Optimal Aging: The Foundation for Proactive Geriatric Interprofessional Teams!
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- The capacity to function across many domains – physical, functional, cognitive, emotional, social & spiritual – to one’s individual satisfaction & in spite of one’s medical conditions (Brummel-Smith, 2007a, p. 26)
  - Adaptation
  - Plasticity
  - Takes into account an ecological model for health promotion that recognizes the importance of individual, social & environmental factors

- Resiliency
  - Ability of older adults to successfully adapt & develop positive well-being in the face of chronic stress & adversity
  - Greatly influenced by protective & supportive elements in the wider social environment
    - Social support
    - Networking
  - Process
    - Risk & Buffer

- Behaviors can be modified to optimize performance
- When capacity is lost or reduced, the older adult can compensate by choosing different methods of accomplishing the task, or altogether different activities
- Biopsychosocial viewpoint
  - Need to add spiritual!
The US Centenarian Club is made up of ~ 80% women (2010 Census).

2010 Data:
- 53,364 Americans > 100 years old
  - California, New York, Florida
- State > # of residents older than 100
  - North Dakota 3.29%
  - South Dakota 2.95%


Factors that Contribute to Healthy Optimal Aging

Function
- Disease
- Social environment & support system
- Physical environment
- Genetic endowment
- Individual responses – behavior & perspective
- Healthcare system (Evans, Barer, & Marmor, 1994)

Determinants of Health

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Biologic Factors
- Exercise
- Nutrition
- Sleep
- Avoidance of disease-causing agents
- Practicing preventive medicine (health promotion)
- Cognitive stimulation
- Early treatment of diseases & conditions
- Avoidance of iatrogenic complications (Bromer, 2007, p. 12)

Genetic Endowment or the individual unique personal characteristics & behaviors –
- Risk for health outcomes
- Diseases (diabetes, cardiovascular)
- Gender
- Individual responses
  - Behavior & biology
    - Health care (adherence, beliefs)
    - Personal habits (predisposition)
    - Choices (nutrition, exercise, smoking, alcohol, drugs, driving, sexual practices, sleep, hobbies)
Physical/Functional Health
- Muscle function
- Tone
- Strength; balance
- Flexibility
- Prevent muscle loss
- Cardiovascular health
- Positive mood
- Cognition
- Prevents falls
- Improved brain function

Associated with longevity, well-being, overall health & engagement with life

Nutrition
- Fruits
- Vegetables
- Unsaturated fats
- Refined-grain carbohydrates
- Chicken, fish
- Fiber (nuts, beans)
- Fluids
- Adequate vitamins B6, B12, D, K, folic acid; antioxidant vitamins A, C, E, beta carotene; & minerals selenium, calcium, iron

Contributes to physical, cognitive, social functioning; overall health & engagement

Promotion of Optimal Nutrition
- Replace saturated & trans fats with unsaturated fats
- Substitute whole-grain carbohydrates for refined-grain carbohydrates
- Substitute nuts, beans, chicken & fish for red meats
- 9 servings per day of fruits & vegetables
- Alcohol in moderation
- Daily multivitamin

Rainbow Diet

Optimal Cognitive Health
- Multivitamin
- Engage in mentally stimulating activities
- Remain socially engaged
- Exercise regularly
- Develop methods to detect & reduce stress (Relaxation, yoga, meditation)
- Get adequate sleep
Psychological & Social Factors
- Attitude
- Viewpoint
- Resilience
- Stress management
- Happiness
- Acceptance of others & self
- Less judgmental approach to life
- Greater sense of self through life experience
- Vibrant social life

Social & Economic Environment
- Family structure
- Educational system
- Social networks
  - Support
  - Belonging
  - Culture, traditions, values, beliefs
- Social class or standing
- Work setting
- Level of prosperity or income

Social Support
- Strong social networks
  - Individuals
  - Communities (caregiver support groups)
- Satisfying social contact/engagement patterns
  - Sexuality
  - Religion/faith
  - Spirituality
- Avoidance of social isolation
- Use information resources in solving problems

Societal Approaches
- Health education
- Chronic disease self management training
- Access to information
- Community services
- Environmental design
- Health policies
- Insurance (Affordable Care Act, 2010)
**Physical Environment**
- Safe water (microbes)
- Clean air (toxins, pollutants)
- Safe & appropriate housing
- Environmental design
  - Sidewalks/trails
  - Promote community connections
  - Building design
  - Rest areas
  - Garages in back

**A Strength-Based Approach**

- Safe neighborhoods & communities
  - Urban-rural differences
  - Roads/Street Construction
    - Turns
    - Lighting
    - Sidewalks
    - Building style
    - Set-back
  - Transportation
- Employment
  - Healthy workplaces (noise, personal control)

- Emphasizes self determination & personal inherent strengths where the individual takes control of their own life in a meaningful way
  - Capacities
  - Skills, knowledge, talents
  - Competencies
  - Possibilities/potential
  - Visions
  - Values
  - Hopes
  - Goals

- Strives to lead with the positive
- Values:
  - Trust
  - Respect
  - Intentionality
- Client led
- Focus on future outcomes & strengths that an individual brings to a problem or crisis
- Use strengths to assist in recovery & empowerment
  - Does not mean ignoring challenges

- Focus on workable relationships
- Empower individuals
- Collaboration
- Mutually agreed upon goals
- Draw on the personal resources of motivation & hope
- Create sustainable change through learning & experiential growth (Hammond, 2010)
- Directs the way in which we work & is the basis for all actions & interactions
There is a shortfall of geriatricians!
- 2012 = 7356 certified geriatricians
- 2030 = will need 30,000 geriatricians to care for ~ 21 million older Americans
- That means we will have to train 1200 physicians every year over the next 20 years to meet the targeted need of 1 geriatrician: patient panel of 700 older adults


Complex health issues
- Mind/body/spirit connection (dimensions)
- Care coordination
- Holistic approach to address overall needs
- Comprehensive care plan
  - Environment
  - Finances
  - Support systems
  - Community resources
- Many disciplines

Improved:
- Continuity of care
- Quality of care
- Health outcomes
- Lower healthcare costs
- Effective collaboration & communication
- Respect for role of disciplines within geriatrics


**Resilience**
- Improved compliance & retention
- Improved social networks
- Enhanced well being
- Hope
- Optimism
- Set realistic goals & expectations
- Productive coping strategies
- View barriers as challenges
- Awareness of areas for improvement

**Sense of competence**
- Effective interpersonal skills
- Ability to ask for assistance
- Understand personal limits
  - Safety awareness
- Hospitality
- **Hope**
- Life satisfaction
- Maximum function
- Improved QOL
- **Happily & optimally aging!**