

Department of Veterans Affairs:  
REACH VA

*REACH VA is an effective intervention to decrease dementia caregiver stress and improve the management of dementia patient behaviors that can be implemented throughout the VHA system and in community healthcare settings.*

**Lead Agency:**

Department of Veterans Affairs

**Agency Mission:**

*"To care for him who shall have borne the battle and for his widow and his orphan."*

**Principal Investigator:**

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**Partner Agency:**

National Institute on Aging (NIA), National Institute of Nursing Research (NINR)

**General Description:**

*Resources for Enhancing Alzheimer's Caregivers Health (REACH) VA*

In 2000, 4.5 million individuals in the United States had Alzheimer's disease. Currently, informal caregivers provide the majority of care for those with dementia, on average 16-20 hours/day. As part of Congressional funding for caregiver assistance pilot programs to provide needed training and resources for caregivers who assist disabled and aging veterans in their homes, VHA funded REACH VA as a clinical translation of the successful Resources for Enhancing Alzheimer's Caregivers Health (REACH II) study. REACH II, funded by the NIA and the NINR, was the first national randomized clinical trial of a behavioral intervention to decrease stress and burden for racially and ethnically diverse dementia caregivers. The REACH VA program translates the REACH II intervention into clinical practice, which is the goal of research.

The REACH VA intervention provides education, a focus on safety for the patient, support for the caregiver, and skills building to help caregivers manage difficult patient behaviors and decrease their own stress. It includes 12 individual sessions in the home and by telephone, and five telephone support groups over six months. Across the country, 24 Home Based Primary Care (HBPC) programs, which treat frail dementia patients and their caregivers in the home, are participating, providing the intervention as part of clinical care to families and patients. VA Medical Center at Memphis serves as the coordinating center for this program, providing training to the clinical sites, certification of staff to provide the intervention, and evaluation of the results.

The goal of REACH VA is to implement an effective intervention to decrease caregiver stress and improve the management of patient behaviors throughout the VHA system. REACH VA is being discussed as an option to provide services to caregivers participating in VHA Adult Day Health Care. Specific objectives include: 1) improve emotional well-being and depression, burden, health, social support, and management of patient dementia-related behaviors for family caregivers of dementia patients; 2) decrease health care utilization, including unanticipated admissions, unscheduled outpatient visits, emergency room visits, and placement, for dementia patients; 3) decrease time spent "on duty" and time providing actual care for caregivers; 4) assess caregiver satisfaction with the services provided; 5) assess VHA clinical staff satisfaction with the intervention; and 6) determine the cost of the intervention for VHA.

***Excellence: What makes this project exceptional?***

The goal of research is to translate research findings into clinical practice and personal behavior. The VA system has made it possible to implement the REACH II research findings broadly, through funding of REACH VA as the first national clinical translation of a proven dementia caregiver behavioral intervention. Clinical staff from 24 HBPC programs in more than 29 cities and 17 states have volunteered their time to train for and to deliver the intervention to stressed caregivers of dementia patients. Based on their dedication and their desire to provide the best possible care for their patients and their families, these staff are implementing the program as part of their clinical workload. Their goal is to raise the standard of care provided to dementia caregivers and patients using evidence based interventions. REACH VA materials are a practical resource for clinicians beyond the confines of the program, providing knowledge and materials to be used with other caregivers and patients.

***Significance: How is this research relevant to older persons, populations and/or an aging society?***

Caregiving is a national and growing concern. Approximately 54 million people provided care in the past year and 59% of adults are now or expect to be family caregivers in the future. Unpaid family caregivers are the largest source of long-term care services in the U.S. The value of "free" services provided by family members is \$257 billion annually (in 2000 dollars), more than nursing home and home health care combined. Factoring in all lost productivity and \$36.5 billion in absenteeism, dementia costs American businesses \$61 billion per year. REACH VA is designed to help caregivers cope with the stresses of caregiving.

***Effectiveness: What is the impact and/or application of this research to older persons?***

Although most dementia caregivers express a desire to provide care in the home, the emotional and physical costs are enormous. The REACH II intervention has been shown to significantly improve caregiver quality of life – caregiver burden, depression/emotional well-being, self-care and healthy behaviors, social support, and management of care recipient problem behaviors. It also provides that most scarce commodity for caregivers – time – in an additional hour per day not providing direct care at an intervention cost of \$5.00 per day. This intervention will now be available across

the VHA system. In addition, the VA is a testing ground for the intervention to be used nationally with community agencies. The Roslynn Carter Institute for Caregiving has selected REACH VA as one of its National Caregiver Quality Programs.

***Innovativeness: Why is this research exciting or newsworthy?***

An editorial in the *Annals of Internal Medicine* on REACH II suggested that if the intervention was a drug, it would be on the fast track to approval. The VA system has provided a means to implement this first national clinical translation of a dementia caregiver behavioral intervention. REACH VA is also an example of the efforts of two federal agencies, the National Institutes of Health and the Department of Veterans Affairs, working together to translate research into clinical practice. REACH VA showcases the efforts of Congress, through the Department of Veterans Affairs, to provide support for family caregivers. Their funding for VHA Caregiver Pilot Assistance Programs was designed to identify programs that would enhance the quality of life of veterans and reduce the strain on veterans' caregivers and then be replicated beyond the demonstration site.