

## **Panel: Older Adult Outreach and Networking Strategies**

NASEM Forum on Drug Research & Development for  
Adults Across the Older Age Span

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# **ENGAGEMENT OF OLDER ADULTS & PRIMARY CARE CLINICIANS IN RESEARCH**



IT'S HOW MEDICINE  
SHOULD BE

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# Context for my comments

- Family Physician x 4 decades
  - Full spectrum practice: Birth through Geriatrics
  - Care for multi-generational families
- Urban communities impacted by structural inequities in healthcare, including health personnel shortages (HPSAs)
- Research focused on community interventions to improve chronic disease self-management, especially
  - Type 2 Diabetes
  - Cardiometabolic Syndrome
  - Asthma
  - Depression in midlife and older adults



*Hastings Center Report, January-February 1992*

**I**n June 1990, congressional investigators issued a startling report. The General Accounting Office revealed that despite a 1986 federal policy to the contrary, women continued to be seriously underrepresented in biomedical research study populations. According to the National Institutes of Health, this practice "has resulted in significant gaps in [our] knowledge" of diseases that affect both men and women.<sup>1</sup> In short, many of the important human health data generated by the modern biomedical research revolution are data about men.

The failure to include women in research populations is ubiquitous. An NIH-sponsored study showing that heart attacks were reduced when subjects took one aspirin every other day was conducted on men, and the relationship between low cholesterol diets and cardiovascular disease has been almost exclusively studied in men. Yet coronary heart disease is the leading cause of death in women. Similarly, the first twenty years of a major federal

particularly in the testing of new drugs. And in basic research, even female rats are frequently excluded as research subjects.<sup>2</sup>

The physiology of women and men

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## *Wanted Single, White Male for Medical Research*

*by Rebecca Dresser*

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How did white males come to be the prototype of the human research subject? Whether misplaced chivalry or tacit assumption of a human norm, the exclusion of women and nonwhite minorities is a glaring moral mistake.

groups. In the four years that elapsed between the policy's announcement and the GAO report, NIH continued to review numerous proposals that either gave no information on the gender of their study populations or assumed

Dresser R  
Hastings Center Report  
Jan-Feb 1992

## *Neighborhood Family Practice of Pilsen*

- Community input sought – surveys, street interviews, community meetings, public health data
- Bilingual, bicultural staff drawn from neighborhood
- Every aspect of office design – light, colors, graphics, art, community education room – chosen with Latinx community in mind
- Innovation: Home visits, Community Health Workers: Pilsen Senior Health Advocates
- 1988: 2 physicians  
2020: 6 physicians, 2 nurse practitioners, + social worker, pharmacist



# Age Friendly Practice

- Social determinants screening
- Caregiver support
- Community-programs to promote healthy aging
- Print materials with large font, in preferred language
- Wheelchair mobility
- Power tables
- Extended hours
- Support for telehealth access





The Action Community:  
An Invitation to Join Us

# THE 4M MODEL



**WHAT MATTERS**



**MEDICATIONS**



**MENTATION**



**MOBILITY**

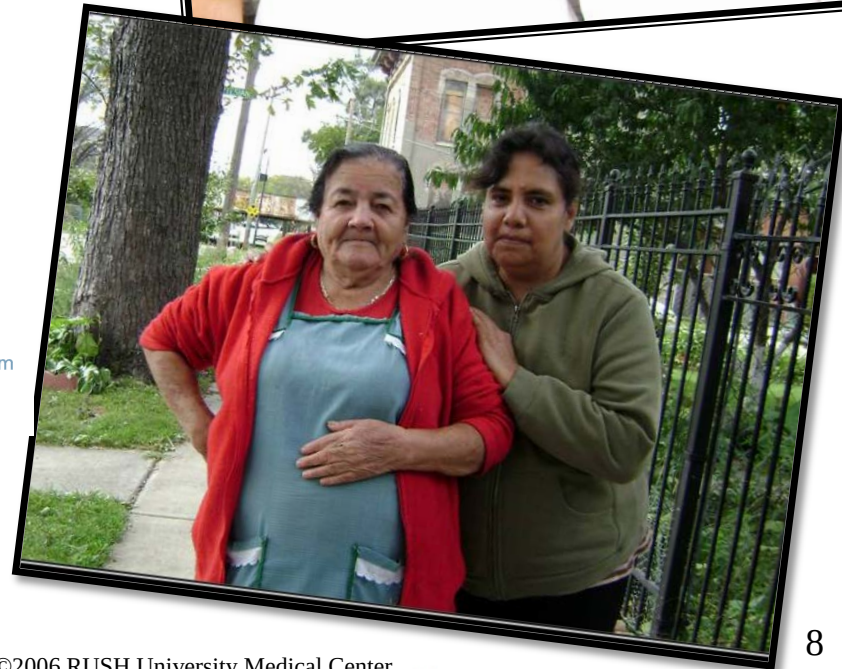
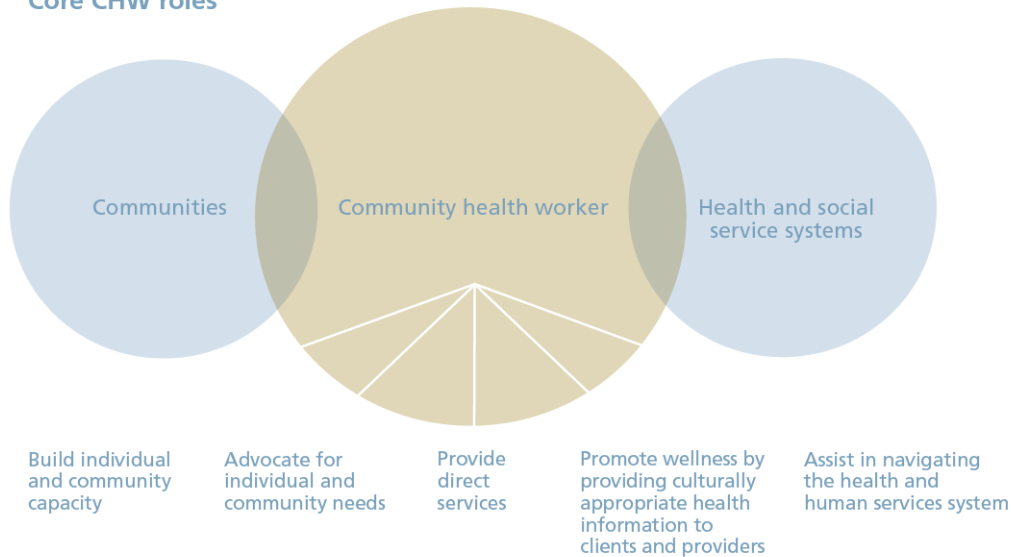
# Community-based Research

- **MATCH: Mexican American Trial of Community Health workers**  
CHW intervention to improve diabetes self-management and control among urban Mexican American community
- **Block-by-Block**  
Community Based Participatory Research intervention developed CHW-delivered Diabetes Self-Management intervention and built Diabetes Empowerment Ctr in Puerto Rican community with 22% prevalence
- **BRIGHTEN – Heart**  
Team intervention to address comorbid Depression and Metabolic Syndrome in older African American & Latinx adults
- **MATCH2**  
Test of a CHW intervention based in 3 safety net clinics serving African American and Latinx adults with type 2 Diabetes

# Community Health Workers

- Trusted, knowledgeable frontline health personnel
- Typically come from the communities they serve
- Bridge cultural and linguistic barriers
- Expand access to coverage and care
- Improve health outcomes

Bridging the gap between communities and health/social service systems:  
Core CHW roles



- **Empower individuals & communities**



## CHWs and Primary Care Clinicians

- Longitudinal relationships with the communities they serve
- Shared experience and history
- Trust built over years
- Trust based on SERVICE
- Will continue to serve after the study is done
- Empower communities

### *How will your study team do the same?*

- Listen to these independent community voices
- Collaborate to focus on participant experience (UX)
- Understand they serve their communities first, not the study
- Trust and respect their feedback and guidance

**Make sure you will be welcome back a 2<sup>nd</sup> (or 10<sup>th</sup>!) time**