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Upcoming Conferences

American Heart Association, January 18 - 20, 2006. **Obesity, Lifestyle, and Cardiovascular Disease Symposium**
Washington, DC

Active Communications International, Inc. January 26 - 27, 2006
ACI's 7th National Conference on Adding, Updating and Expanding Neuroscience Centers of Excellence
Scottsdale, AZ

February 1 - 4, 2006
International Conference on Aging, Disability and Independence
St. Petersburg, FL

February 16 - 18, 2006
International Stroke Conference 2006
Kissimmee, FL

February 15 - 17, 2006
VA HSR&D National Meeting
Crystal City, VA

March 2 - 4, 2006
46th Annual Conference on Cardiovascular Disease Epidemiology and Prevention in association with the Council on Nutrition, Physical Activity, and Metabolism
Phoenix, AZ

April 1 - 8, 2006
American Academy of Neurology 58th Annual Meeting
San Diego, CA

April 22 - 25, 2006
American Association of Neuroscience Nurses 38th Annual Meeting
San Diego, CA

RORC INVESTIGATORS FOCUS ON CAREGIVERS

A major recommendation in the new VA/DoD guidelines for stroke rehabilitation is acknowledging that the survivor, caregiver, and family members are all important in the rehabilitation process. Currently, the RORC has several investigators exploring issues related to caregiving and the caregivers' role in rehabilitation.



Maude Rittman, RN, PhD

Dr. **Maude Rittman** and her research team have an ongoing project through HSR&D's Nursing Research Initiative program entitled, "Culturally Sensitive Models of Stroke Recovery and Caregiving After Discharge Home." The purpose of this study is to use both qualitative and quantitative data to develop culturally sensitive recovery trajectory models and to examine changes in caregiving outcomes across two years following discharge from acute stroke. Other objectives include exploring variations among three ethnic groups: African-American, Puerto Rican Hispanic and white veterans and exploring the use of formal and informal health services during recovery at home. A total of 135 dyads of stroke survivors and their caregivers were enrolled with 50 dyads in the white and Hispanic groups and 35 dyads in the African American group. Veterans and caregivers were enrolled prior to discharge for acute stroke. Data were collected at 1, 6, 12, 18, and 24 months. Demographic data were collected on veterans and their caregivers. Data on stroke survivors included in-depth qualitative interviews and quantitative measures of functional status, instrumental activities of daily living, depression and resources needed and used at each time point. Caregiver data included burden, coping, depression, general health, time spent in caregiving, and resource needs and availability. Qualitative analyses are in process and include developing recovery trajectories related to changes across time in stroke survivors' experiences with the body, sense of self, perception of time, isolation, and community participation. Quantitative data are also being analyzed to define changes across the two years. The research team will combine these analyses to develop the trajectories for stroke survivors and their caregivers. In addition, Dr. Rittman received funding through the Stroke-QUERI on a Locally Initiated Project to develop a survey in preparation for the development of a larger survey of informal caregivers of veterans post stroke in the VHA, a grant that was recently funded by Rehabilitation Research and Development Service as an Investigator Initiated Research project that will kick-off April, 2006.

A proposal entitled, "Readjustment process of OEF/OIF Veterans and Families Living in Puerto Rico," by RORC principal investigator **Connie Uphold**, PhD, RN was recently funded by the Disabled American Veterans through the Nova Foundation. There are four major aims of the study: (1) Describe the readjustment processes of OEF/OIF veterans and their family members in Puerto Rico following the veterans' active duty; (2) Develop culturally appropriate resource materials that can be disseminated to OIF/OEF veterans and their families to help them in the readjustment process; (3) Develop recommendations for interventions that can be implemented by the Mayaguez VA Outpatient Clinic to assist veterans and families in the readjustment process; and (4) Refine the study's theoretical model for use in a future, large study and to guide future intervention. The Lazarus and Folkman stress and coping theoretical model will guide the study. Based on this framework, the readjustment process of veterans and family members involves an interplay of cognitive appraisal, resources, and constraints, which ultimately lead to adaptational outcomes. The design is a cross-sectional, descriptive study, which uses qualitative methods in the ethnographic tradition. The sample will consist of 20 veterans and 20 family members. The participants will be recruited from the Mayaguez VA Outpatient Clinic (MOPC), which serves the Western region of Puerto Rico. Currently, over 500 returning soldiers have registered at MOPC. Individual interviews in the homes of the veterans will be conducted. Results will be used to develop culturally appropriate educational materials and to develop future interventions and studies that integrate successful coping resources and modify constraints identified by study participants.



Connie Uphold, RN, PhD

STROKE SURVIVORS, CAREGIVERS, AND TELEHEALTH



Neale R. Chumbler, PhD
Principal Investigator

Home telehealth services could be particularly advantageous for veterans with stroke and their family caregivers, but little is known on how well home-telehealth is associated with improved functional status, quality of life, and the extent to which patients and family members have favorable perceptions of the technology being placed in their homes, especially among veterans with stroke and their family caregivers. Drs. Neale Chumbler (PI) and Barbara Lutz (Co-PI) are conducting the study, "A Needs Assessment for the Use of Home Telehealth in Veterans with Stroke and their Family Caregivers," to examine these important issues.



Barbara J. Lutz, PhD, RN, CRRN
Co-Principal Investigator

Since family members to veterans with stroke perform such a vital function in their daily lives, fitting the home-telehealth technology to meet their multi-faceted needs is imperative. This VA HSR&D QUERI locally initiated project (LIP) tests the feasibility of using a type of home-telehealth technology (in-home messaging devices) for veterans who have survived a stroke and their informal caregiver. Specifically, this LIP project will develop, implement and validate a new dialogue specifically for stroke patients and their family caregivers.

The VA has widely implemented evidence-based disease management dialogues for veterans through an in-home messaging device for common chronic conditions such as diabetes and heart failure, but little is known on the extent to which such dialogues are valid for veterans who have survived a stroke. To that end, Drs. Chumbler and Lutz worked closely with Ms. Rita Kobb of the VA Office of Care Coordination (OCC) and Health Hero, Inc. to create a new dialogue specifically for veterans who have survived a stroke and their informal caregivers. This LIP will provide important preliminary data on the validity of the post-stroke dialogue, information which is imperative before system-wide implementation.

The origin of the questions used in the home-telehealth dialogues were based on pilot data that were collected through face-to-face interviews with seven veterans with a history of stroke and their caregivers (when available). These veterans were enrolled in a care coordination/home-telehealth program that focused on chronic diseases and had experience with videophone or in-home messaging technology. In the pilot study, veterans and their caregivers were asked to describe their stroke experiences and how the technology could be adapted for veterans experiencing a new (recent) stroke. These veterans and their caregivers provided rich descriptions of their experiences with stroke. Several themes or areas for further assessment were identified.

Questions for the current LIP study were based on this analysis and resulting themes from the pilot interviews. Specifically, questions related to caregiver needs, including support for the caregiving role; unaddressed issues and concerns of both the veteran and the caregiver; and frequency and risk of falling. Instruments that have been validated for self-report were also used. These instruments include the Stroke Impact Scale, an abbreviated Zarit Caregiver Scale (for the caregiver only), and an abbreviated PHQ-2 depression scale (for the veteran only).

RORC STAFF ENJOYS HOLIDAY CELEBRATION



Staff members enjoy a good laugh at the "Name that Baby" Contest at the RORC holiday gathering.. Phil Haley won the prize for "Staff Member Most Unrecognizable as a Baby."



THE PUBLIC HEALTH OF CAREGIVING

Dr. [Elena Andresen](#) and colleagues are investigating the “Public Health of Caregiving” in a grant co-sponsored by the Centers for Disease Control and Prevention, the Association of Teachers of Preventive Medicine, and the Rosalynn Carter Institute of Caregiving.

The document *Healthy People 2010 (HP2010 U.S. Public Health Service)* provides goals for public health and for improving the health of people with disability (PWD). Primary disability objectives are included in Chapter 6 of HP2010. Relevant to this project, these include 6.1 (data), 6.7 (reducing congregate care) and 6.13 (surveillance/programs). These objectives were elaborated during a national forum in September of 2003 (*Implementing the Vision 2003: First Steps*) that detailed the data and partnership steps regarding public health issues of caregiving.

This project addresses a subset of these recommendations. The broad objectives of this project are (1) to advance the science of caregiving research, and (2) to produce a broader public health understanding of the magnitude and impact of caregiving. The researchers are conducting a two-stage research plan to address these objectives.



Dr. Elena Andresen (R) visits with former First Lady, Rosalynn Carter (L).

The research team is investigating caregiving for PWD across the age span and disability domains. The goals of the project include analysis of existing and new population-level data. During the 24 months of this project, input from national stakeholders involved in caregiver policy and research (led by the CDC) were incorporated, and currently analysis of existing national data on caregiving from the 2000 and 2001 *Behavioral Risk Factor Surveillance System (BRFSS)* is ongoing. Additional data, based on four months of the North Carolina 2005 State BRFSS (n=5,859 respondents, of whom 895 were caregivers), include a ten-question module on caregiving and caregiving burden, and a 20 minute follow back interview of a sample of these caregivers (n=381). Also included is a test-retest of the caregiving module on a sample of 200 NC BRFSS subjects. Analyses are ongoing.

Initial results from the 2000 national BRFSS show that 16.1% of Americans provide regular care or assistance to a family member or friend aged 60 or older who has a long-term illness or disability. A significant majority of caregivers identified in the survey are women (60%). The average age of caregivers is 47.6, which is slightly higher than the average age of non-caregivers (average 44.9). Nationally, 73.9% of caregivers are white, 11.7% are Hispanic, and 10.9% are African-American. Caregivers were found to have a modest but significantly increased risk of fair or poor health status compared to non-caregivers after adjusting for the effects of age, gender, race, marital status, education level, and income (adjusted odds ratio of 1.16, p<.05).

In addition to data on caregivers, 27 states added a module on care recipients in 2000, 2001, or both years. A total of 106,135 BRFSS respondents were interviewed and analyses are ongoing to examine the prevalence of having a paid or informal caregiver, or persons with disabilities who report they need assistance, and their health outcomes.

RORC PRESENCE AT THE HSR&D 2006 NATIONAL MEETING

VA Health Services Research and Development Service will hold its National Meeting February 15-17, 2006 at the Hyatt Regency Crystal City in Arlington, Virginia. The theme of this year's conference is “Implementing Equity: Making Research Work for Diverse Veteran Populations” and is hosted by the Center for Health Equity Research and Promotion (CHERP) based at the VA Pittsburgh Healthcare System and the Philadelphia VA Medical Center. The National Meeting provides VA investigators the opportunity to present the results of their research to colleagues, clinicians, and policy makers. Highlights of the conference include a keynote address, plenary paper sessions, exhibits, workshops and a poster session.

RORC investigators are presenting their research findings in a number of venues at the annual meeting. Prior to the regular sessions, [Diane Cowper](#), PhD and [Rebecca Beyth](#), MD will attend the Network Directors' special poster session to represent the work being conducted at the RORC and the Stroke-QUERI. [Dean Reker](#), PhD, [Bruce Vogel](#), PhD, and [Neale Chumbler](#), PhD had abstracts accepted for oral presentation. Dr. Reker is presenting results on stroke guideline compliance and patient outcomes from his ongoing Investigator Initiated Research project. Dr. Vogel's topic is on the cost of home-telehealth programs for chronic diseases with selection bias and regression to the mean. Dr. Chumbler will also present a paper on telehealth and cost entitled, “The Cost-Utility of a Home-Telehealth Program for Veterans with Diabetes.” Several RORC staff members are presenting the following topics at the Thursday evening Poster Session: “Comparative Performance of Function-based Risk Adjustment Systems for Stroke Outcomes in the VHA” ([Bruce Vogel](#), PhD); “Geographic Variation in Veterans' Receipt of Specialized Stroke Rehabilitation” ([Diane Cowper](#), PhD); “Quality of Oral Anticoagulant Treatment Among Atrial Fibrillation Patients Post-Stroke” ([Sooyeon Kwon](#), PhD); “The Impact of Psychosocial Factors and CD4 Count on HRQoL Change Among HIV-Infected Veterans” ([Huangang “Charlie” Jia](#), PhD); “The Effectiveness of a Care Coordination/Home Telehealth Program for Veterans with Diabetes” ([Tracey Barnett](#), PhD); and “VHA and non-VHA Post-Stroke Rehospitalization by Veterans with Acute Stroke” ([Evelyn Zheng](#), MS).

RORC MISSION

*To enhance access, quality,
and efficiency of
rehabilitation services
through interdisciplinary
research and
dissemination activities.*

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RORC RECENT PUBLICATIONS

SELECT PUBLICATIONS—2005

Bates B; Choi J; **Duncan P**; Glasberg J; Graham G; Katz R; Lamberty K; **Reker D**; Zorowitz R. Veterans Affairs/ Department of Defense Clinical Practice Guideline for the Management of Adult Stroke Rehabilitation Care: executive summary. *Stroke; A Journal of Cerebral Circulation*, 2005 36(9): 2049- 2056.

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Wolinsky F; Miller D; **Andresen E**; Malmstrom T; Miller J. Further evidence for the importance of subclinical functional limitation and subclinical disability assessment in gerontology and geriatrics. *The Journals of Gerontology Series B, Psychological Sciences and Social Sciences*, 2005 60(3): S146- S151.

STAFF NEWS

Happy Graduation to RORC IT Specialist, **Elizabeth “Liddy” Cope** who received not one but **two** degrees on December 16, 2005 from Santa Fe Community College. Liddy received her Associate of Science in Networking Services Technology and an Associate of Arts in Business Administration.

Program Specialist **Charisma Brown** greeted the New Year with a new (and first) granddaughter. Iyana Daniella Phillips was born on January 6, 2006. Congratulations Charisma.

RORC staff bids a fond farewell to research assistant **Helena Chapman**. Helena finished her MPH at the University of Florida and is now residing in the Dominican Republic where she is attending medical school. Keep in touch Helena and let us know how you are doing!

Welcome to **Melanie Sberna**, PhD who joins the RORC as a member of the Methodology Core. Dr. Sberna will be providing statistical support and consultation to a number of ongoing and proposed projects. Thank Goodness you’re here!

The RORC is pleased to have a new outstanding group of Career Development Awardees. Welcome aboard is extended to **Roxanna Bendixen** (pre-doctoral fellow), and Drs. **Debbie Wilson**, **Beverly Childress**, and **Tracey Barnett** (post-doctoral fellows). Welcome to the RORC team!

Adieu and bon chance to **Christopher Faircloth**, PhD who recently left the Center.