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Consideration of Policy Influences on Research: Part 2 of 3

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Speaker 1 ([00:02](#)):

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

Speaker 2 ([00:06](#)):

Welcome to today's episode of the Gerontological Society of America's podcast series where we learn about aging from leading experts in the field. I'm Dr. Julie Gordon, assistant professor at the University of Oklahoma Health Sciences Center, college of Nursing, and I'll be your host. Today's podcast is a collaboration between social research, policy and practice, and the health sciences section of the Gerontological Society of America. This episode is part two of the two part podcast series in which we are exploring the interplay between research and policy and geriatrics and gerontology. As we all know, the dynamic interplay truly does affect aging research and practice, whether it's a researcher, a practitioner, policy maker, or older adult, understanding the context of each strengthens the reach of our work and eventually to help promote excellence in both. To discuss this policy practice standpoint, today, we are joined by two experts in the field.

Speaker 2 ([01:10](#)):

First, we have Dr. Alice Bonner and we have Dr. Robbins Stone. Dr. Alice Bonner has been a nurse practitioner for over 30 years. She is currently a senior advisor for aging at the Institute for Healthcare Improvement and Chair of the Moving Forward Nursing Home Quality Coalition. She is also adjunct faculty at the Johns Hopkins University School of Nursing. Dr. Bonner received an AB from Cornell University at BSM from Columbia University and a PhD from the University of Massachusetts Graduate School of Nursing from 2015 to 2019. Dr. Bonner served secretary of the Executive Office of Elder Affairs for the Commonwealth of Massachusetts. From 2011 to 2013, Dr. Bonna served as director of the division of nursing homes in the Centers for Medicare and Medicaid Services in Baltimore, Maryland. Her research interests include home and community-based programs, nursing home quality

and nursing workforce development. Dr. Robin Stone and senior vice president for research at leading age and co-director of the leading age LTFF Center at UMass Boston, a research center with offices in Washington DC and Boston, Massachusetts, A noted researcher and internationally recognized authority on aging services.

Speaker 2 (02:31):

Dr. Stone has been engaged in policy development, program evaluation, large scale demonstration projects, and other applied research activities for more than 40 years. She was a political appointee in the Clinton administration, serving in the US Department of Health and Human Services as Deputy Assistant Secretary for disability age, and long-term care policy. She also served as Assistant Secretary for aging. Dr. Stone's widely published work addresses long-term care policy and quality, chronic care for people with disabilities, the aging services workforce, affordable senior housing and family caregiving. In addition, she is a fellow of the Gerontological Society of America and the National Academy of Social Insurance and was elected to the National Academy of Medicine. In 2014, Dr. Stone received a master's degree in public policy from the University of Pittsburgh Graduate School of Public and International Affairs, and a doctor of public health degree from the University of California Berkeley.

Speaker 2 (03:34):

Her work bridges the worlds of research policy and practice to improve the care delivered to older adults, particularly lower income populations, and to ensure the best quality of life for these individuals and their families. Thank you both for joining us today for this podcast. We have a series of questions that we would like to ask you, and the first one is actually about your program of research and how long you've worked in the field. And both of you are quite well known, so I'm sure this won't surprise anyone to hear how many years and wonderful things that you've done in this sector. Uh, Dr. Bonner, what's your program of research and how long would you say you've worked in the field?

Speaker 3 (04:17):

Thank you so much. I'm delighted to be here today, and I'll start by saying I don't know that I would describe myself right now as having a program of research. I don't think of my work that way anymore. I have been in academia and have done some studies in public health when I was at the Department of Public Health here in Massachusetts. I have done some work studying different programs and processes in nursing homes, for example, and throughout other settings of care. But what I really am about primarily right now is what we're here to talk about today, which is to bring research by other people. And I know Robin's gonna talk about her research to the world of policymaking. And in my last couple of higher roles, I've had the opportunity to actually be someone who wrote regulations with a team or amended regulations with a team or proposed legislation related to research.

Speaker 3 (05:15):

And so for me, what I think is really important, and I I know we'll talk about some today, is how do you take the great research that researchers and academics do and how do you turn that into good policy? It's easy to write policy, it's hard to write good policy <laugh>. And if you don't have people who understand how to do the pieces related to the policy making process, very often the research just gets shelved and then nobody takes it that next step to actually implement it and make it a reality. So that's what I would say and I'll turn it over to my wonderful colleague and mentor, Robin Stone, who will say much more about her program of research

Speaker 4 (05:57):

Research. I think that is a beautiful segue, Alice, because my career is so interesting. So it's very, it's been very long now, it's amazing to me how long it's been. And I actually started out in the policy world. I was in the first class of the Presidential Management internship program in 1978. So I went into the Department of Health and Human Services, which was still, it was the tail end of when it was the health and edu education and welfare department and was committed to civil service and working. And I've always worked in a, on aging programs. I actually went in as a PMI working in a OA, which was the administration on aging. And so I had early, early experience with the policy process, but I went back to school after that internship and ended up at Berkeley getting my doctorate and working over at UCSF with a group of researchers who were doing a lot of applied work in the early work around long-term care policy.

Speaker 4 (07:01):

And so it was very clear to me that, and I've always had an interest in the policy and applied work. It wasn't for me interesting to just do basic research questions. Even in social science, I was very much interested in how do you actually address policy questions with research that is evidence-based and then translate it back to policymakers. So it's always this loop. And so I spent then when came back to Washington afterwards, worked in a federal agency that both supplied in research, but also actually did our own internal research. So I worked in the agency that is now HRQ <laugh>. And so for five years I actually had access to incredible databases and was one of the first people who actually did work on family caregiving. I analyzed the first study of informal caregiving that was done in national database that was, that was put together in 1982.

Speaker 4 (07:58):

And over the years, I've been able to follow that family caregiving from those early days until now. And so we could actually talk about what are, what have been the trends in family caregiving and show people that it really hasn't changed in all those years. If you look at 2024, if you look at the NHA survey now, you will see that the percentage of families caring for, and the amount of caregiving that goes on in this country is about 80 to 95% of all care is, is provided by family members. So th those data are really important for policymakers to understand. And I have been around long enough that I've seen these concepts ebb and flow. Um, I wrote the first print for these for the House Select Committee on Aging on exploding the myths of caregiving in America. So that was in the early nineties.

Speaker 4 (08:50):

And so you have to have the long view because you're never gonna see research that's going to immediately change policy. And so now for the past 25 years, I've actually been in a provider organization running an applied research group. And so here we're trying to look at evidence-based practice, see what works, and then bring it back into the policy process so you can see what incentives actually are gonna support good practice. So it is really an iterative, and I think the beauty of both Alice and I is that we've been on both sides of this, and you don't often have people that understand both. And that nexus is really critical because, you know, nobody wants to just see data points, they want the storytelling. So you have to combine both of them to actually influence policy. And similarly on the practice side, practice is gonna go on whether policy is affecting it or not <laugh>, but good policy can really affect good practice. And so how do we make that happen? And you know, that's, that's the goal I think of good applied researchers and, and our SRPP section at GSA is a really good example of that. We have fabulous applied researchers who are bringing that all that work together.

Speaker 3 ([10:11](#)):

And I, I'll just say that this is such a terrific synopsis and you know what Robin's talking about with, you know, thinking about practice and policy, there's an implementation science that's part of church, but not everybody understands how important that is. So, and I are working on a project together now, and it's an example where we've got these earlier studies that have done research on models of care in, in this case about nursing homes. But it doesn't always translate from sort of the laboratory or the, the research, you know, setting to then testing it out in real life, testing it out on a nursing home right now today where there's low staffing and low morale and high turnover, and also fantastic nursing homes with great practices and wonderful examples of good practices. And so that implementation science and figuring out how do you evaluate that piece of the work that turns out to be a really important part of research.

Speaker 3 ([11:11](#)):

But we don't always talk about it. You know, Robin and I talk about it and our, our colleagues. But I think when you talk about policymakers and you talk about people like us going to policymakers and all of that work that Robin's done over so many years, you know, ==you need to start by asking the question, do you know what a nursing home is? Or do you know what the regulations are related to staffing or whatever it is that you're studying?== Because you just ==need to start where that policy person is.== And if you look at congress or you look at a state legislature or state agency heads, you know, heads of federal agencies, it's all over the place. And some of them are quite knowledgeable and others have specialty areas where they know a lot and other areas where they really don't know much at all.

Speaker 3 ([11:59](#)):

So that's one of the big learnings for me has in my later years has been okay. It's, it's not me going in and saying, you know, I'm here to tell you all this great stuff like that. That's not gonna help. What's gonna help is to say, you know, ==ask them first, what do you know about X, Y, or Z? And then starting there and building on what is important to that person, because that's the policy piece of this.== What committees are they on? What allies do they have that they're working with on legislation? Because unless you know those things, you could spend a lot of time talking to the wrong people who don't have any authority and don't have any knowledge about what you're trying to move forward. So back to you

Speaker 2 ([12:39](#)):

<laugh>. Thank you. As I said, we had a list of questions, so I'm gonna sneak in a quick one here. How often does research drive policy versus policy driving research?

Speaker 4 ([12:54](#)):

Well, I can start again. I have two examples. Try to do this quickly. So I have an example of where research has driven policy and another where policy has a actually driven research and it's one side of the coin or the other. So you know, it's not quite black and white. But for example, when I was in the federal government and in the assistant secretary for planning and evaluation office, we were very interested in the home and community based waiver programs and how we could make them more efficient and also spread the dollars and address consumer needs and demands. And remember this is, this program serves older adults and younger people with disabilities. So there was increasing hue and cry from many people in the consumer area that said, we want more autonomy and choice. We wanna be able to make our own decisions around how we use these dollars and how we work with the staff and all of those kinds of things.

Speaker 4 (14:00):

So we actually designed a very large program with states together with states. We designed a program around what was called ==cash and counseling==, which was really to actually think about how we could provide cash benefits from the waiver program to older adults and younger people with disabilities and built in a counseling and fiscal intermediary infrastructure. So it re this really came from policy. We did a bidding process. We ended up with three states. We worked with Arkansas, New Jersey, and one other state, which escapes me right now. But we work very closely with those states to actually design the demonstration and then to have an, an evaluation that was ==paid for by the feds to actually do the evaluation.== And we set up a whole technical assistance center, which went on for many years. So this was a huge example of policy being driven by consumer demand, creating the research infrastructure and the demonstration infrastructure and the TA infrastructure to actually help make this happen.

Speaker 4 (15:18):

And that goes to implementation, which is, it's not just the research, it's also about how do you implement. And that really was the impetus because we had some very, very good findings out of, out of cash and counseling that actually provide, provided a platform for hundreds of researchers over the years. That's the other thing that that kind of a process can do, which is it sets you up, you have databases, you have research questions, you have, um, applied sites to work with through that kind of a process. So that's one example. But on the other side, in my years working at leading age, about a third of our members are affordable housing providers. So they serve very low income older adults and they're seeing their older adult residents age in place and they're wanting to help them stay in their apartments forever because they don't have much choices.

Speaker 4 (16:10):

They'll never be able to afford to go into assisted living and their only option would be a Medicaid funded nursing home. And that's not a choice that most people want to make. So our ==members came to us and asked us, how do we know if we start providing more services in independent living, is that going to make a difference in helping people to stay in place? So from that we worked with HHS and HUD Housing and Urban Development to actually bring together a series of research projects that started with some qualitative work. Then we had design work and we ended up with a a $15 million randomized trial. And so it comes from both sides==, <laugh>, it can come from the policy world, it can come from the practice and research world. And, but both of those are very, very difficult. And as Alice will probably tell you, and I think she's so right, it all depends on ==are you working with the right people? Is your timing right in terms of changing policy?== You know, if you're in the middle of a depression or you're in the middle of a budget crisis, it's gonna be really hard to to change policy at that point. So all these things have to come together at the same time to make that work.

Speaker 3 (17:23):

Right. And I such great examples and it, I would agree totally. And, and Robin in particular highlighted bringing together HUD and another federal agency. And that's, that's not a small thing. Like that's a real issue that we have right now, which is ==federal and state governments are siloed.== And so I've worked in the Department of Health, you've heard about all the federal agencies Robins worked with, I worked at CMMS, I worked in elder affairs here in Massachusetts and in all of those jobs that I had in state or federal government, I almost never talked to people outside of the division that I was leading. And, and you know, getting involved with another division that might be doing very similar or almost the same work or very well, you know, work that could be beautifully integrated together, it just

doesn't happen very often. And so this is something Robin and I hear over and over on the phone calls that we're on with lots of our colleagues.

Speaker 3 (18:19):

How can we get around that in some states there are now, uh, we just spoke to the Secretary of Asian in Maryland recently and she was giving an example of how the governor in Maryland has actually required a lot of these state agency leaders to work together. But you know, it had to come from the governor that he said, you guys have to get outta your silos and come together and work on these things collaboratively. And again, Robin's example of how that led to really good results is important with the Moving Forward Coalition. Our focus is nursing homes. And so you might not think about HUD housing and Urban Development, right? But it turns out there's this really cool program within HUD called the 2 32 program. And within that program, there's a very small piece of it, very small, but it has to do with an opportunity to incentivize nursing homes to get these through these, these loans in this program to get funding to actually convert to a more home-like, or a, a model that's more like a home, a household model.

Speaker 3 (19:25):

And that turns out to be a really big deal for nursing homes that were designed, you know, decades ago and are not at all conducive to optimal resident quality of life. So that's an example where if we didn't have a director who was really on top of things and found out about this program and continued to pursue it with hud, we've had conversations with people very high up in hud. Good conversations hasn't really moved beyond that yet, but I'm just bringing you back as that example of collaboration across agencies and across, you know, state and federal government. These kinds of things are, are really, really important. Another example with nursing homes of state and federal is with ownership, data transparency and accountability. Big topic right now, you see it all the time in the media and so people don't always know who owns a nursing home.

Speaker 3 (20:14):

We don't always have information that you can easily track because it's a very complicated system. And so the federal government now has a final rule and CMS is looking to improve their data and how they report the data about who owns nursing homes. And separately, individual states are also doing some of that with their own cost reports at the state level. So again, if we're thinking systems here, and again, all the work Robin's done over these years and, and I've done some as well, just, you know, being able to think about how a federal government and a state system can come together and not duplicate and not have big gaps. Turns out that's a really big question. But I think these examples of policy and research and sort of the, the interactions back and forth, I think we have many more of them. Dr. Ken Var is a geriatrician at Mount Sinai for a long time.

Speaker 3 (21:06):

Did a lot of work on certified nursing assistants, CNAs we call them in nursing homes and how CNAs can identify a change in condition or a, a new, uh, issue with a resident up to five days before anybody else on the team, before the nurses, before the doctors. So as you probably know, CMS recently, within the last few months came out with a final rule on minimum nursing home staffing. And part of that had to do with, with CNAs and part of it had to do with registered nurses 24 hours and things like that. But again, Dr. VARs work has gone back, I think 20 years at least some of these publications and now the policy is just starting to, to really change. So I don't know, Robin may wanna comment on that as well, but it's just sort of an example of how the policy and research world is goes like that.

Speaker 4 (21:53):

Yeah, I mean it can take, it can take a very long time and you have to be extremely patient. The other is, is that you're, you're better off when you have people in the policy world that understand research or have been researchers. Similarly, you're better off where you have researchers who actually understand policy and that's either you need that in your own person or you need that as part of a really strong team because that's really how this works. You're, you're going to have your best opportunity for that kind of effect if you have everybody understanding the importance of all of this and also how hard it is to actually make it happen in the real world and then working together to actually make that happen. We have some great policy people that we've worked with over the years that really understand this and also understand that you need to know the difference between what a good, what an outcome is, how you actually get to that outcome and what you ought to be supporting in order to get you to that outcome.

Speaker 2 (22:58):

Agreed, agreed. It's interesting what I've heard you say is that policy and research, it's cyclical. It is not the old cartoon of how a bill becomes a law walking up every step right in order's linear. It is not linear at all. And the people you're engaging, your stakeholders, your policy makers. I've also heard both of you say that you want them to be informed, you want them to understand research, you want them to understand policy and you need that interdisciplinary team. And I could not have said it better than either of you did. So that leads me to a follow up question, which is what is it like to engage the stakeholders in policy making and what does that process actually look like?

Speaker 3 (23:48):

I can start talk about the work we've done with moving forward on asking residents about their goals and their preferences and priorities, but basically asking someone when they come to a nursing home for the first time and they're gonna be living there for a while, what goals do they have? And it turns out we don't, you know, we don't really ask that question in a lot of nursing homes. So again, stakeholder engagement has been something we've been promoting from the very beginning of the coalition. Like we always say, our job is to amplify the voice of people living in nursing homes and of direct care staff working in nursing homes. 'cause those groups are two incredibly important stakeholder groups. As we did the work on developing a guide and a process for asking residents about their goals, we involved nursing home residents and we have a colleague, Robin and I have a colleague, Dr. Barbara Bowers, who's a professor emerita from University of Wisconsin.

Speaker 3 (24:45):

And Barbara has this enormous network, she's a well-known researcher and she helped us to come to bring together nursing home residents from all over the country. So she got up to 90 nursing home residents to get involved in coalition work. And a subset of that group meets as a little focus group regularly on their own on, you know, they, they do it on their own. They have zoom meetings and we brought the draft guide to those folks and said, tell us what you think, what are we, what are we missing here? What are we, what's too complicated in the language? And they gave us feedback and we took their feedback and revised what we had done 'cause it, it wasn't good enough and they helped us make it better. So that's an one example of engaging stakeholders and people often think about stakeholders again as the people out in the community. The daughter-in-Law, the nephew, no that's not <laugh>, that's not the only, you know, group of stakeholders. It's really about the people whose lives we're talking about here. It's about the residents themselves, it's about the people. Robin

was talking about older people living in the community care partners, very important group. So that's what I would say. But Robin, what would you say about

Speaker 4 ([25:55](#)):

That? Well, no, I think that's a really good point and I, I do, I think those stakeholders are really critical and I'm, and then I think about how do you deal with the policy stakeholders as well. And I think two things come to mind. One is to, you have to identify, as Alice was saying, almost none of these good policies, especially in the world that we work in, where there's multi multiple agencies could be at the same state level, could be state and federal level. You have to find the folks who are number one really knowledgeable about these particular issues that you're working on. Whether you're trying to change policy in a nursing home or whether you wanna have an effect on how home and community-based services are being administered or how training is being done for home care workers, for example. Or in the case of affordable housing and linking them with services.

Speaker 4 ([26:48](#)):

You have to bring HUD on the housing side with HHS and then state Medicaid people together on the uh, services side. So identifying those people, I mean part of what we always do in our work is that we make sure that we at least have a qualitative piece that interviews these policy people so that we're, again, we're creating loops that share evidence that we're building. And sometimes it may be bringing the voices of frontline people together, whether it's a consumer or a resident or whether it's a frontline staff person bringing them together to talk with these policy folks so they actually really understand what this means on the ground. But you, you have to engage the policy folks in order to actually get them then to give their point of view. And then you have to just bring it all together. I was struck a few years ago, I was uh, this was around a med, some Medicaid issues.

Speaker 4 ([27:45](#)):

I was, I talked to the budget committees for the National State Legislature Association in the West. So they had their own association. So there must have been a hundred folks from state legislatures. These were the budget people. They had no idea what Medicaid pays for. And so they're making the decisions about how the budgets are gonna be used, but they have no idea what those dollars are actually being used for. And in this case we were trying to argue that we want more Medicaid dollars going to frontline staff because our, all of these organizations is mostly labor and our research has shown that we have data to show it. So then this was an educational process for the legislature because they had no idea. They don't, I mean just as you in the executive branch and the legislative side, these committees are not talking to each other.

Speaker 4 ([28:42](#)):

So it's in some ways it's the researcher's responsibility if you're actually trying to influence policy to identify the right people and to start bringing them together. We've been doing that with moving forward and with other activities around bringing more of the Department of Labor into discussions, not just at the federal level but at the state level because they control a lot of the training dollars. So if Medicaid offices aren't talking to DOL or their departments of labor, then they are not bringing those dollars together to actually influence the good training that we are showing them with evidence <laugh>. So that's the kind of thing that you have to be doing. And as I said, in order to do that you need researchers who actually understand the policy process. They have to have parts of their team that knows how to make that happen if you're actually gonna translate that kind of evidence into real policy change.

Speaker 4 (29:38):

And the other thing is they have to know the language. We had a big project called Better Jobs Better Care for a number of years that was funded by Atlantic Philanthropies and the Robert Wood Johnson Foundation. And as part of that grant, they paid for the education of researchers <laugh> on how you actually translate research into policy. We actually had webinars on it. We had, um, communications people who actually trained researchers on how to actually talk to a policymaker so that when you go to do testimony like Jasmine did on the hill, they know how to talk to them. So they're not talking research gobbledygook that nobody understands. So that's the kind of real world stuff that needs to happen if you're gonna do this kind of translation.

Speaker 2 (30:24):

Thank you for that answer because it's more comprehensive. You mentioned forming the community engagement for your research and those different stakeholders, but then facilitating this interplay and reeducation of a policy maker and all those community members and making them play together. But then you step back just a little bit to say it is upon that researcher to know all of the players, how to bring them together. We're talking a huge skill set here because then to speak in a public audience with the correct register so that your messaging is effective and you're not sounding like a whole bunch of Latins splashed across the page.

Speaker 4 (31:06):

Exactly. If they, if you put up equations on your screen and you have a slide deck that has 80 million numbers on it, that is going nowhere and, and

Speaker 3 (31:16):

Right, and I was gonna say totally agree with Robin and you know, people are afraid of talking to their congressman or woman or their senator. There's like this magical thinking that, oh, I could never do that. I'd be so nervous and all that. You're just sitting in an office across from probably a staff person to start. You're gonna talk to the policy staffer and if that policy staffer is impressed with what you have to say and you resonate and you convey your points, well then they're gonna get, take it back to the senator and then maybe you'll get a, a meeting. But people really, we don't want people who have stories to tell, as Robin said, to be afraid of going to their state legislators of going to their state leaders. So go to the chief medical officer for Medicaid, you know, that's, that's not a magical person.

Speaker 3 (32:03):

It's somebody who has a job and they've got training and they can help if you get them to understand what we're trying to do. So I do think all of these things are really important. I'll just, I'll, I'll use one more example from my experience related to this, which is in order to get people to care enough about policy to Robin's point, you've gotta show them data that that matters. And when I was at CMS back in 2011, there was a lot of data that was coming forward and that was being brought forward by advocates about the unnecessary and excessive use of antipsychotic medications in nursing home residents. And we're talking about people who did not have a clinical indication were inappropriately over-prescribed and the numbers were just really staggering, like 40, 50% in a lot of nursing homes. So it was the advocates bringing this information to CMS and at the time Don Berwick was the administrator and he's the one who said, well let's do something about the, these high rates of antipsychotic use in nursing homes.

Speaker 3 (33:06):

And that's what started the CMS National Partnership to improve dementia care and nursing homes. And it wasn't until after that that policy changed to reflect newer regulations that required nursing homes to document a lot better about the prescribing, about the rationale, um, about trying non-pharmacologic interventions and and so forth. So the research long time, many years in between, but ultimately did drive some changes in policy. And those changes are still being reviewed because with the pandemic, the use of antipsychotics went up again after it had come down. So again, just another example of the inter that interplay between research and policy back and forth, again, not linear kind of more like a sine wave or whatever. So another example.

Speaker 2 (33:57):

Thank you. That leads us into our next question. And you've hinted around this already, but what would your advice be for someone else who wants to make a difference in policy with their research? Whether they're professional, an emerging scholar, a policy maker already in the system, if they wanna make a difference in the lives of older adults, what would your advice be?

Speaker 4 (34:24):

Well again, I think the applied research world is a somewhat rare breed, but they're growing all the time. If you just look at the SSRP section of GSA and you look at the behavioral sciences section even of GSA, which is where a lot of the nursing applied research nursing work is, that group comes together. I mean, one of the things that I would advise is how is identifying networks like that where you can start to actually talk with other folks who have been doing that kind of work because they can provide some of the direction for how you start to get engaged. And some of these fellowships that actually have allowed people to go and take a year to go into either the federal level or to go into some state organization. I'm working now Emily France for example, who works at the va. She does a lot of work on family caregiving and also paid care.

Speaker 4 (35:24):

And she was, you know, working up on Capitol Hill now and has gets that experience, goes back into the research environment and then has a better sense of how those things work together. So I think part of it is looking for opportunities that are gonna give you more exposure and more networking opportunities. I think we need men more mentors that, that actually focus on this kind of activity. NIA is going, national Institute on Aging is focusing a lot more on applied work. I mean they are investing in pragmatic trials, which I would argue could still use a little bit more real world, um, methodology in them. But they, they certainly have moved in the direction of recognizing that, especially in the social sciences. We're not counting angels on the head of a pin, but we're actually doing work that could change the lives of older adults and how do we get that work into both the policy world and the practice world.

Speaker 4 (36:24):

And so they've come a long way. And so I think there's more opportunities now than there used to be. Another thing that I would suggest is actually having people in academia work together with researchers who are not, who are in more applied settings. That's exactly what we've done at UMass Boston. I mean, our team works with researchers who are in the Gerontology Institute at UMass Boston. And so we work together, we actually give them opportunities to go into applied settings, but we also, because it's a state organization, we have connections to state policy through UMass Boston. So it goes both ways. And I think that that's part of the advice that I would give new researchers who are really interested in sort of bridging these worlds. They, they're gonna have to do a lot of work on

their own because it doesn't, you're not gonna get like a recipe for this, but I do think we have a lot of opportunities and GSA and not just promoting GSA, but GSA has a really great group of applied researchers who have strong policy backgrounds as well as good research skills and, and that's a place to start.

Speaker 3 (37:32):

And, and I would echo that, you know, again, if we're talking about collaboration and building structures that can really work. Taking what Robin was just saying about GSA, what about other groups that do not have the same level of applied scientists? Yeah, so we work, we do a lot of work with the American Medical Directors Association, right? And they have a lot of super dedicated passionate doctors who are medical directors at nursing homes. Not a lot of researchers, some, some very good ones, but some many applied researchers. And so they could work with LTSS Center and and UMass and with Robin and that would bring together and kind of bridge that gap. And I would say the same thing for gerontological Advanced Practice Nurses Association for the, uh, association of directors of nurses and others. But you know, the other thing is, again, if I'm going back to how do we get people to be thinking about these things, we had a, what we call a coalition conversation, which we do once a month.

Speaker 3 (38:33):

We get a bunch of people on a phone call and we have a guest speaker and we had five guest speakers and the topic was about people who are junior in their career or just starting out in their career and what would make these people think about careers in aging and applied research or policy careers in aging. And the stories, these were all people in their twenties and early thirties and the stories that they told about how they got involved in aging or nursing home work were just fascinating. Like people were on the edge of their seats <laugh> during this conversation. And so sometimes we forget to start really early and, and I'm talking about, let's keep going back. So, okay, what about when you're in college? Okay, what about when you're in high school? Okay, what about when you're in middle school? Is that too young?

Speaker 3 (39:19):

No, it's not too young because some of these kids never go to a nursing home. They don't know what a nursing home is. They don't have grandparents at home. And so starting really early in the school system, what is the superintendent of schools know about aging programs and services? What do they know about getting students involved? And again, once you're in high school and you're working age and all of those things, there's even more opportunities to get some exposure and some experience. So I would just say moving forward, like a number of other organizations, I think GSA probably has this too. You know, we are really gonna focus this group of young professionals on, they're gonna take off with this and they're gonna set up some programs in New York and other places to really engage people early in talking about these careers because it's literally, it's just a big black hole where nobody talks about it. And then we wonder why people aren't going <laugh> into this field. So again, just one of many opportunities.

Speaker 2 (40:16):

I agree that pipeline of education is critical. Yes, we talk about that in nursing quite a bit, but we never say the words. And what about for the older adult? Where are we going to recruit those individuals from? We know the pipeline works. So, very good point. And this has been a wonderful discussion. I thank you both for joining us and I'd like to offer you one more opportunity to share some of your

work or ideas or perhaps EA directive for those who are listening to this conversation. Do you have any final thoughts that you'd like to share with our listeners?

Speaker 4 (40:50):

As a GSA member? Been a member for many, many years and I've seen the growth in the applied research side and the attention to even the attention of GSA to move to taking more of the research that comes out of the members of GSA and getting that to the policy world through public hearings and meetings with staff and webinars and sharing in many different ways through social media and all of that. I mean, I think that it's the greatest opportunity for folks who wanna make a difference, but are also really interested in the research questions and being more precise and robust around that. To start to think about how you pull that together and how you actually, where you need to go, seek out the mentors, try to begin to build your career around that and think about the opportunities that are there for this type of work.

Speaker 4 (41:53):

The other thing that I would love to see, quite honestly a directive for the universities and the colleges is that in those programs have more work that is done around the translation piece. If we wanna have good applied researchers, they also need to understand what does it then mean for us to take our science and to bring it to the real world, whether it's the policy world or whether it's the practice world. 'cause they're both two, two ends of the same spectrum, right? You've got the policy people and you've got the people on the ground that are actually doing this. And then you've got the research in the middle. I mean, that's our vision for our LTSS center as a bridge. But you've gotta have that image and you have to have skill sets. So what's the role of the university? What's the role of the college in actually helping to build the skillset and the knowledge of these applied researchers? That would be another directive that I would probably wanna try to put out there.

Speaker 3 (42:52):

Well, I'll just say everything Robin just said. So twice <laugh>. And I'll add to that, that if you're looking at a research question, because that's really where your heart is, that's awesome. But maybe you're someone who really cares about something on the policy side. And what you really wanna do is you wanna advocate, you wanna get in front of Congress, you wanna get in front of that state legislature. And my advice is go really deep on just one thing. Don't try. It makes me a little crazy right now. I did a lot of work on our Massachusetts state plan on aging, these multi-sector plans on aging and longevity that are happening in most states now. And they're huge and yet they leave big gaps like nursing homes are sometimes not even barely mentioned in these plans. So they're not the complete solution. And part of the challenge is they're so comprehensive that you can only do a little bit on lots of different things, then nothing really gets advanced in a meaningful way. So I got this advice when I went to CMS and I took the advice and that's why I just focused narrowly on on one or two things and it was still really hard 'cause they were big things. But go deep on just one thing you really care about and tie in that policy piece to all those things Robin was talking about. Tie it to the applied science piece and that's how you're gonna really learn what you need to know to, you know, to have a meaningful impact with the work that you're gonna do.

Speaker 4 (44:18):

I think that's such a great point. I mean, I mean, I know we're, we're closing here, but I do wanna underscore Alice's point about focus and we tend to have that, we try to do that too at leading age at our center because we can't do everything and we can't do everything well. So we have to identify

areas that we think we can make a difference in and maybe where there's gaps. That's the other thing is that, you know, take a look at where there are some really important gaps right now in our knowledge base and go deep with that and stick with it. You know, in my career I've only done three or four different issues really. I mean it's broad, but in many ways it's been very deep too. And because you, you cannot look at all of these issues and do things well if you're just skirting the surface. I mean, you'll never get anything changed that way. So developing a almost like a plan of, of how you think you're going, your research portfolio is going to look in terms of how you can then use it to actually influence and make some real change.

Speaker 2 ([45:22](#)):

Thank you so much. The both of you have definitely help me understand a little better the interplay between research and policy and those stakeholders. Very important that we do mention those feet on the ground that are affected both by the research and the policy on behalf of the Gerontological Society of American podcast theories, the

Speaker 5 ([45:48](#)):

Two sections that have come together, social research policy in practice, in the health science in sections. We thank you and we look forward to seeing your work come to life in policy and in action.

Speaker 1 ([46:06](#)):

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