

# Guest Editorial

Kenneth Shay, DDS, MS



## VA Geriatric Research, Education and Clinical Centers: Advancing Geriatrics for Three Decades

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In the year 1900, the 3.1 million Americans over the age of 65 years represented approximately 4% of the population.<sup>1</sup> By 1975, more than one in every 10 Americans—over 22 million in all—were in that age group, and today that number is approaching 40 million.<sup>1</sup> Over the next 10 years, as the “baby boomer” generation reaches age 65, this population is expected to skyrocket, with projections exceeding 71 million by 2030.<sup>1</sup>

In the face of this demographic trend, the field of geriatrics today has become more prominent than ever before. For the VA, however, a focus on geriatrics is nothing new. Back in the mid 1970s, growing awareness of the health needs of millions of aging World War II and Korean War veterans was a clarion call to action for what was then known as the Veterans Administration Department of Medicine and Surgery (today’s Veterans Health Administration, part of the Department of Veterans Affairs).

The VA heeded that call by developing a system of centers of excellence in geriatrics. These centers—called Geriatric Research, Education and Clinical Centers (GRECCs)—were charged with the mission of defining and advancing the field of geriatrics through basic science investigations, clinical research, and the education of health professionals.

Between 1975 and 1977, the VA designated GRECCs in Bedford, MA; Little Rock, AR; both Sepulveda and West

Los Angeles, CA (recently consolidated as the Greater Los Angeles GRECC); Minneapolis, MN; Palo Alto, CA; St. Louis, MO; and Puget Sound, WA. Each of these GRECCs represented a partnership between a VA medical center and university affiliates with established expertise in the study of aging, and each received VA funding for research infrastructure, salary lines, clinical innovations, and educational expenses.

In 1980, Congress approved an expansion to 15 centers, and in December 1985, Public Law 99-166 authorized up to 25 sites to be designated as GRECCs. Today, there are 20 GRECCs, located from coast to coast in all but two (VISNs 2 and 18) of the VA’s 21 geographic regions. In addition to the original eight sites, GRECCs are now located in Boston, MA; Bronx, NY; Pittsburgh, PA; Baltimore, MD; Durham, NC; Birmingham, AL and Atlanta, GA; Miami, FL; Gainesville, FL; Nashville, TN; Cleveland, OH; Ann Arbor, MI; Madison, WI; San Antonio, TX; and Salt Lake City, UT. (The Boston GRECC was established as an extension of the Bedford program, and the two sites were renamed the New England GRECC in 2000.)

For over three decades, the GRECCs have been strikingly productive. GRECCs have accounted for approximately 10% of all VA research expenditures from all sources during the past eight years, including over \$108 million in 2006 (GRECC Annual Report, unpublished data, April 24, 2007). And, by sharing the fruits of their research with peers both within and outside the VA, GRECC researchers ensure that their work will benefit not only older veterans but the geri-

atric community at large. Each year, GRECC staff members publish about 1,000 articles in professional journals throughout the world.

GRECCs have developed, tested, and disseminated countless clinical approaches for diagnosing, managing, and reducing the impact of a wide range of health problems that affect elderly veterans, including falls, acute and chronic cognitive decline, reliance on caregivers, incontinence, behavioral disturbances, polypharmacy, immobility, frailty, swallowing dysfunction, sleep disturbances, malnutrition, substance abuse, and muscle wasting. GRECCs also have made significant contributions to the medical management of diabetes, stroke, cerebrovascular disease, osteoporosis, prostate disease, arthritis, nursing home-acquired infection, shingles, and Alzheimer and Parkinson diseases.

Sixty-three percent of geriatric medicine trainees in the United States spend some or all of their time in VA facilities, and about half of those are in programs associated with GRECCs.<sup>2</sup> Additionally, GRECCs annually support the training of hundreds of nurses, pharmacists, psychologists, social workers, rehabilitation therapists, clinical chaplains, and other health care professionals through stipends and popular, precepted, interdisciplinary geriatrics training programs. Furthermore, GRECCs deliver thousands of hours of continuing education to VA staff, health trainees, and non-VA health professionals through conferences, grand rounds, professional meetings, and a full range of electronic media.

Starting this month, the GRECC program is pleased to bring its insights

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**Dr. Shay** is the director of geriatric programs for the VA Office of Geriatrics and Extended Care in the VA Central Office, Washington, DC. He is also a professor of dentistry in the University of Michigan School of Dentistry, Ann Arbor, MI.

in geriatric research, education, and clinical practice to the *Federal Practitioner* audience in a new and exciting way. In the monthly column, "Advances in Geriatrics," GRECC researchers, educators, and clinicians will discuss today's top geriatric issues from the unique GRECC perspective. The first installment of this column, which starts on page 31, details a landmark trial on swallowing dysfunction in which the Madison GRECC played a key role.

As someone who has the privilege of working on behalf of the GRECCs nationally, I continue to be impressed with all that these institutions accomplish. I hope you will be as excited as I am about how this singular program—in a federal agency dedicated to maximizing the health of some of the most deserving men and women—is able to contribute so meaningfully to the

well-being of all Americans as we age. And if the new column inspires you to learn more about or get involved in the GRECC program, I invite you to visit us on the web (<http://www.va.gov/grecc>). ●

*Author disclosures*

*Dr. Shay reports no actual or potential conflicts of interest with regard to this editorial.*

*Disclaimer*

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*contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.*

**REFERENCES**

1. Older population by age: 1900 to 2050. Administration on Aging web site. [http://www.aoa.gov/prof/Statistics/online\\_stat\\_data/AgePop2050.asp](http://www.aoa.gov/prof/Statistics/online_stat_data/AgePop2050.asp). Updated June 23, 2005. Accessed May 21, 2007.
2. List of ACGME accredited programs and sponsoring institutions. Accreditation Council for Graduate Medical Education (ACGME) web site. <http://www.acgme.org/adspublic>. Accessed May 31, 2007.