

UC Irvine

**UC Irvine Geriatric Medicine &
Gerontology Division**

Friday, June 12, 2026

Thank You

Thank you for the opportunity to meet **with the Orange County Older Adults Advisory Commission (OAAC)** to discuss UCI's work to promote the health and well-being of older adults and those who care for them.

We are happy to share our recent initiatives and discuss synergy on MPA Priority #2 Public Information and Resource and #3 Complex Care Coordination.

Optimal Aging & Empowered Longevity

Building Partnerships in the Community to promote Healthy Aging

Vision

We aim to build a future Center of Optimal Aging and Empowered Longevity based on the 4-Ms to provide cutting-edge care in a healing space dedicated to advancing care delivery models.

Mission

We deliver high-quality, comprehensive care across all settings and to providing leadership in geriatric education, research, advocacy and community outreach for older adults and those who care for them.

DISCOVER

TEACH

HEAL



PUBLIC-SERVING ACADEMIC GERIATRICS AT UCI: HEAL, TEACH, DISCOVER

**Geriatrics are
Advanced Specialty
Clinicians who are
experts in Complex
Care Coordination.**

HEAL

**Educating future
clinicians, researchers,
and caregivers to meet
our County's needs,
including resources and
information.**

TEACH

**Driving breakthroughs
to promote the health
and well-being of
older adults and those
who care for them.**

DISCOVER

WHO ARE GERIATRICIANS AND GERIATRIC SPECIALISTS?

- The Crisis in Geriatric Care today
- Treat and support optimal aging and manage complex medical problems



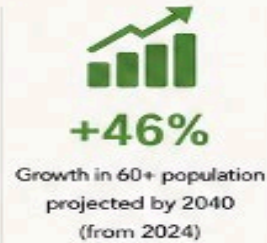
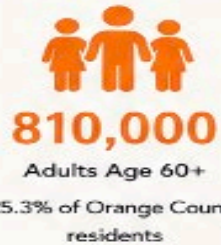
The image shows a screenshot of the UCI School of Medicine website. At the top right, there are links for News, Events, Giving, Alumni, and UCI, along with a search icon. Below this is a blue header with the UCI School of Medicine logo and navigation links for Research, Education, Healthcare, Community, and About. A yellow banner below the header reads "Division of Geriatric Medicine and Gerontology". The main content area features the heading "Optimal Aging & Empowered Longevity" and a paragraph: "An interdisciplinary group of professionals, we meet the changing health needs of older adults and those who care for them, providing leadership in geriatric education, research, advocacy and community outreach." To the right of the text is a photograph of a doctor in a white coat holding a large set of brain MRI scans.

OLDER ADULTS IN ORANGE COUNTY, CALIFORNIA

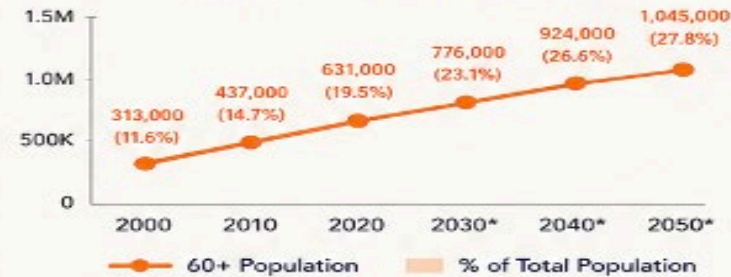
Understanding our aging population, including those living with dementia



AT A GLANCE (2024)



GROWTH OF 60+ POPULATION

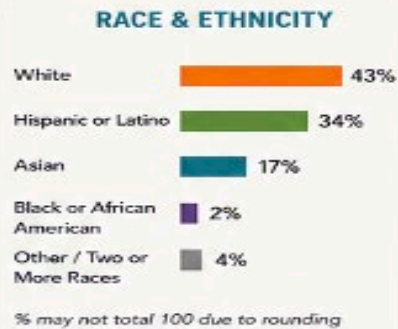


Source: California Department of Finance, E-8 Population Projections (2024)

WHO ARE OUR OLDER ADULTS? (AGE 60+)



Women live longer:
57% of adults age 85+ are women



Source: U.S. Census Bureau, 2022 ACS 5-Year Estimates

PERSONS LIVING WITH DEMENTIA



An estimated **81,000**

Orange County residents age 65+ are living with Alzheimer's or other dementia (2024)

That's about 1 in 9 adults age 65+ (11.1%)

PROJECTED TO GROW
81,000 in 2024 → 110,000+ by 2040

Source: Alzheimer's Association, 2024 Alzheimer's Disease Facts and Figures

CUTTING EDGE MULTI-SPECIALTY CARE

The Division of Geriatric Medicine at UCI School of Medicine offers a full complement of clinical services and innovations to patients over the age of 60 to support healthy aging. We have a robust mobility promotion and preservation program and brain health program, which includes dementia specialty care. The award-winning Health Assessment Program for Seniors (HAPS) delivers a detailed road map for primary care providers and care partners to help manage the 4Ms.

13+ Board-Certified Geriatricians

GROWING

BUILDING CARE
NETWORKS in OC

- ▶ **PRIMARY CARE for OLDER ADULTS AND THOSE WHO CARE FOR THEM**
- ▶ **MOBILITY AND FALLS CLINIC**
- ▶ **HAPS: Comprehensive, Multi-Discipline Assessments**
- ▶ **MEMORY CARE AND ASSESSMENTS + GUIDE**



Geriatric Medicine Team



Nagina Abdiani, MD



Michelle Renee Abueg, MD



Lydia Ann, MD



Elham Arghami, MD



Edna Bidy, MD



Katherine De Azambuja, MD



Valerie George, PA



Lisa Gibbs, MD



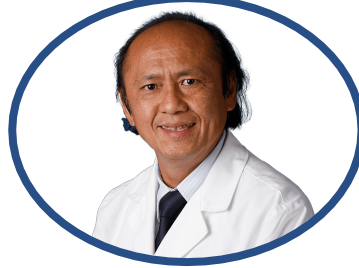
Tatyana Gurvich,
PharmD



Katayoun Khalighi, MD



Sandra Klein, PhD



Chinh Le, MD



Albert Le, LCSW



Mine Oak, PhD



Renee Pace, MD



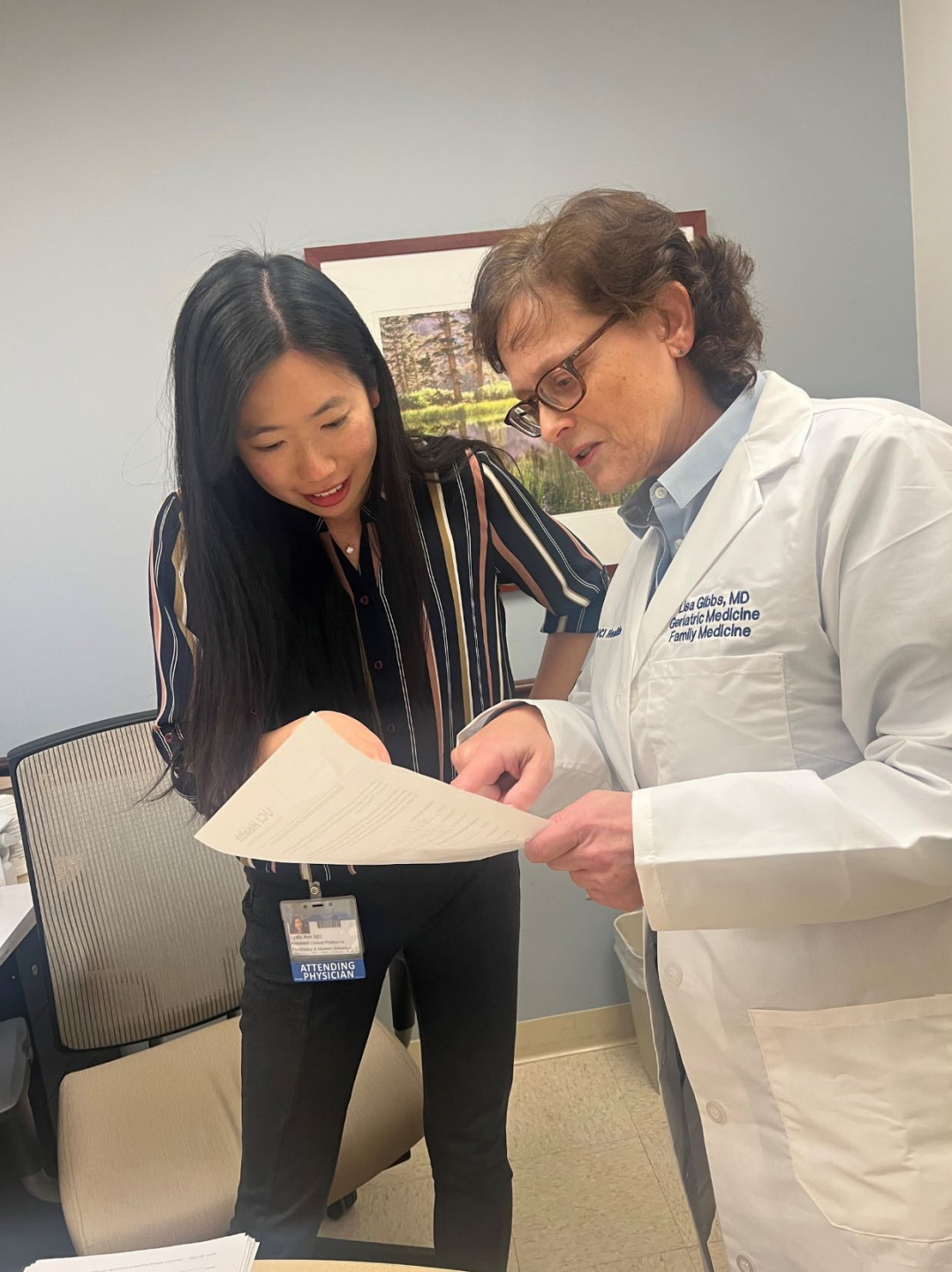
Manisha Perera, MD



Sonia Sehgal, MD



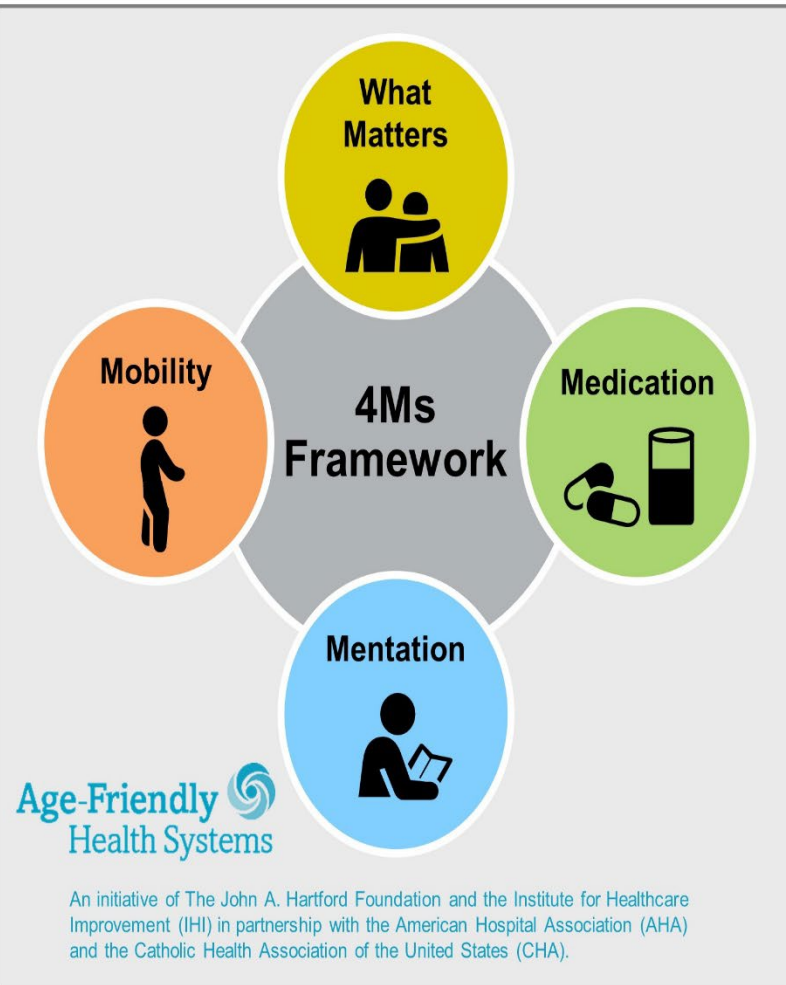
Steven Tam, MD



Comprehensive and Interprofessional Care

- Pharmacy
- Psychiatry
- OT/PT
- Nutrition
- Nursing
- Licensed Clinical Social Work
- Health Coach

We are Age Friendly Health System Pioneers



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

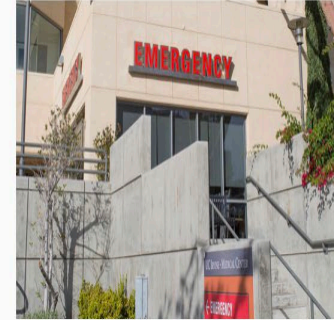
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

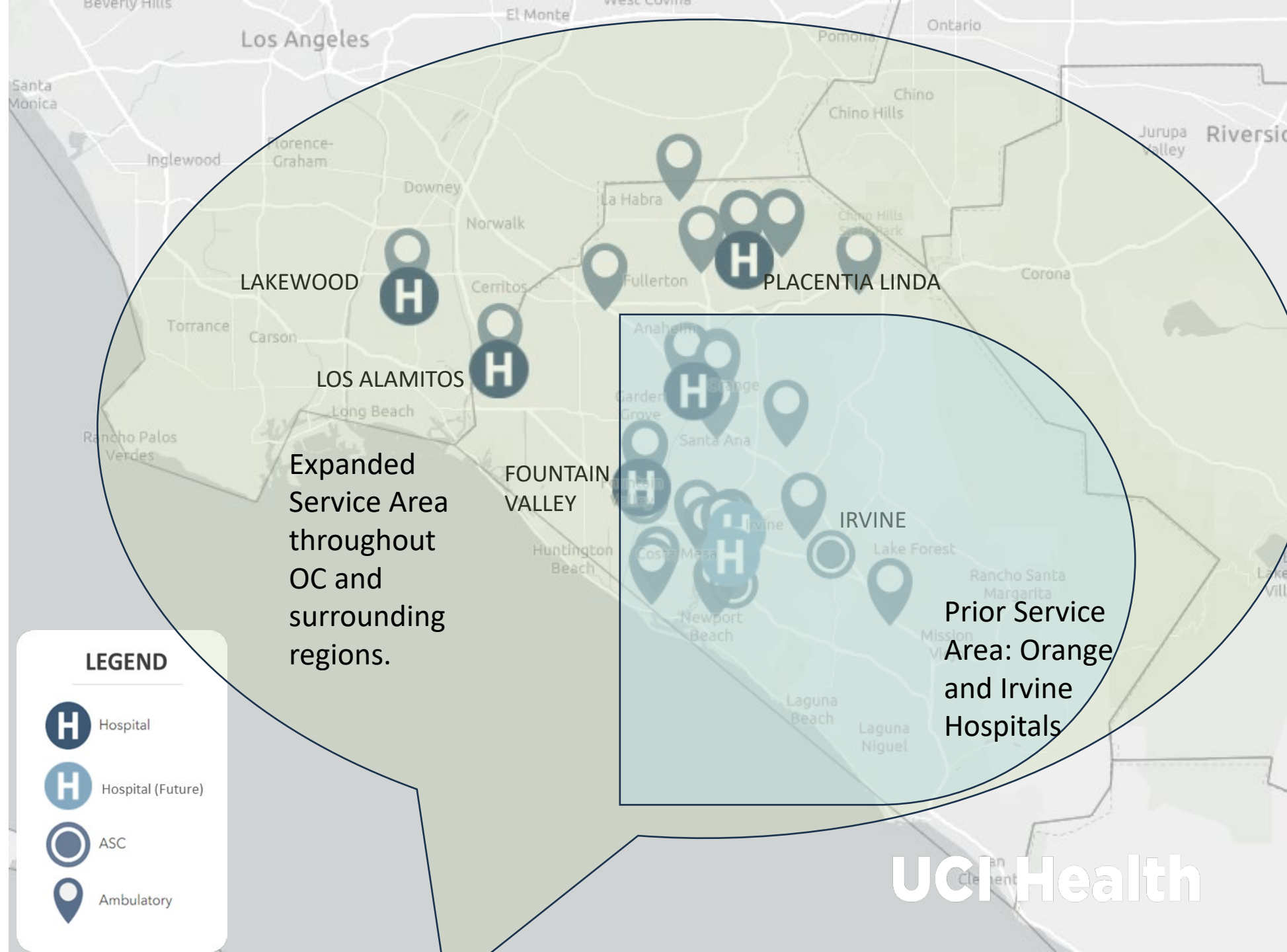
Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



UCI Health Expansion 2025-2026

5 new hospitals+
Rehabilitation
Hospital
Expanding care to
186 zip codes and
over 55 cities





What's New? Hospital of the Future and Rehabilitation Hospital

Advancing healthcare delivery through innovation and personalized care.



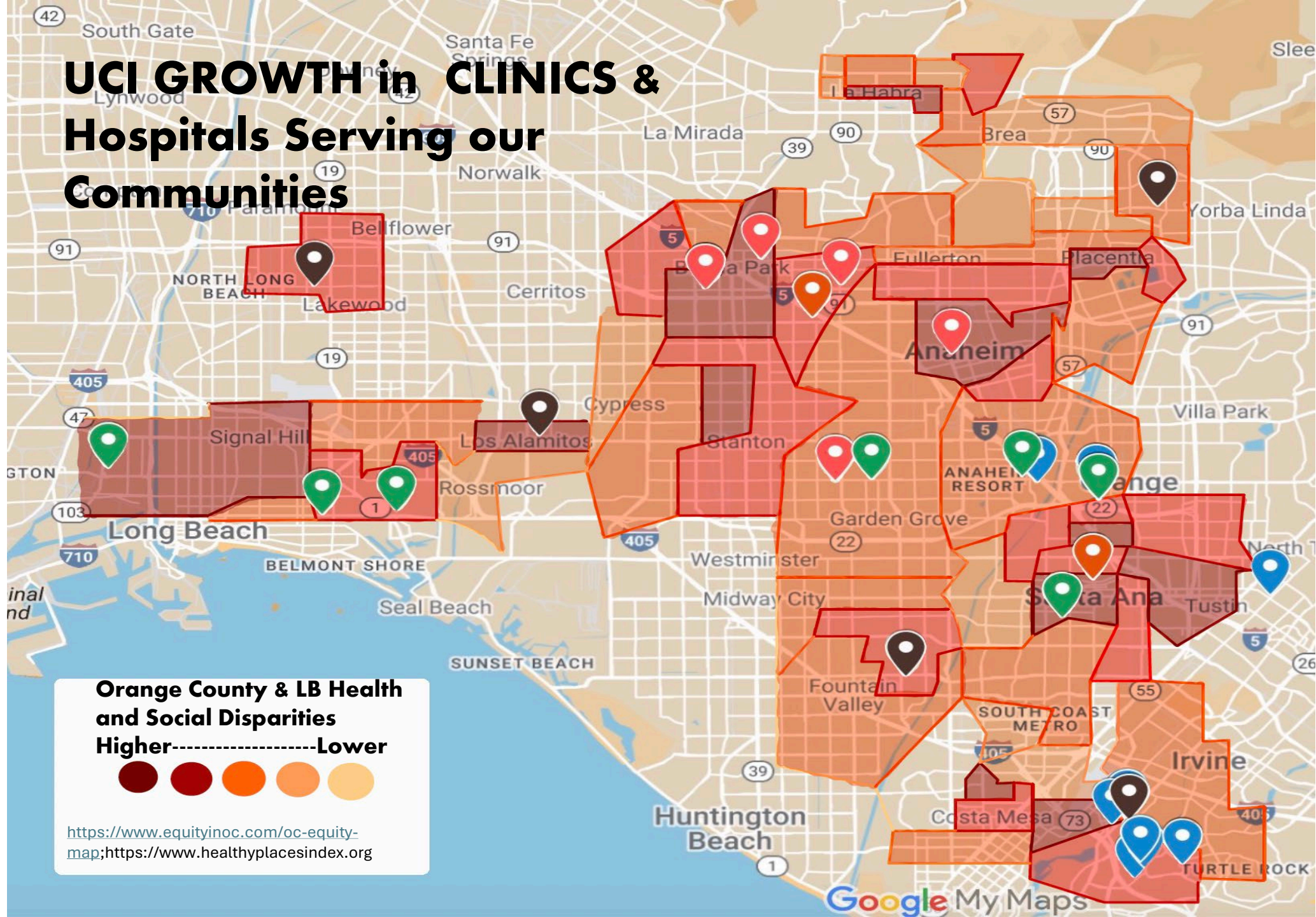
UCI GROWTH in CLINICS & Hospitals Serving our Communities

-  UCI Hospitals
-  UCI PCP Clinics
-  UCI FQHCs + FQHC Partners
-  LBVA/CHOC Hospital + Clinics

Orange County & LB Health and Social Disparities Higher-----Lower



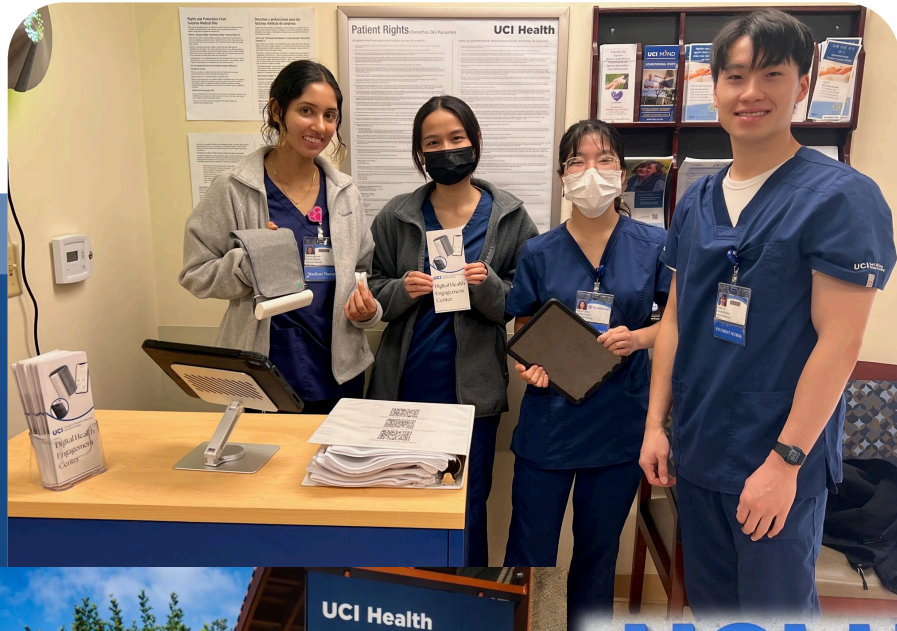
<https://www.equityinoc.com/oc-equity-map>; <https://www.healthyplacesindex.org>



FQHC Geriatric Clinic and Resource Center



EDUCATION & TEACHING



UCI Health



Across all learners, we educate future geriatricians, physicians, nurse practitioners, nurses, pharmacists and care teams to grow our workforce. With the looming shortage of healthcare professionals trained to care for our aging population, we are committed to teaching across all disciplines.

What do these docs have in common?



Sonia Sehgal, MD



Manisha Perera, MD



Michelle Abueg, MD



Nagina Abdiani, DO

Nursing Students: Digital Health Innovations and IHSS Education

UCI SHE & MARY GRIGGS SCHOOL OF NURSING

Pre-Plan Medication

- Use weekly pill boxes (if appropriate) to keep track of doses and compliance.
- Use pill scheduling apps

UC Irvine/IHSS Caregiver Education ...

by UCI Geriatrics

Playlist • 25 videos • 522 views

Caregiver education created by UCI School of Nursing students, under the direction of Dr. Jung-Ah Lee, Ph.D. ...more

▶ Play all

18

HIPOGLUCEMIA VS. HIPERGLUCEMIA

HIPOGLUCEMIA

- Síntomas comunes incluyen: sudoración, temblores, mareos, confusión, hambre, irritabilidad, náuseas, vómitos, fatiga, debilidad, ansiedad.
- Síntomas comunes graves: pérdida de conciencia, convulsiones, coma.

Como tratar:

- Mantener niveles de azúcar estables, a 3 o más.
- Consumir fruta.
- Zumo de frutas.
- Azúcar de frutas.
- Azúcar instantáneo.

40:56

UCI/IHSS Caregiver Education: Diabetes Care Management (Spanish)

UCI Geriatrics • 72 • 4y ago

19

17:27

UCI/IHSS Caregiver Education: Fall Prevention (English)

UCI Geriatrics • 151 • 4y ago

20

18:12

UCI/IHSS Caregiver Education: Personal Care (English)

UCI Geriatrics • 57 • 4y ago

21

Piel y Uñas

12:56

UCI/IHSS Caregiver Education: Personal Care (Spanish)

UCI Geriatrics • 31 • 4y ago

22

Chú ý an toàn

15:41

UCI/IHSS Caregiver Education: Personal Care (Vietnamese)

UCI Geriatrics • 59 • 4y ago

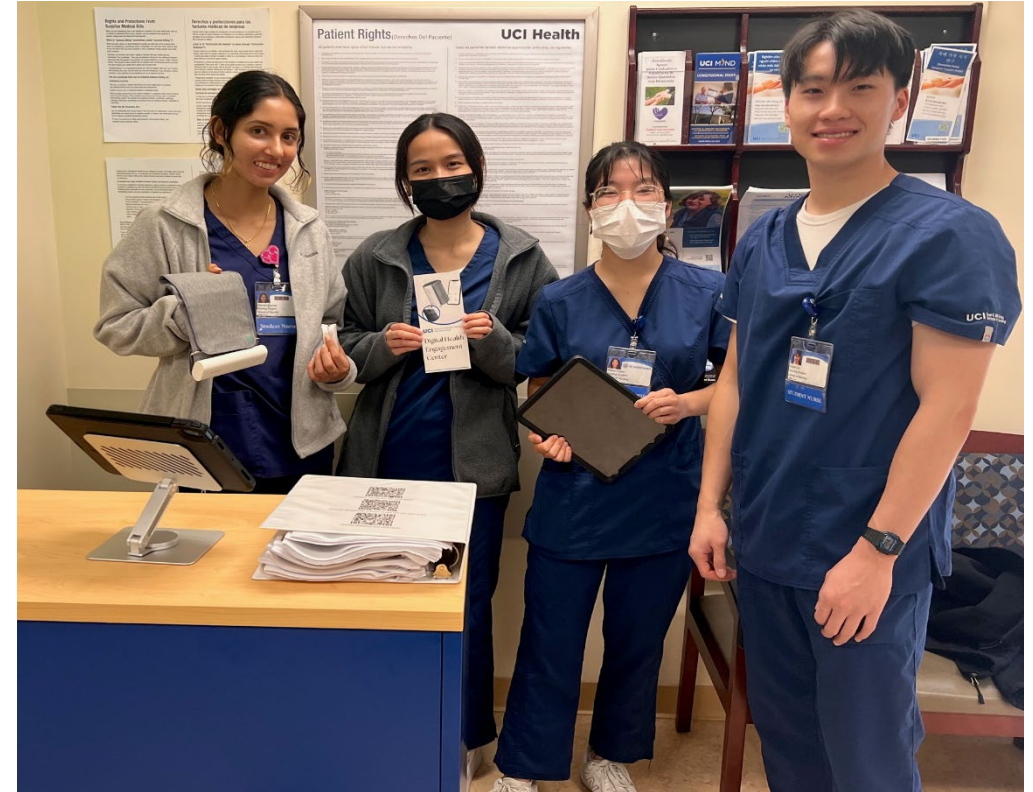
23

Video Ejemplario

15:14

UCI/IHSS Caregiver Education: Fall Prevention (Spanish)

UCI Geriatrics • 52 • 4y ago



...

Pipeline: Growing Future Health Professionals across GIG/College of Health Science Education



Journal Club

with
Dr. Venoos Moshayedi

“Donanemab in Early Symptomatic Alzheimer’s Disease”

Monday 11/18/24 12:00PM PST

ucigeriatrics@hs.uci.edu

Research

JAMA | Original Investigation
Donanemab in Early Symptomatic Alzheimer Disease
The TRAILBLAZER-ALZ 2 Randomized Clinical Trial

John R. Sims, MD, Jennifer A. Zimmmer, MD, Cynthia D. Evans, PhD, Ming Lu, MD, MS, MPH, Paul Arispeño, PhD, Jordana Sparks, PhD, Alaina M. Weisau, PhD, Sergey Dzhochkevan, PhD, Hong Wang, PhD, Emel Senge-Monkal Nerg, MD, Emily C. Collins, PhD, Paul Salzman, PhD, Stephen Salloway, MD, Lisa C. Apostolova, MD, Oskar Hansson, MD, PhD, Craig Ritchie, MD, PhD, Dawn A. Bracke, PhD, Mark Mattson, MD, Daniel M. Slivovitsky, MD, PhD, for the TRAILBLAZER-ALZ 2 Investigators

IMPORTANCE There are limited efficacious treatments for Alzheimer disease.
OBJECTIVE To assess efficacy and adverse events of donanemab, an antibody designed to clear brain amyloid plaques.
DESIGN, SETTING, AND PARTICIPANTS Multicenter (27) medical research centers/hospitals in 8 countries), randomized, double-blind, placebo-controlled, 18-month phase 3 trial that enrolled 1736 participants with early symptomatic Alzheimer disease (mild cognitive impairment/mild dementia) with amyloid and low/moderate or high tau pathology based on positron emission tomography imaging from June 2020 to November 2021 (last patient visit for primary outcome in April 2023).
INTERVENTIONS Participants were randomized in a 1:1 ratio to receive donanemab (n = 862) or placebo (n = 874) intravenously every 4 weeks for 72 weeks. Participants in the donanemab group were switched to receive placebo in a blinded manner if disease completion criteria were met.
MAIN RESULTS AND MEASURES The primary outcome was change in integrated Alzheimer Disease Rating Scale (ADRS) score from baseline to 76 weeks (range, 0-144; lower scores indicate greater impairment). There were 24 general outcomes (primary, secondary, and exploratory), including the secondary outcome of change in the sum of boxes of the Clinical

Visual Abstract
Abstract pages S03, S05, S07, and S10
Supplemental content

Dr. Moshayedi

We Meet Learners Where They Are: Growing the Health Professional Geriatric Care Workforce



Fellowship Training

Our one-year Geriatric Medicine Fellowship program trains physicians to deliver compassionate, informed care to a diverse, aging population.

[FELLOWSHIP PROGRAM](#)

Medical & Community Provider Training

A key goal of our division is training an age-friendly workforce and building age-friendly health systems.

[LEARN MORE ABOUT THESE OPPORTUNITIES](#)

Continuing Education

We offer continuing education for healthcare professionals on the 4Ms framework so primary care physicians and other providers can provide age-friendly care to their geriatric patients.

[CONTINUING EDUCATION ACTIVITIES](#)

On-Demand Virtual Training

Our new learning management system (LMS) provides on-demand virtual training for a range of audiences, including healthcare professionals, caregivers, community members and others interested in the well-being of older adults.

[VIRTUAL CLASSES](#)

Caregiver Education

Our learning management system has a number of English and Spanish on-demand training modules for caregivers. In addition, through a UCI partnership with In-Home Support Services (IHSS) from the Public Authority of Orange County, we offer a professional, hands-on caregiving training program.

[TRAININGS AVAILABLE](#)

Community & Patient Education

We deliver community-based programs that provide patients, families, caregivers and direct care workers with the knowledge and skills to improve health outcomes for older adults.

[COMMUNITY-BASED PROGRAMS](#)

Browse Library

Search contents...



Types

All Types ▾

Authors

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Topics

- Caregiving Skills 6
- Chronic Disease Mana... 5
- Age-Friendly 2
- CNA Skills 2
- Dementia 2
- Mental Health 2
- Mobility/Fall Prevention 2
- Self Care/Resilience 2

18 Total Items

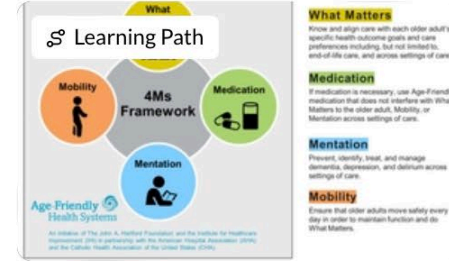
Recent ▾



Trauma Informed Motivational Interviewing (TIMI)



Caregiver Education



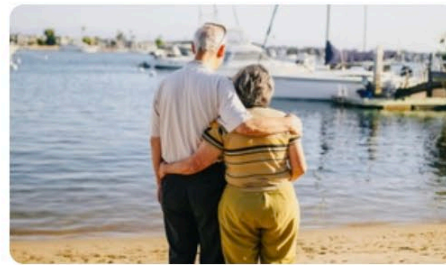
4Ms of Geriatric Age-Friendly Health System Care



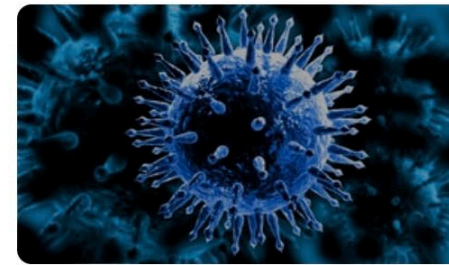
Diabetes Care Management



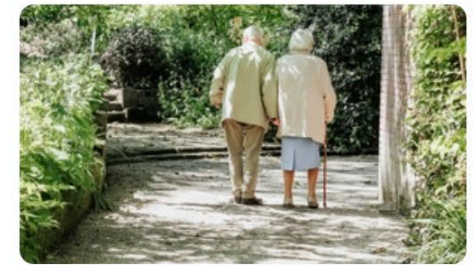
How to Care for Older Adults with Kidney Disease & Dialysis



Building CNA Resilience While Improving Care: Mobility and Fall...



Influenza: Control and Prevention



Building Nurse Resiliency While Improving Care: The 3 Ds: Delirium, Depressio...

1 hr

1 hr

1 hr

30 min



Division of Geriatric Medicine
and Gerontology

AGE-FRIENDLY, 5-M GERIATRIC WORKFORCE EDUCATION

Age-Friendly
Health Systems

Committed to
Care Excellence
for Older Adults



- **5,000+ PCPs Educated.** Virtual Continuing Education sessions help providers build geriatric competencies for better patient outcomes across the U.S. and internationally.
- **1,200+ Health Professional Students Trained.** Dr. **Sonia Sehgal** oversees our growing clinical rotations, didactic training for Family and Internal Medicine Residents and Geriatric Medicine Fellows. We have a newly launched Virtual Library for all learners.
- **1,500+ Caregivers Educated.** We offer hands-on didactic and skills-based training for Certified Nursing Assistants, In-Home Supportive Service, and Family Caregivers.

Research Discovery



With success across federal NIH, NSF, HRSA, PICORI CDPH, grant funding, we research new care delivery models, clinical breakthroughs, technological solutions and cutting-edge innovations to advance healthy aging.

ACADEMIC GERIATRICIANS: INTERPRETING AND TRANSLATING RESEARCH AROUND OPTIMAL AGING

**Translating
Science into Good
Clinical Practice.**

TRANSLATIONAL SCIENCE

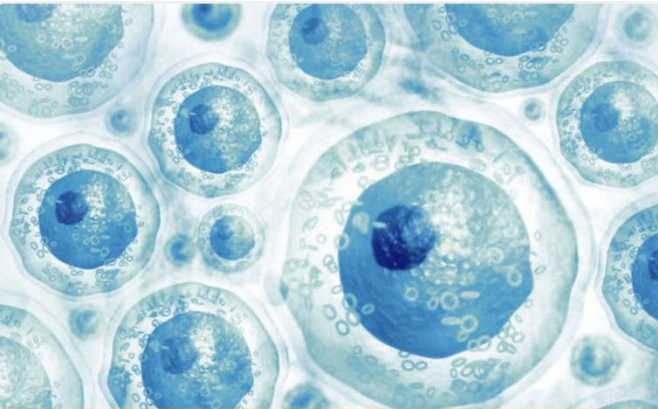
Geriatricians partner
with patients to
navigate scientific
breakthroughs with
quality of life and
function over time.

PARTNERSHIP

Implement the
Evidence-Based
Practice of the 4-
Ms for all patients.

ADVANCING SCIENCE

NEW VICE-CHAIR of GERIATRIC RESEARCH joining Fall 2026



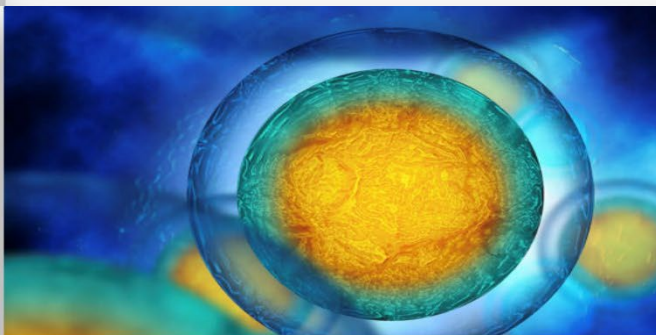
Senescent cells can be removed




Exercise has cellular and cognitive benefits



Biological processes of aging may differ between sexes



Cells can be reprogrammed to restore function



INSCREVA-SE
EINSTEIN CONNECTION

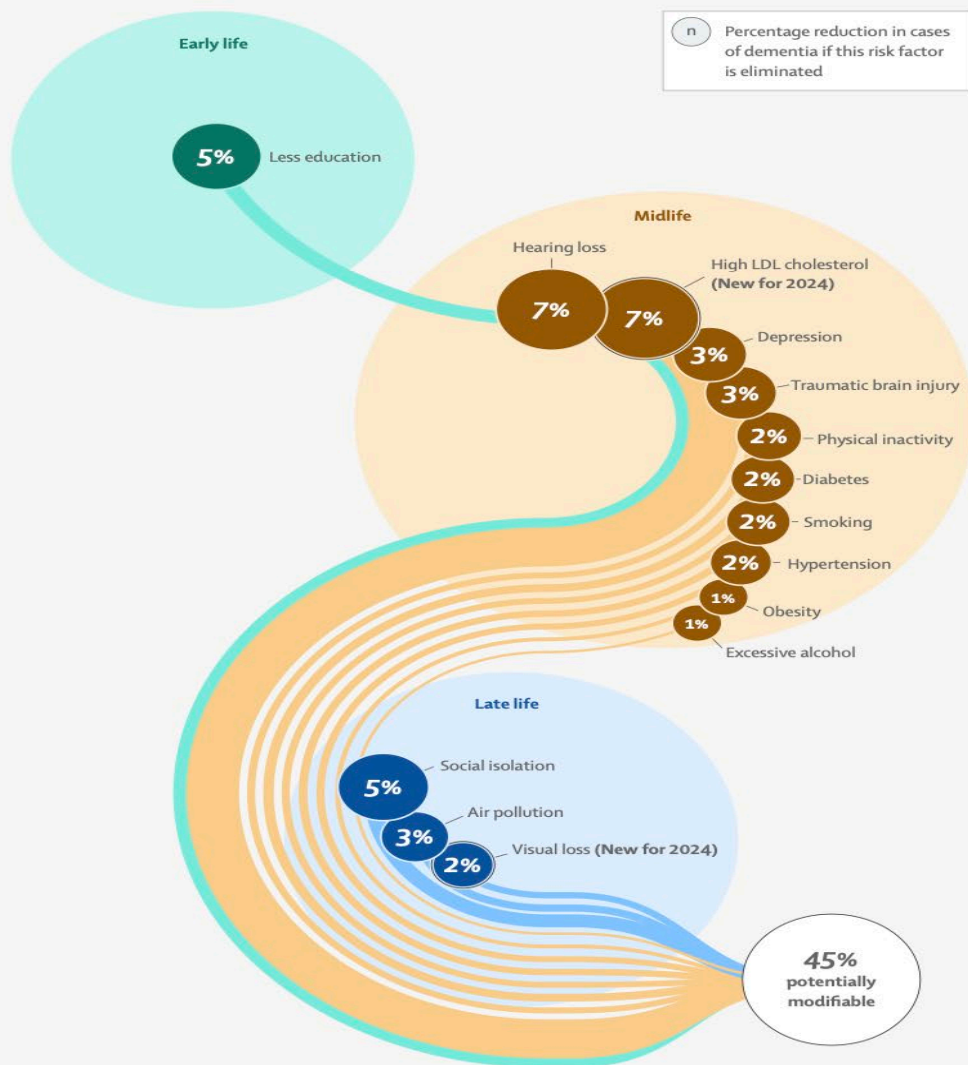
Gen Shinozaki

“From delirium to epigenetic investigation – the successful story of a research lab led by a physician-scientist”



Risk factors for dementia — 2024 update

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.



Read the full commission update at [thelancet.com/commissions/dementia-prevention-intervention-care](https://www.thelancet.com/commissions/dementia-prevention-intervention-care)

Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet* 2024; published online July 31. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0).

Dementia Risk: Research on Prevention

Age

Vascular risk

- Hypertension
- Atherosclerosis – cholesterol
- Diabetes
- Smoking and excessive alcohol

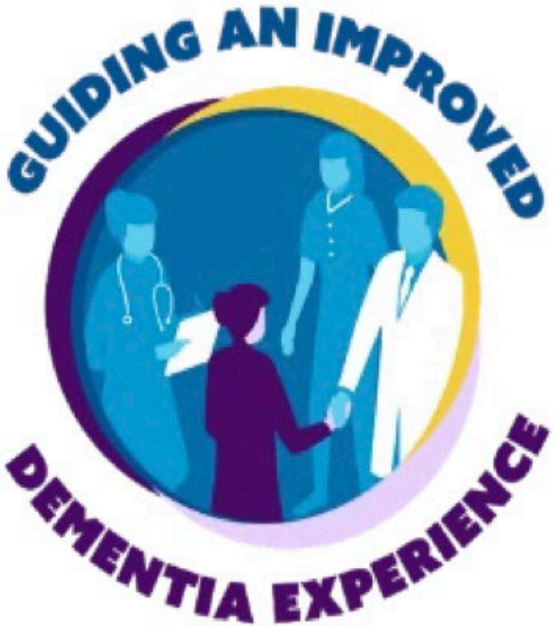
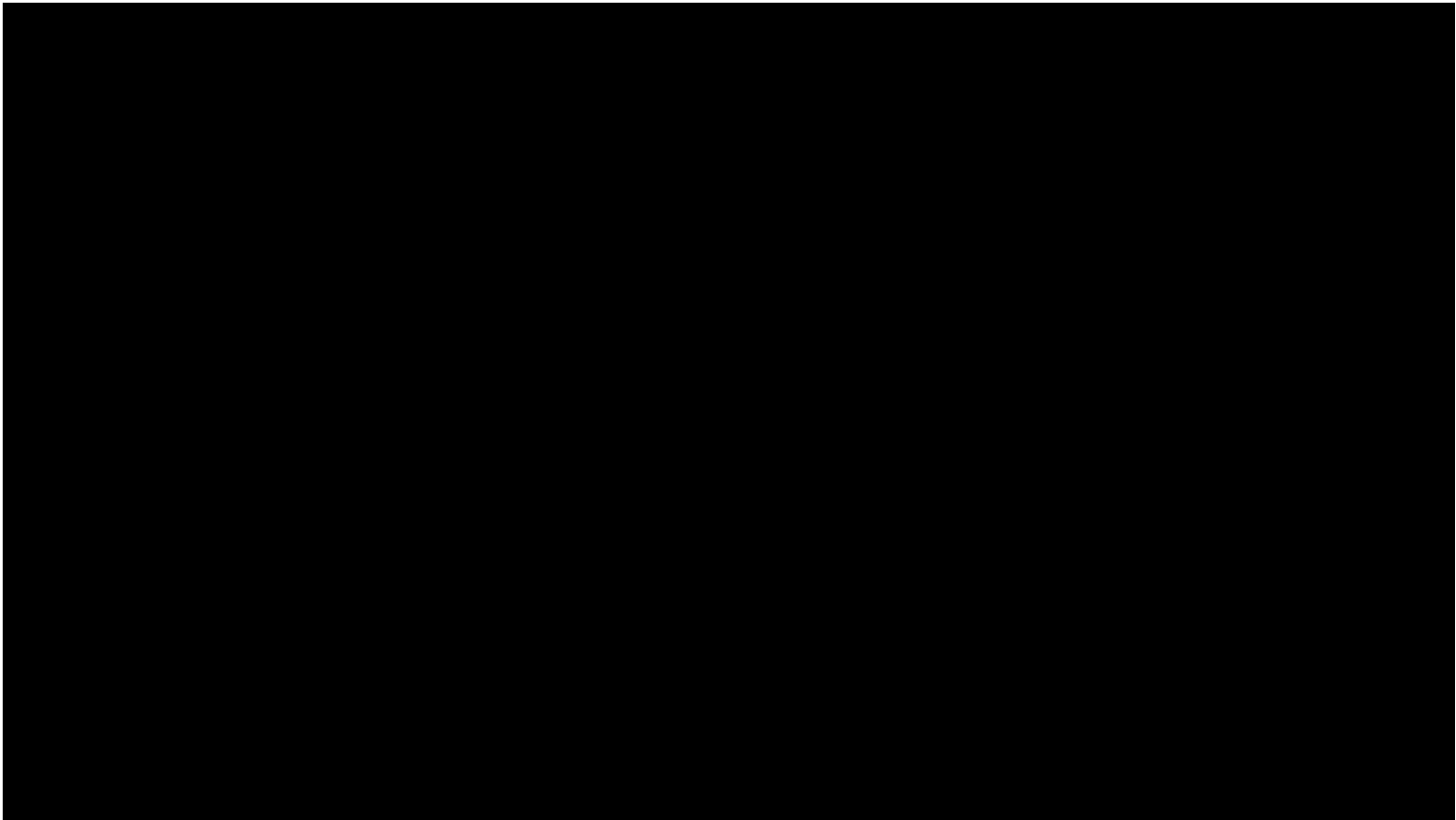
Genetics – Apo e4,
Downs syndrome

Head injury

Decreased cognitive
reserve

Lack of activity

UCI Pioneering Brain Health and Dementia Care Innovations



Partnership with OC for Disaster Preparedness with Computer Science Research NSF



Caregiving Research and Innovations



UCI Division of Geriatric Medicine and Gerontology Learn Analyze Manage

Analyze Search analyze...

33 Courses 106 Learners 232 Courses completed

Browse Library Search contents...

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Topics:

- Caregiving Skills 6
- Chronic Disease Mana... 5
- Age-Friendly 2
- CNA Skills 2
- Dementia 2
- Mental Health 2
- Mobility/Fall Prevention 2
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18 Total Items

<p>Trauma Informed Motivational Interviewing (TIMI)</p> <p>1 hr</p>	<p>Caregiver Education</p> <p>1 hr</p>	<p>4Ms of Geriatric Age-Friendly Health System Care</p> <p>1 hr</p>	<p>Diabetes Care Management</p> <p>1 hr</p>
<p>How to Care for Older Adults with Kidney Disease & Dialysis</p> <p>1 hr</p>	<p>Building CNA Resilience While Improving Care: Mobility and Fall...</p> <p>1 hr</p>	<p>Influenza: Control and Prevention</p> <p>1 hr</p>	<p>Building Nurse Resiliency While Improving Care: The 3 Ds: Delirium, Depressio...</p> <p>30 min</p>



Alzheimer's
ORANGE COUNTY



Research Success: Awards and Publications with Future Geriatrics Leaders

California Academic Geriatrics Institutions 2025 Conference

Beckman Center | Irvine, California | 5.30.25



Received: 2 November 2023 | Revised: 28 March 2024 | Accepted: 29 March 2024
DOI: 10.1111/gps.18935

EDUCATION AND TRAINING

Journal of the American Geriatrics Society

A pioneering EMR-embedded digital health literacy tool reveals healthcare disparities for diverse older adults

Julie Rousseau PhD, APRN¹ | Lisa Gibbs MD¹ | Carlos Garcia-Cabrera BS² | Ava Runge MBA, MD³ | Christina Palmer BS, RN⁴ | Jigar Haria MS⁵ | Matt Eichinger MHA⁶ | Jung-Ah Lee PhD, RN, FGSA, FAAN⁶

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⁵Irvine Health, Information Systems Application, University of California, Irvine, California, USA

⁶Correspondence: Jung-Ah Lee and Julie Rousseau, Sue and Bill Gross School of Nursing and Division of Geriatric Medicine and Gerontology, School of Medicine, University of California, Irvine, 854 Health Sciences Road, Irvine, CA 92697, USA. Email: jungah@uci.edu and jrousseau@uci.edu

Funding Information
Health Resources and Services Administration, Grant/Award Number: U1QH128724; Arcadione Foundation; University of California, Irvine Department of Family Medicine

Abstract

Background: The COVID-19 pandemic transformed healthcare delivery with the rapid adoption of telehealth and digital technologies to access healthcare. Interventions are needed to ensure that older people in underserved communities do not face new technology-driven healthcare disparities. This article describes pioneering electronic medical record (EMR) embedded tools to assess and support each diverse patient's digital health literacy.

Methods: We designed and validated a rapid EMR-embedded Digital Health Engagement Tool (DHET) to assess each patient's digital literacy in English and Spanish. We built a separate, EMR-generated auto-scoring function to assess patient use of telehealth and healthcare navigation as recorded within the EMR. Combined, the tools created a complete digital literacy assessment for each patient. We then deployed the tools to conduct a pilot study to elucidate disparities.

Results: A total of 112 ethnic/racial diverse older patients were enrolled (mean age was 78, ranging from 57 to 96) years (SD = 8.04). The female participants were 72.3%. Among the participants, non-Hispanic Whites were 47.3%; Hispanic 25.0%; non-Hispanic Asian 19.6%; non-Hispanic others (including multi-race and non-Hispanic Black/African Americans) 8.0%. Digital literacy disparities were revealed for older adults, particularly those over 70 years old, female gender, and those reporting relying on a helper.

Conclusion: New EMR-embedded tools enable healthcare systems to assess the ability of patients to navigate and utilize EMR capabilities, such as video telehealth appointments, messaging providers, reviewing labs/radiology reports, and requesting prescriptions. The study identified significant challenges for older patients in navigating EMRs and calls for healthcare systems to better support patient learning.

Empowering Older Adults and Reducing Harm Through Person-Centered ENDEAR Program

Julie Kim, PhD, Julie Rousseau, PhD, APRN, Jorge L. Soto, MD, Shanette Ray-Brown, MEd, Elena Doss, David Sanchez, Lisa Gibbs, MD

Intro:
• In Orange County (OC), CA, the Office of Public Guardian (OPG) investigates whether older persons referred to OPG have resources and support to manage their financial and personal affairs.
• The Center for Excellence on Elder Abuse and Neglect at UC Irvine and OPG partnered to provide a person-oriented case management program, ENDEAR and Disrupting Elder Abuse Resolution (ENDEAR).

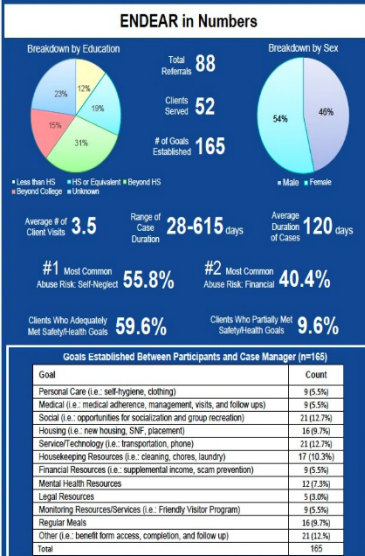
• The ENDEAR case manager (CM) and older adults worked together to identify areas for health and safety improvements, reduce the risk of harm and abuse, and reduce the likelihood of OPG's conservatorship petition.
• During the OPG's investigation period, OPG referred 58 older adults referred to as 'clients' to ENDEAR among whom 52 received case management services from January 2022 to August 2024.

Purpose:

- Reduce risk of harm and abuse among clients referred to OPG.
- Provide person-centered case management services by involving clients in identifying their needs and setting goals.
- Evaluate CM service and client goal outcomes.

Methods:

- Deploy PG and the ENDEAR CM conducted warm handoff visits to the clients' homes after OPG ENDEAR referral.
- The CM obtained consent and assessed client conditions and living environment using the Functional Assessment Screening Tool (FAST).
- Clients and the CM developed a care plan with goals to identify and address health, safety, and risk of abuse concerns.
- At case closure, the CM assessed goal attainment and completed the closure report.
- Data is derived from FAST, care plans, goal attainment Status (GAS), and case notes.



Safety and Abuse Risk Paired T-Test (n=52)

	Mean	SD	95% CI	t	p-value
Safety T1	3.33	0.19	3.24	2.95	<0.001
Safety T2	4.17	0.17	4.23	3.83	<0.001
Abuse Risk T1	2.08	0.26	1.47	1.65	0.10
Abuse Risk T2	0.96	0.19	1.40	2.57	<0.001

Results:

- Results indicate a statistically significant difference in older adults' safety score before and after case management.
- Client safety score (1 to 5 with 5 being completely safe) increased by 0.84 points with pre-case management safety score of M=3.33 (SD=1.34) and post-case management safety score of M=4.17 (SD=1.23).
- A paired samples t-test shows a t-statistic of 4.86 (df=51, p<0.001).
- Two most common abuse risks included self-neglect (n=29, 55.8% of clients) followed by financial abuse (n=21, 40.4% of clients).
- Clients at risk of experiencing two or more types of abuse included 51 (97.9%).
- Abuse risk (scale from 1 to 5 with 0 being no risk and 5 being full risk) decreased by 1.1 points with statistically significant reduction between pre-case management score of M=2.08 (SD=1.47) compared to post-case management score of M=0.96 (SD=1.40).
- A paired samples t-test shows a t-statistic of -4.63 (df=51, p<0.001).

Discussion:

- Including a CM in the PG investigation process helps ensure client safety and reduced abuse risk during the investigation phase and beyond.
- The CM, while assessing client conditions and needs, can also serve as a resource for the PG to gather necessary investigative information for reaching a disposition.
- Client outcomes and the ENDEAR program effectiveness depended heavily on collaboration and communication between UCI and OC OPG.
- Improved communication and partnership over time led to more efficient referral and warm handoff processes, contributing to increased client referrals and expanded CM services.

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Community-Based Recruitment of Ethnically Diverse Dementia Family Caregivers: A Randomized Controlled Home-Visit Based Intervention Study

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BACKGROUND

Older immigrants to the United States are often diagnosed with dementia in later stages when their informal caregivers (i.e., families) face crisis due to difficult behaviors of persons with dementia (PWD). Research with hard-to-reach, monolingual immigrant adults from ethnic minority communities can present a multitude of challenges throughout the research process. Studies have shown that ethnically diverse caregivers of PWD understood case resources.

To meet the unmet needs from the vulnerable diverse caregivers with limited English proficiency, we have conducted a community-based randomized controlled trial (RCT) implementing a culturally, language-sensitive, home-visit based intervention led by community health workers (CHWs) who speak their respective languages to support racially/ethnically diverse family caregivers of PWD.

RESULTS

193
152
85%

33%
67%

33%
67%

CONCLUSIONS

- Our recruitment strategies have been improved during the pandemic.
- Diverse caregivers of PWD have been continuously enrolled to the RCT.
- Strategies were identified to address the challenges:
 - Engaging the support and collaboration of trusted, bilingual and bicultural community-based providers (sharing the same cultures with patients and their families).
 - Building culturally responsive rapport with caregivers, and
 - Seeking continuous feedback from caregivers to improve the approval of the research project implementation.

STUDY PURPOSE

The present study reports the highlights of lessons learned from community-based recruitment outreach activities of a RCT among ethnically diverse family caregivers of PWD.

METHODS

This is a descriptive study of community outreach activities performed in Southern California to recruit ethnically diverse family caregivers of PWD. Study flyers available in Spanish, Vietnamese, Korean, and English were distributed in local medical offices including federally qualified health centers (FQHCs), churches, senior centers, adult-day centers, health fairs, health fairs, and non-profit community organization serving for caregivers.

We screened 271 individuals for about 3 years: 103 (71%) were enrolled and 77 (28%) did not meet the eligibility. Attention rate was 8.7% (13/193); 6 cases with death of PWD during the study period and 5 cases with personal issues. Recruitment is on-going.

Throughout recruitment, the following challenges identified: addressing the lack of familiarity with research among ethnically minority family caregivers, earning the trust of caregivers, and identifying creative ways to recruit caregivers to participate.

ACKNOWLEDGEMENTS

We thank our participants for their active study engagement. We appreciate collaborative support from bilingual community health workers for diverse family caregivers.

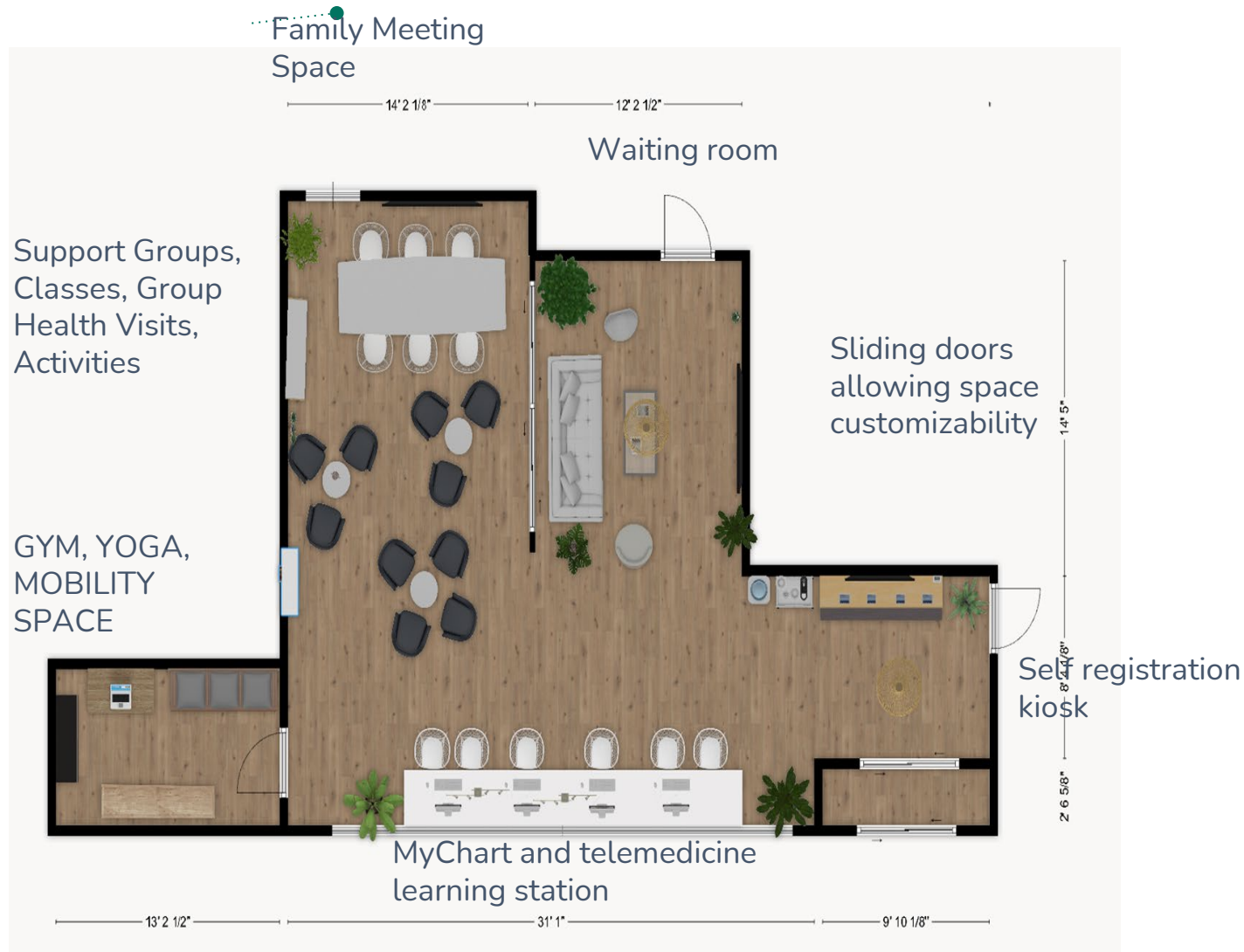
We also appreciate our community partners, including Caregiver Resources Centers, Alzheimer's organizations, UCI Neurology, UCI Family Health Centers, UCI BoneHealth Center, local churches, senior centers, adult day centers, local primary care clinics, and media – ethnic radio stations and newspapers.

This project is supported by National Institute of Health (NIH)/National Institute on Aging (NIA) through R01 AG069074. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by NIH/NIA or the U.S. Government. <https://www.clinicaltrials.gov/study/NCT04894908>

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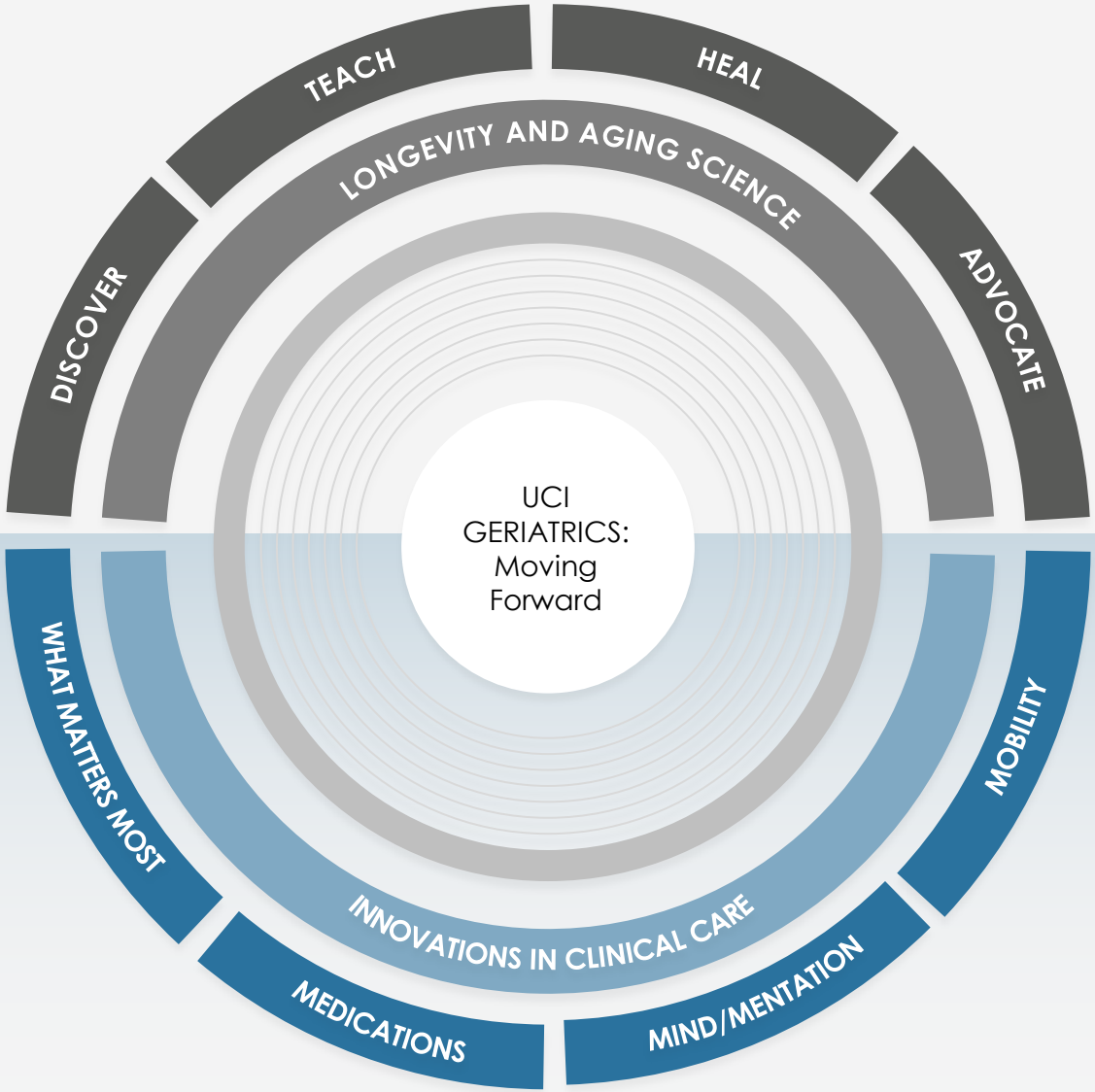
IFMF INTEGRATIVE & FUNCTIONAL MEDICINE FELLOWSHIP



FUTURE ORANGE COUNTY CENTER FOR OPTIMAL AGING & EMPOWERED LONGEVITY

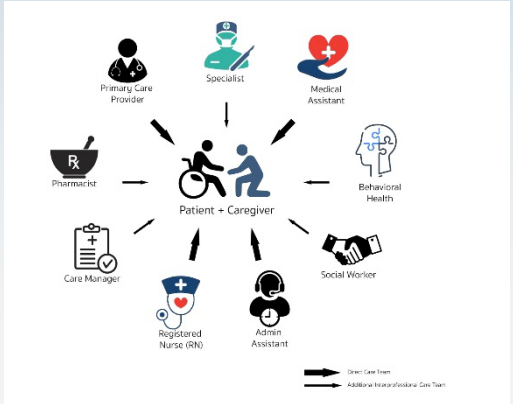
DISCOVER, TEACH, HEAL and ADVOCATE:

We aim to build a future Center of Optimal Aging and Empowered Longevity based on the 4-Ms to provide cutting-edge care in a healing space dedicated to advancing care delivery models.



CLINICAL CARE INNOVATIONS

As a designated Age-Friendly health clinic with the largest group of board-certified geriatricians in Orange County, we are national leaders advancing the 4Ms and the core pillars of geriatric care: what matters most, mind, mobility and medications.



**PLEASE JOIN US!
AT THE DIVISION OF GERIATRICS, WE HAVE
BUILT A TEAM OF INNOVATIVE
COMMUNICATORS, IDEA-TESTERS, OUTSIDE-
THE-BOX THINKERS, AND ENGAGED TEAM-
PLAYERS TO CREATE AGE-FRIENDLY
HEALTHCARE SYSTEMS AND COMMUNITIES.**

Thank You

Questions?