

**Presentation Before  
The Senate Special Committee on Aging  
*"Living Longer, Growing Stronger: The Vital Role of Geriatric Medicine*  
By Steve Anderson  
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### **History of the Donald W. Reynolds Foundation**

Donald W. Reynolds was an entrepreneur, son of a door-to-door salesman and truly a pioneer in the American communications industry. His career began at the age of 10 when he sold newspapers on the street in Oklahoma City, pocketing a half-cent for each newspaper he sold. At the age of 21 he used his life savings to purchase his first newspaper. He spent the rest of his life reporting the news and pursuing media properties. At the time of his death the Donrey Media Group consisted of 52 daily newspapers, 10 outdoor advertising companies, five cable television companies, and one television station serving more than eight million people each day and operating in 17 states.

The Donald W. Reynolds Foundation was created in 1954 by Mr. Reynolds to provide grants to non-profit civic, charitable, cultural, educational and health organizations. After his death in 1993, the Foundation received from his estate a substantial bequest, which positions the Foundation as one of the 30 largest independent foundations in the nation. The ten Trustees of the Foundation board bring a diverse background of experiences and expertise together with only one commonality. That one common point is their relationship, either business or personal, with the Founder. The Trustees organized the structure of the Foundation to have a 50-year limited life to ensure that the Foundation resources would be used in accordance with Mr. Reynolds' intentions. As a result of this limited life expectancy, the Trustees are not attempting to restrict giving in order to maintain an endowment fund in perpetuity. As programs and opportunities for funding arise, the Trustees are free to decide on appropriate use of Foundation resources.

### **Funding Programs for the Donald W. Reynolds Foundation**

Under the Foundation's original funding program, the Capital Grants Program, the Foundation makes annual awards for construction of buildings to institutions in the states of Arkansas, Oklahoma and Nevada. The Trustees soon realized that other organized programs would need to be established in order to meet even the most conservative projections of average annual giving required to exhaust the corpus of the funds in 50 years. At a planning retreat in 1995 the Trustees invited representatives from other philanthropies, business, healthcare and education to discuss opportunities for potential new giving programs. The Trustees unanimously adopted one new area of focus-Aging and Quality of Life of the Elderly.

A Trustee committee was established for the new initiative. I chaired the committee on Aging and Quality of Life. We retained Dr. Robert Butler, the President and CEO of the International Longevity Center and Professor of Geriatrics at Henry L. Schwartz Department of Geriatrics Mount Sinai Medical Center, New York City to assist us in developing our plans. Dr. Butler identified many funding possibilities however, for many of the same reasons that have been identified again this morning the most pressing need seemed to be the problem of too few healthcare providers that were trained in the special needs of the elderly. With the exception of the John A. Hartford Foundation in New York City very few private Foundations were making grants for education in geriatrics. Over the past three years the Hartford Foundation has made grants annually ranging from \$5 million to \$8 million for geriatric education. Our trustees determined that geriatric education was an appropriate niche for the Donald W.

Reynolds Foundation to fill.

### **The Goals for Developing a Geriatric Education Program**

Our committee developed a list of broad-based goals and objectives in establishing the geriatric education initiative. The goals included:

- Increasing the number of physicians trained and certified in geriatrics,
- Providing an increased number of fellowship positions in geriatrics to help develop a critical mass of geriatricians to meet the education mandate,
- Assuring that every medical student and primary care physician has training in geriatrics and is well schooled in the unique problems of older persons,
- Providing opportunities for practicing primary care physicians to retrain in the field of geriatrics.

With the help of Dr. Butler and based upon the model he had developed in establishing the first and only department of geriatrics in the United States at Mount Sinai Medical Center we developed a request for proposal to establish a new department of geriatrics. Because of a limited staff and logistical constraints we began our search with the medical schools in the states of Arkansas, Oklahoma and Nevada where we were already making capital grants. By invitation we asked the three medical schools to submit proposals. As a result of the proposals that were submitted and site interviews at each school we selected the University of Arkansas for Medical Sciences (UAMS) as the first site for a Donald W. Reynolds Department of Geriatrics.

### **The Donald W. Reynolds Department of Geriatrics Grant**

Initially the grant to UAMS provided \$15 million to construct a facility that would provide clinical, research, educational and office space for the Department of Geriatrics and the Center on Aging. In addition, a grant of \$10.5 million was provided over a five-year period to fund the program development of the Department of Geriatrics. This past year the construction portion of the grant was increased to \$18.5 million.

Concurrent with the grant to UAMS the Foundation announced a \$250,000 grant to help establish a chair in geriatrics at the University of Oklahoma. That grant was matched by the state legislature and this year the University of Oklahoma has announced the establishment of the third Department of Geriatrics in the United States. Later this month we are going to begin dialogue with the University of Oklahoma that could lead to a major funding commitment by the Foundation to help develop their program.

### **National Advisory Panel**

In addition to providing funding for the Department of Geriatrics at UAMS, the Foundation has established a national advisory panel to assist the Foundation and UAMS in assuring that the original goals are met and remain relevant to the initiative. That panel consists of Dr. Robert Butler, Dr. Harvey Cohen, the Director of the Study of Aging and Human Development and Chief of the Division of Geriatric Medicine at Duke University, and Dr. David Reuben, the Director of the UCLA Multi-Campus Program in Geriatric Medicine and Chief of the Division of Geriatrics at UCLA Center for Health Sciences.

### **Progress in the Development of the Department of Geriatrics**

To date the Donald W. Reynolds Department of Geriatrics has met or exceeded all the milestones presented in its original proposal. I have provided handouts that describe the goals and objectives and list the milestones for the first five years of development of the Department of Geriatrics. Also included in handout form is the first progress report presented to the Foundation in October of 1997. The major emphasis during this present year has been the preparation for the mandatory four-week junior clerkship in geriatrics that will become a curriculum requirement in July of 1998.

Identifying prospective faculty members and obtaining commitments to join the staff has been a monumental undertaking but is apparently progressing on schedule. Student interest in the program has been overwhelming. In October of last year there had already been received 25 application requests for the 1998-fellowship year and firm commitments from three internal medicine residents to begin their fellowship in July of this year.

To date we believe that the Donald W. Reynolds Department of Geriatrics at UAMS has been an overwhelming success and met or exceeded all of our expectations. We realize however, that the development of the educational program this year is critical to the overall development and success of the program.

### **Leverage of Resources in the Development of the Department of Geriatrics**

As a result of our grant and the development of the Donald W. Reynolds Department of Geriatrics many additional funding opportunities have become available to UAMS. This year, David Banks CEO of Beverly Enterprises has announced a \$1 million commitment by his company to the endowment campaign. In addition Mr. Banks has agreed to head the campaign. A private Arkansas Foundation has agreed to fund the development of a satellite facility in Northwest Arkansas, a commitment that could exceed \$7 million. The Hartford Foundation has named UAMS as a Center of Excellence in geriatrics. By using the recruitment funding that was a part of the budget for the first three years of the grant, UAMS has been able to attract nationally-known research talent such as Dr. Bill Evans who heads the Nutrition, Exercise and Metabolism program. Another nationally known individual is considering a position in the developing Public Policy Institute.

### **A National Model For the Development of Departments of Geriatrics**

Under the leadership of Dr. David Lipschitz we believe that Donald W. Reynolds Department of Geriatrics at the University of Arkansas for Medical Sciences could become a model for the development of other similar programs across the country. The institution is perfectly positioned as the only medical school in a state that ranks fourth in the percentage of its population that is over the age of 65. Because of clustering of older persons numerous communities in the state of Arkansas already mimic the way the United States will be in the year 2020. In these communities the percentage of the population over the age of 65 already approaches 20%. In some counties the majority are retirees and middle class. In others the older population is significantly disadvantaged with a large fraction living below the poverty line. Overall studies have shown that Arkansas ranks first in the nation in the percentage of its older persons who live in poverty, The overall health of older Arkansans ranks at the bottom of the nation but at the top in per capita medicare costs. This is largely due to the lack of access of older Arkansans to health care, the lack of education and the lack of health promotion and disease prevention. When care is delivered it is costly acute crisis care. It follows that Arkansas offers a unique opportunity to design and test models of health care delivery that can prepare the nation for the dramatic increase in our older population that will occur early in the next century.

### **The Donald W. Reynolds Foundation Commitment to Geriatric Education**

Quoting from the presentation that Dr. Butler recently made to The National Bipartisan Commission on the Future of Medicare "Today, as the population ages and as we move away from institutionalization and hospitals, and more and more into the community, we need different systems of care. Geriatric physicians are the pioneers of comprehensive assessment and care coordination that help maintain the functional independence of their patients. Unfortunately, we still have very few geriatricians in the United States. Despite the fact that Medicare Graduate Medical Education funds are considerable-\$6.8 billion-little of it has been spent on geriatrics, but we must have at least 20 full-time equivalent academic geriatricians within all 140 allopathic and osteopathic medical schools to ensure the integration of knowledge about geriatrics in undergraduate and postgraduate medical training. This cadre would be the teachers, leaders, role models and innovators. Every doctor in primary care and specialty medicine should be fully knowledgeable about the many diseases and disabilities of old age, and understand the techniques of maintaining function in older patients. To provide this necessary academic, teaching leadership, we need only a small but vital number, about 3,000 out of 650,000 doctors." The Donald W. Reynolds Foundation is committed to that goal as we consider additional support for our currently-funded programs and possible new initiatives in the area of aging. We also urge the federal government to step up and take the lead in a major faculty development initiative under the Graduate Medical Education of Medicare. By redirecting funds that are already available the need as stated by Dr. Butler could be met with a modest investment. By working together in the public and private sector we can make a difference and we can meet the needs of the aging Baby Boomer generation as its oldest members reach 65 years of age.