SESSION 4150 (SYMPOSIUM)

RECRUITMENT FOR A MULTISITE PRAGMATIC TRIAL OF DEMENTIA CARE STRATEGIES: BARRIERS AND SUCCESS DURING COVID-19

Chair: David Reuben Discussant: Katie Maslow

With 2176 participants recruited, D-CARE is the largest pragmatic clinical trial of dementia care strategies, to date. At four clinical trial sites (CTS), D-CARE will compare the effectiveness of three dementia care strategies over 18 months: 1) by nurse practitioners or physicians within a health care system, 2) by social workers or nurses at community-based service organizations (CBO), or 3) usual care. Primary outcomes include person with dementia (PWD) behavioral symptoms and caregiver strain. Other outcomes include the PWD quality of life and ability to reach personal goals, and caregiver self-efficacy, distress, and depressive symptoms. Recruitment began in June 2019 with a basic protocol in which participating providers reviewed lists generated from the electronic health records (EHR) of patients who had a diagnosis of dementia, allowing the removal of patients who should not be contacted and giving an opportunity to provide information about the family caregiver. Some practices gave “blanket” referral allowing research staff to recruit participants directly. Other practices provided direct referrals via EHR communications to the research team. Self-referrals triggered by public postings in clinics and CBOs, social media, and media coverage were also accepted if a dementia diagnosis was confirmed in the EHR. By March 16, 2020, all in-person recruitment visits were suspended due to COVID-19. In response, informed consent was switched to telephone with verbal consent as permitted by State and Institutional regulations. This process identified 6,478 unique patients, leading to the recruitment of 837 PLWD into the study (22% Black or Hispanic). Algorithmic components that enhanced recruitment efforts included the incorporation of data elements necessary to contact and enroll patients, formatting data consistent with reporting requirements, and tracking information on primary care provider, diagnosis dates with the set of providers that agreed to recruit for the trial.

FOCUSING ON DIVERSITY: UTMB RECRUITMENT STRATEGY FOR THE D-CARE STUDY

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The University of Texas Medical Branch (UTMB) is the main healthcare system in Galveston County where about 15% of older adults identify as Hispanic. Our recruitment efforts for the Dementia (D-CARE) study included adapting and translating in Spanish the screening, recruitment, and intervention materials. The study is being conducted by a bilingual team, and actively engages a highly diverse Local Patient and Stakeholder Council. After obtaining a partial HIPAA waiver from the Institutional Review Board, we created a dementia registry in the UTMB Epic (TM) electronic health record which captured patients diagnosed with ICD-9/10 codes of dementia. Referral letters from UTMB primary care and neurology providers authorized us to contact eligible patients. We utilized outpatient clinic appointment schedules, direct referrals, and community outreach to meet our enrollment goal. This recruitment strategy resulted in inclusion of 478 patient-caregiver dyads with 27.4% of participants identifying as Hispanic and 17% as Black.

ENROLLING PARTICIPANTS WITH DEMENTIA IN A RURAL SETTING: GEISINGER RECRUITMENT STRATEGIES FOR D-CARE

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Geisinger Health System serves a large, geographically stable population in central and northeast Pennsylvania and was chosen to participate in D-CARE due to its rural population, which is often under-represented. To reach potential participants, we used a multi-pronged recruitment approach.
including local radio, television, and newspaper advertisement; publication in a health system newsletter targeted to 55+; outreach to senior-care managers and primary care providers to encourage referrals; and leveraged an extensive electronic health record (EHR) database to identify a pool of almost 9,000 potential participants. Initial barriers to enrollment stemmed from geographic challenges and the dyad’s inability and/or unwillingness to travel long distances to lengthy in-clinic appointments. A post-pandemic transition to virtual visits helped ease the travel burden and increase study enrollment. Despite varied recruitment strategies, by far the most effective recruitment method remained direct referrals of patients and caregivers with whom the provider had discussed the D-CARE study.

CLINIC-BASED RECRUITMENT STRATEGIES WITHIN AN INTEGRATED HEALTH CARE SYSTEM FOR THE DEMENTIA CARE STUDY (D-CARE)
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At Baylor Scott and White Health (BSWH), 4,564 patients with a diagnosis of dementia were identified via search in the EHR, direct referrals from BSWH Providers and self-referrals. Of 2,296 potential participants (dyads of person with Dementia [PWD] and their family caregivers) screened, 2,034 were deemed eligible, and 626 dyads were enrolled. The BSWH D-CARE leadership team provided a 20-minute presentation to Medical Directors and Providers of 32 BSWH primary care clinics followed by a request to review Provider-specific patient lists. After Provider review, research team members sent letters and/or made phone calls to dyads. Providers were also invited to make direct referrals using an EHR referral link and the research team pinned appointment notes to upcoming PWD clinic appointments to remind Providers of the project. Recruitment strategies shared during monthly meetings of the Recruitment & Retention Committee also proved helpful in the identification of successful outreach and recruitment activities.

SESSION 4160 (SYMPOSIUM)

REIMAGINING AGING WITH DISABILITY THROUGH TECHNOLOGY
Chair: Elena Remillard Discussant: Margaret Campbell

Individuals aging with long-term disabilities are likely to require support for managing challenges with everyday activities. To effectively promote independence and aging-in-place for this population, we must consider innovative technology solutions that go beyond traditional direct care services. This symposium will highlight technology research and development efforts from the Rehabilitation Engineering Research Center on Technologies to Support Aging-in-Place for People with Long-Term Disabilities (RERC TechSAge). TechSAge is an interdisciplinary collaboration between Georgia Tech, the University of Illinois Urbana-Champaign, and Georgia State University, dedicated to understanding the needs of, and developing supportive technologies for people aging with long-term vision, hearing, and mobility disabilities. First, Remillard et al., will present interview findings from individuals aging with long-term vision loss on challenges performing instrumental activities of daily living. Next, Mitzner et al., will describe TechSAge research-driven guidelines for designing and delivering wellness classes via video-conferencing to older adults with and without disabilities. Blocker et al., will highlight a field trial evaluating how digital home assistants (e.g., Amazon Echo devices) and smart home devices, along with user-friendly support guides, can support older adults with mobility disabilities at home. Finally, Jones et al., will describe the latest feature of the SmartBathroom laboratory – a SmartBathing Transfer Testbed prototype that will enable us to study of how different bathing environment configurations can impact transfer performance. Margaret Campbell (Retired Senior Scientist for Planning and Policy Support, National Institute on Disability, Independent Living, and Rehabilitation Research) will serve as the discussant for the symposium.

AGING WITH VISION LOSS: EXPLORING EVERYDAY ACTIVITY CHALLENGES AND OPPORTUNITIES FOR TECHNOLOGY INNOVATION
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Vision loss can impact the health of older adults on multiple domains, including physically (e.g., mobility challenges), psychologically (e.g., depression), and socially (e.g., isolation). Older adults with vision loss, and particularly those with long-term vision loss, are likely to experience challenges in performing Instrumental Activities of Daily Living (IADLs), as these activities often require abilities like reading, fine motor movements, and navigating. We conducted structured interviews with 60 older adults aged 60-79 with vision loss for at least 10 years about their challenges with select IADLs (e.g., household tasks, transportation, shopping, finances, and managing health). An analysis of in-depth interview data revealed specific challenge themes associated with engaging in different IADLs, such as challenges with accessibility, physical limitations, assistance from others, communication, and finances. Findings highlight opportunities for technology solutions to support IADL participation and independence for people aging with vision loss.

TECHSAGE TELEWELLNESS TOOL: GUIDELINES FOR DELIVERING INCLUSIVE WELLNESS CLASSES VIA VIDEO-CONFERENCING
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Many older adults, particularly those with mobility disabilities, experience barriers to participation in exercise classes, including lack of accessibility and transportation. Tele-technologies (e.g., Zoom) provide an opportunity to facilitate both physical and social wellness through remote group classes. We developed the TechSAge Telewellness tool to provide guidelines for designing wellness classes delivered via video-conferencing for older adults with and without disabilities. The protocols and guidelines presented within