



# Sigma Theta Tau International Honor Society of Nursing®

550 West North Street  
Indianapolis, Indiana 46202 USA  
stti@stti.iupui.edu  
www.nursingsociety.org

Phone +1.317.634.8171  
Fax +1.317.634.8188  
U.S./Canada 888.634.7575

Fellows of the Geriatric Nursing Leadership Academy  
C/O Mary Rita Hurley, MPA, RN  
Ageing Initiatives Director  
Sigma Theta Tau International

14 July 2009

President Barack Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Mr. President,

The care of our elders is of great concern to the nursing community. Over 80% of older adults have at least one chronic health condition (Center for Disease Control, 2003). The fastest growing segment of this population is 85 years and older – a population at the greatest risk for developing multiple chronic conditions; resulting in significant health care expenditures (1.7 trillion per year) (Lancet, 2009). Seventy-six percent of this cost is spent on those Medicare beneficiaries with more than five chronic conditions (Lancet, 2009). As you know, our current health care system is challenged with the task of developing new models of care for preventing and treating chronic health conditions. In this tenuous economic climate, we can no longer afford to provide care in the same mode. The Fellows of the Geriatric Nursing Leadership Academy (GNLA) would like to offer our assistance and expertise to develop, disseminate, and lead in the cause to improve care delivery for our older adults.

The GNLA Fellows are a group of 16 nurses participating in a mentor/mentee development program sponsored by Sigma Theta Tau International Honor Society of Nursing. This initiative is funded by the John A. Hartford Foundation with additional support from the Northwest Health Foundation. We represent 15 states from Maine to Alaska. Each fellow is leading a project team and developing evidence based interventions to improve care in our own institutions and communities. “Through the multi-facilitated activities the fellows gain skills, knowledge, and experience which will result in significant outcomes for their sponsoring institutions, their communities, and the older adult population of the United States” (Cleeter, 2008).

Mr. President, we are a voice for older adults to remind our country of their uniqueness in a time where the needs of elders may be lost to budgetary cuts. As a group, we are in support of your agenda to reform health care and we acknowledge this effort will be an audacious task. We appreciate the investment you have made in the research community such as the allocation of \$1.1 billion in funding for research comparing the effectiveness of various medical treatments (Arnold & Porter, 2009). By joining with you in this endeavor, we, as gerontological nurses, bring a perspective about older adults focused on providing models of care that work to provide quality outcomes and cost savings. For example, one of our participants, Lynn Eters, MSN, GNP-BC, Michigan, has developed and is implementing a project specific to “Homeostenosis.” “Homeostenosis” focuses on vulnerable hospitalized elders who are susceptible to poor outcomes. This intervention will help to minimize those vulnerabilities, such as falls and functional decline, to improve outcomes and decrease cost.

Another imperative is the treatment of older adults in extended (long-term) care facilities. A member of our leadership faculty, Meridean Maas PhD, RN, tells the story of her daughter-in-law’s mother who had dementia and became paranoid with volatile aggressive behaviors. The husband could no longer care for her at home and needed to find a long-term care facility. Unfortunately, because the nursing home staff was ill equipped to handle her behavioral problems, she had to be hospitalized in a psychiatric unit. After multiple transfers to and from the hospital she died in the nursing home. The tragedy of this story is that a nursing home with dementia trained staff led by a geriatric-focused Registered Nurse could have provided peace and comfort in her last days.



Dr. Maas and her research team have developed a Registered Nurse led model of care that has demonstrated very good outcomes such as maintaining continence, minimization of disruptive behaviors, minimal wandering, no elopement, and maintenance of functional and social abilities. New models of care not only decrease costs but most importantly improve the quality of life for our elders.

Attached is a 5 page summary of our innovative models of care and programs designed and led by nurses, to meet the need of older adults in a variety of settings: acute care, long term care, ambulatory care, community based care, preventative health, and disease self-management. The GNLA Fellows are entrepreneurs within our own organizations and health systems.

We believe, like you do, that we can change the course of health care for our elders. We would like to help this happen through participation on committees, special meetings, and interest groups within your administration. We would like to meet with you to further discuss our insights and recommendations. In closing, we believe that we, and our country, “would all be worse without a nurse.” Nurses must be at the table as we re-create the health care system of the future.

Sincerely,

The Fellows of the Geriatric Nursing Leadership Academy

Linda Bifano RN, MN, MPA - Oregon  
Kimberly Bergen-Jackson MSN RN - Iowa  
Shirley A. Conway RN, MSN, MBA, RN-BC, LNHA– Massachusetts  
Amy E. Cotton RN, MSN, FNP-BC, FNGNA – Maine  
Linda Sue Davis RN, MSN, APRN,B - Virginia  
Gena Edmiston RN, BSN – Alaska  
Lynn Eters RN, MSN, GNP-BC – Michigan  
Susan J. Gordon RN, ACNP – BC – Massachusetts  
Linda Hassler RN, MS, GCNS-BC – New Jersey  
Katie Hostvedt PhD, RN- Pennsylvania  
Cynthia Johnson RN, MS, NP – California  
Cynthia McDaniel RN, MSN – Oregon  
Jeanne St. Pierre RN, MN, GCNS-BC – Indiana  
Lynn Szender RN BSN – Oregon  
Cecelia Vinson RN, MSN – Arkansas  
Kathy Wright RN, MSN, GCNS-BC, PMHCNS – BC – Ohio

#### References

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (Atlanta, GA 2003). *Healthy aging: Preventing disease and improving quality of life among older americans*. Retrieved April 4, 2009 from <http://www.subnet.nga.org/ci/assets/HealthyAging.pdf>

Congress approves US\$1.1 billion for comparative effectiveness research. Arnold & Porter LLP.( 2009, February). *Arnold & Porter*, Pub. L. No. 111-5.

Tackling the burden of chronic diseases in the USA. (2009, January 17). *The Lancet*, p.185.

Enclosure (1)

CC: Senate and House Representatives for Geriatric Nursing Leadership Academy Fellows.