Abstract citation ID: igad104.1343

RANDOMIZED CONTROLLED TRIAL OF LAY-DELIVERED INTERVENTION FOR OLDER ADULTS DISCHARGED FROM THE HOSPITAL

Kyaien Conner¹, Stephanie Kip², and Amber Gum³. 1. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 2. University of South Florida, Tampa, Florida, United States

The second speaker will describe the background, aims, methods, and progress of a PCORI-funded RCT to reduce rehospitalization for Black/African American and Hispanic/Latino older adults after medical hospitalization. Across three regional hospitals, 402 older adults living with chronic illness (e.g., cardiovascular disease, diabetes, hypertension etc.,) will be enrolled while inpatient at one of our three partnering hospitals and randomized to receive one of three interventions in this comparative effectiveness trial: (1) the evidence-based Care Transitions Intervention (CTI), (2) CTI plus a peer educator intervention (CTI+Peer), or (3) usual care. Participants are assessed at 4 timepoints (baseline, 30 days, 90 days and 6 months) to examine differences in the primary outcomes of 30-day all cause hospital readmissions and emergency department visits. Secondary outcomes including quality of life, self-efficacy managing chronic disease, functioning, perceived social support and mortality. CTI Coaches and Peer Educators participate in rigorous trainings which include both didactic and interactive components to ensure interventionists are able to deliver the intervention with fidelity to the models. After training, CTI Coaches and Peer Educators participate in regular supervision meetings. They receive weekly virtual supervision check-ins from USF study staff and participate in a monthly group-based supervision in person. This trial involves close collaboration with leaders and coordinators at each hospital and an Area Agency on Aging (AAA) for recruitment, engagement of study interventionists and study dissemination. Across sites, 18 CTI Coaches and 11 Peer Educators have been trained and certified, and 145 participants have been enrolled (as of 3/8/2023).
In the United States, older adults make up over half of the population. One challenge has been recruitment. For the hospital trial, research coordinators have been embedded into each hospital with primary responsibilities for using EHR targets thus far. Other issues that have benefited from close collaboration involve COVID-19 adaptations, technical assistance, and regular and ad hoc supervision. The speakers will end with recommendations for other study teams that plan to work with older adults delivering behavioral interventions.

Each speaker will also discuss challenges that have arisen during the two trials and strategies being used to address them. One speaker is a DMFB Coach trained and certified previously as an older adult volunteer coach or peer educator. One speaker is Nutrition and Wellness Manager for an aging service lead agency that oversees the county’s senior centers and nutrition sites. She and her team are working with hospital staff to identify and enroll participants. As a result, both trials are meeting recruitment progress and identify new strategies, such as a countywide phone line, connecting with other aging service organizations, and attending in-person events. For the hospital trial, research coordinators have been embedded into each hospital with primary responsibilities for using EHR targets thus far. Other issues that have benefited from close collaboration involve COVID-19 adaptations, technical assistance, and regular and ad hoc supervision. The speakers will end with recommendations for other study teams that plan to work with older adults delivering behavioral interventions.

The next two speakers will present on the methods, training, certification, and supervision processes, as well as the benefits and challenges of collaborating on both trials described previously. One speaker is Nutrition and Wellness Manager for an aging service lead agency that oversees the county’s senior centers and nutrition sites. She and her team are working with hospital staff to identify and enroll participants. As a result, both trials are meeting recruitment progress and identify new strategies, such as a countywide phone line, connecting with other aging service organizations, and attending in-person events. For the hospital trial, research coordinators have been embedded into each hospital with primary responsibilities for using EHR targets thus far. Other issues that have benefited from close collaboration involve COVID-19 adaptations, technical assistance, and regular and ad hoc supervision. The speakers will end with recommendations for other study teams that plan to work with older adults delivering behavioral interventions.

Benefits include the satisfaction of helping others, connecting with other coaches and peer educators, and coordinating regularly to facilitate recruitment, intervention delivery, which are being overcome through technical assistance and support to older adults participating in the interventions. Challenges include the need for flexibility, such as with scheduling; and other issues that have benefited from close collaboration involve COVID-19 adaptations, technical assistance, and regular and ad hoc supervision. The speakers will end with recommendations for other study teams that plan to work with older adults delivering behavioral interventions.

Innovation in Aging