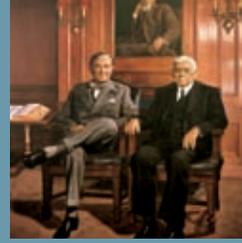


# The John A. Hartford Foundation

2001 Annual Report



John A. and George L. Hartford,  
founding fathers of the John A.  
Hartford Foundation



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

**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.

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## Statement of Purpose

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

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

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

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





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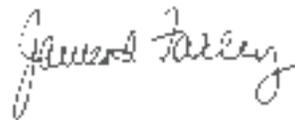
James D. Farley,  
Chairman of the Board

**For twenty years**, the John A. Hartford Foundation has continued its commitment to helping our health system provide quality care for an increasing number of older adults. In 2001, we made substantial investments in this regard. Our program grants assisted skilled health professionals by fostering innovation and excellence in the delivery of services to senior citizens. This Annual Report highlights our efforts to address the problem of a shortage of nurses skilled in geriatrics. The Foundation has committed \$34 million to a series of strategies which will help to reverse this trend. We continue our support for the John A. Hartford Foundation Institute for Geriatric Nursing at New York University. We have assisted nursing schools in the development of geriatric programs. We fund scholarships for nursing students at the undergraduate and graduate levels. We have also established a coordinating center at the American Academy of Nursing, and we are constantly evaluating these programs to see which ones fit our defined goal of progress in geriatric caregiving.

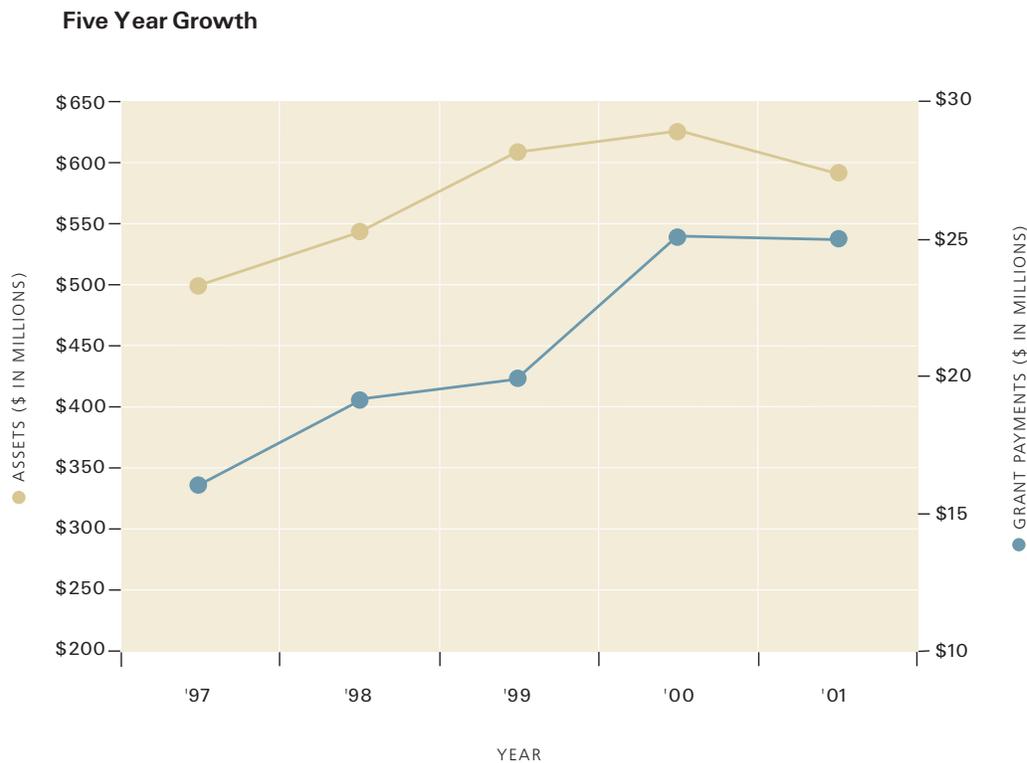
In 2001, the Board of Trustees also approved several investments in the curricula used in the training of doctors, nurses and social workers. We provided funds to the American Association of Medical Colleges for the continuation and enrichment of geriatric content in the appropriate curricula. We made a grant to the American Association of Colleges of Nursing which enables 30 nursing schools to increase the geriatric content of their training. Our grant to the Council on Social Work Education has funded faculty members in 67 Bachelor's and Master's level social work programs. These efforts will expand the number, quality and performance of "aging-rich" courses and field work. During 2001, the Board also launched the Geriatric Interdisciplinary Teams in Practice initiative. This commitment builds on the Foundation's belief that TEAM care can improve the health of older people. We will document the cost-effectiveness of these teams in five practice settings across the country. If successful, we hope that the results will speed the adoption of such collaborative approaches.

After six consecutive years of growth in our endowment, the Foundation's assets declined to \$588 million in 2001. Despite a drop in the endowment, we kept our grant payments virtually unchanged from the prior year: \$24.9 million was our grant total. We are optimistic that our diversified investment approach will again produce growth in our endowment and allow us to sustain our grant programs.

Finally, I would like to thank my colleagues on the Board of Trustees as well as the Foundation staff for their outstanding support. This team has made our work possible AND enjoyable. I salute them for the accomplishments described in this report. We look forward to continuing our important mission on behalf of older adults.



James D. Farley



JAMES D. FARLEY

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# Strengthening Geriatric Nursing

JAHF Nursing Initiatives



# The Nursing Shortage

## A National Challenge

*Jim Benson, 67, a widower with diabetes, was ordered to the hospital by his doctor with an alarming series of symptoms – extreme fluid buildup and shortness of breath. Dropped off by his daughter, she promised to return that evening after work. When she did, she was dismayed to discover that her father’s half-eaten dinner tray was laden with salty food. An aide apologized, explaining that the floor had been swamped with an unusual number of admissions that day. Understaffed and overworked, she would do her best to stay on top of the situation. The next morning, after a medication mix-up, Benson’s daughter decided that she would have to take a few days off from work and remain by her father’s bedside. A few days later, she was relieved to bring him home. But Benson, diagnosed with congestive heart failure, kept being readmitted to the hospital over the next year. In and out of the hospital fairly quickly, he was given a long list of instructions — about diet, medications, exercise — which he didn’t always remember or completely understand. He thought he was following orders but, within weeks, the same symptoms would reappear. Luckily, after his last readmission, as part of an experimental program to help patients recover better, which also cuts hospital costs, Benson was assigned a Nurse Practitioner with training in geriatrics to assess his needs before discharge, then provide support, guidance and oversee his recovery at home. She helped him set up a system for taking his medications, steered him away from processed foods which contain too much salt and arranged for a neighbor to stop by daily to see if he needed help with errands. “She was a godsend,” says Benson. “Everyone leaving the hospital should have a Nurse Practitioner.” His daughter agrees. He is now well enough to play with his grandchildren and has not been re-hospitalized.*



As Jim Benson and his daughter quickly discovered, nurses, the largest segment of the health care workforce, play a critical, hands-on role in caring for sick and frail older adults. As they also came to appreciate, nursing excellence can make all the difference in delivering cost-effective, quality care. It is a powerful component in patient recovery, particularly when patients are sent home after shorter and shorter hospital stays. Yet, everywhere we look — in hospitals, nursing homes, assisted living facilities and our homes — there are not enough nurses to care for our parents, grandparents and, eventually, ourselves.

These days, anyone with an aging parent, relative or friend in a hospital or care facility is aware of the fact that a nursing shortage exists, and that it has already taken its toll. With fewer nurses handling more patients, families often face a discontinuity of care, lack of information and absence of follow-up support. Not surprisingly, patient dissatisfaction is on the rise, as are a wide range of preventable problems, such as dehydration, urinary tract infections and improper medication management. In fact, due to staff restructuring and cutbacks, which have resulted in the replacement of experienced nurses with less prepared staff, many Americans view hospitals and nursing homes as dangerous places. They understand that institutions with inadequate ratios of nurses to patients result in low morale and poor care and outcomes. That is why they believe that without an advocate — a family member, private aide or nurse — to help protect the patient, coordinate care and navigate the system, a medical mistake is almost inevitable. Overall, as is well documented, the burden of care has significantly increased for nurses, patients and families since 1990.<sup>1</sup>

### Geriatric Nursing Shortage

Within the context of this general nursing shortage, there exists an even greater shortage of nurses with geriatric skills. “In general, nurses have not been well-prepared to care for elders,” says Patricia Archbold, DNSc, RN, Elnora Thompson Distinguished Professor of Nursing at the Oregon Health & Science University School of Nursing. “One reason is that most nursing school faculty have not been well-prepared to teach about elder care.” Of the 2.56 million registered nurses in the U.S., for example, less than 15,000 (.005 percent) are certified gerontological nurses, and of 111,000 advanced practice nurses, only 3,500 (three percent) are gerontological nurse practitioners or clinical specialists.<sup>2</sup> On top of that, geriatric nursing is under-represented in nursing education curricula. Less than a quarter of four-year nursing schools offer a required undergraduate course in geriatric nursing, and most baccalaureate programs do not have even one faculty member prepared in geriatric nursing. Geriatric nurses are scarce in the top leadership of both nursing schools and the nursing profession. Given the fact that older Americans represent a high percentage of all ambulatory adult primary care visits, 80 percent of home care visits, 48 percent of hospital patients and 85 percent of nursing home residents, the seriousness of the problem cannot be overstated.<sup>3</sup>

Indeed, it is one of the painful ironies of our era that a major triumph of modern medicine — the dramatic rise in our longevity — has been accompanied by one of its great failures, the dramatic shortage of nurses, especially those skilled in providing care to older adults.

<sup>1</sup> *When Care Becomes a Burden: Diminishing Access to Adequate Nursing*. Milbank Memorial Fund. 2001 by Claire M. Fagin

<sup>2</sup> *New Initiatives in Nursing to Improve the Care of the Elderly*, by Claire M. Fagin

<sup>3</sup> *Ibid.*

# The Nursing Shortage

As dangerous as this shortage is today, it is projected to become much worse in the decades to come. Key reasons for the continuing shortage include:

- a decline in the conditions of hospital employment for nurses — relatively low pay in view of the high stress and physical demands, long hours, loss of experienced nurses, decreased job satisfaction — which has led many nurses to drop out of direct care, seeking other forms of employment and discouraging others from entering the profession;
- a nursing workforce whose average age is 43.3, which will be aging and retiring just as the population is aging and the need for nurses will dramatically increase;
- an even older nursing faculty, with 52.1 and 48.5 the average age of associate and assistant professors, and 45 the average age of new doctoral recipients;
- an uninterrupted five-year drop in baccalaureate nursing enrollments;
- a flat enrollment in doctoral programs that produce nurse educators;
- a serious shortage of qualified faculty in schools of nursing, and
- increased career opportunities for women in jobs that are perceived to bring higher wages, better working conditions and higher status.

If you add to this combination of ingredients the fact that many nurses and nursing students — like the rest of society — are youth-oriented, hold negative views of aging, and do not see caring for the elderly as an exciting or prestigious career, then it is clear why the projected rising gap between geriatric nurses and aging Americans looms as a major health disaster, if not addressed. “Nurses in long-term care have always been at the bottom of the pecking order,”

says Margaret McClure, PhD, RN, President of the American Academy of Nursing. In fact, nurses beginning their careers are frequently discouraged from working with older people, just as pre-doctoral scholars are generally steered away from gerontological research. As one geriatric nurse-scholar put it, “When you mention that you like working with older people in a nursing home, nurses look down at you and say, you’re just playing bingo, that isn’t really nursing.”

Clearly, if these trends persist, the U.S. will face a crisis of unparalleled proportions, a time bomb set to go off in the year 2010 when baby boomers begin to turn 65, and estimated to continue for decades, as the number of Americans over 65 swells to 70 million by 2030. Indeed, between 2010 and 2030, demographic data show a growing gap between caregiver supply and demand.

There is much to be done to avert the crisis.

Long before the nation woke up to its serious nursing shortage, the John A. Hartford Foundation, ahead of the curve in its commitment to geriatric nursing, recognized the need to expand and improve academic gerontological nursing programs and clinical nursing care. This report focuses on the Foundation’s overall vision and pioneering programs to build strength and capacity within geriatric nursing education, research and practice. These programs add up to a major commitment of approximately \$34 million. We believe it is an essential investment in America’s future health and welfare, one which provides the foundation and building blocks to improve the well-being of the nation’s elders — our most vulnerable citizens — in the 21st century.

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## **Nurse-Scholars: Blazing new trails**

*What do nurses do? Most Americans view nurses only as individuals bent over patients – ministering angels with cool hands, warm hearts, a toolkit of technical skills and limited medical knowledge. To be sure, it is a positive image. According to a recent Gallup Poll, Americans trust nurses more than any other group in the health care system. But it is an incomplete and outmoded view of nursing which relegates nurses to a single function — as worker bees in the health care hierarchy whose main job is to carry out orders dispensed by knowledgeable and largely remote MDs.*

*“In fact,” says Eileen Sullivan-Marx, PhD, CRNP, RN, Associate Professor of Nursing and Director, Adult Health and Gerontology Nurse Practitioner Programs, at the University of Pennsylvania School of Nursing, “most people are unaware that nursing is not just a job, it is a career.” Unfortunately, that is as true inside the profession as among the general public. Today, many young people entering nursing are only dimly aware of the world of opportunity open to them through graduate school education, and few are encouraged to apply to graduate school until they have decades of practice behind them. Yet, an impressive cadre of highly skilled, highly educated nurse-scholars — like physician researchers and practitioners — are playing leadership roles in health care.*

*The National Institutes of Health (NIH) first recognized the value and seriousness of nurse scientists in 1986, when it established The National Center for Nursing Research. (Before that, nurses competed for NIH funding at other institutes, where they continue to be funded.) In 1993, the Center was elevated into the National Institute for Nursing Research (NINR) at the NIH. Since then, it has grown in prominence and prestige. Today, for example, it is the lead institute in all palliative and end-of-life care research at the NIH.*

*Most gerontological research is clinically focused, and ultimately aimed at creating and transferring evidence-based knowledge into nursing practice. Today’s leaders were inspired and mentored by highly gifted nurse-scholars and educators, like Doris Schwartz, who pioneered new trails in the 1960s. By focusing research on patient and practice outcomes, nurse scientists have improved patient health-care, health systems and health policy. Many of today’s leading nurse-scholars, recognized and rewarded with federal funds for their important clinical contributions to care of the elderly, are playing key roles in the Hartford Foundation’s nursing initiative. They include Drs. Jeanie Kayser-Jones, Mathy Mezey, Kathleen Buckwalter, Neville Strumpf, Mary Naylor, Cornelia Beck and Patricia Archbold. Their cutting-edge research is focused on a wide range of clinical issues, from how stress affects dementia patients and caregivers to preventing hospitalization among older adults with congestive heart failure. It is exciting and important work.*

# JAHF Nursing Initiatives

The John A. Hartford Foundation Institute for Geriatric Nursing

## 1996-2001: The John A. Hartford Foundation Institute for Geriatric Nursing

The first step toward fulfilling the Foundation's goal of strengthening gerontological nursing was a \$5 million, five-year award to establish the only gerontological nursing-focused institute in the country. Under the leadership of nurse-scholar Mathy Mezey, EdD, RN, Independence Foundation Professor of Nursing Education at New York University, with a national board of advisors and staff, the Institute has successfully evolved from a visionary concept to a powerful national resource, a unique and creative incubator of ideas, standards, products and leaders. "The Institute has empowered a small cadre of people," says Mezey, "who for many years have been, essentially, voices in the dark — bringing our work and passion for geriatric nursing into the light."

The Institute's broad mission is two-fold. "To put the care of older patients front and center on the screen of nurse educators, nurses in practice and the general nursing profession," says Mezey, "and to get the health care sector itself to recognize that nursing excellence is an essential component in caring for older adults." A formidable task, the Institute has played a pivotal role in igniting national awareness of geriatric nursing. Also, it has demonstrated that by building a set of programs designed to work together, and by partnering with key educational and nursing organizations, it is possible to leverage modest investments in education, practice, research and policy into major results with permanent payoffs.

**Education.** The Institute has focused on expanding and strengthening the geriatric curriculum content in baccalaureate nursing programs so that all nurses have a basic knowledge of geriatric nursing. Much of its work has been undertaken in partnership with the American Association of Colleges of Nursing (AACN), the leading organization representing collegiate schools of nursing. To achieve its goals the Institute:

Photo: Courtesy of NYU



Mathy Mezey, EdD, RN,  
Director, Hartford Foundation  
Institute for Geriatric Nursing

- developed, published and distributed *Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*, a standards manual for schools of nursing;
- honored and showcased curriculum excellence by creating an award (presented at the annual AACN Conference) for *Exceptional Baccalaureate Curriculum in Gerontologic Nursing* to schools of nursing with exemplary curricula, which they distributed to all baccalaureate programs;
- developed *Partners for Dissemination of Best Nursing Practices in Care for Older Adults*, with an easy-to-use curriculum guide, implementation manual and video, for baccalaureate nursing programs;
- lectured, held symposia and provided workshops at national conferences attended by nursing faculty, and
- published a *Product Catalogue* which provides an overview of the Institute's resources and materials available for educational needs.

The Institute, working with the AACN, improved the geriatric competency of close to 40,000 yearly graduates of the nation's 740 baccalaureate nursing programs, directly impacted 40 percent of the schools and continues to facilitate increases in curriculum devoted to the care of older adults.

**Practice.** The Institute has provided leadership development in clinical nursing and health care management. Its two-pronged practice initiative has been aimed at training: a) individual nurses (working in hospitals, home care and nursing homes) to improve their geriatric knowledge and skills, and b) health care systems prepared to make institutional improvements in geriatric care.

To reach individual nurses, the Institute developed partnerships with nursing groups that represent and reach practicing nurses in specialty

organizations — such as oncology nurses, cardiovascular nurses, rehabilitation nurses, etc. — as well as the American Nurses Association (ANA). It is estimated that Institute practice initiatives reached over 200,000 individual practicing nurses who belong to 70 specialty professional organizations at their national and regional professional meetings. Other strategies aimed at nurses include:

- disseminating practice training materials about geriatric care via the Institute's Web site, ([www.hartfordign.org](http://www.hartfordign.org));
- developing and/or strengthening Geriatric Special Interest Groups;
- honoring practice excellence by creating a competitive annual award for specialty nurses presented through the ANA;
- developing an online review course to prepare nurses to sit for the national gerontological nursing certifying examination;
- launching *Try This*, a publication series of assessment instruments, and
- mounting symposia and workshops at over 150 conferences to date.

At the systems level, the Institute launched major programs to promote organizational improvements in geriatric nursing practice, including:

- Nurses Improving Care for Health Systems Elders (NICHE), which grew out of an earlier Foundation program, and creates system change for hospitals to improve care of older inpatients;
- Practice Improvement Clusters (PICs), implemented in Oregon and New York to date, which brings together hospitals, nursing homes and home care agencies to identify and address institutional barriers to quality care within these institutions and as older people move among them, and



Neville Strumpf, PhD, RN and Lois K. Evans, DNSc, RN receiving the Doris Schwartz Gerontological Nursing Award at the 2001 GSA conference

- resources to help staff development educators meet age-specific competency requirements set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), including the development of materials easily accessed on its Web site.

It is estimated that the Institute contributed to long-term systems improvement in over 100 hospitals, and influenced the training of hundreds of practicing nurses.

**Research.** The Institute has helped create a cadre of enthusiastic nurse researchers and fostered research through:

- The *Hartford Institute Geriatric Research Scholars and Fellows Program*, an intensive week-long seminar and mentoring program which provides opportunities for post-doctoral faculty on a regional basis to improve research and leadership skills, as well as their chances of securing funding sources. To date, 60 nurse faculty have gone through the program; many “graduates” have gained funding for their research and advanced into leadership roles, and
- inaugurating the Doris Schwartz Gerontological Nursing Research Award, presented annually at the Gerontological Society of America conference, which has dramatically raised the visibility and prestige of nurses’ geriatric research.

**Policy and Consumer Education.** The Institute has informed the public debate through a few well-targeted activities. They include:

- launching a newsletter aimed at the public policy community about nurse staffing and quality of care for older adults, *Nursing Counts*. Its three publications a year — one focused on hospitals, one on nursing homes, and one on home care — provide public policy organizations at the state and national level with important

nursing information. Recently picked up by the *American Journal of Nursing* (circulation about 360,000), and now a regular part of their publication, it has become a highly respected source of information for those setting policy at all levels of government;

- publishing articles geared to educate consumers about geriatric nursing, distributed nationally to about 500 community newspapers, and
- sponsoring the development of policy and position papers on special subjects, including nurse workforce issues in community and institutional long-term care. A “white paper,” which for the first time set preferred minimum nurse staffing standards in nursing homes, published in collaboration with the National Citizens Coalition for Nursing Home Reform, was cited in a Congressional Bill, the “Nursing Home Quality Protection Act of 2001.”

The Institute has become a respected voice in the national health care debate and a major catalyst for change within the nursing community. “We have worked to incorporate what we have done into the structure of major nursing organizations,” notes Mezey, “so that our accomplishments are institutionalized and will remain in place irrespective of continued input from the Institute.”

#### **Building on Success**

Recognizing that the work of the Institute is far from complete, in March 2001 the Foundation awarded a \$5 million, five-year renewal grant to sustain, strengthen and expand its current programs, as well as develop new programs and partners. New initiatives include:

- creating geriatric nursing regional networks;
- focusing on the education of advanced practice nurses, including increasing geriatric content in family and adult nurse practitioner programs;



- creating national geriatric competency standards for hospital nursing staff;
- expanding the use of advanced practice nursing in long-term care;
- launching a campaign for gerontological nursing certification;
- promoting the role of nurses in assisted living settings, a rapidly increasing sector which serves about three million older Americans;
- expanding the content of the Institute's Website, which already receives 1,600 "hits" a month, and
- re-surveying the nation's baccalaureate nursing programs to assess their long-term impact.

The Institute will seek new ways to build and maximize synergies with the new Hartford Building Academic Geriatric Nursing Capacity Initiative (described on pages 18-49).

This should not be difficult since some of the new Hartford Centers of Geriatric Nursing Excellence strategies to gerontologize nursing education, practice and research, such as scholar training programs and awards, are variations on themes initially developed by the Nursing Institute.

The Institute demonstrated that relatively small sums, strategically invested, can make a major difference in changing institutions, individuals and cultures. Perhaps its greatest achievement has been to inspire further investments in geriatric nursing by the Foundation and other organizations in the health care community as a way to improve quality care for the elderly.

### **1999 – 2001: Transition to Broader Nursing Initiatives**

Prompted by the growing nursing crisis, inspired by the successes of the Nursing Institute, and drawing upon the experience and knowledge of prominent nurse educators, administrators and scholars, the Hartford Foundation began to investigate new ways to broaden and deepen its commitment to gerontological nursing education and training.

In 1999, as part of a strategic planning process, it commissioned a survey of doctoral nursing programs under Mezey's direction and retained Claire Fagin, PhD, RN, Dean Emeritus of the University of Pennsylvania School of Nursing and Chair of the Nursing Institute Advisory Board (see page 41), to explore promising options for further investment in geriatric nursing. White Papers were commissioned and, in January 2000, the Foundation convened an expert panel to discuss critical problems and optimal solutions.

A clear consensus emerged. To increase the nation's academic geriatric nursing capacity, a new Foundation initiative should focus on supporting:

- Centers of Excellence in gerontological nursing;
- gerontologization of nurses in fields critical to the care of older adults;
- leadership development;
- rapid dissemination and adoption of effective models of training and care, and
- synergy of activities between the Nursing Institute and the Foundation's new Initiative.

## **2000-2005: Building Academic Geriatric Nursing Capacity Initiative**

In March 2000, the Foundation endorsed a major new multi-faceted, \$14.6 million, five-year initiative to build academic geriatric nursing capacity. Its goals are broad and deep: to build strength and capacity within geriatric nursing education and practice, and gerontologize the culture of nursing. The effort was further expanded in 2001. According to George Huba, PhD, President of The Measurement Group, and evaluator of the overall program, “This initiative is about long-term vision on how to change a field systematically over a 10 to 20 year period to meet future service needs.” Components of the Initiative include:

### **Five Centers of Geriatric Nursing Excellence (CGNEs):**

- 1. Oregon Health & Science University School of Nursing**
- 2. University of Pennsylvania School of Nursing**
- 3. University of Arkansas for Medical Sciences College of Nursing**
- 4. University of California, San Francisco, School of Nursing**
- 5. University of Iowa College of Nursing**

### **Program Coordination**

*American Academy of Nursing*

### **Geriatric Nurse Scholars Program**

*American Academy of Nursing*

### **Nursing School Geriatric Investment Program**

*American Academy of Nursing*

Much has already happened in little over a year. The Initiative has mobilized resources and people across the nation to work toward a common goal. It has raised the profile of gerontological nursing, attracted new talent to the field, created new, collaborative relationships between academia and community health care institutions, generated new projects and programs for moving into practice evidence-based knowledge and launched new research projects.

Highlights of each component of the Initiative follow.

## The John A. Hartford Foundation Centers of Geriatric Nursing Excellence

In March 2000, 12 nursing schools located at research-intensive universities were invited to submit proposals to become Centers of Excellence. In November 2000, grants of approximately \$1.33 million each were awarded to five Centers for five years. Each CGNE is also required to contribute matching funds in increasing annual increments.

The goals of the Centers are to:

- strengthen nursing excellence in research, teaching and clinical care;
- produce a cadre of future academic and practice leaders;
- advance scientific and clinical knowledge;
- provide for interdisciplinary collaboration, and
- enhance local and regional activities relating to improved care for older adults.

The Foundation's previous experience with Academic Centers of Geriatric Excellence confirms that a Center does several things exceptionally well. First, because "talent attracts talent," it helps to create a critical mass of gerontological activity, essential to developing future leaders. Second, with a small staff and relatively modest investment of funds, it pulls together a school's existing strengths and multiplies them. For example, CGNEs enable and encourage independent nurse scholars who traditionally pursue research goals in isolation, to interact with colleagues, exchange information and ideas and focus more strategically on mutual goals.

Being called a Hartford "Center of Excellence" also brings enhanced visibility and respect. It catapults each Center to a higher level of prestige and prominence within its institution and throughout the country. This, in turn, helps each institution attract new collaborative relationships and new funding, which further leverages the Center's assets and Hartford monies. As Huba observes, "The CGNE has been a catalyst for putting gerontological nursing stage center. As a result, \$250,000 gets you \$2 million worth of impact." Highlights of each CGNE's strengths and first-year activities follow.





Patricia Archbold, DNSc, RN,  
Director, OHSU CGNE

## **Oregon Health & Science University School of Nursing (OHSU), Portland, OR**

There are only about three and a half million people in the state of Oregon and, as Marna K. Flaherty-Robb, MS, RN, OHSU Assistant Professor and Director of Practice Development, School of Nursing, points out, “Those working in elder care have known each other for years. There is a lot of interconnectivity, and a lot of ability to sustain through time.” And in fact, a key strength of OHSU is its ability to draw upon its long and close relationships with providers and clinical agencies to translate new knowledge into policy as well as practice. “Yet,” says Patricia Archbold, DNSc, RN, Elnora Thompson Distinguished Professor and Director of the CGNE, “while we have a long history of good, collaborative relationships, know each other well, have the training programs, practice innovations and research in gerontological nursing developed over the past 20 years, there is a lack of transfer of good practices into clinical settings. The Hartford award,” she explains, “provides us with the first opportunity to bring together key leaders to look, in research-based ways, at improving nursing care to elders through collaborative efforts of the University and agencies in the community.” The Hartford award also has helped make gerontological nursing a high-priority item on the University’s agenda.

OHSU has developed three inter-related programs to move research findings into practice, institutionalize best practices, and rapidly increase the pool of geriatric nurses. “The programs have already leveraged attention, investment and interest in the work that is going on here by the public and by our partners,” says Flaherty-Robb. “We are serious about our work and will be doing it in a sustained way for much longer than five years.”

## **Geriatric Best Practices Initiative (BPI)**

The School of Nursing joined with community partners — Kaiser Permanente Northwest Division, Oregon Seniors and People with Disabilities Division (a state regulatory agency), and the Portland VA Medical Center — to identify and focus on best practices which can be adopted into a clinical setting, tested and monitored. The projects within the BPI, described below, are focused on wound care in long-term care using distance technology, recruitment and retention in long-term care, and changing behavioral management in licensed facilities.

- Kaiser Permanente, concerned about the lack of education, evaluation and treatment of wounds within the long-term care industry, and the resulting variable outcomes and high costs, is the lead partner in the wound care project. It seeks to improve assessment and knowledge among nurses and, in particular, develop a cost effective way to provide wound care consultation and treatment to rural locations using computer software and the remote technology of a high resolution digital camera. Pilot testing of the technology has already begun.
- Holgate Center is the lead partner in the recruitment and retention of nursing assistants in long-term care (LTC), which continues to experience nursing shortages and high turnover. This project seeks to broaden recruitment efforts to attract high school and nursing students into LTC and to enhance the work environment so they will stay and grow professionally.
- Oregon Seniors and People with Disabilities Division is the lead partner in developing a statewide initiative to change the existing behavioral management culture in its licensed facilities. It is modeled after a successful partnership with the school of nursing that involved restraint reduction in nursing facilities.



“For six years,” says Megan Hornby, MS, RN, Quality Resource Manager, “the Division has wanted to work with OHSU to promote this innovative ‘best practice’ project in the area of managing and dealing with aggressive behaviors. What the Hartford Center has allowed us to do is get support from the School of Nursing so that we have their commitment to provide the practice information, then help us compare and evaluate pilot studies dealing with the most effective way to implement these best practices.” At the same time, the project will help OHSU implement strategies to institutionalize the process of converting research into practice within organizations. “We are really trying to design a system that can be taken to other states and locations around the country,” says Karen Amann Talerico, PhD, RN, CS, Assistant Professor and Scientist at the School of Nursing. “I may be doing research but I’m a clinician at heart. So to be able to get my research into people’s hands at the bedside is a rare opportunity. I really want to help older people and Hartford has really given me some tools and resources and connections with people that can make things happen. It’s very exciting.”

#### **Summer Postdoctoral Fellowship Program**

The program is designed for nursing faculty from the Northwest Region who, because of work and family responsibilities, cannot take time to complete a two-year postdoctoral fellowship. Instead, fellows come to OHSU for two summers, and communicate during the year via distance learning. Fellows participate in a wide range of educational and research experiences, including the Best Practices Initiative, and are expected to complete a research proposal for submission to a funding agency. (See Renee Hoeksel, p.23)

Kristen L. Swafford, (left), Hartford Fast-Track Program student with Holgate Center resident.





Deborah Messecar, PhD,  
RN, Assistant Professor of  
Nursing and Director of the  
Fast-Track Program

## BS to MS/PhD Fast-Track Program

The Program is aimed at attracting students to careers in gerontological nursing research and education early in their undergraduate studies, and creating an ongoing environment of support. Kristen Swafford came to nursing after a career in mental health. She heard about the Hartford Fast-Track Program as a junior. It had never occurred to her to pursue a PhD. “I felt like the door was opening in front of me and I needed to just walk through it. Being exposed to the culture of scholarly pursuits is new to me. I’m really excited about having an impact in this field with a population that I care about so much.” Traditionally, nurses, unlike members of other disciplines in medicine and science, move into doctoral programs in their late 30s and early 40s. “I’ve almost never met an undergraduate nursing student in Oregon who asked about how to enter a doctoral program,” says Deborah Messecar, PhD, RN, Assistant Professor of Nursing and Director of the Fast-Track Program. “We hope to not only reduce the shortage of PhDs in nursing, and set students on that path earlier, but transform a culture that has been socialized to discourage students from contemplating a move into graduate school without decades of experience.” The Program is recruiting at the University’s partner schools in rural areas of the region — ranging from southern Oregon to Montana — “where hardly any faculty have a PhD.” Students receive tuition support in their senior year, then enter directly into the graduate program. They are also brought to Hartford Leadership Conferences (see page 43).

Karen Amann Talerico, PhD, RN,CS, (left),  
Assistant Professor and Scientist at School of  
Nursing with CGNE Coordinator Judith Clay



**Renee Hoeksel, PhD, RN**, Associate Professor of Nursing at Washington State University, Vancouver, WA

*Hoeksel is among the first cohort of post-doc fellows. She carries a full teaching load and is director of nursing programs at WSU Vancouver. She wanted to do more research but, “ran out of hours in the day.” The level at which she had been publishing, presenting and getting grant applications went dramatically down. She despaired of ever getting back to her scholarly work — improved care for older adults in critical care units — when she heard about the summer post-doc program. It was the answer to her prayers. After spending her first summer post-doc in Portland, she decided to focus her research on “pain, which is under-assessed and under-managed.” She and her OHSU mentor, Terri Harvath, met every week and by the end of the summer Hoeksel had “a professional development plan put together.” Translating research findings into practice, says Hoeksel, “is a passion of mine.” She is also enjoying participating in the Best Practices Initiative, in meeting other pre-and post-doc students in gerontology, and being part of the Center’s activities. “I’ve found everyone at the Center open and helpful. It’s been a very individualized process and a great experience.”*

Renee Hoeksel, (right), with patient at the Vancouver Veterans Hospital.





Neville Strumpf, PhD, RN,  
Director, U of Penn CGNE

**The University of Pennsylvania  
School of Nursing (UPenn), Philadelphia, PA**

Penn Nursing has a history of outstanding academic accomplishment. It is consistently ranked among the top three nursing schools in the country and, according to *U.S. News and World Report*, is number one in gerontological graduate nursing programs. It boasts an impressive group of nurse-scholars, and ranks first among private schools of nursing for National Institutes of Health (NIH) research dollars. It is the only Ivy League school to offer baccalaureate, master's and doctoral degrees in nursing. "We are focused on research," says CGNE Director Neville Strumpf, PhD, RN, underscoring the School's great strength, "and a large number of faculty, about 15 people, are doing research related to aging." However, there has been little formal interaction between and among scholars and their scientific pursuits. During its first year, the CGNE brought on board a strong administrator to develop synergies between people and resources. "The CGNE is helping us harness our energies to an even greater extent in terms of creating partnerships with each other, with others in the University and community." Lead faculty coordinators and work groups have established four CGNE goals. They are:

- to expand the science of gerontological care (Mary Naylor, PhD, RN, Marian S. Ware Professor in Gerontology);
- to develop and evaluate innovations in care (Neville Strumpf, PhD, RN, Edith Clemmer Steinbright Professor in Gerontology and CGNE Director);
- to use a Web-based approach to disseminate evidence-based best practices (Lois K. Evans, DNSc, RN, Viola MacInnes/Independence Professor), and

- to shape the intellectual directions of the field through strengthened educational programs and partnerships (Sarah Kagan, PhD, RN, Doris R. Schwartz Term Professor in Gerontologic Nursing, and Eileen Sullivan-Marx, PhD, CRNP, RN, Associate Professor of Nursing).

Penn Nursing's philosophy is that scholarship and practice are intimately related. A classic example of that approach is the pioneering work of Strumpf and Evans in reducing restraint use for frail elders in nursing homes and hospitals, for which they received, in 2001, the Doris Schwartz Award for Gerontological Nursing Research. Penn Nursing has many collaborative practice relationships, including Living Independently for Elders (LIFE), a PACE-model program whose director of Clinical Services is an advanced practice nurse. The interdisciplinary program provides all-inclusive care for frail elderly people who choose to live at home rather than in nursing homes. "We are the first and only school of nursing in the country to run one of these programs," says Evans, "which also functions as a laboratory for research, interdisciplinary education and dissemination of new models of geriatric care."

**Innovations in Transitional Care**

In the area of science, CGNE projects are focused on creating innovations in clinical practice that are effective, exportable, and relevant to national policy and system change. Projects are focused in the areas of transitional care, palliative care and individualized care for home-bound frail elders. Projects involve students and use of the Web to hasten knowledge transfer to practice.

Mary Naylor's work is a riveting example of this. During Naylor's fellowship with the U.S. Senate Committee on Aging in the mid-1980s, she became involved in how elders and caregivers were being affected by Medicare's prospec-



tive payment system. There was great concern about the impact of earlier hospital discharges on older adults and their families, but little research on the effects of this change, or how to respond. For more than a decade, Naylor has led a multidisciplinary team testing and refining a model of transitional care delivered by advanced practice nurses (APN) to older adults hospitalized with major medical and surgical problems. Transitional care can be any change of setting, such as transfers from hospital to home, or rehab to home and back. To date, three clinical trials have shown that using an APN to take primary responsibility for the coordination of care among social workers, physicians and families for a defined period of time, reduces hospital costs and improves quality of life for patients. The CGNE is providing critical resources to: (a) interest health care systems and insurers to participate in a multi-site national demonstration and evaluation of the older adult transitional care model, and (b) support partnerships with Penn's schools of medicine and engineering to develop a prototype for a hand-held computer that will enable APNs to structure, capture and transfer timely health care information about patients in transition.

Today, coordination of care is not a reimbursable Medicare expense. Naylor and her multidisciplinary team of collaborators, including scholars in nursing, medicine and health care economics, hope to change that. Ultimately, she expects the success of models, such as APN transitional care, will result in care coordination being offered as a benefit. "Advances in science have substantially contributed to our understanding of the needs of elders as they make difficult transitions. However, we have not been successful in getting those innovations to market or using knowledge gained from research to influence health care policy. Our team believes that a large scale demonstration of the APN transitional care model is necessary to effect policy changes. We're

keeping close track of our successes and failures throughout this replication effort with the hope that our experience will help others."

"A major challenge of this century," says Naylor, "is care of chronically ill elders and their families. There is a wonderful match between their needs and the care-coordination capacities and clinical skills of advanced practice nurses. We have to get this message out. In a broader sense, we must capture every opportunity available to us to disseminate what we are learning through science to influence future clinical practices. Dissemination of nursing-led models not only advances the care of elders, it positively contributes to the public's perception of nurses as intellectually gifted and important players in our health care system, and may encourage more women and men to enter this wonderful profession."

Living Independently for Elders (LIFE), a PACE-model program (Program of All-inclusive Care for the Elderly) whose director of clinical services is an advanced practice nurse.





Sarah Kagan, PhD, RN,  
Doris Schwartz Term  
Professor in Gerontology

Sarah Kagan examining a patient at the Hospital of the U.of P.





Sarah Kagan, (right), discussing patients with Hartford Pre-doctoral Scholar Anna Song Beeber, MSN, RN, (center)



Eileen Sullivan-Marx, PhD, CRNP, RN, Associate Professor, Director Adult Health and Gerontology Nurse Practitioner Programs

### Inspiring role model: Sarah Kagan, PhD, RN,

*“No one better embodies the field of geriatrics as rewarding, exciting and intellectually important work than Sarah Kagan,” says Neville Strumpf. An inspiring teacher and hands-on practitioner, she is a role model to students taking her required undergraduate clinical course in aging.*

*Her passion and compassion for older patients have led to innovative clinical research and patient care. “I have a lot of students who actually think my job is pretty cool, which is nice,” says Kagan.*

*Within her role as clinician educator, she has an appointment as Gerontology Clinical Nurse Specialist at the Hospital of the U. of P. (HUP), and holds a secondary faculty appointment in the Department of Otorhinolaryngology: Head and Neck Surgery. Her interest in older cancer patients has led her to participate in a collaborative practice with the Penn head and neck surgeons who frequently treat elderly patients. “What makes Penn unique is that they have people like me who teach, do research and also practice. For a lot of nurses with PhDs, hands-on practice is no longer a possibility because they are so busy doing other things. I try to achieve as much integration of my roles as possible to maintain active practice. My students do their clinical work at HUP, and many of them care for my patients.” She offers consultative services to patients and families for symptom management in head and neck cancer, specializing in skin and wound care, pain management, and patient and family counseling for individuals coping with extreme disability, such as voice loss, inability to eat, facial disfigurement and chronic pain. “What I’ve come to appreciate is the indomitable spirit of most of these patients and their caregivers as they face things that people who haven’t been exposed to chronic illness or disability really can’t comprehend. How do you participate in a meal even though you can’t eat and you can’t smell anymore? I’ve worked out things that seem to help people, and each time I care for someone I learn more.”*

*For Kagan, the most exciting aspect of the CGNE is “that it brings the right people together. It gives us a system, schedule and time to have the conversations that create new ideas. Being part of the Center, for example, gives me a more fertile, intellectual place to think about things like creating a guidebook that integrates multi-modality head and neck cancer treatment for people who are very much at risk for complications and re-hospitalization.” In fact, her ongoing Gero-Oncology research will serve to expand the CGNE partnership across several universities.*

*Kagan sees a bigger role for nurses in the 21st century, one that fills the growing gap between the technological choices offered patients as treatment options and patients’ ability to grasp the ramifications technology presents. Would we choose radiation, for example, if we understood it meant we might no longer eat or speak? “Families need a translator who can help them make sense of things, and I find that nurses can fill this role with proper training.”*

*“To be honest,” says Kagan, “one of the reasons I teach undergraduates is to try to change attitudes and make gerontological nursing attractive. There is a hierarchy within medicine and nursing, and the frail elderly are at the bottom of the list.” If anyone can model a different way of thinking about caring for the elderly, Kagan can. As Strumpf says, “I wish we could clone her.”*

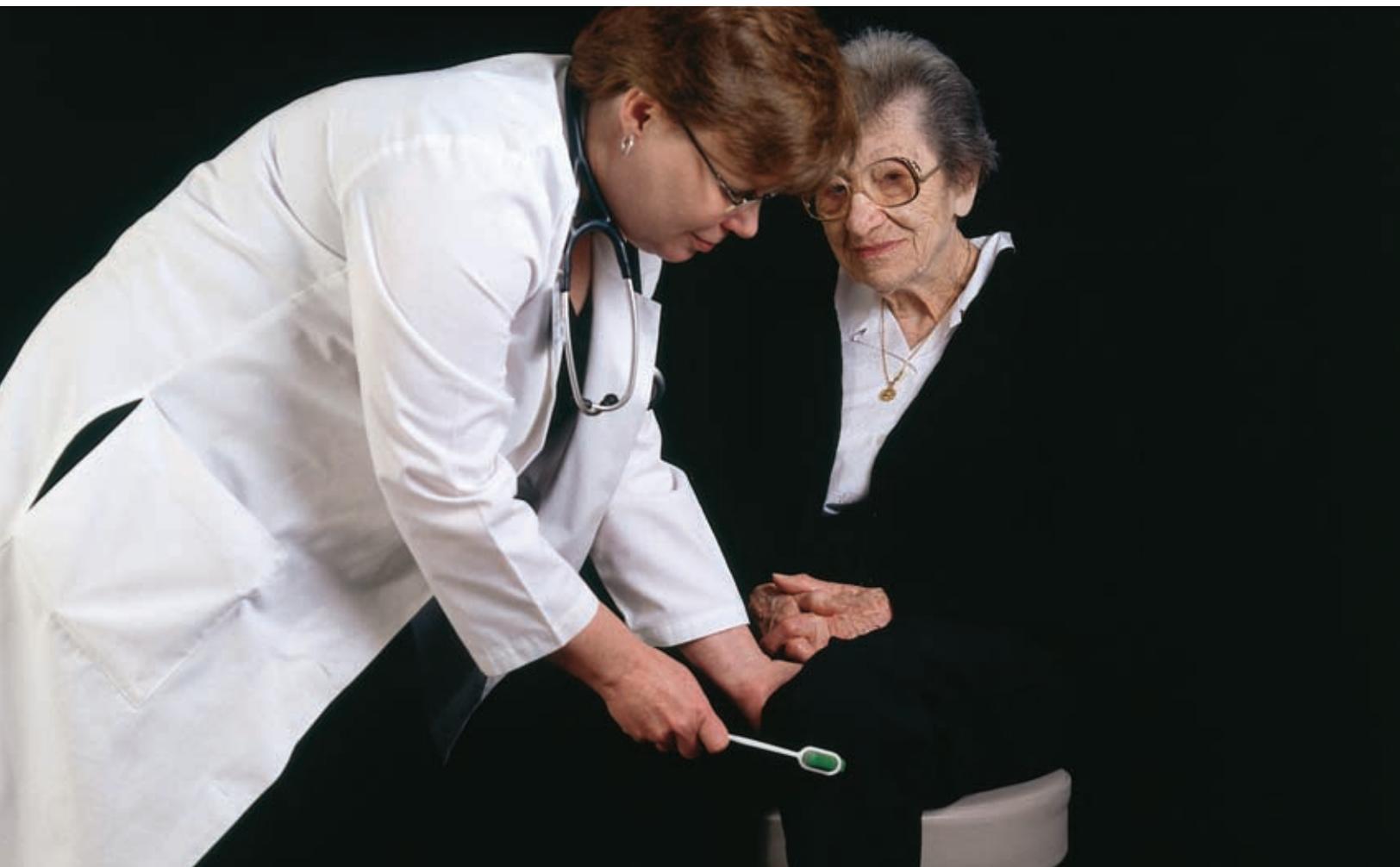


Claudia Beverly, PhD, RN,  
Director, UAMS CGNE

**University of Arkansas for Medical Sciences,  
(UAMS), College of Nursing, Little Rock, AR**

Arkansas, a state with 18.7 percent of its population over 65, is often called a demographic prototype of what the rest of the country will look like when, in 2010, the first wave of baby boomers turns 65. Yet, says Claudia Beverly, PhD, RN, Associate Professor of Nursing and Director of the CGNE, “We have a critical shortage in nursing that compared with the rest of the country is much more severe. We have fewer nurses per hundred thousand than any

Joan Chastain, MS, RN, (left), with patient, being evaluated as part of the Falls Prevention Program.





Joan Chastain, MS, RN,  
Advanced Practice  
Geriatric Nurse

<http://hartfordcenter.uams.edu>

other state. Not only does the state have a hard time recruiting nurses, but it has had a particularly hard time recruiting people into academic institutions. The good news, says Beverly, is that, “We are beginning to see that change in terms of our geriatric program. Part of it is the environment, including the University’s newly-built Reynolds Center on Aging.” Beverly also holds appointments in the College of Medicine’s Department of Geriatrics and serves as Associate Director of the Reynolds Center. Indeed, the greatest strength of gerontological nursing at the UAMS College of Nursing is its strong interdisciplinary research, education and practice resources, enhanced by its relationship to the Reynolds Center’s multidisciplinary faculty and high-tech facility. The College is involved in a number of clinical programs and collaborative practices, including a primary care clinic, nursing home practice and house calls practice. Since the 1980s, it has run interdisciplinary nurse-managed clinics for elders in community centers, and developed an extensive distance education program delivered throughout the state. Building on these strengths, the goals of the CGNE include:

- designing innovative, interdisciplinary programs in nursing education, service and research that promote functional independence across a continuum of settings and prepare providers for an aging population;
- preparing expert gerontological nurses at all levels, and
- disseminating CGNE program products and interdisciplinary models for education, research and service.

A key strategy for accomplishing CGNE goals is to create more synergies and collaborative activities with other University departments and Centers, as well as to refine work with service sites and consumers of care. It is also developing

more linkages with state and regional institutions, using CGNE monies to do more outreach in education and training, and provide more practice opportunities for southern nursing faculty. For example, it is consulting with Texas Tech in Lubbock to help them develop the nursing component of their interdisciplinary Center on Aging, now in the planning stages, and collaborating with the nursing division of the Southern Regional Educational Board to develop liaisons with schools in the south to prepare faculty to teach geriatrics in the undergraduate curriculum. The CGNE is offering a BSN Honors Program in gerontology, a BSN to PhD track with a focus on gerontology, and a Web-based curriculum consultation service to help other schools of nursing develop gerontological content.

The CGNE is providing resources to strengthen the College’s Research Scholars and Summer Fellowship Program, led by the nationally renowned nurse scholar, Cornelia Beck, PhD, RN, Professor in the College of Nursing as well as the Departments of Geriatrics and Psychiatry in the College of Medicine. Beck, director of the first nurse-led NIA-funded Alzheimer’s Disease Center, is excited about the opportunity to establish a strong “New Investigators” program. It will bring nurses into the field of gerontological nurse research at an early age. Last summer she conducted a grant writing seminar for nursing faculty from the southern region. “As the only CGNE in the South,” says Beverly, “we have a strong commitment to reach out to our neighbors and target individuals throughout the South.” A graduate nurse executive training program is also being explored, in collaboration with the Reynolds Center and the MBA program of the University.



Marisue Cody, PhD, RN,  
Assistant Professor  
and Service Coordinator  
for the CGNE

## Falls Prevention: Implementing Best Practice Guidelines

The School's emphasis on programs that promote functional independence for seniors is best illustrated in its Falls Prevention Program. Falling is not only a big problem for those over 65, it almost always presages other major medical problems for the elderly. Yet, little has been done by health providers to assess or prevent falls. In this area, as in so many others, best practice guidelines have long existed, but getting them off the shelf and actually implemented by nurses and physicians is the problem. "Advanced practice nurses are front-line providers for prevention services," says Marisue Cody, PhD, RN, Assistant Professor and Service Coordinator for the CGNE. She and Joan Chastain, MS, RN, an advanced practice nurse, board certified in gerontological nursing, developed a new easy-to-use Falls Prevention Program that is being tested in the School of Nursing's primary care clinic.

The Falls Prevention Program includes an exercise facility at the Reynolds Center on Aging. Patients from the clinic are referred to a physical therapist, Vicki McNeill, (right), for strengthening tests and exercises.

"We think prevention works best for people who have already fallen," says Chastain. So if a patient is having a falls problem, the information is entered into an electronic medical record which, in turn, brings up four or five screens that the provider must go through to assess the patient. Each patient's answer automatically prompts the next screen. "We look at the medical history, at neurological problems, cardiovascular problems, medication, vision problems — the total picture," says Chastain. When the source of the problem is pinpointed, the clinic will then offer a complete program of rehabilitation and referrals to relevant specialists, such as an ophthalmologist or clinical pharmacist, as well as a nurse-run support group to teach people how to reduce chances of falling in the home, do simple exercises to strengthen muscles and, in general, help themselves. The program includes a tool kit with training materials and is designed to be exported to other ambulatory settings, including satellite centers on aging throughout the state, and outpatient clinics throughout the Veterans Administration system. The program also includes a marketing plan. "We have to get the clinicians to ask about falls," says Cody. "Patients don't tell their physicians or nurse practitioners that they've fallen because they're afraid they'll be told they can no longer live alone." They also hope to develop a model that can be implemented in nursing homes. "We have a real problem in Arkansas with patients being tied down as a way to prevent falls," says Cody. "I'm working with the Nursing Home Association now, doing the ground work to eventually roll it out."





**Diana Lynn Woods, PhD, RN, Post-Doctoral Scholar**

*Like many nurses of her generation, Dr. Woods came to academia at mid-life, after a long clinical career. A soft-spoken Canadian, she got her undergraduate nursing degree at Queen's University, Kingston, Ontario, in 1968. "I've always enjoyed research and clinical teaching." In the late 1970s and early 80s, through a government program, she became interested in geriatrics. The program provided nurses in physician practices to help frail elderly people remain at home. Woods traveled throughout the province, teaching students and physicians in small towns to assess, maintain, coordinate and do what had to be done to keep older people in their homes. "I did imaging visualization for mainly elderly women who were depressed. It seemed to help. In fact, one day after I had worked with a woman with severe dementia, she started smiling appropriately, and even used her fork and ate, things she hadn't done before. I thought, something is happening here, but we don't understand it." In an effort to bring a more scientific approach to the area, she decided to pursue a master's degree at the University of Washington. Her research focused on agitated behavior associated with Alzheimer's and dementia. The results of a three-group placebo-controlled study were promising enough to persuade her to enter Washington's doctoral program and continue her research, after which she attended a Hartford Geriatric Summer Institute in New York.*

*Woods has always been interested in the links between biology and psychology. "For my doctorate, I decided to look at the neuro-endocrine response to stress. You can measure cortisol through saliva. I discovered that, in fact, therapeutic touch both reduces the frequency of agitated behavior and measurably effects a patient's cortisol level." Her work is about to be published. However, she could only do a small pilot study with less than a dozen cases. Wanting to continue her research on a broader scale, she saw the call for Hartford post-doctoral scholars, applied and moved to the University of Arkansas where Cornelia Beck is her mentor.*

*Woods' life work now seems clear: to look at stress and changes in the brain, and to see whether a few simple alterations in practice can decrease stress and reduce agitated behavior in people with dementia as well as their caregivers. "Basically," she says, "Hartford has given me the opportunity to build a research career. People as they age are some of the most complex individuals you will encounter from a physiological perspective, yet we tend to have our least skilled individuals working with them. The consequences are extremely costly, both from a human suffering perspective but also from a financial perspective. It would be wonderful if we could make geriatrics more prestigious. I think the Hartford Foundation is trying to do that and I applaud them for their vision."*



Jeanie Kayser-Jones, PhD, RN,  
Director, UCSF CGNE

## **University of California, San Francisco (UCSF) School of Nursing, San Francisco, CA**

UCSF is the only campus in the California state system devoted exclusively to the health sciences, and its School of Nursing consistently ranks among the top schools in the country. Its strengths include its master's and gerontological nursing programs, and a renowned faculty supported by high levels of federal funding. The University also boasts a nationally respected campus-wide program in medical anthropology, and an Institute for Health Policy Studies. UCSF nursing faculty have worked closely with the Foundation's Nursing Institute on the issue of staffing levels needed to assure quality care in nursing homes. "Having the Hartford Center is so important symbolically," says CGNE Director, Jeanie Kayser-Jones, PhD, RN, Professor, Department of Physiological Nursing and Medical Anthropology Program.

"There is a lot of excitement about the Center, people want to be a part of it and students are very enthusiastic." CGNE funds have helped to increase the interdisciplinary and collaborative work for pre-doctoral gerontology students. For the first time, they have received fellowships in a special joint program with the Institute for Health Policy Studies and the Institute for Health and Aging, which brings together an eclectic group of fellows from medicine, sociology, anthropology, economics and political science. "Our students are enthusiastic, raving about this experience," says Kayser-Jones.

The goals of the CGNE are:

- to develop a rigorous and creative recruitment plan for doctoral students and post-doctoral trainees;
- to create a Web-based interdisciplinary course in gerontology;



Charlene Harrington, PhD, RN,  
Associate Director, UCSF CGNE

<http://nurseweb.ucsf.edu/www/hcgne.htm>

- to generate an interdisciplinary collaborative program to prepare doctoral and post-doctoral fellows with the knowledge and skills to conduct research, and
- to design a mechanism to attract faculty from other specialties into gerontology.

### Recruiting Students

The Center's vigorous recruitment campaign for pre-and post-doctoral students has already begun to pay off. "In the year 2000 we didn't have any applicants for our doctoral program," notes Kayser-Jones. "This year we admitted three students and, as a result of the publicity surrounding the CGNE, we've had more than 20 inquiries about our doctoral program. We are confident eight to ten of those nurses will apply. That's an enormous increase, which would not have happened without our designation as a Center of Excellence. And our campaign is continuing to have a snowball effect." Professor Charlene Harrington, PhD, RN, Associate Director of the CGNE, whose specialty is public policy, points out that the media attention is also important. "Historically, gerontology has been at the bottom of the totem pole within nursing in terms of prestige and recognition, and of course the pay rates for nurses going into that area are usually lower than other specialties. The designation of the Center has given us a huge push. We could actually have more doctoral students admitted for next fall than any other specialty in the school if this trend keeps going." Support from Hartford also has provided UCSF with the resources to design a Web-based interdisciplinary graduate curriculum in gerontology for new doctoral trainees without a background in the field. The four modules are almost complete. Another unexpected payoff to the widespread publicity about the Center is forging a new and close partnership between the School of Nursing and a long-term care facility,

Laguna Honda Hospital. Mary Louise Fleming, the facility's director of nursing, a mental health nurse with no educational background in geriatrics, is applying to UCSF's doctoral program in gerontological nursing. Fleming is also encouraging some 240 RNs on her staff to obtain an advanced degree in geriatric nursing. "Most are from the Philippines and are somewhat intimidated by the School," says Kayser-Jones. "We've been working to encourage them, support them, help them with their applications. Five are definitely coming and we hope some of them will go on for a PhD. We are very excited by this because we believe our recruitment drive will not only impact this institution but others, as well." UCSF's new dean of nursing, Kathy Dracup, DNSc, RN, is another enthusiastic supporter of the CGNE, especially its goal to attract faculty from other specialties into gerontology. For faculty members interested in redirecting their focus into geriatrics, the Dean is providing a new incentive: release time from teaching to study, collaborate and write a research proposal in gerontology.

Jill Bennett, PhD, RN, (right), Assistant Adjunct Professor, and Project Director of the UCSF CGNE at Laguna Honda Hospital.





**Joyce Chan, MS, RN, Pre-Doctoral Scholar**

*Joyce Chan, born and raised in California, started college as a pre-med student but after a few years realized she preferred nursing. Her parents were not pleased. “My mom was a nurse in Hong Kong,” Chan explains, “and nursing there is different. They thought, well, if my daughter is intelligent enough to become a physician, why would you become a nurse?” But Chan, drawn to “the caring aspects of nursing,” felt nursing was right for her. She got her undergraduate degree from the University of San Francisco. “I loved nursing school, did well and had great role models who encouraged me to go into higher education.” Many schools recommend clinical experience before candidates apply to a master’s program, so Chan worked for a year as a hospital staff nurse before entering, in the fall of 1998, UCSF’s adult nurse practitioner program. Towards the end of her first year, to supplement her savings, Chan asked whether anyone needed a research assistant. Fate stepped in and changed the entire direction of her professional life.*

*Jeanie Kayser-Jones, in fact, was looking for a Chinese speaking research assistant to help her study death and dying in long-term care facilities. “In San Francisco,” Chan points out, “a significant number of the elderly in nursing homes are non-English speaking Chinese who Kayser-Jones couldn’t speak to.” Chan, fluent in Cantonese, but with no research experience or knowledge of gerontological nursing, began assisting Kayser-Jones in 1999. “I worked with an elderly Chinese population and grew to love what I was doing. It really hit home because a lot of them were just like my grandmother who couldn’t speak English.” Also, as part of her clinical rotation for the adult nurse practitioner program, she worked at a clinic in Chinatown. Chan graduated in June of 2000, and looked for a job as a nurse practitioner. Kayser-Jones encouraged Chan to switch to gerontology and move into a doctoral program. Chan remained undecided. Then, in the fall of 2000, Kayser-Jones suggested that she apply for the newly-announced Hartford fellowship.*

*Being a Hartford fellow has opened up a whole new world of opportunities and encouraged her to assume new leadership roles, such as recruiting new nurses to UCSF’s graduate programs. “I’ve met a lot of young student nurses who don’t think graduate school opportunities are available to them until they get many years of nursing experience. I want to go out and share my story. In fact I went back to my undergraduate school where I still know a lot of the faculty and students and talked to them and said, you can go on to achieve a higher education after a very short time of working or not even working at all. It’s been a rewarding experience.”*

*Today, Chan is tremendously excited about geriatric nursing and the opportunity to work with elderly Chinese. For her dissertation, Chan would like to focus on the experience of Chinese elderly in long-term care facilities. “With our country becoming more ethnically diverse, it will become a bigger issue in the future.” The challenge is both “exciting and a little daunting.” No one doubts that Chan, who nursed her grandmother during her final days, will meet it. Especially her parents. “They’ve come around and are really proud of what I am doing, especially my work with the Chinese population. They are very proud of their heritage and of me.”*

Mary Louise Fleming, MSN, RN  
Director of Nursing,  
Laguna Honda Hospital



Joyce Chan, MS, RN, (right), Pre-Doc Scholar with a patient at Laguna Honda Hospital.





Meridean Maas, PhD, RN,  
Director U of Iowa CGNE

## **The University of Iowa (U Iowa) College of Nursing, Iowa City, IA**

The gerontology strengths of the College of Nursing are many: a strong track record in research and training; a history of regional multi-school collaboration; two dozen faculty with a gerontological focus; robust pre-and-post-graduate programs; ample federal funding; an active public policy arm working closely at the State level with the Department of Elder Affairs in the areas of education and best practices, and a top 10 ranking. As program evaluator Dr. George J. Huba notes, “It’s a team that’s worked together for a long time. They’ve done a lot of long-term strategic planning; they are positive thinkers and can-do people.” “The CGNE has lifted us into more prominence both within the University, around the state and nationally,” says CGNE Director Meridean Maas, PhD, RN, Professor and Chair of the Adult and Gerontology Area of Studies at the College. “It gives us the opportunity and resources to do a lot of new things, and expand a lot of programs that have been on our agenda for a long time.”

The state’s proportion of older people, especially those 80 and above, is among the highest in the nation. Yet, there is both a tremendous shortage of geriatric nurses and lack of educational opportunities: the University offers the only master’s programs in nursing — and gerontology — within the state. The school is driven by its mission to disseminate its gerontological knowledge and skills throughout the state and the Midwest. Thanks to CGNE monies, it is expanding its already extensive consortium of more than a dozen schools in the Midwest and South — from Michigan to Alabama — to support geriatric research, training and education. It is also developing a gerontological master’s program, which will be viewed and accessed by remote locations through a separate fiber optics line.

The CGNE goals are:

- to increase the numbers and quality of pre-and-post-doctoral students and strengthen their training programs;
- to expand dissemination of gerontological nursing knowledge in education, practice and policy throughout the Midwest;
- to further enhance practice partnerships by establishing new model sites for elder care and partner with varied long-term care settings, and
- to increase policy makers’ awareness of gerontologic best practices and increase policy recognition of their benefits.

A key priority of the CGNE will be to move research into practice by adapting the 22 protocols they’ve already developed into easy-to-use guidelines for clinicians working in hospitals, home care agencies and long-term care facilities.

“Overall,” says Kathleen Buckwalter, PhD, RN, co-director of the CGNE and Associate Provost for Health Sciences at the University of Iowa, “the Initiative allows us to take already successful programs to the next level, to do more and do better.” Buckwalter is particularly excited about three research programs: the Summer Scholars Seminar (modeled on the NYU Nursing Institute Program); the Mentoring Grant Program, which provides monies for senior faculty to work with junior faculty from other universities within the consortium, and the College’s ability to expand its regional network and collaborate with nursing schools, like Duke, which show great promise for developing gerontological nursing research. The CGNE is also supporting the University’s Young Scientist Program, which provides a mentored research experience for outstanding undergraduates. “It’s particularly important to help us get young nurses interested in research and thinking about a career as a nurse scientist early,” says Debra Schutte, PhD, RN,



Kathleen Buckwalter, PhD, RN,  
Co-Director U of Iowa CGNE

[www.nursinguiowa.edu/hartford/index.htm](http://www.nursinguiowa.edu/hartford/index.htm)

a new faculty member who is coordinating the program. “The exciting thing about the CGNE is that it provides resources for the faculty, who are so talented. The presence of the Hartford Center was a significant factor in my decision to come to Iowa.”

A corollary, in the practice area, is a new Young Gerontological Nurse Clinician Program. “The idea,” says Paula Mobily, PhD, RN, Associate Professor of Nursing and CGNE Director of Education, “is to identify young students who know they are interested in caring for older adults, then mentor them throughout the rest of their undergraduate education, and beyond.

With so many incredible clinicians on the faculty, the students will get some wonderful mentoring.” The College has developed a new, required undergraduate gerontology course and practicum, and placed it in the middle of the curriculum so students, who already have a background in basic and complex nursing, will better appreciate the positive challenges of caring for older adults.

Residents of Liberty Country Living, an alternative care facility for people with dementia, which is used for clinical training by the U of Iowa CGNE.





Barbara Kyles, MBA, RN,  
nurse coordinator for  
HomeSafe

## HomeSafe

In Iowa, as elsewhere, many older Americans live alone and do not have family, children or any kind of support system to safely age in place. At the same time, though much of health care is moving beyond a hospital setting, student nurse clinicians don't have a lot of opportunities to observe the art of clinical practice outside a hospital. HomeSafe is a new College of Nursing initiative designed to help solve both sides of the problem. A for-profit, fee-based service, it employs nurse case managers from the College to provide assistance to elders who need support services to help them stay at home. "It's a great place for students to get real life experience," says Janet Specht, PhD, RN, Practice Director of the CGNE. "It's been a real eye-opener for them. For example, we took care of a person who had a heart replacement and left the hospital one week after the operation. He lives in an assisted living facility that really provides no nursing care. A HomeSafe case manager came every day, accompanied by nursing students. The students were able to see how someone in a

HomeSafe Coordinator Barbara Kyles visits patient for weekly home visit.

very serious situation might be managed outside of an acute setting, and how he progressed. He did very well. Normally, you can't get on a transplant list without being able to prove you have access to follow up care. Once he contracted for HomeSafe services, he was put on the list and got a heart within a week." It's also an opportunity for faculty to practice, stay current, earn extra money and use their skills.

HomeSafe, in operation for less than two years, is close to breaking even. Hartford support has helped the business to develop its information system and expand its marketing efforts. "The next step," according to Barbara Kyles, MBA, RN, nurse coordinator for HomeSafe, "is to market to nursing homes and assisted living facilities in the area to see whether they might want us to case manage their clients." Says Specht, "We have one gentleman who lives in a nursing home whose daughter hired us and sent a list of 10 things she thought needed to be followed up on — from making sure his hearing aid was on to finding out why he was refusing physical therapy. The nurse case manager was able to work with the nursing home to pursue these things. Then the case manager found an assisted living facility that would take him as long as we were providing the care." Today, HomeSafe's clients, ranging in age from 57 to 97, are located throughout Iowa and adjacent states. If successful, it is a model that can be used across the country. Remarkably, there are few nurse-managed support service plans in the U.S. for seniors who live alone. HomeSafe is the first in Iowa. Its success may well lead the way to a new and much-needed service model of care.





Paula Mobily, PhD, RN,  
CGNE Director of Education



## Program Coordination

*American Academy of Nursing (AAN)*

The American Academy of Nursing serves as the Coordinating Center for the Building Academic Geriatric Nursing Capacity Initiative. The AAN, located in Washington, DC, is a non-profit organization that represents the nation's 2.6 million registered nurses. Claire Fagin, PhD, RN, is Program Director for the Initiative, which includes the CGNEs, the Geriatric Nurse Scholars Program and the Nursing School Geriatric Investment Program. Guided by Dr. Fagin, with the support of Program Manager Patricia D. Franklin, MSN, CPNP, RN, and the Selection/Advisory Committee, the aims of the Coordinating Center, with a budget of approximately \$1.8 million, are:

- to facilitate linkages and networking among the schools and scholars, and synergy across the projects;
- to provide administrative support and operations for the review and selection of the Hartford Scholars and ongoing support to the scholars;
- to plan and coordinate conferences, meetings, promotion and communication, and
- to create a data center to track the productivity and outcome information from the Scholars and CGNEs.

First Annual Leadership Conference, Chicago, Nov. 2001.





Claire M. Fagin, PhD, RN, Program  
Director, Building Academic Geriatric  
Nursing Capacity Initiative

**Claire M. Fagin, PhD, RN**, Program Director of the Building Academic Geriatric Nursing Capacity Initiative

*Claire Fagin's remarkable vision and management skills are twin threads linking her long and illustrious leadership career. As scholar, professor, author and editor (of 10 books and more than 90 articles), senior administrator, public policy advocate and consultant, Dr. Fagin has been ahead of the curve in identifying critical issues in nurse education, research and practice. "She has always been very cutting edge," says friend and colleague Neville Strumpf. As far back as 1966, Dr. Fagin's dissertation not only received national attention, but helped to permanently transform attitudes and rules about parental visitation in pediatric facilities. In the early 1980s, as Dean of the University of Pennsylvania School of Nursing (1977-1992), when gerontology was virtually absent from nursing school curriculums, Dr. Fagin put gerontology on the map. "It was Claire's vision," says Strumpf, "that brought a critical cadre of geriatric faculty to build Penn's master's program, improve our undergraduate program and emphasize research." That faculty included Mezey, Evans and Strumpf, now renowned nurse scientists. By the end of her deanship, Penn was the highest ranked school of nursing in the country.*

*Dr. Fagin — energetic, charismatic, with an ability to bring out the best in others — went on to become Interim President of the University of Pennsylvania (1993-1994), the first woman president at an Ivy League university. Since then, she continues to write, lecture, consult and participate in public policy debates, blending her commitment to professional health and nursing issues with her interest in consumer health. She serves on many corporate and not-for-profit boards, and has received a mountain of honors and awards, including being named a "Living Legend" by the American Academy of Nursing (1998).*

*When Dr. Fagin speaks, everyone listens. "She is one of the most prominent and significant nurses of the 20th century," says Strumpf. "For Claire to represent Hartford and geriatrics is a very special kind of imprimatur. Every nurse in the country knows who she is."*



## Geriatric Nurse Scholars Program

*American Academy of Nursing*

An essential component of the Building Academic Geriatric Nursing Capacity Initiative is an exciting new \$6.4 million program which provides stipends for up to 10 pre-doctoral and 10 post-doctoral nurse scholars annually who wish to choose or redirect their careers to geriatrics, as well as five nurse scholars over the life of the program, who seek an MBA degree in order to pursue a career in the management-leadership of facilities serving the elderly. Initial funding for the first cohort of scholars — 10 pre-doctoral and seven post-doctoral scholars — began in July 2001. Each scholar receives \$100,000 (\$50,000 a year for two years) to support studies in geriatric nursing. The overall goal is to create a new cadre of nursing leaders and scholars to advance the quality of health care to older adults, inform health care policy and build a powerful national network.

### Hartford Geriatric Nurse Scholars Program

left: 2001 Pre-doctoral scholars

(from left, rear) Karen B. Tetz, Rita A. Jablonski,  
Anna Beeber, Jennifer A. Haerty, Joyce Chan,  
Diane E. Holland, (front) Stewart M. Bond, Valerie Gruss,  
Tamika R. Sanchez, Prudence Twigg

right: 2001 Post-doctoral scholars

(from left, rear) Lissi Hansen, Charon A. Pierson, Kristine  
Williams, Diana Lynn Woods, (front) Mary A. Dolansky,  
Meg Bourbonniere, Janet C. Mentis



Shirley Chater, PhD, RN,  
speaking at the Leadership  
Conference



### **First Annual Building Academic Geriatric Nursing Capacity Leadership Conference**

In mid-November 2001, the first annual Leadership Conference, held in conjunction with the annual meeting of the Gerontological Society of America, took place in Chicago. Primarily aimed at helping Hartford Scholars develop their careers, obtain new skills, widen their horizons and network with fellow scholars, the two-day event was designed by Angela Barron McBride, PhD, RN, Distinguished Professor and Dean, Indiana School of Nursing, and Dr. Claire Fagin, with input from other Hartford nursing project leaders, all of whom attended.

#### **Catching A Vision**

The effect on the scholars of the first leadership conference was electrifying. “It was incredible to meet all those leaders whose names I’d seen on textbooks and in articles,” says Karen Tetz (see profile on p.45). “If I had to sum up the two days in one phrase, it would be, ‘catching a vision’ of what can be done for gerontological nursing.” Tamika Sanchez (see profile on p. 44), adds, “Our vision has really been too small. The conference made me see there is a lot more I could be doing.” The scholars, as a group — and as hoped — bonded at the conference. They continue to stay in touch, are eager to visit the CGNEs and expect to work together in the years ahead.

Highlights of the conference, from the scholars’ perspective, included down-to-earth, inspirational presentations on what it takes to “Orchestrate a Research Career,” and “A Career in Geriatric Nursing,” as well as eye-opening presentations with information linking research programs to national initiatives, national policies and national funding opportunities. For the scholars it was a powerhouse crowd, which mingled, dispensed advice, listened and

responded to their research plans and career options over meals and between sessions.

Margaret McClure, EdD, RN, President of the AAN, is equally thrilled. “I was impressed with the quality of the scholars, their commitment, their interest and enthusiasm. They surpassed what I had hoped. This is a fantastic thing Hartford is doing and the Academy is delighted to be a part of it.”

Claire Fagin’s enthusiasm for the Leadership Conference is infectious. “I think geriatric nursing will be way ahead of the pack. How could it not be when you see how extraordinary these nurse-scholars really are. They are inspirational. They will plant seeds in institutions around the country and strengthen the entire field as they go. My view is that the Foundation’s programs, focused on leadership, on cohort building and developing new career pathways, will transform the face of geriatric nursing.”

Another focus of the Conference was bringing together different pieces of Hartford’s nursing investments. “There was interchange, validation and awareness-building about these multiple streams of activity,” says Geraldine Bednash, PhD, RN, Executive Director of the American Association of Colleges of Nursing. “In informal conversations we discussed ways we could collect data, share it, organize it and create a continual communication stream, so that we could be sure we were continually building and helping individuals avoid duplication. It was a marvelous experience.”



Meg Bourbonniere PhD, RN,  
U. of Penn School of Nursing  
and The Center for Gerontology  
and Health Care Research at  
Brown University

## **Meg Bourbonniere, PhD, RN, Post-Doctoral Scholar**

*Bourbonniere, 46, raised in northern New York State, was discouraged from becoming a nurse by her family, but after a decade of working as a high school teacher's aide, finally switched to her first love, nursing. Despite enormous financial obstacles and family obligations, supporting herself through work and scholarships, she has moved steadily upward: getting an Associate Degree in nursing at a community college, a Baccalaureate at the U. of New Hampshire, a Master's from Syracuse University and a PhD from the U. of Pennsylvania. Though she worked in a multitude of settings with older adults, she never took – or was offered – a formal course in gerontology. However, during a stint in the medical surgical unit of a hospital she became interested in restraint use, stumbled upon the pioneering work of Strumpf and Evans and decided to focus on care for older adults, which brought her to Penn. In her PhD thesis she documented how restraint use for a group of hospitalized nursing home residents in hospitals increases on weekends when workloads increase. After being accepted as a Hartford Scholar, Brown University offered her a post-doctoral research fellowship, as well. At Brown, a multidisciplinary team was studying nursing home care and lacked a PhD-level nurse scholar. "The fantastic thing is the way I was treated by Brown when they found out that Hartford was supporting my post-doctoral study. It put me on a higher level, and because I bring my own funding I can participate in the projects that I want to and develop my own track." She is now doing a combined program with Penn and Brown. Her post-doctoral research will examine the way care is transferred when older cancer patients move across systems and among providers. An outstanding career as a nurse scholar lies before her.*

## **Tamika R. Sanchez, MSN, MBA, RN, Pre-Doctoral Scholar**

*Sanchez, 34, grew up in a family of nurses. "My mother and stepfather were both nursing home administrators. I enjoy long-term care. I enjoy having long-term relationships with patients. So I always knew what I wanted to do." Early in her career, she was discouraged from studying gerontology. "People said, real nurses don't do long-term care." After graduating from Florida A&M, she tried working in a hospital but "absolutely hated it" and went back to school. "I did a dual program for the Master's of Nursing and an MBA, then worked as a Director of Nursing for a nursing home chain." In 1995, Florida A&M asked her to teach Adult Health Nursing and Nursing Leadership, which she did for five years. After moving to Atlanta with her husband, she resumed teaching and pursued a PhD. She is commuting to the U. of Miami. Her PhD thesis is focused on what African-American elders do to promote their own health. The Hartford award has given Sanchez the opportunity, "to focus on my research without having to hold down a job. It's been such a blessing for me." The leadership conference has further broadened her thinking. "I was amazed at how open everyone was to talking, sharing, and trying to head you in the right direction." She now plans to visit the CGNEs and hopes to do a post-doc at one of them.*

Tamika R. Sanchez,  
MSN, MBA, RN,  
University of Miami  
School of Nursing



Stewart M. Bond, MSN,  
RNC, University of North  
Carolina, Chapel Hill  
School of Nursing



Karen B. Tetz, MS, RN,  
Oregon Health and  
Science University  
School of Nursing

### **Stewart M. Bond, MSN, RNC, Pre-Doctoral Scholar**

*Bond, 42, decided to go into health care when he was a teenager, and graduated in 1981 from the University of Virginia School of Nursing at Charlottesville. Like so many nurses who wind up in geriatrics, he zigzagged his way into it. He has moved from working in a cardiac surgical intensive care unit, to nurse-manager and clinical nurse specialist positions, to getting a Master's in 1988 at UNC-Chapel Hill, to caring for critically ill, older oncology patients, to getting a Master's of Theological Studies degree with a focus in pastoral care and ethics as well as a post-master's certificate in psychiatric-mental health nursing. His training led him to facilitate support groups for older patients and families going through active cancer treatment, and to participate in conferences in palliative care and cancer, and to move into hospice nursing. Now, Bond wants to pursue a career that focuses on geriatric palliative care research — investigating delirium as a symptom of older people with advanced cancer — and educating students about care of the elderly with advanced illness at the end of life. Bond found the leadership conference “exciting and energizing.” He expects to stay in touch with fellow scholars. “We are on the road to beginning lifelong career connections.”*

### **Karen B. Tetz, MS, RN, Pre-Doctoral Scholar**

*Tetz, 46, graduated in 1977 with a Baccalaureate degree from Walla Walla College in Washington State. “When I graduated, I didn’t have a vision of what nursing could do.” Working with patients who have kidney disease led her to realize that she enjoyed working with older people. She also decided she wanted to teach, and pursued her Master’s at Loma Linda University in California. She’s been teaching ever since as well as pursuing home health nursing on a part-time basis. Going into people’s homes made it clear to her how poor the transition is from hospital to home for most patients. Eager to add research to her career, she entered the PhD program at OHSU in 1998. Pat Archbold is her mentor. “It’s a great match because her background is home health care and her area of research is family caregiving.” The 1997 Balanced Budget Act dramatically decreased Medicare-authorized home visits. “Families are placed in a real bind. How are they going to give adequate care to their loved ones when they are not receiving adequate instruction? It’s an area that desperately needs research done in order to identify how we can better serve our elder population.” Applying for the Hartford fellowship, says Tetz, “helped me think beyond getting my degree to what I’d really like to do in my research.” She still teaches at Walla Walla and is on a mission to get the school to offer a course in gerontological nursing. She also believes content about caring for the elderly should be incorporated into every course since, as she points out, “probably 80 percent of nurses’ patients are elders.” She has, indeed, “caught a vision.”*

## **Nursing School Geriatric Investment Program**

*American Academy of Nursing*

In September 2001, the Foundation launched a new initiative to provide resources to seven schools with the potential to significantly expand academic geriatric nursing. Complementing the CGNE program, it provides \$75,000 per year to each school for three years, requiring an additional \$25,000 in matching funds per year. The AAN will provide further funding so that geriatric nursing leaders from the seven institutions can attend the annual leadership conferences. The schools chosen were:

- Case Western Reserve University**
- University of Michigan**
- University of Minnesota**
- University of North Carolina, Chapel Hill**
- University of Rochester**
- University of Texas/Houston**
- University of Washington**

The funds support a variety of programs, including distance learning, Web-based educational development in geriatric nursing, regional outreach, support for junior faculty, dissemination of best practices and development of geriatric nurse health policies. The Coordinating Center (see page 40) is linking this initiative with other Hartford programs, significantly increasing the momentum for cultural change.

AACN advisory committee meeting to review proposals.





## Final Components of Nursing Initiative

The final components of the Foundation's efforts to strengthen gerontological nursing involved awards to the American Association of Colleges of Nursing.

### Enhancing Geriatric Nursing Education at the Baccalaureate and Advanced Practice Levels

*American Association of Colleges of Nursing*

In June 2001, the Foundation and the AACN (which represents more than 550 university and four-year college member schools of nursing in the U.S.) launched a joint national program of grants to stimulate curriculum and clinical training improvements in the geriatric content of Baccalaureate and Master's programs. As AACN Executive Director Geraldine Bednash points out, "Innovation requires you to be able to allocate resources and free up people's time to do program design. There is a faculty shortage, resources are limited, so things are being done around the edges and on the margin." Building on resources and standards created by the Foundation's Nursing Institute, this \$3.997 million grant program will move theory into practice more quickly. The goal is to develop models and tools that can be replicated and improved upon, creating a continuously evolving education model to promote quality care for older Americans. Institutions will receive \$90,000 over three years, plus funds to be matched from grant recipients, adding up to a total of \$140,000. Supportive mechanisms will be developed by the AACN to advance the project, including: a faculty development institute; Web-based national networks and resources; dissemination of written materials to other programs; a national conference for sharing lessons beyond the sites receiving direct support; technical assistance, and consultation. The project is being led by Joan Stanley and Deirdre Thornlow. Thirty institutions were selected for funding from 130 applicants.

#### 20 Baccalaureate Program Awardees

Fairfield University

Florida International University

Grand Valley State University

Illinois State University

La Salle University

MCP Hahnemann University

Metropolitan State University

New York University

Otterbein College

SUNY at Stony Brook

Tuskegee University

University of Delaware

University of Iowa

University of Maryland

University of Michigan

University of Missouri-Columbia

University of North Carolina at Greensboro

University of Rhode Island

University of Washington

Valparaiso University

#### 10 Advanced Practice Awardees

Case Western Reserve University

East Tennessee State University

Pennsylvania State University

University of Arkansas for Medical Sciences

University of California, San Francisco

University of Illinois at Chicago

University of Michigan

University of North Carolina at Greensboro

University of Virginia



## Creating Careers in Geriatric Advanced Practice Nursing

*American Association of Colleges of Nursing*

In September 2001, the Foundation allocated \$1.725 million to create a four-year national program of grants to promote and sustain careers in geriatric advanced practice nursing. The funds will provide scholarship support for approximately 150 full-time students at 23 schools, which demonstrated their ability to provide one-to-one matching funds, recruit nationally and provide mentoring, leadership opportunities, and cultural and ethnic diversity. The project is led by Eileen Sullivan-Marx, PhD, CRNP, RN, Associate Professor and Director of The Gerontology Nurse Practitioner Program at the U. of Pennsylvania, and managed at the AACN by Deirdre Thornlow, MN, RN.

### Award Winners

Boston College  
Case Western Reserve University  
Duke University  
Emory University  
George Mason University  
Long Island University, Brooklyn Campus  
Northeastern University  
Oregon Health & Science University  
Radford University  
Rush University  
Seattle Pacific University

University of California, Los Angeles  
University of California, San Francisco  
University of Illinois at Chicago  
University of Maryland  
University of Michigan  
University of Minnesota  
University of Pennsylvania  
University of Rhode Island  
University of Texas Health Science Center at San Antonio  
University of Washington  
Wilkes University  
Yale University

Enhancing geriatric nursing education session at the December 2001  
AACN/Hartford Nursing Institute-sponsored meeting in Washington, DC.



## Program Evaluation

The Measurement Group ([www.TheMeasurementGroup.com](http://www.TheMeasurementGroup.com)) was selected through a competitive process to evaluate the overall nursing initiative and ways in which the projects add up to more than the sum of their individual parts. This external evaluation of the nursing programs complements a strong internal assessment process of all Foundation grants by the Trustees. The evaluation process, directed by George J. Huba, PhD, is already yielding benefits, strengthening the work of the grantees beyond enabling the Foundation to capture its lessons.

## Conclusion

Excitement is mounting about the Foundation's tapestry of programs whose aim is to build a national movement and expand capacity in geriatric nursing education and practice. "In five years," says Bednash, "I expect there will have been a philosophical shift in the world of nursing education that restructures and reconceptualizes the entire range of possibilities for care of the elderly. Hartford has hit all the levers — policy making, scholarship, practice, education — so that real change can take place."

Clearly, to ameliorate the nursing shortage for frail elders and improve care of older Americans in the 21st century will require an extraordinary effort, one which awakens the health care community to gerontological nursing as a critically-needed, fulfilling career, elevates the prestige of that career, and transforms a broad range of health care policies affecting nurses who care for older adults. The Foundation is proud of its nursing initiatives, but recognizes that, as a nation, we have a long way to go.

# JAHF Grant Descriptions

Aging and Health Program Academic Geriatrics and Training

In 2001, The John A. Hartford Foundation awarded 24 grants under its Aging and Health program totaling \$40,461,954.

## **Gerontological Nursing Initiative**

The John A. Hartford Foundation awarded **\$14.3 million through five grants in gerontological nursing in 2001, bringing to \$34 million the Foundation's total commitments in this area to date.**

### **Nursing School Geriatric Investment Program**

#### **American Academy of Nursing**

*Washington, DC*

*Patricia D. Franklin, MSN, RN*

*Claire Faqin, PhD, RN*

*\$2,201,954, Three Years*

The Academy will coordinate the work of seven schools of nursing: Case Western Reserve University, and the Universities of Michigan, Minnesota, North Carolina/Chapel Hill, Rochester, Texas/Houston and Washington, which will receive subcontracts to improve the academic training and research resources dedicated to nursing care for older adults.

With an annual match of \$25,000 from each, total funding will be \$300,000 per school.

The participants will use this support to accomplish some combination of the following tasks: increase the number of future nursing faculty, improve the geriatric competence of current students and practitioners, and improve clinical care.

### **Enhancing Geriatric Nursing Education at Baccalaureate and Advanced Practice Levels**

#### **American Association of Colleges of Nursing**

*Washington, DC*

*Geraldine Bednash, PhD, RN*

*\$3,997,443, Four Years*

This grant supports curricular expansion and innovation in geriatrics in 10 adult and family nurse practitioner programs and 20 baccalaureate programs, to ensure that future nurses will be better prepared to serve older adults.

### **Creating Careers in Geriatric Advanced Practice Nursing**

#### **American Association of Colleges of Nursing**

*Washington, DC*

*Geraldine Bednash, PhD, RN*

*Eileen Sullivan-Marx, PhD, CRNP, RN*

*\$2,229,168, Four Years*

This grant supports recruitment and career development for nurses seeking to become advanced practice geriatric nurses. The AACN will select and administer grants to schools of nursing with advanced practice geriatric nurse training programs, which will then use these funds for flexible scholarship funding plus mentoring and leadership development opportunities. Over 150 scholarship awardees will have received support by the end of the grant.

### **Foundation-Administered Grant**

#### **Evaluation of the Foundation's Geriatric Nursing Programs**

##### **The Measurement Group**

*Culver City, CA*

*George J. Huba, PhD, President*

*\$900,000, Three Years*

The Measurement Group will work with the Foundation and its grantees to evaluate the Foundation's work in geriatric nursing. The evaluation will document effective strategies for enhancing geriatric nursing faculties and their capacities for research, innovation in developing treatment models, training students, and improving elder care using methods developed through Foundation support.

**The John A. Hartford Foundation Institute for  
the Advancement of Geriatric Nursing**

*New York University*

*New York, NY*

*Mathy Mezey, EdD, RN*

*\$5,000,000, Five Years*

This renewal grant will enable the Institute to continue its groundbreaking efforts to raise the standard of nursing care for older adults nationally. The Institute will continue its work to improve nursing education, practice and research and to promote excellence in care through public policy and consumer awareness. The Institute will also attempt to increase the attention paid to geriatrics in the national licensing exam for registered nurses, and will work to coordinate its efforts with those of other Foundation gerontological nursing awardees.

The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing was created in 1996 in recognition of the critical role nurses play in the care of older adults. Its primary mission is to develop best practices in nursing care of the elderly and to disseminate them into the education of every nursing student and practicing professional nurse. The Hartford Institute seeks to inform the public to expect best practice and to assume national leadership in establishing best practices as the standard for geriatric nursing care.

**Gerontological Social Work Initiative**

The John A. Hartford Foundation awarded \$6.7 million through two grants under this initiative in 2001, to bring the total amount committed to improving geriatrics training of social workers to \$22 million.

**Transforming Geriatric Social Work Education  
Council on Social Work Education**

*Alexandria, VA*

*Nancy Hooyman, PhD*

*\$5,244,254, Three Years*

This grant will support the incorporation of gerontology in curricula at up to 70 schools of social work. CSWE will invite the nation's 600 undergraduate and graduate social work education programs to compete for Hartford Curriculum Development Awards. The awards will be split approximately equally between BSW and MSW programs. Two years of support, at \$30,000 per year, will be given to each program, with an expected match of \$10,000 per year. Technical assistance, networking and curricular materials will further support the program.

**Preparing Gerontology-Competent Social  
Workers – Phase II**

**Council on Social Work Education**

*Alexandria, VA*

*Frank Baskind, PhD*

*\$1,480,692, Three Years*

The Council will use this award to increase the geriatric content within schools of social work by training social work faculty and continuing to develop and distribute geriatric educational materials. By the end of the grant, more than 400 baccalaureate and master's level social work faculty will have learned how they can increase the geriatric content of their required foundation courses.

# JAHF Grant Descriptions

Aging and Health Program **Academic Geriatrics and Training**

## **Medical Student Geriatric Scholars Program**

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

*New York, NY*

*Odette van der Willik*

*\$2,880,806, Three Years*

The American Federation for Aging Research will continue its successful program to attract medical students to careers in academic geriatrics. By the end of the three year grant, 270 students will be chosen through a competitive process to attend a program providing mentored clinical and research opportunities, either at one of four training centers or at a designated John A. Hartford Foundation Geriatric Center of Excellence. This is a renewal of a successful program which began in 1993. The Fan Fox and Leslie R. Samuels Foundation supports scholars attending New York area medical schools, in addition to those supported nationally.

## **Enhancing Geriatrics in Undergraduate**

### **Medical Education**

**Association of American Medical Colleges**

*Washington, DC*

*M. Brownell Anderson*

*\$1,493,914, Three Years*

Prior awards to the Association of American Medical Colleges (AAMC) provided support to medical schools to improve geriatrics training in all four years of the medical school curriculum, adding geriatric content, developing educational materials and other activities. With this award for 10 additional schools, the total number of participating schools will increase to a total of 40.

## **Center of Excellence in Geriatric Medicine**

**University of Pittsburgh**

*Pittsburgh, PA*

*Neil M. Resnick, MD*

*\$525,000, Three Years*

The John A. Hartford Foundation added the University of Pittsburgh to its Centers of Excellence in Geriatric Medicine program. Pittsburgh will use this grant to enhance development of future faculty by increasing the number of people participating in the academic fellowship program, providing faculty development training, and attracting excellent clinical researchers to positions that will enable them to complete the transition from senior fellow to faculty member.

## **Geriatric Leadership Development Program**

**Association of Directors of Geriatric Academic Programs**

*New York, NY*

*David B. Reuben, MD*

*\$1,786,556, Five Years*

This grant will be used to increase the leadership skills of recently appointed academic geriatric program directors by enhancing the capacity of academic centers to improve the geriatrics training of the next generation of physicians. At the end of the five year grant, 30 Hartford Leadership Scholars will have improved their ability to develop and lead strong research, education and clinical care programs. The Scholars will attend established leadership development programs, work with local and national mentors, and participate in an annual leadership retreat.

### Developing a New Generation of Academic Programs in Geriatrics

#### Association of Directors of Geriatric Academic Programs (ADGAP)

*New York, NY*

*William J. Hall, MD*

*Harvey J. Cohen, MD*

*\$2,285,247, Four Years*

The Association will use this grant to improve the geriatric medicine training capabilities of up to 10 additional academic health centers across the nation. ADGAP will distribute and administer grants of \$100,000 per year for two years to up to 10 academic health centers, each of which will provide an equal match. These grants will enable the centers to improve their existing geriatric training strength and ultimately increase both the quality and quantity of future physicians who are well prepared to provide excellent care for older adults.

### Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services

#### RAND-University of Pittsburgh Health Institute

*Pittsburgh, PA*

*Harold A. Pincus, MD*

*\$1,965,115, Three Years*

This grant to RAND-University of Pittsburgh will support the creation of new interdisciplinary research infrastructure at academic institutions across the nation which will combine the talent of doctors, nurses, social workers and other health professionals in order to improve the care of older adults. RAND will administer a seed grant program with matching requirements to enable interdisciplinary research teams to become more competitive for funding from national sources.

### The Stanford Faculty Development Program for Geriatrics in Primary Care Renewal

#### Stanford University

*Palo Alto, CA*

*Georgette A. Stratos, PhD*

*\$620,442, Thirty-two Months*

This support will be used to continue to increase the number of physician faculty members trained to teach the principles of geriatric medicine using a train-the-trainer model.

Each faculty member accepted for training at Stanford commits to a month-long intensive course followed by the presentation of seven two-hour seminars on geriatric issues to medical faculty at their home institutions. The 18 faculty trained directly will subsequently reach approximately 250 others.

# JAHF Grant Descriptions

Aging and Health Program Integrating and Improving Services

## **Geriatric Interdisciplinary Teams in Practice**

Two grants were added to this initiative, which aims to develop and evaluate approaches to providing team care to improve the health of older adults. This initiative is an outgrowth of the Foundation's earlier Geriatric Interdisciplinary Team Training program, which developed curricula for a range of health professionals to teach the skills and resources necessary for effective team care. With these additions total funding for this initiative is \$7.9 million, and involves five grants.

### **Delivering Effective Primary Care to Older Adults: The Senior Resource Team Group Health Cooperative of Puget Sound**

Seattle, WA

*Edward H. Wagner, MD, MPH*

*\$1,678,056, Four Years*

Group Health will demonstrate the health benefits and cost-effectiveness of interdisciplinary team care for older adults. Specifically, it will evaluate the added benefit of a consulting team which includes a geriatrician, pharmacist and geriatric nurse practitioner, to primary care physicians treating frail elderly. The model will be tested in the practices of Group Health's clinic-based staff physicians and its affiliated network.

## **Evaluating the Impact of Geriatric Care Teams in Ambulatory Practice**

### **Intermountain Health Care**

Salt Lake City, UT

*Paul D. Clayton, PhD*

*\$1,398,373, Four Years*

This grant will be used to improve primary care for older adults by demonstrating the health and financial benefits of care from an interdisciplinary team based in primary care clinics, supported by an electronic information system. The team will be coordinated by a nurse care manager, who will be able to track care across sites and provide automated reminders to ensure optimal care for a variety of health conditions common to older adults.

### **Accelerating State Access to PACE**

#### **National PACE Association**

Alexandria, VA

*Shawn M. Bloom, MS*

*\$1,247,035, Two Years*

This second grant to the National PACE Association will enable it to expedite the implementation of new sites for its community based care system, the Program for All-Inclusive Care for the Elderly (PACE), by providing financial resources and technical assistance to health officials in up to eight states. This grant will complement a previous Foundation grant to increase access to PACE through a technical assistance program for potential PACE providers.

### Preventing Medication Errors: The Home Health Medication Management Model

#### Partners in Care Foundation

Burbank, CA

W. June Simmons, LCSW

\$378,821, Two Years

This award will enable home care agencies to help older adults manage their increasingly complicated medications and reduce the number of medication errors. Partners in Care will mount a comprehensive dissemination campaign to put a successful medications management model into practice in home care agencies. The medications management model was developed under a previous Foundation grant to Vanderbilt University. The current grant will support the development of an implementation manual, which will be available on its Web site. They will also work closely with four major home health agencies to act as regional opinion leaders and assist in dissemination.

### The Capital District: Creating an Aging-Prepared Community

#### Research Foundation of the State University of New York

Albany, NY

Phillip McCallion, PhD

\$150,350, 18 Months

This planning grant to the Research Foundation of the State University of New York, Albany, will be used to develop a regional plan for the Albany/Troy/Schenectady area to improve senior services through a coalition of public, government, private non-profit service providers and other entities. Edward T. Kramer, MA, deputy director of the New York State Office of Aging will co-direct the project.

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

#### The National Council on the Aging, Inc.

Washington, DC

Nancy A. Whitelaw, PhD

\$1,322,712, Three Years

This grant will support the implementation and improvement of health-related programs for older adults at community-based agencies. The National Council on the Aging will use this award to field test best-practice health programs in regional centers. The centers will work with outstanding community agencies to encourage dissemination and adoption of the program's evidence-based practices by community agencies serving older adults throughout the nation. They will create and disseminate evidence-based best practice models in at least four areas, including exercise and health education programming for seniors.

# JAHF Grant Descriptions

Aging and Health Program **Other**

## **September 11: Responding to the Needs of Older New Yorkers**

**Council of Senior Centers and Services of New York City, Inc.**

*New York, NY*

*Igal Jellinek*

*\$153,000, One Year*

*(including \$50,000 challenge grant)*

The Council was awarded this grant to help senior citizens' agencies in New York City meet client and agency needs in the aftermath of the World Trade Center attack. This grant provides funds for the creation of emergency response plans at the member agencies, supports agency staff training on problem identification and treatment referral options for clients, and provides employee assistance program options for agency staff.

The activities supported are designed to help older adults in New York based on the lessons of the aftermath of the Oklahoma City federal building bombing. Epidemiological studies after the bombing suggest that a significant percentage of the city's elderly will experience feelings of isolation, fear and loss, and ongoing anxiety as a result of the attacks. These stresses will likely affect their daily living, including heightening of depression, not eating properly, being afraid to leave their homes, insomnia, misusing their medicines, and other problems. The approved grant helps senior services centers begin to address these issues.

The Board of Trustees of the John A. Hartford Foundation awarded this grant under a special authorization of the Foundation's New York Fund in recognition of the special needs of older adults in New York City after September 11, 2001.

## **Advancing Aging and Health Policy Understanding**

**George Washington University  
(National Health Policy Forum)**

*Washington, DC*

*Judith Miller Jones*

*\$1,343,016, Three Years*

The John A. Hartford Foundation renewed its grant to George Washington University's National Health Policy Forum to continue to provide nonpartisan education to federal policy makers on issues related to the health of older adults. The support will be used to hold briefings in Washington DC and conduct site visits in states selected to explore important health issues.

## **Issues Dialogue on Health Professions Education**

**Grantmakers in Health**

*Washington, DC*

*Anne Schwartz, PhD*

*\$30,000, One Year*

This award to Grantmakers in Health (GIH) will partially support an "Issues Dialogue," a meeting of staff at numerous foundations to share grant-making strategies, in the area of health professions education. GIH will use this support to ensure that health professions education related to older adults is addressed in the meeting and the supporting materials.

**Health Affairs Thematic Issue on the Health  
Care Work Force**

**Project HOPE – People-to-People Health**

**Foundation, Inc.**

*Bethesda, MD*

*John K. Iglehart*

*\$150,000, One Year*

A grant to the People-to-People Health Foundation will partially support a special issue of its journal, *Health Affairs*, dedicated to the health care workforce. The issue will include articles regarding geriatric preparedness and the need for an increase in the number and competency of health professionals serving older adults. The work featured in this thematic issue of *Health Affairs* will be important to policymakers and others to determine the number, kind and training needs of health professionals in an aging society.

# JAHF Financial Summary



**On December 31, 2001** the Foundation's assets were \$587.9 million, a decrease of \$35.7 million for the year after cash payments of \$30.4 million for grants, expenses and Federal excise tax. Total return on the investments, income plus realized and unrealized capital gains, was negative 1.2 percent. In 2001, revenues totaled \$10.7 million, a yield of approximately 1.8 percent for the year.

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.

Although the Foundation's assets fell in 2001, the first year that has occurred since 1994, we were gratified that the negative performance was less than many of the broad stock market averages both here and abroad. It again proved that prudent diversification of the portfolio by investment style and into alternative asset classes can enable a foundation with a long time horizon to withstand the inevitable bumps in the road. At the end of the year the Foundation's asset mix was 69 percent equities, 11 percent fixed income, and a combined 20 percent in venture capital, private equity, real estate and event-driven funds, compared with 69, 20 and 11 percent, respectively, at the end of 2000.

As of December 31, 2001 Capital Guardian Trust Company, Sound Shore Management, William Blair & Co., T. Rowe Price Associates, Wasatch Advisors, Pequot Capital Management and Andor Capital Management manage the Foundation's investments. In addition, the Foundation is an investor in venture capital funds managed by Oak Investment Partners, Brentwood Associates, Middlewest Ventures, Tullis-Dickerson and William Blair Capital Partners. Private equity partnerships are managed by GE Investments and Brentwood Associates. Real estate investments consist of funds managed by TA Associates Realty, Angelo, Gordon & Co. and Heitman/JMB Advisory Corporation. Event-driven investment managers are Angelo, Gordon & Co., Canyon Capital Partners, Halcyon/Alan B. Slifka Management Co. and Whippoorwill Associates.

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

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

Ladies and Gentlemen:

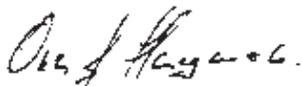
We have audited the balance sheets of The John A. Hartford Foundation, Inc. (a New York not-for-profit corporation) as of December 31, 2001 and 2000 and the related statements of revenues, grants and expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The John A. Hartford Foundation, Inc. as of December 31, 2001 and 2000 and its changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The data contained in pages 69 to 80, inclusive, are presented for purposes of additional analysis and are not a required part of the basic financial statements. This information has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Respectfully submitted,



Owen J. Flanagan & Company  
New York, New York  
March 5, 2002

The John A. Hartford Foundation, Inc. Balance Sheets December 31, 2001 and 2000	2001	2000
Exhibit A		
<b>Assets</b>		
<b>Cash in operating accounts</b>	\$ 7,511	\$ 4,926
<b>Interest and dividends receivable</b>	777,871	3,191,919
<b>Prepayments and deposits</b>	132,537	107,310
<b>Prepaid taxes</b>		210,407
90,290		
	1,128,326	3,394,445
<b>Investments, at fair value or adjusted cost</b> (Notes 2 and 3)		
Short-term cash investments	26,640,558	19,362,510
Stocks	400,873,649	425,952,486
Bonds	39,710,012	104,088,770
Investment partnerships	99,179,475	52,837,949
Real estate pooled funds	16,379,307	13,628,720
Total Investments	582,783,001	615,870,435
<b>Office condominium, furniture and equipment</b> (net of accumulated depreciation of \$1,190,953 in 2001 and \$850,453 in 2000) (Note 5)		
	3,984,107	4,325,456
Total Assets	\$587,895,434	\$623,590,336
<b>Liabilities and Net Assets</b>		
<b>Liabilities:</b>		
<b>Grants payable (Note 2)</b>		
Current	\$ 22,312,600	\$ 17,633,271
Non-current (Note 7)	59,438,570	45,387,488
<b>Accounts payable</b>	617,983	659,517
<b>Deferred Federal excise tax (Note 2)</b>	691,656	1,183,967
Total Liabilities	83,060,809	64,864,243
<b>Net Assets - Unrestricted</b>		
Board designated (Note 2)	6,570,668	9,676,917
Undesignated	498,263,957	549,049,176
Total Net Assets (Exhibit B)	504,834,625	558,726,093
Total Liabilities and Net Assets	\$587,895,434	\$623,590,336

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

## Statements of Revenues, Grants and Expenses and Changes in Net Assets

The John A. Hartford Foundation, Inc.		Exhibit B	
Statements of Revenues, Grants and Expenses and Changes in Net Assets			
Years Ended December 31, 2001 and 2000			
	2001		2000
<b>Revenues</b>			
Dividends and partnership earnings	\$ 4,956,994	\$	5,539,800
Bond interest	3,512,748		6,427,879
Short-term investment earnings	2,232,768		1,290,122
<b>Total Revenues</b>	<b>10,702,510</b>		<b>13,257,801</b>
<b>Grants and Expenses</b>			
Grant expense (less cancellations and refunds of \$559,374 in 2001 and \$498,488 in 2000)	42,887,719		55,794,904
Foundation-administered projects	601,460		336,139
Grant-related direct expenses	108,358		102,562
Excise and unrelated business income taxes (Note 2)	139,282		149,570
Investment fees	1,850,339		1,889,529
Personnel salaries and benefits (Note 6)	1,974,176		1,729,325
Office and other expenses	938,958		858,568
Depreciation	340,924		340,453
Professional services	110,876		84,051
<b>Total Grants and Expenses</b>	<b>48,952,092</b>		<b>61,285,101</b>
Excess (deficiency) of revenues over grants and expenses	(38,249,582)		(48,027,300)
Net Realized and Change in Unrealized Gains (Note 3)	(15,641,886)		33,734,699
<b>Increase (Decrease) in Net Assets</b>	<b>(53,891,468)</b>		<b>(14,292,601)</b>
Net Assets, beginning of year	558,726,093		573,018,694
<b>Net Assets, End of Year (Exhibit A)</b>	<b>\$504,834,625</b>		<b>\$558,726,093</b>

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

Statements of Cash Flows

The John A. Hartford Foundation, Inc. Statements of Cash Flows Years Ended December 31, 2001 and 2000	2001	2000
Exhibit C		
<b>Cash Flows Provided (Used)</b>		
<b>From Operating Activities:</b>		
Interest and dividends received	\$ 11,273,570	\$ 8,768,667
Cash distributions from partnerships and real estate pooled funds	4,673,358	6,404,258
Grants and Foundation-administered projects paid (net of refunds)	(24,751,969)	(25,029,993)
Expenses and taxes paid	(5,649,977)	(5,389,685)
Net Cash Flows Provided (Used) by Operating Activities	(14,455,018)	(15,246,753)
<b>From Investing Activities:</b>		
Proceeds from sale of investments	329,512,219	321,701,413
Purchases of investments	(307,789,983)	(369,606,748)
(Purchases) sale of fixed assets	425	(122,417)
Net Cash Flows Provided (Used) by Investing Activities	21,722,661	(48,027,752)
Net Increase (Decrease) in Cash and Cash Equivalents	7,267,643	(63,274,505)
Cash and equivalents, beginning of year	19,171,758	82,446,263
<b>Cash and equivalents, end of year</b>	<b>\$ 26,439,401</b>	<b>\$ 19,171,758</b>
<b>Reconciliation of Increase in Net Assets to Net Cash Used by Operating Activities</b>		
Increase (Decrease) in Net Assets	\$ (53,891,468)	\$ (14,292,601)
Adjustment to reconcile increase in net assets to net cash used by operating activities:		
Depreciation	340,924	340,453
Decrease (increase) in interest and dividends receivable	2,414,048	(2,225,768)
Decrease (increase) in prepayments and deposits	(25,227)	(23,428)
Increase in grants payable	18,730,411	31,100,950
(Decrease) increase in accounts payable	(42,798)	(39,163)
Net realized and change in unrealized gains	15,641,886	(33,734,699)
Other	2,377,206	3,627,503
	\$ (14,455,018)	\$ (15,246,753)

## Statements of Cash Flows

The John A. Hartford Foundation, Inc. Statements of Cash Flows Years Ended December 31, 2001 and 2000	2001	2000
Exhibit C		
<b>Supplemental Information:</b>		
<b>Detail of other:</b>		
Investment partnerships and real estate pooled funds:		
Cash distributions	\$ 4,686,553	\$ 6,404,258
Less: reported income	1,856,183	2,256,562
	2,830,370	4,147,696
Tax expense	139,282	149,570
Less: Taxes paid	592,446	669,763
Excess (tax on realized gains and change in prepaid)	(453,164)	(520,193)
Total - Other	\$ 2,377,206	\$ 3,627,503
<b>Composition of Cash and Equivalents:</b>		
Cash in operating accounts	\$ 7,511	\$ 4,926
Short-term cash investments	26,640,558	19,362,510
Unrealized (gain) loss on forward currency contracts	(208,668)	(195,678)
	\$26,439,401	\$19,171,758

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

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2001 and 2000

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Exhibit D

### **1. Purpose of Foundation**

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

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### **2. Summary of Significant Accounting Policies**

#### *Method of Accounting*

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

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

All net assets of the Foundation are unrestricted.

#### *Investments*

Investments in marketable securities are valued at their fair value (quoted market price). Investment partnerships where the Foundation has the right to withdraw its investment at least annually are valued at their fair value as reported by the partnership. Investment partnerships, real estate partnerships and REIT's which are illiquid in nature are recorded at cost adjusted annually for the Foundation's share of distributions and undistributed realized income or loss. Valuation allowances are also recorded on a group basis for declines in fair value below recorded cost. Realized gains and losses from the sale of marketable securities are recorded by comparison of proceeds to cost determined under the average cost method.

#### *Grants*

The liability for grants payable is recognized when specific grants are authorized by the Board of Trustees and the recipients have been notified. Annually the Foundation reviews its estimated payment schedule of long-term grants and discounts the grants payable to present value using the prime rate as quoted in the Wall Street Journal at December 31 to reflect the time value of money. The amount of the discount is then recorded as designated net assets. Also recorded as designated net assets are conditional grants for which the conditions have not been satisfied.

#### *Definition of Cash*

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

#### *Tax Status*

The Foundation is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been classified as a "private foundation." The Foundation is subject to an excise tax on net investment income at either a 1% or 2% rate depending on the amount of qualifying distributions. For 2001 and 2000 the Foundation's rate was 1%.

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2001 and 2000

Exhibit D

Investment expenses for 2001 include direct investment fees of \$1,850,339 and \$134,000 of allocated salaries, legal fees and other office expenses. The 2000 comparative numbers were \$1,889,529 and \$114,000.

Deferred Federal excise taxes payable are also recorded on the unrealized appreciation of investments using the Foundation's normal 1% excise tax rate.

The Foundation intends to distribute at least \$28,900,000 of undistributed income in grants or qualifying expenditures by December 31, 2002 to comply with Internal Revenue Service regulations.

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

#### *Property and Equipment*

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

### **3. Investments**

The net gains in 2001 are summarized as follows:

	<i>Cost</i>	<i>Fair Value</i>	<i>Appreciation</i>
Balance, December 31, 2001	\$ 513,617,368	\$ 582,783,001	\$ 69,165,633
Balance, December 31, 2000	\$ 497,473,732	\$ 615,870,435	\$ 118,396,703
Increase (decrease) in unrealized appreciation during the year, net of decreased deferred Federal excise tax of \$492,311			\$(48,738,759)
Realized gain, net of provision for excise taxes of \$334,312			33,096,873
Net realized and change in unrealized gains			\$(15,641,886)

For 2000, the unrealized loss was \$34,424,785, net of decreased deferred Federal excise tax of \$347,725. The realized gain was \$68,159,484 net of a provision for Federal excise tax of \$688,480.

Receivables and payables on security sales and purchases pending settlement at December 31, 2001 and 2000 were as follows:

	<i>2001</i>	<i>2000</i>
Proceeds from sales	\$ 179,708	\$ 1,500,291
Payables from purchases	(159,937)	(2,450,591)
Net cash pending settlement	\$ 19,771	\$ (950,300)

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

The detail of the Foundation's investment in bonds is as follows:

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2001 and 2000

Exhibit D

	<i>2001</i>	<i>2000</i>
U.S. Government	\$39,258,262	\$ 103,669,305
Corporate	451,750	4 19,465
	\$39,710,012	\$104,088,770

The Foundation is a participant in fourteen investment limited partnerships. As of December 31, 2001, \$101,657,972 had been invested in these partnerships and future commitments for additional investment aggregated \$3,342,028.

In addition, the Foundation was a participant in four other investment partnerships which are either in liquidation or have reached the completion of their original term and are winding down. One investment terminated during 2001 and the recorded value of the three remaining investments is \$607,009.

Four of the Foundation's investment partnerships permit withdrawals at least once a year. These are valued at their fair value, \$76,223,008 (adjusted cost \$73,859,667).

Real estate investments included two limited partnerships and five real estate investment trusts. The Foundation had invested \$18,200,000 at December 31, 2001 and future commitments for additional investment aggregated \$8,800,000.

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#### 4. Foreign Currency Forward Contract Commitments

The Foundation uses foreign currency forward contracts as a hedge against currency fluctuations in foreign denominated investments. At December 31, 2001 the Foundation's open foreign currency forward sale and purchase contracts totaled \$8,587,151. Total foreign denominated investments at the same date were \$26,657,970.

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#### 5. Office Condominium, Furniture and Equipment

At December 31, 2001 and 2000 the fixed assets of the Foundation were as follows:

	<i>2001</i>	<i>2000</i>
Office condominium	\$4,622,812	\$4,622,812
Furniture and equipment	552,248	553,097
	5,175,060	5,175,909
Less: Accumulated depreciation	1,190,953	850,453
Office condominium, furniture and equipment, net	\$3,984,107	\$4,325,456

---

#### 6. Pension Plan

The Foundation has a defined contribution retirement plan covering all eligible employees under which the Foundation contributes 14% of salary for employees with at least one year of service. Pension expense under the plan for 2001 and 2000 amounted to \$149,547 and \$153,447, respectively. The Foundation also incurred additional pension costs of approximately \$24,000 in 2001 and 2000 for payments to certain retirees who began employment with the Foundation prior to the initiation of the formal retirement plan.

In 1997 the Foundation adopted a deferred compensation plan to compensate certain employees whose retirement plan contributions were limited by IRS regulations.

The John A. Hartford Foundation, Inc.  
Notes to Financial Statements  
December 31, 2001 and 2000

Exhibit D

### 7. Grants Payable

The Foundation estimates that the non-current grants payable as of December 31, 2001 will be disbursed as follows:

	2003	\$ 23,414,052
	2004	17,707,565
	2005	20,672,916
	2006	2,557,091
	2007	1,657,614
		66,009,238
Conditional grants and discount to present value		(6,570,668)
		\$59,438,570

The amount of the discount to present value is calculated using the prime rate as quoted in the Wall Street Journal. The prime rate for 2001 and 2000 was 4.75% and 9.5%, respectively.

At December 31, 2001, a portion of a grant in the amount of \$522,550 was contingent on the grantee raising additional funds. As a result, this amount is shown as part of board designated net assets.

### 8. Non-Marketable Investments Reported at Adjusted Cost

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

Income from these investments is summarized as follows:

	2001	2000
Partnership earnings	\$ 702,421	\$1,456,715
Realized gains (loss) - net of taxes of \$9,165 and \$1,098	(907,271)	(108,689)
Unrealized gain (loss) - net of deferred excise tax provision (recovery) of \$2,804 and \$(10,742)	277,543	(1,063,449)
	\$ 72,693	\$ 284,577

# Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
<b>AGING AND HEALTH: ACADEMIC GERIATRICS AND TRAINING</b>				
<b>Agency for Healthcare Research and Quality</b> Rockville, MD <i>Improving Functional Health Outcomes in Older People</i> Arlene S. Bierman, M.D., M.S.	\$ 15,000			\$ 15,000
<b>American Academy of Family Physicians Foundation</b> Leawood, KS <i>"Improving Geriatric Medicine Education in Community Hospital Family Practice Residency Programs: Building on Success"</i> Gregg A. Warshaw, M.D.	83,756		\$ 83,756	
<b>American Academy of Nursing</b> Washington, DC <i>Nursing Initiative Coordinating Center and Scholar Stipends</i> Theresa Adcock Gaffney	7,068,145		425,000	6,643,145
<b>American Academy of Nursing</b> Washington, DC <i>Nursing School Geriatric Investment Program</i> Claire M. Fagin, Ph.D. Patricia D. Franklin, M.S.N., C.R.N.P., R.N.		\$2,201,954	370,919	1,831,035
<b>American Association of Colleges of Nursing</b> Washington, DC <i>"Enhancing Geriatric Nursing Education at Baccalaureate and Advanced Practice Levels"</i> Geraldine Polly Bednash, Ph.D., R.N., F.A.A.N.		3,997,443	1,393,895	2,603,548
<b>American Association of Colleges of Nursing</b> Washington, DC <i>Creating Careers in Geriatric Advanced Practice Nursing</i> Geraldine Bednash, Ph.D., R.N., F.A.A.N.		2,229,168	228,650	2,000,518
<b>American Federation for Aging Research, Inc.</b> New York, NY <i>Paul Beeson Physician Faculty Scholars in Aging Research Program</i> Odette van der Willik	10,732,294		751,752	9,980,542
<b>American Federation for Aging Research, Inc.</b> New York, NY <i>Centers of Excellence Coordinating Center</i> Odette van der Willik	1,855,920		604,331	1,251,589
<b>American Federation for Aging Research, Inc.</b> New York, NY <i>Fellowship Cohort Expansion</i> Odette van der Willik	445,436		445,436	

Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
<b>American Federation for Aging Research (AFAR), Inc.</b> New York, NY <i>Medical Student Geriatric Scholars Program</i> Odette van der Willik	\$ 284,755	\$2,880,806	\$ 110,502	\$3,055,059
<b>American Geriatrics Society, Inc.</b> New York, NY <i>Increasing Geriatrics Expertise in Surgical and Medical Specialties - Phase III</i> John R. Burton, M.D. David H. Solomon, M.D.	5,999,885		508,019	5,491,866
<b>American Geriatrics Society, Inc.</b> New York, NY <i>"Integrating Geriatrics into the Subspecialties of Internal Medicine"</i> William R. Hazzard, M.D.	2,185,937		509,293	1,676,644
<b>American Geriatrics Society, Inc.</b> New York, NY <i>"Enhancing Geriatric Care Through Practicing Physician Education, Phase II"</i> Sharon Levine, M.D.	643,328		510,523	132,805
<b>American Geriatrics Society, Inc.</b> New York, NY <i>Distribution of Geriatrics Educational Materials</i> Nancy E. Lundebjerg	427,800		206,900	220,900
<b>American Society of Clinical Oncology</b> Alexandria, VA <i>Enhancing Geriatric Oncology Training</i> Charles M. Balch, M.D.	2,250,907		525,000	1,725,907
<b>Association of American Medical Colleges</b> Washington, DC <i>Enhancing Geriatrics in Undergraduate Medical Education</i> M. Brownell Anderson	2,577,703	1,493,914	2,285,597	1,786,020
<b>Association of Directors of Geriatric Academic Programs</b> New York, NY <i>Developing a New Generation of Academic Programs in Geriatrics</i> William J. Hall, M.D. Harvey J. Cohen, M.D.		2,285,247	721,372	1,563,875
<b>Association of Directors of Geriatric Academic Programs</b> New York, NY <i>Geriatric Leadership Development Program</i> David B. Reuben, M.D.		1,786,556	150,000	1,636,556
<b>Baylor College of Medicine</b> Houston, TX <i>Center of Excellence</i> Anita Woods, Ph.D.	450,000		150,000	300,000

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
<b>Boston University/Boston Medical Center</b> Boston, MA <i>Center of Excellence</i> Rebecca A. Silliman, M.D., Ph.D.	\$ 475,045		\$ 175,045	\$ 300,000
<b>Council on Social Work Education</b> Alexandria, VA <i>Transforming Geriatric Social Work Education</i> Nancy Hooyman, Ph.D.		\$5,244,254	2,426,925	2,817,329
<b>Council on Social Work Education</b> Alexandria, VA <i>Preparing Gerontology-Competent Social Workers: Phase II</i> Frank Baskind, Ph.D.		1,480,692	316,925	1,163,767
<b>Duke University</b> Durham, NC <i>Center of Excellence</i> Harvey Jay Cohen, M.D.	225,000			225,000
<b>Emory University</b> Atlanta, GA <i>Southeast Center of Excellence</i> Joseph Ouslander, M.D.	450,000		75,000	375,000
<b>Gerontological Society of America</b> Washington, DC <i>"Hartford Geriatric Social Work Faculty Scholars Program and National Network"</i> Barbara J. Berkman, Ph.D. Linda Krogh Harootyan	5,941,017		978,411	4,962,606
<b>Gerontological Society of America</b> Washington, DC <i>Hartford Geriatric Social Work Doctoral Fellows Program</i> James E. Lubben, D.S.W. Linda Krogh Harootyan	2,273,037		390,770	1,882,267
<b>Harvard Medical School</b> Boston, MA <i>Center of Excellence</i> Lewis A. Lipsitz, M.D.	375,000		150,000	225,000
<b>Hunter College, City University of New York</b> New York, NY <i>Geriatric Social Work Practicum Implementation</i> Joann Ivry, D.S.W.	175,000		100,000	75,000
<b>Institute for Clinical Evaluation</b> Philadelphia, PA <i>A Credential in Home Care</i> John J. Norcini, Ph.D.	102,000		100,473	1,527
<b>Johns Hopkins University</b>	\$ 303,116		\$ 81,056	\$ 222,060

Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
Baltimore, MD <i>Center of Excellence</i> John R. Burton, M.D.				
<b>Mount Sinai Medical Center</b> New York, NY <i>Center of Excellence</i> Rosanne M. Leipzig, M.D., Ph.D.	300,000		148,027	151,973
<b>New York Academy of Medicine</b> New York, NY <i>"Geriatric Social Work Practicum Implementation: Coordinating Center"</i> Patricia J. Volland, M.S.W., M.B.A.	617,657		435,049	182,608
<b>New York University</b> New York, NY <i>"The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing"</i> Mathy D. Mezey, Ed.D., R.N., F.A.A.N.	324,192	\$5,000,000	624,192	4,700,000
<b>New York University</b> New York, NY <i>"Geriatric Interdisciplinary Team Training Program: Resource Center"</i> Terry T. Fulmer, R.N., Ph.D., F.A.A.N.	501,773		378,765	123,008
<b>Oregon Health &amp; Science University</b> Portland, OR <i>Center of Geriatric Nursing Excellence</i> Patricia G. Archbold, D.N.Sc., R.N., F.A.A.N.	1,062,896			1,062,896
<b>Partners in Care Foundation, Inc.</b> Burbank, CA <i>Geriatric Social Work Practicum Implementation</i> W. June Simmons, L.C.S.W.	375,000		250,000	125,000
<b>RAND-University of Pittsburg Health Institute</b> Pittsburg, PA <i>"Developing Interdisciplinary Research Centers for Improving Geriatric Health Care Services"</i> Harold Alan Pincus, M.D.		1,965,115	459,339	1,505,776
<b>Society of General Internal Medicine</b> Washington, DC <i>Training General Internists in Geriatrics: Planning for Sustained Improvement</i> Kurt Kroenke, M.D.	298,052		255,038	43,014
<b>Stanford University</b> Palo Alto, CA <i>Enhancing Dissemination of Innovations in Geriatric Education</i> Georgette A. Stratos, Ph.D.	214,872	620,442	214,872	620,442
<b>State University of New York, Albany</b>	\$ 173,668		\$ 99,161	\$ 74,507

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
Albany, NY <i>Geriatric Social Work Practicum Implementation</i> Anne E. Fortune, Ph.D.				
<b>University of Alabama at Birmingham</b> Birmingham, AL <i>Southeast Center of Excellence</i> Richard M. Allman, M.D.	450,000		75,000	375,000
<b>University of Arkansas for Medical Sciences</b> Little Rock, AR <i>Center of Geriatric Nursing Excellence</i> Claudia J. Beverly, Ph.D., R.N.	1,065,000			1,065,000
<b>University of California, Berkeley</b> Berkeley, CA <i>Geriatric Social Work Practicum Implementation</i> Barrie Robinson, M.S.S.W.	375,000		229,985	145,015
<b>University of California, Los Angeles</b> Los Angeles, CA <i>GITT National Program Evaluation</i> David B. Reuben, M.D.	60,934		60,934	
<b>University of California, Los Angeles</b> Los Angeles, CA <i>Center of Excellence</i> David B. Reuben, M.D.	300,000		149,864	150,136
<b>University of California, San Francisco</b> San Francisco, CA <i>Center of Geriatric Nursing Excellence</i> Jeanie Kayser-Jones, Ph.D., R.N., F.A.A.N.	1,064,509			1,064,509
<b>University of California, San Francisco</b> San Francisco, CA <i>Center of Excellence</i> C. Seth Landefeld, M.D.	610,353		260,353	350,000
<b>University of Chicago</b> Chicago, IL <i>Center of Excellence</i> Greg A. Sachs, M.D.	374,590		54,773	319,817
<b>University of Colorado</b> Denver, CO <i>Center of Excellence</i> Andrew M. Kramer, M.D.	300,000			300,000
<b>University of Hawaii</b> Honolulu, HI <i>Center of Excellence</i> Patricia L. Blanchette, M.D., M.P.H.	493,634		116,062	377,572
<b>University of Houston</b>	\$ 175,000		\$ 70,780	\$ 104,220

Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
Houston, TX <i>Geriatric Social Work Practicum Implementation</i> Virginia Cooke Robbins, L.M.S.W.-A.C.P.				
<b>University of Iowa</b> Iowa City, IA <i>Center of Geriatric Nursing Excellence</i> Meridean L. Maas, Ph.D., R.N., F.A.A.N.	1,064,450			1,064,450
<b>University of Kansas</b> Kansas City, KS <i>Center of Excellence</i> Daniel L. Swagerty, Jr., M.D., M.P.H.	303,810			303,810
<b>University of Michigan</b> Ann Arbor, MI <i>Center of Excellence</i> Jeffrey B. Halter, M.D.	300,000		147,857	152,143
<b>University of Michigan</b> Ann Arbor, MI <i>Geriatric Social Work Practicum Implementation</i> Ruth E. Dunkle, Ph.D.	175,000		100,000	75,000
<b>University of Pennsylvania</b> Philadelphia, PA <i>Center of Geriatric Nursing Excellence</i> Neville E. Strumpf, Ph.D., RN, C, F.A.A.N.	1,065,000			1,065,000
<b>University of Pennsylvania</b> Philadelphia, PA <i>Center of Excellence</i> Jerry C. Johnson, M.D.	300,001		55,470	244,531
<b>University of Pittsburgh</b> Pittsburgh, PA <i>Center of Excellence</i> Neil M. Resnick, M.D.		\$ 525,000	110,105	414,895
<b>University of Rochester</b> Rochester, NY <i>Center of Excellence</i> William J. Hall, M.D.	303,223			303,223
<b>University of Rochester</b> Rochester, NY <i>"A Model for the Development of Combined Oncology-Geriatrics Fellowship Training"</i> William J. Hall, M.D.	68,537		55,146	13,391
<b>University of Texas Health Science Center at San Antonio</b> San Antonio, TX <i>Center of Excellence</i> David V. Espino, M.D.	303,604			303,604
<b>University of Washington</b>	\$ 600,000		\$ 150,000	\$ 450,000

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
Seattle, WA <i>Center of Excellence</i> Itamar B. Abrass, M.D.				
<b>Yale University</b> New Haven, CT <i>Center of Excellence</i> Mary E. Tinetti, M.D.	541,454		166,454	375,000
<b>Subtotal</b>	\$59,502,290	\$31,710,591	\$19,442,776	\$71,770,105
<b>AGING AND HEALTH: INTEGRATING AND IMPROVING SERVICES</b>				
<b>Buffalo General Foundation</b> Buffalo, NY <i>Home Hospital National Demonstration</i> Bruce J. Naughton, M.D.	276,885		147,986	128,899
<b>Carle Foundation Hospital</b> Urbana, IL <i>Evaluation of Geriatric Team Care in Medicare Risk</i> Cheryl Schraeder, Ph.D., R.N.	350,376		84,829	265,547
<b>Duke University</b> Durham, NC <i>Improving Depression Care for Elders</i> Linda H. Harpole, M.D.	395,891		156,823	239,068
<b>Fallon Community Health Plan</b> Worcester, MA <i>Home Hospital National Demonstration</i> Jeffrey B. Burl, M.D.	362,219		65,279	296,940
<b>Group Health Cooperative of Puget Sound</b> Seattle, WA <i>"Delivering Effective Primary Care to Older Adults: The Senior Resource Team at Group Health Cooperative"</i> Edward H. Wagner, M.D., M.P.H.		1,678,056	255,219	1,422,837
<b>Health and Human Services Planning Association, Inc.</b> West Palm Beach, FL <i>Senior Services Program Implementation</i> Kerry A. Rodriguez, J.D.	1,164,852		60,036	1,104,816
<b>Indiana University</b> Indianapolis, IN <i>Improving Depression Care for Elders</i> Christopher M. Callahan, M.D.	514,652		218,194	296,458
<b>Intermountain Health Care</b> Salt Lake City, UT <i>"Evaluating the Impact of Geriatric Care Teams in Ambulatory Practice"</i> Paul D. Clayton, Ph.D.		1,398,373		1,398,373
<b>Johns Hopkins University</b>	\$ 1,214,655		\$ 214,088	\$ 1,000,567

Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
Baltimore, MD <i>"Home Hospital National Demonstration and Evaluation: Coordinating Center"</i> John R. Burton, M.D.				
<b>The National Council on the Aging, Inc.</b> Washington, DC <i>Promoting Vital Aging Through Teamwork Between Community Organizations and Health Care Providers</i> Nancy A. Whitelaw, Ph.D.		\$ 1,322,712	163,198	1,159,514
<b>National PACE Association</b> Alexandria, VA <i>Expanding the Availability of the PACE Model of Care</i> Shawn M. Bloom, M.S.	375,000			375,000
<b>National PACE Association</b> Alexandria, VA <i>Accelerating State Access to PACE</i> Shawn M. Bloom		1,247,035	637,119	609,916
<b>Partners in Care Foundation, Inc.</b> Burbank, CA <i>"Preventing Medication Errors: The Home Health Medication Management Model"</i> W. June Simmons, L.C.S.W.		378,821	150,000	228,821
<b>PeaceHealth Oregon Region</b> Eugene, OR <i>"A Senior Health Center Interdisciplinary Team Approach: Health and Organizational Outcomes"</i> Ronald D. Stock, M.D.	1,058,607			1,058,607
<b>Portland VA Medical Center</b> Portland, OR <i>Home Hospital National Demonstration</i> Scott L. Mader, M.D.	367,591		174,850	192,741
<b>Rush-Presbyterian-St. Luke's Medical Center</b> Chicago, IL <i>Virtual Integrated Practice: A New Approach to Health Care Teams</i> Steven K. Rothschild, M.D.	1,627,230			1,627,230
<b>Seattle Institute for Biomedical and Clinical Research</b> Seattle, WA <i>"Client Outcomes in Community Residential Settings in the State of Washington"</i> Susan C. Hedrick, Ph.D.	39,036		39,036	
<b>Spartanburg Regional Medical Center Foundation</b> Spartanburg, SC	\$ 346,449		\$ 257,595	\$ 88,854

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
<i>Improving Geriatric Care in Rural Healthcare Delivery Systems</i> R. Bradford Whitney, M.D.				
<b>Research Foundation of the State University of New York, Albany</b> Albany, NY <i>The Capital District: Creating an Aging-Prepared Community</i> Philip McCallion, Ph.D.		\$ 150,350	100,000	50,350
<b>University of California, Los Angeles</b> Los Angeles, CA <i>Improving Depression Care for Elders: Coordinating Center</i> Jürgen Unützer, M.D., M.P.H.	1,753,412		247,304	1,506,108
<b>University of California, Los Angeles</b> Los Angeles, CA <i>Improving Depression Care for Elders</i> Jürgen Unützer, M.D., M.P.H.	401,466			401,466
<b>University of Colorado</b> Denver, CO <i>"An Interdisciplinary Team Approach to Improving Transitions Across Sites of Geriatric Care"</i> Eric A. Coleman, M.D., M.P.H.	1,085,242			1,085,242
<b>University of Texas Health Science Center at San Antonio</b> San Antonio, TX <i>Improving Depression Care for Elders</i> Polly Hitchcock Noël, Ph.D. John W. Williams, Jr., M.D.	454,067		139,087	314,980
<b>University of Washington</b> Seattle, WA <i>Improving Depression Care for Elders</i> Wayne Katon, M.D. Elizabeth H.B. Lin, M.D., M.P.H.	449,797		148,692	301,105
<b>University of Wisconsin, Madison</b> Madison, WI <i>"Improving the Quality of Care and the Retention of Direct Care Workers in Community Based Long-Term Care"</i> Mark A. Sager, M.D.	225,330		117,170	108,160
<b>Subtotal</b>	\$12,462,757	\$ 6,175,347	\$ 3,376,505	\$ 15,261,599

Summary of Active Grants

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
<b>AGING &amp; HEALTH: OTHER</b>				
<b>American Federation for Aging Research, Inc.</b> New York, NY <i>Communications and Dissemination Initiative</i> Stephanie Lederman	\$ 74,507		\$ 74,507	
<b>George Washington University</b> (National Health Policy Forum) Washington, DC <i>Advancing Aging and Health Policy Understanding</i> Judith Miller Jones	198,025	\$ 1,343,016	453,407	\$ 1,087,634
<b>Grantmakers in Health</b> Washington, DC <i>Support for "Issue Dialogue" on Health Professions Education</i> Anne Schwartz, Ph.D.		30,000	30,000	
<b>Project HOPE – People-to-People Health Foundation, Inc.</b> Bethesda, MD <i>Health Affairs Thematic Issue on the Health Care Work Force</i> John K. Iglehart		150,000	75,000	75,000
<b>University of Maryland</b> College Park, MD <i>"National Network for Intergenerational Health: Organizational Development Plan"</i> Daniel Leviton, Ph.D.	8,754		8,754	
<b>Subtotal</b>	<b>\$ 281,286</b>	<b>\$ 1,523,016</b>	<b>\$ 641,668</b>	<b>\$ 1,162,634</b>
<b>NEW YORK FUND</b>				
<b>The American Geriatrics Society/ Foundation for Health in Aging, Inc.</b> New York, NY		10,000	10,000	
<b>Bowery Residents' Committee, Inc.</b> New York, NY		10,000	10,000	
<b>Council of Senior Centers and Services of New York City, Inc.</b> New York, NY		153,000	103,000	50,000
<b>Help Line</b> New York, NY			10,000	10,000
<b>The Hospital for Special Surgery Fund Inc.</b> New York, NY		3,000	3,000	
<b>Hunter College, City University of New York</b> New York, NY		30,000	10,000	20,000
<b>Medicare Rights Center</b>	20,000		10,000	10,000

	<i>Balance Due January 1, 2001</i>	<i>Grants Authorized During Year</i>	<i>Amount Paid During Year</i>	<i>Balance Due December 31, 2001</i>
New York, NY				
<b>Milwaukee Catholic Home</b> Milwaukee, WI		\$ 500	\$ 500	
<b>New York Academy of Medicine</b> New York, NY	\$ 10,000	30,000	12,500	\$ 27,500
<b>Peekskill Youth Bureau</b> Peekskill, NY	10,000		10,000	
<b>Syracuse University</b> Syracuse, NY		500	500	
<b>United Hospital Fund</b> New York, NY		12,500	12,500	
<b>Village Care of New York, Inc.</b> New York, NY		30,000	10,000	20,000
<b>Subtotal</b>	<b>\$ 40,000</b>	<b>\$ 289,500</b>	<b>\$ 202,000</b>	<b>\$ 127,500</b>
<b>OTHER GRANTS</b>				
<b>Academy for Health Services Research and Health Policy</b> Washington, DC		2,000	2,000	
<b>The Foundation Center</b> New York, NY		10,000	10,000	
<b>Grantmakers in Aging</b> Dayton, OH		5,000	5,000	
<b>Grantmakers in Health</b> Washington, DC		10,000	10,000	
<b>New York Regional Association of Grantmakers</b> New York, NY		10,000	10,000	
<b>RAND Corporation</b> Santa Monica, CA		5,000	5,000	
<b>Matching Grants *</b>		600,390	600,390	
<b>Total Other Grants</b>		<b>\$ 642,390</b>	<b>\$ 642,390</b>	
<b>Grants Refunded or Cancelled</b>	<b>\$ 4 11,343</b>	<b>\$ (559,374)</b>	<b>\$ (148,031)</b>	
<b>Discount to Present Value</b>	<b>(9,676,917)</b>	<b>3,106,249</b>		<b>(6,570,668)</b>
<b>Total (All Grants)</b>	<b>\$63,020,759</b>	<b>\$42,887,719</b>	<b>\$24,157,308</b>	<b>\$81,751,170</b>

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

**Summary of Active Grants**

<i>Expenses Authorized, Not Incurred January 1, 2001</i>	<i>Projects Authorized During Year</i>	<i>Expenses Incurred During Year</i>	<i>Expenses Authorized, Not Incurred December 31, 2001</i>
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**FOUNDATION-ADMINISTERED PROJECTS**

Evaluation of the Foundation's Geriatric Nursing Programs		\$ 900,000	\$ 96,487	\$ 803,513
Geriatric Social Work Initiative Evaluation	\$ 428,883		326,051	102,832
To Pursue Selected Activities in the Strategic Plan		178,922	178,922	
<b>Total</b>	428,883	1,078,922	601,460	906,345

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**ADDITIONAL ACTIVE GRANTS**

**Aging and Health: Academic Geriatrics and Training**

**University of Medicine and Dentistry of New Jersey**  
 Newark, NJ  
*Expansion of Home Care into Academic Medicine*  
 R. Knight Steel, M.D.  
 1996; \$933,492; 51 months

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**Aging and Health: Academic Other**

**Vanderbilt University School of Medicine**  
 Nashville, TN  
*Improving Pharmacotherapy in Home Health Patients*  
 Wayne A. Ray, Ph.D.  
 1994; \$1,272,459; 7 years

# JAHF Application Procedures

[www.jhartfound.org](http://www.jhartfound.org)



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The John A. Hartford Foundation's overall goal is to increase the nation's capacity to provide effective and affordable care to its rapidly increasing elderly population. In order to maximize the Foundation's impact on the health and the well-being of the nation's elders, grants are made in two priority areas:

**Academic Geriatrics and Training**

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

**Integrating and Improving Health-Related Services**

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

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

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

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

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

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