

A LITTLE BIT LOUDER NOW:

How The John A. Hartford Foundation Is Learning to Speak Up for (and with) Older Adults

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I grew up in a quiet home. My parents greatly valued humility and reserve, and I was taught that you do not trumpet accomplishments or make a loud fuss just for being upset.

As I quietly made my way through school, I realized that making noise was sometimes necessary. I needed to stand out and be recognized to compete for university admission and scholarships. In college, I learned from Latino student groups and gay rights organizations about the important role of loud, passionate advocacy to fight injustice. I saw some organizations falter when they failed to include the people they supposedly served.

In many ways, my personal experience reflects the trajectory of The John A. Hartford Foundation, a private, national philanthropy based in New York working to improve the health of older adults—a rapidly growing group that requires expert care and suffers disproportionately within our fragmented health care system.

The foundation spent much of its early history as a quiet funder, helping develop the voices of its grantees. More recently, the foundation has strengthened its own voice in the policy and health care sectors. And we have just begun work to elevate the voices of our most important stakeholders—older adults and their families.

AMPLIFYING GRANTEE VOICES

From its founding in 1929, The John A. Hartford Foundation shared my parents' belief in quiet, dignified work. Brothers John and George Hartford, executives of the A&P grocery empire, considered publicity and self-promotion tasteless. This philosophy carried through the 1980s and 90s when trustees—foreseeing the massive wave of Baby Boomers poised to flood the health care system as older adults—moved from general biomedical research to an exclusive focus on aging and health grantmaking.

The foundation's primary strategy turned toward preparing a health care workforce for an aging society. Over the next 30 years, the foundation supported thousands of aging-expert health care educators and researchers at

schools of medicine, nursing, and social work, who in turn prepared the next generation of health care providers.

Secondarily, the foundation invested in testing and disseminating effective models of health care delivery for older adults. Often developed in partnership with others, these models integrated mental health care into primary care, reduced medication errors, prevented unnecessary and dangerous hospital readmissions, and made other quality improvements that serve older adults in particular, but benefit us all through increased safety and cost savings.

Whether helping launch the career of a faculty member or supporting an innovator in health care delivery improvement, the foundation was investing in the development of leaders. This meant nurturing champions and advocates for older adults whose expertise needed to be heard. The foundation, therefore, saw its job as an amplifier of these voices, helping them rise above the din and compete for the resources that their programs deserved.

To serve this role, the foundation began partnering in 1999 with a socially responsible communications firm, SCP, to provide skill-building conferences and consultation for grantees. With years of experience in the aging and health field, SCP helped grantees identify communications goals as part of their everyday work and translate technical jargon and data into understandable messages for different audiences. Recognizing the power of stories in changing hearts and minds, we sponsored a Heroes of Geriatric Care Story Contest in 2013. The foundation and SCP continue to work with grantees to develop a communications strategy for each project and, together, we actively promote their work to the media, policymakers, and health systems leaders.

FINDING AND BUILDING THE FOUNDATION'S VOICE

After years of quietly standing behind its grantees, the foundation began to see the value of building its own presence in the nation's health care dialogue. Having an unrecognized name or being confused with a certain insurance company too often impeded efforts to disseminate the fruits of our investments. With a relatively modest \$20 – \$30 million per

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year in grantmaking, we needed additional levers to influence the mammoth health care sector. Partnerships and policy change became two key instruments. Both require a strong reputation, and, ultimately, invitations to the tables where decisionmakers sit. Likewise, both require a strong voice.

A traditional route would have been to hire a staff communications director, but the foundation took a different approach. Just as we asked our grantees to make communications a part of their work as health care professionals and educators, program staff took on communications as a normal, routine part of our jobs. Like many program officers, we make presentations and publish articles, but we are also charged with using social media, contributing content to our Web site, and talking to the press. A cross-section of the foundation’s staff joins our SCP colleagues monthly to plan our communications activities. We try our best to post photos and videos, track our page views and hits, and evaluate our influence (check out your Klout score, if you have not already).

In 2010 we began our biggest voice-raising experiment with our blog, *Health AGenda*. Staff members write original posts twice weekly, covering current topics in health and aging, sometimes sharing personal stories about their own older family members facing all-too-common health care disasters. We present the best evidence, models, and experts working to make care better. Posts have been picked up by major news outlets, used in classrooms, and gained the attention of policymakers. Writing publicly has sharpened our thinking and strengthened our ability to advocate forcefully.

Senior Program Officer Amy Berman, for example, has bravely shared her own experiences facing stage IV breast cancer on *Health AGenda*. She calls for better provider-patient communication, access to palliative care, and other policy and systems changes to help older adults and everyone with serious illness. She has used the blog as a platform to reach outlets, including *The Washington Post* and *Health Affairs*. She has given testimony to the Institute of Medicine and met with leaders at the Centers for Medicare and Medicaid Services.

The foundation has experimented with other tactics to

raise its voice, providing support to the Association of Health Care Journalists and promoting ourselves on National Public Radio (distasteful I am sure to poor John and George

Hartford). We will continue these kinds of experiments to support our newly launched strategic plan, which aims to utilize geriatrics expertise for the purpose of rapidly changing health care practice.

Through this plan, the foundation will build on past efforts to improve quality measures and health information technology, better link health professional education to practice, and support geriatrics experts as leaders in health care improvement. All of these strategies will be served best by strengthening the foundation’s voice and influence. Therefore, we have created a new Policy and Communications funding portfolio.

THE FUTURE: RAISING THE VOICE OF OLDER ADULTS

As we move forward, we will also experiment with elevating the voices of older adults themselves, their families, and advocates. Through the new Policy and Communications portfolio, we have already begun supporting consumer advocacy organizations in partnership with geriatrics health care professionals.

In 2012 we conducted our first public opinion poll, asking a nationally representative sample of people over age 65 about the quality of their primary care. We heard from them about disturbing gaps in preventative services that they should receive. We followed this with a similar poll on mental health services, and a third poll is underway. Older adults and their families have important stories to tell, both about the problems in their health care and potential solutions. We hope to offer more opportunities for their voices to be heard.

Like me, The John A. Hartford Foundation has been increasingly willing to shed its reserve and make some strategic “noise.” While sometimes uncomfortable, we believe it is necessary, given the challenges facing our health care system and the need to improve the health of older adults. Many of our foundation associates are making similar, thoughtful investments in communications. As the sector increasingly uses this mode of leveraging its financial investments, we look forward to collaborating with our colleagues to raise our collective voices and improve health for people of all ages.