

A conversation with Norman Volk, April 1, 2016

Participants

- Norman Volk – Former Chair, The John A. Hartford Foundation Board of Trustees
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Note: These notes were compiled by the Open Philanthropy Project and give an overview of the major points made by Norman Volk.

Summary

The Open Philanthropy Project spoke with Norman Volk, former chair of the John A. Hartford Foundation board of trustees, as part of its investigation into case studies of efforts to grow new or small scientific fields. Conversation topics included the Hartford Foundation's efforts to grow the field of geriatrics.

Growing the field of geriatrics

Although it was clear by the 1980s that aging baby boomers would significantly impact the healthcare system, the healthcare industry was unprepared to support an influx of longer-living individuals suffering from multiple chronic conditions.

In anticipation of this demographic shift, and following its mandate to do “the greatest good for the greatest number,” the John A. Hartford Foundation decided to shift its focus in 1982 to building up the field of geriatrics.

The foundation began by tapping into its existing network, including Dr. Robert Butler, to explore how to best amplify its funding capabilities, which were limited relative to the National Institutes for Health (NIH).

“Three-legged stool” strategy

The foundation implemented a “three-legged stool” strategy, aiming to grow the field of geriatrics among doctors, nurses, and social workers.

Centers of Excellence in Geriatric Medicine

It first established Centers of Excellence in geriatric medicine at top-tier medical schools. The schools were identified based on their capacity to improve the geriatric curriculum and provide mentorship to increase the geriatric expertise of fellows and junior faculty.

Centers of Gerontological Nursing Excellence

For the second leg of the stool, the foundation targeted nursing programs, beginning with the Hartford Institute for Geriatric Nursing at the New York University College of Nursing. It planned to leverage that institution's experience and credibility to help nursing programs across the country build their capacity for geriatric nursing education.

After its initial success with the institute and with its medical Centers of Excellence, the foundation decided to replicate that structure and establish Centers of Gerontological Nursing Excellence more widely. The first locations were chosen by Hartford's program staff in conjunction with nursing program staff at NYU. Staff worked for several years to determine which institutions were best positioned to amplify their work. Staff considered:

- the geographic distribution of the sites,
- whether the institutions had the most advanced criteria for geriatric education,
- whether they had geriatric nurses already on faculty to serve as mentors,
- and whether they were able to secure matching funds from their larger institutions.

They initially selected nursing schools at the University of Pennsylvania, the University of Iowa, the University of Arkansas, University of California San Francisco, and Oregon Health and Sciences University. Later, they also included Pennsylvania State University, University of Minnesota, University of Utah, and Arizona State University.

The centers supported doctoral candidates and post-doctoral researchers and were tasked with sharing their geriatric expertise with other nursing schools in their regions. To facilitate this work, the foundation gave the individual nursing centers considerable flexibility, including long-term grants (three to five years) that were able to be renewed, as well as the ability to make pilot grants of up to \$10,000.

Centers of Excellence in Geriatric Social Work

The third leg was aimed at social workers and, like the medical and nursing centers of excellence programs, supported faculty scholars to conduct research in geriatrics. Social workers seemed generally aware that their work would increasingly focus on a geriatric population, but there was very little exposure to geriatrics in the social work education system prior to the foundation's efforts.

Although social workers were the final component of the strategy, the Centers of Excellence in Geriatric Social Work were able to ramp up very quickly with the support of senior leadership endorsing the programs.

Program staff

The Hartford Foundation relied on three groups to implement their field-building programs:

- The foundation initially had a program staff of approximately six people devoted to geriatrics, including a senior program director and five program staff, who spent a significant portion of their time conducting site visits. The executive director was also involved in the foundation's geriatric programs.
- The board of trustees held the program staff accountable. Members sometimes accompanied staff on site visits to build the centers' credibility

with institutional leadership (the presence of trustees often meant deans and presidents would attend site visits or take time to speak with Hartford representatives when they were onsite).

- The foundation worked closely with other organizations on the day-to-day coordination of the centers, especially the American Federation for Aging Research (AFAR), which employed two or three people as full-time coordinators. It also partnered with the Building Academic Geriatric Nursing Capacity Initiative at NYU, the American Geriatrics Society, and the Gerontological Society of America.

Train the trainers

With the centers of excellence, the Hartford Foundation relied on a “train the trainers” model as a way to amplify the impact of their limited budget. Faculty at the centers trained faculty from other medical, nursing, and social work schools in their regions.

Examples of “train the trainer” programs:

- Eric Coleman of the University of Colorado established an intervention protocol for geriatric patients leaving the hospital and re-entering the community. He created the template for training an initial group of healthcare workers, then they provided additional training for others in the field.
- The Hartford Foundation launched the Nurses Improving Care for Healthsystem Elders (NICHE) in the 1990s. NICHE created “Try This,” a series of educational videos and narratives to train nurses on best practices for geriatric patients.

Curriculum development

Developing an improved and more extensive geriatric curriculum was another key component of the foundation’s strategy. The foundation believed curriculum development was essential to success, but it was not explicitly required of grantees and instead emerged organically in the institutions the foundation funded. Institutions recognized that expanding geriatric education to include multiple courses was essential to winning geriatric research funding, including awards funded in part by the foundation.

The foundation also worked with licensing agencies to include geriatric questions on licensing exams, creating an additional incentive for institutions to improve coverage of geriatrics in their curricula.

Building credibility for the field of geriatrics

The Hartford Foundation’s willingness to stay the course and invest in long-term support was essential for building credibility, attracting other funders, and earning external validation for the field of geriatrics.

Medicare, Medicaid and the Institute of Medicine now recognize geriatrics as a stand-alone medical specialty.

Paul Beeson Scholar program

The Foundation provided significant support for the Paul B. Beeson Career Development Awards in Aging Research Program, a highly competitive award funded in conjunction with a number of other philanthropic organizations. The program supported 10 winners each year, with each guaranteed \$150,000 per year for three years to support their geriatric research.

The Beeson awards led to increased collaboration among recipients, with some former Beeson scholars submitting joint grant proposals to the NIH and other funders.

Generating institutional support

One of the biggest impacts of the program was on the ability of geriatric researchers to attract government funding, which ensured that many of the fellows and junior faculty the foundation supported were able to remain in the field of geriatrics.

Funding also attracted the attention of academic institutional leadership, giving grantees increased respect within their institutions and establishing geriatrics as a part of the institutional culture.

Political influence

The geriatric experts the foundation has supported are sometimes called on to testify or provide advice to lawmakers and their staff. Mr. Volk believes some of these experts had a strong influence on the geriatric content in the Affordable Care Act.

Training more gerontologists

Mr. Volk estimates that the US needs approximately 20,000 geriatric specialists, but there are currently fewer than 7,000. Gerontology requires an additional year of training, but compensation is lower than in many other specialized fields of medicine.

The foundation has made slow progress embedding geriatric programs in medical schools because making changes to medical education generally is a very slow process.

One possible solution is to have geriatricians train doctors in other fields (like cardiology or nephrology) to better understand the needs of geriatric patients.

Evaluation

Every grant the Hartford Foundation made (except seed grants) was subject to a rigorous evaluation process. Mr. Volk believes that grant makers should be more

rigorous in their evaluation from the beginning of a grant, ensuring all aspects are documented and budgets are outlined.

Each grant (except seed grants) was reviewed by program staff at the end of its first year, by an external evaluator one or two years later, and again by program staff approximately one year after the external evaluation.

The foundation conducted the initial review because program staff were often better prepared to assist grantees early in the life of a grant. Programs frequently take longer than anticipated to launch. This does not necessarily indicate a problem, but grant makers should try to understand the reason for the delay.

The foundation used a 1-3 ranking system during its evaluations:

- 1 = exceeds expectations
- 2 = meets expectations
- 3 = a problem with the grant

Program staff were required to justify their ranking and outline criteria for what would have to be true for a higher ranking to be justified.

Rankings of 3 were rare, but when they arose, program staff acted quickly to help the grantee identify and correct the problem. The issue was often with the institution rather than the grantee (for example, a dean left the institution without a successor, or her/his successor was not yet operating at full capacity). In roughly 90 percent of cases, the grant subsequently improved to a higher ranking.

The reviews also considered the number of junior faculty and fellows, as well as doctoral and post-doctoral researchers in the nursing and social work disciplines, conducting geriatric research and their success in attracting additional funding.

External evaluation

External evaluators provided an outside perspective, ensuring that the foundation received an unbiased review from an external party.

The foundation did not work with large evaluation firms to conduct the external evaluations. Instead, the foundation asked its network (including program staff and other institutions focused on geriatrics) to suggest evaluators with specific expertise in the field of geriatrics.

The external evaluators worked in cooperation with the coordinating center. They began by reviewing the grants they were responsible for, sending questions to program staff, and conducting research so that they were well versed in the history and expectations of the grant.

After conducting a one or two-day visit with the grantees, evaluators wrote their report and presented it to the evaluation committee at one of Hartford's quarterly board meetings where they answered questions from the foundation's trustees.

The questions external evaluators asked included the following:

- How many doctoral candidates and post-doctoral researchers were supported?
- How much external funding did these doctoral candidates and post-docs receive?
- How much internal funding did institutions provide for the program?
- How successful were the institutions at conducting outreach to other schools in their region?

Other people to talk to

- Amy Berman, RN – Senior Program Officer, John A. Hartford Foundation
- John Burton, MD – Director, Johns Hopkins Geriatric Education Center
- Eric Coleman, MD – Professor, University of Colorado Anschutz Medical Campus; Director, Care Transitions Program
- Claire Fagin, PhD, RN – Dean Emerita, University of Pennsylvania School of Nursing
- Terry Fulmer, PhD, RN – President, John A. Hartford Foundation
- Nancy Hooyman, PhD – Professor, University of Washington School of Social Work
- John Mach – Member, John A. Hartford Foundation Board of Trustees; Chairman, Grants Committee
- Diane Meier, MD – Director, Center to Advance Palliative Care; Professor, Icahn School of Medicine
- David Reuben, MD – Director, UCLA Multicampus Program in Geriatric Medicine and Gerontology; Director, UCLA Claude Pepper Older Americans Independence Center; and Past President of the American Geriatrics Society
- Rachael Watman – Senior Program Officer, John A. Hartford Foundation (involved in the production of the foundation’s annual reports)

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<http://www.openphilanthropy.org/research/conversations>*