

Presentation to the 2006 Joint Conference of The National Council on
the Aging and The American Society on Aging
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Jeanette, it is a pleasure to be here, to be honored by you and this important organization, and to share this honor with two colleagues for whom I have enormous respect. RWJ and Atlantic Philanthropies are truly leaders in their respective fields. Their substantial resources, strategic grant making styles and foci have allowed them to make significant contributions in the field of aging and in other areas.

I thought in the few minutes that I have, I would describe the Hartford Foundation and its mission and then turn just a minute to a topic—translational research & dissemination of best practices— that deserves more attention in philanthropy, colleges, universities and health care organizations.

From its founding in 1929 until today, the John A. Hartford Foundation has been at the forefront of pioneering advances in medicine and health care, funding research and innovations that have literally revolutionized medicine and shaped the delivery of health care in the 20th century, and continuing into the 21st century.

The Foundation's early administrators in the decades of the 1930s, 40s and 50s sought to fund promising medical researchers that could not obtain support from other sources. In doing so, they took risks in many areas of research that at the time were uncertain, but with often remarkable, even sometimes astounding, results.

Hartford grants were used to fund the first successful kidney transplants, to create the equipment for kidney dialysis, to discover and disseminate electrical therapies for restoring abnormal heart rhythms, to set up the first specialized cardiac care units, to turn cataract surgery into a minimally invasive procedure, to use lasers to treat diabetic retinopathy, to investigate cryogenic therapies, among many others, and more recently to develop specialized units in hospitals called ACE units (Acute Care for the Elderly) for older people who are seriously ill.

In the early 1980s, the Foundation began to focus on aging and health, recognizing that the unprecedented growth of the over-65 population would impact medicine and health services earlier than any other part of American society. Today, the Hartford Foundation is the country's largest private foundation focused solely on aging and health. Since 1983, nearly \$325 million has been devoted to projects

across the nation to increase our capacity to provide effective and affordable care to our growing elderly population.

Let me turn to two of the questions that Jeanette asked us to touch upon. First, what led the Hartford Foundation to focus on or give priority to aging, or in our case aging & health, and then what are Hartford's distinguishing characteristics:

1st Over 25 years ago when Hartford's Trustees undertook a wide-ranging strategic planning process, they selected aging and health as the area in which they felt they could make their best contribution.

It was 1) the demographics, 2) the poor quality of care that many older people receive, 3) the very few foundations in the area, and 4) the opportunity to make a difference, that made this an extremely important area for focus.

2nd As for distinguishing characteristics, Hartford has at least 10, some of which are shared by my colleagues' foundations here:

1. a single focus
2. a clear mission and goal (to increase the nation's capacity to provide effective and affordable health care to its rapidly aging population)

3. we have analyzed the problems, which are barriers to achieving our goal, & defined our objectives, strategies & the outcomes that we seek from our grantees.
4. a sustained commitment to aging & health (We have been in the field for 25 years & we will likely be in it for another 25 years)
5. a staff with a solid intellectual & practical grounding in the area
6. a strong desire to partner with other foundations, health care organizations and government at all levels.
7. a strong, committed and involved Board of Trustees
8. a clear grantmaking process (we typically do not fund unsolicited projects, but prefer limited competitions)
9. well-developed monitoring, evaluation & dissemination processes, AND
10. a commitment to partner with & work side-by-side with grantees.

Two years ago my Hartford colleagues and I wrote an article for Health Affairs on Grant Making at the Hartford Foundation. I have

copies here for anyone who would like to read more about what and how we fund in the aging field.

You may e-mail me and I would be happy to send you a copy of our 75th anniversary report. It is also on our web site.

I want to switch gears now and mention a topic that is of increasing concern to my colleagues and me at Hartford and I think at other foundations—that is translational research and the dissemination of best practices. By doing this I will also describe how Hartford operates.

The NIH has put great emphasis on translational research—in their terms the application of basic research findings to understanding and treating human disease—from bench to the bedside.

This has shown itself to be a powerful strategy and with the new advances in genetics and molecular biology, it will almost certainly provide great benefits to patients with such diseases as Alzheimer's, Parkinson's and cancer.

The Hartford Foundation would expand the concept of translational activity—to include the translation of our current knowledge of how to treat diseases and syndromes in the elderly into

common clinical practice. For example, to make sure that there are well trained individuals working in clinics and other sites of care—whether they are a physicians office, the home, a hospital or long term care facility—and that care in all of these sites is organized and administered effectively and efficiently in order to utilize best practices.

At the Hartford Foundation we have focused on this problem in several ways. A primary focus has been on education. We have not only increased the number of specialists in geriatrics and gerontological nursing and social work, but we have brought together primary care doctors, specialists and sub-specialists, along with geriatricians to consider how to improve the treatment of diseases in the elderly and train physicians and other health professionals. We have fostered a number of activities—summer research stipends, didactic programs, student scholarships, curricular & system innovations, and even changes in the professional board exam questions.

We have also funded health services research in specific areas where there were glaring problems, e.g. in the identification and treatment of depression in the elderly and in the better use of

interdisciplinary teams. But the problem remains—how can we ensure that every older person in America has access to care sites that adopt, adapt and evaluate best practices and provide the best care. In short, I think that health services research, including the organizing, administering, and the financing of care deserves much more attention than it currently receives from the government, philanthropy, the organizations providing that care, and the academic community. This is a challenge that I give you.

The obstacles to improving care have to be understood not only in their biological dimensions, but in their political, social, economic, psychological, and administrative context.

My hope is that the growing optimism about treating diseases in the elderly, the substantial advances in our understanding of disease, and the growing number of elderly in our population will lead to greater focus on this area from government—the one really substantial source of funding for health services research and the development of new health care paradigms.

I encourage each of you to be involved in the study of how to translate knowledge into practice in the delivery of better health care and in overcoming the obstacles to it, whether they are educational,

social services based, financial or systems based.

Again, thank you for your invitation to participate in this panel.