

# Setting An Agenda for Aging Across the Lifespan

Conference Summary Report  
The American Academy of Nursing  
Annual Meeting  
November 13-15, 2003

## Aging Across the Lifespan



## Living Well Into Your 90's



American Academy of Nursing

# Conference Summary Report

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## **Prepared for:**

American Academy of Nursing

## **By:**

Kathleen Buckwalter, RN, PhD, FAAN  
Linda Burnes-Bolton, DrPH, RN, FAAN  
Joanne Disch, PhD, RN, FAAN  
Norma M. Lang, RN, PhD, FAAN, FRCN

## **2003 Conference Planning Committee:**

### Co-Chairs

Joanne Disch  
Norma M. Lang

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Susan C. Reinhard  
Roy L. Simpson  
Neville E. Strumpf

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# Aging Across the Lifespan:

## Living Well into Your 90's

### Executive Summary

The American Academy of Nursing celebrated its 30<sup>th</sup> year by hosting an annual meeting and conference focused on healthy aging, or maximizing the health and quality of life as we age, and the implications of aging on the nursing workforce. The session resulted in an agenda for promoting healthy aging that provides a framework for action for the Academy's Board, and its Expert Panels, Commissions and Committees.

The keynote for the conference was provided by Bill Novelli, Executive Director and CEO of AARP: "*The Aging of America.*" In his comments, Mr. Novelli challenged the group to participate in creating "a new vision of 2011 and beyond, framed by healthy, active engagement and high quality of life throughout the human lifespan...a vision for a healthier America...that applies not just to older Americans, but to all generations and all segments of our society."

Jeannine Rivet, Executive Vice President, UnitedHealth Group, gave the Smith-Kellogg Annual Lectureship, highlighting several issues that will challenge the American health system in her presentation: "*Innovation in the Aging Equation.*" She incorporated the wisdom of Gloria Richardson-Smith, namesake of the lectureship, in her remarks as she profiled Evercare, an initiative developed by nurses that holds promise for improving the care of the elderly through use of nurse practitioners.

The key activity of the conference was developing an Agenda for Action through the use of Agenda Setting Groups (ASGs). Fellows had the opportunity to participate in one of 17 ASGs on a diverse array of topics, e.g., healthy aging begins before birth; designing elder-friendly communities; gero-engineering; financial security for nurses as they transition to retirement. The 17 topics with brief descriptions, and the names of the group leaders and scribes, appears in Appendix I.

The recommendations that emerged from the ASGs are included in this report and direct the constituent groups within the Academy to examine and initiate action on those that are most likely to improve the health and well-being of patients, families and aging care providers. Collaboration with other groups was emphasized as a core strategy for getting any of the objectives accomplished. Key recommendations included:

- Develop quality measures for long term care settings
- Launch a portal on the Academy's website, linking it to credible websites about aging, accessing government and non-government resources
- Advocate for lay caregivers to participate in the 2005 White House Conference on Aging
- Promote changes to retirement and benefit policies to help nurses work longer
- Develop education products on caring for an aging, ethnically diverse population
- Develop a white paper on workflow processes to decrease the physical and interpersonal burden of an aging nursing workforce in the provision of care

## **Background**

The American Academy of Nursing engaged participants at its annual meeting and scientific session to (1) examine issues associated with healthy aging; and (2) generate dialogue and policy recommendation(s) to strengthen nursing's role in promoting healthy aging and to provide leadership in national initiatives in aging. The Academy selected Healthy Aging as its theme for the 2003 meeting in part because of the exponential growth among the elderly population. By 2020, more than a third of Americans will be over the age of 65, and 2.2% or 7,269,000 will be over age 85 (US Census Bureau, 2001). This unprecedented growth will strain the American health and human resource systems as they are designed and operate today. The number of healthcare professionals prepared to care for our aging population is already inadequate to meet the needs of older adults, threatening quality of care and how care is delivered across the entire healthcare system. And, despite these potent demographic projections, most nurses practicing in long term, acute, and home care, have no special qualifications or preparation in geriatrics (Beverly, 2002). Thus, the Academy acknowledged that the demand for healthcare, housing, social services and long term care will soon surpass our resources unless efforts are launched immediately to develop effective strategies and policies to meet projected needs. In an effort to address this looming crisis, and to reinforce that the guiding principles of independence, dignity and choice require increased attention to quality and affordability of healthcare for all, the Academy chose to focus its annual meeting on strategies for enhancing healthy aging across the lifespan.

## Keynote Address

Bill Novelli is Executive Director and CEO of AARP, a membership organization of over 35 million people age 50 and older, half of whom remain actively employed. He joined AARP in January 2000 as Associate Executive Director, Public Affairs.

Mr. Novelli is a recognized leader in the international practice of social marketing, and managed programs in cancer control, diet and nutrition, cardiovascular health, infant survival, pay increases for educators, charitable giving and other programs in the U.S. and the developing world.

He holds a B.A. from the University of Pennsylvania and an M.A. from Penn's Annenberg School for Communication, and pursued doctoral studies at New York University. He taught marketing management for 10 years in the University of Maryland's M.B.A. program and also taught health communications there. He has lectured at many other institutions. He has written numerous articles and chapters on marketing management, marketing communications, and social marketing in journals, periodicals and text books.



**William Novelli**  
Executive Director  
and CEO, AARP

### *The Aging of America*

In 21<sup>st</sup> century America, more people are living longer and living better than ever before. In less than eight years, the first baby boomers will begin turning 65. The year 2011 will begin a period of tremendous change in our society as the 76-million baby boom generation begins reaching traditional retirement age.

The aging of our society is a long-term trend. So, when we look at the impact of aging on society, we are looking well into the future and across generations. "Transforming the healthcare system to optimize public well-being" is an urgent necessity, and AARP is proud to join you in that mission.

We need a new vision of 2011 and beyond, framed by healthy, active engagement and high quality of life throughout the human lifespan...a vision for a healthier America in 2011 and beyond that applies not just to older America, but to all generations and all segments of our society.

To achieve this new vision, we need to transform the way America thinks about health, and transform our healthcare system. Our healthcare system is a patchwork which gives us simultaneously the world's preeminent medical research enterprise *and* over 40 million citizens with no healthcare insurance. It provides voluminous information about specific diseases, but virtually none about maintaining good health in general.

It can be more aptly described as a "disease-care system," because that's where the focus is, rather than on maintaining health. This non-system is set up to pay for intervention after disease strikes rather than health promotion and disease prevention. Health promotion for most sectors of the healthcare industry has simply not been high enough on our national agenda. And it needs to be.

A key part of transforming our system is creating a national health information infrastructure—an exciting and energizing 21<sup>st</sup> century concept. It would expand the still untapped capacity that we have to help people get well and stay well.

Better information technology would foster better coordination and communication among doctors and nurses. It would help them get quicker access to information such as lab tests and x-rays, overcome memory overload and improve communication with their patients.

A national Infrastructure, operating on a platform available to and shared by all, is the obvious beginning. Just as we built the transcontinental railroad, using the same track gauge from one end of the country to the other, we need to build a national health information infrastructure.

As we look ahead to a new vision for a healthy America in 2011 and beyond, we need to think about the role of healthcare in an aging society—not just healthcare for older people, but for a society in which people are living longer than ever before.

First, we need to make sure our kids get a healthy start in life and maintain healthy habits. Not to address the health needs of children means that we will be developing a generation of frail elderly. Healthcare denied leads to problems later in life. We need to deal with these challenges now.

We must also deal with utilization—that is, how and how often people use healthcare. We can reduce over-utilization with better health education, with more preventive programs, with more focus on the effects of aging and how to counter them, and with a greater role for non-physician professionals, such as nurse practitioners.

And we have to accept the economic facts. Healthcare is expensive... for individuals, for government, and for business. We all have to share in its costs. But we cannot sustain current levels of cost increases. We spend more on healthcare than any other nation in the world. Yet, we are the only industrialized country that hasn't figured out how to make healthcare available to all our citizens.

You are leading two efforts that are absolutely critical. Through the *Building Academic Geriatric Nursing Capacity Program* and the *Nursing School Geriatric Investment Program*, you are advancing the care of older adults and creating a model of geriatric nursing education and practice. Congratulations for your leadership; this is the kind of thinking we need to construct a real system of quality, compassionate and cost-effective healthcare for our aging society.

Affordable, quality healthcare is a key to keeping people living independently for as long as possible. Here again, nurses play an important role. Within the next two decades, the oldest of the large baby boomer population, now in their late 50s, will begin to swell the ranks of those who will require long-term care services and other accommodations for disability. Although the vast majority of persons age 50 and older do not require long-term assistance at any given time, most people will require assistance at some point in their lives, and most families will face these issues with their older members.

As we anticipate the changes coming our way, we need to realize that we're not ready. We must create a future to address the new realities of 2011 and beyond. We need new ideas and structures so that we can get the best from all our citizens at every age. Transformation does not happen overnight. We have to start work on it now. And, it will take all of us working together to make it happen.

2011 is imminent. America must prepare to meet it.

## Smith-Kellogg Annual Lectureship

As Executive Vice President of UnitedHealth Group, Jeannine Rivet works with and on behalf of all business segments in areas such as product and service enhancement, customer service and public relations, mergers and acquisitions, business integration, and regulatory relations. She serves as UnitedHealth Group's executive liaison to the pharmaceutical industry and to the Food & Drug Administration (FDA).

Prior to joining UnitedHealth Group, Jeannine was Vice President for Group Operations at Prudential Insurance Company in Boston, Massachusetts. Her career in the managed care and health services industry also included roles as Senior Vice President for Peak Health Plan, Ltd. in Colorado Springs, Colorado; Director of Clinical Services for Group Health Association in Washington, DC, and various other managed healthcare and nursing positions.

Jeannine received a Masters in Public Health from Boston University. She also holds a B.S. in Nursing from Boston College and was a registered nurse for several years prior to entering the managed care industry.



**Jeannine Rivet, MPH, RN**  
Executive Vice President,  
UnitedHealth Group

### Innovation in the Aging Equation

*“The combination of nursing’s tradition of nurturance and the dominant theme of healthcare as a business does create cognitive dissonance for nurses, especially when humane and economic conditions conflict. We must deal pragmatically with the realities of our day and extend the limits of our political support. As nurses we must struggle to influence the evolving systems so that they are systems consistent with our philosophical traditions – ensuring quality and access to all Americans regardless of income, geographic location, ethnicity, or religion.”* (Gloria Richardson Smith)

Over the next decade, several critical issues will challenge the American healthcare system: the availability of healthcare professionals, care and support for older Americans, end-of-life care, public health resources, credible information to support decision making, among others. Nurses are uniquely poised to provide leadership because (1) the healthcare system and the health of people depend on the nurse, particularly for primary healthcare and chronic disease management; and (2) nurses have the resourcefulness, flexibility and critical thinking skills to discover and mobilize rich resources often overlooked by others. Nurses provide care in all settings, to all types of individuals, addressing all kinds of care requirements.

Nurses have demonstrated the ability to create innovative programs to address healthcare needs of individuals during all phases of life. One example that highlights this creativity in the care of the elderly is the Evercare program at UnitedHealth Group. Started in 1987 by two nurse practitioners (NPs), this program served as a demonstration project focusing on the care of frail elderly in skilled nursing facilities. Approved now by the Center for Medicare and Medicaid Services (CMS), the program serves 62,000 Medicare and Medicaid beneficiaries in 11 states. Evercare employs over 400 NPs and 145 registered nurses. A study done by Bob Kane, MD, University of Minnesota, examined five Evercare sites, using treatment and control groups. Findings included: (1) patients in the Evercare program had 45% fewer hospital admissions with no change in mortality, and 50% lower rate of ER visits; (2) their average length of stay in the hospital was one day shorter; (3) the incidence of “hospitalizable” events was reduced; (4) family satisfaction scored 97%, and physicians 90%. The program was expanded in 2000 to also include Evercare Connections, a care advocacy program, that assists individuals in facilitating and coordinating services for aging loved ones throughout the country.

### Diamonding

*“Often the graying of aging is referred to euphemistically as silvering. And old age is called “The Golden Years.” But perhaps a more appropriate description of aging as we turn the corner to the 21<sup>st</sup> century is not a precious metal, but a precious gem – the diamond. If we think about aging as the compression of someone over the years into a multi-faceted individual, radiating out in many directions, and into a group of people with varying degrees of cut, color and clarity, then we might be more accurate if we begin to think of this as ‘diamonding.’”* (Roundtable: Aging of the Globe)

## Agenda Setting Groups

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The conference objectives were accomplished through 17 workgroups, or Agenda Setting Groups, which met for one afternoon during the conference. Each Agenda Setting Group consisted of one or two expert content leaders, a recorder (scribe), and fellows of the Academy.

Group topics ranged from the importance of optimizing the potential for healthy aging by assuring a healthy childhood to the impact of an aging nursing workforce on the capacity to provide care across settings and maintain nurses' participation in society. Topics are listed in Appendix 1 with the names of the Group leaders and scribes.

Each Group launched its discussion with a brief synopsis of current research, policy papers and/or practice issues on the topic. Then the following questions were used to shape discussion:

1. What is the scope of the problem?
2. How does this problem affect healthy aging?
3. What gaps in knowledge, policy or practice exist?
4. What specific actions should be taken to close the knowledge gap, shape policy and/or practice?
5. What specific actions should the Academy undertake?
6. What Academy committees, commissions, expert panels or task forces should assume the lead in the full development of strategies based on the workgroup recommendations?
7. What external groups should the Academy partner with to implement recommendations?

Each Group created a set of recommendations regarding the above discussion topics and prioritized their top two to three recommendations around their specific topic. The report from each Group included:

- a specific recommendation,
- the identification of a specific problem/issue that the recommendation addressed,
- the actions that should be taken by the Academy including the lead individual or group within the Academy who should assume accountability for the recommendation, and
- the identification of key stakeholders or organizations from the larger community with whom the Academy should partner.

These partners will serve an invaluable role in the Academy's efforts to move from agenda setting to the actual shaping of practice and policy. More than 30 associations, institutes, foundations and organizations were identified by the Agenda Setting Groups, including, for example, the American Nurses' Association, the John A. Hartford Foundation, the Institute of Medicine, AARP, and the National Caregivers' Association. The collaborations with key stakeholders recommended by the Groups will be sent to all relevant expert panel and workforce commission chairs, members of the Academy Board, and the potential partners themselves, as appropriate, for future action and to insure achievement of healthy aging goals.



## Recommendations

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1. **The Academy Board of Directors** should:
  - advocate for the inclusion of lay givers as a key component for the 2005 White House Conference on Aging.
  - remove the requirement of presence at the annual meeting for Living Legend candidates.
  - assign the development of a position statement for endorsement by the Academy and other professional organizations on the decade of the child and the allocation of resources to assure healthy aging from birth.
  - assure that a report of the Conference with its recommendations be made available to conference participants, Academy fellows and key stakeholder organizations invested in issues on aging.
  - request that the Expert Panel on Aging assume leadership in monitoring the progress of the Academy's initiatives to promote healthy aging, and comment upon legislation related to healthy aging and care alternatives. The Panel should also periodically review progress toward Healthy People 2010 goals and provide feedback to members.
2. **The Academy** should invite Congressional legislators and staffers to utilize Expert Panel papers in developing public health policy, and assist them to understand the value of restructuring payment systems that facilitate the implementation of efficacious programs to eliminate ethnic and racial disparities among the aged. The Academy should also work to promote:
  - an integrated LTC care system with a continuum of nursing, medical, and social services that maximize functional independence, as well as
  - changes to retirement and benefit policies that facilitate working longer.Further, the Academy should advocate for:
  - establishment of nurse managed homes for the poor and vulnerable,
  - ergonomic workplace standards in all healthcare settings, and
  - Medicaid reform allowing older adults in all financial situations to receive equal care.
3. **The Academy Expert Panels** should develop a program of research aimed at increasing our understanding of the role of child health on healthy aging.
4. **The Expert Panel on Genetic Healthcare** should:
  - educate nurse educators on the importance of incorporating genetics in their curricula.
  - develop clinical competencies on aging for the practicing workforce on the role of genetics in aging.
  - identify funding sources to support the convening of expert researchers, clinicians and educators in genetics to develop clinical and education protocols.
  - develop a position statement on genetic enhancement and aging and explore how to inform elders about genetic tests.
5. **The Academy Expert Panel on Aging** should:
  - produce and/ or recognize public messages promoting health aging. The media products should include factoids about healthy aging, the role of preventive health behaviors, strength and respect for the wisdom and contributions of elders across ethnic and diverse populations.
  - develop appropriate competencies for nursing personnel to care for an aging populace. Nursing education curriculum should focus on the positive image of aging and clinical practica should include the socialization of nurses regarding their interactions with older persons.
  - collaborate to develop white papers synthesizing the evidence on frailty and dependency in the aging populous. The papers should delineate specific policy recommendations to support optimal independent functioning of individuals as they age.
6. **The Academy's Expert Panels on Aging and Quality** should collaborate to develop quality measures in long term care settings, especially in emerging care environments such as Assisted Living. Measures related to patient care outcomes including functional status, clinical outcomes, satisfaction and personnel indices (turnover, vacancy and competency).

7. **The Academy's Expert Panels on Aging, Informatics, and its Nursing Workforce Commission** should collaborate to develop a white paper on the role of technology in improving patient care for the elderly, development on innovative products to facilitate aging in place both for consumers and providers, and the launching of a portal on the Academy's web site. The portal should link to credible web sites about aging, strategies to stay healthy, accessing government and non government resources, and career opportunities in aging.
8. **The Academy's Expert Panels on Aging, Quality and Acute Care** should:
  - develop a white paper on the adverse effects of prolonged indwelling catheter use on the incidence on urinary tract infections in hospitalized and long term care patients.
  - collaborate to develop a consensus document on strategies to reduce deterioration of the elderly in hospitals.
9. **The Academy's Expert Panels on Aging, Quality, and Community Care** should collaborate to develop creative models enabling healthcare professionals in acute and long term care facilities to develop effective communication strategies that promote healthy aging and recovery.
10. **The Expert Panels on Aging, Quality and Palliative and End of Life Care** should partner to spearhead a consensus conference on social models for dementia care. The conference should disseminate its report in professional and lay publications including AARP: The Magazine, Nursing Outlook, national television programs and public service announcements.
11. **The Expert Panel on Nursing and History** should produce a document on the work of the nursing sages within the Academy.
12. **The Expert Panel on Cultural Competence, Health Disparities Task Force, and the Nursing Workforce Commission** should collaborate to develop education products on caring for an aging, ethnically diverse populous. The products should include specific knowledge and skill requisites to enhance the capacity of the health professional workforce to provide safe quality care across settings.
13. **All Academy Expert Panels, Committees, Commissions, and Task Forces** should use all means to underscore the importance of lay givers and their role in promoting healthy aging (e.g., education products, position papers, white papers and/or consensus conferences.)
14. **The Academy's Nursing Workforce Commission** should:
  - collaborate to develop a white paper on workflow processes to decrease the physical and interpersonal burden of an aging nursing workforce in the provision of care.
  - develop effective strategies to enable nurses to stay in the workforce as clinicians, educators, researchers, administrators and consultants through their seventies.
  - collaborate to synthesize the research on effective models that support older workers and develop technology enabling nurses to utilize their integrator and educator roles to provide care.
15. **The Academy's Media Awards Committee** should recognize:
  - communities/organizations that build creative and innovative programs that promote elderly independence and maximize healthy living, and
  - individuals or groups for bringing empowering technology to healthcare.
16. **The Academy's Annual Program Committee** should include the following elements in an upcoming annual meeting(s): (a) A financial planning session on accessing information, planning for retirement, social security and Medicare benefits, long term care insurance (b) recognition at the business meeting of members practicing for fifty years or more; (c) creation of a Living Legend monograph; (d) support for Living Legends' travel to the annual meeting through sponsorship and,(e) connect new fellows with retired fellows to promote mentorship and participation in the Academy's work.

## Discussion and Next Steps

At the Closing Plenary session the membership was challenged to create a shared vision for achieving healthy aging—a world where all humans are valued and their lifelong wisdom used to improve and enrich lives. In order to achieve that vision, however, the Academy must commit to, and be accountable for, the accomplishment of specific short and long term actions and recommendations—an Action Plan for Promoting Healthy Aging. Examples of actions that should be initiated by the year 2004 include:

- appoint special issues editors for End of Life Care and Ethnogeriatric issues.
- launch a website for credible health information.
- provide a report from the Workforce Commission on work environment.

Examples of longer term accomplishments expected from the Academy, together with its partners, by the year 2010 include:

- creation of research networks on aging across groups,
- support for the establishment of research portfolios at the NIH on genetics and healthy aging,
- development and dissemination of a) strategies to expose students to realistic and positive views of older adults, and b) work environment models to promote retention of the workforce in a safe and satisfying manner.

Since the conference, work is already underway on several recommendations:

- A request has been made to participate in the White House Conference on Aging and to help shape the agenda to include nursing and lay caregivers.
- A revision of the policy requiring the presence of Living Legends at the annual meeting has been approved by the Board of Directors. In the future, applicants will be selected based on the merit of the recommendations and not on ability to attend the meeting.
- This Proceedings monograph has been published and will be disseminated to the fellowship; and through a monograph to other key stakeholder groups and individuals such as the Hartford Foundation, the National Institute of Aging, AARP, the Gerontological Society of America.
- Kaiser-Permanente has generously supported the preparation and dissemination of this monograph.

Much more remains to be done, however. The Agenda Setting Groups identified multiple activities for the Academy and its expert panels, committees, commissions and task forces. Chairs and co chairs of these groups in the Academy will review the recommendations and, with their members, develop a plan with timelines for acting on the recommendations. They will identify possible partners and collaborators for action. Each group will be asked to submit an operational plan including the resources required to carry forth the recommendations of the Agenda Setting Groups. The Board of Directors will then prioritize operational plans and allocate resources based on the identified priorities. An update will be shared with the Fellowship at the Annual Business Meeting.

In summary, the 2003 conference concluded with the call for a number of action steps to promote healthy aging across the lifespan. Members of the Academy were invited to embrace education and science and to use their collective wisdom to initiate and sustain actions that promote healthy aging. They were encouraged to “Imagine the Possibilities” and to commit their expertise and resources so that, as humans age, they can continue to enjoy productive and rewarding lives that allow them to stay connected and to realize their full potential. The membership was also challenged to dream of a world of equity and health where the capacity and worth of all humans was valued, and to search for solutions to current problems in the spirit of discussion, creativity, and diversity.

## Citations

Beverly, C. (2002). Testimony to the Senate Special Committee on Aging. The United States Senate, Washington, DC, May.  
US Census Bureau (2001) Economics and Statistics Administration. Bureau of the Census. Washington, D.C.

# Appendix I

## Description of Agenda Setting Group Content; Names of Group Leaders and Scribes

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### **#1: Is Frailty Inevitable?**

**Group Leader:**

Barbara Resnick, PhD, CRNP, FAAN

**Scribe:**

Elizabeth A. Capezuti, PhD, CRNP, RN, FAAN

Where there is a will there is a way! Join Barbara Resnick and Elizabeth Capezuti in a review of where we are with regard to frailty among older adults and where we can hope and plan to go in the future. Consider the many ways in which older adults, specifically the growing number of individuals in their 90s and 100s, can maintain functional independence and optimal quality of life in a variety of settings. Establish the specific role of nursing and the impact of nursing in the area of maintenance of function among older adults with regard to clinical initiatives as well as research. Participate in future plans for partnering to best address maintenance of function and prevention of frailty from cradle to grave by considering health behaviors and behavior change issues throughout the lifespan.

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### **#2: How do we optimize aging by assuring a healthy childhood?**

**Group Leader:**

Margaret Grey, DrPH, RN, C, FAAN

**Scribe:**

Marion E. Broome, PhD, RN, FAAN

Although many of us believe that we only have to worry about our older years once we have reached middle adulthood, new evidence suggests that health in infancy, childhood, and adolescence has a profound effect on how we age. This session will consider how the trajectory of health is influenced by health at a very young age. Can nurses use working with children and families to influence life long health by the care we provide and promote? Should health promotion guidelines include more than screening for negative signs/symptoms and immunizations? How can we influence the payment system to assure that such preventive care is covered? What is the role of the nurse in various settings (hospital, home care, ambulatory care) in enhancing health of children and families?

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### **#3: How to provide for a peaceful end of life?**

**Co-Group Leader:**

Neville E. Strumpf, PhD, RN, C, FAAN

Jeanie S. Kayser-Jones, PhD, RN, FAAN

**Scribe:**

Elizabeth M. Davies, PhD, RN, FAAN

Rare is the day that there isn't coverage about a death that went awry-whether the frustrations of family members who could not control the destinies of loved ones in a nursing home, or the stories of prolonged stays in critical care fettered by unwanted tubes and monitors. The corollary to these institutional dramas is one of the last attempts by the desperate who may resort to suicide, or be killed either violently or peacefully, most often by a long-time caregiver. Join Jeanie Kayser-Jones and Neville Strumpf as we discuss and analyze these polarities and dilemmas and consider bolder strategies on the part of consumers, professionals, and policy makers that assure quality of life and a peaceful death regardless of setting or circumstance.

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### **#4: What Role Does Genetics Play in Healthy Aging?**

**Group Leader:**

Janet K. Williams, PhD, RN, CPNP, CGC, FAAN

**Scribe:**

Elizabeth J. Thomson, MS, RN, CGC, FAAN

Research regarding genetic aspects of aging focuses on the cell, model organisms, human beings, and populations of aging persons. Increased understanding of aging processes may lead to interventions that may be implemented throughout life to reduce risk of disease, treat diseases of the elderly, increase longevity, and delay the aging process. Please join this session to discuss ways in which nursing leaders can generate and apply knowledge of genetic aspects of aging that will enhance the health and well being of persons throughout the lifespan.

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**#5: How can we avoid functional deterioration of the elderly when they're hospitalized?**

**Group Leader:**

Pamela F. Cipriano, PhD, RN, FAAN

**Scribe:**

Kathleen Fletcher, MSN, RN, APRN-BC, GNP, FAAN

Hospitalized elders have special needs. Functional decline is the leading complication of hospitalization for older patients. Nurses prepared with specialized knowledge skills and abilities in geriatric care can prevent functional deterioration that is not only beneficial for patients and families but also has a positive effect on length of stay and costs of care. Educated nurses can also have a significant impact on other functions such as mobility, sleeping, eating or feeding, continence, cognition, skin integrity and pain control. In addition to staff education another key to successfully redefining hospital care of the elderly has been efforts to improve transitions in care across settings. Embracing a family centered care model not only improves the level of collaboration and communication with the caregiver it also can raise the level of orientation and decrease risks of falls and use of restraints in hospitalized elderly. This session will explore innovative approaches to planning, delivery, and evaluation of hospital care that results in beneficial outcomes for elders, as well as enhanced satisfaction for patients, families, and caregivers.

**#6: How do we optimize psychological functioning and positive thinking as we age?**

**Group Leader:**

Angela B. McBride, PhD, RN, FAAN

**Scribe:**

Susan J. Bennett, DNS, RN

Although the brain was once regarded as a static organ, recent research has underscored how the organization of brain circuitry is constantly changing as a function of experience. This session will consider how changes in the nervous system often have correlated changes in behavior or psychological function. Can nurses use factors that are now known to affect brain plasticity (e.g., early experience, anti-inflammatory agents, diet, cognitive functioning) for prevention purposes and therapeutic benefit? Should preventive care guidelines for the elderly include more than screening for negative signs/symptoms? "Learned optimism" is associated with mental and physical health, so how can nurses optimize that connection?

**#7: How do we design elder-friendly communities to promote independence and maximize healthy living?**

**Group Leader:**

Susan C. Reinhard, PhD, RN, FAAN

**Scribe:**

Heather M. Young, PhD, RN, FAAN

As Americans age, we need to design environments that support all of us to live where we prefer in our homes and communities. "Elder-Friendly Communities" capitalize on the wisdom and social assets of older adults to make their communities better places to live. They build community capacity to support the independence and well-being of all elders, including those who are disabled or at risk of disability. These communities are better living environments for people of all ages. Join Susan Reinhard and Heather Young in developing recommendations for the principles, designs and processes that will lead to our preferred community living.

**#8: What are some of the technological innovations available to improve patient care for the elderly?**

**Group Leader:**

Maryalice Jordan-Marsh, PhD, RN, FAAN

**Scribe:**

Judith Tabolt Matthews, PhD, MPH, RN, FAAN

Join Maryalice Jordan-Marsh and Judith Matthews in an overview of exciting developments in technology to promote aging in place and minimal dependence in any setting. New directions range from enhanced Internet access for social networking and health consultations to sophisticated reminding systems to telehealth monitoring and mobile robotic assistance. We invite you to explore with us the current role of nursing in the development of technology for aging adults and propose ways to be more influential in clinical initiatives, related policy, and research. We will share strategies for ensuring that innovations last longer than the grant funding or the trip home. Do current mechanisms for funding health care adequately provide for equipment purchase, training, and maintenance? What evidence would make a viable case? Participate in plans for partnering across disciplines, professional associations, and payers to ensure access and success in bringing patient empowering technology to health care.

**Links:**

Mobile Robotic Assistance <http://www-2.cs.cmu.edu/~nursebot>

Aware Home <http://www.gatech.edu/fce/ahri>

Caregivers and technology <http://www.spry.org/conference/>

Wheelchair biking <http://www.guidelines.gov>

National Center on Supportive Housing and Home Modification <http://www.usc.edu/dept/gero/nrcshhm/>

**#9: How can better information technology (IT) help the elderly stay in touch, receive healthcare, and maximize independence?**

**Co-Group Leaders:**

Virginia K. Saba, EdD, RN, FAAN

Roy L. Simpson, RN, C, CMAC, FNAP, FAAN

**Scribe:**

Ida M. Androwich, PhD, RNC, FAAN

**Purpose:** Develop policy and research recommendations for computerized patient information and monitoring systems for the Academy to address.

Our patient population is increasing in age, which creates a challenge to the healthcare industry. We propose to focus on the uses of IT that provide quality and cost-effective services for this population group. We will utilize the AAN Expert Panel on Nursing Informatics and develop strategies focusing on “healthy aging” – addressing four areas.

Each of these areas requires a different type of IT that needs to be addressed:

**a. Information Technology** will focus on the IT systems being developed.

**b. Patient Technology** will focus on the aging patient in a healthcare facility (hospital and/or nursing home).

**c. Worker Technology** will focus on the aging of the nursing workforce and the ways to leverage information technology.

**d. Smart Home Technology** will focus on caring for the elderly in the home using telehealth, surveillance, monitoring systems as well as chronic and well care supervision protocols.

**#10: What are the ethical implications of having a growing population of older, healthy, productive individuals in society?**

**Group Leader:**

Leah Curtain, ScD, RN, FAAN

**Scribe:**

Karen L. Miller, PhD, RN, FAAN

This session explores the ethical, social and legal implications of the growing U.S. gerontocracy. For the first time in history, older Americans are the wealthiest segment of society-and the only ones who are recipients of Federal entitlements regardless of need. Wealth is now routinely channeled from younger, working Americans with young families to a wealthier leisured class of older Americans. Will the aging Baby Boomers, a huge and wealthy and rapidly aging age cohort, willingly sacrifice some of these entitlements? Demand their fair share of the programs they've paid into for 45 years? Use their size and political clout to increase the entitlements? Will a smaller, younger, poorer and far more ethnically diverse population tolerate the increasing tax burden of providing benefits to the wealthy, predominant Caucasian Boomer?

**#11: What are the quality measures that should be used to access the new options for elderly living and care delivery?**

**Group Leader:**

Marilyn Rantz, PhD, NHA, RN, FAAN

**Scribe:**

Mary Zwygart-Stauffacher, PhD, RN, BC-GNP/  
GCNS, FAAN

It is imperative that we plan for ways to measure quality of care for elders living in a variety of options such as their home with services, apartment or senior congregate housing with services, assisted living settings, as well as nursing homes. What are the key measures of quality for living options and care delivery for elders? What should we measure and how should we measure it? How do we use the information to inform consumers so they make informed choices for care and services? The interactive session is not to be missed by those concerned about future services and quality options.

**#12: What changes in the workplace can be made to help nurses stay in the workforce and gain satisfaction at work through their 70's and beyond?**

**Group Leader:**

Colleen J. Goode, PhD, RN, FAAN

**Scribe:**

Pamela A. Thompson, MSN, RN, FAAN

This session will present a brief synthesis of the research related to older workers with a particular emphasis on older nurses. Older workers will be leaving the workforce at the same time we will be experiencing one of the greatest labor shortages in history. Whether nurses stay with their current jobs or move on to other interests depends on the organizations' ability to keep them stimulated and vital to the organization. Nurses with years of experience carry priceless wisdom. The government has signaled its commitment to combating age discrimination in employment and is speaking out on the need to retain older workers. Suggestions for retaining and engaging the older nurse will be discussed and identified.

**#13: How can we partner with lay care givers (the invisible workforce) to meet the needs of the homebound elderly and/or chronically ill elderly?**

**Group Leader:**

Barbara Given, PhD, RN, FAAN

For the homebound and/or chronically ill elderly who require assistance, the invisible family members provide uncompensated care. Join this group to discuss strategies for partnerships between nurses and these family caregivers to impart the quality care and outcomes of this group of elderly individuals. Assist us making recommendations for education and training as well as legislative and policy initiatives to be supportive to this invisible workforce. Join us as we consider the future for ourselves!!

**#14: How can nurses achieve financial security as they transition to retirement?**

**Group Leader:**

Shirley Chater, PhD, RN, FAAN

**Scribe:**

Rheba de Tornay, PhD, RN, FAAN

Financial independence is essential for economic, social and psychological security. Utilizing the “mind jolts” about retirement that follow, we will discuss pensions and other employer based plans, personal savings, Social Security and Medicare and other retirement trends. Psychological transition to retirement will also be considered for recommendations for future study.

- Centenarians – people age 100 and older – are the fastest growing segment of the nation’s population, estimated to total 50,000. You may be one of them in the future; 85% are woman.
- The Social Security Trust fund will be exhausted in 2042; the Medicare Trust fund will remain solvent until 2026. Besides, the age at which one can receive full Social Security benefits gradually increases from 65 years of age to 67.
- Not all employer-based retirement plans (pensions, 401k’s, 403b’s) are created equally. The advantages and disadvantages may surprise you.
- One third of large employers who provide retirees healthcare coverage have stopped doing so for future retirees. Without this coverage, retirees could pay one million to cover their own health insurance and expenses while in retirement.
- Inflation: At a rate of 3 percent annually, inflation depletes the value of a dollar by about half over 25 years and by about three – quarters over 50 years. A portfolio of \$200,000 today will be worth \$100,000 in 25 years.
- Today 69% of all workers have saved less than \$30,000. You may be retired for more years than you worked.
- A large number of retirees fail to plan for psychological adjustments to new and different lifestyles.

**#15: How can nurses become entrepreneurs in establishing new opportunities for themselves and the elderly patient population?**

**Group Leader:**

Meridean Maas, PhD, RN, FAAN

Janet K. Specht, PhD, RN, FAAN

**Scribe:**

Rita A. Frantz, PhD, RN, FAAN

This work session will present a case study of one alternative model for provision of care to elders with dementia. Included in the discussion will be the need for the model, explication of the model and the outcomes for elders and staff. In addition, the entrepreneurial efforts to establish the model and the collision of the model with the existing system will be addressed. Discussion questions for consideration of the group will include: What kind of support is needed for nurses to develop alternative models of care? What are the lessons learned from this case study applicable to nurse entrepreneurs? What is the responsibility of the Academy to promote the creation of new models of care and how can that best be done?

**#16: How can ethno-geriatrics contribute to our understanding and care of the elderly?**

**Group Leader:**

Ruth M. Tappen, EdD, RN, FAAN

**Scribe:**

Toni Tripp-Reimer, PhD, RN, FAAN

The explosive increase in the number of minority elderly and the disparities in health outcomes experienced by this population compel us to address current and future needs for cultural competence of all healthcare providers and to develop new strategies to eliminate the persistent disparities in healthcare and health outcomes.

Over the next 50 years, the proportion of Hispanics in the older population will triple and the number of African American elderly will increase by 50%. At the same time, the number of non-Hispanic Whites (Anglos) will drop dramatically from 85% to 64% of the total older population in the U.S. The most striking disparities are shorter life span and higher rates of cardiovascular disease, cancer, diabetes, stroke and mental illness.

**#17: What can history tell us about healthy aging?**

**Group Leader:**

M. Louise Fitzpatrick, EdD, RN, FAAN

**Scribe:**

Laurie K. Glass, PhD, RN, FAAN

When we consider our own transitions from fulltime work and career responsibilities, it is useful to reflect on the history of those who are models of productivity and involvement well into their older years and whose contributions continued to make a difference in the lives of others, while keeping themselves engaged, alert and fulfilled. There are many significant historical public figures and exemplars from our personal lives who demonstrate these patterns. In particular, we would like to consider nursing colleagues and leaders who model behaviors that have meaning for us in our own times of professional and career transition.



**American Academy of Nursing**

555 East Wells Street, Suite 1100

Milwaukee, WI 53202-3823

(414) 287-0289

Fax (414) 276-3349

[info@aannet.org](mailto:info@aannet.org)

[www.aannet.org](http://www.aannet.org)