Using Research to Advance Policy: Part 1 of 3

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Speaker 1 (00:00):

The Gerontological Society of America, meaningful Lives as we age.

Speaker 2 (00:04):

Welcome to today's episode of the Gerontological Society of America's podcast series where we learn about aging from the leading experts in the field. I'm Anju Paudel, Assistant professor at the Ross and Carol Nese College of Nursing at the Pennsylvania State University, and your host for today's episode. Today's podcast is a collaboration between social research, policy and practice, and the health sciences sections of the Gerontological Society of America. This episode is part one of the two podcast series in which we are exploring the interplay between research and policy in geriatrics and gerontology. As we all know, the dynamic interplay between research and policy affects aging and practice, whether it's researcher, practitioner, or policymaker, understanding the context of each strengthens the reach of our work, and eventually helps to promote excellence in both. So, to discuss this today from a research standpoint, we have two experts in the field.

Speaker 2 (01:07):

First, we have Dr. Ann Kolanowski. Dr. Kolanowski is a professor emerita at the Penn State Ross and Carol Nese College of Nursing, and was the founding director of the Harford Center of Geriatric Nursing Excellence at Penn State University. Her research which focuses on non-pharmacological interventions for symptoms of distress and delirium in people living with dementia in nursing homes has been supported by grants from multiple institutes and organizations, including the National Institute of Nursing Research, the Alzheimer's Association, and the Hartford and Neuroscience Nursing Foundations. Dr. Kolanowski has widely published dementia care in scientific journals and serves on many boards and scientific advisory, consultant panels. To name a few, these include the Moving Forward Coalition and Kings College Board of Directors, LINC-AD funded by Alzheimer's Association

and NIH and the Teaching Nursing Home Project funded by the Hartford and Jewish Healthcare Foundations. Dr. Kolanowski was the recipient of the 2012 Doris Schwartz Gerontological Nursing Research Award and is a fellow in the American Academy of Nursing and the Gerontological Society of America.

Speaker 2 (02:218):

Next we have Dr. Jasmine Traverse. Dr. Traverse is an assistant professor of nursing and health services researcher at Rory Meyers College of Nursing at the New York University. Her career is dedicated to designing and conducting research to improve health outcomes and reduce health disparities experienced by older adults. Dr. Travers has also widely published on topics of aging, long-term care, health disparities and inequities, workforce diversity and workforce issues, and vaccinations and infections. She has presented her work at regional and national health services research, gerontological nursing and public health conferences. Currently Dr. Traver co-chairs Moving Forward Coalition Workforce Committee, which is meant to move many recommendations from the NASEM National Imperative to improve Nursing Home Quality 2022 report forward. Welcome Ann and Jasmine, it's a pleasure to have you both here today and also very exciting to learn about how we can use research to advance policy from your knowledge and experience. I know I just provided your introduction, but we would like to hear from you more on your program of research. Could you please elaborate a little bit on your program of research? How long have you been in the field? And also what was your inspiration behind your involvement in this area? Perhaps Ann we can start with you.

Speaker 3 (03:47):

Okay. Well, thank you and thank you very much for inviting me. As you mentioned in the introduction, my program of research has focused on the development and the testing of individualized nonpharmacological interventions for behavioral and cognitive symptoms that many people with dementia are going to have. And the goal of my interventions has always been to improve quality of life and function specifically for people, for residents and patients in nursing homes. That's really been the setting where I've conducted most of my work, and I've been actively engaged in research <laugh>, I I had a chuckle thinking about this for 35 years, but my interest in the care of older adults really goes back 50 years. And I can tell you that my initial inspiration came from older adults that I cared for first in acute care and then later in the nursing home. And back then, which was many decades ago, I realized quite early in my career that we had very few tools in our toolbox for maintaining function when an older adult was admitted to acute care.

Speaker 3 (05:13):

There were no ACE units at that time, and we really did not know how to effectively respond to behavioral symptoms like agitation in the nursing home setting. And very unfortunately, uh, we often made the situation worse by using physical and chemical restraints. 10 years into my career, I decided to go back to school for a master's degree with a focus on older adults. And it was at Penn State University that I met my first mentor, Dr. Lori Gunter, who was one of the very early leaders in gerontological nursing. And being a, a woman of color in higher education during the 1950s, she knew too well, uh, what an uphill battle looked like. And she inspired me to keep going even though there were very few people or organizations acknowledging the need for gerontological nursing research. So that is what inspired me early on and has kept me going for over 50 years.

Speaker 2 (06:27):

Wow, 50 years. That's quite a long time. Have you seen any changes in the nursing population since then, particularly around diversity of nurses?

Speaker 3 (06:36):

You know, I have, it hasn't been dramatic necessarily, but I have seen slight changes. You know, in the past, nursing homes were practically all white female residents that we have there, and gradually we've had more people of color being admitted to nursing homes. And I think that raised the consciousness about the need for diversity in the workforce in order, as Jasmine mentioned, in order to, understand the cultures, the backgrounds. When I was a young nurse, we had many people that English was a second language in the area where I worked. It was a lot of older Polish people. And so we had to bring people in who could talk to the patients.

Speaker 2 (07:29):

And do you think nurses have a role in policy?

Speaker 3 (07:32):

I've been in this field long enough when nurses weren't really thinking about policy so much. But that's critical. If we're going to have any kind of sustainability around our work, we need to change policy.

Speaker 2 (07:49):

Again. I'm following up with you Ann here and reflecting on what you said earlier about diversity and nurses' involvement in policy. Certainly, we have come a long way, and a lot of things have changed, but what do you smile about when you think about how far we have come?

Speaker 3 (08:04):

As I mentioned before, I think one of the things that has changed for the better is that nurses are more well prepared to sit at the table these days. We're better educated. We do have a voice, and people are starting to realize that nursing science is critical as is nursing care. Um, I can tell you 50 years ago when I worked in the hospital, in the nursing home, we were still getting up to give physicians a chair to sit down and, check the chart, <laugh>. We've come a long way since then.

Speaker 2 (08:44):

Jasmine, before we hear about your inspiration and research focus, we would really like to hear your perspective on being a woman of color and of a younger generation. As you look forward, what opportunities and obstacles do you see for the growing diversity in the field?

Speaker 4 (09:04):

So I think that's, that's a great question. I see this twofold, both with that younger generation that you've talking about, then also being a woman of color when I am a part of different committees or research teams, and more and more people are looking to understand inequities in long-term care are aging and such, and they want to really work with researchers as well who are closer to these issues. Meaning that they probably represent the population being studied and there are very few researchers of color, and then researchers who are also clinicians of color, in this area of work. With that, why is that the case? That is the question that I ask myself in general, but thinking about that

younger population, I was part of younger population who was not studying aging or long-term care work because I didn't feel like it was sexy <laugh>.

Speaker 4 (10:04):

I wanted to study the 18 to 64-year-old population. I think it's just because how society, sets us up as far as how we view aging and older adults and long-term care. We don't see that as something that we should be investing our time in. And I'll talk about this later, but it was kind of serendipity with how I got into this work and, you know, just dawned on me, oh my goodness, I would hope to be, an older adult at one point in a time and just thinking about how much should be needed as far as the resources and the investment. I wanted to be part of that work. So it's almost like investing in my future need but at the same time, caring about the people who really need support in this area in general is where I came into this. I would hope that more people who look like me, both, um, my race, racial background, but then also people who are a younger generation would want to also come into this work and see the importance of not just, um, the older population, being involved in this work, but the younger population as well.

Speaker 3 (11:12):

Thank You, Jasmine. That's well said. Now let's dive into your area of work. Could you tell us more about your current work and what inspired you to get in this line of research?

Speaker 4 (11:26):

I'm a health services researcher, and the great thing about health services researcher research is that I get to focus on a lot of different areas. So I look at access to care, quality of care, outcomes of care, and cost of care, but all specific to long-term care settings, so across the board. It could be nursing homes, community-based care and home or in the community or assisted living, although I do spend a lot of time in nursing homes. But essentially my program of research is focused on keeping people in the settings that they want to be in for as long as they can and can be in those settings, whether it's in the home community setting or in the nursing home, but making sure that they have the quality of care that they deserve and that the people who are caring for them are caring for themselves. That's how I look at my work and then there's an equity through line across the board.

Speaker 4 (12:18):

So I, I spend a lot of time on equity issues. And then just like I was saying as far as people who care for older adults, uh, the workforce themselves. As far as like the inspiration in getting into it. So I'll, uh, just mirror Ann and take it back a little bit as far being a nurse. In the clinical setting as a nurse, I worked in the medical ICU I saw a number of different inequities that were inherent within the system. So in inequities, in what, in the care that my patients themselves received, but there also inequities in the workforce and how different people were treated based off of their race or ethnicity. And that drove me the want to make change. I felt like in the hospital setting, I felt like, you know, as a nurse, we, at least for me, I feel that every patient that was assigned to me was meant for me, and I felt like I was making a difference in those patients' lives, but I felt like I was only making that difference on a very, like, individual level, and I wanted to be able to make a difference on a larger level.

Speaker 4 (13:23):

So that's what had me going into a PhD program. As I got into a PhD program, I was really interested in access care disparities, but in the 18 through 64 year olds population, and it was not until my current mentor at the time was leaving the university that I was assigned to a different mentor who's

focused on a 65-year-old population in nursing homes and focused on infections and such. And I'm like, oh, no, it was a great research team, but it was not the population that I thought of at all. And my new mentor said I know that's not the population you're interested in, but you can ask a disparities question within the data that I have available to you. So the, one of the greatest things I think we get to hear as PhD students is a done dissertation is the best dissertation, sometimes we feel like, oh, this is, we have to change the world in this whole, this one dissertation.

Speaker 4 (14:21):

So I folded and I, I said, fine, you know, I'll do this just to get it finished. But then I started to have conversations, uh, with my brother at the time, and, uh, my mother had just turned 70 years old and he was raising concerns about her long-term care and what we would do if she were to need long-term care services. And him realizing that Medicare didn't cover a nursing home if she needed nursing homes. And realizing that we were too late for a long-term care insurance. And me being a person who was studying nursing home issues, it was very complicated. And it, just for me to really advise him and contribute to that conversation. And we tried to say, you know what? Let's, let's start to save a little bit of money every month and be like a hundred dollars each across four of us siblings, 400 a month, which would equal to about $4,800 a year, which would not cover any ounce of long-term care at all. So we pretty much started planning and ended planning all in one day. With that I really started to appreciate the complexities with long-term care, access to services and quality services, and wanted to really spend more time in this work and recognizing there are very few people actually doing this work, um, with regards to aging and long-term care and how important it is that more attention and more people in this area of work, um, is needed. So that's how I, I got into this space.

Speaker 2 (15:48):

Thank you both. So it seems like it's, it was really practice, Ann your clinical practice and working with older adults really made you, inspired you to engage in this field of research and Jasmine, your desire to make a difference in the lives of the patients you were caring for, some of your experience with your own family, really inspired you to be in this field. And I'm sure a lot of our listeners will be able to relate with these inspirations. The next question is, now that we have learned about your inspiration, the next question is about how your research impacts or will impact policy and practice. Can you provide an example of a research project that changed, informed, or influenced policy at the state or national level?

Speaker 3 (16:38):

I can start here. One of the earliest experiences that I had as a postdoc was being part of the Reducing restraint project at the University of Pennsylvania. And that was with Lois Evans and Neville Stump. And the work they did demonstrated that with expert nurse consultation and education, staff and nursing homes could respond to behaviors like agitation without using these restraints. And that work, I was part of that project, informed a national set of standards for the care of nursing home residents. And it grew out of the Federal Nursing Home Reform Act of 1987, if you remember Obra 87. And as part of that project, I did another secondary analysis of their dataset to see what happens to people who are chemically and physically restrained over a years period of time? Do their symptoms improve? Is their less agitation? And we found no, it was even worse, and they were being injured by those chemical restraints.

Speaker 3 (17:55):

So we knew that they were ineffective, and we needed other types of interventions. Following that experience at Penn, I started to work on a conceptual framework with colleagues of mine at the University of Michigan. And what we were trying to do is explain those, what are these behavioral symptoms, what's driving them? And we came up with the need driven dementia compromised behavior model or the NDB model. It's been used quite frequently by researchers, and it posited that people's symptoms when they're yelling, when they're crying, when they're quite agitated, or really that person's way of communicating, Hey, something's wrong here. I I need something, I have a need that's not being met. Using that model, I collaborated with Paul Costa, who was then the head of the NIA Lab on Cognition and Personality and Lynn Bitner, who was a recreational therapist. And we designed interventions that we derived from that NDB model.

Speaker 3 (20:10):

And based on our randomized clinical trial, we found that these individualized activities that were matched to person's function and their style of interest improved their displays of positive affect. People were smiling more, it reduced their symptoms to a great greater degree than when these activities weren't tailored. That work has really been, I think, foundational. Policies that we have on preference based care in nursing homes. And it's definitely in line with the four Ms, what matters, that comes out of the Institute for Healthcare Improvement. So I think that was an example. And then a second one in another clinical trial, we showed that using those tailored activities captures attention of the person that gets them engaged and involved and it prevents cognitive decline during episodes of delirium. And using cognitive stimulation is now part of practice guidelines for the prevention and treatment of people who are experiencing delirium. So I'm very proud of that work. And as I said before, it was really a team effort, interdisciplinary team effort. And they are examples, I think of how you can drive your work to policy.

Speaker 4 (20:34):

Just to add to that of me, I, I remember as a PhD student starting to focus on certified nursing assistants in nursing homes and really being drawn to the poor work environments and conditions that they were exposed to the low wages, the treatment that they experienced by both residents and staff, just racism and discrimination, a lot of economic issues where I started to do a lot of research on that. And I was presenting at a conference one summer and, recognizing I didn't get a lot of people coming to my poster was presenting a poster. And, in my head, uh, this work is just not sexy enough when thinking about certified nursing assistants and wondering why there wasn't that much attention to it. And then fast forward, the pandemic and issues with nursing homes and that being brought to light and the National Academies of Science, Engineering and Medicine, and them looking to convene a committee that would focus on generating some actionable and bold recommendations to improve the quality of care in nursing homes. And I was in my first year as a faculty, professor at NY Unit College of Nursing, my first, like first two months

Speaker 4 (21:51):

and me seeing this call for committee members and applying for it and not knowing what I was doing, but I'm like, oh, this is all up my alley, um, thinking this was great. And then I ended up getting accepted. And then when I saw who was all on the committee, I was like, wow, these are all the people that I've been citing in my dissertation. Am I really supposed to be here? At one point I had that imposter syndrome, oh no, this is crazy. What was I doing? But then recognizing because of my work in this specific area related to certified nursing assistants and equity issues, and there wasn't much

people doing this work for probably some of the reasons that I was like, oh, why is no one paying attention to this work? That is the type of work that they were interested in seeing.

Speaker 4 (22:39):

And yes, I was earlier on in my career, most definitely, and I'm still, you know, fairly early on in my career. There were still not very many people doing this work and what I had to offer was very worthwhile to what the committee was looking to do. And the big thing about the National Academies of Science, Engineering, and Medicine is when they make recommendations, the world listens. A lot of the recommendations that came out from that report, specific to certified nursing assistants and nursing homes in general, have been very impactful in how we see different organizations moving and the attention that they've been getting. One of the things that came out of that is moving forward coalition that is focused on the quality of care nursing homes. They had a specific workforce committee within that coalition that was focused on improving conditions for the certified nursing assistants, and specifically related to recommendations where that was in their report. That's one of the areas in which I saw my work really informing policy as we see it and know it.

Speaker 3 (23:47):

And I'd just like to make another comment about Jasmine's work. It was important to us on the teaching nursing home when we were working on, uh, the textbook that we put out, Practice in Leadership in Nursing Homes, the work that you did so we made sure that Jasmine had a very prominent chapter in that book, and we're hoping that, uh, we do know that nursing homes and colleges of nursing are very excited about that textbook. And, uh, your chapter, Jasmine was a pivotal one. Thank you for your work <laugh>.

Speaker 4 (24:25):

Thanks for bringing that up, Ann.

Speaker 2 (24:27):

Well, I, I feel really inspired, what an exceptional example of how it is. We always talk about meaningful work, but then really actually to see it informing practice and policy recommendation, that's another level, um, that I think that that's what keeps us moving forward and to continue to do what we do.

Speaker 3 (24:51):

Mm-Hmm, <affirmative>.

Speaker 2 (24:53):

So, next I would like to ask you about this path of research to policy. We just heard both, each of you have some work that really informs in our practice and policy recommendations. Did you intend to discover gaps and change policy, or was it just happenstance, happened by chance?

Speaker 3 (25:18):

My original goal was to address a gap in knowledge, because as I said, 40, 50 years ago, we really did not have any evidence about how to care for older adults, those that had behavioral symptoms or delirium. So, I wasn't thinking so much about policy as it was developing the evidence for clinical practice. But because the issues that our team was focused on, things such as delirium and behaviors, they were ones that affected a lot of people, and they were very continued to be very costly in terms

of both human and and dollar terms. So they lend themselves to a power policy path quite quickly. You know, people out there in healthcare are going to focus on problems that are costly, that happen to a lot of people. And I, I tell my mentees that all the time when you're writing your research papers, think of a problem that happens to a lot of people and that has bad outcomes and cost a lot of money, that is gonna get you to significance and people will listen. So that's one path to policy, I think, to think about significant clinical issues out there that we need data for, we need evidence.

Speaker 4 (26:47):

For me, the path to policy. So I came into this, I started off before that I wanted to make change so it doesn't feel so happenstance in a way, but in, in some ways yes, because what kind of change, I wasn't sure what I'd be able to do. Um, but one of the things that I'll go back to as a PhD student at Columbia, volunteering, this is when EBOLA came out and I'm trying to do a community service project to raise money for those who were experiencing, um, EBOLA in Africa. And it was thinking very small, and one of the administrators at Columbia said, think big, you're at Columbia. And so from there, I was given that invitation to think big in everything that I'm doing, and not big small, like why not?

Speaker 4 (27:31):

And so from there I came across a quote that said, if your dreams don't scare you, you're not dreaming big enough, <laugh>. So I'm like, okay. So just even with the example that I gave you about being on the National Academies of Science, Engineering, and Medicine committee, I'm like, oh, wow, you know, this is scary, but you know what, like this is okay. That's kind of what it's about. But another thing about just kind of coming from thinking big is, for me, one thing that I was at odds with when it came to research was this idea of how long it takes for research to translate into practice or a policy or, or to move forward. And I'm like, this does not make sense to me at all. So I, I actually wasn't even sure if I wanted to go into a research career at the beginning of my PhD program.

Speaker 4 (28:16):

I'm like, I don't wanna do a postdoc, I don't wanna go into a faculty position, because we didn't want to just be siloed to just writing papers and writing grants and not say anything, go anywhere. That's what led me to do two postdocs. I did a traditional T32 postdoc at the University of Pennsylvania where I got to learn more about long-term care and try to put some aspects of policy into it. But then I did a policy focused, not a traditional postdoc through the National Clinician Scholars Program, where I got to engage with the community with research still, but with leadership and other, and clinical aspects too. And then a lot of policy. And then from there I got to see, you know what I know better, how to translate my evidence into practice and into policy where I can engage with the people that are for me to engage, whether it be in community settings, whether it be, uh, the state officials, for example.

Speaker 4 (29:15):

I was like, oh, you know what? I actually do wanna be in research and this is how I can make research work for me. And so I've been able to see how important research is for policy in general, that for me, I just can't go into the policy. So that's how I've seen it. But then in some aspects, things have been blowing my mind, right? Even I recently gave testimony to, a special senate on aging back in April. And so that was actually my second time giving testimony specific to the nursing home workforce and disparities and such. And for me, I was like, wow, this is like the highest, probably like the highest level of opportunities to influence policy, which is so exciting. Of course, there's many ways to influence

policy, but things like that have been surprising me because I'm still learning all the different places and spaces that I can be in to really have an influence on policy.

Speaker 2 (30:12):

So what I'm hearing is it seems Ann, you started with identifying the gaps to really make a difference in the lives of older adults. And Jasmine, you really dived in with this perception of, I want to make a change, right? And as I'm thinking about it, I think that's how it happens. Some of us really go into research thinking about, okay, so this is, these are the things that, that need to be addressed. And then along the way, these works turn into practice recommendations and policy changes as applicable. And then sometimes we really see what needs to be changed and really approach that directly so that informs policy. So that was a really great learning there. Mm-Hmm, <affirmative>. Now we learned about your journey, your work, what do you have to say for those who are seeking to improve the lives of older adults through research or within and beyond academia? What would you recommend?

Speaker 3 (31:17):

Well, I would say right off the bat, have a good mentor. I think that's critical. I've had several in my career, postdoc, as a junior faculty member, as a doctoral student. And I think it's important to look for someone whose passion for the care of older adults matches yours. Somebody that can help you look for gaps in knowledge. The literature today is so expansive and to be able to jump in there and say here's a critical gap in knowledge that takes a lot of work. You want a mentor who's going to introduce you to other researchers so that you can build a strong interdisciplinary team. And a second recommendation I would make is to make sure that you appreciate the importance of doing preliminary work. I wanna compliment what Jasmine said about dreaming big, but one of those things, and I, that's critical.

Speaker 3 (32:25):

You have to dream big to see what that endpoint is. In our book, Successful Grant Writing, we make a point to start small to go big, build that, have a solid base of preliminary data before applying for larger grants. And then very importantly, and I think this is critical, stay close to the older adults whose lives you want to improve because they're gonna tell you what they need and they're gonna be your biggest facet in building a program of research. So that I would say is that would be my message to someone who wants to make a difference in the lives of older adults.

Speaker 4 (33:13):

I agree with everything that Anne shared. And just to kind of give an example about the mentorship piece, that mentor that I switched over to my PhD program, the topic that she was doing was unrelated to the topic that I was interested in, but she had a strong research team. She was a strong mentor herself, and she was a senior researcher, which smart people, with a well-developed team are going to be able to guide you very well. And that's what she was able to do. And even help connect you to people that are particularly of your topic of interest like Anne was sharing. So that is something that is very important and to think about as you are, are navigating mentorship, and it's okay to have additional mentors across different universities and uh, different disciplines as well. Having mentors that serve different purposes and could be informal or formal.

Speaker 4 (34:07):

So that's something just to consider. But even that preliminary work that Ann was talking about and staying close to the older adults, I think that's so important. And I would add to that, just staying close

to the issues at hand, really understanding those issues in which your setting, whether it be with different populations, how are you connecting with those populations, whether they are a specific race or ethnic background or in a specific background or in specific neighborhoods. Are you going into those areas and really understanding those issues? Really to hear and learn from others, if it's the workforce, really thinking about creating community advisory boards or just speaking to those individuals. One, another thing that I would add is not to be afraid to tell a story that's not being told and do the work that is not funded by a grant or, or is not, uh, uh, perceived that it would be funded by a grant.

Speaker 4 (35:05):

And that's something that I did over the course of my time. So for example, workforce, I was always told that, you know, NIH doesn't fund workforce or NINR doesn't find workforce, but I still continue to do that work and it's okay if it's not funded. And, I received funding in other areas, but it's been one of my most sought active program of research. I, I actually for a long time didn't even think of myself as a workforce researcher because I was told that that's not an area that is funded. So with that, I made it. I was, I felt like that's not an important area to actually showcase, but for me, it was important for me to still dig into that work on the side. And a number of the projects that I do, some of the projects that I do are on the side, they're not funded by any Grant, sometimes those are the most fun projects that I'm doing.

Speaker 4 (35:54):

And they provide the most robust information and they inform so many different areas of my work, whether it be future grants or, discussions that I have, and conversations that I have with other folks in such a rich and robust way, and sometimes differently than what I might have in my funded studies. I think those are some additional, um, recommendations, um, that I would say. And one of the things is, I would say is collaborate, don't be afraid to collaborate. And again, across the board, across the disciplines, community, researchers, really appreciating how rich the work that you're doing because when you open up your collaboration, don't feel like you need to work in silos and please don't do it in general. But I always get so amazed by how much, you know, my understanding of a subject area and how much my papers are rich because I collaborated widely.

Speaker 3 (36:50):

What about outside of academia and I really think nurses outside of academia need mentors too. I think what we said about having a good mentor goes across whatever setting that you're working in, that's critical to have someone to show you what, a vision that's better than what we're where we're at right now, how long-term care nurses can be part of research and policy change and both Jasmine and I are involved in the teaching nursing home. And I think that's an excellent example of how long-term care nurses can come together with academic nurses and together, promote research in long-term care and also be a force for policy. We have a saying that when we come together, our faculty as well as the practice communicate, have community, it's an all teach all learn. We're learning from them, they're learning from us, and that can only benefit the people we care for. So I think that's one way that, uh, you know, outside of academia, having those partnerships and respecting the knowledge that we each bring to the table.

Speaker 4 (38:12):

Yeah, I agree with Ann, just going and talking about how the long-term care nurse, how they can be part of research or policy change. I would recommend going to places and connecting with

organizations that are doing the work that you are interested in. Seeing if you can go to conferences, whether they're local conferences or more regional national conferences specific to aging, long-term care where research and policy is the focus and order and asking questions during different sessions and connecting with folks and seeing how, you know you can be involved. I really recommend that. And then when thinking about organizations that are focused on advocacy or moving policy forward, like moving forward, for example, we have made a call out for any, everybody who wants to work on improving care from nursing homes, whether it's nursing home residents, nursing home staff, administrators, as well as researchers, but so many other people to really be at the table to see how best we could address these issues.

Speaker 4 (39:14):

Long term care nurses, most definitely, they're needed, their voices are needed, we just need to know where you are. So don't hesitate to, you know, connect yourself to these different organizations or conferences or meetings or just reach out to a researcher alone and just say, Hey, I know you're doing this work, can we have a conversation? People have reached out to me individually and say, oh, I heard you speaking in this space and you know, I'm experiencing all these issues here and I don't know what to do. So I think that's a great start. One thing that I would add, and just thinking about that question, I just appreciate how much more I would want to see nursing homes and people in nursing homes involved in research and policy because those are the folks who are needed in these spaces and who are needed to really lead this development of solutions to address these issues that are existing across long-term care or across aging. So them, the residents, the older adults. So really, while I'm giving recommendations on how long-term care nurses can be more involved and be a part, we ourselves have that responsibility to do a better job of connecting with long-term care nurses as well.

Speaker 2 (40:26):

Thank you both for helping us explore this topic of how we can use research to advance policy. I think both of you really provided some compelling examples of how you can engage both from academic standpoint and also nurses who are in long-term care, who are like heavily in practice as we know there we see more opportunities to connect to the mentor to be a part of research when we are in academia versus in long term care. But really teaching nursing home project, what a great example Ann where academics and practitioners come together to really work towards improving quality of care, all things long-term care. And Jasmine, what a great example for nurses, how they can get engaged in research. Really that's what I teach in my courses as well. Like as nurses, you need to get involved in these organizations, need to go to conferences to really stay up to date on what's happening. So really great recommendations and advice provided there. I know we covered a lot, but, as we are towards the end, is there anything that we missed today?

Speaker 3 (41:42):

What about the older adult? And I would say yes, they need to be part of your team. Out at Pittsburgh they have an organization, the sages, they're older adults who are in nursing homes, but actually give advice to researchers who wanna work in nursing homes. But regardless of your setting, whether it's community, assisted living, nursing home, acute care, when you're doing your research, it's always best to have an older adult who would be the recipient of whatever you're doing on an advisory board and helping you to co-design your study. It's that is acceptable, applicable, feasible, and can be implemented. I think that's important.

Speaker 4 (42:36):

I agree. Asking the question, who is not here, who is not represented that needs to be here? So doing that scan in the work that you're doing and what you are looking to understand, and I think that's a, an area that I just say we intentionally do it, but um, we leave out people that we're not talking to that we should be talking to. So that's one thing. And then just appreciating, outside of that question about how the older adult can engage with research and policy change. Actually, I'll go right back to that, not being afraid.

Speaker 4 (43:11):

I, I see sometimes when we are engaging, um, with the older adults or our nursing home staff, they, they're afraid to insert themselves. And, I would just want to say your voice is very much needed, so don't be afraid to be in these different spaces related to research and policy. I'll, I'll leave it at that. But then the other thing I wanted to just leave off with is just appreciating the value of different types of information. You know, so whether it be information gathering from the older adult themselves, there's a lot of information that I've started to gather from other media outlets such as Reddit, where I'm able to hear from CNAs, for example, and the experiences that they have in working in long-term care settings where I wouldn't be able to get that information in other ways. So just valuing the different places that we can learn more about the topics that we're interested in that we don't traditionally navigate. So that's one thing I'd leave off with.

Speaker 2 (44:16):

On behalf of the social research policy and practice and the health sciences section, thank you again both.

To our Listeners, I hope you are as inspired as I am. Lots of recommendations here, finding a mentor, doing the preliminary work, engaging with older adults themselves if you want to make a difference in their lives, encouraging our nurses to get involved in organizations, attending conferences. I am leaving this podcast fully inspired. This was a really informative and great session. And stay tuned for the next session where we will consider how policy influences research. Thank you.

Speaker 1 (44:57):

The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations and practice and policy. For more information about GSA, visit geron.org, GERO n.org.