

A MULTI-SITE PROGRAM TO PROVIDE GERIATRICS TELECONSULTATION TO OLDER RURAL VETERANS (GRECC CONNECT)

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Older Veterans living in rural areas often do not have access to geriatrics team care; rural frontline providers and teams may need support to address the needs of older adults with complex chronic conditions. GRECC Connect aims to link up geriatric teams at Geriatric Research, Education and Clinical Centers (GRECCs) and rural clinics to provide geriatric consultation remotely through clinical video telehealth (CVT) and other means. GRECC Connect is established in twelve GRECCs across the country with links to rural clinics in their catchment area; consultations led to identification and meeting of care needs of older adults with complex conditions, improving medication use and reducing older adults' need for travel to long distances for consultation. In this presentation, we review the experience of establishing connections with rural clinics, impact on older adult care and adaptations needed to address local needs and contexts.

IMPROVING ACCESS AND OUTCOMES FOR RURAL CAREGIVERS USING THE TELEPHONE

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Many caregivers of older rural veterans have limited access to services. In 2017, VA's Office of Rural Health and Caregiver Support Program funded the Memphis Caregiver Center to deliver Resources for Enhancing All Caregivers Health (REACH VA) as a national behavioral intervention to improve access to care. To date, 438 caregivers of older Veterans have enrolled. REACH is a proven 4-session caregiver intervention, structured and easily replicated. Rural internet service is often problematic. Offering REACH by telephone provides many benefits, including access to service not available in the rural area, almost universal technology penetration, ease and familiarity of use, and removal of barriers of travel and care for the loved one. Through this enhanced service, caregivers of older veterans with dementia, PTSD, ALS, MS, and other conditions have shown statistically and clinically significant improvements in managing concerns and safety relating to their loved one and their own stress and coping.

HOME VIDEO TELEHEALTH TO SUPPORT RURAL VETERAN CAREGIVERS

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VA offers multiple programs and services to support caregivers of US military Veterans. However, access for rural Veterans and caregivers is challenging due to distance from VA medical facilities. VA Video Connect (VVC) is a remote healthcare platform that enables Veterans to connect directly with VA clinicians through a secure, encrypted video connection. Rural caregivers and Veterans can participate in caregiver services through their own computer or another device from their home, reducing the need for travel to distant VA facilities. In 2018, VA's Caregiver Support Program and Office of Rural Health developed an implementation pilot to engage eighteen VA Caregiver Support Coordinators (CSCs) in using VVC to monitor and support 180 Veteran/caregiver dyads enrolled in VA's Program of Comprehensive Assistance for Family Caregivers. The presentation will provide an overview of each phase of implementation, report usability and outcome data from CSCs and caregivers, and discuss implications for broader implementation.

SESSION 3170 (PAPER)

EPIDEMIOLOGY OF AGING

ACCELERATED CHILDHOOD SKELETAL AGING IS PROTECTIVE OF DEVELOPMENT OF SARCOPENIA IN LATER LIFE

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Sarcopenia is an age-related loss of muscle mass and strength that has a multitude of adverse sequelae. Similar to other aging-related phenomenon, sarcopenia is likely the product of inputs that begin in utero and continue throughout the lifespan. We hypothesized that patterns of childhood skeletal growth predict sarcopenia status later in life. Data are from N=202 lifelong participants of the Fels Longitudinal Study (median lifetime visits=33). At the sarcopenia measure visit, participants were aged 65.8 + 10.3 years, 54% female, with body mass index of 27.5 + 4.9. Sarcopenia was defined using published sex-specific cutpoints from dual energy x-ray absorptiometry quantified appendicular lean mass/height². Childhood skeletal age was calculated from serial hand-wrist radiographs (FELS method). Residual skeletal aging (RSA) was calculated as skeletal age minus predicted chronological age at peak height growth velocity during adolescence. RSA variance was similar in both sexes, with a range of -2 (delayed skeletal aging) to +2 years (accelerated skeletal aging). In older age, 6% of males and 22% of females exhibited sarcopenia. In multivariate logistic regression models controlling for age, self-reported physical activity, and grip strength (all measured at sarcopenia visit), accelerated RSA was protective of sarcopenia (Adjusted OR=0.58; 95% CI: 0.35-0.94). This is the first study to link childhood skeletal