

• CU ANSCHUTZ MULTIDISCIPLINARY CENTER ON AGING •

OLDER ADULTS IN RESEARCH

Fall 2024 Newsletter

Edition #5



Multidisciplinary Center on Aging

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

A Letter to the Community

BY KATHRYN NEARING, PhD

Over 30 years ago, the Picker Institute introduced eight patient experience principles that would shape how we think about patient-centered care.

These principles (Figure 1) center the delivery of health care on patient and caregiver values, preferences and priorities; orient interprofessional care teams to care for the whole person; and consider the patient and caregiver experience at every point of interaction with the healthcare system. (Source: Patient-Centered Care: What Does it Mean? published by the Picker Institute in 1993).

FIGURE 1

- Respect for patients' preferences
- Coordination and integration of care
- Information and education
- Physical comfort
- Emotional support
- Involvement of family and friends
- Continuity and transition
- Access to care

Picker Institute

Recently, Older Adult Research Specialists at CU Anschutz have engaged in workshops, led by Barbara Davis (next page), to think about how we can apply patient experience principles to transform the experience of research participants across all phases of a study, from initial outreach to concluding study participation.

Honoring patient experience principles in research has a profound implication for study teams: clinical research must become relationship-oriented rather than project/study-based. Another transformative insight from OARS' discussions was thinking of research study participants as research partners, a shift that implies the need for reciprocity in the research relationship (e.g., sharing key learnings from the research).

This Fall 2024 edition of the Older Adults in Research newsletter highlights efforts that honor these patient engagement principles to optimize the participant experience in research and, ultimately, the patient experience in healthcare.

Collectively, these efforts can begin to transform our relationship with research study participants from transactional to translational, bringing more advances to more people more quickly.

OARS Spotlight: Barbara H. Davis



• Barbara H. Davis. —

- **Q: Can you share a bit about your personal and professional background?**

“I’ve worked in a health maintenance organization. I’ve worked in hospitals, including a hospital affiliated with a university. I’ve worked also in a tech company. So, I have had a broad range of experiences.”

- **Q: What was your motivation to join the Older Adult Research Specialist (OARS) program? What was your experience like?**

“My background provided me with [knowledge of] how challenging people find the maze of healthcare options and the language that’s so challenging, and their own level of assets that make them pick one option versus another.”

Interested in research, Davis connected with Dr. Kathryn Nearing. Davis later completed the OARS training in Spring 2022 and subsequently joined the OARS consult service.

- **Q: What work are you currently doing as an Older Adult Research Specialist?**

With the OARS consult team, Davis applies her knowledge of patient experience principles to help researchers design studies to consider participants’ motivations and needs. A major part of Davis’s work in the consult service involves health literacy.

“We work with researchers to make the language they are using more relevant to the people who might read the material or who might be interested in participating in the research. We work on making the information more relevant and more easily accessible.”

- **Q: What do you think older adults should know about participating in clinical research?**

“It’s really important that older adults understand that for them to get the best care they need to participate in research. By doing so, they will ultimately get the best and safest care because it has been previously tried and tested on older adults.”

Interested in the Consult Service? Want to submit a request?

Contact: olderadultresearch@cuanschutz.edu

Bringing Cancer Care Across Colorado

The Challenges of Expanding Cancer Care for the CU Cancer Center

BY ELIAS BORN

Access to opportunities to participate in cancer research, and benefit from resulting advances in prevention, early detection and treatment is a significant challenge in many communities across Colorado – a situation the University of Colorado (CU) Cancer Center has been working to improve.

"Our mission is to bring education, interventions and research from the Cancer Center into the community," Cancer Center Assistant Director of Dissemination and Implementation Dr. Jan Lowery said.



• Dr. Jan Lowery.

As a part of the Office of Community Outreach and Engagement (COE) within the center, Lowery helps spearhead community outreach efforts.

Establishing Regional Networks

Lowery stated, "Tackling disparities in cancer prevention screening, diagnosis and treatment is key to using research results to improve health locally. As the only National Cancer Institute-designated center in Colorado, and 1 of only 72 nationwide, the CU Cancer Center is working with the Colorado Cancer Coalition to establish regional cancer networks in underrepresented and rural areas."

This initiative seeks to work with the community and establish a leader and local coalition, and help communities set priorities for cancer prevention efforts using data to determine certain cancer burdens in the region. For example, one community the center has assisted in the past prioritized addressing low screening rates for colon cancer and the cancer center helped them to distribute screening tests to their local residents.

"We started with education, and I think that was enlightening. And people really appreciated the fact that we came with local information about cancer burden, risks and screening behaviors."

Bringing Resources to Communities

Screening kits are highly recommended by the Cancer Center, especially for those who are 40 and over. The kits can help identify lung, colon, breast and cervical cancers. These screenings are typically initiated with a conversation by a primary care provider. However, rural



• Dr. Lowery presenting in Salida, CO.

and aging populations in Colorado can struggle with obtaining cancer resources, including screenings, because of transportation and long drives.

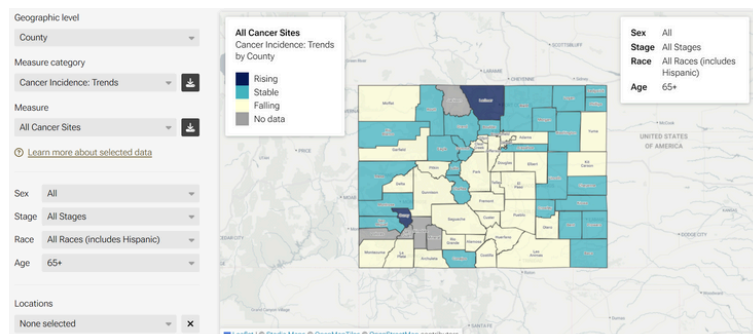
"What I kept hearing from communities, when I visit, is 'Jan, we want to hear about research, but not research where we have to go to Anschutz. Can you bring research where we can actually do it? Here?'" Lowery said.

While organizational changes within the state have affected regional cancer network activity, the vision for 2025 is to rebuild the regional centers with help from local communities. A goal is to engage these networks to help increase access to opportunities to participate in clinical trials.

THE UNIVERSITY OF COLORADO CANCER CENTER

Exploring Cancer in Colorado (ECCO)

The ECCO platform is a resource for end users to look at cancer burden across Colorado in an interactive mapping database. ECCO covers demographics, cancer rates, disparities, risk factors, environmental exposures, and social determinants of health, with locations for prevention, treatment, and survivorship resources available as well.



Explore ECCO!: coe-ecco.org

Scan to visit!



Understanding Disparities in Hospice Care

A Researcher Draws on Her Lived Experience

BY ELIAS BORN

Hospice care is medical care for those with a life expectancy of 6 months. Often misunderstood, there can be social stigma surrounding hospice that creates barriers to patients and families engaging in this type of care.



Dr. Channing Tate, Assistant Professor in General Internal Medicine, Department of Medicine at CU Anschutz, leads research that is helping us understand and address community perceptions of hospice. Her work focuses on making this care more acceptable and, therefore, accessible to racial and ethnic minoritized populations.

Tate's passion for her research with older adults stems from growing up in a large extended family, surrounded by her elders. She has 31 first cousins, 29 of whom are older.

• Dr. Channing Tate.

"As people in my family got older and started passing away, I started thinking about these disparities in hospice care, and why people think hospice is a place to go to die. It's so much more than that," Tate said.

What is hospice?

Hospice is an alternative to treatments like chemotherapy or dialysis – but it's not a physical location, or institutionalization. Ultimately, the focus is not on curing, but end-of-life care and support. According to the American Cancer Society, most people receive hospice care in-home, with a team of caregivers available, from doctors to social workers to chaplains.

Once enrolled in hospice, the patient's team plans out aid and support, such as how often the team will come to the house, medications that are needed and more. Hospice also provides aid with the transition to end-of-life and the anxiety and fear that can come with that transition. After a patient has passed away,

hospice care extends to the family/caregivers who receive resources and support.

The goal of Tate's research is not to force anyone to hospice care, but to give families the tools they need to make the decision for themselves.

Looking Ahead

Tate's current research is focused on outreach and education to Black, older adults with colorectal cancer and lung cancer, enlisting them to help design hospice conversations.



- A community event about hospice education at a local Denver church organized by Dr. Tate.

Enthusiastic about engaging older adults as members of the study team, Tate plans to hire an OARS in the future. In the meantime, she's more than happy to discuss her work, community and more.

“OARS is such a wonderful program to engage older communities and their encore careers, and building that intergenerational connection. Older adults have so much to teach us, and we're losing and forgetting that history, and they're such an important advisor of our society. We really need to be doing more to engage them in the workforce and making sure that we're taking care of them,” Tate said.

Scan the code to learn how you can play an active role in improving health care for older adults.



Visit research.cuanschutz.edu/olderadults

For additional questions, inquiries can be directed to:
olderadultresearch@cuanschutz.edu



Interested in hosting a CU Anschutz Multidisciplinary Center on Aging Research Roadshow in your Community?

Contact Jodi Waterhouse
jodi.waterhouse@cuanschutz.edu

Contributors:

Jodi Waterhouse, MHA
Director, Strategic Partnerships & Programs
CU Anschutz Multidisciplinary Center on Aging

Kathryn Nearing, PhD
Principle Investigator
CU Anschutz, Division of Geriatrics

Elias Born, BFA, BA
Marketing Coordinator
CU Anschutz Multidisciplinary Center on Aging

Funding support provided by **NIH/National Institute on Aging 1R24AG071459**

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