

*Greater Los Angeles Healthcare System GRECC, Sepulveda, California, United States, 4. VA Greater Los Angeles Healthcare System, Sepulveda, California, United States*

The VA has invested in developing the skills of its primary care workforce through the longitudinal Geriatric Scholars Program. The program consists of core components --- intensive course in geriatrics, intensive workshop in quality improvement (QI) and initiation of a micro QI projects in the Scholar's clinic; electives allow learners to tailor the program to self-identified gaps in knowledge, skills and competencies. The program has demonstrated direct impacts of continuing education through a workforce development process that enhances skills and competencies at a pace and selection that meets clinicians' self-identified gaps in training. Now in its 11th year, the program has been shown to increase career satisfaction and job retention, standardize provider behaviors, improve clinical decision-making and reduce dispensing of potentially inappropriate medications. This symposium further explores the impact of the program on individual clinicians and on clinical teams.

#### AN EVALUATION OF THE VA RURAL INTERDISCIPLINARY TEAM TRAINING PROGRAM: OUTCOMES AND IMPLICATIONS

Judith L. Howe,<sup>1</sup> Josea Kramer,<sup>2</sup> Nancy Weintraub,<sup>2</sup> Eve Gottesman,<sup>3</sup> Regina Richter,<sup>4</sup> and Andrew Bean<sup>3</sup>,

1. James J Peters VA Medical Center, GRECC, Bronx, New York, United States, 2. Greater Los Angeles Health Care System GRECC, North Hills, California, United States, 3. James J. Peters GRECC, Bronx, New York, United States, 4. David Geffen School of Medicine, UCLA, North Hills, California, United States

The rural interdisciplinary team training (RITT) program has provided in-person training for almost 2000 VA providers and staff at 125 rural clinics since 2011. The multi-modal workshop, accredited for 6.5 hours for a number of disciplines, focuses on the recognition of common issues facing older Veterans, red flags prompting further assessment, how to administer screening instruments and team-based approaches for improving patient outcomes. Participants develop an improvement action plan improvement project based on common challenges faced by clinic patients. A program evaluation found an increase in geriatrics knowledge and a modest improvement in teamwork after the education program. It also found that participants self-identified an enhanced ability on average to use red flags after the 6.5 hour training in areas such as polypharmacy, falls and caregiver stress. The action plans were often not implemented at follow-up. The evaluation results will be discussed, as well as challenges, limitations, and implications.

#### THE EFFECT OF GEROPSYCHOLOGY TRAINING ON JOB EFFECTIVENESS AMONG VA PSYCHOLOGISTS

Ashley Scales,<sup>1</sup> Rachel Rodriguez,<sup>2</sup> Christine Gould,<sup>1</sup> Jeffrey Gregg,<sup>2</sup> Joung Huh,<sup>3</sup> and Josea Kramer<sup>4</sup>, 1. VA Palo Alto Health Care System, Palo Alto, California, United States, 2. Durham VA Health Care System, Durham, North Carolina, United States, 3. San Francisco VA Health Care System, San Francisco, California, United States, 4. VA Greater Los Angeles Health Care System, Sepulveda, California, United States

Providing training to assist employees with excelling in their job role may increase their job effectiveness, which then translates to improvements in an organizations' performance measures. In 2018, the Geriatric Scholars Psychology Program measured whether a multi-day course influenced the Psychologists' perceived job effectiveness using modified questions from Godat and Brigham's Reaction Measure. Ninety-two percent agreed the training assisted them with identifying and overcoming obstacles; helped them set goals to increase problem solving at their designated facilities; boosted their confidence in fulfilling their job duties; and the training should be made available to other employees who provide care to older Veterans on a regular basis. Findings from the 3-month follow-up assessment demonstrated that the positive effect on job effectiveness was sustained. Discussion will explore aspects of the course that may be key in improving perceived effectiveness and consider novel approaches to enhance this outcome.

#### SPREAD OF QUALITY IMPROVEMENT PROJECTS IMPLEMENTED IN A GERIATRICS WORKFORCE DEVELOPMENT PROGRAM

Claire E. O'Hanlon,<sup>1</sup> Claire E. O'Hanlon,<sup>2</sup> Debra Saliba,<sup>3</sup> Joseph Douglas,<sup>4</sup> Michael N. Mitchell,<sup>5</sup> Carol Callaway-Lane,<sup>6</sup> and Josea Kramer<sup>7</sup>, 1. VA Greater Los Angeles Healthcare System, Los Angeles, California, United States, 2. Veterans Affairs Center for the Study of Healthcare Innovation, Implementation & Policy, Los Angeles, California, United States, 3. Veterans Affairs Center for the Study of Healthcare Innovation, Implementation & Policy University of California; Los Angeles Borun Center for Gerontological Research, Los Angeles, California, United States, 4. Geriatric Research Education Clinical Center, VA Greater Los Angeles Healthcare System (contractor), North Hills, California, United States, 5. Veterans Affairs Center for the Study of Healthcare Innovation, Implementation & Policy, North Hills, California, United States, 6. Veterans Affairs Tennessee Valley Healthcare System, Geriatric Research Education Clinical Center, Nashville, Tennessee, United States, 7. Veterans Affairs Greater Los Angeles Healthcare System Geriatric Research Education Clinical Center Division of Geriatric Medicine, David Geffen School of Medicine at UCLA, North Hills, California, United States

This project characterizes spread of quality improvement (QI) projects initiated in the U.S. Department of Veterans Affairs (VA) Geriatric Scholars Program (GSP) workforce development program. This mixed methods study analyzes a recent cross-sectional survey of GSP participants and program-level data on participant characteristics and QI project topics. We surveyed 578 scholars who had completed all program requirements to that point, and still worked for VA; 207 (35%) responded. The majority of respondents who had been in the program for at least six months (70%) reported sustainment of their QI project beyond initial implementation and nearly a third (30.4%) reported any spread beyond their own care team. QI project topics spanned many domains and percent of projects reporting spread varied across domains from 0% to 67%. A workforce development capstone activity in which participants demonstrate substantive

and methodological competency can foster bottom-up QI activities in a large, diverse health care system.

## SESSION 3535 (PAPER)

### HEALTH CARE SERVICES AND INTERVENTIONS

#### DAYS AND NIGHTS OF DYADS: EXAMINING BEHAVIORAL INTERDEPENDENCE IN CO-RESIDING COUPLES USING ACTIGRAPHY

Lyndsey M. Miller,<sup>1</sup> Zachary Beattie,<sup>1</sup> Nora Mattek,<sup>1</sup> Nicole Sharma,<sup>1</sup> Katherine Wild,<sup>1</sup> and Jeffrey Kaye,<sup>1</sup>  
1. Oregon Health & Science University, Portland, Oregon, United States

Physical activity and sleep are behaviors that contribute to overall health, and are notoriously challenging to improve. For individuals co-residing as a couple, there is growing recognition of the importance of the interdependence between individuals' behaviors (e.g. the physical activity and sleep habits of one's partner has an influence on one's own sleep and physical activity). Yet, studies examining this phenomenon have primarily been conducted among young adults and have either used self-report or episodic measures. The purpose of this study was to examine physical activity and sleep as interdependent behaviors within older adult couples. Using intensive longitudinal data (continuously collected over 35 days) from actigraph watches worn by 54 dyads (mean age in years  $72.4 \pm 7.1$ ), we examined daily step counts and nightly sleep duration (total of 3780 observations) as a dyadic daily process. Results from multilevel process models for distinguishable dyads (Mplus version 8.2: Muthén & Muthén, 1998-2018) indicated that step count and sleep duration were interdependent processes at the within-dyad level ( $ps < 0.001$ ). At the between-dyad level, on days with a typical number of steps, on average dyad members' sleep duration was 7.55 hours [95% CI 4.27 - 10.79 hours], and across dyads, partners' sleep duration and step counts were also interdependent processes ( $ps < 0.05$ ). In order to improve the physical activity and sleep of older adults who co-reside with a partner, these results suggest that targeting the dyad, rather than the individual, may be necessary.

#### FEASIBILITY OF SCREENING AND MANAGING CAREGIVER BURDEN AND DEPRESSIVE SYMPTOMS DURING PATIENTS' CLINIC VISITS

Ranak Trivedi,<sup>1</sup> Rashmi Risbud,<sup>2</sup> Manali Patel,<sup>3</sup> Steven Asch,<sup>2</sup> and Karl Lorenz,<sup>2</sup> 1. Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park, California, United States, 2. VA Palo Alto Health Care System, Menlo Park, California, United States, 3. Stanford University, Stanford, California, United States

Half of cancer caregivers experience depression, caregiver burden, or stress, yet less than a third have discussed their needs with anyone. Identifying this vulnerable population is challenging since caregivers only interact with the healthcare system in service of the patients. Our objectives were: 1) To test the feasibility of screening cancer caregivers for burden and depressive symptoms during patients' clinic visits; and 2) To test the feasibility of a brief counseling session for caregivers who screened positive for either. Caregivers of patients

with head and neck cancers were recruited from cancer clinic waiting rooms at Palo Alto VA and Stanford. Caregivers completed the PHQ-9 (depressive symptoms), and Zarit Burden Inventory-Short Form (caregiver burden). Participants screening positive for burden ( $>16$ ) and/or depressive symptoms ( $>9$ ) were provided psychoeducational resources and the choice to attend 1 brief counseling session with a clinical psychologist. Of the 50 participants who completed the surveys, 36 (72%) were women and 30 (60%) were significant others. Mean scores for depressive symptoms and caregiver burden were  $6.29 \pm 5.01$  and  $11.02 \pm 8.62$ , respectively. Twenty participants screened positive for depressive symptoms ( $n=9$ ) or caregiver burden ( $n=11$ ); 3 screened positive for both. Of those who screened positive, only 4 indicated an interest in counseling. Main reason for refusal was lack of time, or that they were already receiving mental health care. Screening caregivers at patient visits is feasible and convenient. However, connecting those in need to mental health resources may be more challenging.

#### MENTAL AND PHYSICAL HEALTH EFFECTS OF EVERYDAY DISCRIMINATION TRAJECTORIES

Collin Mueller,<sup>1</sup> and Carlos Tavares,<sup>2</sup> 1. Duke University, Durham, North Carolina, United States, 2. Lafayette College, Easton, Pennsylvania, United States

How do perceived discrimination trajectories impact health of Black, Latinx, and White adults ages 50 and older? Few researchers have sought to discern between the health effects of perceived discrimination measured cross-sectionally versus longitudinally. We aim to address this gap by leveraging newly available 3-wave panel data. We analyze 3 waves of data from the Health and Retirement Study (HRS) ( $n=2830$  individuals ranging in age from 50 to 84, observed from 2008-2016). We first estimate group-based trajectories of everyday discrimination using finite mixture models. Second, we use multinomial logistic regression to estimate the likelihood of group membership in one of the identified trajectories of everyday discrimination based on psychosocial and demographic covariates. Third, we estimate the effects of group membership in one of these trajectories on four health outcomes: functional mobility, self-rated health, a count of chronic health conditions, and depressive symptoms. We identify three latent group-based trajectories of perceived discrimination. Black Americans are more likely than Latinx or White Americans to be members of latent trajectories characterized by higher levels of perceived discrimination over time. Membership in higher-discrimination groups over time is associated with worse physical and mental health profiles. Including measures of trajectory membership fully mediates the relationship between cross-sectional perceived discrimination and chronic conditions. Levels of discrimination decline across cohorts, suggesting that younger individuals perceive higher levels of everyday discrimination than their older counterparts.

#### ORGANIZATIONAL READINESS TO CHANGE AND NURSING HOME SAFETY: RESULTS FROM A NATIONAL SURVEY

Christine W. Hartmann,<sup>1</sup> Emma Quach,<sup>2</sup> Shibe Zhao,<sup>1</sup> Valerie Clark,<sup>1</sup> Sarah McDannold,<sup>1</sup> Pengsheng Ni,<sup>3</sup> and Lewis Kazis,<sup>3</sup> 1. Bedford VA Medical Center, Bedford,