do. There is also enormous opportunity to lead the kind of change needed to improve care of older adults. The John A. Hartford Foundation looks ahead with equal parts optimism and excitement, ready to engage and lead where appropriate in the essential work that will shape the future.



## 2015 Aging and Health Grants

In 2015, The John A. Hartford Foundation awarded 20 new grants under its Aging and Health program representing over \$25 million in new commitments. Authorizations for new programs or large renewal grants are described here. The Foundation made \$20.8 million in payments to existing grants in 2015. A Summary of Active Grants can be found on page 39.

### First Quarter 2015

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#### **University of Colorado**

Denver, CO  
*Practice Change Leaders for Aging and Health*  
Eric A. Coleman, MD, MPH  
\$2,250,000, Three Years

#### **Harvard University**

Cambridge, MA  
*Understanding Health IT-enabled Performance Improvement for Older Americans*  
Ashish K. Jha, MD, MPH  
\$779,154, Two Years

#### **Hebrew Rehabilitation Center For Aged Research and Training Institute**

Boston, MA  
*Hospital Elder Life Program (HELP): Taking to Scale*  
Sharon K. Inouye, MD, MPH  
\$583,033, Two Years

#### **Indiana University**

Indianapolis, IN  
*Optimizing Patient Transfers, Impacting Medical Quality, & Improving Symptoms: Transforming Institutional Care (OPTIMISTIC) Resource Center Planning Grant*  
Kathleen Unroe, MD, MHA  
\$621,697, Eighteen Months

#### **Tides Center**

San Francisco, CA  
*Eldercare Workforce Alliance Renewal*  
Amy York  
\$500,000, Two Years

### Second Quarter 2015

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#### **Yale University**

New Haven, CT  
*Carealign: Patient Goals Directed-Care for Older Adults with Multiple Chronic Conditions Achieved through Primary and Specialty Care*  
Mary E. Tinetti, MD  
\$3,889,741, Three Years

#### **American College of Surgeons**

Chicago, IL  
*Geriatric Surgery Verification and Quality Improvement Program*  
Clifford Y. Ko, MD, MS, MSHS  
\$2,969,605, Four Years

#### **George Washington University**

Washington, DC  
*National Health Policy Forum: Advancing Aging and Health Policy Understanding Renewal*  
Judith Miller Jones  
\$1,300,000, Three Years

#### **American Geriatrics Society, Inc.**

New York, NY  
*Geriatric Orthopedic Hip Fracture Co-Management Intervention*  
Richard W. Besdine, MD  
\$399,512, One Year

#### **National Council of the YMCA of the USA**

Chicago, IL  
*Preventing Diabetes among Older Adults*  
Heather Hodge, MEd  
\$860,500, Two Years

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**Third Quarter 2015**

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**Community Catalyst, Inc.**

Boston, MA

*Voices for Better Health: Geriatrics  
Provider Collaboration Renewal*

Renée Markus Hodin

\$1,525,757, 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 Briefer French

\$1,240,504, Two Years

**Grantmakers in Aging**

Arlington, VA

*Reframing the Public Conversation  
about Aging: Phase II*

John Feather, PhD

\$515,650, Three Years

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**Fourth Quarter 2015**

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**American Geriatrics Society, Inc.**

New York, NY

*Developing a National Collaboration  
to Improve Emergency Department  
Care of Older Adults*

Kevin Biese, MD

\$1,488,512, Two Years

**New York University**

New York, NY

*Nurses Improving Care for  
Healthsystem Elders  
in Long-Term Care (NICHE-LTC)*

Eileen Sullivan-Marx, PhD, RN, FAAN

\$1,499,958, Three Years

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

Bethesda, MD

*Health Affairs Journal: Publishing  
and Disseminating Early Lessons on  
Innovative Health Care Models for  
An Aging Population Renewal*

Alan Weil

\$441,000, Two Years

**Columbia University**

New York, NY

*The John A. Hartford Aging Society  
Index*

John W. Rowe, MD

\$220,425, One Year

**American Geriatrics Society, Inc.**

New York, NY

*Geriatrics Workforce Enhancement  
Program (GWEP) Coordinating Center*

Jane F. Potter, MD, AGSF

\$3,007,368, Three Years

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**Social Innovation Fund: Healthy  
Futures/IMPACT Expansion Subgrantees**

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**Valley View Health Center**

Chehalis, WA

*Social Innovation Fund: Healthy  
Futures/IMPACT Expansion  
Augmentation*

Tre Normoyle, PhD

\$50,000, Two Years

**University of Washington**

Seattle, WA

*Social Innovation Fund: Healthy  
Futures/IMPACT Expansion  
Renewal*

Jürgen Unützer, MD, MPH, MBA

\$865,666, Twenty-six Months

## Financial Summary

THE FOUNDATION'S INVESTMENT PORTFOLIO is now approximately \$534 million at the end of 2015. Spending for grants, administrative expenses and taxes totaled \$26 million. Total net-of-fee return on the investments, income plus realized and unrealized capital gains, was essentially flat. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's website.

The Foundation's investment objective continues to be securing maximum long-term total return on its investment portfolio in order to maintain a strong grants program, while assuring consistent growth of its assets at a level greater than the rate of inflation. We are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 28 years; the portfolio delivered an 8.6 percent return per annum, while spending over \$843 million in today's dollars for grants and expenses during this period of time.

During 2015, there was a significant dispersion in returns across global markets; developed markets, large cap, and growth equities performed well, while emerging markets suffered due to commodity price declines and growth concerns. The U.S. performance of equity indices was generally positive with the S&P 500 posting a return of 1.4 percent, which delivered the weakest performance since 2008. International markets wobbled under the strain of a strong U.S. dollar as the MSCI EAFE Index declined 0.8 percent, and emerging markets equities significantly underperformed their developed market peers, down nearly 15 percent. Credit markets delivered mixed results during the year; high-yield bonds lost 4.5 percent, and the broad U.S. bond market returned 0.6 percent, while the local emerging market debt plunged 15 percent. Hedge funds as a group, represented by HFRI Weighted Composite index, ended the year with a modest loss of 1.1 percent. Despite a volatile year for global markets, the Foundation's portfolio fared relatively well—mainly driven by the private equity and real estate holdings—as compared to its peers.

In light of increased complexity and constrained resources, the Foundation has outsourced its investment management function since the beginning of 2009, in order to best meet its fiduciary obligation. Goldman Sachs, the Foundation's investment advisor since August, 2012, has collaborated closely with the Foundation to design and maintain an investment portfolio focused on maximizing the risk-adjusted returns. While 2016 is off to a challenging start, we are unwavering in our commitment to a diversified risk-balanced portfolio, believing it will better weather financial market turbulence and pursue investment opportunities.

Over the course of 2015, the portfolio had been rebalanced periodically to its strategic allocation targets. At year-end 2015, the portfolio excluding private equity was in close alignment with the long-term target allocation; the Foundation's asset mix was 41 percent long-only equities, 13 percent fixed-income, 3 percent cash, 18 percent hedge funds, 9 percent tactical tilts, and a total of 16 percent in private equity and real estate funds.

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, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<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 Renewal: Capitalizing on Forward Momentum</i> Kevin P. High, MD, MSc	Alexandria, VA	\$ 466,509			\$ 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	20,371		\$ 20,371	
<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	2,707,351		297,726	2,409,625
<b>American Federation for Aging Research, Inc.</b> <i>Centers of Excellence in Geriatric Medicine and Training National Program Office Renewal</i> Odette van der Willik	New York, NY	2,947,316		2,681,411	265,905
<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	223,905		154,413	69,492
<b>American Geriatrics Society, Inc.</b> <i>Geriatrics for Specialists Initiative: Phase V</i> John R. Burton, MD	New York, NY	998,135		293,751	704,384
<b>Arizona State University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Nelma B.C. Shearer, PhD, RN	Phoenix, AZ	100,000		100,000	
<b>Council on Social Work Education</b> <i>National Center for Gerontological Social Work Education Transition Grant</i> Darla Spence Coffey, PhD	Alexandria, VA	433,908		411,597	22,311
<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	2,404,689		1,363,126	1,041,563
<b>Gerontological Society of America</b> <i>National Center on Gerontological Social Work Excellence</i> Linda Krogh Harootyan, MSW	Washington, DC	368,700		368,700	
<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	109,327		109,327	

## Summary of Active Grants

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<b>Oregon Health &amp; Science University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Patricia Berry, PhD, RN	Portland, OR	\$ 99,893		\$ 99,893	
<b>Pennsylvania State University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ann Kolanowski, PhD, RN	University Park, PA	100,000		100,000	
<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	100,000		100,000	
<b>University of California, San Francisco</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP	San Francisco, CA	100,000		100,000	
<b>University of Iowa</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Kristine N. Williams, PhD, RN	Iowa City, IA	129,385		129,385	
<b>University of Minnesota</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Jean F. Wyman, PhD, APRN, BC	Minneapolis, MN	100,000		100,000	
<b>University of Utah</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ginette A. Pepper, PhD, RN	Salt Lake City, UT	100,000		100,000	
<b>Total Academic Geriatrics &amp; Training</b>		\$11,509,489		\$6,529,700	\$4,979,789
<b>INTERPROFESSIONAL LEADERSHIP IN ACTION</b>					
<b>Gerontological Society of America</b> <i>Hartford Change AGEnts Initiative</i> Linda Krogh Harootyan, MSW	Washington, DC	\$ 3,080,840		\$1,440,843	\$1,639,997
<b>Research Foundation for Mental Hygiene, Inc.</b> <i>Health and Aging Policy Fellows Program</i> Harold Alan Pincus, MD	Menands, NY	1,600,000		185,123	1,414,877
<b>University of Colorado Denver</b> <i>Practice Change Leaders for Aging and Health Renewal</i> Eric A. Coleman, MD, MPH	Denver, CO	557,295	\$2,250,000	624,912	2,182,383
<b>Total Interprofessional Leadership in Action</b>		\$ 5,238,135	\$2,250,000	\$2,250,878	\$5,237,257

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<b>LINKING EDUCATION &amp; PRACTICE</b>					
<b>American Geriatrics Society, Inc.</b> <i>Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center Jane F. Potter, MD, AGSF</i>	New York, NY		\$3,007,368		\$3,007,368
<b>American Geriatrics Society, Inc.</b> <i>Developing a National Collaborative to Improve Emergency Department Care of Older Adults Kevin Biese, MD</i>	New York, NY		1,488,512		1,488,512
<b>Indiana University</b> <i>OPTIMISTIC Resource Center Planning Grant Kathleen Unroe, MD, MHA</i>	Indianapolis, IN		621,697	\$ 400,633	221,064
<b>The NASW Foundation, Inc.</b> <i>Gerontological Social Work Supervisors Program Joan Levy Zlotnik, PhD, MSSW</i>	Washington, DC	\$1,055,297		353,860	701,437
<b>Partners in Care Foundation, Inc.</b> <i>Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services W. June Simmons, MSW</i>	San Fernando, CA	1,144,971		1,144,971	
<b>Total Linking Education &amp; Practice</b>		\$2,200,268	\$5,117,577	\$1,899,464	\$5,418,381
<b>DEVELOPING &amp; DISSEMINATING MODELS OF CARE</b>					
<b>American Geriatrics Society, Inc.</b> <i>Geriatric Orthopedic Hip Fracture Co-Management Planning Grant Richard W. Besdine, MD</i>	New York, NY		\$ 399,512	\$ 199,756	\$ 199,756
<b>Hebrew Rehabilitation Center for Aged Research and Training Institute</b> <i>Hospital Elder Life Program (HELP): Taking to Scale Sharon K. Inouye, MD, MPH</i>	Boston, MA		583,033	241,963	341,070
<b>Mount Sinai Medical Center, Inc.</b> <i>The Center to Advance Palliative Care (CAPC): Transformation Business Plan Diane E. Meier, MD</i>	New York, NY	\$1,800,000		569,513	1,230,487
<b>Mount Sinai Medical Center, Inc.</b> <i>Mobile Acute Care Team Services Albert L. Siu, MD, MSPH</i>	New York, NY	1,464,454		379,762	1,084,692
<b>National Council of the YMCA of the USA</b> <i>Preventing Diabetes Among Older Adults Program Heather Hodge, MEd</i>	Chicago, IL		860,500	460,500	400,000
<b>New York University</b> <i>Nurses Improving Care for Healthsystem Elders in Long-Term Care (NICHE-LTC) Eileen M. Sullivan-Marx, PhD, RN</i>	New York, NY		1,499,958		1,499,958

## Summary of Active Grants

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<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	\$ 600,000		\$ 150,000	\$ 450,000
<b>University of Colorado Denver</b> <i>Care Transitions Intervention Technical Assistance</i> Eric A. Coleman, MD, MPH	Denver, CO	276,571		276,571	
<b>Yale University</b> <i>Primary Specialty Care Redesign (CaReAlign) Implementation</i> Mary E. Tinetti, MD	New Haven, CT		\$3,889,741	1,254,647	2,635,094
<b>Yale University</b> <i>Improving the Care of Persons with Complex Health Needs</i> Mary E. Tinetti, MD	New Haven, CT	141,281		141,281	
<b>Total Developing &amp; Disseminating Models of Care</b>		\$4,282,306	\$7,232,744	\$3,673,993	\$7,841,057
<b>Tools &amp; Measures for Quality Care</b>					
<b>American College of Surgeons</b> <i>Geriatric Surgery Verification and Quality Improvement Program</i> Clifford Y. Ko, MD, MS, MSHS	Chicago, IL		\$2,969,605	\$ 599,256	\$2,370,349
<b>Columbia University</b> <i>The John A. Hartford Foundation Index: Measuring Societal Adaptation to Population Aging</i> John W. Rowe, MD	New York, NY		220,425		220,425
<b>National Committee for Quality Assurance</b> <i>Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care Renewal</i> Jessica Briefer French, MHSA	Washington, DC	\$ 137,951	1,240,504	436,474	\$941,981
<b>President and Fellows of Harvard College</b> <i>Understanding Health IT-Enabled Performance Improvement for Older Adults</i> Ashish K. Jha, MD, MPH	Cambridge, MA		779,154	284,130	495,024
<b>Total Tools &amp; Measures for Quality Care</b>		\$ 137,951	\$5,209,688	\$1,319,860	\$4,027,779
<b>Communications &amp; Policy</b>					
<b>Community Catalyst, Inc.</b> <i>Voices for Better Health: Geriatrics Provider Collaboration Renewal</i> Renée Markus Hodin	Boston, MA	\$ 182,502	\$1,525,757	\$ 410,939	\$1,297,320
<b>George Washington University</b> <i>National Health Policy Forum: Advancing Aging and Health Policy Understanding Renewal</i> Judith Miller Jones	Washington, DC	154,823	1,300,000	267,323	1,187,500

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<b>Project HOPE - People-to-People Health</b> Foundation, Inc. <i>Health Affairs Journal: Lessons on Innovative Health Care Models for an Aging Population Renewal</i> Alan Weil	Bethesda, MD	\$ 195,261	\$ 441,000	\$ 195,261	\$ 441,000
<b>Tides Center</b> <i>Eldercare Workforce Alliance Renewal</i> Amy York	San Francisco, CA	66,560	500,000	316,560	250,000
<b>Trustees of Dartmouth College</b> <i>High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases</i> Julie P.W. Bynum, MD, MPH	Lebanon, NH	425,774		347,169	78,605
<b>Total Communications &amp; Policy</b>		\$1,024,920	\$3,766,757	\$1,537,252	\$3,254,425
<b>Aging &amp; Health - Other</b>					
<b>American Federation for Aging Research, Inc.</b> <i>In Honor of Dr. Corinne H. Rieder</i> Stephanie Lederman	New York, NY		\$ 25,000	\$ 25,000	
<b>Gerontological Society of America</b> <i>Study of Family Caregiving and Support Services for Older Adults</i> Linda Krogh Harootyan, MSW	Washington, DC	\$ 72,994		21,497	\$ 51,497
<b>Grantmakers in Aging</b> <i>GIA Core Support Renewal: Engaging, Educating, and Convening</i> John Feather, PhD	Arlington, VA	200,000		125,000	75,000
<b>Grantmakers in Aging</b> <i>Reframing Aging: Phase II</i> John Feather, PhD	Arlington, VA		515,650	128,100	387,550
<b>Institute of Medicine of the National Academies</b> <i>Study of Family Caregiving and Support Services for Older Adults</i> Jill Eden, MBA, MPH	Washington, DC	247,579		247,579	
<b>Mount Sinai Medical Center, Inc.</b> <i>Support for the Center to Advance Palliative Care (CAPC): In Honor of Dr. Corinne H. Rieder</i> Diane E. Meier, MD	New York, NY		50,000	50,000	
<b>New York University</b> <i>In Honor of Mr. Norman H. Volk to Establish the Norman H. Volk Doctoral Scholarship Fund</i> Eileen M. Sullivan-Marx, PhD, RN	New York, NY		150,000	150,000	
<b>Paraprofessional Healthcare Institute, Inc.</b> <i>In Honor of Dr. Corinne H. Rieder</i> Jodi M. Sturgeon	Bronx, NY		50,000	50,000	

## Summary of Active Grants

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<b>Rockefeller Archive Center</b> <i>Archiving of The Hartford Foundation's Historical Grant Documents</i> Margaret A. Hogan	Sleepy Hollow, NY	\$ 200,000			\$ 200,000
<b>Visiting Nurse Service of New York</b> <i>Support for the Palliative &amp; Hospice Care Programs: In Honor of Dr. Corinne H. Rieder</i> Guy Sansone	New York, NY		\$ 25,000	\$ 25,000	
<b>Total Aging &amp; Health - Other</b>		\$ 720,573	\$815,650	\$822,176	\$ 714,047
<b>SOCIAL INNOVATION FUND</b>					
<b>Butte Silver Bow Primary Health Care Clinic<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Molly Molloy	Butte, MT	\$ 296,944		\$ 32,179	\$ 264,765
<b>Bighorn Valley Health Center, Inc<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Earl Sutherland, PhD	Hardin, MT	322,289		43,324	278,965
<b>Community Health Center of Central Wyoming, Inc<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Ryan Bair, MSW, LCSW	Casper, WY	383,486		96,100	287,386
<b>Kodiak Area Native Association<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Tammy L. Hansen	Kodiak, AK	579,861		46,395	533,466
<b>Mat-Su Health Services, Inc<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Jean Selk	Wasilla, AK	270,477		50,584	219,893
<b>Partnership Health Center, Inc<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Mary Jane Nealon	Missoula, MT	535,701		130,068	405,633
<b>Peninsula Community Health Services<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Regina Bonnevie Rogers, MD	Bremerton, WA	441,920		56,621	385,299
<b>University of Washington<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Renewal</i> Jürgen Unützer, MD, MPH, MA	Seattle, WA	351,564	\$865,666	407,708	809,522
<b>Valley View Health Center<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Tre Normoyle, PhD	Chehalis, WA	365,245	50,000	128,498	286,747
<b>Total Social Innovation Fund</b>		\$3,547,486	\$915,666	\$991,477	\$3,471,676

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
<b>OTHER GRANTS</b>					
<b>Center for Effective Philanthropy, Inc.</b> <i>Annual Support</i> Phil Buchanan	Cambridge, MA		\$ 3,000	\$ 3,000	
<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		3,000	3,000	
<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>Sconset Trust, Inc.</b> <i>In Memory of William B. Matteson</i> Robert D. Felch	Siasconset, MA		5,000	5,000	
<b>Total Other Grants</b>			\$59,350	\$59,350	
<b>PARTNERSHIP FUND</b>					
<b>Grantmakers in Aging</b> <i>2015 Annual Conference Support</i> John Feather, PhD	Arlington, VA		\$20,000	\$20,000	
<b>Hebrew Home for the Aged at Riverdale Foundation, Inc.</b> <i>Annual Support</i> Joy Solomon, Esq.	Riverdale, NY		6,375	6,375	
<b>Holy Childhood of Jesus Church</b> <i>In Memory of Chairman Emeritus James D. Farley</i> Joseph P. Graff	Harbor Springs, MI		5,000	5,000	
<b>Institute of Medicine of the National Academies</b> <i>Forum on Aging, Disability, and Independence</i> <i>Workshop Sponsorship</i> Sarah Domnitz, PhD	Washington, DC		20,000	20,000	

## Summary of Active Grants

		Balance Due January 1, 2015	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2015
Isabella Foundation, Inc. <i>Annual Support</i> Mark J. Kator	New York, NY		\$ 6,375	\$ 6,375	
Jonas Center at RPA <i>10th Anniversary Gala Dinner</i> Darlene Curley, MS, RN, FAAN	New York, NY		7,150	7,150	
New York Academy of Medicine <i>2015 21st Annual Gala Sponsor Package</i> Jo Ivey Boufford, MD	New York, NY		15,500	15,500	
Services & Advocacy for Gay Lesbian Bisexual and Transgender Elders, Inc. <i>Administration on Aging Convening Travel Stipends</i> Michael Adams	New York, NY		10,000	10,000	
United Hospital Fund of New York <i>Annual Support</i> James R. Tallon, Jr.	New York, NY		2,500	2,500	
Village Center for Care Fund <i>Annual Support</i> Emma Devito	New York, NY		6,500	6,500	
Visiting Nurse Service of New York <i>2015 Benefit Dinner</i> John Billeci	New York, NY		600	600	
<b>Total Partnership Fund</b>			\$ 100,000	\$ 100,000	
Matching Grants <sup>1</sup>			\$ 1,013,597	\$ 1,013,597	
Discretionary Grants <sup>2</sup>			60,000	60,000	
Grants Refunded or Cancelled		35,684	(55,644)	(19,960)	
Contingent Grants Adjustments <sup>3</sup>		(2,960,650)	96,157		(2,864,493)
Discounts to Present Value		(754,764)	(420,908)		(1,175,672)
<b>Total (All Grants)</b>		\$24,981,398	\$26,160,634	\$20,237,786	\$30,904,246
<sup>1</sup> Grants made under the Foundation's program for matching charitable contributions made by Trustees and staff. <sup>2</sup> Grants made under the Foundation's program for charitable contributions designated by staff. <sup>3</sup> Contingent Grants					
		Expenses Authorized Not Incurred Jan. 1, 2015	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2015
Foundation-Administered Grant <i>Communications &amp; Dissemination Initiative Renewal</i> John Beilenson	New York, NY	\$ 2,026,015		\$ 554,039	\$ 1,471,976
<i>To Pursue Selected Activities in the Strategic Plan</i>			197,667	197,667	
<b>Total</b>		\$ 2,026,015	\$ 197,667	\$ 751,706	\$ 1,471,976

## Application Procedures

THE JOHN A. HARTFORD 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.

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