

Whole Health(y) Aging With Gerofit: The Development of a Pilot Wellness Program for Older Veterans

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Background: The Veterans Health Administration (VHA) serves > 9 million veterans, half of whom are aged ≥ 65 years. Veterans are at higher risk for comorbidities, including obesity and related chronic diseases, which contribute to increased health care costs, mobility disability, poor quality of life, and mortality. Gerofit is a whole health clinical exercise program for older veterans that has positively impacted physical functioning, mental health, medication burden, and 10-year mortality. However, a more comprehensive wellness and health promotion program is essential for a rapidly aging veteran population.

Observations: Whole Health(y) Aging with Gerofit expands upon the Gerofit exercise program by integrating additional wellness components from the VHA Whole Health Circle of Health framework. The program supplemented the Gerofit

in-person and virtual exercise options with activities such as health education seminars, mindfulness yoga, nutrition classes, a produce pickup service, and companion dog fostering and adoption. The pilot program demonstrated that veterans actively participated in and benefited from a broader range of whole health activities beyond traditional exercise. Participant data, self-reported improvements in wellness, and positive feedback indicated engagement with multiple aspects of health, including physical, mental, and social well-being.

Conclusions: Programs that target whole health are needed to ensure healthy aging. This pilot program provides an example of a comprehensive, patient-centered wellness model that empowers veterans to define and pursue their own wellness goals, supporting healthy aging across multiple domains.

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A bout half of the > 9 million veterans served by the Veterans Health Administration (VHA) are aged ≥ 65 years.¹ Veterans are at a higher risk for comorbidities, which may contribute to increased health care costs, mobility limitations and disability, poor quality of life, and mortality.²⁻⁵ Programs and policies that promote health maintenance, independent living, and quality of life are needed among older veterans. To support veterans' overall health and well-being, the VHA has shifted to whole health, a patient-centered care model.⁶

The whole health paradigm employs personalized, proactive, and patient-driven care, emphasizing complementary and integrative health practices, and prioritizing health promotion and disease prevention over disease treatment.⁷ The veteran is empowered to decide "what matters to [me]," reflect on life and health, and define mission, aspiration, and purpose. This approach gives veterans a more active and direct role in their care, distinguishing it from traditional care models. In turn, it helps reduce the burden on clinicians and fosters a more collaborative environment in which both the clinician and veteran work together to shape the care process.⁷ Veterans utilize the Circle of Health to identify skills and support needed to implement changes in self-care. The Circle of Health includes 8 self-care components: moving the body; surroundings; personal

development; food and drink; recharge; family, friends, and coworkers; spirit and soul; and power of the mind.⁶ This process drives the creation of a personal health plan, creating opportunities for individuals to engage in well-being programs that matter to them and help them meet their goals.

Gerofit is a VHA best practice and whole health outpatient exercise program for veterans aged ≥ 65 years.⁸ Gerofit has focused primarily on exercise within the moving the body self-care component.⁹ A longitudinal study followed 691 Gerofit participants across 6 US Department of Veterans Affairs (VA) medical centers who on average were 73 years old, had 16 different medical conditions, and took 10 medications. Most were obese and had a mean gait speed of 1.04 m/s, suggesting functional impairment.¹⁰ Prior studies have shown that Gerofit participation is associated with a range of health benefits. Two studies reported improvements in psychological well-being and sustained gains in endurance, strength, and flexibility following early Gerofit program participation.^{11,12} A 10-year analysis of 115 veterans found that long-term Gerofit participation reduced mortality risk, while another study of 452 veterans showed decreased medication use following 1 year in the program.^{13,14}

The VHA whole health model comprises 3 components: (1) The Pathway, (2) well-being programs, and (3) whole

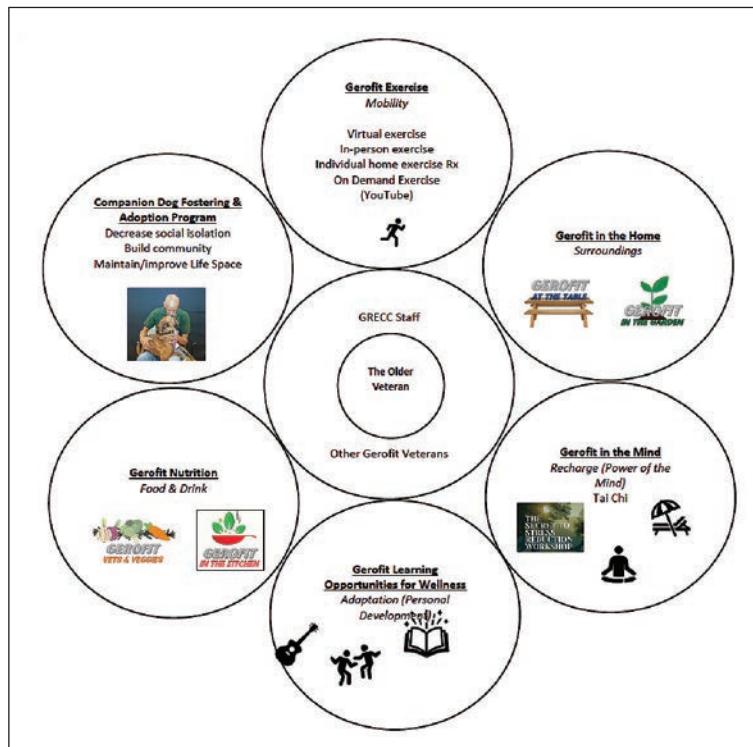


FIGURE 1. Healthy Aging With Gerofit Alignment With Circle of Health Components.

Abbreviation: GRECC, Geriatric Research Education and Clinical Center.

health clinical care.⁶ The Pathway engages veterans in identifying personal health goals, while well-being programs offer self-care and skill-building activities. Traditional clinical settings often focus primarily on the third component due to time and resource constraints. The Gerofit platform addresses all 3 components. Its existing infrastructure, including a supportive community and dedicated facilities, provides a setting for implementing The Pathway and well-being programs. The Gerofit structure allows for the time and continuity necessary for these components, which are often limited during standard clinical visits.

By expanding the Gerofit exercise regimen to include additional wellness activities, it can holistically support older veterans. Research supports this integrative approach. For example, a 2020 study found that incorporating a holistic health program into an existing exercise program within a church setting led to improved physical activity and overall health among women participants.¹⁵ This article describes the integration of Whole Health(y) Aging with

Gerofit (WHAG), a pilot program in Baltimore, Maryland, that integrates whole health components into the established Gerofit framework to enhance the overall well-being of participating veterans (Figure 1).

WHOLE HEALTH(Y) AGING WITH GEROFIT

Gerofit enrollment has been described elsewhere in detail.¹⁶ Patients aged ≥ 65 years are eligible to participate with clinician approval if they are medically stable. Following VHA clinician referral and primary care approval, veterans completed a telephone visit to determine eligibility and discuss their exercise history, goals, and preferences. Veterans dependent in activities of daily living and those with cognitive impairment, unstable angina, active proliferative diabetic retinopathy, oxygen dependence, frank incontinence, active open wounds, active substance abuse, volatile behavioral issues, or who are experiencing homelessness are not eligible for Gerofit.

The exercise physiologist identified veteran barriers and incentives to participation and assisted with a plan to maximize SMART goals (specific, measurable, achievable, relevant, and time-bound). Veterans then completed an assessment visit, either in person or virtually, depending on the selected programming. Functional assessments conducted by trained Gerofit exercise physiologists include testing of lower and upper body strength and submaximal endurance.^{9,17,18} Participation in Gerofit is voluntary and not time limited.

Prior to these newly expanded offerings, veterans could only enroll in a personalized, structured exercise program. Based on feedback from Gerofit participants indicating areas of interest, WHAG was developed to provide additional wellness offerings aligned with other Circle of Health components.⁶ This included virtual group nutrition education and cooking interventions with optional fresh produce delivery; wellness classes, the Companion Dog Fostering & Adoption program, and Gerofit in the Mind, which included mindfulness classes and relaxation seminars (Figure 1). Programs were virtual (except dog fostering and adoption) and rotated throughout the year. Not all programs are offered simultaneously.

TABLE 1. Attendance Measures Across Subprograms

Program subtype	Participants, No.	Sessions available, No.	Mean attendance, %
Nutrition	5	14	63
Produce	7	13	65
Yoga	3	25	9
Exercise	13	60	42
Mindfulness	3	7	24
GLOW	3	7	19

Abbreviation: GLOW, Gerofit Learning Opportunities for Wellness.

Attendance, completion of selected questions from the individual Personal Health Inventory (PHI) Short Form, measured physical function, self-reported physical activity levels, physical and mental health status, and program satisfaction were measured for all WHAG subprograms.¹⁸ Selected questions from the PHI Short Form use a 5-point Likert scale to rate the following whole health components: physical activity; sleep, relaxation, and recovery; healthy eating habits; and positive outlook, healthy relationships, and caring for mental health. Physical function was assessed using 30-second arm curls (upper body strength), 30-second chair stands (lower body strength), and the 2-minute step test (virtual) or 6-minute walk test (in person) (submaximal cardiovascular endurance).

Self-reported physical activity was assessed by asking frequency (days per week) and duration (minutes per session) of cardiovascular and strength exercises to calculate total minutes per week. Physical and mental health status was assessed using the Patient Reported Outcomes Measurement Information System (PROMIS) Global Health Scale.¹⁹ Demographic data included sex, race and ethnicity, and age at baseline visit. Mean (SD) was calculated for continuous variables and presented unless otherwise specified, and frequencies were calculated for categorical variables. Subsequent reports will describe additional assessments and detailed outcomes unique to individual programs.

Overview

Veterans chose the programs that best suited their needs without limitations.⁷ Staff

provided guidance on newly available programs based on an individual's specified goals. Gerofit staff assisted veterans with development of individualized personal health plans, monitoring progress towards their goals, supporting program participation, and connecting veterans with additional whole health resources.

Gerofit Exercise Group. Exercise was designed to address the Moving the Body component of whole health. Veterans could elect to schedule 1-hour, 3-times-weekly in-person gym appointments, participate in 3-times-weekly livestreamed virtual group exercise classes through VA Video Connect, or receive a self-directed at-home exercise plan.

Gerofit Learning Opportunities for Wellness Classes. These virtual health education sessions addressed the personal development component of whole health and were designed to increase self-efficacy and empower veterans to take an active role in their health care. Topics focused broadly on issues related to healthy aging (eg, importance of sleep, goal setting, self-care, and comorbidity education). Veterans could participate in any classes of interest, which were led by health care professionals and offered twice monthly. Sessions encouraged participant questions and peer interaction.

Nutrition. Improving dietary quality is a frequently reported goal of Gerofit participants. WHAG incorporated multiple strategies to assist veterans in meeting these goals. For example, through a partnership with Therapeutic Alternative of Maryland Farm, Gerofit provided veterans free, locally grown fresh produce. This initiative addressed barriers to healthy eating by improving access to fresh produce, which has been shown to influence cooking frequency and diet quality.²⁰⁻²² Participation in nutrition classes was not required. In 2021, veterans received produce weekly; however, many reported excess quantities. Beginning in 2022, veterans could select both produce items and quantities desired.

In addition, a registered dietitian led a 14-week virtual nutrition education program guided by the social cognitive theory framework and focused on self-regulation skills such as goal setting, overcoming barriers, and identifying triggers.²³ Prior research

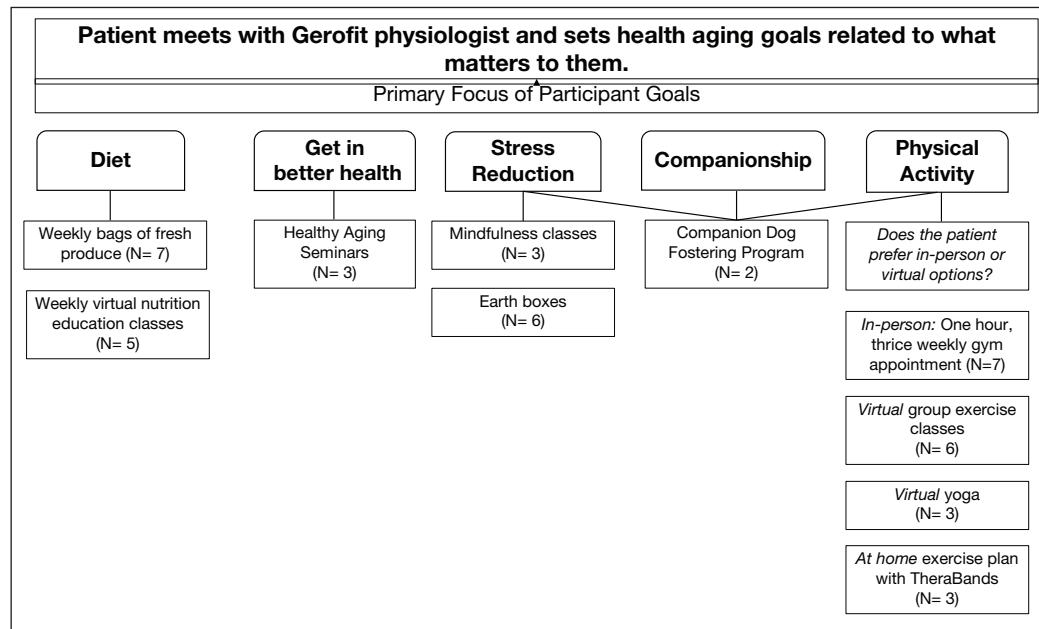


FIGURE 2. Whole Healthy Aging With Gerofit Program Enrollment.

highlighted low health literacy as a common barrier among older veterans, which informed several key components of the curriculum.²⁴ These included how to read and interpret nutrition labels, define balanced meals and snacks, and understand the classification of various food groups such as fats, carbohydrates, and proteins. The online program curriculum included an instructor guide and participant materials for each individual lesson, including an educational handout on the specific week's topic, applied activity (group or individual), and recipes related to the produce shares. Structured group discussion promoted camaraderie and recipe sharing, and additional instruction on produce preparation and storage.

Reported lack of self-efficacy and knowledge regarding produce preparation prompted a 5-week virtual cooking series, led by a medical student and supervised by a registered dietitian. Sessions combined brief nutrition education with live cooking demonstrations adapted from the VA Healthy Teaching Kitchen curriculum. Recipes emphasized low-cost, commonly found food items. The Healthy Teaching Kitchen modifications focused on Dietary Approaches to Stop Hypertension diets, diabetes, and the importance of protein for older adults. Participants were allowed time to discuss recipes

and food preparation tips, and other household members were allowed to observe.

Dog Fostering and Adoption. Veterans could foster or adopt a rescue dog through a partnership with local rescue groups. This program allowed participating veterans to have a companion, which addressed the surroundings, moving the body, and spirit and soul whole health components. The Companion Dog Fostering and Adoption Program and results on physical function and daily physical activity from the first 3 months were recently published. Positive effects on physical activity, physical function, and quality of life were observed at 3 months as compared to baseline in veterans who received a companion dog.²⁵

Gerofit in the Garden. Veterans could opt to receive an EarthBox containing soil and seedlings for 1 vegetable and 1 herb. The boxes are designed to fit on a small tabletop, regardless of home type or availability of backyard. In-person instruction for veterans on care and maintenance was provided by a farm employee with experience in gardening and farming practices.

Gerofit in the Mind. Online relaxation seminars were offered twice monthly for 4 months. Led by a certified sound health guide, sessions incorporated sound baths, crystal bowls, Tibetan bowls, tuning forks, and breath work. Virtual mindfulness classes

TABLE 2. Older Veterans Participating in Whole Healthy Aging With Gerofit

Measure	Baseline, mean (SD) (n = 16)	3 mo, mean (SD) (n = 12)	Reference range
Strength			
Chair stands, No.	11 (3)	12 (6)	11-17
Arm curls, No.	17 (6)	22 (7)	13-19
Endurance			
2 min step test, No.	53 (14)	87 (48)	73-109
6 min walk, No.	411 (198)	438 (198)	471-639
Self-reported physical activity			
Cardio			
No. workouts, d/wk	1 (1.3)	3.4 (3)	≥ 3
Workout time, min	17.1 (32.2)	33.6 (13.4)	
Strength			
No. workouts, d/wk	0 (0.75)	1.3 (1.3)	≥ 2
Workout time, min	1 (2.5)	18.2 (26.7)	
Total exercise volume, min	33.5 (43.4)	149.1 (70.6)	≥ 150 min/wk moderate activity or ≥ 75 min/wk vigorous activity
Global health scale			
Physical, No.	14 (2.6)	14 (2.4)	0.5 SD below general population
Mental, No.	13 (3.1)	13 (3.7)	About 0.5 SD below general population

led by a certified yoga instructor were offered weekly for 1 month. Veterans could drop in and participate based on their availability. Classes were designed to introduce veterans to the practice of mindfulness, improve mood, and lower stress and anxiety.

Pilot Program Outcomes

Sixteen male veterans participated in WHAG. Participants were 62% Black, with a mean age of 76 years. Veterans collaborated with Gerofit staff to develop personal health plans, which ultimately guided program participation (Figure 2).

Five participants enrolled in 1 WHAG program, 11 enrolled in 2, and 8 enrolled in ≥ 3 (Table 1). Sixteen veterans completed baseline testing and 12 completed 3-month follow-up assessments (Table 2). At baseline, participants were below the reference range for physical functioning and physical activity levels. After 3 months, improvements were observed in endurance self-reported physical activity, and strength with many values in the reference range. However, physical and mental global health scores did not change.

Ten veterans completed the PHI Short Form. Veterans most frequently identified multiple areas they wished to improve, including moving the body (n = 10), recharge (n = 10), food and drink (n = 9), and power of the mind (n = 7). Baseline self-ratings on each whole health component, along with follow-up ratings at the program's conclusion, are presented in Figure 3. Some participants aimed to

maintain current levels rather than seek improvement. At the 3-month mark, most veterans perceived themselves as improving in ≥ 1 health component.

Discussion Programs that target holistic wellness are needed to ensure the health of a rapidly aging population. The WHAG pilot program is an example of a comprehensive, patient-centered wellness program that supports participants in defining personal wellness goals to promote healthy aging. Gerofit addresses the continuum by beginning with goal-oriented discussions with veterans to guide program participation and support desired outcomes.

Gerofit provided a strong pre-existing framework of virtual social support and physical infrastructure for the addition of WHAG. Gerofit staff were responsible for recruitment and engagement, program oversight, and outcome data collection. Additionally, VHA facilities provide physical space for in-person and virtual programming. Integrating WHAG into Gerofit allows veterans to prioritize "what matters" and engage with peers in a nontraditional way, such as the dog fostering and adoption program provides veterans with an opportunity to increase physical activity levels and improve mental and physical health through the human-animal bond.²⁵

By providing virtual options, WHAG enhances access to health care in medically underserved areas. WHAG also improves the veteran experience with the VA, building on Gerofit's track record of high patient

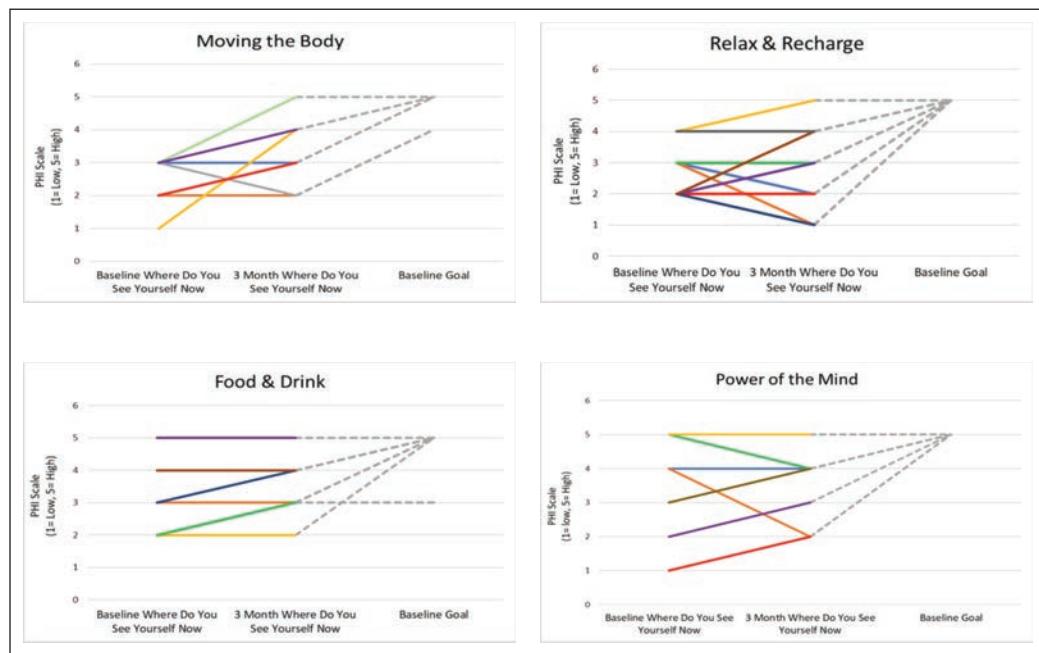


FIGURE 3. Participant Goals and Outcomes for Personal Health Inventory Short Form Components.

satisfaction, strong adherence, high retention, and consistent consults for veterans to join.¹⁰ The program allows veterans to be at the forefront of their VHA care, choosing to participate in the various offerings based on their personal preferences.

In this population of older veterans from Baltimore, Maryland, the majority of whom reside in disadvantaged areas, we observed that the programs with the highest participation were related to diet, stress reduction, and physical activity. These 3 areas align with common barriers faced by individuals in underserved communities. Many of these communities are food deserts, lack space or resources for gardening, and have limited or unsafe access to opportunities for physical activity, making gyms or even neighborhood exercise difficult to access.²⁶⁻²⁸ Offering produce delivery and virtual nutrition classes may potentially alleviate this barrier by providing economic stability by increasing access to healthy foods paired with nutrition education to promote use of free, fresh food. Teaching older adults with impaired mobility how to overcome barriers to consuming a healthy diet may improve their dietary intake.^{23,29,30} Future evaluations aim to examine how these various nutrition programs impact dietary intake and how

changes in dietary intake may impact functional outcomes among this group.

Group classes provide opportunities for social connection and mutual support, both of which are powerful motivators for older adults. Frequent contact with others may help reduce the risk of depression, loneliness, and social isolation.²⁸ Routine contact with staff allows for observation of short-term changes in behavior and mood, giving staff the chance to follow up when needed. The addition of these new programs gives participants more opportunities to engage with Gerofit staff and fellow veterans beyond traditional exercise sessions. This WHAG model could expand to other Gerofit sites; however, future whole health programs should take into account the unique needs and barriers specific to each location. Doing so will help ensure offerings align with participant preferences. Programs should be thoughtfully selected and designed to directly address local challenges to promote optimal engagement and support the greatest potential for success.

CONCLUSIONS

Programs that promote and support functional independence in older adults are needed, particularly given the rapidly

growing and aging population. Identifying comprehensive strategies that promote healthy aging is likely to be beneficial not only for chronic disease management and social engagement but may also promote functional independence and reduce the risk of further functional decline.

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Disclaimer

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Ethics and consent

All procedures performed within the study involving human participants were in accordance with the ethical standards of the institutional ethics research committee. The University of Maryland Baltimore's Institutional Review Board declared this protocol exempt.

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