DEPARTMENT OF VETERANS AFFAIRS (VA)

Geriatrics and Gerontology Advisory Committee (GGAC)
Meeting Minutes
September 17-18, 2024

GGAC Members:

Carmen Morano, PhD, Vice-Chair, GGAC
Cheryl Phillips, MD, GGAC Member
Fayron Epps, PhD, RN, FGSA, FAAN, GGAC Member
Jeannie K. Lee, PharmD, BCPS, BCGP, FASHP, AGSF, GGAC Member
Julie Stanik-Hutt, CRNP, PhD, GGAC Member
Lori Gerhard, ex-officio GGAC Member
Stephen Combs, LPC, NCC, CCTP, GGAC Member
Tamara Baker, PhD, GGAC Member
Tracy M. Schaner, LNHA, LRCA, SHRM-CP, PHR, GGAC Representative Member

VA Staff:

Marianne Shaughnessy, PhD, AGPCNP-BC, GS-C, FAAN, National GRECC Program Director, Designated Federal Officer (DFO)
Dawn Fuhrer, BA, Program Analyst, National GRECC Program, Alternate DFO

Presenters:

Ashley Choate, MPH, VISN 6 Lead Innovation & Dissemination, Center of Innovation to Accelerate Discovery and Practice Transformation, Durham VA Health Care System
Chelsea Hawley, PharmD, MPH, Director, National Coordinating Center for the Advanced Fellowship in Geriatrics, New England GRECC
Cheryl Schmitz, M.S., RN, CNS-BC, NE-BC, Deputy Executive Director, Office of Geriatrics and Extended Care (GEC), VACO
Christopher Bever, M.D., Deputy Chief R&D Officer for Investigators, Scientific Review and Management with the Office of Research and Development, VA Central Office (VACO)
Colleen Hursh, MS, Program Specialist, National Coordinating Center for the Advanced Fellowship in Geriatrics, New England GRECC
James Rudolph, MD, Center Director, LTSS COIN (Providence)
Jennifer Silva, LCSW-S, National Social Work Program
Kanta Velamuri, MD, M.Ed., Chief of Health Professions Education, OAA
Katherine S. Hall, PhD, MS, Director, Gerofit National Coordinating Center
Kimberly Wozneak, MS, National Lead, Age Friendly Health Systems
Michelle Martinchek, MD MPH, Associate Director, National Coordinating Center for the Advanced Fellowship in Geriatrics
Nancy Harada, PhD, PT, Management & Program Analyst, OAA

Russ Peal, Director, Workforce Recruitment & Retention (Veterans Health Administration (VHA)/WMC)
Sara Swathy Battar, MD, Geriatrician, Community Living Center, VA Medical Center, West Palm Beach FL

Guests:

Alexandra Caley, Chief, Community Living Centers, VHA
April Morris, DNP, RN, NEA-BC, CPHQ, CLSSBB, National Nurse Supervisor, Clinical Screenings, Home and Community Based and Purchased Care, GEC
Barbra Swann, Health System Specialist, GEC, VACO
Cameron Kruetz, Senate Veterans' Affairs Committee
Catherine Kelso, M.D., Deputy Executive Director, GEC, VACO
Cynthia Johnson, National Director, Data Analytics Quality Improvement and Research, GEC, VACO
Danielle P. Latimore, LCSW, National Director, Business Operations and Management, GEC, VACO
David Gifford, M.D., MPH
Dayna Cooper, Director, Home and Community Based Programs, VHA
Harvey J. Cohen, M.D.
Ines Valencia-Mendoza, MPH, Age-Friendly Program Analyst
Jackson Haney, Senate Veterans' Affairs Committee
Janice L Horton-Rainsbury, Health System Specialist, VACO
Jennifer Pruskowski, PharmD, MS, BCPS, BCGP, CPE, Associate Director of Education and Evaluation (ADEE); Program Director; Advanced Fellowship in Geriatrics; Co-Director, Advanced Fellowship in Medication Safety and Pharmacy Outcomes, TECH-GRECC VA Pittsburgh Healthcare System
Judy Schafer, Affiliation Unknown
Julianna Holt, Veterans of Foreign Wars
Kameshia Harris, Health System Specialist, SVH Construction Grant Manager, VHA
Katherine L. Curci-Degaro, DSW, LCSW, MSW, CONCERT Coach, GEC, VACO
Kathryn Scott, National State Veterans Homes Program Manager, VHA
Kayla Lalande, MSW, CISW, Age-Friendly Program Analyst
Kevin Foley, National Program Manager, Home & Community Based Services, VHA
Kimberly Dickerson, Affiliation Unknown
Lisa Moore, Management and Program Analyst, VHA
Lisa Stewart, Administrative Officer, HAMVAMC, VHA
Lynn Warren MSN, RN, CNL, National Program Coordinator, Purchased Long-Term Services and Supports, GEC, VACO
Matthew Augustine, Physician, Bronx VAMC
Mazhgan Rowneki, Health System Specialist/Data Analyst, VHA
Megan Pearson, MA, Program Manager, Gerofit National Expansion, Durham VA HCS
Mitchell S. Metellus, MHSA, FACHE, CPHQ, Supervisory Data Analyst, DAQIR Pillar, VHA Office of Patient Care Services, GEC
Oma Intrator, Research Health Scientist, VHA Paul Baker, Budget Analyst, GEC, VHA

Paul Desh, MBBS, MBA Healthcare, CHDA, Health System Specialist/Data Analyst, DAQIR Pillar, VHA Office of Patient Care Services, GEC
Rose Dunaway, BSN, RN, Regional Director New Business Development, Girling Personal Care, Gentiva Personal Care
Sarah Tolstyka, Communication Specialist, GEC, VHA
Selma Stovrag, Social Worker, GEC, VHA
Shane J. Stults, CPRP, U.S. Air Force, Retired, National Recruitment Consultant, Health Professions Trainee Placement, National Recruitment Service, Workforce Solutions, Office of Workforce Management and Consulting, VHA
Shivani Jindal, Attending Physician, Cleveland VAMC
Thomas Edes, M.D., Senior Medical Advisor, GEC, VACO
Thuy Vi Da, MD, MHA, Presidential Management Fellow/Age-Friendly Program Analyst
Tonya Page, OCC-CI RN, VACO

Marianne Shaughnessy, PhD, AGPCNP-BC, GS-C, FAAN, informed attendees that she is the Designated Federal Officer for today's meeting and that the meeting will be chaired by Dr. Carmen Morano. Dr. Shaughnessy announced that during the meeting members of the public are not allowed to ask questions or make comment while the meeting is in session. Questions and comments from the public will be taken during the public comment period scheduled for 11:00 am EST on September 18, 2024. In addition, attendees were informed that written comments should be sent to Dr. Shaughnessy's attention for inclusion in the meeting minutes. Members were welcomed through videoconferencing.

Dr. David Gifford and Dr. Harvey Cohen joined today's meeting to say goodbye to committee members and express their gratitude for the opportunity to serve on this committee over the past eight years. Dr. Shaughnessy announced that Mr. Richard Browdie has been appointed as Chair and Dr. Carmen Morano as Vice-Chair. in addition, Dr. Shaughnessy announced new members Dr. Cheryl Phillips and Ms. Tracy Schaner. On behalf of Geriatrics and Extended Care (GEC), Dr. Catherine Kelso welcomed everyone to today's meeting and shared her appreciation for their service. Dr. Kelso also thanked the departing members and welcomed the new members.

The Geriatric and Gerontology Advisory Committee meeting was then called to order by Vice-Chair, Dr. Carmen Morano.

The Committee first met with **Jennifer Silva, LCSW-S** and **James Rudolph, MD** who presented on Rural Health Social Work Expansion. Ms. Silva discussed the VA National Social Work Program, which includes over 20,900 VA Social Workers and 1,500 Graduate Social Work trainees. She shared how they achieve their primary focus of assisting Veterans, their families, caregivers, and survivors in resolving unmet social needs in core Social Drivers of Health domains to improve health and well-being. Ms. Silva reported that from FY 2016 to FY 2023, Office of Rural Health-funded social workers provided care to 52,094 unique rural Veterans, representing 54% of rural Veterans cared for by Social Workers at funded sites; 40,349 of the Veterans were over age 60. Dr. Rudolph continued the discussion by explaining the data and measurement

process for program evaluation. The presenters were asked what they saw as their greatest challenges moving forward to which they responded educating leadership on the return on investment of the Social Worker. They were then asked if there were sustainability strategies or materials available to VA wide. Ms. Silva noted that they are always looking for additional support documents about research conducted on social drivers outside of VA to supplement their programming. Dr. Rudolph added that there will be ongoing costs associated with maintaining the program once rural health funding runs out. Keeping the program alive will require data, which comes with a cost. GGAC members thanked the presenters for a wonderful presentation.

GGAC met with **Cheryl Schmitz, MS, RN, CNS-BC, NE-BC.** Ms. Schmitz provided a GEC update. She shared the VHA GEC Strategic Plan and Tactics for FY 2024 - FY 2026. Discussion on Workstream 1.0 included Nursing Home to Home, Homemaker Home Health Aide in Home Based Primary Care (HBPC), Technology-Enhanced Respite Homecare Model, the Redefining Eldercare in America Project, Veteran Directed Care, Home Based Primary Care, and Medical Foster Home. Ms. Schmitz discussed legislative updates to Cleland Dole, Section 165 which allows VHA to pay for Medical Foster Home care. Workstream 3.0 discussion included the National Referral Tool and the Community Living Center (CLC) Dashboard. Ms. Schmitz discussed their efforts to strengthen approaches for facility-based special populations and reported that the first CLC Veteran Satisfaction Survey has been deployed. Ms. Schmitz added that VHA is establishing a national plan for falls and that GEC has developed a vaccination hub. Dr. Shaughnessy will obtain additional information about the vaccination hub to share with GGAC committee members. Ms. Schmitz was asked what disciplines are hardest to recruit for in the HBPC expansion program in which she responded that they are nurses, physicians, and mental health providers. Ms. Schaner shared that State Veterans Homes are prepared to explore and be involved in VA innovation pilot programs to expand community-based care. GGAC members thanked Ms. Schmitz for her presentation.

GGAC met with **Christopher Bever, MD**. Dr. Bever discussed how Aging Research issues are being addressed in the new ORD organizational structure set to go into effect October 1, 2024. He described how aging research is supported by at least six scientific review groups within the four broad portfolios. Dr. Bever added that Aging Research will be supported by a Research Integration Work Group (RIG) comprised of a Director of Research Integration, representation from all portfolios, and program office representation. The RIG will track aging research in the portfolios on an ongoing basis, provide input on aging issues to the portfolios, provide expertise in aging research to the portfolios, and develop an Aging Notice of Special Interest (NOSI). The Aging NOSI will list the aging related issues that ISRM is interested in funding and all portfolios will sponsor the Aging NOSI. Dr. Bever concluded by noting that ‘Aging’ was dropped from the name of the ‘Medical Health’ broad portfolio to avoid confusion in ORD and in the field since aging issues are and should be widely distributed across portfolios and that all portfolios need to be considering aging issues and having one broad portfolio with aging in its name would work against that. Dr. Shaughnessy pointed out that the review groups seem to have discrete foci and there does not seem to be a place for people

who are looking to do research in areas like End-of-Life Care or research that considers intersectionality. She asked if there would be opportunity to add more scientific review groups. Dr. Bever explained the circumstances that would result in the addition of more scientific review groups and added that they report to Congress every year on how much aging research is being conducted. Dr. Bever was also asked if aging could have more than one NOSI to which he responded in the affirmative. Ms. Gerhard asked which group would research on social isolation and loneliness be funded from. Dr. Bever suggested that it would be best answered by reaching out to the individual research portfolio managers. Dr. Shaughnessy will reach out to ORD to find out what portfolio research on social isolation and loneliness would fall within and share that with the committee. Mr. Combs suggested inviting a speaker from ORD on the topic of social aspects of Mental Health to the Spring GGAC meeting. Dr. Edes noted the importance of having an emphasis on the investigative workforce in aging. Dr. Bever concluded by adding that they can stand up new committees in response to specific needs. GGAC thanked Dr. Bever for his presentation.

GGAC met with **Kanta Velamuri, MD, MEd** and **Nancy Harada, PhD, PT.** Drs. Velamuri and Harada presented on the Office of Academic Affiliations (OAA) approach to exploring affiliations with Minority Serving Institutions (MSI). The presenters shared the mission of OAA and the benefits of establishing affiliations with MSIs which included the potential to increase diversity of health professions trainees, potential to increase diversity in the workplace, and better health outcomes if diversity of VHA workforce matches diversity of patients at VA. Dr. Harada provided a demonstration of the Geo-mapping tool which is an interactive map created by OAA that allows users to zoom into geographic areas of interest to display the locations of VA facilities and MSIs as well as additional information about what health profession education training programs exist at those facilities. Dr. Baker commended the presenters on their presentation and demonstration of the Geo- mapping tool. She emphasized that MSIs are an untapped resource for diversifying the workforce. Dr. Baker also shared that her and her colleagues started the HBCU Aging Conference, and they recognize the importance of tapping into the MSI as a resource in the aging field. The presenters were asked if there were tribal controlled universities that meet the OAA criteria and if strategies were underway to work with them. The presenters responded that their programs are not at the level that OAA can affiliate with, and distance is an issue as well. However, they did note the importance of establishing these affiliations for programs such as substance abuse counseling. GGAC thanked Drs. Velamuri and Harada for their presentation.

GGAC met with **Michelle Martinchek, MD MPH, Chelsea Hawley, PharmD, MPH,** and **Colleen Hursh, MS**. The presenters discussed the Advanced Fellowship in Geriatrics (AFiG) Coordinating Center (CC) accomplishments. The AFiG were first funded by the Office of Academic Affiliations in 2001 to develop the scholarly and leadership skills of health professions trainees in research, education, and clinical innovation to meet the growing need for geriatric care providers in the VA. The AFiG CC provides fellows with opportunities for collaboration, sharing of information and a space for networking and professional development. It was reported that alumni placement data collected about

the fellows first job after fellowship has shown that from 2017 to 2021 67% of advanced fellows stayed at VA and from 2022 to 2024 65% of fellows stayed at VA. Dr. Shaughnessy asked about the Coordinating Centers plans for FY 2025. Dr. Hawley responded that they include holding national monthly didactic seminars, flexible programming virtual water coolers, and special anchor sessions. GGAC members thanked the presenters for a passionate and informative presentation.

GGAC met with **Ashley Choate, MPH.** Ms. Choate discussed STRIDE (ASsisTed EaRly MobIlization for hospitalized older VEterans). The objective of the STRIDE program is to optimize the physical function of older Veterans by increasing the amount of time spent walking during their hospitalizations. The program is proactive, they strive for early enrollment, and it provides supervised walking by dedicated STRIDE staff up to 20 minutes per day until discharge. Results of one study have demonstrated that STRIDE results in more discharges to home and shorter hospital stays. STRIDE is in alignment with VA Priorities. The program creates greater choices for Veterans, focuses resources more efficiently and supports VHA's HRO principles. It aligns with Mobility in the 4M's Age- Friendly Health Systems framework. The VA estimates that the cost of one day of inpatient care costs almost $4,000. Since STRIDE has demonstrated to decrease a patient's hospital stay by one day, the program has the potential to save $4,000 per patient. In the Durham trial, STRIDE served approximately 500 patients, resulting in nearly $2 million in costs avoided. Overhead costs incurred in offering STRIDE are only a fraction of costs avoided. The team offers multiple tools and resources to guide other facilities in implementing STRIDE at their facilities. STRIDE is available to any medical center interested in implementing it at their facility. The presenters were asked if a similar program existed for non-ambulatory Veterans outside of Physical Therapy. Ms. Choate noted that STRIDE does not service the non-ambulatory patient population, but other programs do exist within VA that do. Dr. Shaughnessy added that because of the new CMS rules for FY 2025 requiring attestations that facilities are providing age-friendly care, we expect to see an increase in interest in the STRIDE program. GGAC members thanked Ms. Choate for her presentation.

GGAC met with **Katherine S. Hall, PhD, MS.** Dr. Hall discussed the Gerofit exercise program for older Veterans. Gerofit is a VHA outpatient clinical exercise and health promotion program for older Veterans (65+) at risk for disability and long-term care. She shared that the program mission is to improve health, function, and well-being of older Veterans living with chronic illness. The program aligns with VA Undersecretary of Health priorities VHA Best Practice, VHA Whole Health, and VHA Age Friendly. More than 50% of Veterans enrolled are rural dwelling. Gerofit is in 33 VHA medical centers within 15/18 Veterans Integrated Services Networks. There are almost 3,000 Veterans active in the program. Forty-eight percent of programs are located in rural or rural-serving areas. Impact on clinical outcomes and cost effectiveness show 1) increase in physical function; 2) Veterans live longer and healthier lives; and 3) chronic disease management. They also achieve decreased mental health symptoms and experience health care cost savings. Ms. Gerhard asked if there were opportunities for people who are not Veterans that live in the community to participate in GeroFit. Dr. Hall responded

that at this time, there are no opportunities for non-Veterans to participate in Gerofit at VA but she is hoping to see a greater uptake of the program in non-VA systems. GGAC members thanked Dr. Hall for her presentation.

GGAC met with **Kimberly Wozneak, MS.** Ms. Wozneak provided an update on VA progress in the Age-Friendly Health Systems movement. Age-Friendly Health Systems tend to follow an essential set of evidence-based practices(4Ms); cause no harm; and align care with What Matters to older adults, their family and caregivers. She shared that 3.75M older adults have been reached with 4Ms care and more than 4,000 hospitals and health systems have been recognized by the Institute for Health Care Improvement. VA is now a formal partner with the Institute for Healthcare Improvement and the John A. Hartford Foundation in this movement. VA is now leading their own VA Age-Friendly Action Communities. The 2024 VA Action Community that finished in July included participation from 440 teams, 129 facilities (all VISNs), and over 1,000 clinicians. As if September 1, 2024, VA recognitions were at 394 Level 1 care settings and 221 of the 394 care settings have gone one to achieve Level 2. Those 394 teams are located at 156 facilities. More than 91,000 older Veterans have been reached with 4Ms care since September 2022. The 4Ms impact on clinical care has shown a reduction in rate of falls, a decrease in disruptive behavior, and an increase in deprescribing interventions. Dr. Morano asked if there is intersection with the work that's being done with the geriatric emergency departments (ED) and their certification/recognition. Ms. Wozneak shared that they recently met with the Geriatric ED Core team to synergize their documentation further so that they are capturing how the Geriatric EDs are capturing the 4Ms in their dashboard. Ms. Wozneak was asked if they have a plan for creating a template for research methods and measures to be disseminated to which she responded that the research council funded by the John A. Hartford Foundation at the University of California, San Francisco are working on that. She added that they should be launching their website next month which will have more information about this. She will share the link to the website with Dr. Shaughnessy once it is up and running. GGAC thanked Ms. Wozneak for her presentation.

Dr. Carmen Morano, Vice-Chair, GGAC, is also the GRECC Advisory Subcommittee (GAS) Chair and provided a report for deliberation. He reported that after review of the individual GRECC GAS meeting minutes a few issues had emerged, such as the Salt Lake City concerns about Office of Academic Affiliations policy change and their concerns over the GEC service line leadership departure: Palo Alto's exploration into the world of AI research, Eastern Colorado's struggles with obtaining local support for clinical innovations and Puget Sound's research hiring issues as a pilot HRMACS site. Overall, most of the recommendations were for local or VISN management and the Committee did not note any that should rise to the level of parent committee consideration at this time. We have a number of these issues on our regular GGAC meeting agendas and discuss them during site visits. We will continue to monitor for trends or escalations and bring them to the full Committee if/as they arise.

The GGAC deliberated from 3:30 pm-4:00 pm, at which time the meeting adjourned.

The GGAC Committee re-convened at 9:00 am EST on the morning of September 18, 2024.

Marianne Shaughnessy, PhD, AGPCNP-BC, GS-C, FAAN, shared FY 2023 GRECC accomplishments. She also reported that there are currently multiple vacancies within GRECC leadership at the facility level. She added that the challenges to fill the positions relate to workforce shortages and the current zero net growth within VHA. The committee brainstormed on ways to help overcome these barriers to recruiting for GRECC vacancies. Suggestions included collaborating with outside agencies and universities to get the word out as well as demonstrating to VHA leadership how GRECCs can be part of the solution during a period of zero net growth. Ms. Schaner asked that a summary be provided from the AFiG Coordinating Center staff detailing data collected in their advanced fellow exit interviews to see how many positions are available at the time the fellow leaves, how many stay within VA, how many leave VA and why as well as where they go. Dr. Shaughnessy concluded by discussing the FY 2025 GRECC site visit and upcoming GGAC Schedule. The Spring GGAC meeting is scheduled for April 22-23, 2025, and the Fall meeting is scheduled for September 17-18, 2025. The GGAC will site visit the following GRECCs in FY25: Palo Alto (rescheduled from FY2024), Gainesville, Greater LA, Madison, and Miami.

GGAC met with **Russell Peal.** Mr. Peal discussed the VHA Workforce Strategic Hiring Pause. He discussed the impact on tentative/final offers to patient care providers. He added that active recruitment and hiring continues at some VISNs and VAMCs. He discussed the impact on VHA recruitment programs such as Health Professions Trainees (Health Professions Scholarship Program and Specialty Education Loan Repayment Program), Education Loan Repayment Program recipients, Contract Buy Out program candidates and the impact on their attendance at National Recruitment events. Mr. Peal will provide the website for these programs to Dr. Shaughnessy for distribution to committee members. Mr. Peal was asked if there were international recruitment efforts underway at which he responded that due to citizenship requirements for federal employment recruitment efforts have been mainly domestic. He also noted that they participate in virtual recruitment events. Dr. Shaughnessy and Mr. Peal discussed the possibility of holding a virtual recruitment event that showcases GRECC vacancies. GGAC thanked Mr. Peal for his presentation.

GGAC met with **Sara Swathy Battar, MD.** Dr. Battar presented on VIONE (V-Vital, life-saving medications; I-Important, improve quality of life; O-Optional, no major impact whether taken or not; N-Not indicated/treatment complete; and E-Every medication has a diagnosis/indication) which is a simple medication management methodology to reduce polypharmacy risk and improve patient safety, comfort, and medication compliance consistent with High Reliability Organizations . Between April 1, 2016, and September 8, 2024, the VIONE program impacted approximately 984,000 Veterans. The program has been implemented in 138 sites, with an estimated $261M annualized cost avoidance. There have been approximately 2.56M unique deprescribed medications. Approximately 21,142 providers use VIONE. The presenters were asked about strategies for training used within the VIONE academy and how long it takes to

complete the training. The academy training takes 3 months. They offer 3 sessions with several milestones that must be met to graduate. In addition, the VIONE team assists recipients by helping them to work around barriers they may face while trying to implement VIONE in their facilities. While VIONE is being used in every VISN, it is not being used in all facilities within each VISN or in the CBOCs. VIONE is not required but is optional. There have been no efforts to expand VIONE by VA to outside entities as they are still in the process of spreading it within VHA however, the roadmap for uptake of VIONE is published for anyone to use. GGAC thanked Dr. Battar for her presentation.

There was a public comment period from 11:00 am – 11:30 am, however no written public comment was submitted in advance and no guests present offered any comments. The Committee used that time for deliberations.

The group discussed the importance of supporting the innovations presented at this meeting (VIONE Gerofit and STRIDE). It has been demonstrated that modest investment can yield significant long-term results, and the data supporting the cost avoidance should be made available to VA Medical Center and VISN Directors.. VA is a leader in innovations in geriatric care and this may be used for leverage in building relationships with academic affiliates (faculty and students) to garner interest in seeking employment following training. VA is also a leader in providing options for aging in place, age friendly health systems (4Ms), This may be used as a recruitment tool for VAs and GRECCs around the country.

Minority serving institutions remain an untapped resource in building a diverse VA workforce.

VA is facing a historic challenge in the current zero net growth environment. Site visits and presentations at this meeting reflect a lack of sufficient administrative staff that force VA professionals to work below the scope of their licensure.

The following recommendations were generated:

1. VA should support implementation and national dissemination of innovative clinical program such as VIONE, STRIDE, Gerofit and Age Friendly Health Systems to enhance care and improve outcomes for older enrolled Veterans.
2. The GRECC Programs lead the way in development of clinical models of care that enhance the well-being of older Veterans and avoid costly or unnecessary health care expenditures. Consideration and priority should be given to filling vacancies in these programs.
3. During this time of fiscal restraint (zero net growth), VA should seek ways to utilize its status as a leader in geriatric care to build relationships with its academic affiliates and minority serving institutions for future potential workforce recruitment.
4. Given the expected growth in the older Veteran population, VA should consider expanding its relationships to the extent possible under current authorities with other community-based entities and agencies such as health systems, foundations, community home and long-term care service providers, Area

Agencies on Aging, etc. to ensure that Veterans have access to the services to meet their needs for aging in the place of their choice.

The meeting was adjourned at 11:31 am ET.

Respectfully submitted:

/s/Carmen Morano, Ph.D.
Vice-Chair, VA Geriatrics and Gerontology Advisory Committee
November 7, 2024