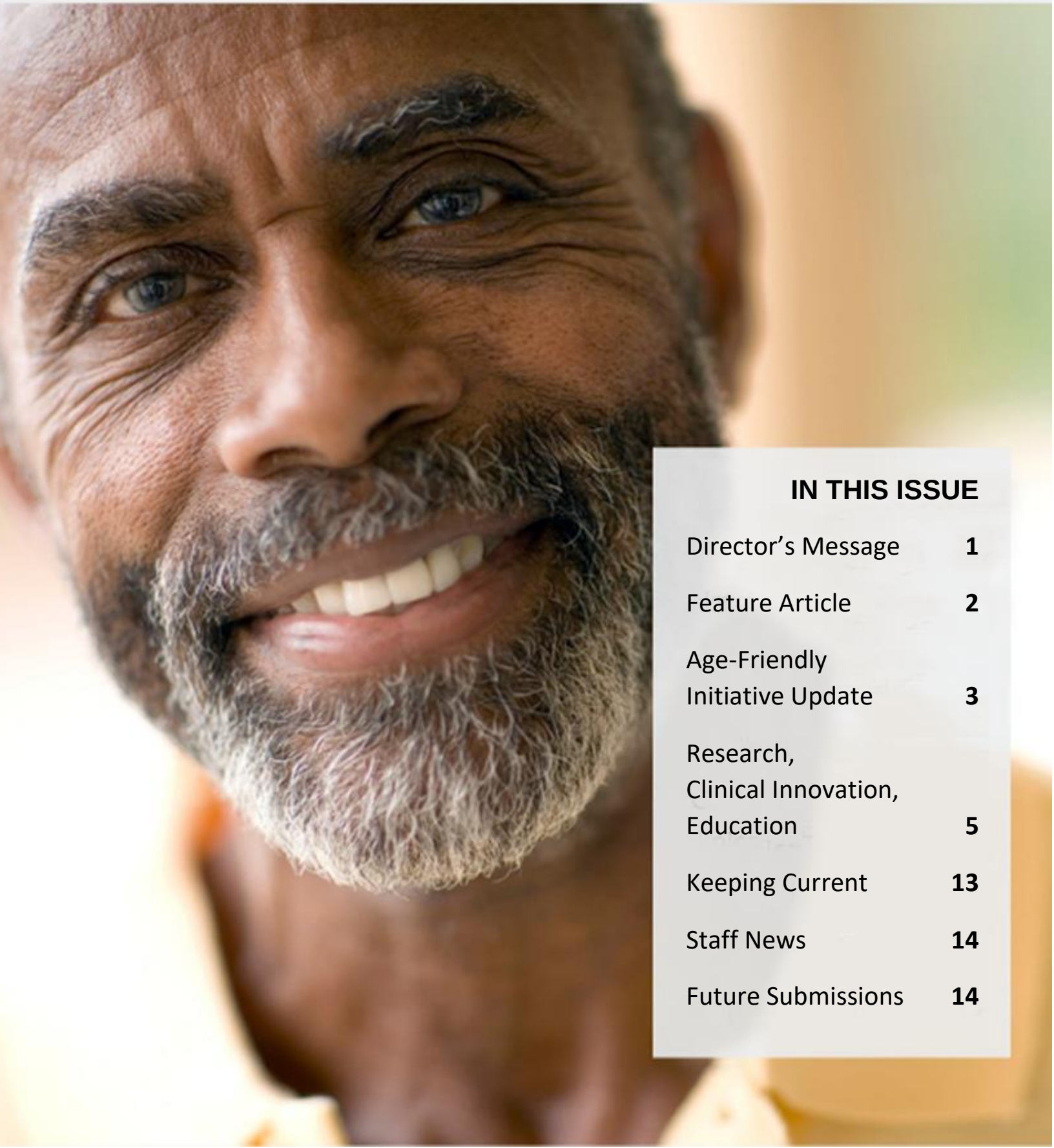
GRECC | FALL 2023

FORUM ON AGING



IN THIS ISSUE

GRECC Director's Message

Welcome to the Fall edition of GRECC Forum of Aging. It is my pleasure to share the news and updates in the following pages as a snapshot of all the magnificent work happening in the GRECCs nationwide.

This issue features articles about each area of GRECCs' 3-part mission to research, educate, and innovate. The feature article highlights the research led by Mengwei Zang, MD, PhD, a Research Health Scientist at the San Antonio GRECC and Professor of Molecular Medicine at the University of Texas Health Science Center at San Antonio's Sam & Ann Barshop Institute for Longevity and Aging Studies.

I am excited to report that we are keeping the momentum going with the "Age-Friendly" initiative, adopting principles of care that center around the "4Ms" – what Matters, Mentation, Medications, and Mobility. This edition includes a recap video of the VA Age-Friendly Health Systems 2023 Summit as well as an invitation to be part of the second VA Age-Friendly Action Community.

There are also articles about a pilot clinical trial, innovations in primary care, telehealth, applications for virtual reality, food security, and more. The Fall 2023 GRECC newsmagazine highlights the work from the greatest number of GRECCs yet – in San Antonio (in addition to the feature article) Birmingham/Atlanta, Cleveland, Puget Sound, Palo Alto, Gainesville, Ann Arbor, Little Rock, Miami, and Minneapolis.

GeriScholars has expanded to the Indian Health Service, 2 VA staff members were selected as Health and Aging Policy Fellows for 2023-2024, and there is additional staff news about awards, a new hire at the Little Rock GRECC, and the retirement of GRECC's VHA Program Manager, Sherri DeLoof.

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

Marianne Shaughnessy, PhD, CRNP
Director GRECC Programs

Feature Article: Uncovering a "Smoking Gun' in Alcohol-associated Liver Disease

Alcohol-associated liver disease is characterized by excessive fat accumulation in the liver. It is commonly seen in individuals with alcohol use disorder.

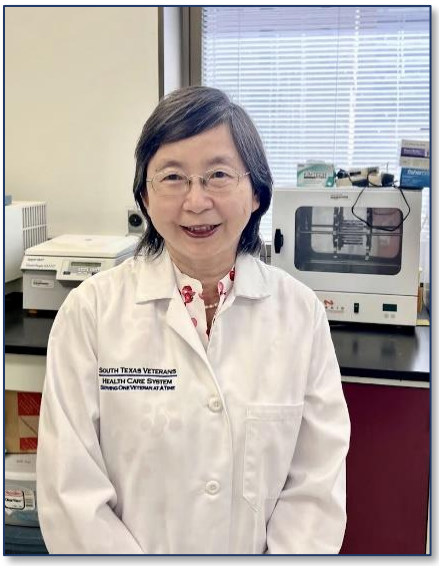
It poses a significant risk to Veterans, particularly due to the coexistence of heavy alcohol consumption, post-traumatic stress disorder, and substance abuse, leading to increased morbidity and mortality rates. In severe cases, alcohol-associated fatty liver can progress to steatohepatitis, an aggressive liver disease characterized by inflammation and scarring. This puts patients at risk for liver failure and liver cancer. Unfortunately, there are currently no FDA-approved treatments for alcohol-associated liver disease.

In a study published May 3 in the journal *Hepatology*, researchers provide the first evidence that dysregulated pre-mRNA splicing is coupled to the transcription of lipogenic genes.

The results demonstrated that the splicing factor called SRPK2 cooperates with the key lipogenic transcription factor SREBP-1 to promote alcohol-induced fatty acid synthesis and lipid accumulation.

Led by Mengwei Zang, MD, PhD, a Research Health Scientist at the San Antonio GRECC and Professor of Molecular Medicine at the University of Texas Health Science Center at San Antonio's Sam & Ann Barshop Institute for Longevity and Aging Studies, the research team made a groundbreaking discovery regarding the new function of a core component of cellular machinery, called "pre-mRNA splicing," which cuts and rejoins pre-mRNA molecules in a biological process.

The researchers found that dysregulation of pre-mRNA splicing was linked to fatty liver disease caused by excessive alcohol consumption. These findings suggest that targeted manipulation of specific splicing factors in hepatocytes could offer a novel approach to alleviating alcohol-associated liver disease.



Dr. Zang explained, *The splicing process enables a single gene to produce multiple proteins that can function differently in various parts of the body. Splicing is a regulatory way that allows organisms to generate protein complexity from a relatively limited number of genes.*

However, little is known about whether pre-mRNA splicing influences liver metabolism.

Dr. Zang and her team designed a series of hepatocytes and mouse experiments to explore the potential connection between splicing and alcohol-associated liver disease. They focused on one key component of the splicing apparatus, serine-arginine protein kinase 2 (SRPK2) — a critical kinase that controls an RNA splicing process.

(continued on page 3)

The researchers observed that SRPK2 was activated in hepatocytes in response to alcohol in mice with chronic-plus-binge alcohol feeding and patients with alcohol-associated liver disease. Remarkably, elevated SRPK2 levels alone were sufficient to promote hepatocyte lipid accumulation.

When the team harnessed an adenovirus-mediated gene delivery tool to knock down hepatic SRPK2 in mice, they visualized the splicing alternation of a single gene — called lipin 1 — during the disease process. Notably, they observed that the knockdown of hepatic SRPK2 resulted in decreased lipogenic lipin 1 splicing with an exon 7 inclusion, leading to reduced hepatic lipid accumulation in mice after alcohol administration. This finding suggests that this lipogenic splicing pattern in lipin 1 could potentially predict hepatic lipid accumulation in patients with alcohol-associated liver disease.

Intriguingly, the team further investigated a transgenic mouse model with an increased hepatic expression of fibroblast growth factor 21 (FGF21), a master hepatokine that maintains human metabolic health.

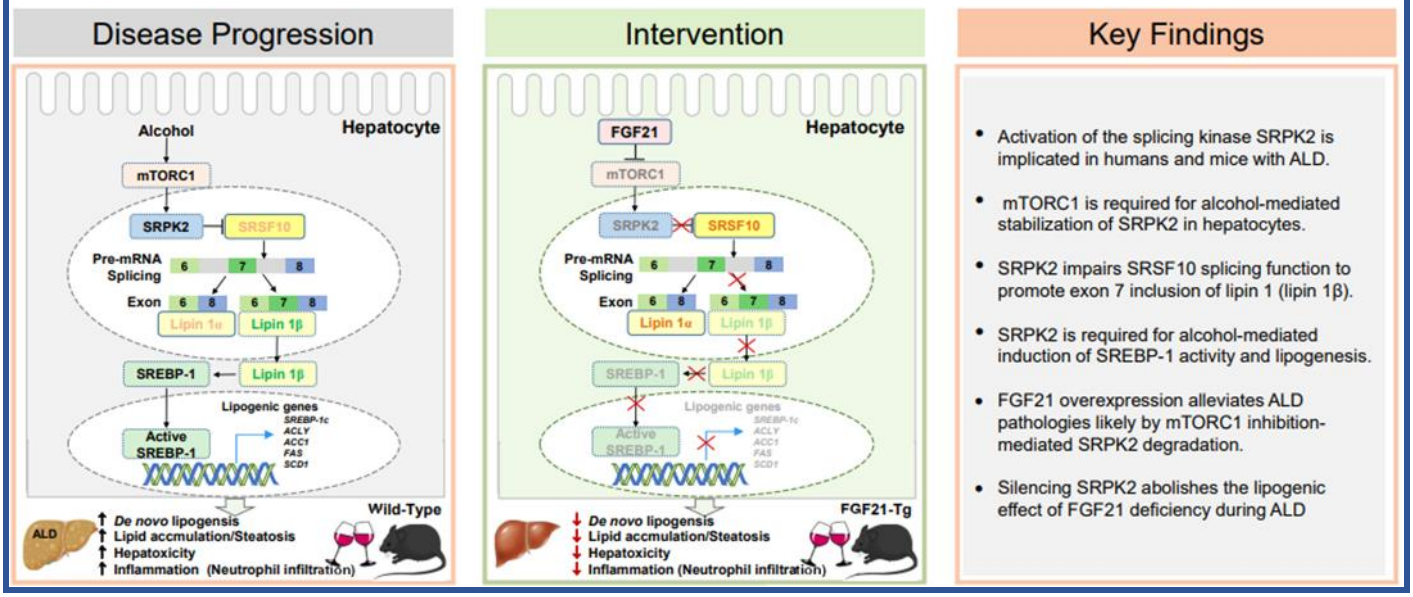
They found that the mice with elevated FGF21 levels exhibited reduced lipogenic lipin 1 spliced isoform and improved fatty liver even after alcohol plus binge feeding. Importantly, this beneficial effect seen in FGF21 transgenic mice was attributed to the inhibition of hepatic SRPK2 and its subsequent impact on the expression of genes involved in the lipogenic pathway. In contrast, FGF21 knockout mice exhibited SRPK2 induction and exacerbated alcohol-induced pathologies.

These findings suggest that inactivating SRPK2 by FGF21 may slow the progression of alcohol-associated liver disease.

Dr. Zang said, *These fascinating results indicate that dysregulation of pre-mRNA splicing might be one of the smoking guns of alcohol-associated liver disease. These studies continue to inspire a rethinking of certain basic principles in fatty liver disease. Moving forward, our team plans to investigate whether pre-mRNA splicing regulates lipid metabolism and liver injury, not only in alcohol liver disease but also in obesity-induced fatty liver disease.*

Contact: Mengwei.Zang@va.gov

Targeting Hepatic Serine-Arginine Protein Kinase 2 Ameliorates Alcohol-Associated Liver Disease by Alternative Splicing Control of Lipogenesis



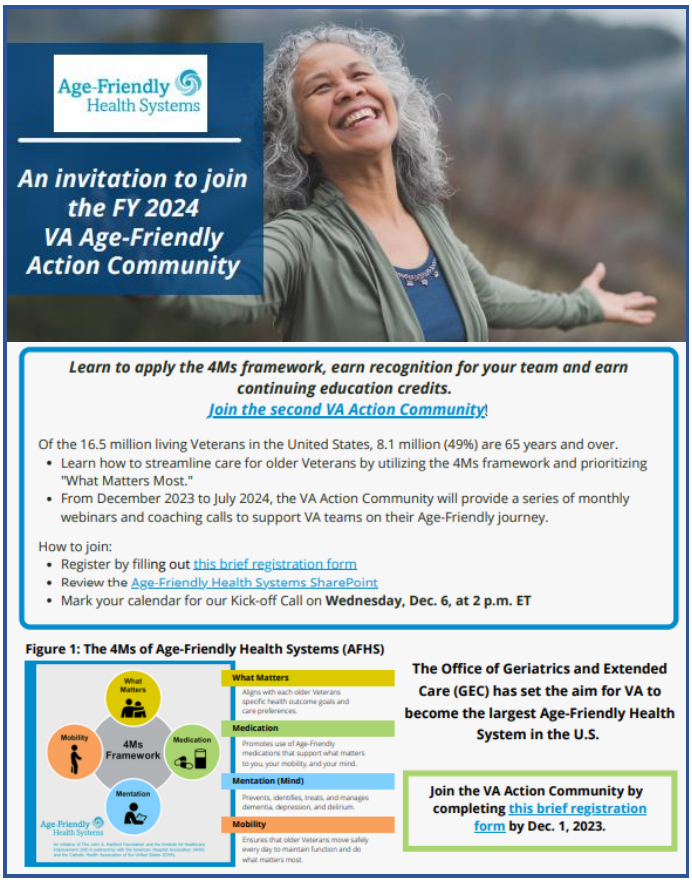
Maintaining the Momentum for Age-Friendly Care

The VA's Office of Geriatrics and Extended Care is leading efforts to make the Veterans Health Administration (VHA) the country's largest Age-Friendly Health System (AFHS). This summer, staff from all Veterans Integrated Service Networks convened for a Summit in Providence, RI, to accelerate AFHS adoption.

The two-day Age-Friendly Summit, supported by the Diffusion of Excellence office, convened leaders and champions to document lessons learned from early adopters and develop a five-year plan to ensure that all care for older Veterans is age-friendly. Key discussions included how to spread the Age-Friendly Health Systems 4Ms framework, the initiative's core across the VHA, and how health care systems will need to adapt to a growing number of older adults in the future.

Read a recent *Federal Practitioner* paper, "No Wrong Floor on the Elevator: A Vision for the VA as an Age-Friendly Health System," and watch a recap of the VA Age-Friendly Health Systems 2023 Summit.

Attendees left the summit to return to their home facilities with a plan to engage their colleagues and facility leadership. Kimberly Church, AFHS national lead, said GEC is already preparing to recruit new facilities for the second Age-Friendly Action Community set to begin in January 2024.



How to join (for VA staff):

- Register by filling out the brief registration form by Dec. 1, 2023
- Review the Age-Friendly Health Systems SharePoint
- Mark your calendar for the Kick-off Call, which will be held:
  Wednesday, Dec. 6 at 2 p.m., ET

NOTE: *Article adapted from VA news articles and blog posts from August 2023*

Pilot Clinical Trial of Macimorelin to Assess Safety and Efficacy in Patients with Cancer Cachexia

The Garcia lab (pictured at an outing to the Burke Museum in Seattle) plays an important role in VA Puget Sound's GRECC Research mission. GRECC Director Jose Garcia, MD, PhD, is an active PI on numerous large grants and mentors junior faculty and post-doctoral trainees. He also co-directs the *VA Summer Research Program* with Dr. Lindsey Anderson, a VA CDA awardee under his mentorship. He published a recent important article on EXT418. This novel long-acting ghrelin mitigates Lewis lung carcinoma induced cachexia in mice with Dr. Haiming Kerr, who just received an NIH K-award under his mentorship. His clinical group also recently published their pilot clinical trial of macimorelin in older patients with cancer cachexia.

Cancer cachexia is associated with reduced body weight, appetite, and quality of life (QOL) with no approved treatments. Growth hormone secretagogues like macimorelin have the potential to mitigate these effects. It is perhaps even more important in older adults for whom age-associated muscle wasting and weakness, known as sarcopenia, is already prevalent.

Published in March, the pilot study was the first to test the safety and efficacy of repeated doses of macimorelin for 1 week. Efficacy was defined *a priori* as a 1-week increase in 1) body weight (≥0.8 kg), 2) plasma insulin-like growth factor (IGF)-1 (≥50 ng/mL), a marker of growth hormone action, and/or 3) QOL (≥15%). Secondary outcomes included safety, caloric intake and expenditure, appetite, and function. Patients were randomized to 0.5 or 1.0 mg/kg macimorelin or placebo.

Results were encouraging when participants receiving either macimorelin dose were combined (N = 10; 100% male; median age = 66 ± 2) and compared with placebo (N = 5; 80% male; median age = 68 ± 6). Efficacy was met for many macimorelin recipients, but almost none for placebo: body weight (macimorelin N = 2; placebo N = 0); IGF-1 (macimorelin N = 0; placebo N = 0); QOL (macimorelin N = 3-4; placebo N = 0-1) from Anderson Symptom Assessment Scale or Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F). However, the proportion of patients meeting efficacy was not statistically different between groups. Importantly, no safety issues related to macimorelin were reported. In macimorelin recipients, improved QOL by FACIT-F was associated with increased body weight (r = 0.92, P = 0.001), IGF-1 (r = 0.80, P = 0.01), and caloric intake (r = 0.83, P = 0.005), and with reduced caloric expenditure (r = −0.67, P = 0.05).

The authors concluded that 1-week daily macimorelin was safe and numerically (but not statistically) improved body weight and QOL in these older patients with cancer cachexia compared to placebo. Future directions include longer-term administration, as there may be evidence for mitigating cancer-induced reductions in body weight, appetite, and QOL in larger studies.

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Improving Primary Care Understanding of Resources and Screening for Urinary Incontinence to Enhance Treatment (PURSUIT)

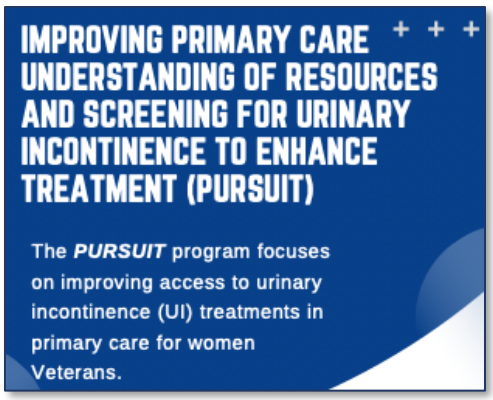
Increasing numbers of women Veterans are using VA for primary and gender-specific health care. Many women Veterans experience Urinary Incontinence (UI) and may be at increased risk due to military service, such as restricted toilet access and the impact of increased weight on their pelvic floor due to heavy gear.

Additionally, the number of women Veterans seeking medical care is increasing due to a generation of women Veterans entering age 50. Statistically, age 50 and older has been identified as a high-risk indicator for UI. These factors, along with other known factors like pregnancy, childbirth, and physiologic changes during menopause, increase UI among women Veterans.

An *EvidenceNOW* Agency for Healthcare Research and Quality (AHRQ) Managing Urinary Incontinence Initiative, VA Birmingham/Atlanta GRECC is partnering with the University of Alabama at Birmingham, Emory University, Salt Lake City VA Medical Center, VA Women's Health Practice-Based Research Network, and VA Office of Women's Health to implement PURSUIT. The acronym is pulled from "Improving **P**rimary Care **U**nderstanding of **R**esources and **S**creening for **U**rinary **I**ncontinence to Enhance **T**reatment."

The project team is working to improve access to evidence-based nonsurgical standard of care UI treatments for women Veterans in the Southeast region of the US using the most effective remote delivery modality.

Specifically, Community-Based Outpatient Clinics (CBOCs) VISN 7 are enrolled, spanning the states of Alabama, Georgia, and South Carolina. The project focuses on CBOCs serving at least 50 women Veterans with primary care services, recruited through connections with local women's health providers.



The project uses a Type 1 Hybrid Effectiveness-Implementation design to assess the effectiveness of the mobile Health (mHealth) application, MyHealth*e*Bladder, designed to provide self-guided behavioral treatment of UI for women Veterans and uses the RE-AIM framework to guide practice-level implementation. Using cluster randomization, the study compares two models at the practice level:

- Use of a practice facilitation toolkit with mHealth UI modality alone
- Use of a practice facilitation toolkit with an mHealth UI modality combined with clinician expertise delivered via clinical video telehealth to improve normalization of toolkit use

Variables assessed include the adoption rate of practice facilitation components and the effectiveness of mHealth compared to mHealth with consultation for symptom improvement.

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SCOUTS: Integrating Health Care from Primary Care to Home Health Care

In May 2022, two VA Palo Alto Health Care System (VA Palo Alto) Intermediate Care Technicians (ICTs) traveled to San Jose, CA, to conduct a home visit with a 93-year-old Korean War Veteran. His primary care provider had contacted the Medical Director of the Emergency Department (ED) for a referral to the Supporting Community, Outpatient, Urgent Care, and Telehealth Services (SCOUTS), which is a home transition pilot program aimed at increasing telehealth connectivity and identifying unmet care needs for older adults after an ED visit.

ICTs are a unique VA workforce of former Army Combat Medics, Navy Corpsman, or Air Force and Coast Guard Medical Technicians integrated into interdisciplinary care teams. ICTs perform geriatric screens and home safety evaluations while assisting with acute ambulatory care problems via a video appointment with an ED provider. In addition, they provide care coordination and health care system navigation to connect patients to their primary or specialty care teams.

This Veteran's wife had been caring for his wounds with minimal success. The Veteran also needed nail trimming, but limitations with mobility made it difficult to travel. This marked the first time ED and Primary Care teams in the Palo Alto area would work together to conduct a home visit to provide acute care. At this home visit, the ICTs completed wound and toenail care and provided education about diet and the importance of follow-up care. The Veteran was extremely satisfied with the SCOUTS home visit. He and his wife expressed their gratitude and sincere appreciation for the outstanding bedside manner exhibited by the team. The Veteran also shared, *You are the first person ever to trim my nails and not have them bleed*.

SCOUTS ICT: *As Navy Corpsmen, Army Medics, and Air Force Technicians, we have had the honor and privilege to serve our nation. The SCOUTS program has allowed our team to continue to serve and give back to those Veterans who stood watch over our nation before us. It has amazed us and humbled us to our core that even during our service members' most complex trials and tribulations, they find it within themselves to make us feel welcome in their homes.*

VA Palo Alto is 1 of 7 sites participating in the SCOUTS pilot. Other sites include Salt Lake City, Durham, Fayetteville, Dallas, Grand Junction, and San Diego. The Cleveland VAMC GRECC serves as the program medical direction and analytics team.

As of July 2023, the pilot has served over 1,400 Veterans. SCOUTS and other VA programs geared toward older Veterans are part of the VA's initiative to build the nation's most extensive, integrated Age-Friendly Health System.

Contact: Kristina.Snell@va.gov

Telehealth Program for Caregivers of Veterans with Amputations: RESCUE

Although family members of Veterans with amputations are often overwhelmed, there are few interventions and programs to help family members cope with and care for the Veteran's amputation. To address this unmet need, clinicians and researchers at the Gainesville GRECC at the Malcom Randall Medical Center (MRMC), in partnership with Research Service, PM & R Service, and the University of Florida, are conducting a Clinical Demonstration Project: RESCUE Telehealth Program for Caregivers of Veterans with Amputations.

This project, funded by VISN 8, addresses a major clinical issue identified by Dr. Ifeyinwa Ilechukwu, Director of Physical Medicine and Rehabilitation at MRMC. It is a transitional and in-home telehealth program that adapts a previously created and effective problem-solving intervention for stroke caregivers (i.e., RESCUE stroke caregiver CREST study). The stroke caregiver program was modified to address the unique needs of caregivers of Veterans with lower limb loss. For example, fact sheets on high-priority topics were developed on *Body Image and Social Stigma, Sex After Limb Loss, Preventing Another Amputation, Exercise After Limb Loss,* and *Traveling After Limb Loss.*

The program is based on the COPE model, which emphasizes that caregivers' skills are improved by developing:

- **C**reative thinking
- Maintaining an **O**ptimistic attitude
- Using **P**roblem-solving skills
- **E**xpert information

Registered nurses conduct the program in 6 weekly telehealth sessions that include:

- Standardized and tailored education
- Interactive discussion questions to apply education
- Problem-solving to address caregiver and Veteran difficulties
- Care coordination
- Health assessments of caregivers and Veterans

First, a comprehensive needs assessment was conducted that included systematic reviews of the literature; visits to the MRMC Amputation Clinic, Grand Rounds, and Telehealth Program; interviews with program and service leaders and clinicians in the VA Office of Nursing Service, the VISN 8 Caregiver Support Program, and the Amputation System of Care; and a telephone interview with the MRMC local Amputee-Coalition Certified Peer Visitor.

From the needs assessment findings, a procedure manual was developed, as well as a 265-page workbook that includes 39 fact sheets and self-management tools. The workbook is mailed to caregivers and used by the nurse interventionist to teach, support, and empower caregivers.

Program outcomes are evaluated via telephone post-test and qualitative interviews. Outcomes are caregiver stress; burden; anxiety; health-related quality of life; self-efficacy; preparedness; positive aspects of caregiving,

(continued on page 9)

and Veteran functional abilities, community integration, and health care utilization. Information is also obtained about caregivers' perceptions of the program's value, acceptability, strengths, and weaknesses.

Primary caregivers of Veterans who have experienced an amputation within the last 4 months are enrolled. Findings from the current project were used to modify the program and then offer it to a larger number of caregivers in VISN 8 in FY 2024. The anticipated impact of the clinical demonstration project is a program that can be disseminated VA-wide as a model to improve caregiving and the quality of life of Veterans with amputation.

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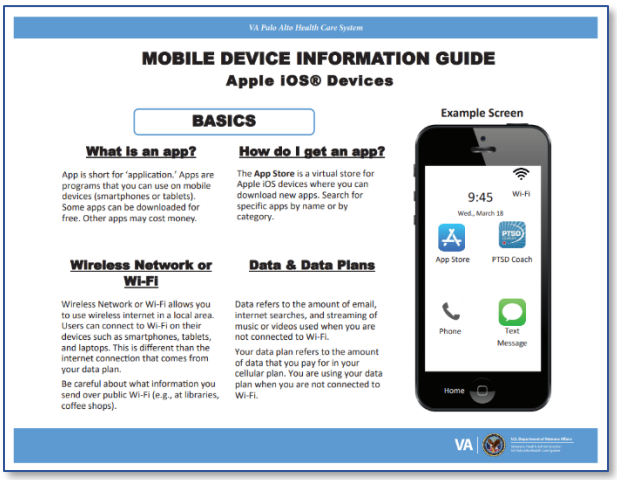
Education Materials for Older Novice Mobile Device Users

In 2018, VA Palo Alto GRECC staff developed patient-facing educational materials as part of a clinical demonstration project to support older, novice mobile device users using VA mental health apps. In addition to implementing the materials locally through the Geri-Mobile Health Clinic, the materials were available by request nationally. They disseminated through initiatives like the National Center for PTSD Technology into Care Program.


VA Palo Alto Health Care System

MOBILE DEVICE INFORMATION GUIDE
Apple iOS® Devices

BASICS

What is an app?

App is short for 'application.' Apps are programs that you can use on mobile devices (smartphones or tablets). Some apps can be downloaded for free. Other apps may cost money.

How do I get an app?

The **App Store** is a virtual store for Apple iOS devices where you can download new apps. Search for specific apps by name or by category.

Wireless Network or Wi-Fi

Wireless Network or Wi-Fi allows you to use wireless internet in a local area. Users can connect to Wi-Fi on their devices such as smartphones, tablets, and laptops. This is different than the internet connection that comes from your data plan.

Be careful about what information you send over public Wi-Fi (e.g., at libraries, coffee shops).

Data & Data Plans

Data refers to the amount of email, internet searches, and streaming of music or videos used when you are not connected to Wi-Fi.

Your data plan refers to the amount of data that you pay for in your cellular plan. You are using your data plan when you are not connected to Wi-Fi.

Example Screen

More than 10,000 copies of the technology guides have been shared. These materials include:

- *Mobile Device Reference Guides*
- *How to Download Apps*

Over 3,000 copies of the VA app guides for *Mindfulness Coach*, *Mood Coach* (no longer supported by VA), and *PTSD Coach* were requested. Almost 6,000 starter kits were also sent out to hundreds of providers, including psychologists, physicians, and social workers.

As materials were ordered, survey data was collected about how often these providers recommended VA mental health apps to their older Veteran patients, their comfort in doing so, and anticipated benefits and barriers.

A small percentage of providers reported they were either *uncomfortable or slightly uncomfortable* recommending VA apps. About 94% of providers reported they were *moderately comfortable (30%)*, *very comfortable (37%),* and *extremely comfortable (26%)* recommending apps to Veterans.

Patient-provider-related anticipated barriers to using the Geri-Mobile materials were identified. Anticipated patient-related barriers included potential discomfort using technology and limited ability to share the materials with patients due to COVID-19 regulations, teleworking, and lack of in-person visits. Anticipated provider-related barriers included time to troubleshoot or obtain devices for patients.

The project team sent a follow-up survey to providers four months after sending materials. Nearly 90% found that the materials increased their comfort to varying degrees.

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Educational Simulation Using Virtual Reality (VR) Headset

Intending to improve outcomes for the care of Veterans, Palo Alto GRECC staff are exploring using virtual reality (VR) to deliver educational simulations to interdisciplinary staff and students. These simulations have the potential to build empathy through experiential learning, with experts available to debrief and provide guidance.

A program created by Embodied Labs, which includes virtual simulations focused on real-life situations faced by older adults, is used by learners who wear a VR headset and are taken to another reality where they embody an older adult, live in their shoes, and follow their lives.

There are 7 unique simulations centered around older adults' lived experiences and/or medical diseases. The simulation used most often focuses on Alzheimer's dementia. The learner becomes an older adult woman and observes her struggles to complete everyday tasks, sees the progression of dementia over several years, and witnesses how caregivers are affected.

Since 2022, over 300 medical staff at the Menlo Park Community Living Center have participated in the 2-hour VR dementia workshop, including a group discussion and case study review.

Other applications of the VR headset include:

- Teaching first-year medical students about geriatric syndromes and sensory changes. Learners experience how it feels to be the center of conversation without providing input and to apply empathetic communication techniques.

- Having learners embody a transgender older adult and experience her encounters, including discrimination as a gender minority and older adult. After the simulation, learners meet with an LGBTQ+ champion to debrief and discuss how to adapt inclusive language into everyday geriatric care practices.

- Empowering family caregivers of loved ones with dementia via a pilot program where they view a VR simulation during a telehealth meeting with a geriatrics clinical nurse specialist for a 1-hour class, with a discussion of common themes and challenges

Feedback from the simulations has been positive and indicates using VR has effectively delivered firsthand real-world experience. In addition, caregivers who are new to dementia care and/or have a loved one with a new diagnosis of dementia have found the 1-hour class to be of great benefit.

Palo Alto GRECC staff plan to continue studying VR as a tool to enhance trainee and staff skills and education and empower family caregivers.

Contact: Dat.Hoang-Gia@va.gov

Integrated Telehealth-Occupational Therapy

Telehealth is an increasingly popular health care service modality, particularly using a video interface. VA Video Connect (VVC) was adopted nationally to support health care. Occupational Therapy (OT) using VVC has the potential to reach patients who "fall through the cracks" due to gaps caused by rurality, productivity barriers, lack of staffing, and scheduling and transportation challenges.

These OT needs are especially critical following hospitalization in older Veterans to ensure successful community and home integration. While recent data suggest that increased acute hospital OT care may decrease hospital readmissions, the impact of home-based OT video telehealth has not been carefully studied regarding health outcomes, quality of life, and post-hospitalization needs.

Funded by the VA Office of Rural Health at the Cincinnati and Ann Arbor VAs, iTeleOT was developed to leverage broader OT skills more fully via VVC to improve older Veterans' function in the home, particularly in Veterans with reduced access to home health services, rural living location, and recent hospital discharge with unmet OT needs. Standard OT assessments and interventions are integrated into the iTeleOT protocol, focusing on video-enhanced home safety assessment, technology, connectivity issues, and durable medical equipment (DME) use.

Program evaluation includes the extent of caregiver involvement and support and adaptations of well-known tools such as PROMIS-29. SMART goals, linked to 14 intervention modules, are customized to optimize function and community reintegration. Preliminary experience (n=14 Veterans) suggests extensive use of home-related goals and modules. Modification, DME use, limited VVC capability, and rehospitalization are key barriers. Here are 3 illustrative cases:

Case 1: 87-year-old, post-GI bleed and weakness, discharged from community home skilled OT/PT but still unable to leave the house and socialize. iTeleOT provided additional DME, a HISA grant for front entry railing, and pacing strategies for safe outdoor mobility allowing a home visit. *Outside the VA, this wouldn't have been available. We wouldn't have progressed, and it would've caused more depression.*

Case 2: 61-year-old, post radiation treatment for inoperable glioblastoma and cognitive impairment with goals to maintain independence but no further post-discharge interventions. iTeleOT intervention focused on memory skills, introduction and use of MyHealtheVet, and introduction to Whole Health interventions. *I have regained my confidence. I didn't think I could find information on MyHealtheVet using my computer. I like using the calendar for my appointments.*

Case 3: 87-year-old, post elevated blood pressure and reduction in ambulation. No skilled home health is available. Given a pedometer to increase movement and worked on safe transfers and home strengthening as motivation for eligibility for safe scooter use.

My goals are to get out in the community for appointments with my doctor and shop for groceries.

The iTeleOT program holds promise as a potential VA OT Telehealth best practice and for further OT workforce development.

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Understanding Factors Associated with Food Security among Veterans

Food insecurity or limited or uncertain access to adequate and appropriate food, is a multifaceted phenomenon independently associated with chronic health conditions, mobility limitations, and poor overall health.

Understanding socioeconomic and biomedical factors associated with food security status in Veterans may aid in developing inter-professional interventions and partnerships in clinical and community settings targeted to address the unique needs of the Veteran population.

Utilizing National Health and Nutrition Examination Survey data from 2011-2016, predictors of the association between being a Veteran and adult food security were determined, as well as the relation of potential covariates to this relationship.

The population studied was 92% male, ~50% non-Hispanic White, and ~30% non-Hispanic Black, with a mean age of 57.

Compared to non-veterans (N=2,343), Veterans (N=1,227) were more likely to have obesity (44% vs. 38%), diabetes (20% vs. 16%), and cardiovascular disease (16% vs. 10%).

Regarding food security status, the proportion of Veterans and non-Veterans reporting high (Veterans vs. non-Veteran: 79% vs. 80%), marginal (9% vs. 8%), low (5% vs. 6%), and very low (8% vs. 6%) food security was similar between groups.

Overall, after controlling for covariates, Veterans tended to be less likely to have high food security than non-Veterans (OR: 0.81 (95% CI: 0.65, 1.01), P=0.06).

Further, we found that non-Hispanic White Veterans were significantly less likely to experience high food security than non-Veterans in adjusted analyses (OR: 0.72 (95% CI: 0.55, 0.95), P=0.02).

Similar results were found when examining education where Veterans completing some college but not having graduated college were less likely to experience high food security compared with non-Veterans in adjusted analyses (OR: 0.71 (95%: CI 0.50, 0.99), P<0.05).

The risk of food insecurity did not differ by Veteran status when adjusted for covariates and stratified by any other category of race/ethnicity, education, or sex.

To develop interventions better suited to address the unique needs of the Veteran population, it is essential to understand the risk and the socioeconomic factors associated with food security status in Veterans compared with non-Veterans. After adjusting for covariates, we found that Veterans are less likely to experience high food security than non-Veterans.

In 2017, the VHA implemented a one-question food insecurity screener completed on all non-institutionalized Veterans receiving care.

Integrating the food insecurity screener is a critical step to identify and assist vulnerable Veterans. Further, this study adds to the literature by highlighting ethnicity and level of education as important socioeconomic determinants of food security status in Veterans.

To learn more, see this recently published article in *Public Health Nutrition*.

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GeriScholars Program Expands to Indian Health Service

The VA Geriatric Scholars Program is a workforce development program to enhance the skills of the interdisciplinary workforce in primary care settings. This program, co-funded by the VA Office of Rural Health (ORH) and VA Office of Geriatrics and Extended Care, is a model for continuing education and practical application of knowledge for licensed health care professionals.

With technical assistance from the Geriatric Scholars Program hub site staff, the model program has been adopted by the Indian Health Service (IHS), a division of the Public Health Service in the US Department of Health and Human Services.

IHS launched the "IHS GeriScholars" in September 2022. In July 2023, the initial class celebrated the quality improvements that they implemented as a result of participating in the program – ranging from a clinical focus on improving recognition and detection of cognitive impairment to an organizational focus on managing multiple pharmacies within a health care system to a focus on patient education by including the reason for each medication on prescription labeling.

IHS is already recruiting the second class of scholars. In addition to assisting federal partners in developing IHS GeriScholars, VA Institute for Learning, Education, and Development (ILEAD) offers CME/CEU-accredited virtual classes and webinars on the TRAIN platform to extend training resources to non-VA professionals.

Keeping Current

GRECC Website Updates

The detailed information about each GRECC location was recently updated, including:

- Contact Information
- Staff Listings
- Affiliation(s)
- Focus Areas
- Current Research Projects
- Educational Initiatives
- Clinical Innovations
- Featured Publications.

To view the page for a specific site, click on the link:

- Ann Arbor
- Baltimore
- Birmingham/Atlanta
- Bronx
- Cleveland
- Durham
- Eastern Colorado
- Gainesville
- Greater Los Angles
- Little Rock
- Madison
- Miami
- Minneapolis
- New England
- Palo Alto
- Pittsburgh
- Puget Sound
- Salt Lake City
- San Antonio
- Tennessee Valley

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Staff News

Awards

Outstanding Poster in Geriatric Syndromes Category at AGS

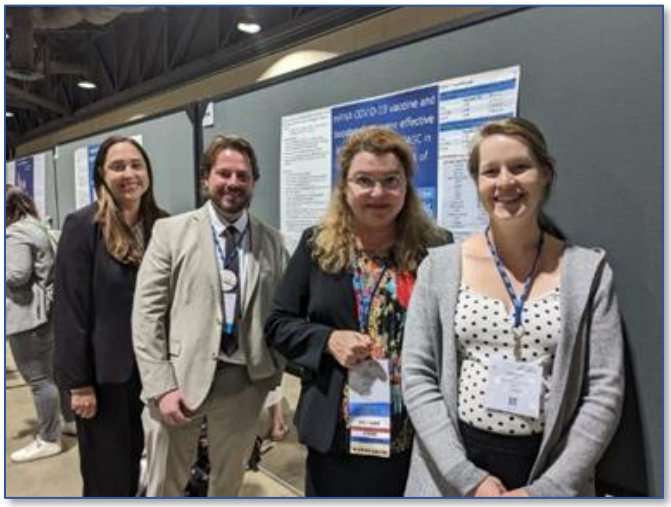
Miami GRECC presented 8 posters at the Annual Meeting of the American Geriatrics Society (AGS), including an outstanding poster award winner in the Geriatric Syndromes category.

The poster highlighted a retrospective cohort study evaluating whether vaccination was a protective factor for Post-Acute Sequelae of COVID-19 (PASC) in frail, pre-frail, and robust Veterans during the Omicron Wave. The researchers used the VA COVID-19 Shared Data Resource and identified 148,700 Veterans who met the inclusion criteria, of which 22.9% were frail, 28.2% were pre-frail, and 48.8% were robust.

A multivariate logistic regression assessed the association between vaccination status and PASC. The findings confirmed the association of vaccination with a lower incidence of PASC that was statistically significant in frail, pre-frail, and robust patients, further decreased by booster, as follows: In frail, vaccine and booster shot were associated with 20% and 30% reduction, respectively, in the odds of developing PASC.

In prefrail, vaccine and booster shots were associated with a 20% and 35% reduction in the odds of developing PASC. Finally, in robust Veterans, vaccine and booster shots were associated with a 14% and 26% reduction in the odds of developing PASC. One of the judges commented on the importance of these findings and the need to continue to stress the value of vaccination to our patients, many of whom are frail and pre-frail.

This study was just one of many that our team of researchers has been conducting for the past couple of years on COVID-19 infection, complications, and outcomes, such as hospitalization, death, and Post-Acute Sequelae of COVID-19.



The team has focused its efforts on the effects of COVID-19 on the frail, older, and vulnerable Veteran population. These studies have been highlighted through multiple presentations, not only at AGS but also at ICFSR (International Conference on Frailty and Sarcopenia Research), National Cancer Institute CTTF (Clinical and Translational Serology Task Force) monthly meeting, and journals such as *The Lancet Healthy Longevity* and *Journal of Nutrition, Health and Aging*.

In addition, the team has implemented two clinical demonstration projects designed to evaluate comprehensively, treat with evidence-based multicomponent interventions, and support Veterans suffering from the effects of the COVID-19 infection and PASC and a long-COVID clinic available to Miami Veterans.

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Awards *(continued)*

Exceptional Educator – Dr. Jamie Starks

Congratulations to Dr. Jamie Starks, Behavioral Neurologist and Behavioral Recovery Outreach (BRO) Team Medical Director, who works with the VISN 23 Minneapolis GRECC, Behavior Recovery Unit, and Neurology Department.

Dr. Starks was highlighted as an exceptional educator during VA's Health Professions Education Week. It recognizes 118,000 health professions trainees and the VA faculty who train them to deliver world-class care to over 9 million Veterans at VA medical centers nationwide.

She was recognized for her dedication and expertise in caring for Veterans with advanced dementia. Watch this video to learn more about the BRO model, created by psychologist Dr. Kathleen Matthews, Des Moines VA.

VA Staff Selected as Health and Aging Policy Fellows for 2023-2024

The Office of Academic Affiliations recently announced that VA employees Elizabeth Fine Smilovich, MD, Geriatric Attending Physician at the Louis Stokes Cleveland VA Medical Center, and Quratulain (Annie) Syed, MD, Advanced Fellow in Geriatrics at the Birmingham-Atlanta VA Geriatrics Research Education and Clinical Center (GRECC), were selected for the distinguished Health and Aging Policy Fellows Program for 2023-2024.

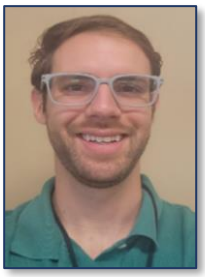
Over the next year, they will proudly represent the VA as 2 of 13 participants in this prestigious program designed to effect policy change that improves the lives of older Americans.

This highly respected program is funded by the Atlantic Philanthropies fund in collaboration with the Research Foundation for Mental Hygiene. The Atlantic Philanthropies generously offered to create a unique opportunity for VA scholars to join the program at no cost to the VA beginning in 2013.

This prestigious fellowship allows professionals in health and aging to receive a wide variety of educational resources through the generosity of these external organizations to develop the experiences and skills necessary to positively contribute to health policies that affect older Americans.

Benefits of participation in this program include formal education sessions addressing health and aging policy, a nationally recognized mentor to assist the fellow's policy and career development, and involvement in an ongoing community of peers and mentors to advance knowledge and practice to improve the Veterans and the nation's health.

New Hire
Dr. Ian Moore Joins Little Rock GRECC



Ian Moore, PhD, a clinician investigator, completed his internship at the Tennessee Valley VA and his post-doctoral neuropsychology fellowship at the Little Rock GRECC. He will provide evaluation services through the neuropsychology and memory clinics and supervise neuropsychology interns. His current research tests the effectiveness of a combined rTMS and immersive virtual reality cognitive training program to improve cognitive performance, mental health, and functional status of people with mild cognitive impairment.

Retirement
Sherri DeLoof Cruising into Retirement

Sherri S. DeLoof, LMSW, VHA Program Manager, Geriatric Research, Education, Clinical Centers, and Veteran Community Partnerships, has announced her retirement.

Inspired by her aunt, a social worker, Sherri followed in her footsteps and dedicated her career to serving Veterans, their families, and caregivers to help improve access to care, services, and benefits. She was a frontline social worker at the Battle Creek VAMC in her early years. As the years passed, she was promoted to Virtual Care and Rural Health Manager in VISN 11, then Program Analyst, and her current position at the Office of Geriatrics and Extended Care in VA Central Office.

She plans to retire to the Gulf Coast of Florida, spend more time on the water in small boats, enjoy more cruising, and volunteer for a non-profit organization in her community.

SUBMIT TO *FORUM ON AGING*

We welcome submissions from GRECCs for this newsmagazine, 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 VA Puget Sound Health Care System, Geriatric Research, Education and Clinical Center.

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Sponsored by the Office of Geriatrics and Extended Care, VACO

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