

**Hartford Centers of Geriatric Nursing Excellence
A Component of the Building Academic Geriatric Nursing Capacity Initiative**

Conclusions from the Cross-Cutting Evaluation

Executive Summary/Conclusions

**George J. Huba, Ph.D.
Lisa A. Melchior, Ph.D.**

The Measurement Group¹

5811A Uplander Way
Culver City, California 90230
310.216.1051
www.TheMeasurementGroup.com
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This report covers the activities of the five Hartford Centers of Geriatric Nursing Excellence (HCGNEs) funded by the John A. Hartford Foundation between January 1, 2001 and December 31, 2005. After a careful and competitive selection process, five Schools of Nursing were selected for recommendation for funding by Foundation Staff and outside consultants, with the Trustees of the John A. Hartford Foundation subsequently funding the programs. The selected Schools of Nursing include the Oregon Health and Science University, the University of Arkansas for Medical Sciences, the University of California at San Francisco, the University of Iowa, and the University of Pennsylvania. The second funding cycle for these Centers continues through December 31, 2010. The programs were designed to build academic geriatric nursing capacity by providing enriched and increased opportunities for training, research, clinical model development, and policy development for nurses who would develop into leaders in the next generation of geriatric nursing; it was envisioned that this new cadre of leaders would subsequently expand and enhance the ability of a number of institutions beyond the Hartford Centers of Geriatric Nursing Excellence to produce high-quality geriatric nurses and geriatric nurse leaders. The model for enhancing training, research, policy development, and practice opportunities within the field of geriatric nursing by establishing Centers of Excellence was adapted from prior work by the John A. Hartford Foundation and others.

We conclude from all data available that the Hartford Centers of Geriatric Nursing Excellence Initiative has been exceptionally successful, with the overall achievements of the grantees far exceeding what might have been expected at the funding levels provided by the Foundation. The expected *long-term* outcomes of a greatly expanded, better-trained workforce in geriatric nursing that provides better patient care, will *necessarily* occur at full strength a number of years in the future – primarily because it takes many years for scholars to be trained and assume new positions of leadership and for research programs to reach their full term and inform policy and

¹This report was prepared by George J. Huba, Ph.D., and Lisa A. Melchior, Ph.D.; with contributions from Le B. Quach, M.P.H., Emmeline Chuang, B.A.; Fred Loya, B.A.; Aaron Griffith, M.A.; Maya Melczer, B.A.; Anne H. Skilton, M.L.S.; and Chloe A. Cooper, B.A., as one part of the evaluation of the John A. Hartford Foundation's Geriatric Nursing Initiative. The overall design for this portion of the evaluation was developed by the George J. Huba, Ph.D., and the Staff of The Measurement Group. An earlier version of this report was prepared in December 2004 based on the first 42 months of funding for this 60-month grant program and contained "Interim Conclusions" used in decisions about re-funding the program. The earlier report, written in collaboration with Le B. Quach, M.P.H., also forms the basis for a Special Issue of the journal *Nursing Outlook* which appeared in the Summer of 2006. This report is an update of the earlier version and now covers the entire 60 months of the original funding period.

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impact patient care. However, the short-term outcomes and impact of the program after only four years fully support a conclusion that continuing funding for the current Hartford Centers of Geriatric Nursing Excellence will allow the program to achieve the full set of desired outcomes on or ahead of a reasonable schedule. *For its funding level, this program is an exceptional one that has greatly exceeded reasonable expectations. We judge that there will be an exceptional level of return from the investment of the Foundation in this program.*

For this report compiled during the Summer of 2006, data were available to the evaluation team covering activities between January 1, 2001, at the start of funding for the five Centers, and December 31, 2005. During these months of operation, the Hartford Centers of Geriatric Nursing Excellence made significant progress in bringing issues related to developing a large cadre of current and future leaders in geriatric nursing to the forefront of attention locally, regionally, and nationally.

- All five HCGNEs conducted significant activities in the areas of enhancing clinical practice methods and standards, improving educational methods for geriatrics, increasing the information available to others through traditional and innovative dissemination methods, developing practice standards and best practices for the care of older adults, expanding programmatic research, developing models of care, and addressing policy issues. *The activities have been systematic and of exceptional quantity. The activities supported under this grant program are of the highest quality. Most importantly, many of the activities would not have occurred if the five Schools of Nursing had tried to support them through typical local, fragmented, and partial federal funding. The John A. Hartford Foundation funding has provided for unique, integrated, and exceptionally productive activities typically not supported with other kinds of funding.*
- All five HCGNEs utilized methods of internal infrastructure development, linkages to other entities, innovative technologies, mentoring and expert consultations, enhanced human resources, and innovative methods of program implementation to achieve the greatest possible short-term outcomes from their programmatic efforts. These “Center infrastructure” activities supported by the John A. Hartford Foundation have been ones not typically supported either by dedicated School of Nursing funds or by the large federal grants these HCGNEs are capable of obtaining. *The John A. Hartford Foundation funds unique activities that serve to knit disconnected partial funding streams together into integrated geriatric nursing Centers of Excellence, and it is unlikely that any of these Centers would exist in such a highly cohesive form with such exceptional productivity were Hartford Foundation funds to be withdrawn.*
- In total, the five HCGNEs formed at least 333 different, significant linkages with other entities in order to advance their programs. These linkages include 217 significant programmatic linkages with other universities or centers, 67 linkages to service providers, 16 linkages to governmental entities, and 33 linkages to “other” types of agencies. In many cases, these linkages are broad, formalized through memoranda of understanding, and will probably last for many years if continuing support for the Centers is made available. Individually, the linkages are primarily regional, but because the five HCGNEs tend to evolve common policies and programs, the overall network is national. *Collectively, the Hartford Centers of Geriatric Nursing Excellence is a national program that impacts the practice of academic geriatric nursing and the training for future leaders in almost all areas of the United States. Academic programs are tightly linked to important service provider networks. Senior leaders in this field and other allied medical*

fields recognize the HCGNE program, along with the Hartford Institute for Geriatric Nursing, as among the most important integrated efforts to enhance the field of geriatric nursing.

- Over the 60-month period from January 2001 through December 2005, the HCGNEs reported receiving total new funding from other sources – primarily federal research and training grants – in the aggregate of \$65,807,969. The HCGNEs have indicated that it is relatively unlikely that \$27,696,144 of these funds, moderately likely that \$8,870,335 of these funds, and likely that \$25,824,328 of these funds would have been received without John A. Hartford Foundation funding. The HCGNEs were unable to estimate the likelihood of receiving \$3,417,152 of these funds without HCGNE funding. *At the minimum, the John A. Hartford Foundation funding leveraged over \$11.6 million in outside funding. Using a somewhat less stringent criterion for attributing the facilitating effects of the HCGNE award on acquiring outside funding, it may be estimated that as much as \$27.7 million in outside funding was obtained at least in part because of the HCGNE program. Most importantly, the additional funds obtained from leveraging the designation as an HCGNE or using HCGNE resources to prepare proposals are ones that tend to be different from the usual federal research funding the same nursing leaders have sought in the past; the newer grants tend to be more integrative and more focused on long-term training and care models than those previously sought by the same individuals. The amounts of extra integrated funding generated through the HCGNE funding are extremely large, and most importantly have enabled senior nursing leaders to take a much broader, educational and policy-oriented approach to their field. Additionally, the John A. Hartford Foundation funding of the Centers allows a number of federal and other grants to be administered in an integrated way that increases the effects of each one.*
- Since they were funded in 2001, the five HCGNEs have published 320 journal articles, book chapters, or books at least partially supported by the HCGNE funding. Among the topics represented are 38 publications on Alzheimer's disease or dementia, 36 on long-term care and/or end-of-life care, 30 on pain management, 26 on geropsychiatry, 26 on caregiving, 25 on nurse training, and 21 on research methods. These numbers reflect a high level of publication activity. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been achieved under highly categorical and fragmented traditional federal research funding. We expect the broad emphasis to increase in the future.*
- Over the 60-month period from January 2001 through December 2005, HCGNE faculty and students presented 493 papers at professional meetings including 90 papers at the Gerontological Society of America Meetings. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been attempted under highly categorical and fragmented traditional federal research funding. Importantly, a large number of the presentations have included discussions of how to develop state-of-the-art geriatric nursing programs using the Hartford Centers of Geriatric Nursing Excellence as prototypes.*
- During the first five years of the HCGNE program, the HCGNEs enhanced their capacity to train students by implementing 25 new research training programs and 44 new educational tracks; enhancing 29 existing programs or tracks; and developing 41 new clinical practicum sites in a variety of settings. *These numbers are extremely large and*

reflect the high level of HCGNE activity in this area. It appears that much of this work would have not been done without the John A. Hartford Foundation funding.

- In the first 60 months of the HCGNE program, the five HCGNEs developed, revised, and/or implemented a variety of nursing curricula, including 32 programs or tracks, 14 clinical courses, 16 web-based courses, 15 interdisciplinary courses, and 16 courses related to geriatric nursing or other aspects of care. *It appears that much of this work would have not been done without the John A. Hartford Foundation funding.*
- Together, the five HCGNEs have provided support, training, and mentoring for 62 (of a total 106) John A. Hartford Academic Scholars. *In a separate analysis of the Hartford Pre-doctoral, Post-doctoral, and MBA Scholars program, it was found that the Scholars affiliated with HCGNEs exhibit higher levels of professional and leadership development than Scholars not affiliated with HCGNEs. This demonstrates the value of HCGNEs and their effectiveness in developing the next cadre of geriatric nurse leaders.*
- Collectively, the five HCGNEs hired 13 new faculty members with an interest in geriatrics and 20 new project staff members. *Funding from the John A. Hartford Foundation has helped create an important staffing infrastructure for the HCGNEs.*
- In the first five years of their funding, the five HCGNEs developed and disseminated 73 models for geriatric/gerontological care, including 9 geropsychiatry models; 22 end-of-life, palliative care, or long-term care models; 12 integrated models; 12 transitional care models; and 18 models related to other types of care. *These numbers are extremely large, and reflect the high level of HCGNE activity in this area; the funding from the John A. Hartford Foundation has supported a broader interest and emphasis on models of care than would have possible with highly categorical and fragmented traditional federal research funding.*
- During the first 60 months of their programs, the five HCGNEs formed or served on 36 committees designed to improve the quality of care or training in geriatric nursing, provided 39 testimonies or consultations, and participated in 48 policy research, education, and/or dissemination projects.
- While the Hartford Centers of Geriatric Nursing Excellence were each quite successful, the program does support five quite distinct programs, each with different strengths. Each HCGNE provides an alternate model that other Schools of Nursing may wish to follow when establishing their own Geriatric Nursing Centers to best meet local needs. The diversity of approaches among the funded Schools of Nursing is an important part of the program. Among the key strengths of the five different Hartford Centers of Geriatric Nursing Excellence are the following:
 - **Oregon Health and Science University.** The program at OHSU, in addition to enhancing and maintaining exceptional training and research activities, provides a model for integrating academic faculty members and key local providers in a Best Practices Initiative. The model uses consensus building and organizational development methods to move results about the best patient care methods from careful research studies into large (statewide) healthcare organizations, while at the same time integrating graduate training programs into the process. A second process – developing a large regional consortium of Schools of Nursing that train geriatric

nurses – has been developed and administered by OHSU and then turned over to its member institutions. *The John A. Hartford Foundation funding permitted this group of academic geriatric nursing leaders to focus on the best possible methods for enhancing large local provider networks to institutionalize best practices throughout the State. Foundation funding also permitted the same organizational development methods of agenda setting, consensus development, and knowledge dissemination to be used to start and support a regional network of Schools of Nursing that will enhance geriatric nursing training in the Pacific Northwest.*

- **University of Arkansas for Medical Sciences.** The program at UAMS is broadly based and heavily influences the practice of geriatric nursing in the State of Arkansas and the South through its provider networks, as well as integrating geriatric nursing programs at a large number of regional Schools of Nursing. An exceptional cadre of nationally prominent research and education leaders has implemented programs to make research findings and treatment models available to the largest local groups of providers. These important translational activities are supported and enhanced greatly by a very mature philosophy of developing organizational infrastructure and maximizing the contributions of all participants. Additionally, strong institutional linkages with other Schools of Nursing have been formed to enhance geriatric nursing research and training throughout the Southern states. *The John A. Hartford Foundation funding permitted this group of nursing leaders to greatly expand their capacity to build large knowledge dissemination, coordination, and training networks that enhance both local services and the ability of other regional Schools of Nursing to train future geriatric nursing leaders.*
- **University of California, San Francisco.** The program at UCSF has addressed the recruitment of future geriatric nursing leaders who can meet the needs of an exceptionally diverse local population with innovative and effective methods for identifying new talent and motivating potential students to take the necessary steps to become the leaders of the next generation. Simultaneously, greatly enhanced training and research opportunities have been provided for the expanded student cohorts. A key component of the UCSF HCGNE model is the development of interdisciplinary gerontological learning and research opportunities. UCSF has mastered the extremely difficult task of attracting key nursing stakeholders back into an academic program, helping them redefine their careers, and helping them integrate fully with the larger community of geriatric nursing and gerontology leaders. The UCSF HCGNE demonstrates tremendous skill and success in presenting and disseminating information about their Center and its programs in ways appropriate for student recruitment, and has used this effectively as a tool for forwarding its goals of expanding and integrating its academic and research programs. *The John A. Hartford Foundation funding permitted this group of nursing leaders to build a more integrated program that greatly increased its ability to attract and train future geriatric nursing leaders.*
- **University of Iowa.** The program at the University of Iowa is an exceptionally deep one with a very broad and well-defined vision of how to best impact the overall field of geriatric nursing both locally and nationally. Iowa has implemented an exceptional model of using strategic thinking and planning to simultaneously impact a very large number of areas of geriatric nursing training and practice. Centerpieces of the Iowa efforts include the Regional Training Consortium, a national network of Schools of

Nursing conducting research on geriatric nursing models, and the ability of the College of Nursing to work with state politicians and department heads to influence policy. The Center's progress is extremely broad and deep. *The John A. Hartford Foundation funding permitted this highly proactive group to formalize plans and implement a multi-faced approach to enhancing the field. The results from this group illustrates the extra value of providing funds to encourage careful planning and implementation to enhance long-term and wide spread change. The efforts of the Center are extremely strategic, comprehensive, and effective.*

- **University of Pennsylvania.** The program at the University of Pennsylvania combines large cadres of highly prominent geriatric nursing researchers, major university clinics, exceptionally qualified graduate and undergraduate geriatric nursing students, numerous off-campus practice sites, and prominent policy researchers. The University of Pennsylvania is an exceptional model of how greatly enhanced outcomes can occur when an effective infrastructure is provided for supporting and integrating state-of-the-art, but fragmented, research, clinical, training, and policy programs into a true Center where ideas can be shared, joint programs can be developed, common agenda can be set, and consensus can be achieved. *The John A. Hartford Foundation funding supported state-of-the-art facilities and permitted a group of exceptional faculty and student talents to become better integrated into a Center where common priorities could be set and acted upon, and the impact of the work consequently increased greatly.*
- An "ideal" Center of Geriatric Nursing Excellence model is evolving from the diversity of the approaches used in the five Centers; the model is potentially transportable to many other Schools of Nursing that wish to improve their geriatric nursing programs. Collectively within the five HCGNEs, there have been breakthroughs in innovative models for recruiting students and faculty, methods for the internal organization and support of a Center within Schools of Nursing of differing sizes and extant infrastructure, sustained organizational and professional development of students and faculty, effective techniques for strategic planning and policy development, innovative practice research and the dissemination of findings to provider groups and other Schools of Nursing, creating linkages among Schools of Nursing to further a common geriatric nursing agenda, and the development of collaborative research and student practicum opportunities with practice settings. The model will be transportable to other Schools of Nursing. *The Hartford Model of a Center of Geriatric Nursing Excellence has developed much more rapidly and with greater impact than would have been reasonably predicted at the start of this program.*
- The Foundation's funding of the Building Academic Geriatric Nursing Capacity Coordinating Center at the American Academy of Nursing has greatly added to the value of its investments in the Hartford Centers of Geriatric Nursing Excellence. The Coordinating Center enhances the productivity and effectiveness of Hartford Centers of Excellence individually and as a group by guiding the formation and orientation of the HCGNE program and providing the administrative support and leadership to facilitate sharing of information and promote synergy among HCGNEs. *The contribution of the Coordinating Center on the HCGNE program has been described in greater detail in a separate report to the Foundation.*

- Overall, the Hartford Centers of Geriatric Nursing Excellence have demonstrated levels of achievement that greatly exceed what might have been reasonably expected for their funding levels. The exceptional achievements of these Centers derive, in no small part, from a group of highly motivated and creative Center Directors and Administrators who are expert at making small amounts of “unrestricted” funds go a long way, by using them to integrate, supplement, and enhance resources that could be stitched together from fragmented, categorical sources of funding such as federal research grants and restricted School of Nursing resources. It is clear that the funds received from the John A. Hartford Foundation during the first four years were the minimum necessary to obtain such large results. *For future years, or in future funding cycles, it is recommended that the Foundation consider the funding levels of these first five years as a baseline that should be considered for supplementation if additional resources are available.* Should it be necessary to cut funding levels of the Centers in future years because of the Foundation’s priorities or commitments, it is possible that they will slip below a level of sustainability that could significantly impact their potential viability and decrease the levels of achievement from those of the first four years. Should funding levels be reduced for individual Centers, we strongly recommend that “discretionary items” in budgets (such as seed funding for pilot research, and stipends for consultants and students) be cut before central infrastructure items (Administrator salaries, communication and coordination costs, travel to HCGNE Director meetings, clerical support). *The Centers need to maintain their current levels of staff, material, and communications infrastructure to remain Centers of Excellence; such infrastructure expenses usually cannot be obtained from other funding sources.*
- We believe that the great productivity and creativity shown by the HCGNEs is a direct consequence of the fact that the John A. Hartford Foundation selected five exceptional Schools of Nursing to be designated as Centers as Excellence and then permitted the Center Directors and the Director of the Coordinating Center to evolve the five programs to best meet local needs and capitalize on local strengths, while at the same time sharing information actively among the program participants. The Foundation chose to permit the individual HCGNEs to each evolve to best use local strengths with a minimum of active management on the part of Foundation staff; it our observation that this model – while obviously not always possible with all grantees in all initiatives – is an excellent one for the group of very senior professionals funded as key faculty in the Hartford Centers of Geriatric Nursing Excellence. It is recommended that the Foundation maintain such a model in future funding cycles.