

GRECC | SPRING 2024

# FORUM ON AGING



## IN THIS ISSUE

Director's Message 1

Feature Article 2

Age-Friendly  
Initiative Update 3

Research 4

Education 6

Clinical Innovation 10

Keeping Current 14

Staff News 15

Future Submissions 17

## GRECC Director's Message



Welcome to the Spring edition of GRECC Forum of Aging. I am delighted to share news and updates regarding the many ways in which our GRECCs help drive the care of older Veterans forward through our 3-part mission of innovation, education, and research in aging.

Our feature article showcases the impressive efforts of Drs. Sandra Citty and Carmen Fernandez and their colleagues at the [Gainesville GRECC](#) to repurpose existing resources, in this case a 26-foot RV, to better serve Veterans in their large regional service area. Their VET-WISE Mobile Health Initiative has successfully brought needed VA resources directly to rural Veterans, and by doing so they have provided a strong example of how creativity and cooperation can broaden the reach of our VA health system, even in times of fiscal challenges.

Meeting Veterans where they are is also a key theme of our [“Age-Friendly” initiative](#). In a [video feature](#) from the John A. Hartford Foundation and WebMD, members of the [Salt Lake City](#) GeriPACT clinic team demonstrate how incorporating the “4Ms” of Mentation, Mobility, Medications, and what Matters Most into the care plan keeps a Veterans priorities at the center. It is wonderful to see our VA clinicians serving as role models in Age-Friendly care on the national stage.

In this issue, themes from the 4Ms are present in many stories: a new brain health worksheet that uses what “Matters Most” to encourage healthy lifestyle changes, programs like [Gerofit](#) and its correlate for younger Veterans, VETFIT, that inspire Veterans to maintain Mobility, and a focus on Mentation with creation of activity kits for Veterans with dementia and their caregivers. You will also learn about a program enlisting older adult peers to recruit diverse populations for studies and hear about honors and awards received by our talented GRECC faculty.

We are also happy to share news of the continued support for our [Geriatric Scholars program](#), which continues to thrive and expand. Finally, we extend a warm welcome to new colleagues at the [Minneapolis GRECC](#), who bring a wealth of experience and expertise to their new roles.

Please enjoy this issue of Forum on Aging and feel free to share with others.

Marianne Shaughnessy, PhD, CRNP  
Director GRECC Programs

## FEATURE ARTICLE

### VET-WISE Mobile Health Initiative Connects Rural Veterans to Valuable Resources from the Gainesville VA GRECC

Veterans in rural or underserved areas have unmet needs related to preventative education and clinical services. The [North Florida / South Georgia Veterans Health System](#) (NFSGVHS) regional area is the largest in the country, covering 40,000 square miles and 50 counties. The expansive catchment area can make travel to the VA NFSGVHS medical centers from distant regional communities challenging, particularly for older Veterans.

Since November 2023, the [Gainesville GRECC](#) Veterans Education and Training for Wellness, Information, Support and Engagement (VET-WISE) Mobile Health Initiative has sought to deliver key GRECC resources to older Veterans in the NFSGVHS regional area via mobile outreach events in local communities.

The GRECC VET-WISE Mobile Health Initiative is a clinical demonstration project based on prior work by GRECC Associate Director of Education and Evaluation, Dr. Carmen Fernandez. Taking advantage of an existing GRECC Education Mobile Unit – a 26-foot RV previously used for a dementia education project – the program disseminates needed education and health interventions to older Veterans and the community who may not otherwise have access to this information within their regional communities in Veterans Integrated Service Network (VISN) 8.

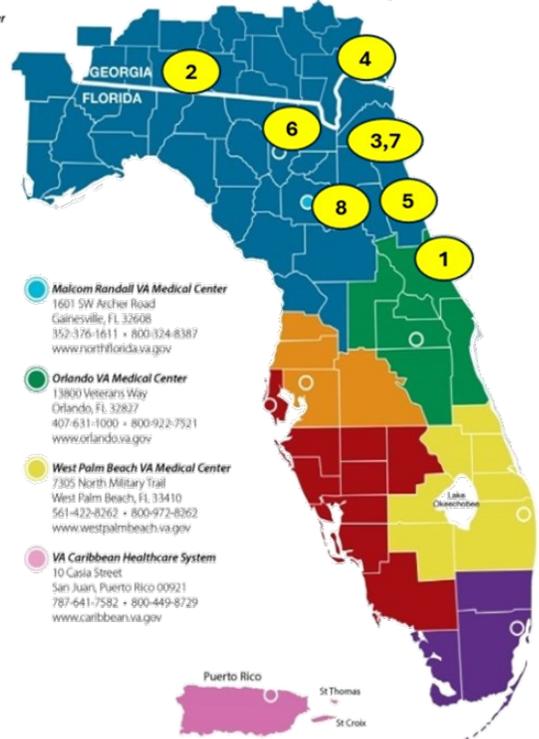
The program has partnered with multiple other VA departments to provide a wealth of information, interventions, and tangible reminders of VA services to Veterans and their caregivers. To date, it has held 8 outreach events throughout the area. Educational materials distributed have focused on health promotion, ranging from tobacco cessation, nutrition, dental care, and immunizations, to whole health and cognitive/brain health.

(Continued on page 3)

Location	Event
1	November 11, 2023 -Veterans Day Parade in Flagler County, Florida.
2	November 14, 2023 — Thomas University Veterans Resource Fair, Thomasville Georgia.
3	January 27, 2024 — Jacksonville Florida Homeless Veteran Stand Down in Jacksonville, Florida.
4	February 8, 2024 — St. Mary’s CBOC Vet Fest Outreach at St Mary’s CBOC St Mary’s Georgia.
5	February 14, 2024 — “Showing Love for Veterans with VA Resources” at the Palm Coast Florida Veterans of Foreign Wars, Post #8696.
6	February 16, 2024 — Lake City Armory Homeless Veteran Stand Down at the Lake City National Guard Armory, Lake City Florida.
7	March 1, 2024 — VA Community Resource Fair at the Jacksonville VA Oupatient Clinic in Jacksonville Florida.
8	March 28, 2024 — Gainesville Florida Homeless Veteran Stand Down at the Martin Luther King, Jr. Center in Gainesville, FL 32601.

-  **Bruce W. Carter Dept. of VA Medical Center**  
1201 NW 16th Street  
Miami, FL 33125  
305-575-7000 • 888-276-1785  
www.miami.va.gov
-  **C.W. Bill Young VA Medical Center**  
10000 Bay Pines Blvd.  
Bay Pines, FL 33744  
727-398-6661 • 888-820-0230  
www.baypines.va.gov
-  **James A. Haley Veterans’ Hospital**  
13000 Bruce B. Downs Blvd.  
Tampa, FL 33612  
813-972-2000 • 888-811-0107  
www.tampa.va.gov
-  **Lake City VA Medical Center**  
619 South Marion Avenue  
Lake City, FL 32025  
386-755-3016 • 800-308-8387  
www.northflorida.va.gov

VA Sunshine Healthcare Network (VISN 8)



Services have included immunizations, registration assistance, and other important interventions that benefit Veterans, such as toxic exposure screenings, depression screening, and advanced care planning. The program has also provided hundreds of hygiene kits, dental kits, medication pill boxes, and brain health resources such as educational pamphlets, word searches, crossword puzzles. All resources have the VA logo and VA crisis hotline information to help spread the word about the services available to Veterans through the VA.



Looking forward, program leaders aim to continue strategic use of the RV and expand its purposes to promote the health of older Veterans across the NFSGVHS region. They also seek to partner with other VA services to bring targeted education and resources directly to Veterans and their families. For more information on how to partner with the GRECC Mobile Health Initiative VET-WISE, please contact Sandra City and Carmen Fernandez.

**Contact:** [Sandra.City@va.gov](mailto:Sandra.City@va.gov) and [Carmen.Fernandez2@va.gov](mailto:Carmen.Fernandez2@va.gov)

## AGE FRIENDLY

### Videos Highlight How to Keep Veteran Goals at Heart by Applying the 4Ms

For Vietnam-era Veteran, Arthur, spending more time fishing in Alaska is what matters most, and the VA GeriPACT team at the George E. Wahlen Salt Lake City VA Medical Center is working to make that desire a reality. Arthur and physician Dr. Tiffany Volden were featured in a [video series created by WebMD and The John A. Hartford Foundation](#) that highlights the ways in which Age-Friendly care positively impacts the lives of older adults in a variety of care settings. This [video](#) follows Arthur's visit in the GeriPACT clinic and demonstrates how integrating the 4Ms has allowed the care team to provide Veteran-centered care that aligns with his priorities.



(Continued on page 4)

Arthur is just one of many Veterans who have been touched by the partnership between [Age-Friendly Health Systems](#) movement in VA. The Office of Geriatrics and Extended Care (GEC) aims to make the Veterans Health Administration the largest integrated Age-Friendly health system in the country, and since 2020, more than 300 care teams at 135 VA Facilities have joined the effort, with GRECCs leading the way at many sites.

For example, the [New England GRECC](#) (Dr. Catherine Dawson, Dr. Lauren Moo, and colleagues) with help from [Puget Sound GRECC](#) (Dr. Katherine Ritchey and Dr. Emily Trittschuh) recently created and produced a video collection called [Serving Older Veterans](#). Made possible by GRECC Clinical Innovations, the videos make a compelling case for Age-Friendly care by showing how asking what Matters Most can change a Veterans health for the better. For facilities at any step in their Age-Friendly journey, these videos and the [VA Diffusion Marketplace Age-Friendly Health Systems page](#) offer useful resources developed from the collective experiences of Age-Friendly initiatives at VA facilities across the country.

Contact: [AgeFriendly@va.gov](mailto:AgeFriendly@va.gov)

## RESEARCH

### Promoting the Inclusion of Peers in Clinical Trials

Older adult populations are underrepresented in clinical trials. Consequently, health care providers may lack information about how to use the products of clinical trials – new drugs, devices, and lifestyle interventions – to support quality health care and improved health outcomes for older adults.

Dr. Kathryn Nearing, Associate Director for Education and Evaluation at the VA Eastern Colorado GRECC, created an innovative workforce development program to train older adults from the community (average age 68; range 56-82) for encore careers as [Older Adult Research Specialists](#) (OARS). This program was recently featured in the Harvard Business Review in a feature titled, [Redesigning Retirement](#).

OARS support the recruitment and retention of older adult peers and other underrepresented populations in clinical trials. Health Navigation training is the foundation of OARS preparation. “OARS fulfill specialized community-facing and participant-centered roles on clinical trial teams,” explained Dr. Nearing.

#### OARS' roles include:

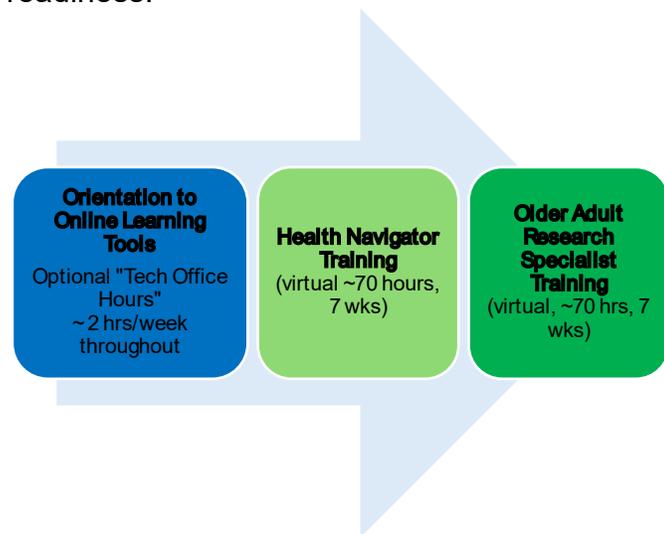
- Developing effective communication and outreach strategies to engage older adults from diverse backgrounds in research.
- Recruiting and obtaining consent from participants in trials.
- Supporting retention by identifying barriers to study participation and connecting research participants with needed resources.
- Educating research teams regarding key considerations for including older adults in research, anchored by the Geriatric 5Ms, to inform trial design and implementation; and,
- Catalyzing research innovations to increase representation in, and the relevance and translational potential of, research.

(Continued on page 5)

## GRECC FORUM on AGING – Spring 2024

Dr. Nearing stated, “We began this initiative at our academic affiliate. We currently have about 20 OARS hired, three of whom are supporting VA-funded research studies. I’d love to see this work expand within the VA. I see this as a promising new way to engage older Veterans in research, building on the VA’s long-standing commitment to supporting Veteran engagement groups that provide a mechanism for the voice of Veterans to shape research at every stage, from design to dissemination.”

OARS prepare for their essential roles on clinical trial teams by completing a 14-week, 140-hour virtual competency-based training program. Training begins with a 1.5-hour Orientation to Online Learning Tools. Subsequently, tech “office hours” are offered twice/week throughout the 14-week training program to extend participants’ computer literacy skills, and support retention in the virtual training program and workforce readiness.



The Health Navigation and Older Adult Research Specialist training components occur in tandem. The Health Navigation curriculum spans foundational courses such as Diversity,

Equity, Inclusion; Mental Health First Aid; and, Motivational Interviewing. Six Health Navigation modules address topics such as HIPAA and health care law and ethics, cultural competency, health literacy, social determinants of health, introduction to chronic diseases and resources for addressing social needs.

The OARS training component (the second 7 weeks) prepares individuals trained in health navigation to serve as research navigators. The curriculum covers role and scope of Older Adult Research Specialists, an introduction to clinical trials, frameworks and models to support including older adults in clinical research, evolution of human subjects research protections, elements of informed consent and associated role plays for skill-building related to facilitating informed consent discussions, and team-based projects that generate novel solutions to promote inclusion in clinical trials.

Nearing and her instructor team have trained 4 cohorts to date: Spring 2022 (n=8), Fall 2022 (n=10), Spring 2023 (n=13) and Fall 2023 (n=12). The Spring 2024 cohort is the largest yet, comprised of 16 older adults. Evaluations consistently yield high satisfaction ratings for each live learning session (average across all sessions: 4.7 on a 5-point scale). Participants report significant growth in self-efficacy related to required competencies. Three- and six-month interviews with OARS and Principal Investigators assess job satisfaction and preparedness and impact on recruitment and retention.

By focusing on intergenerational learning, encore careers, and research and innovation, OARS are well positioned to advance our work in the VA as Age-Friendly Health Systems.

**Contact:** [Kathryn.Nearing@va.gov](mailto:Kathryn.Nearing@va.gov)

## EDUCATION

### New “What Matters Most” Brain Health Worksheet from the GRECC Aging and Cognition Education (ACE) Workgroup

Did you know that dementia is the most feared condition among older adults (Watson, BMC Public Health 2023)? And this fear is not irrational given that research has found that approximately 32% of U.S. adults over age 65 have dementia or mild cognitive impairment (Manley JAMA Neurology, 2022). Therefore, it’s not surprising that many older Veterans wish to combat “dementia worry” by being proactive and taking steps to promote their brain health.

The Aging and Cognition Education (ACE) workgroup recently updated its popular [Brain Health and Quality of Life in Aging: Tips on Staying Sharp and Active](#) booklet for Veterans. Each topic in the booklet is accompanied by a [full, printable page](#) for additional information. Most recently, the group completed development of a new companion worksheet to further support patient-clinician communication to address cognitive aging concerns.

The booklet was first created in 2019, with updates completed in 2023. The booklet continues to offer distilled, consumer-friendly, accessible information on important topics that can adversely (or positively) impact mentation; these include sleep, loneliness/ social connection, mental health and PTSD, physical activity, medication side effects, vision and hearing, and some medical conditions. Each topic includes actionable, evidence-based guidance for “what you can do” to optimize brain health in aging. Both the [Brain Health Booklet](#) and [Topic Pages](#) were reviewed and approved by respective VACO subject matter experts.

However, passive health education has limited success for sustained behavioral change. To facilitate active learning and collaborative goal-setting based on Veteran-identified priorities – the “What Matters” in addition to Mentation, Mobility, and Medication ([the 4Ms of Aging](#)) – the ACE workgroup developed a [Brain Health and Quality of Life in Aging Worksheet](#) as a companion piece for providers to complete with Veterans and to tailor individual personalized targets for change. Additionally, the document includes a Clinician Tips sheet for how to collaboratively complete this tailored Brain Health Prescription and Action Plan with Veterans. It is a guide for clinicians to implement the tool using Motivational Interviewing principles and techniques that can help Veterans achieve their values-aligned brain health goals through positive behavioral change.

**BRAIN HEALTH IN AGING - WORKSHEET**  
The health practices below may promote overall brain health.  
This worksheet is meant for Veterans and Providers to review collaboratively.

- Eat a healthy diet**, drink enough fluids, and avoid fast or processed foods
- Improve sleep** quality and quantity; maintain a consistent sleep schedule
- Exercise**, such as walk 30-minutes per day, 3 times per week  
*\*Discuss with a Provider what activities are safe for you*
- Stay mentally active** through reading, doing puzzles, volunteer work, etc.
- Increase social connections** to prevent loneliness and isolation
- Decrease stress** levels and seek help to improve stress management skills *if needed*
- Limit alcohol** use OR stop drinking alcohol (circle one)
- Get vision and hearing checked** regularly; wear glasses and/or hearing aids
- Monitor your blood pressure** and report changes to your Primary Care Provider
- Review your medications** with your Provider or Pharmacist for negative effects on your thinking abilities
- Take your medications** as prescribed (e.g., for diabetes, hypertension, thyroid disorders)
- Seek help** from a Mental Health Provider for depression, anxiety, PTSD symptoms or other mental health concerns.

Notes:  
IMPORTANT: Talk to your doctor if you experience changes in your thinking skills that do not improve or get worse.

Contact Julia.Moore@va.gov for more information or visit: [www.va.gov/geriatric](http://www.va.gov/geriatric)  
Product of the GRECC Aging and Cognition Education Workgroup - Version: March 2023

VA U.S. Department of Veterans Affairs

(Continued on page 7)

These tools were developed by the ACE workgroup, a collaboration of education leaders from several VA GRECCs. Current ACE workgroup members are Dr. Emily Trittschuh and Julie Moorer from the [Puget Sound GRECC](#), Dr. Peijun Chen and Dr. Denise Kresevic from the [Louis Stokes Cleveland GRECC](#), Dr. Katharina Echt from the [Birmingham-Atlanta GRECC](#), Dr. Carmen Fernandez from the [Gainesville GRECC](#), and Dr. Christine Gould from the [Palo Alto GRECC](#).

The ACE workgroup develops practical geriatrics-focused education materials for VA staff who care for older Veterans. In addition to the Brain Health and Quality of Life in Aging materials, the ACE workgroup has developed [other products](#) including the 3Ds: Dementia, Delirium, and Depression pocket card to assist interprofessional health care providers with the identification, initial assessment, and discernment of these common geriatric syndromes; and the Delirium Reference Guide pocket card to assist health care professionals in the outpatient/non-ICU detection and management of delirium.

Target audiences for ACE materials (beyond GRECC clinics) include a wide range of professionals and clinical staff across Patient Aligned Care Teams (PACT) teams, Whole Health, GeriPACT, Home-Based Primary Care, Primary Care-Mental Health Integration, Mental Health Services, Community Based Outpatient Clinics, and more. For copies of these materials, contact ACE member Julie Moorer ([Julie.Moorer@va.gov](mailto:Julie.Moorer@va.gov)), and questions or comments can be directed to ACE Chair Emily Trittschuh ([Emily.Trittschuh@va.gov](mailto:Emily.Trittschuh@va.gov)). Some materials can be accessed under The Aging and Cognition Education (ACE) Project heading on the GRECC Education & Educational Products [website](#).

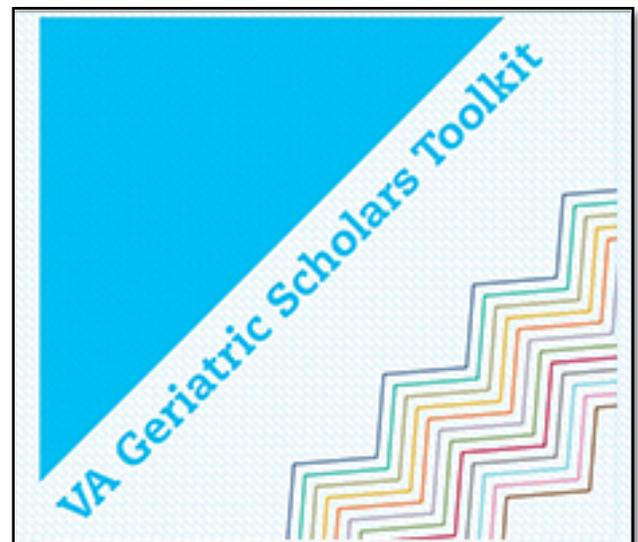
**Contact:** [Emily.Trittschuh@va.gov](mailto:Emily.Trittschuh@va.gov)

## Geriatric Scholars Program Celebrates Continued Support and Expansion of Offerings

### VISN's and Medical Center's Show Enthusiastic Support for the Geriatric Scholars Program

The Geriatric Scholars Program is a workforce development program to infuse geriatrics into interdisciplinary primary care settings. The program includes core continuing professional development courses with a quality improvement component, team-training programs, webinar series, a virtual learning community and dissemination of new materials to enhance care of older Veterans.

To date, more than 1,500 clinicians have participated in the core program, 10,000 clinical staff have attended the webinar series, and 5,000 VA employees have used the virtual resource library. The investment in the VA workforce has resulted in improved care for older Veterans and increased job satisfaction for participants.



(Continued on page 8)

The program has become part of the VA culture as a learning organization and is dedicated to the strategic goal developing a competent, high-performing workforce to best serve Veterans and their families. This year, the program received no specific purpose funds to enroll VA clinicians who primarily care for urban-dwelling older Veterans. The value of the program has been so great to the field, however, that VISNs and VA medical centers nominated 88 VA clinicians to participate and agreed to cover expenses, nonetheless. These nominees represented every VISN.

As in past years, the Geriatric Scholars Program has received generous specific purpose funding from the Office of Rural Health to enroll at least 95 rural-serving primary care providers (physicians, physician assistants and advance practice nurses), pharmacists, psychologists, psychiatrists, and rehabilitation therapists. The extensive rural waitlist of over 35 nominees shows that demand has never been higher amongst the VA workforce.

### GRECCs, Office of Mental Health and Suicide Prevention support Geriatric Scholars Program through Clinical Practicums

The Geriatric Scholars Program trains VA clinical staff with no formal training in geriatrics to provide healthcare for older Veterans in primary care settings. The Geriatric Scholars Program core components are intensive didactics in geriatrics, an intensive workshop in quality improvement (QI), and development of Scholar-led local QI projects that demonstrate and apply new learning to the improvement of care for older Veterans. After completing those core elements, Scholars may continue to deepen their understanding and further enhance clinical skills through clinical practicum experiences.

This year, 151 Scholars requested the opportunity to participate in clinical practicum experiences. GRECCs stepped up to develop virtual experiences for Scholars to practice assessment and management of common conditions associated with aging. Both rural-serving and urban-serving clinicians will benefit from programs at Greater Los Angeles, Little Rock, Madison, Palo Alto, Puget Sound and Tennessee Valley GRECCs. In addition, the VA Office of Mental Health and Suicide Prevention is funding a practicum for Scholars who have completed the psychology track.

### Geriatric Scholars Program Expanded to Include Registered Nurses

When the Geriatric Scholars Program pilot began in 2008, it was limited to primary care providers (physicians, physician assistants and advanced practice nurses). It has since grown to include tracks for pharmacists, psychiatrists, psychologists, rehabilitation therapists, and social workers. This year, the program is once again testing a new track, this time focused on registered nurses. The pilot project is made possible with specific purpose funding from the VA Office of Geriatrics and Extended Care and in collaboration with the Office of Nursing Service. It will enroll up to 100 nurses who work in Home Based Primary Care or GeriPACT for online course modules available from the Hartford Institute for Geriatric Nursing. Each of these Nurse Scholars will also participate in an Age Friendly Initiative to improve care for older Veterans in their own healthcare settings.

**Contact:** [BettyJo.Kramer@va.gov](mailto:BettyJo.Kramer@va.gov) or [Luis.Melendez@va.gov](mailto:Luis.Melendez@va.gov)

## When it Comes to Career Paths for Geriatricians, the Sky is the Limit!

Quratulain Syed, MD, MSL is a Geriatrician in GeriPACT and the Birmingham/Atlanta GRECC and an Assistant Professor at Emory University School of Medicine in the Department of Medicine in the Division of Geriatrics and Gerontology. Dr. Syed provided the following testimonial regarding the VA Advanced Fellowship in Geriatrics (AFiG).



Over the years that I have practiced clinical medicine as a geriatrician and a primary care physician in numerous healthcare systems, I have felt a disconnect between health policies pertaining to older adults and underserved communities and on the ground realities. The COVID-19 pandemic demonstrated the outcomes of such a disconnect, when older adults and underserved communities faced the

brunt of the pandemic and lagged behind well-served communities in mitigation and prevention efforts. The pandemic potentiated my belief that clinicians, especially primary care, and geriatric experts, need to get a seat at the health policy table if we want better resources and outcomes for our patients.

I decided to take a sabbatical from full time clinical medicine and applied to the VA's AFiG at the Birmingham/Atlanta GRECC (BA GRECC). My aim was to gain mentored clinician-scientist career development in conducting population health and aging research to begin to address some of the challenges in care access and reach that I had encountered as a clinician for those most vulnerable older adults who are high-risk and high-need. To this end, I led a study to analyze clinical outcomes for a national sample of older veterans who received VA telehealth care, which is currently in the final phase.

Having theoretical knowledge about US policy making through the structured curriculum of a master's degree in health law, and a health policy course developed by the Society of General Internal Medicine, I was ready to take the next step to develop advocacy skills and network with policy stakeholders. Therefore, with the support and encouragement of VA's Office of Academic Affiliation's Advanced Fellowships and my mentors at the BA GRECC, I applied to the Health and Aging Policy Fellows Program (non-residential VA track) as part of my AFiG training experience.

As one of two VA awardees (2023-2024), the Health and Aging Policy Fellows (HAPF) experience has already provided me with invaluable skills for navigating the policy world and the opportunity to communicate and network with like-minded people engaging in policy development who are passionate about the topics my patients and I care deeply about.

(Continued on page 10)

My HAPF placement projects are with the Agency for Health Research and Quality (AHRQ) and the VHA Home and Community-based Programs. My clinical practice is based at the Atlanta VA Medical Center geriatrics and incontinence clinics.

I have always been impressed by the innovative and multidisciplinary models of care for older adults at the VHA and believe these can serve as a template for the CMS value-based care movement. I plan to continue research regarding outcomes data related to VA's care models for older adults, to influence coverage and payment policies of CMS and private insurers.

**Contact:** [Quratulain.Syed@va.gov](mailto:Quratulain.Syed@va.gov)

### **Interested in the Advanced Fellowship in Geriatrics or the Health and Aging Policy Fellows Program?**

The [VA Office of Academic Affiliations Advanced Fellowship in Geriatrics](#) is offered by 20 GRECCs across the nation to prepare interprofessional leaders in geriatric research, education, and clinical innovation. If you have questions about the AFiG, email [VHAFIG@va.gov](mailto:VHAFIG@va.gov). To learn more about the AFiG Program at the BA GRECC, contact Program Director, [Katharina.Echt@va.gov](mailto:Katharina.Echt@va.gov).

The [Health and Aging Policy Fellows Program](#) aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide Fellows with the experience and skills necessary to help affect policy. The HAPF can be completed as part of the AFiG.

## **CLINICAL INNOVATION**

### **Standing up an ACE Unit in a VA Medical Center**

In 2022, the [Ralph H. Johnson VA Health Care System](#) in Charleston, South Carolina (RHJVAHCS) seized a unique opportunity to open the first VA-based freestanding Acute Care for Elders (ACE) Unit. ACE Units are evidence-based models of care designed for geriatric patients in a structured interdisciplinary model with the goal of preserving functional independence and promoting discharges back to home. ACE units use interdisciplinary, patient-centered, nursing-based models to improve outcomes and the overall care of older adults.

By aligning newly converted age-friendly acute care beds with expertise already in place at RHJVAHCS in the fields of geriatric medicine, hospital medicine, geriatric pharmacy and geriatric rehabilitation, an exciting concept was born. The RHJVAHCS ACE Unit has been developed with interdisciplinary collaboration, adaptations of best practices outside of the VA, and staunch leadership support, including at the VISN 7 and GRECC level.

In December 2022 the RHJVA ACE unit, in collaboration with the Birmingham/Atlanta GRECC, was awarded clinical innovation funding from VA Geriatrics and Extended Care Central Office to support the ACE Unit model development and dissemination. Cost-effective, evidence based geriatric models of care, such as ACE units, have been implemented with great success outside of the VAHCS, resulting in the improved care of hospitalized older adults. The RHJVA is the incubator for the ACE model in VA.

(Continued on page 11)



Ralf H. Johnson VA Health Care System ACE Unit: 9 a.m. Interdisciplinary Team Rounds

In FY2023, the ACE team focused on innovation, system redesign, health economics, and informatics as they adapted the model for the VA system. The RHJVA ACE Unit focuses on patient-centered-care and has been designated by the Institute for Health Care Improvement as an [Age-Friendly Health System](#), committed to care excellence for older adults. Looking ahead to FY2024, the team, including project managers, Elizabeth Hamilton, Pharm D, and Sarah Kennedy, MSN, RN, and geriatrician, Anna Mirk, MD, anticipate continued success of the ACE unit with opportunities to measure positive impacts on Veteran-centered outcomes.

Contact: [Elizabeth.Hamilton@va.gov](mailto:Elizabeth.Hamilton@va.gov) and [Sarah.Kennedy5@va.gov](mailto:Sarah.Kennedy5@va.gov)

## Activity Kits Enhance Quality of At-Home Dementia Care

Caregivers to those with dementia face challenges associated with dementia-related physical and cognitive decline, along with behavioral and psychological symptoms of dementia (BPSD). These symptoms include wandering, agitation, sundowning, psychosis, apathy, depression, anxiety, and disinhibition, and inappropriate behaviors. Furthermore, those with dementia may struggle to communicate their needs to caregivers, which

can cause agitation and frustration for the individual and their family.

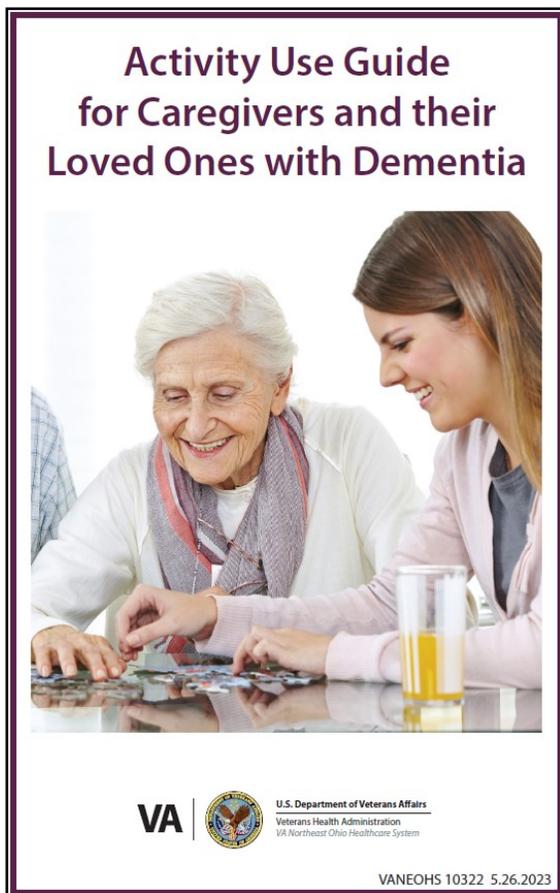
Caregivers may not be equipped to adequately meet these care needs and often experience significant levels of caregiver stress. As dementia progresses, physical and cognitive abilities change. Often physical care needs, such as bathing, toileting, dressing, and feeding, become the caregiver's primary focus. Consequently, shared activities that provide meaningful interpersonal engagement become burdensome and infrequent. This not only limits the regular mental and social stimulation of those living with dementia but contributes to the feelings of isolation and sense of loss that often accompanies caregiving.



While there are pharmacological interventions to aid in the management of dementia progression and BPSD, the literature increasingly supports that non-pharmacological approaches should be utilized first. Some examples of non-pharmacological interventions are reminiscence therapy, validation therapy, reality orientation, art therapy, music therapy, animal therapy, and activity or sensory approaches. Caregivers may be less aware of these non-pharmacological interventions or how to implement them. Increasing education and support of these approaches may aid in improving caregiver responses to BPSD and possible reduction of symptoms. Additionally, individualized person-centered interventions are likely to be more effective.

(Continued on page 12)

Through funding from the [National GRECC office](#), an interprofessional team from the VISN 10 [Cleveland GRECC](#) and the Memory Care Clinic at the [Cleveland VA](#) implemented a project entitled “Implementation of Dementia Activity Kits to Enhance Quality of At-Home Dementia Care”. Alyssa Peters, MSW, LISW-S, Kristal Samson, Psy.D., Teresa Dolinar, MD, Norquetta Thompson, BA, Peijun Chen, MD, MPH, PhD, and Muralidhar Pallaki, MD collaborated to provide caregivers with education and activity items to incorporate into a Veterans dementia care at home.



The project provides Veterans and caregivers with an individually curated activity kit compiled by Cleveland VA Memory Care Clinic providers. The provided activity items are based on clinical evaluation and are matched to a Veterans current interests and level of

functioning along with any unique caregiver needs. Activity kits include items such as puzzles, brain games, art supplies, fidget/sensory items, animatronic pets, simple radios, orientation clocks, safety devices, and caregiver education materials.

A complementary activity use guide was developed to help caregivers implement the provided dementia activity items in a personalized, meaningful way. Engagement and stimulation for those living with dementia can be challenging, so the activity use guide includes tips, ideas, reinforcement, and support for caregivers while they implement these activities on their own. Home-based dementia activities can also be a tool for managing BPSD. Caregivers can use the activity items and guide to redirect, de-escalate, reorient, or calm the Veteran living with dementia.

Project outcomes are evaluated through pre- and post-intervention surveys that measure caregiver mastery, caregiver burden, engagement, emotional connection, caregiver’s perception of the activity kit usefulness, and severity of BPSD. So far, over sixty activity kits have been curated and mailed to Veterans and caregivers for implementation at home.

Anecdotally, many caregivers are reporting that the provided activity kits have improved their at-home dementia care. One caregiver stated, “It has been a great experience. My husband has been more relaxed. He does the word puzzles and sudoku every day.” An effective dementia care plan must include comprehensive support services that meet the complex and varied needs of each Veteran and caregiver. The anticipated outcome of this project is development of a model to improve at home dementia caregiving that can be disseminated throughout the VA Health Care System.

**Contact:** [Alyssa.Peters1@va.gov](mailto:Alyssa.Peters1@va.gov)

## VA Pittsburgh Health System's VETFIT Complements Gerofit with Program For Younger Veterans

Veterans are at high risk of health deterioration after leaving active duty. Sedentariness, weight gain and other detrimental health patterns are common and predispose Veterans to a cascade of diseases and functional declines. Whereas Gerofit is a national initiative that has demonstrated high effectiveness to increase physical activity, fitness, and health for Veterans age  $\geq 65$  years, the [VA Pittsburgh Health System](#) (VAPHS) [Whole Health](#) program has developed the innovative VETFIT program for Veterans who are younger. This responds to a critical gap in care, with the overarching goal to improve lifelong health trajectories.

VETFIT is a supervised, facility-based exercise and health promotion program for Veterans age  $< 65$  years. This program complements Gerofit and aims to tailor the delivery of benefits and customized whole health care services for the recipient at each phase of their life. The healthy lifestyle behaviors encouraged through continued secondary prevention are integral to decreasing morbidity and mortality in later age and enhancing health-related quality of life. This program incorporates care coordination strategies to achieve the desired health outcomes of Veterans participating in Whole Health care preventive services.

VETFIT was established by the Division of Whole Health at VAPHS in 2023 under supervision of Division Chief Dr. Scott Herrle and Program Manager Dr. Nathan Blakeley, and with patient care being delivered by a team of Exercise Physiologists. Integrated research efforts are being overseen by Research Director Dr. Daniel E. Forman in collaboration

with University of Pittsburgh's [Neuromuscular Research Laboratory](#) and the joint VAPHS/ University of Pittsburgh's [Human Engineering Research Laboratories](#). Associate Chief of Staff of Geriatrics Dr. Steven Handler also provides unwavering support in these joint efforts driven by Veteran outcomes. Other team key members include Dalan Zydel MS, MBA, CSPS, ACE-CMES, ACE-GFI, NBC-HWC and Adam J. Sterczala, PhD, CSCS\*D.

Contact: [Dalan.Zydel@va.gov](mailto:Dalan.Zydel@va.gov)

## VA Finger Lakes Gerofit Celebrates 10 Years Helping Veterans Reach Fitness Goals

[Gerofit](#), a Veterans Health Administration Best Practice program for exercise and health promotion that targets Veterans over 65, proves the powerful benefits of exercise regardless of age. Gerofit originally started in [Durham](#) in 1986 and is now offered at 33 different VA Health Care Systems around the country, including all 3 sites of [the Finger Lakes Healthcare System](#): Canandaigua, Rochester, and Bath.



The [Canandaigua VA Medical Center](#) was one of the first facilities selected for initial rollout of Gerofit in 2014. VA Finger Lakes is uniquely qualified to serve the fitness needs of Veterans

(Continued on page 14)

because each site has a Health Fitness Center. These facilities allow tailoring of exercise prescriptions that take advantage of machines and free weights, as well as group fitness classes, leading to some of the best outcomes in Gerofit.

In the past decade, Canandaigua’s Gerofit program has been a leader in innovating strategies for program expansion. It has received many site awards and outcome recognitions, including the VA’s 2018 Gold [Shark Tank Award](#) as a Best Practice, designation as the initial trial site to develop online [VA Video Connect](#) (VVC) for virtual-based exercise classes, and most recently, recognition as the top Veteran encounter site.

“I like working out with others of my similar age who are interested in improving their health and bodies... I also really liked how during COVID they keep us exercising online. I prefer in person classes the best, but that was a great substitute during this time when we were not able to be here. That is an example of how they adapt with what is going on to keep us active and participating. I would recommend Gerofit to anyone!”

Robert “Skip” Buck, 10 Year Gerofit participant

Today, the Finger Lakes Gerofit programs implement an evidence-based comprehensive on-site, in-person group, as well as a robust online program. Adding the online VVC classes has been a key element for expansion, with particular benefit in rural areas where many Veterans would otherwise be unable to attend. The VVC classes have also proven to be a powerful tool for exercise adherence for on-site users. The easy access enables Gerofit Veterans to maintain exercise consistency during times of inclement weather, travel, vacations, and many other challenges to adherence. The VA Finger Lakes Gerofit teams and administration expect opportunities for

further expansion, improved efficiency, and integration projects to propel the program forward in the next decade and ensure the very best programming for Veterans.

Looking ahead, the Gerofit teams plan to introduce new and exciting ways to reach Veterans who are not always able to make it into the facility, while also streamlining processes on site. Each Fitness Center is getting or has already gotten a facelift and is adding ways to enhance the Veteran experience with features like on-demand videos for warm-ups, cool downs, and stretching upon entering/exiting the facility.

**Contact:** [Phillip.Reynolds@va.gov](mailto:Phillip.Reynolds@va.gov) and [Andrew.Kent1@va.gov](mailto:Andrew.Kent1@va.gov)

## KEEPING CURRENT

### Dr. Judith L. Howe Selected to Lead Gerontological Society of America



As faculty at the Bronx VA GRECC and its academic affiliate, the Icahn School of Medicine at Mount Sinai, Judith L. Howe, PhD, MPA, FGSA, FAGHE, is a respected leader in development of programs to grow the Geriatrics workforce. Now, she will bring her leadership skills to a new role as the [president of the Gerontological Society of America \(GSA\)](#). Dr. Howe will draw upon her expertise in interprofessional teamwork to serve the GSA’s more than 5500 members who represent a community of aging-focused researchers, practitioners, and educators from a variety of professional backgrounds.

## New Textbook on Geriatric Medical Education Features GRECC Authors

The first textbook on Geriatrics Medical Education, in press with Springer Nature for summer 2024, includes multiple GRECC authors. Edited by Dr. Andrea Wershof Schwartz, the Associate Director for Clinical Innovation at the [New England GRECC](#) at VA Boston and an Associate Professor of Medicine at Harvard Medical School, the book features 25 chapters on how to teach Geriatrics to medical trainees across different levels and settings, with attention to particular areas of importance to Geriatric Medical Education, such as Interprofessional Education and Diversity, Equity and Inclusion.

The book emphasizes the [Age-Friendly Health Systems initiative](#) and the [Geriatric 5Ms](#).

GRECC authors include:

- Dr. Catherine M.P. Dawson ([New England GRECC](#) – Bedford): The Landscape of Geriatrics Medical Education: Past Present and Future
- Drs. Steven R. Barczi and Elizabeth N. Chapman ([Madison GRECC](#)): Teaching Residents: Applying Clinical Frameworks to Older Adults
- Drs. Becky Powers ([San Antonio GRECC](#)) and Lauren Moo ([New England GRECC](#) – Bedford): Teaching Geriatrics in Video Telemedicine

Several other VA authors include Drs. Rachel Miller ([Philadelphia VA](#)), Rachel Stark ([VA Boston](#)), Angela Catic ([Houston VA](#)), Susan Nathan ([VA Boston](#)). The book aims to fill a gap in the literature by gathering the growing evidence on how best to teach medical trainees to care for older adults.

## Events

***Want to Share News of Upcoming Events?*** The *GRECC Forum on Aging* gladly accepts news regarding geriatrics-focused virtual or national conferences or symposia you are hosting or coordinating. For inclusion in the Fall issue, contact [Elizabeth.Chapman3@va.gov](mailto:Elizabeth.Chapman3@va.gov) with details.

## Staff News

### Awards

#### GRECC Faculty Selected to Attend NIH Training Program

Dr. Lindsey J. Anderson is a junior faculty member at the Puget Sound GRECC. She was delighted to have been selected to attend the NIH-sponsored “Training in Grantsmanship for Rehabilitation Research” Workshop in January. Her attendance was sponsored by the VA Rehabilitation R&D service line in support of her work as a [VA Career Development Award](#) recipient.



*Dr. Anderson, fourth from right in the front row, with fellow program attendees.*

## Madison VA GRECC Faculty Awarded for Research Accomplishments



Endocrinologist and Madison VA GRECC clinician researcher, Dr. Dawn Davis, MD, PhD, recently received the Senior Clinician Scientist Investigator Award from the VA Office of Research and Development. The award provides up to four years of

additional funding to Merit award recipients who demonstrate strong, independent scholarly productivity while also providing excellent clinical care to Veterans.

The award will allow Dr. Davis to continue her efforts to identify new treatments for diabetes mellitus, a disease common in older Veterans, through the study of pancreatic beta cell biology.

the new Director of the Grossman Center for Memory Research and Care.



Hilary Mosher, MD, MFA, has moved from the University of Iowa and the Iowa City VA to join the GRECC as the new Associate Director for Clinical Innovation (ADC). Dr. Mosher is an internist, hospitalist, and quality improvement scholar.

In addition to leading her own aging-related independent research program, Dr. Mosher oversees the GRECC program of using quality improvement and implementation science approaches to improve processes of care for older Veterans. Dr. Mosher is also a Core Investigator in the Minneapolis VA Center for Care Delivery and Outcomes Research (CCDOR) and will have a joint appointment at the University of Minnesota.

## New Hires

### Howard Fink, MD, MPH, Director of the VISN 23 Minneapolis VA GRECC is Pleased to Announce New Faculty



Dongming Cai, MD, PhD, has moved from Mount Sinai Medical Center and the Bronx VA to join the Minneapolis VA GRECC as a new Clinician Researcher. Dr. Cai is a behavioral neurologist and basic science and translational researcher. She

leads her own research program in Alzheimer's disease, with labs at both the Minneapolis VA and the University of Minnesota (UMN). She provides outpatient care for Veterans with cognitive impairment in the GRECC and Minneapolis VA Neurology clinics. Dr. Cai has a joint appointment at the UMN, where she is



Huai Cheng, MD, MPH, MS, has moved from the University of Pittsburgh to join the GRECC as the new Associate Director of Education and Evaluation (ADEE). Dr. Cheng is a geriatrician and evidence-based clinician educator. As

ADEE, Dr. Cheng will oversee GRECC aging-related educational programs for VA trainees and clinical staff, locally, regionally, and nationally. He will lead a variety of educational, clinical, and research program evaluation activities for the GRECC. Dr. Cheng also will have a joint appointment at the University of Minnesota.

(Continued on page 17)

Dr. Fink would like to recognize the excellent work of the past and current GRECC associate directors, researchers, and clinician educators who helped build the programs that allowed the successful recruitment of Drs. Cai, Mosher, Kaplan, and Cheng. Dr. Edward Ratner, the ADEE for the past 6 years, will continue working within GRECC on a variety of research, education, and clinical innovation projects. After serving as Associate Director of Clinical Innovation for over 20 years, Dr. Riley McCarten retired in December 2021. Dr. Cai succeeded Dr. Karen Ashe, who retired from the VA in June 2022 after serving 20 years as a GRECC researcher. Dr. Cai will help build on the strength of the GRECC research program currently led by Associate Director for Research, Dr. Cathy Kotz. Dr. Kaplan will both support the work of multiple GRECC activities and help further strengthen the relationship between GRECC and CCDOR.



## SUBMIT TO *FORUM ON AGING*

We welcome submissions from GRECCs for this news magazine, including:

- Updates and results about research, education, and evaluation efforts and clinical innovations
- Notices of awards, grants, training opportunities
- Staff news
- Photos or images to accompany your submission.

GRECC Forum on Aging is published by the VA William S. Middleton Memorial Veterans Hospital and Clinics – Madison Geriatrics Research, Education, and Clinical Center.

Elizabeth Chapman, MD, Editor

For inquiries, please contact:

Madison VA GRECC  
2500 Overlook Terrace  
Madison, WI 53705  
Phone: 608-280-7000  
Fax: 608-280-7291  
[Elizabeth.Chapman3@va.gov](mailto:Elizabeth.Chapman3@va.gov)

To provide feedback about Forum on Aging, contact: [Elizabeth.Chapman3@va.gov](mailto:Elizabeth.Chapman3@va.gov)

**Sponsored by the Office of Geriatrics and Extended Care, VACO**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Geriatric Research, Education, and Clinical Centers