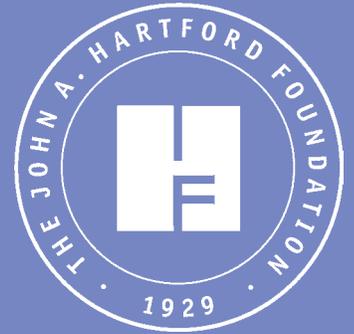


The John A. Hartford Foundation  
*Dedicated to Improving Health Care  
for Older Americans*

2009 Annual Report



## Mission Statement

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

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

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

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

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

THIS HAS BEEN THE GUIDING PHILOSOPHY of the Hartford Foundation since its establishment in 1929. With funds from the bequests of its founders, John A. Hartford and his brother George L. Hartford, both former chief executives of the Great Atlantic and Pacific Tea Company, the Hartford Foundation seeks to make its best contribution by supporting efforts to improve health care for older Americans.

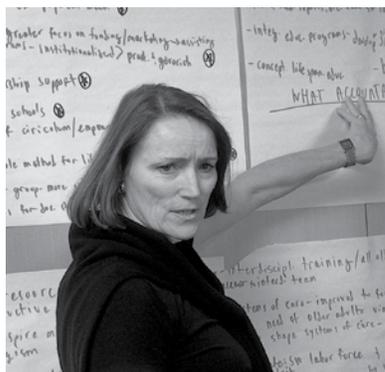




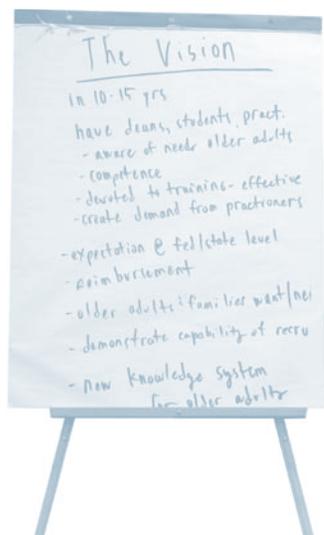
*The staff of the John A. Hartford Foundation and the project leaders of the Geriatric Social Work Initiative celebrate ten years of accomplishments in preparing social workers to serve an aging population.*



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Advisory Board meeting in 2003 to articulate the vision for the future of the Hartford Geriatric Social Work Initiative.



Hartford Geriatric Social Work Initiative  
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GERIATRIC SOCIAL WORK INITIATIVE

## Report of the Chairman

I AM PLEASED TO PRESENT THE 2009 JOHN A. HARTFORD FOUNDATION'S Annual Report. This issue focuses on the critical role social workers play in helping older adults maintain healthy, vigorous, and independent lives. This is no easy task. Eight out of ten seniors cope with at least one chronic medical condition, and more than half contend with several. Financial issues can also become a serious concern, as can loneliness, depression, transportation, mobility, and communication. Meeting the needs of even one individual—let alone our rapidly expanding older population—can be incredibly complicated.



Norman H. Volk  
CHAIRMAN

Yet this is exactly what we expect from social workers. We call on them to help older adults and families navigate, understand, and choose among a confusing array of health and social services. We ask them to provide counseling and direct services, facilitate family support, and coordinate professional care delivery. Fortunately, today's social worker is better prepared to meet these challenges than ever before. It is critically needed work. Ten years ago less than ten percent of faculty members in graduate programs across the country had formal training in aging issues, and only seven percent of these programs' doctoral dissertations addressed geriatrics topics. Today, the Hartford Geriatric Social Work Initiative (GSWI) is celebrating ten years of working to reverse that discouraging situation. Each day the Foundation's investments in education, research, and practice in the field continue to increase the ranks and improve the geriatrics skills of social workers in both academia and in practice.

In 2009, the Foundation continued these investments. It aggressively pursued its mission of enhancing and expanding the training not only of social workers, but also of doctors, nurses, and a host of other health care professionals in geriatrics-related fields.

Notably, the Foundation approved an \$8.4 million grant to the American Federation for Aging Research to develop and manage a National Program Office for the Centers of Excellence in Geriatric Medicine and Training. This office will consolidate program and financial operations under one roof. It will deploy the Foundation's resources with increased efficiency and provide greater program and budget flexibility. This grant has already led to a call for proposals from existing Centers to receive funding from the new office — a system that will gradually end the current practice of directly granting awards from the Foundation to participating institutions.

With support from its new program partner, the U.S. Department of Veterans Affairs (VA), the Foundation also awarded a renewal grant worth \$4.6 million to the Gerontological Society of America for the Hartford Geriatric Social Work Faculty Scholars Program. This funding will support 27 additional scholars over five years. The VA will complement the Foundation's contribution and fund 6 of the 27 with a \$600,000 investment. By the end of the grant, we will have supported 127 faculty leaders since 2000. The program, part of the GSWI described throughout this report, fosters an intellectually stimulating, mutually supportive network of colleagues involved in research and teaching. This growing faculty cadre will continue to increase knowledge, while training the next generation of gero-savvy social workers.

The Foundation made a \$400,000 grant over three years to the Tides Center to support the Eldercare Workforce Alliance, a coalition of 25 national organizations that have joined together to address the immediate and future workforce crisis in caring for an aging America. The Alliance was created in response to the Institute of Medicine's 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, which called for immediate investments in preparing our health care system to care for older Americans. With Foundation support, the Alliance will seek policy changes to increase compensation for direct care workers and more funding for federal training programs that improve geriatric care competencies of health professionals.

Other noteworthy grants included \$698,000 to the AARP Foundation to fund the second phase of the Professional Partners Supporting Family Caregiving project. The project aims at improving nurses' and social workers' ability to support families caring for older adults. The first phase of the effort identified the knowledge and skills that nurses and social workers need to help family caregivers and documented evidence-based practices that can guide these professionals in their work. Phase two will implement best practices and establish standards to support caregivers, improve public policies, and raise consumer expectations for caregiver support.

Finally, a \$647,000 grant to the American Association of Colleges of Nursing, in collaboration with the Hartford Institute for Geriatric Nursing at New York University, builds on a prior project to enhance the gerocompetence of master's level nurses. The goals of this phase of the project are to foster the implementation of the recently developed adult-gerontology competencies via high quality learning resources, faculty development opportunities, and a new certification exam.

We are excited about these developments, but not all of the news from 2009 was as positive as we might have hoped. The economic turbulence of 2008 forced the Foundation to trim back the scope of its commitment to some programs. However, it also encouraged us to become more resourceful in our grantmaking. For example, the Board of Trustees agreed to adopt a new payout formula that will increase grant disbursement by \$7 million in 2009-2010. In fact, the Foundation's endowment ended 2009 at approximately \$472 million, which represents an increase of \$52 million during the year, before disbursements for grants and expenses. While the portfolio remains significantly below its high before the recent credit crisis, with the sharp recovery in the financial markets after the lows reached in March 2009, the Foundation did achieve growth in its endowment after spending and inflation. Our outsourced investment office, New Providence Asset Management, began its work in 2009 and made significant changes in the Foundation's asset allocation and investment manager structure. We are confident that these changes will enable the Foundation to better weather market turbulence in the future and allow it to meet the long-term goals for the portfolio.

The times we live in may be challenging, but I remain strongly optimistic about the future of the John A. Hartford Foundation. With our Board of Trustees, staff, and grantees all deeply dedicated and working hard to achieve our mission, I can foresee only success on the road ahead. It has been a privilege to serve with this wonderful group, and I look forward to continuing our efforts over the coming year.



Norman H. Volk

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Geriatric Social Work Initiative  
*Celebrating Ten Years of Visionary Leadership*





**TRANSFORMING SOCIAL WORK EDUCATION**

*The First Decade of the Hartford Geriatric Social Work Initiative*

Edited by Nancy R. Hooyman

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The John A. Hartford Foundation honors the dedicated grantees, deans, faculty, students, and social work practitioners who for ten years have integrated geriatric principles throughout social work education and practice, thus transforming the field.



GERIATRIC SOCIAL WORK INITIATIVE

*Overview*

## The Importance of Social Work in the Care of Older Adults

THE FIELD OF SOCIAL WORK has a rich history dating back more than 100 years. Yet many people don't fully appreciate the contributions of social workers, who improve the health, well-being, and quality



of life of their clients. The contributions of geriatric social workers, who care for older adults, are even less well-recognized. For years, geriatric social work was marginalized compared to other specialties, such as child welfare, mental health, and substance abuse. But the current reality of shifting demographics, in which a growing number of Americans are entering the ranks of older adults, demands a radical shift in focus for the nation's priorities.

The number of older people, particularly those over age 85, is growing and becoming more diverse, and they need more assistance to remain active and independent. As people age, they have more complex health care needs, some experience financial difficulties, and they may become less and less able to coordinate their own increasingly complex needs. Social workers formulate care plans based on comprehensive assessments to manage the interconnected physical, social, and socioeconomic factors that affect the health and well-being of older adults.

Aging-savvy social workers serve as navigators and expeditors, enabling older adults and families to understand and choose among the bewildering array of available health and social services. They empower older adults and families to find appropriate services. They also facilitate family support, provide counseling and direct services, and coordinate care delivered through professional systems.

While the need for social workers trained in geriatrics is escalating, not enough social workers choose this career path. The Hartford Foundation began funding the Geriatric Social Work Initiative in 1999 to address the impending crisis of a growing older adult population being compounded by a shortage of geriatric social workers.

The aim of the Geriatric Social Work Initiative is to increase the competence of social workers to improve the care and well-being of older adults and their families. To accomplish this, the initiative employs innovative strategies aimed at educating all social workers in aging issues, recruiting more social work students to specialize in geriatrics, and supporting academic social workers who conduct research and teach. As a result, it has fostered a growing national network of social work faculty, students, academic administrators, and practitioners committed to gerontological social work and the quality of life of older adults and their families.

The essential role of geriatric social workers, like those trained through programs funded by the Hartford Foundation, is demonstrated in the story of Beatrice. In this report we will follow 86-year-old Beatrice as she recovers from a traumatic injury.



## Managing the Transition from Hospital to Rehab to Home

At age 86, Beatrice was living in her own home. Her husband had passed away several years ago, and she was just barely managing financially on Social Security benefits. One day, while making breakfast, she slipped on a puddle of water on the kitchen floor. The fall was frightening, especially because she couldn't stand up and the telephone was across the room. She crawled to it and dialed 911.

Beatrice had fractured her hip and would require surgery. Before undergoing the procedure, Beatrice received a visit in her hospital room from Ellen, the hospital social worker and discharge planner. Ellen, who has a master's degree in social work, came to evaluate Beatrice.

During her education in social work, Ellen's first inclination had been to specialize in child welfare. However, a professor she admired encouraged her to explore geriatric social work. The professor was a Hartford Faculty Scholar and was conducting research on stress and coping in older adults with functional disability. At first, Ellen thought working with older adults would be depressing, but she gave it a try. She received a Hartford Partnership Program for Aging Education grant, which provided a stipend and the opportunity to rotate among field placements at a senior center, a Veterans Affairs hospital, and an adult day center. She realized the remarkable personal and professional rewards

that come from improving care for older adults like Beatrice. She took a position as a geriatric social worker and discharge planner at the hospital after graduation.

Ellen was familiar with all the community resources and entitlement programs available to Beatrice. She conducted a psychosocial evaluation, which provided information on Beatrice's functional ability, both mental and physical, and her social and supportive network. She wanted a snapshot of Beatrice's life before the fall so she could put in place the resources to allow her to return to normal life as soon as possible. She called Beatrice's daughter Kathy, who lived in a different state, to determine the availability of family support. Kathy's job prevented her from devoting a long stretch of time to caring for her mother. Ellen began to make preparations for the services Beatrice would need after the surgery.

The next day, Beatrice underwent a hip operation. This marked the beginning of a journey through the complex systems of health care and social services. For older adults, transitions between the hospital, other health care facilities, and home represent a vulnerable time, and hip fractures in older adults can initiate a decline into increasing frailty and the need to move permanently to a nursing home. With the proper care and appropriate services, however, many older adults are able to

regain function and return to their normal lives.

For Beatrice, geriatric social workers helped smooth this transition. Ellen consulted with Beatrice's physician and occupational and physical therapists to assess her prognosis and ability to return home and live independently. Ellen made arrangements for Beatrice to be discharged from the hospital to a rehabilitation facility for 20 days of physical therapy. This would be covered by Medicare. Once at home, Beatrice would need physical therapy and other assistance. Ellen prepared a detailed plan that included recommendations for a home health agency, an emergency response system, Meals On Wheels, and a home visit from a social worker upon discharge from the rehabilitation facility.

She realized that due to Beatrice's low income she was eligible for Medicaid to cover the cost of home health care services and assist in paying for medications.

Before leaving the hospital, Ellen visited Beatrice and her daughter Kathy to review the plan for her care after discharge. Beatrice would continue to need support and care from professionals, including other geriatric social workers as she moves through the health care system towards independent living at home.



## Complex Care Needs of Older Adults

### Growing Older Adult Population

The surge in the older adult population in the United States is a well-known trend. Adults in the Baby Boom generation are beginning to reach retirement age, and advancements in medical care, along with a greater focus on healthy living, are extending lives. Between 1990 and 2006 life expectancy for the total population went from 75 to 78 years. In fact, many older adults live well into their 80s and 90s. By the year 2030, 71 million adults—20 percent of the total population—will be 65 or older, and 7 million will be age 85 and older, a number projected to jump to 19 million by 2050.<sup>1</sup> Women remain the majority of adults age 65 and older, especially among those 85 and older, a trend that will most likely continue.

In addition to the rapid growth in the older population as a whole, there also is increased diversity among this group. Older adults who are African-American, Latino, Asian, or Native American currently account for 19 percent of all adults over age 65. By 2030, older adults of color will form 33 percent of the older adult population.<sup>2,3</sup> The number of lesbian, gay, bisexual, or transgender older adults is currently estimated to be one to three million; this will grow to two to six million by 2030.<sup>4</sup>

“The current and future realities of the demographic shift epitomize the need for geriatric-trained social workers,” says James Lubben, DSW, MPH, The Louise McMahon Ahearn University Chair in Social Work and the Director of the Institute on Aging at Boston College.

### Older Adults have Complex Health, Economic, and Social Needs

Older adults today tend to be healthier and more active than previous generations. Yet older adults are a diverse group. While some are healthy and active, others have chronic or serious acute illnesses or functional difficulties. Even healthy and active older adults have periodic health issues.

In addition, some older adults have sufficient resources, while others struggle financially. Some have strong support networks of family and friends living nearby, while others are more isolated. Few people completely escape the physical effects of aging that usually necessitate more trips to the doctor and increasing use of all types of health care services.

Older adults use more health care services than any other age group. Over 80 percent of adults 65 and older have at least one chronic health condition, such as heart disease, diabetes, cancer, or arthritis, and one-half have two or more

1. Bureau of the Census, *Current Population Reports*, P23-178RV (May 1993) and P25-1104 (Nov 1993).

2. Administration on Aging. (2008). *A profile of older Americans: 2008*. Washington, DC: U.S. Department of Health and Human Services.

3. U.S. Census Bureau. (2006). Population Division, interim statistics. Population projections by age: 2005. <http://www.census.gov/population/projections/52PyrmUS1.pdf>

4. Blank, T.O. (2006). Gay and lesbian aging: Research and future directions. *Educational Gerontology*, 32, 241-243.

chronic conditions.<sup>5,6</sup> People over age 85 are more likely to have chronic illnesses that affect their daily activities and require health care, long-term care, and other support services. The incidence of Alzheimer’s disease and other forms of dementia increases with age.

Older adults, especially those with multiple chronic health conditions, often take several prescription drugs and are likely to see numerous physicians and other health care providers in different specialties. Older adults often experience hearing and vision impairments and may have difficulty walking.

Physical problems aren’t the only consequence of aging. Some older adults suffer with depression, other mental health issues, or addictions, and some become homebound or isolated. According to the National Institute of Mental Health, between one and five percent of older adults living in their homes suffer with major depression, as do 13.5 percent of those who require home health care and 11.5 percent of older hospitalized patients. An estimated 5 million adults over age 65 have symptoms of depression that put them at risk for developing major depression.<sup>7</sup>

Even older adults who don’t experience serious medical or psychological problems must cope with issues involved in the transitions of older age. These people may benefit from retirement counseling, grief or mental health counseling, or long-term care planning.

### **Socioeconomic Factors Impact Aging**

For many older adults the physical effects of aging are compounded by other factors. “Gender, race, ethnicity, social class, and sexual orientation intersect in ways to create subpopulations of older adults who face more challenges in their lives than others,” says Nancy R. Hooyman, PhD, MSW, who holds the Nancy R. Hooyman Endowed Professorship in Gerontology and is Dean Emeritus, School of Social Work, University of Washington, Seattle. For example, women and elders of color, along with the oldest members of the population face the highest rates of chronic illnesses such as diabetes, hypertension, stroke, and heart disease.

Regardless of their gender, race, or financial situation, as people age, they often require increasing assistance with day-to-day living, including negotiating the complex health care system. Traditionally, family members step in to help out. However, some older adults don’t have a support network of family and friends. Even for those who do have help from family members, navigating the fragmented, poorly coordinated health care and social systems can be daunting and time-



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

6. Wolf J.L., Starfield B., & Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Archives of Internal Medicine*. 2002. Vo. 162, Number 20, pp. 2269-2276.

7. Hybels C.F. & Blazer D.G. Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(Nov. 2003):663-696.

consuming. Most people lack the comprehensive knowledge to understand the multiple medical, psychological, social, and financial needs of their older parent or loved one. And few older adults and their family members are aware of all the services available to them and how they interconnect.

While Social Security and Medicare have been tremendously effective in reducing the proportion of older adults technically in poverty (now just over 10 percent), older adults are disproportionately on limited incomes, with 40 percent either poor or nearly poor (as compared to 32 percent of the population in general). Some segments of the older adult population, such as people of color and women, are particularly vulnerable.

In general, women receive lower Social Security payments than men, due in part to lower wages and the likelihood of spending several years out of the labor force to be caregivers. Twice as many women as men age 65 and older are poor. Nearly three times as many older African-Americans and more than twice as many Latino elders are poor compared to their Caucasian counterparts. Poverty typically translates into disparities in access to health care. It can also lead to poor nutrition, which can adversely affect health.

People with fixed and limited incomes are often eligible for public programs, such as Medicaid, Food Stamps, and others, as well as assistance from nonprofit organizations. However, the dizzying array of services along with their often complex application requirements can lead to underuse unless professionals such as social workers with expertise in understanding these programs are available to assist.

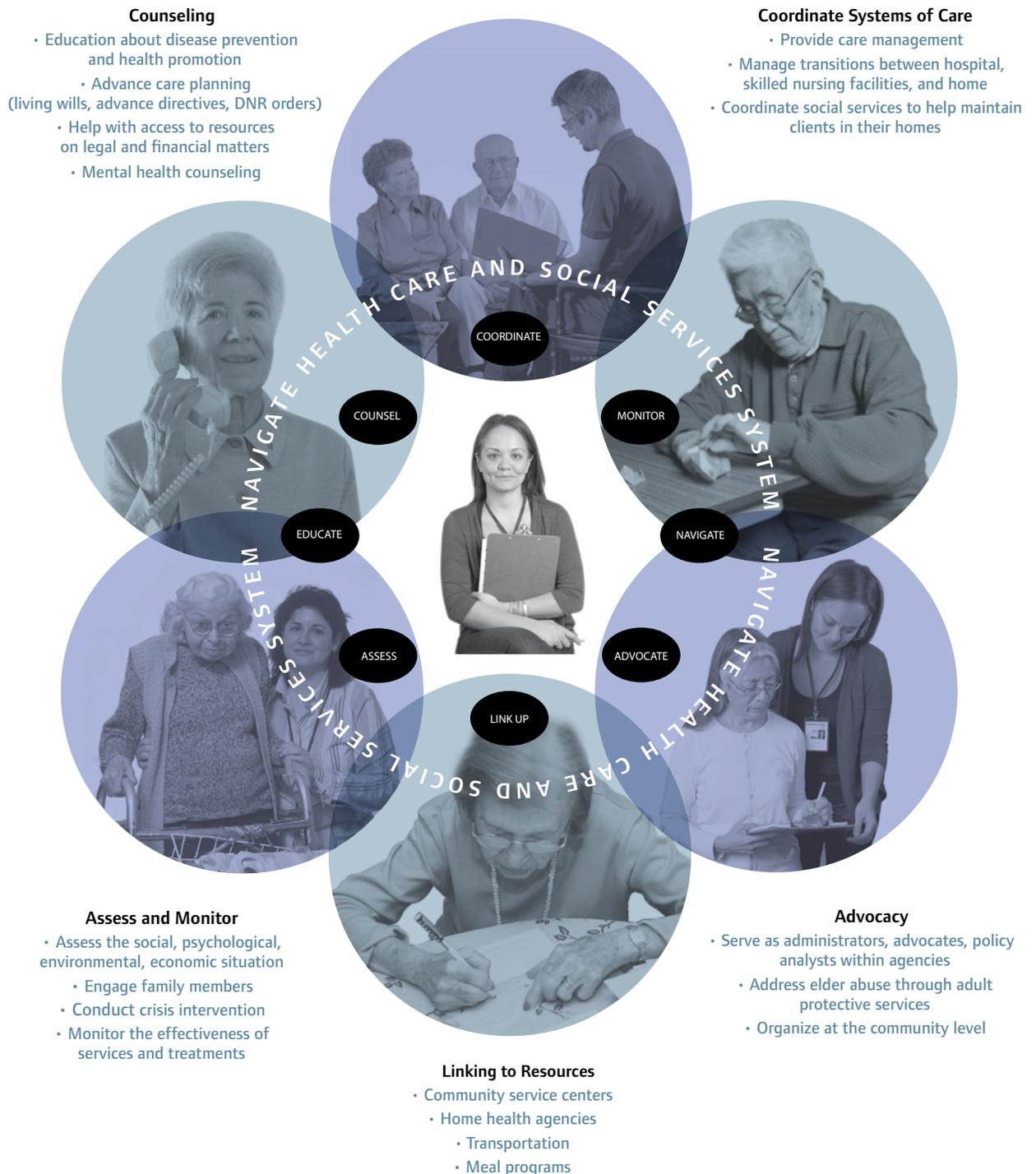
### **Social Workers with Geriatric Training and Expertise Improve the Lives of Older Adults**

Social workers are unique among health care providers because they are trained to address and manage the complexities of each client's situation, taking into account how physical, psychological, and socioeconomic factors interact in ways that can impact all aspects of a person's life and health.

Social workers receive education and training in theories of human development and behavior and in understanding social, economic, and cultural institutions. Social workers who work with older adults require additional education and training in the issues of aging and the complex needs of older adults. Many older adults require not only health care but also a range of supportive social services to be able to remain in the community. It is the role of geriatric social workers to make sure older adults live their remaining years with the dignity and respect they deserve.

## How Social Workers Assist Older Adults

- Support and counsel older adults and their families
  - Navigate/coordinate systems of care
- Assess and monitor psychological and functional abilities
  - Link clients to resources
  - Serve as advocates



“The complexity of psychological, social, biological, economic, and practical needs of older adults brings into play the wonderful skills of social workers,” says Julia M. Watkins, PhD, Executive Director, Council on Social Work Education. “Social workers understand the interactions of those various spheres and work with older adults to develop the best strategies to build on their strengths and lead a more satisfying quality of life.”

Geriatric social workers serve in a wide variety of settings with clients who represent the spectrum of diversity of the population as a whole. They may work in health care settings (hospitals, clinics, home health care, nursing homes, hospice), in social service agencies (community-based senior centers, adult day centers, case management organizations, caregiver agencies), or for government agencies, private elderlaw and eldercare agencies, and national, state, and city organizations.

Working with older adults and their families in these settings, social workers begin by assessing the physical, psychological, social, familial, economic, and environmental circumstances of the person. Once they understand all of these factors, they plan and implement appropriate interventions to ensure the older person has access to necessary resources (financial, health-related, and practical). They monitor the impact of these interventions, reassess the situation, and make adjustments to the plan.

Importantly, social workers recognize the need to work not just with individuals but to involve spouses, domestic partners, children, family members, and significant others in their assessments and interventions. The goal for social work services is to support the highest level of client functioning at the safest level of care. Social workers empower older adults and families to find appropriate health services (such as physician specialists, physical therapists, occupational therapists, and others), as well as social supports and financial services. Social workers facilitate family support and coordinate care delivered through professional systems. They educate older adults about disease prevention and health promotion. Social workers also provide counseling for depression, bereavement, addiction, adjustment to disabilities and dementia, and other mental health issues.

### **Core Members of Health Care Teams**

Social workers who work in medical settings serve as essential members of health care teams. While interdisciplinary team care is helpful for everyone, it is especially critical for older adults with complex health needs, such as multiple chronic conditions. Each health care discipline brings unique skills to the team care of older adult patients, and each provides essential services that depend on one another.

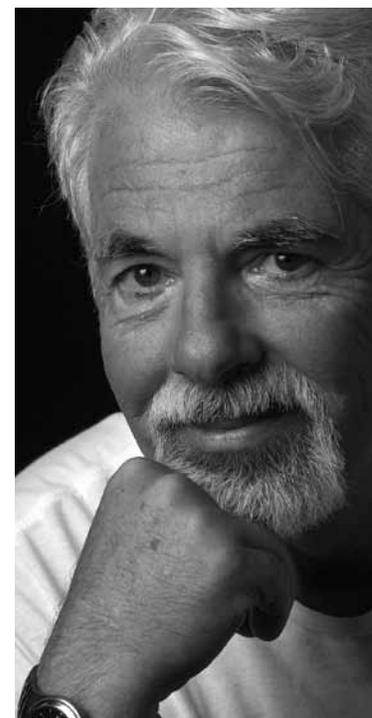
Physicians have expertise in diagnosing and treating physical ailments. Nurses administer therapies and medications, monitor and assess patients, and provide

comfort and support. Social workers coordinate services on behalf of clients, arrange back up and support for families, and tie together formal supports (such as respite care and health care programs) with informal sources (including family and social networks).

“The health professionals that make up a three-pronged approach to geriatric assessment and ongoing evaluation are the nurse, the physician, and the social worker,” says Charles A. Cefalu, MD, MS, Chief, Section of Geriatric Medicine, and Professor of Internal Medicine, Louisiana State University Health Sciences Center, New Orleans. He notes that a large portion of geriatric medicine is psychosocial, including providing support, counseling, and education. “Social workers do a very good job of taking care of issues that nurses and doctors do not have expertise in,” says Dr. Cefalu.

Kathleen C. Buckwalter, PhD, RN, FAAN, Sally Mathis Hartwig Professor of Gerontological Nursing Research, and Director, The University of Iowa John A. Hartford Center of Geriatric Nursing Excellence, Iowa City, values the contribution of social workers in interdisciplinary teams in which she has participated. “Social workers provide a unique assessment that enhances our understanding of older adults, their family members, and their situation,” she says. According to Patricia Archbold, DNSc, RN, Program Director, Building Academic Geriatric Nursing Capacity, “the American health care system is anything but rational, and social workers are key players in helping older adults receive needed care from a complex and disorganized system.”

In fact, when delivered well, social work services have a positive impact on medical systems by reducing hospital length of stay or avoiding readmissions. By counseling patients and family members and by coordinating care, managing transitions among health care facilities, arranging for services such as physical therapy and home health care, as well as other essential services, social workers make sure that older adult patients receive the highest quality health care, feel safe and in control of their lives, and don't suffer needless setbacks.



## Beatrice Gets Support At Home

After her fall, Beatrice was fortunate to encounter skilled geriatric social workers throughout her recovery and beyond. As an older woman living alone with no family close by and managing on a tight budget, she would have struggled with the complexities of her situation.

Having spent three weeks in a rehabilitation facility receiving physical therapy, Beatrice was discharged home. The social worker in the rehab facility reassessed Beatrice's functional ability in the home and implemented the discharge recommendations for home health care and community-based services. Lois, a social worker in the home health agency, kept track of Beatrice's progress.

The aftereffects of anesthesia had left Beatrice disoriented for weeks. She was forgetful and had difficulty keeping track of the nurses and physical therapists coming to her home. She worried that she was developing dementia, and she fretted about the possibility of falling again. Beatrice's financial situation was deteriorating and she fell behind in paying her bills. The electric company was threatening to cut off service and the hospital bills were arriving. Beatrice placed them unopened in a pile.

Lois visited Beatrice to assess her progress. As a social work student Lois's required courses included content on aging, which motivated her to take a course on lifespan development. This gave

her a new perspective on aging issues and sparked her interest in pursuing geriatric social work. As a graduate student, through a Hartford Partnership Program for Aging Education grant, one of her internships had been at the case management agency where she now worked full time.

After assessing Beatrice's physical, economic, and psychological needs, Lois began making appropriate arrangements. She consulted with the physical therapists and visiting nurses, and followed up on the walker that had been ordered so Beatrice would be less fearful about falling. She assured Beatrice that the forgetfulness was temporary. Lois made sure that Beatrice was receiving a daily lunch from Meals On Wheels. She also helped Beatrice straighten out the paperwork involved in getting the hospital bills taken care of by Medicare and Medicaid, and she set up an automatic bill paying system.

After four months Beatrice no longer needed home health care services. But she was not completely recovered. She was homebound, lonely and depressed. Lois discussed community resources with Beatrice, who agreed to go to a local senior center. Lois arranged for transportation services, and also arranged to have Judy, the social worker at the senior center, greet Beatrice, have her observe various activities, and introduce her to other participants.





## Escalating Need for Geriatric Social Workers

TEN YEARS AGO, social work students received little specific education in the aging process. Few programs provided gerontology curriculum at the bachelor's level or specialization at the master's level. Unless a student entered a social work program with knowledge or interest in aging issues, there often was little opportunity to be exposed to it. In 1999, less than 10 percent of faculty members in 117 graduate programs had formal training in aging. In 2000, of the 300 social work doctoral dissertations produced that year, only seven percent were in geriatric social work.

Today, as the Hartford Geriatric Social Work Initiative celebrates ten years of promoting the highest level of geriatric competence among social workers, progress has been made in altering these trends. The Hartford Foundation's investment in geriatric social work education, research, and practice has been aimed at breaking the downward cycle, raising the prestige of aging-focused social work, and increasing the ranks of geriatric social workers in academia and in practice. Going forward, it will become increasingly essential that these efforts not only continue but expand.

The continued growth of the older adult population in the coming years will escalate the demand for social workers with geriatric knowledge, skills, and values. Geriatric social work ranks as one of the top 20 careers in terms of growth potential.

Employment in the field of geriatric social work is expected to increase faster than the average of all other occupations through 2015, due in part to shorter hospital stays and the need for care coordination at hospital discharge.<sup>8</sup>

Unfortunately, too few social workers are stepping up to meet this demand. In 2001 only three percent of the members of the National Association of Social Workers (NASW) identified gerontology as their primary area of practice.<sup>9</sup> This had increased by 2005, but only to nine percent.<sup>10</sup> Close to 50 percent of master's level social work students state they have little or no interest in working with older adults after graduation.<sup>11</sup> To complicate matters, geriatric social workers are older (median age of 50 years) than practitioners in other fields, and are nearing retirement.

The critical shortage of geriatric social workers has multiple causes, including limited funding in gerontology in the 1990s, which diverted social work scholars and doctoral students to other fields, especially child welfare. Restricted funding for gerontology also reduced the prestige of geriatrics in academic institutions. Consequently, the system of faculty role models, peer networks, research assistantships, and other support universities often provide to nurture careers suffered. The result was a lack of faculty trained in aging and a paucity of geriatric content in social work education.

8. U.S. Department of Health and Human Services (2006). *The supply and demand of professional social workers providing long-term care services*. Report to Congress. <http://aspe.hhs.gov/daltcp/reports/2006/SWsupply.htm>.

9. Rosen, A.L. & Zlotnik, J.L. (2001). Demographics and reality: The "disconnect" in social work education. *Journal of Gerontological Social Work*, 36(3/4), 81-97.

10. Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers*. <http://workforce.socialworkers.org/studies/aging/aging.pdf>

11. Cummings, S.M. & Galambos, C. (2002). Predictors of graduate social work students' interest in aging-related work. *Journal of Gerontological Social Work*, 39(3), 77-94.

The specialty of geriatric social work has also suffered due to negative stereotypes about the elderly and erroneous beliefs that positions working with older adults are not sufficiently challenging or rewarding. Another barrier to recruiting students to geriatric social work is the relatively lower salaries of geriatric social workers compared to social workers generally.

### **The Institute of Medicine Warns of Looming Shortage of Geriatric Health Care Workers**

“The nation needs to act now to prepare the health care workforce to meet the care needs of older adults,” assert the authors of a 2008 report by The Institute of Medicine, *Retooling for an Aging America: Building the Health Care Workforce*. This report, written by a committee of health care experts from a wide range of disciplines, warns that unless action is taken the growing population of older adults will be met with a shortage of health care workers, and many of these providers will lack the appropriate geriatric training to provide high-quality care to older adults.

The Institute of Medicine committee issued an urgent call to enhance the competence of all health care professionals (physicians, nurses, social workers, and others) to work with older adults. The committee also called for increased recruitment and retention of geriatric specialists and caregivers. Geriatric specialists are needed for their clinical expertise, but also because they will be responsible to train the health care workforce. The committee also highlighted the pressing need to develop new models of care for older adults and their families.

The Institute of Medicine report states that “a well-recognized barrier to geriatric education and training of all health care providers is the inadequate number of available and qualified academic faculty. . . . Furthermore, beyond the need for a greater number of geriatric faculty, all geriatric fields need strong expert leaders to develop new knowledge and recruit new students.”

The report concludes: “The education and training of professionals in geriatrics has improved because of the expansion of school-based opportunities, increased efforts in interdisciplinary training, and the development of alternative pathways to gaining geriatric knowledge and skills. . . . Even so, the committee concludes that in the education and training of the health care workforce, geriatric principles are still too often insufficiently represented in the curricula, and clinical experiences are not robust.”

“Meeting the exponential demand for an aging-savvy social work workforce is critical and at risk,” says Alberto Godenzi, PhD, President, National Association of Deans and Directors of Schools of Social Work. “Social work programs must offer comprehensive and cutting-edge curricula, which includes geriatric content.”



*The John A. Hartford Foundation*

## Geriatric Social Work Initiative

IN ITS GRANTMAKING, THE HARTFORD FOUNDATION focuses on three health professions it sees as key to effective, affordable health care for older Americans: medicine, nursing, and social work. Grants support initiatives to increase the number of geriatric specialists and ensure that health care professionals, no matter their specialty, have basic competence in the care of older adults. In 1999, the Hartford Foundation made its first commitment specifically to geriatric social work, launching the Geriatric Social Work Initiative (GSWI) ([www.gswi.org](http://www.gswi.org)).

During the 1990s, the Hartford Foundation became alarmed by the gap between the need for current and future geriatric social workers and the ability of the profession to educate and train sufficient numbers of social workers to serve older adults. Although a small group within the social work community was equally concerned, no professional social work organization or national foundation was focused on the issue of how to build the profession's geriatric capacity. In 1998, the Hartford Foundation Trustees approved funding for the first program to strengthen age-related social work with a grant to the Council on Social Work Education. The Strengthening Aging in Gerontological Education in Social Work (SAGE-SW) program began in early 1999. Over the 10 years of the GSWI, the Foundation has authorized additional grants totaling \$64.5 million.

To ensure the future of geriatric social work, it became evident to the Foundation and its grantees that a multi-pronged approach was needed. To achieve the goal of preparing sufficient numbers of social workers for an aging population, all social workers must receive some education in aging-specific issues. Therefore, the curricula in both undergraduate and graduate social work programs must contain geriatric-focused competencies and content. In addition, the practical experience that graduate students who specialize in gerontology receive in field training must be relevant and exciting. Neither is possible without faculty leaders

who specialize in gerontological education and research.

And the field of geriatric social work will not advance without leadership in academia. Therefore, the GSWI collaborates with social work education programs to prepare social workers with gerontological competencies and improve the care and well-being of older adults and their families utilizing two main strategies:

1. *Cultivate academic leaders in gerontological education and research*
2. *Transform social work education*

At the core of the two strategies is leadership. It is crucial that social workers are not only trained in the field of aging but that they develop skills to become the leaders who will conduct research that is relevant to the aging population and educate and inspire future generations of social workers to care for older adults. Failure to increase geriatric leadership will maintain the status quo: a dearth of students entering careers in gerontological social work and minimal social work research aimed at improving the care of the aging population.

*Geriatric Social Work Initiative Project Leaders:*  
 (Standing, left to right) Linda Harootyan, MSW, Deputy Director, The Gerontological Society of America, Julia Watkins, PhD, Executive Director, Council on Social Work Education, James Lubben, DSW, MPH, Director, Hartford Doctoral Fellows Program, Jeannine Melly, MPH, Deputy Director, Social Work Leadership Institute; (Seated, left to right) Barbara Berkman, DSW/ PhD, Director, Faculty Scholars Program, Nancy R. Hooyman, PhD, Co-Director, CSWE National Center for Gerontological Social Work Education;  
 (Right, small photo) Patricia J. Volland, MSW, MBA, Director, Hartford Partnership Program for Aging Education.



### Strategy 1

## Cultivate Academic Leaders in Gerontological Education and Research

ACCOMPLISHING THE OVERALL GOAL of the Geriatric Social Work Initiative—to prepare social workers to serve an aging population—would not be possible without the leadership and influence of faculty who specialize in gerontological education and research. Doctorally-prepared professors conduct research, teach future social work practitioners, and recruit students into their specialty. When the Hartford Foundation made its first faculty development grant in geriatric social work (SAGE-SW), there was a severe shortage of social work faculty specializing in and promoting gerontology.

*(Below) Hartford Doctoral Fellows Poster Session Exposition at the Annual Meeting of The Gerontological Society of America, held in November 2009 in Atlanta, Georgia.*



(Far right) Dr. Barbara Berkman receives the 2009 Donald P. Kent award from the The Gerontological Society of America. (Near right) Linda Harootyan, Deputy Director, The Gerontological Society of America, at the awards reception.



In addition, gerontological social work research was very limited due to scant funding and little university support or opportunity for social work research in aging. Federal and foundation funding for social work emphasized other topics. This resulted in a lack of evidence-based research regarding the value of gerontological social work.

To support social work faculty who address issues around aging, the Hartford Foundation provided \$24.3 million in funding to the Gerontological Society of America for the Hartford Geriatric Social Work Faculty Scholars Program ([www.gswi.org/programs/hfs.html](http://www.gswi.org/programs/hfs.html)). In 1999, the program began with the first cohort of 10 scholars and enrolled its tenth cohort in 2009. The project is led by Barbara J. Berkman, DSW/PhD, Helen Rehr/Ruth Fizedale Professor of Health and Mental Health, Columbia University School of Social Work.



## Support Faculty with an Aging Focus

The aim of the Hartford Faculty Scholars program is to train academic leaders to teach, mentor, conduct cutting-edge research, and prepare the next generation of social workers to serve older adults. The long-term goal is to create momentum within academic social work that will build and ultimately increase programmatic and institutional capacity to educate geriatric social work practitioners.

The Faculty Scholars program provides financial and career support for talented junior faculty members committed to academic careers in aging-related social work. Scholars, who are selected through a rigorous process, receive \$50,000 per year for two years to support their proposed research project. The scholars then conduct a significant study that addresses issues in aging related to the physical, psychological, and social well-being of older adults and their caregivers.

Mentoring is an important aspect of this research leadership program and the scholars are paired with nationally recognized research mentors in geriatrics. The scholars also choose institutional sponsors from their own schools who serve as professional role models and help with academic and professional development. The Faculty Scholars program helps hone the research and teaching skills of the scholars through numerous educational and development institutes and workshops. For example, scholars work on their leadership skills and public policy acumen through the Social Work Faculty Policy Leadership Institute.

*(Below) Dr. Berkman (center), Director of the Hartford Faculty Scholars Program, with Hartford Faculty Scholars Nancy Giunta, MSW, PhD, (left) and Carmen L. Morano, PhD, (right) School of Social Work, Hunter College, New York.*



### A Decade of Supporting Faculty Scholars in Geriatric Social Work

The Faculty Scholars program has been effective in raising the visibility of geriatric social work and building momentum and interest in geriatric teaching and research. “These outstanding scholars have leveraged their Hartford program support,” says Dr. Berkman, Director of the Faculty Scholars program. “They have brought in significant additional funding to support their ongoing research, and they have published and presented the findings from their important scholarship both nationally and internationally. This has enhanced the visibility and desirability of geriatric social work, drawing doctoral and master’s students into the field of aging.”

The networking among the Faculty Scholars, their national research mentors, and Hartford Doctoral Fellows (described below) has built strong cohorts of spokespeople for geriatric social work, thus helping to create a critical mass of social workers who will be empowered to move the profession forward.

### Prepare Doctoral Students to Focus on Aging

Based on the experience with the Faculty Scholars program, it became evident that a companion program aimed at doctoral students of social work was also needed. “Today’s doctoral students are tomorrow’s faculty,” says James Lubben, PhD, The Louise McMahan Ahearn Chair, Boston College, and Director of the Hartford

*(Below) Hartford Faculty Scholar Faith Hopp, PhD, (right) from Wayne State University, discussing her research with a staff member in the office of U.S. Senator Carl Levin, during the Faculty Scholars Policy Leadership Institute.*

*(Below, top) Cecelia Thomas, PhD, Social Work Faculty Scholar, University of North Texas, visiting the office of U.S. Representative Michael Burgess.*

*(Below, bottom) Faculty Scholars attend a session during the Policy Leadership Institute on communicating with members of Congress and their staff.*



Doctoral Fellows Program. “The only way to attend to the severe shortage of doctorally-prepared social work faculty who will teach the next generation is to cultivate the best and brightest students to pursue an academic career and to be committed to developing programs that focus on caring for older adults and their families.”

In 2000, the Hartford Foundation provided the first grant of \$2.4 million to the Gerontological Society of America to establish the Hartford Doctoral Fellows in Geriatric Social Work program ([www.gswi.org/programs/hdf.html](http://www.gswi.org/programs/hdf.html)). Altogether the Hartford Foundation has invested \$10 million in this program which provides dissertation support and professional development opportunities to a select group of social work doctoral students. From 2005 to 2009 the program also included a pre-dissertation component.

“The Doctoral Fellows program identifies doctoral students with the potential to become faculty leaders in geriatric social work and gives them the tools to launch a successful academic career,” says Dr. Lubben. The Faculty Scholars program provides additional training and mentorship to accelerate their career trajectory so they receive tenure and move into strong leadership roles.

The goal of the Hartford Doctoral Fellows program is to recruit, sustain, and prepare talented doctoral students in geriatric social work. Doctoral students in social work face several challenges, which the program attempts to address.

*(Below) Dr. Lubben, Director of the Hartford Doctoral Fellows Program, with Amanda Lehning, MSS, a Doctoral Fellow attending the School of Social Welfare, University of California, Berkeley, at the Annual Meeting of The Gerontological Society of America.*



For example, doctoral education is expensive, extramural grant funding for doctoral education in social work is limited, and mentoring of doctoral students is often short-changed.

Because doctoral students need time to study and to conduct research unencumbered by the need to work part-time, the Hartford Doctoral Fellowship provides a dissertation grant of \$50,000 over two years. With this support, Doctoral Fellows can focus on becoming outstanding scholars. Doctoral Fellows gain knowledge, form bonds with colleagues in their cohort, and meet influential leaders in the field. The program also focuses on developing leadership skills.

“We want to give our Doctoral Fellows an edge, so they can secure a first-rate academic position from which they can grow,” says Dr. Lubben. “Equally important, we give them the skills so they can hit the ground running and advance very quickly on the road to tenure.”

The Doctoral Fellows Pre-Dissertation Award Program aimed to expose more doctoral students to gerontological social work research. In partnership with the Association for Gerontology Education in Social Work, up to 80 students in the second or third year of their doctoral program were brought to special sessions at annual scientific meetings. Awardees met leading researchers and participated in workshops on dissertation proposal and grant writing.

### **A Decade of Progress in Preparing Doctoral Students**

An evaluation of the accomplishments of the first six cohorts of Doctoral Fellows—for whom sufficient time has passed for meaningful follow up—found that 96 percent of Fellows completed their dissertations, compared to only 71 percent of doctoral candidates not participating in the program. Fifty-nine percent of Doctoral Fellows from the first six cohorts hold tenure track positions, almost twice as many as a comparable group of doctoral students (34 percent) not participating in the program.

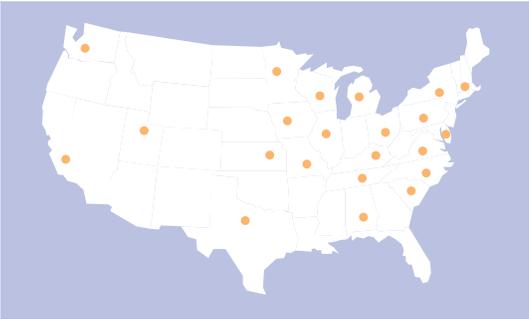
“We’ve made great progress with the Doctoral Fellows program,” says Dr. Lubben, “but there’s still work to be done.”

The number of social work doctoral graduates seeking full-time academic appointments remains less than the current demand for new faculty. The shortage is likely to worsen with the imminent retirement of faculty members in the Baby Boom generation. This creates an opportunity for the Hartford Doctoral Fellows program. “We can train people to take these positions and the people we train are dedicated to aging,” says Dr. Lubben. “This can create a paradigm shift in the whole field.”

## Hartford-Funded Faculty Scholars and Doctoral Fellows Become Academic Leaders Who Improve Care for Older Adults

### Hartford Doctoral Fellows

A total of 84 Doctoral Fellows from 22 states and 35 universities have received grants. Seventeen of these Doctoral Fellows have become Faculty Scholars. When they graduate, Doctoral Fellows tend to take positions in research institutions.



(Below) Hartford Doctoral Fellows Cohorts VIII and IX: (Standing, left to right) Scott Easton, University of Iowa, Kristin Scherrer, University of Michigan, Soon Hee Roh, New York University, Amanda Lehning, University of California, Berkeley, Paul Sacco, Washington University in St Louis, Kristie Kimbell, University of Texas at Austin, Jeannine Rowe, University of Wisconsin- Milwaukee, Christina Matz-Costa, Boston College; (Seated, left to right) Kimberly Johnson, University of Massachusetts at Boston, Maria Brown, Syracuse University, Emily Nicklett, University of Michigan, Kristen Gustavson, University of California, Berkeley, Karen Zurlo, University of Pennsylvania, Dennis Kao, University of Southern California.



### Hartford Faculty Scholars

A total of 100 Faculty Scholars in 33 states and 62 universities have been funded. They are emerging as accomplished researchers, role models, tenured educators, and leaders in the field.



(Below) Hartford Faculty Scholars Cohort VIII at 2008 Hartford Policy Leadership Institute: (Standing, left to right) Elena O. Siegel, PhD, RN,\* Oregon Health & Science University, David Jenkins, PhD, Texas Christian University, Anna Faul, PhD, University of Louisville, Caroline Rosenthal Gelman, PhD, New York University, Jean Correll Munn, PhD, Florida State University, Joseph Pickard, PhD, University of Missouri-St. Louis, Leanne Lefler, PhD, APN,\* University of Arkansas for Medical Sciences. (Seated, left to right) Hee Yun Lee, PhD, University of Minnesota, Cecilia Thomas, PhD, University of North Texas, Catherine Tompkins, PhD, George Mason University, Malitta Engstrom, PhD, The University of Chicago, Faith Hopp, PhD, Wayne State University. (\*Guests, Hartford-supported nursing scholars)



## Creating Synergy Among GSWI Programs

“I’m committed to increasing practice-relevant research in geriatric social work,” says Daniel S. Gardner, PhD, LCSW, whose research focuses on studying family decision making when an older adult has a chronic or terminal illness. “Health care providers often do not include families in medical decision making, even though older adults rarely make decisions in a social vacuum,” says Dr. Gardner. “They make significant life and health-related decisions with their families.” Decision making around chronic illness – ranging from decisions about treatment options and location of care to preferences regarding end-of-life care – can be complex and challenging for families.

Dr. Gardner began his scholarly career with over 25 years of clinical and administrative experience in hospital and community-based health care. “In all these settings, without seeking it out, I worked primarily with older adults and their families, and I really enjoyed them,” he says. When he decided to pursue a doctoral degree Dr. Gardner easily gravitated to gerontology.

As a Hartford Doctoral Fellow at Columbia University, Dr. Gardner received funding to collect data for his dissertation on communication, social support, and decision making among older adult couples when one partner has advanced cancer. “The funding was necessary for me to complete my research,” says Dr. Gardner. The network of contacts he had formed during his fellowship, along with the prestige of being a Hartford Doctoral Fellow, gave him an advantage in the academic job market. In 2005 he accepted a position at the New York University Silver School of Social Work.

When Dr. Gardner started at the Silver School, there were no aging courses, no faculty members who identified themselves as gerontologists, and they did not have an aging concentration. “One of my professional goals was to advance aging and transform the curriculum to help train the next generation of geriatric social workers,” says Dr. Gardner, who soon applied for and was accepted as a Hartford Faculty Scholar.

Since 2005 the Silver School of Social Work has recruited three additional gerontologists, four faculty members have received Hartford Faculty Scholar awards, and six doctoral students have become Hartford Doctoral Fellows or Pre-Dissertation Awardees. Dr. Gardner helped to develop three courses specifically on aging, and the school now attracts bachelor’s, master’s, and doctoral social work students who want to work with older adults and their families. Dr. Gardner and his colleague Peggy Morton secured a Hartford Partnership Program for Aging Education grant to sponsor 12 MSW students in aging-related field placements.

“There’s a real synergy around the Hartford programs,” says Dr. Gardner. “It’s not just about helping one person. When students express an interest in aging, we have resources and contacts across the country to link them with, and the process builds on itself.”

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### Daniel S. Gardner, PhD, LCSW

Assistant Professor of Social Work  
 NYU Silver School of Social Work  
 Hartford Doctoral Fellow 2002–2004  
 Hartford Faculty Scholar 2006–2008

*(Below) Dr. Gardner interviews an older adult for his research on family decision-making around chronic and terminal illness.*



## Turning a Love of Elders into a Life's Work

"I've always loved elders," says Tracy A. Schroepfer, PhD. "My grandparents were the kindest, warmest people I knew and that set the tone for my attitude toward older adults." Dr. Schroepfer learned about the field of gerontology while a college undergraduate and she immediately knew she wanted a career focused on aging. Today, as an assistant professor of social work at the University of Wisconsin, Dr. Schroepfer observes that many social work students don't give the field of gerontology a chance.

In the hope of getting more students interested in aging, Dr. Schroepfer volunteers to give guest lectures in undergraduate classes. She finds that many students have misperceptions about working with older adults. "I've had students tell me that old people smell funny and they're all frail and ill," she says. "But if students spend time with older adults and listen to the curriculum content on aging they find out it's not like what they think."

These undergraduate lectures are a side line to Dr. Schroepfer's main work, which is research and teaching at the graduate level. Her research focuses on improving end-of-life care for terminally ill older adults, which she began studying as a doctoral student. A mentor told her about the Hartford Doctoral Fellows program.

"That was a huge turning point for me," says Dr. Schroepfer. The financial award allowed her to collect the data for and write her dissertation, which involved long qualitative interviews with 100 terminally ill older adults to assess their needs. Being a Hartford Doctoral Fellow had other equally important benefits. For example, being part of a cohort of colleagues provided important connections with aging-focused social workers across the country.

After receiving her doctoral degree, Dr. Schroepfer took her current position at the University of Wisconsin. She was accepted as a Hartford Faculty Scholar in 2004. With this award she took her doctoral research to the next stage, which involved determining the best strategies to meet the psychosocial needs of terminally ill elders. She is creating an assessment instrument for social workers to use in the field, which asks older adults about what is important to them, such as feeling useful or exercising control over the dying process.

Dr. Schroepfer praises the two programs for helping her to move forward in her career so she can be an effective and influential advocate for older adults. The Hartford programs put her in touch personally with people she only knew by reputation. Through these connections she has been able to publish and advance her research. She has also become a leader in her field, serving on the boards of several organizations, including the Association for Gerontology Education in Social Work and the Social Work and Hospice and Palliative Care Network.

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### Tracy A. Schroepfer, PhD

Assistant Professor of Social Work  
University of Wisconsin, Madison  
Hartford Doctoral Fellow 2001-2003  
Hartford Faculty Scholar 2004-2006

*(Below) Dr. Schroepfer dispels misperceptions about working with older adults among social work students.*



*Strategy 2*

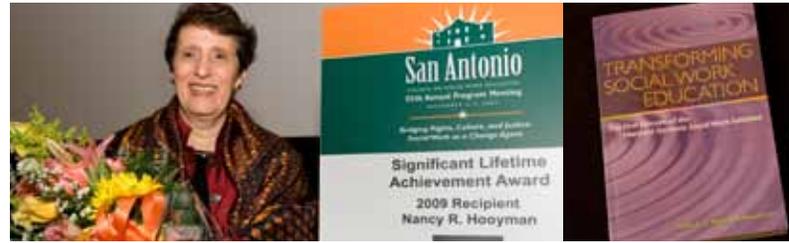
## Transform Social Work Education

TO ACHIEVE THE AIM OF TRANSFORMING social work education at both the baccalaureate and master's level, a broad base of programs was created to ensure that all social work graduates attain competence in geriatric social work and that those who specialize in gerontology receive excellent training opportunities. Grants to the Council on Social Work Education (CSWE), the accrediting agency for social work education in the United States, fund wide-ranging efforts to ensure geriatric competencies and content are infused in social work curricula, generalist social work textbooks, and overall organizational cultures of social work programs. Grants to the New York Academy of Medicine provide funding for aging-related advanced field placements for master's level students.

*(Below) Patty Hunter, MSW, LCSW, Director of Field Education and Co-Director of the Hartford Partnership Program for Aging Education, California State University, Chico, with social work students.*



(Right) Dr. Nancy R. Hooyman receives the Significant Lifetime Achievement Award from the Council on Social Work Education. (Far right) Transforming Social Work Education, edited by Dr. Hooyman.



### Infuse Gerontological Content

Most social workers, regardless of specialty, work with older adults at some point in their career. However, many social workers who specialize in the care of older adults begin this focus after graduation, often without formal training in geriatrics. “We know from 30 years of data that just offering a specialization in aging or elective courses in aging does not attract enough students to meet workforce demands,” says Nancy R. Hooyman, PhD, who serves as Co-Director for the CSWE National Center for Gerontological Social Work Education. “Offering separate courses in gerontology will not prepare an adequate number of students.” A more comprehensive approach to preparing social workers to meet the demands of the growing aging population is required.

The first curriculum program funded by the Hartford Foundation was the Council on Social Work Education Strengthening Aging in Social Work Education (SAGE-SW). This was followed by the Geriatric Enrichment in Social Work Education

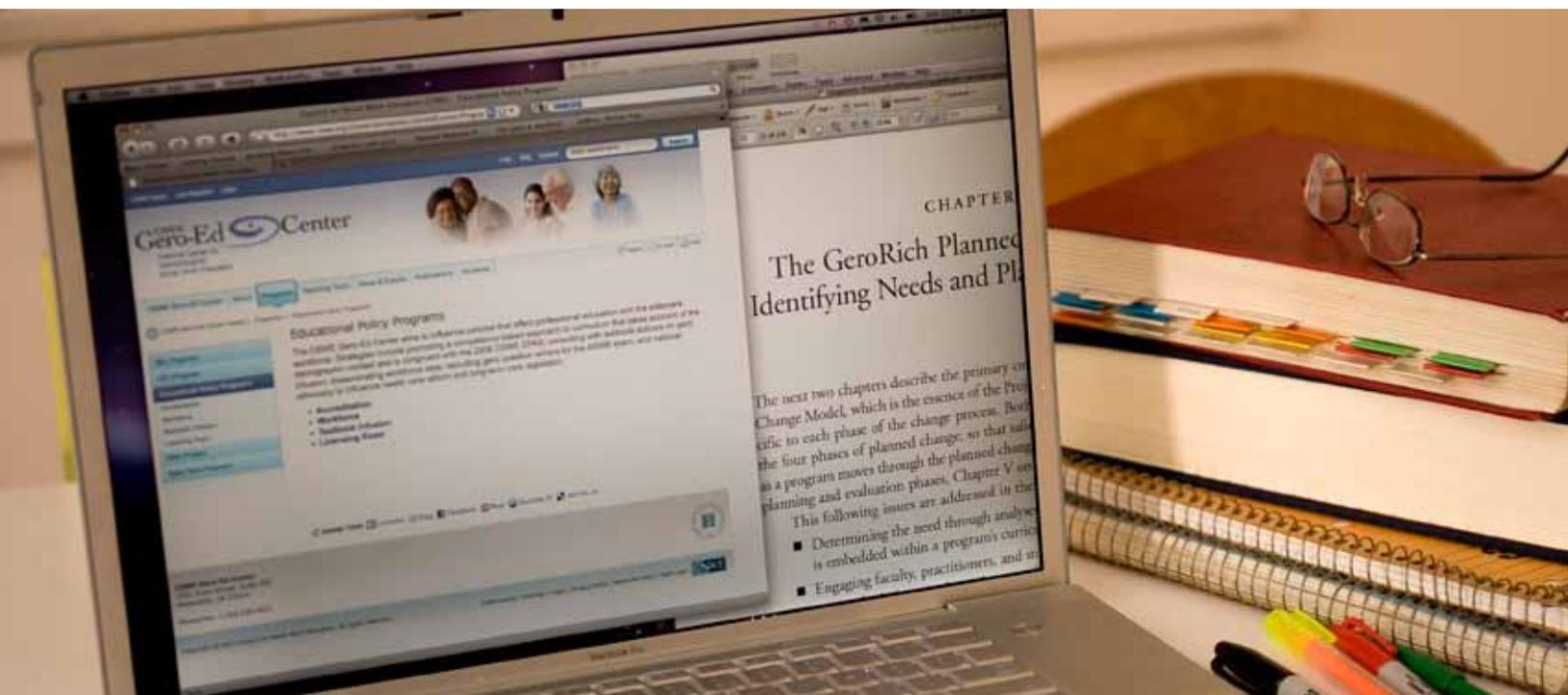


(GeroRich) Project (from 2001 to 2004), which aimed to make curricular and programmatic revisions to infuse geriatric competencies in required curricula. The currently funded program (2004 to 2012) is the CSWE National Center for Gerontological Social Work Education (Gero-Ed Center). Since 1998 grants to these programs have totaled \$14.1 million.

The GeroRich and Gero-Ed Center programs adopted an infusion approach to curriculum development, which means that geriatric competencies and content are embedded in generalist curriculum that all students must take. The term competency in the context of social work education means that an individual can demonstrate that he or she has integrated certain knowledge, values, and skills into professional social work practice.

To implement sustainable changes in social work programs and core curricula, Dr. Hooyman and her colleagues realized that change must be made at the institutional level. The typical approach to curriculum development involves training individual faculty. But it can be very difficult for a single faculty member to make institution-wide transformation. In addition, instructors for courses can change. “We wanted to be sure that changes would endure,” says Dr. Hooyman. Therefore, the Gero-Ed Center mostly funds social work programs rather than individual faculty and has emphasized programmatic and curricular change.

*(Below) Curriculum and teaching resources are available on the Gero-Ed Center Web site ([www.gero-edcenter.org](http://www.gero-edcenter.org)).*



Programs and strategic initiatives within the Gero-Ed Center focus on four domains:

- *Faculty and Programmatic Development.* The Curriculum Development Institute Program helps social work faculty to integrate geriatric competencies into required courses. The Specialized Gerontology Program funds bachelor's and master's programs to create minors, certificates, specializations, and concentrations in aging. The Master's Advanced Curriculum Project has designed innovative curriculum to embed in advanced courses in health, mental health, and substance abuse.
- *Student Recruitment.* To recruit students early in their studies to specialize in geriatric social work, the Baccalaureate Social Work Experiential Learning Program provides undergraduate programs with small grants to create innovative learning opportunities, such as conducting oral histories with older adults or developing a community outreach plan for an adult day center. The Gero-Ed Center also partners with admissions and career counseling staff to recruit students to geriatric field placements and careers.
- *Dissemination.* Online "eLearning" courses about aging and social work reach faculty members who lack the resources to participate in national venues for professional development. These courses deliver content to anyone, anytime, anywhere.

(Below) The SECURE Project Sensitivity Training Program allows students to simulate some of the sensory and functional limitations many older adults experience.



- *Educational Policy.* Staff members in the Gero-Ed Center provide resources to textbook editors and publishers and train faculty to write social work exam licensing questions about aging. The Gero-Ed Center participates in national policy committees, such as the Eldercare Workforce Alliance, to advocate strengthening the workforce of professions serving older adults.

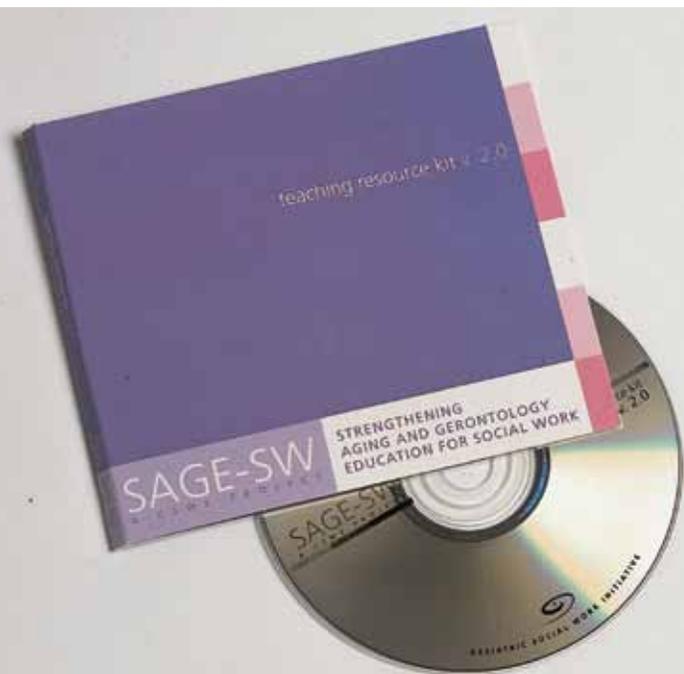
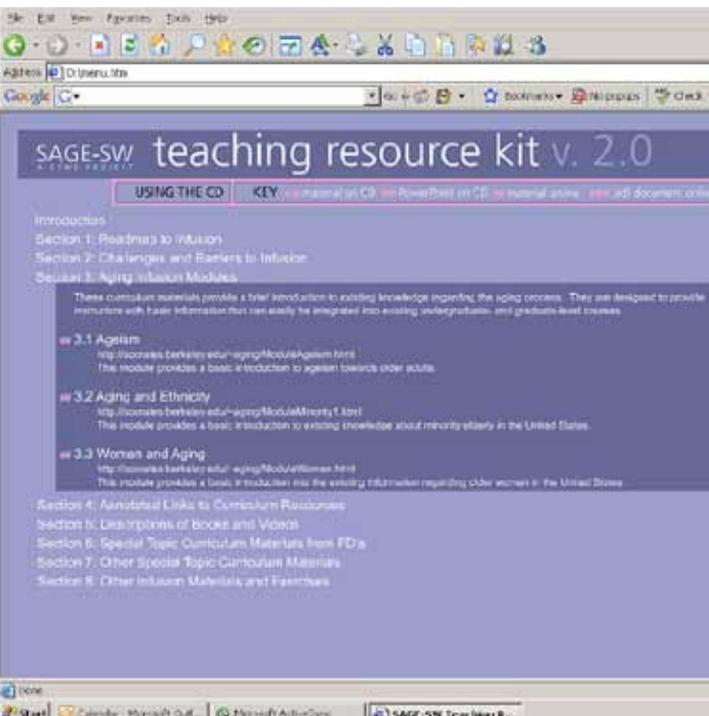
Faculty participants in the Gero-Ed Center and other Council on Social Work Education programs have created a diverse array of teaching resources, such as syllabi, case studies, and assignments, which are disseminated nationwide through the center's Web site ([www.gero-edcenter.org](http://www.gero-edcenter.org)).

### A Decade of Infusing Geriatric Content into the Social Work Curriculum

Over the duration of the Hartford grant to the Council on Social Work Education, more than 1,500 social work faculty members have participated in gerontological competency-based training, and 250 social work programs have infused such competencies into their curricula and programmatic structure or developed a minor, certificate, specialization, or area of emphasis in geriatrics.

In 2008 the Council on Social Work Education revised the Educational Policy and Accreditation Standards (EPAS) for all schools of social work to be competency based rather than being based on content objectives. They defined 10 competencies for social work practice. Each competency is associated with a set of practice

(Below) Teaching resource kit from the Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) program.



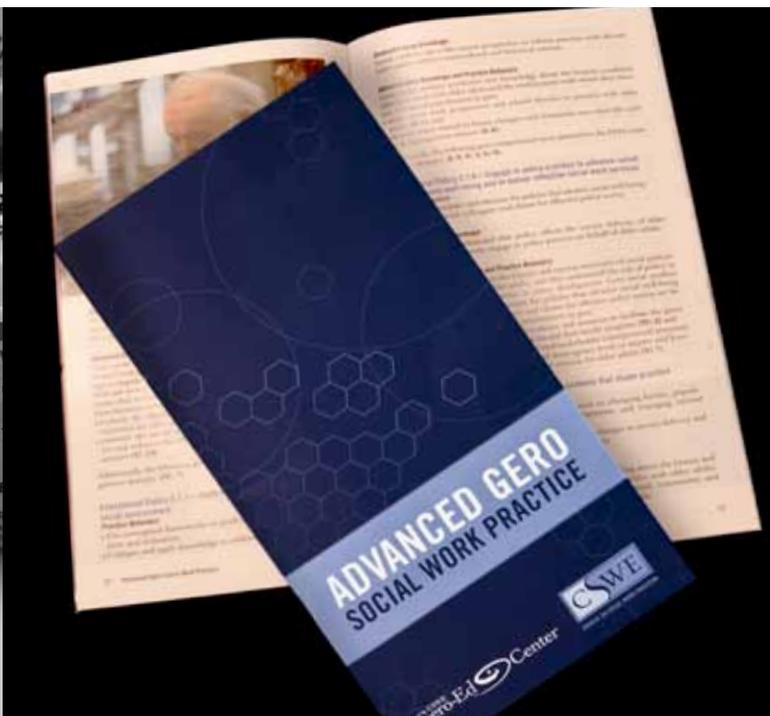
behaviors to demonstrate competence. To obtain their degree, social work students must demonstrate the ability to use skill-based competencies.

The two Hartford-funded curriculum programs—the Gero-Ed Center and Hartford Partnership Program for Aging Education (described on page 44)—had begun defining competencies for geriatric social work practice from the start. Dr. Hooyman and Patricia Volland, Director of the Hartford Partnership Program for Aging Education, partnered in 2008 to form a task force of national experts to review the geriatric competencies in terms of the new EPAS core competencies. Their work is captured in the publication “Advanced Gero Social Work Practice,” which offers a structure and methodology for competency-based education. “This brochure provides a model for schools of social work as they work toward meeting the accreditation standards,” says JoAnn Damron-Rodriguez, PhD, Chair of the task force that developed this publication, and Professor, UCLA School of Public Affairs, Department of Social Welfare. “The Geriatric Social Work Initiative is a leader in developing competency-based education.”

“The model of infusing geriatric competencies into the curriculum has been tremendously successful,” says Julia Watkins, PhD, Executive Director, Council on Social Work Education. “Even students who don’t specialize in gerontological social work are exposed to that content, and the bottom line is that we are turning out more students who work with the aging population.”

*(Below) The Advanced Gero Social Work Practice brochure provides a structure and methodology to competency-based education.*

*(Below) Dr. JoAnn Damron-Rodriguez, chair of the task force that developed the brochure Advanced Gero Social Work Practice.*



## Curriculum Overhaul to Infuse Gerontological Content

“We were undergoing a massive effort to improve our curriculum when we started the Curriculum Development Institute Program,” says Nancy Kelley-Gillespie, PhD, Assistant Professor, University of Nebraska at Omaha (UNO), School of Social Work. “It was a good time to infuse gerontological content.”

In 2009, the UNO School of Social Work was one of three schools selected by the CSWE Gero-Ed Center to receive the Anita Rosen Award for Best Practices in Gerontological Infusion for demonstrating exemplary gerontological curricular changes. The school had participated in the Curriculum Development Institute program from 2004 to 2007. Nancy Kelley-Gillespie, PhD represented the UNO School of Social Work at the CSWE Annual Program Meeting.

To make the changes, the school conducted course audits and syllabi revisions to make sure that course descriptions and course objectives reflected lifespan development, intergenerational connections, and other types of aging content. The social work faculty also made sure there were opportunities for classroom discussions, assignments, guest speakers, field trips, and projects specific to aging. They used the Gero-Ed Center Web site to compile resources, as well as create their own. “We familiarized ourselves with resources in the community and developed lists of guest speakers who were MSWs or related professionals in aging,” says Dr. Kelley-Gillespie.

Dr. Kelley-Gillespie also notes that the school worked hard to create new practicum settings for students at all levels to be exposed to older adults and their families. “Out of about 300 agencies that we work with regularly, 50 offer experiences with older adults,” she says. Twenty-four of these were created with a Hartford Partnership Program in Aging Education grant (described on page 44).

Since January 2008, 57 students have had a practicum experience in an aging-related setting, which is an average of nine per semester. Prior to UNO’s participation in the Hartford programs, this number was just one or two per academic year. “It was a big accomplishment for us to increase both the number of settings and the number of students who had a practicum experience related to aging,” says Dr. Kelley-Gillespie. To sustain these efforts, the school has secured a grant from a local foundation to expand the practicum model to focus on the needs of surrounding rural communities.

The UNO School of Social Work also began working more closely with the gerontology department, which is separate from the School of Social Work. “We make it as easy as possible for social work students with an interest in aging to supplement their social work degree with a certificate or a minor in gerontology,” says Dr. Kelley-Gillespie.

“All graduates from our program now have the basic competencies to understand issues related to aging and effective skills to address the needs of that population.”

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### Nancy Kelley-Gillespie, PhD

Assistant Professor  
Faculty Representative  
University of Nebraska at Omaha  
School of Social Work

*(Below) Dr. Kelley-Gillespie with social work students at the University of Nebraska at Omaha.*



## Community Commitment to Serve Older Adults

“Because of the large population of older adults in our region, there’s a strong community commitment to serving older adults,” says Jean Schuldberg, MSW, EdD, Associate Professor in the School of Social Work at California State University, Chico. The college is located in a rural environment serving 12 counties. In this area, about 14.5 percent of the population is older adults, compared to 10 percent in the entire state of California. “Some older adults in this region are caring for their grandchildren because of a problem with methamphetamine abuse,” says Dr. Schuldberg. Consequently, social workers in many different settings, including child welfare, interact with older adults.

In 2001 the California state legislature mandated that state universities provide curricula and training in gerontology for anyone who will be working in careers that serve older adults, including nurses, social workers, and psychologists. The demographics and this unfunded legislative mandate set the stage for the university to find ways to train social workers to be more proficient in working with older adults.

The School of Social Work at California State University, Chico was awarded the GeroRich grant in 2001 to infuse aging content into the curriculum of master’s and bachelor’s level courses. “As a result, all the foundation and core courses in the BSW and MSW programs address lifespan and intergenerational issues and ageism,” says Dr. Schuldberg. The School of Social Work also increased internship field sites from just a few to 14 and produced a recruitment video, called “Voices in the Field: Social Work with Older Adults,” which included consumers, agency workers, and students. The video was distributed to all GeroRich sites and continues to be used by social work programs in classes and for recruitment.

Based on the success of these efforts, Dr. Schuldberg was subsequently invited to be a mentor to faculty from California universities through the Curriculum Development Institutes, which are a component of the currently funded Gero-Ed Center. In 2006, the School of Social Work applied for the Hartford Partnership Program for Aging Education, which provides funding for field placements for master’s level students. “This continued the establishment of gerontology within our program,” says Dr. Schuldberg. At that time, the school had two areas of focus: family/children/youth and mental health. In May 2009, the faculty approved gerontology as a third area of focus in the program. The university also approved the development of an Interdisciplinary Center on Aging on the Chico campus.

“Everything has fit together because our community is collaborative, our faculty are supportive, and we’ve received buy-in from many people,” says Dr. Schuldberg. “The Hartford programs really cultivate collaboration and sharing of resources, which has been essential.”

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### Jean Schuldberg, MSW, EdD

Associate Professor and MSW  
Program Director  
California State University, Chico  
School of Social Work

*(Below) Dr. Schuldberg in her office at the School of Social Work, California State University, Chico.*



## Field Placements in Aging Settings

The Hartford Foundation and the project leaders of the Geriatric Social Work Initiative recognized the need to recruit more social workers to specialize in gerontology by providing a more diverse array of practical experiences in the field of geriatric social work as part of the curriculum. Many social work students are not aware of the range of settings and practice opportunities in gerontology, and they may reject this specialization due to misperceptions about working with older adults. When they are exposed to the variety of people within the aging population and educated about the many venues in which social workers can practice, students are more likely to choose an aging concentration. Students exposed to these settings also discover that working with older clients can be a professionally challenging and gratifying career.

Because of the wide range of services available to older adults, master's level social work students who specialize in geriatrics must become familiar with an often confusing matrix of aging services.

To address these issues, the Hartford Foundation funded the Practicum Partnership Program in 1999 to focus on the advanced field curriculum for master's degree students. This program evolved in 2008 into the Hartford Partnership Program for Aging Education (HPPAE). The program is administered by the Social Work

*(Below) Alicia Santiago and Mirza Lopez, master's degree students and interns at Pacific Clinics, Pasadena, California, facilitate a support group among older adults who help each other to better manage life's challenges.*



*(Right) 2009 HPPAE Leadership Award recipients: (Near right) Katharine H. Briar-Lawson, PhD, Dean, School of Social Welfare, State University of New York, Albany, for outstanding dean; (middle) Lori Paris, graduate, Kent School of Social Work, University of Louisville, for outstanding student; with (far right) Anna Faul, PhD, Associate Dean for Academic Affairs, Kent School of Social Work.*



Leadership Institute at the New York Academy of Medicine. Grants totaling \$11 million have been awarded since 1999. As of 2009, the program has been implemented in 72 schools of social work in 33 states.

A master's degree in social work requires two years of study, divided into two components: classroom work and field experience (practicum). Traditionally, the field experience has occurred at a single site. Field instructors, who are practicing social workers, supervise students working in their agencies. One field placement exposes students to just a single population of older adults in one setting.

With a planning grant in 1999, New York Academy of Medicine senior vice president, Patricia J. Volland, MSW, MBA, convened an advisory panel of social work educators and geriatric practice experts to improve the practicum training model. Their recommendations mirrored findings from a 1997-1999 study by Ms. Volland and Dr. Barbara Berkman, Helen Rehr/Ruth Fizdale Professor and



Director of the Hartford Faculty Scholars program. The advisory panel proposed a multi-site field training model in which students rotate among local health and social service agencies.

“Students rotate among the various agencies that serve older adults so they can see the diverse nature of who makes up older adults and overcome the bias that older adults are just in nursing homes,” says Ms. Volland, who became Director of the Hartford Partnership Program for Aging Education. Students have a different field supervisor at each setting. With this model, students become better prepared to confront the challenges of a complex service system for older adults. A variety of field placements exposes students to the diversity of the older adult population in terms of race, ethnicity, gender, social class, and sexual orientation and allows students to work with clients ranging from the well elderly to frail older adults.

“This makes the students more highly skilled,” says Jeannine Melly, Deputy Director of the Social Work Leadership Institute. “They learn how to do community outreach and they become familiar with a wide variety of community services like senior centers and Meals On Wheels.”

Rotating among field placements also informs students about the many ways in which social workers interact with older adults, such as organizing health

*(Below left) Members of the HPPAE Student Committee on Leadership in Aging gather at the annual Aging in America Conference to recruit new students to the HPPAE program.*

*(Below right) Sal Perez, master's degree student, California State University, Los Angeles, counsels an older adult during a field placement at the Huntington Senior Care Network in Pasadena.*



promotion fairs for the well elderly or providing grief counseling at the end of life. This model also acquaints students with numerous social service agencies and programs and their attendant eligibility criteria, benefits, and administrative structures. Students also learn how to work effectively in multidisciplinary teams that may include nurses, doctors, rehabilitation therapists, psychologists, and others.

The rotational model of field placements is a distinguishing feature of the HPPAE model, and it is inextricably linked with a second component of the program, which is the development of strong university-community partnerships. The program model requires extensive collaboration between schools of social work and the local network of community-based agencies where students perform their field placements. Some examples of agencies that participate include hospital systems, senior centers and services, assisted-living facilities, skilled nursing homes, adult day health programs, nonprofit organizations with an aging focus, local area agencies on aging, adult protective services, and advocacy organizations.

As described in the section on infusing geriatric content into social work curriculum, social work education has moved toward what is called competency-based education. This means that social work students must demonstrate

*(Below left) Training session for the Hartford Partnership Program for Aging Education held in New York City in 2008.*

*(Below middle) Erik Boggess, master's degree student, School of Social Work, California State University, Chico, created a disaster plan and training for older adults in rural areas as part of a field placement at PASSAGES Adult Resource Center in Chico.*

*(Below right) W. June Simmons, LCSW, President and CEO, Partners in Care Foundation, San Fernando, California, HPPAE site sponsor for over nine years.*



that they have acquired the knowledge and skills to be deemed competent in their profession. For example, a social worker specializing in gerontology must have the skills to assess older adult clients and must understand the network of services and benefits available to them. Field placements are an important aspect of competency-based education. The HPPAE created gerontology-specific competencies in 2001.

In addition to the rotational model, university-community partnerships, and competency-based education, the HPPAE model incorporates three additional components: 1) an expanded role for field instructors, 2) focused recruitment of students to the field of aging, and 3) leadership development.

### **A Decade of Practical Training for Social Work Students**

Over the past decade, the practicum-focused programs have successfully shown that by strengthening field education in master's programs more students of social work specialize in gerontology. "There's no doubt that students' competency in working with older adults dramatically increases," says Ms. Volland. "Students also report high satisfaction with the rotational model and feel they gained more knowledge and expertise."

*(Below) Laura Long (in doorway), a master's degree student at the School of Social Work, California State University, Chico, with residents at Stairways to Recovery in Chico. This HPPAE field placement site is a residential program for previously homeless older adults.*

*(Middle photos) HPPAE field placements for social work master's degree students at the University of Michigan.*



In a 2008 evaluation report of findings from 35 HPPAE sites, 80 percent of students intended to work in the field of aging after graduation. These students strongly agreed that acquiring work experience in more than one field agency was beneficial and that the rotations helped them learn about a range of services for older adults.

“After 10 years of experience, we’ve now embarked on normalization,” says Ms. Volland. The goal is to have all schools of social work put this program in place as a normal part of the academic program. So far, Ms. Volland and her colleagues have found that most schools are eager to implement the program with institutional support rather than external funding. The project leaders of the HPPAE identified 10 regions in the country to target for encouraging adoption of the program in this way. The response in the first region has encouraged them to duplicate the effort around the country. To assist these schools, a set of materials has been developed that includes a technical manual, a Web site, and marketing tools.

*(Below) Jarrod Elshafie, MSW, who completed his field placement at the Department of Veterans Affairs, Chico, California, with Gloria Boston, MSW, LCSW, Community Care Program Coordinator and Mr. Elshafie’s field supervisor. Mr. Elshafie was subsequently hired by the Department of Veterans Affairs.*



## All Social Workers Benefit from Training in Gerontology

Michael Tiratira, MSW, was a social worker in the mental health field when he decided to return to school for a master's degree. During his first year at Columbia University School of Social Work his mentor, Ada Chan Yuk-Sim Mui, PhD, Hartford National Research Mentor in the Faculty Scholar's Program, convinced him to apply to the Hartford Partnership Program for Aging Education, which was available through a grant to Hartford Faculty Scholar Victoria Rizzo. "I was hesitant because I didn't know how field placements in gerontology would apply to the mental health field," says Mr. Tiratira.

Mr. Tiratira's first field placement was in a subacute rehabilitation hospital conducting psychosocial assessments. He particularly remembers a client he did an interview with for StoryCorps, a nationwide oral history project. "She was able to talk about her life and validate her experiences, which brightened her spirits and provided clarity for her," says Mr. Tiratira. "It also had a great impact on me," he says. "I was able to witness first hand something I had only learned in theory – that reminiscence therapy really does help older adults."

Mr. Tiratira's second field placement was with the Department for the Aging, where he assisted with crisis case management for older adults threatened with eviction. In his third field placement he provided counseling to caregivers.

After graduation, Mr. Tiratira took a position at Coney Island Hospital in New York City on an Assertive Community Treatment (ACT) team. This team, consisting of social workers, nurses, psychiatrists, psychologists, and substance abuse counselors, provides comprehensive treatment services for severely mentally ill adults. The goal is to help them stay on their medications, access resources, recover and reintegrate into the community, which results in decreased utilization of inpatient and emergency services.

"Many of my clients are over age 60," says Mr. Tiratira. "When I started meeting older clients, the education and experiences I had in graduate school immediately kicked in." Mr. Tiratira now knows that resources are available for these clients in addition to those for mental health. He also is more attuned to considerations specific to aging. In assessing clients he is sensitive to distinguishing what may be due to mental illness, dementia, or simply normal aging.

Many of Mr. Tiratira's older clients are dealing with a transition from independence to the need for more assistance. "I'm able to talk with them about the grieving aspect of the loss of independence and hopefully prevent them from slipping into depression," he says.

"The gerontology internships in graduate school were invaluable," says Mr. Tiratira. "I'm better able to identify exactly what a person needs, taking into account issues of both persistent mental illness and aging."

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### Michael Tiratira, MSW

Coney Island Hospital  
Assertive Community Treatment  
(ACT) Program  
HPPAE Fellow: 2008

*(Below) Mr. Tiratira counseling an older adult client on the Boardwalk near Coney Island Hospital.*



## Finding the Right Niche

Anne Millheiser's work as a substance abuse counselor in New York led her to pursue a career in social work. "I realized there was a huge opportunity to work with older adults, but it was a population I hadn't spent much time with," she says. Therefore, as a graduate student at Loyola University in Chicago, Ms. Millheiser sought out the professor in charge of geriatric curriculum, Dr. Marcia Spira, and became her graduate assistant. "I had decided to do my second-year field placement in the field of aging and when I was told about the Hartford program I became even more excited about my decision," says Ms. Millheiser. She was accepted in 2008 in the Hartford Partnership Program for Aging Education (HPPAE).

Ms. Millheiser's primary field placement was at the North Shore Senior Center in a suburb of Chicago, where she did case management for the Illinois Department on Aging's Community Care and Elder Abuse and Neglect Programs. Ms. Millheiser also did a rotation at an adult day center for people with dementia. "It was interesting to be based in a senior center where there are healthy older adults and also be part of the elder abuse program, where you see more vulnerable seniors, and then the adult day center with people with dementia," says Ms. Millheiser. She particularly valued the seminars conducted at each of the field placement sites and the opportunity to become acquainted with different types of work in various venues.

"Through the exposure to different agencies and my experiences everything came together and I found my niche," says Ms. Millheiser, who now works full-time at Catholic Charities through a contract with the Illinois Department on Aging Elder Abuse and Neglect Program. She investigates allegations of abuse, neglect, and financial exploitation for older adults living in their homes.

If allegations are substantiated, Ms. Millheiser provides counseling and other services to help both the alleged victim and alleged abuser. "We go out and knock on doors to see if we can help," she says. "It may involve advocating for seniors in court, hooking them up with legal assistance, or meeting with them regularly for counseling," she says. "We also try to work with the perpetrators of the abuse and get them help."

Through the HPPAE program, Ms. Millheiser has developed strong professional partnerships with other social workers in the field. Her commitment to the field and interest in fostering leadership among geriatric social workers led her to join the HPPAE Alumni and Student Committee on Leadership in Aging, which publishes a scholarly journal and seeks to create a professional and social network among current and former HPPAE students.

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### Anne Millheiser, MSW, LSW

Catholic Charities  
Illinois Department on Aging  
Elder Abuse and Neglect Program  
HPPAE Fellow: 2008

*(Below) Ms. Millheiser works from her car on Chicago's North Side investigating allegations of abuse, neglect, and financial exploitation of older adults.*



## The Leadership Academy in Aging

LEADERSHIP DEVELOPMENT IN GERIATRIC SOCIAL WORK is important at all levels and in all settings, both academic and clinical. However, the reality in most academic institutions is that leadership starts at the top. Therefore, the Hartford Foundation provided funding to the New York Academy of Medicine and the National Association of Deans and Directors of Schools of Social Work for the Leadership Academy in Aging.

“To be successful in making the programs of the Geriatric Social Work Initiative sustainable, we believed we needed to address all levels in the educational system,” says Patricia J. Volland, MSW, MBA, Senior Vice President, The New York Academy of Medicine, “including deans and directors.” In focus groups, deans and directors of schools of social work expressed a desire to expand their aging programs, but they were also interested in leadership development opportunities.

At the Leadership Academy in Aging, outstanding deans of social work schools and directors of social work programs further develop as leaders in the field of aging care and build their capacity to address the needs of America’s aging population.

*(Below, top) Alberto Godenzi, PhD, President, National Association of Deans and Directors of Schools of Social Work. (Below, bottom) Katharine H. Briar-Lawson, PhD, Dean, School of Social Welfare, State University of New York, Albany.*

*(Middle photo) Leadership Academy in Aging conference, held June 19, 2009 at the New York Academy of Medicine.*



The first Leadership Academy was launched in September 2008 with 12 deans and directors, and the second one began in November 2009. Sessions included workshops on management, student recruitment, legislative outreach, media relations, community development, fundraising, and faculty relations. Each participant developed a plan to introduce the aging agenda into their work and school.

Deans and directors who have participated in the program have:

- Raised their social work school's visibility and status within the university
- Recruited students by strengthening their school/university's presence in the field
- Strengthened legislative outreach and education skills
- Strengthened community development skills while increasing their school's role in the community and broader environment
- Strengthened capacity-building and management skills
- Increased resource development skills

Building on the success of the Leadership Academy in Aging, the NYAM's Social Work Leadership Institute created the Leadership Committee on Aging for social work students. This program fosters leadership skills in the students who are the future leaders in geriatric social work.

*(Below) Jeanette C. Takamura, PhD, (right) Dean, School of Social Work, Columbia University, New York City, Grover C. Gilmore, PhD, (center) Dean, Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio, and Sheldon Gelman, PhD, (left) Dean, Wurzweiler School of Social Work, Yeshiva University, New York City.*



## Beatrice at a Senior Center

Now that Beatrice is able to walk (albeit with the aid of a cane) and her mental confusion has subsided, she has become more mobile and desirous of social interaction. Judy, the social worker at the senior center, has made sure that a van service picks Beatrice up every day to come to the senior center for lunch and activities. She attends a water aerobics class to continue building her strength. She has also made friends in the weekly Mah Jong game. Her favorite activity is a computer class. An intern in the Hartford Partnership Program for Aging Education teaches older adults at the senior center how to use a computer. He has set up an account for Beatrice on a social networking site, which allows her to stay in contact with her daughter Kathy and her grandchildren.

Meanwhile, Judy has helped Beatrice apply for benefit programs, such as the Senior Citizen Rent Increase Exemption (to freeze rent increases on her apartment), and has made arrangements for transportation to and from doctor visits.

Beatrice is grateful to remain living in her home while she regains her independence. All of the social workers who helped Beatrice during this transition take great satisfaction from knowing they played an integral role in making sure Beatrice has access to the health and social services she needs to live her life to the fullest.





## Conclusion

# Building on the Success of Ten Years of Transforming Social Work

THE STORY OF BEATRICE DEMONSTRATES the essential contribution of social workers to the health and well-being of older adults. Beatrice was able to return to her independent life, and to be even more fully engaged because social workers helped her navigate the complex health care system and provided access to financial and community services that enhance her life. Thanks to the efforts of the dedicated professionals affiliated with the Hartford Geriatric Social Work Initiative programs, many more social workers are skilled to meet the challenges of a rapidly expanding older population. But the work is far from finished.

Given the aging of our population, it is imperative that other funders, deans and directors of schools of social work, social work faculty, students, and others join in the effort to ensure that social workers are prepared to care for the aging population. The independence, safety, and vitality of current and future generations of older adults depend on it.



### FURTHER READING:

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Sisco S., Volland P., & Gorin S. (2005) *Social work leadership and aging: meeting the demographic imperative* - *Health Soc Work*; 0(4):344-7

Geriatric Social Work Initiative: <http://www.gswi.org/>

Gero-Ed Center: <http://www.gero-edcenter.org>



GERIATRIC SOCIAL WORK INITIATIVE





THE QUALITY OF LIFE OF OLDER ADULTS & THEIR FAMILIES

# Blueprint for the New Millennium

A PROJECT OF THE COUNCIL ON SOCIAL WORK EDUCATION  
FUNDED BY THE JOHN A. HARTFORD FOUNDATION

**What Works in Social Work**  
A Database of Research Evidence on the Effectiveness of Social Work in Aging Services  
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Topical focus on empirical outcomes of the efficacy and efficiency of social work intervention and care coordination for older adults

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- Provide users with sufficient information to make informed decisions on relevance, quality, and outcomes of the interventions reported
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**CSWE Gero-Edu Center**

## Specialized Gerontology Curriculum: Guidelines for Design and Sustainability

This online course provides a framework for faculty to develop a specialized gerontological curriculum structure in their program, such as a minor, certificate, specialization, or concentration.

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## 2009 Aging and Health Grants

In 2009, The John A. Hartford Foundation awarded 11 grants under its Aging and Health program representing \$14 million in new commitments and a reallocation of \$8.4 million for the Centers of Excellence in Geriatric Medicine program. Authorizations for new programs or large renewal grants are described here.

### ACADEMIC GERIATRICS AND TRAINING

#### American Association of Colleges of Nursing

Washington, DC  
*Ensuring the Advanced Practice Registered Nursing Workforce is Prepared to Care for Older Adults - Phase II*

Geraldine Polly Bednash, PhD, RN, FAAN  
 \$647,336, Two Years

This grant supports the implementation of recently developed adult-gerontology competencies for master's level nursing students via learning resources, faculty development opportunities, and a new certification exam. The project continues collaboration between the American Association of Colleges of Nursing and the Hartford Institute for Geriatric Nursing at the New York University College of Nursing.

#### American Federation for Aging Research (AFAR)

New York, NY  
*Centers of Excellence in Geriatric Medicine and Training National Program Office*  
 Odette van der Willik  
 \$8,400,000, Three Years

Funding supports AFAR to develop and manage a new Centers of Excellence National Program Office. Transitioning from 27 individually funded Centers of Excellence in Geriatric Medicine at academic institutions across the country, this project will consolidate existing programmatic and financial operations under one roof to deploy the Foundation's resources with greater efficiency. The National Program Office will oversee the funding process for Centers of Excellence, including a new fellowship competition to support promising junior faculty in geriatrics at the Centers.

#### American Federation for Aging Research (AFAR)

New York, NY  
*Medical Student Training in Aging Research (MSTAR) Program Renewal*  
 Odette van der Willik  
 \$665,235, Three Years

The MSTAR program is designed to encourage students early in their education to consider careers in academic or clinical geriatrics. In partnership with the MetLife Foundation and the National Institute on Aging, the program provides a focused eight- to-twelve-week research, didactic, and clinical experience for medical students at designated geriatrics training centers around the country.

#### American Federation for Aging Research (AFAR)

New York, NY  
*Paul B. Beeson Career Development Awards in Aging Research Partnership*  
 Odette van der Willik  
 \$2,900,000, Five Years

This funding continues support for the Paul B. Beeson Career Development Awards program in partnership with the National Institute on Aging. The highly prestigious, national competition funds academic faculty scholars to conduct advanced scientific research projects in aging, and provides opportunities for mentorship and career development support.

#### American Geriatrics Society

New York, NY  
*Geriatrics for Specialists Initiative: Increasing Geriatrics Expertise for Surgical and Related Medical Specialties - Phase V*

Nancy E. Lundebjerg, MPA  
 \$2,850,000, Four Years

This grant continues work to expand geriatrics expertise in surgery and related medical fields through education, research, leadership development, and new training requirements, which at least ten surgery-related disciplines

will develop and implement around geriatric competencies. A public-private partnership will support career development awards for junior faculty and portable models of geriatrics education for surgical residents will become widely available.

**Gerontological Society of America**  
Washington, DC  
*Hartford Geriatric Social Work Faculty Scholars Program and National Network (Cohorts XI-XIII)*  
Barbara Berkman, DSW  
\$4,606,637, Five Years

The goal of this program is to improve the health and well-being of older adults by preparing faculty for leadership in gerontology, in order to increase the capacity of schools of social work to train geriatric social work practitioners. With support from the U.S. Department of Veterans Affairs for up to six scholars, funding will support a total of 27 additional scholars and provide overall coordination of the Hartford Geriatric Social Work Initiative.

**National League for Nursing/  
Community College of Philadelphia**  
New York, NY/Philadelphia, PA  
*Fostering Geriatrics in Pre-licensure Nursing Education: Phase II*  
M. Elaine Tagliareni, EdD, RN  
\$262,983/\$420,961, Three Years

The goal of these two coordinated grants is to use the National League for Nursing's structures and programs to implement minimum educational standards for care of older adults at the pre-licensure level of nursing education. The project will provide training and technical assistance to more than 750 faculty for implementation of the minimum standards, including faculty in associate degree programs which produce the majority of new nurses.

#### INTEGRATING AND IMPROVING SERVICES

**AARP Foundation**  
Washington, DC  
*Professional Partners Supporting Family Caregiving - Phase II*  
Susan C. Reinhard, RN, PhD, FAAN  
\$698,364, Three Years

This second phase project aims to improve nursing and social work expertise in supporting families caring for older adults. The grant will prototype best practices within a 20-state, U.S. Administration on Aging-funded network, embed competencies into professional practice standards, and inform the development of policies that support family caregiving.

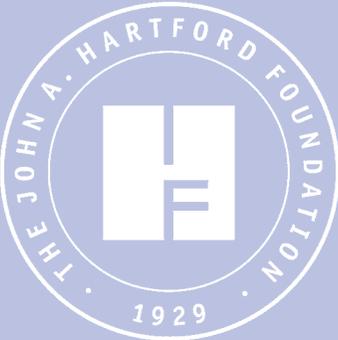
**Mount Sinai Medical Center**  
New York, NY  
*Center to Advance Palliative Care (CAPC): Advancing the Palliative Care Field*  
Diane Meier, MD  
\$500,940, Three Years

This grant provides partial core support to CAPC for its work to mainstream palliative care services in all hospitals, ensuring that palliative care is fully integrated into U.S. health care. Through technical assistance, leadership development, and education, CAPC will increase the number of hospitals with effective, high-quality, sustainable palliative care programs, demonstrating their quality and cost-effectiveness.

#### OTHER AGING AND HEALTH GRANTS

**Tides Center**  
San Francisco, CA  
*Eldercare Workforce Alliance*  
Nancy E. Lundebjerg, MPA  
\$400,000, Three Years

This grant, with additional co-funding from The Atlantic Philanthropies, supports the Eldercare Workforce Alliance, a coalition of 25 national organizations that have joined together to address the immediate and future workforce crisis in caring for an aging America. The Alliance was created in response to the Institute of Medicine's report, *Retooling for an Aging America: Building the Health Care Workforce*, which called for immediate investments in preparing our health care system to care for older Americans and their families.



## Financial Summary

ON DECEMBER 31, 2009, the Foundation's portfolio was valued at approximately \$472 million, an increase of \$18 million for the year. Spending for grants, administrative expenses, investment fees and taxes totaled nearly \$34.0 million. Total return on the investments, income plus realized and unrealized capital gains, was 11.5 percent. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's Web site.

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

To that end, in 2009, after an extensive review by its outsourced investment office, New Providence Asset Management, the Foundation adopted new investment guidelines and changed its asset allocation and manager structure. We are confident that the changes made will allow the Foundation to benefit from the recovery in the financial markets and to better withstand future periods of negative returns from financial assets.

At the end of the year the Foundation's asset mix was 49 percent marketable equities, 17 percent fixed income, and a total of 34 percent in private equity and real estate funds, compared with 35 percent public equities, 15 percent fixed income and 50 percent in non-marketable alternatives as of the end of 2008.

As of December 31, 2009, Cubic Asset Management, Lateef Investment Management, Neuberger Berman – The Bolton Group, Sanderson Asset Management, Silchester International Investors, Sound Shore Management, and T. Rowe Price Associates manage the Foundation's long-only equity investments. High Rise Capital Management, New Providence Asset Management, Pennant Capital Management, Viking Global Investors and York Capital Management manage the marketable alternatives. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates and William Blair Capital Partners. Private equity partnerships are managed by GE Investments, GCP Capital Partners, Angelo, Gordon & Co. and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co., and Heitman/JMB Advisory Corporation.

The Finance Committee and the Board of Trustees meet regularly with New Providence to review asset allocation, investment strategy and the performance of the individual investment advisors and funds. Northern Trust Company 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, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>AGING AND HEALTH</b>					
<b>ACADEMIC GERIATRICS AND TRAINING</b>					
American Academy of Nursing <i>Nursing Initiative Coordinating Center and Scholar Stipends Renewal</i> Patricia G. Archbold, DNSc, RN	Washington, DC	\$12,712,988		\$ 2,589,544	\$10,123,444
American Academy of Nursing <i>The John A. Hartford Foundation Geropsychiatric Nursing Collaborative</i> Kathleen C. Buckwalter, PhD, RN, Cornelia Beck, PhD, RN, Lois K. Evans, PhD, RN	Washington, DC	892,638		304,078	588,560
American Association of Colleges of Nursing <i>Enhancing Gerontology Content in Baccalaureate Nursing Education Programs</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	1,011,324		767,908	243,416
American Association of Colleges of Nursing <i>Ensuring the Advanced Practice Registered Nurse Workforce is Prepared to Care for Older Adults</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	254,896	\$ 647,336	75,908	826,324
American Association of Colleges of Nursing <i>Creating Careers in Geriatric Advanced Practice Nursing Renewal</i> Geraldine Polly Bednash, PhD, RN	Washington, DC	190,707		190,707	
American College of Cardiology Foundation <i>Development and Dissemination of a Curriculum in Geriatric Cardiology</i> Susan Zieman, MD	Washington, DC	229,633		102,837	126,796
American Federation for Aging Research, Inc. <i>Centers of Excellence in Geriatric Medicine and Training National Program Office</i> Odette van der Willik	New York, NY		8,400,000	81,000	8,319,000
American Federation for Aging Research, Inc. <i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik	New York, NY	6,128,027	2,900,000	1,492,851	7,535,176
American Federation for Aging Research, Inc. <i>Hartford Collaborative Research Awards: Paul B. Beeson Career Development Scholars Program</i> Odette van der Willik	New York, NY	1,230,342		1,229,997	345
American Federation for Aging Research, Inc. <i>Medical Student Training in Aging Research Program Renewal</i> Odette van der Willik	New York, NY	540,870	665,235	454,381	751,724
American Federation for Aging Research, Inc. <i>Hartford Center of Excellence Network Resource Center</i> Odette van der Willik	New York, NY	100,506		100,506	

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>American Geriatrics Society, Inc.</b> <i>Geriatrics for Specialty Residents Program Expansion</i> Ronnie Ann Rosenthal, MD	New York, NY	\$ 1,701,306		\$ 52,580	\$ 1,648,726
<b>American Geriatrics Society, Inc.</b> <i>Geriatrics for Specialists Initiative: Increasing Geriatrics Expertise for Surgical and Related Medical Specialties</i> John R. Burton, MD	New York, NY	1,369,242	\$ 2,850,000	495,936	3,723,306
<b>Arizona State University</b> <i>Center of Geriatric Nursing Excellence</i> Colleen Keller, PhD, RN	Tempe, AZ	762,257		106,332	655,925
<b>ASCO Foundation</b> <i>A Commitment to Geriatric Oncology</i> Hyman B. Muss, MD	Alexandria, VA	5,185		5,185	
<b>Association of Directors of Geriatric Academic Programs</b> <i>Chief Resident Immersion Training in the Care of Older Adults</i> Sharon A. Levine, MD	New York, NY	1,105,834		640,648	465,186
<b>Association of Directors of Geriatric Academic Programs</b> <i>Geriatric Leadership Development Program</i> David B. Reuben, MD, G. Paul Eleazer, MD, C. Seth Landefeld, MD	New York, NY	846,193		315,584	530,609
<b>Association of Directors of Geriatric Academic Programs</b> <i>The Status of Geriatrics Workforce Study - Phase III</i> Gregg A. Warshaw, MD	New York, NY	26,883		26,883	
<b>Association of Professors of Medicine</b> <i>Integrating Geriatrics into the Specialties of Internal Medicine: Moving Forward from Awareness to Action</i> Kevin P. High, MD, MSc	Washington, DC	1,468,389		437,281	1,031,108
<b>Baylor College of Medicine</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> George E. Taffet, MD	Houston, TX	445,938		75,915	370,023
<b>Beth Israel Deaconess Medical Center, Inc.</b> <i>Harvard Center of Excellence in Geriatric Medicine and Training Renewal</i> Lewis A. Lipsitz, MD	Boston, MA	356,038		99,012	257,026
<b>Boston Medical Center</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Rebecca A. Silliman, MD, PhD	Boston, MA	406,814		91,138	315,676
<b>Community College of Philadelphia</b> <i>Fostering Geriatrics in Pre-licensure Nursing Education</i> M. Elaine Tagliareni, EdD, RN	Philadelphia, PA	184,952	420,961	219,073	386,840

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>Cornell University</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> M. Carrington Reid, MD, PhD	New York, NY	\$ 544,325		\$ 69,325	\$ 475,000
<b>Council on Social Work Education</b> <i>National Center for Gerontological Social Work Education Renewal</i> Julia M. Watkins, PhD	Alexandria, VA	2,714,428		567,441	2,146,987
<b>Council on Social Work Education</b> <i>Increasing Gerontological Competencies in MSW Advanced Curriculum Areas</i> Sadhna Diwan, PhD	Alexandria, VA	255,776		186,542	69,234
<b>Duke University</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Kenneth Schmader, MD	Durham, NC	331,437		111,761	219,676
<b>Emory University</b> <i>Southeast Center of Excellence in Geriatric Medicine and Training Renewal</i> Theodore M. Johnson, MD, MPH	Atlanta, GA	300,000		84,470	215,530
<b>Foundation for Health in Aging Inc.</b> <i>Hartford Geriatrics Health Outcomes Research Scholars</i> Eric A. Coleman, MD, MPH	New York, NY	1,263,242		662,119	601,123
<b>Gerontological Society of America</b> <i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, DSW	Washington, DC	4,345,305	\$ 4,606,637	1,638,114	7,313,828
<b>Gerontological Society of America</b> <i>Hartford Doctoral Fellows in Geriatric Social Work Program Renewal</i> James E. Lubben, DSW, MPH	Washington, DC	3,759,597		908,606	2,850,991
<b>Indiana University</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Steven R. Counsell, MD	Indianapolis, IN	420,224		120,224	300,000
<b>Johns Hopkins University</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Samuel C. Durso, MD, MBA	Baltimore, MD	459,363		86,962	372,401
<b>Mount Sinai Medical Center, Inc.</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Rosanne M. Leipzig, MD, PhD	New York, NY	316,143		129,877	186,266
<b>New York Academy of Medicine</b> <i>Hartford Partnership Program for Aging Education Adoption Initiative</i> Patricia J. Volland, MSW, MBA	New York, NY	2,643,581		1,157,457	1,486,124

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>New York University</b> <i>How to Try This: Geriatric Assessment Nursing Resources</i> Mathy D. Mezey, EdD, RN	New York, NY	\$ 902,587		\$ 597,351	\$ 305,236
<b>New York University</b> <i>Hartford Institute for Geriatric Nursing Clinical Resources Expansion</i> Mathy D. Mezey, EdD, RN	New York, NY	203,145		153,974	49,171
<b>NLN Foundation for Nursing Education</b> <i>Fostering Geriatrics in Pre-licensure Nursing Education</i> M. Elaine Tagliareni, EdD, RN	New York, NY		\$ 262,983	34,650	228,333
<b>Oregon Health &amp; Science University</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Theresa A. Harvath, PhD, RN, CNS	Portland, OR	558,800		189,665	369,135
<b>Pennsylvania State University</b> <i>Center of Geriatric Nursing Excellence</i> Ann Kolanowski, PhD, RN	University Park, PA	679,185		173,226	505,959
<b>RAND Corporation</b> <i>Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services: Phase II</i> Harold Alan Pincus, MD	Santa Monica, CA	1,015,231		686,378	328,853
<b>Research Foundation of the City University of New York</b> <i>Evaluating the Hartford Geriatric Nursing Initiative</i> Shoshanna Sofaer, DrPh	New York, NY	503,971		69,906	434,065
<b>Rhode Island Hospital</b> <i>Brown University Center of Excellence in Geriatric Medicine and Training</i> Richard W. Besdine, MD	Providence, RI	250,000		75,000	175,000
<b>Society of Hospital Medicine</b> <i>Improving Hospital Care Transitions for Older Adults</i> Mark V. Williams, MD	Philadelphia, PA	837,405		412,702	424,703
<b>University of Alabama at Birmingham</b> <i>Southeast Center of Excellence in Geriatric Medicine and Training Renewal</i> Richard M. Allman, MD	Birmingham, AL	312,365		37,365	275,000
<b>University of Arkansas for Medical Sciences</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	Little Rock, AR	451,102		123,456	327,646
<b>University of California, Los Angeles</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> David B. Reuben, MD	Los Angeles, CA	367,854		164,672	203,182
<b>University of California, San Diego</b> <i>Center of Excellence in Geriatric Psychiatry Renewal</i> Dilip V. Jeste, MD	La Jolla, CA	482,000		102,835	379,165

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>University of California, San Francisco</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP	San Francisco, CA	\$ 525,614		\$ 210,621	\$ 314,993
<b>University of California, San Francisco</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> C. Seth Landefeld, MD	San Francisco, CA	358,795		101,928	256,867
<b>University of Chicago</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> William Dale, MD, PhD	Chicago, IL	470,293		42,481	427,812
<b>University of Colorado Denver</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Robert S. Schwartz, MD	Denver, CO	383,178		103,050	280,128
<b>University of Hawaii</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Patricia L. Blanchette, MD, MPH	Honolulu, HI	525,000		25,000	500,000
<b>University of Iowa</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Kathleen C. Buckwalter, PhD, RN	Iowa City, IA	533,422		182,503	350,919
<b>University of Michigan</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jeffrey B. Halter, MD	Ann Arbor, MI	310,807		64,772	246,035
<b>University of Minnesota</b> <i>Center of Geriatric Nursing Excellence</i> Jean F. Wyman, PhD, APRN, BC	Minneapolis, MN	733,815		111,703	622,112
<b>University of North Carolina at Chapel Hill</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jan Busby-Whitehead, MD	Chapel Hill, NC	568,337		93,337	475,000
<b>University of Pennsylvania</b> <i>Center of Geriatric Nursing Excellence Renewal</i> Kathy C. Richards, PhD, RN	Philadelphia, PA	583,831		205,576	378,255
<b>University of Pennsylvania</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Jerry C. Johnson, MD, PhD	Philadelphia, PA	425,000		100,514	324,486
<b>University of Pittsburgh</b> <i>Center of Excellence in Geriatric Psychiatry Renewal</i> Charles F. Reynolds III, MD	Pittsburgh, PA	574,842		99,842	475,000
<b>University of Pittsburgh</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Neil M. Resnick, MD	Pittsburgh, PA	422,953		24,112	398,841

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>University of Rochester</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> William J. Hall, MD	Rochester, NY	\$ 450,000		\$ 71,188	\$ 378,812
<b>University of Texas Health Science Center at San Antonio</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Robin L. Brey, MD	San Antonio, TX	318,120		77,379	240,741
<b>University of Utah</b> <i>Center of Geriatric Nursing Excellence</i> Ginette A. Pepper, PhD, RN	Salt Lake City, UT	762,959		135,077	627,882
<b>University of Washington</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Itamar B. Abrass, MD	Seattle, WA	520,154		76,404	443,750
<b>University of Wisconsin</b> <i>Center of Excellence in Geriatric Medicine and Training</i> Sanjay Asthana, MD	Madison, WI	275,000		25,000	250,000
<b>Wake Forest University Health Sciences</b> <i>Center of Excellence in Geriatric Medicine and Training</i> Jeff D. Williamson, MD, MHS	Winston-Salem, NC	253,726		61,684	192,042
<b>Yale University</b> <i>Center of Excellence in Geriatric Medicine and Training Renewal</i> Mary E. Tinetti, MD	New Haven, CT	475,000		167,600	307,400
<b>Sub-Total Academic Geriatrics and Training</b>		\$65,358,874	\$20,753,152	\$20,479,133	\$65,632,893
<b>INTEGRATING AND IMPROVING SERVICES</b>					
<b>AARP Foundation</b> <i>Professional Partners Supporting Family Caregiving - Phase II</i> Susan C. Reinhard, RN, PhD	Washington, DC	\$ 54,406	\$ 698,364	\$ 131,047	\$ 621,723
<b>International Honor Society of Nursing Foundation, Inc.</b> <i>Geriatric Nursing Leadership Academy Implementation</i> Mary Rita Hurley, RN, MPA	Indianapolis, IN	1,056,613		271,512	785,101
<b>Johns Hopkins University</b> <i>Enhancing the Quality of Medical Home Services</i> Charles E. Boulton, MD, MPH, MBA	Baltimore, MD	1,513,321		432,307	1,081,014
<b>Johns Hopkins University</b> <i>Translating Research into Practice: The Johns Hopkins Home Hospital</i> Bruce Leff, MD	Baltimore, MD	320,404		222,785	97,619

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>Johns Hopkins University</b> <i>Guided Care: Demonstration Project and Diffusion Planning</i> Charles E. Boulton, MD, MPH, MBA	Baltimore, MD	\$ 289,632		\$ 220,811	\$ 68,821
<b>Mount Sinai Medical Center, Inc.</b> <i>Center to Advance Palliative Care: Advancing the Palliative Care Field</i> Diane E. Meier, MD	New York, NY	248,067	\$ 500,940	248,067	500,940
<b>Mount Sinai Medical Center, Inc.</b> <i>Clinical Service Challenge Grant: The Four "C"s of Excellent Geriatric Hospital Care: Coordination, Collaboration, Communication, Continuity</i> Rosanne M. Leipzig, MD, PhD	New York, NY	21,452		21,452	
<b>National PACE Association</b> <i>Establishing PACE as a Community Care Option for Rural Elders</i> Peter Fitzgerald, MSc	Alexandria, VA	118,941		118,941	
<b>Oregon Health &amp; Science University</b> <i>Dissemination of Care Management Plus: Information Technology Tools for the Care of Seniors</i> David A. Dorr, MD, MS	Portland, OR	1,380,665		314,301	1,066,364
<b>Paraprofessional Healthcare Institute, Inc.</b> <i>The Nurse as Supervisor of Direct-Care Staff</i> Sara Joffe	Bronx, NY	1,042,864		623,528	419,336
<b>Partners in Care Foundation, Inc.</b> <i>Preventing Medication Errors: Evidence-Based Medication Management Intervention</i> W. June Simmons, MSW	San Fernando, CA	693,534		344,902	348,632
<b>University of California, Los Angeles</b> <i>Clinical Service Challenge Grant: Redesigning a Geriatrics Practice to Manage Chronic Conditions</i> David B. Reuben, MD	Los Angeles, CA	28,038		28,038	
<b>University of Colorado Denver</b> <i>Building the Capacity to Disseminate the Care Transitions Intervention on a National Scale</i> Eric A. Coleman, MD, MPH	Denver, CO	1,156,698		249,647	907,051
<b>University of Colorado Denver</b> <i>The Practice Change Fellows: An Interdisciplinary Leadership Program to Improve Health Care for Older Adults</i> Eric A. Coleman, MD, MPH	Denver, CO	540,518		260,367	280,151
<b>University of Colorado Denver</b> <i>Dissemination of Geriatric Interdisciplinary Teams in Practice (GIT-P)</i> Eric A. Coleman, MD, MPH	Denver, CO	177,627		177,627	
<b>University of Pennsylvania</b> <i>Translating Research into Practice: Transitional Care for Elders</i> Mary D. Naylor, PhD, RN	Philadelphia, PA	181,655		117,705	63,950

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>University of Washington</b>	Seattle, WA	\$ 1,229,332		\$ 493,115	\$ 736,217
<i>Improving Depression Care for Elders - IMPACT Model Dissemination</i>					
Jürgen Unützer , MD, MPH, MA					
<b>Visiting Nurse Service of New York</b>	New York, NY	1,252,500		388,335	864,165
<i>The Geriatric CHAMP (Curricula for Home Care Advances in Management and Practice) Program as a Framework for Geriatric Home Care Excellence Expansion</i>					
Penny Hollander Feldman, PhD					
<b>Sub-Total Integrating and Improving Services</b>		\$11,306,267	\$1,199,304	\$4,664,487	\$7,841,084
<b>AGING AND HEALTH - OTHER</b>					
<b>American Federation for Aging Research, Inc.</b>	New York, NY	\$ 49,244		\$ 15,758	\$ 33,486
<i>Kensington-Hartford Travel Awards in Geriatrics</i>					
Stephanie Lederman					
<b>American Geriatrics Society, Inc.</b>	New York, NY	499,456		133,057	366,399
<i>Establishing a Geriatrics Workforce Policy Studies Center to Support Advocacy for Improved Geriatric Health Care</i>					
Nancy E. Lundebjerg, MPA					
<b>Florida Health Care Education and Development Foundation, Inc.</b>	Tallahassee, FL	14,396			14,396
<i>Hurricane and Disaster Preparedness for Long-Term Care Facilities</i>					
LuMarie Polivka-West, MSP					
<b>The Foundation for the LSU Health Sciences Center</b>	New Orleans, LA	233,805			233,805
<i>Rebuilding Geriatric Medicine and Training at Louisiana State University: A Response to the Flooding of New Orleans</i>					
Charles A. Cefalu, MD, MS					
<b>George Washington University</b>	Washington, DC	923,896		190,458	733,438
<i>National Health Policy Forum: Advancing Aging and Health Policy Understanding Renewal</i>					
Judith Miller Jones					
<b>Institute of Medicine of the National Academies</b>	Washington, DC	55,953			55,953
<i>Healthcare Workforce Consensus Report for an Aging Society</i>					
Roger Herdman, MD					
<b>Tides Center</b>	San Francisco, CA		400,000	\$ 75,000	325,000
<i>Eldercare Workforce Alliance</i>					
Nancy E. Lundebjerg, MPA					
<b>Sub-Total Aging and Health - Other</b>		\$ 1,776,750	\$ 400,000	\$ 414,273	\$1,762,477

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
<b>NEW YORK FUND</b>					
American Academy of Nursing <i>Raise the Voice Campaign</i> Patricia A. Ford-Roegner, MSW, RN	Washington, DC		\$10,000	\$10,000	
American Federation for Aging Research, Inc. <i>2009 Annual Awards Dinner</i> Stephanie Lederman	New York, NY		8,600	8,600	
Foundation for Health in Aging Inc. <i>Ninth Annual Lifetime of Caring Gala</i> Linda M. Hiddemen-Barondess	New York, NY		7,350	7,350	
Grantmakers in Aging <i>Grantmakers in Aging 2009 Annual Meeting</i> Carol A. Farquhar	Dayton, OH		2,000	2,000	
Mount Sinai Medical Center, Inc. <i>Martha Stewart Center for Living 2nd Annual Gala</i> Jaime O'Brien	New York, NY		8,000	8,000	
New York University <i>The John A. Hartford Foundation Doctoral Research Seminar in Geriatric Nursing</i> Terry T. Fulmer, PhD, RN	New York, NY	\$86,580		46,580	\$40,000
United Hospital Fund <i>Annual Support</i> James R. Tallon, Jr.	New York, NY		2,500	2,500	
Visiting Nurse Service of New York <i>2009 Benefit Dinner</i> John Billeci	New York, NY		6,500	6,500	
<b>Sub-Total New York Fund</b>		\$86,580	\$44,950	\$91,530	\$40,000
<b>OTHER GRANTS</b>					
Center for Effective Philanthropy, Inc. <i>Annual Support</i> Phil Buchanan	Cambridge, MA		\$ 2,400	\$ 2,400	
The Foundation Center <i>Annual Support</i> Bradford Smith	New York, NY		10,000	10,000	
Grantmakers in Aging <i>Annual Support</i> Carol A. Farquhar	Dayton, OH		7,500	7,500	
Grantmakers in Health <i>Annual Support</i> Lauren LeRoy, PhD	Washington, DC		7,500	7,500	
Philanthropy New York, Inc. <i>Annual Support</i> Ronna D. Brown	New York, NY		16,600	16,600	

## SUMMARY OF ACTIVE GRANTS 71

		Balance Due January 1, 2009	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2009
The Philanthropy Roundtable <i>Annual Support</i> Adam Meyerson	Washington, DC		\$ 1,000	\$ 1,000	
Salve Regina University <i>In Memory of Senator Claiborne Pell for the Pell Center for International Relations &amp; Public Policy</i> Peter H. Liotta, PhD	Newport, RI		5,000	5,000	
<b>Sub-Total Other Grants</b>			\$ 50,000	\$ 50,000	
<b>Matching Grants*</b>			1,105,301	1,105,301	
<b>Discretionary Grants**</b>			60,000	60,000	
<b>Grants Refunded or Cancelled</b>		23,413,987	(23,538,484)	(124,497)	
<b>Discounts to Present Value</b>		(6,455,586)	(1,990,150)		(8,445,736)
<b>Total (All Grants)</b>		\$95,486,872	\$(1,915,927)	\$26,740,227	\$66,830,718
*Grants made under the Foundation's program for matching charitable contributions of Trustees and staff.					
**Grants made under the Foundation's program for charitable contributions designated by staff.					
		Expenses Authorized Not Incurred Jan. 1, 2009	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2009
Foundation-Administered Grant <i>Communications &amp; Dissemination Initiative Expansion Renewal</i> John Beilenson	New York, NY	\$933,964		\$262,209	\$671,755
<i>To Pursue Selected Activities in the Strategic Plan</i>			\$169,262	169,262	
<b>Total</b>		\$933,964	\$169,262	\$431,471	\$671,755

## Application Procedures

THE JOHN A. HARTFORD FOUNDATION'S OVERALL GOAL is to improve the health of older adults by creating a more skilled workforce and a better designed health care system. In order to maximize the Foundation's impact on the health and well-being of the nation's elders, grants are made in two priority areas:

### Academic Geriatrics and Training

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

### Integrating and Improving Health-Related Services

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

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

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



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

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

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**note**

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