

THE ARIZONA GWEP MONTHLY NEWSLETTER

JANUARY 2026



ABOUT

The mission of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) is to provide the best possible care through an interprofessional approach to individual, system, community and population level education, training and models of care innovations.

The AZ-GWEP Newsletter is an important forum to share AZ-GWEP activities and highlight your valuable work. Please use this form by the 10th of each month to be featured in the next issue:

[SUBMIT INFO FOR
OUR NEXT ISSUE](#)



“What Matters Most”— the cornerstone of the 4Ms Age-friendly Framework— is reshaping how we think about clinical trials for older adults. Despite carrying 60% of the national disease burden, older adults represent only 32% of clinical trial participants, creating a critical gap between research and real-world treatment needs. The National Institute on Aging now requires NIH-funded trials to include older adults across the lifespan unless scientifically justified otherwise. By centering trials around older adults’ unique health priorities — whether maintaining independence, reducing medication burden, or preserving cognitive function — researchers can generate evidence that truly matters to the patients who will benefit from new treatments.

On January 12th, our [Advances in Aging Lecture Series](#) will focus on Clinical Trials and Older Adults. See [page 2](#) for the link to the livestream event. [Page 3](#) contains an NIH infographic illustrating the benefits of joining a clinical trial. On [pages 4-6](#) we highlight some of the recent aging-related research being conducted by University of Arizona undergraduate students. [Page 7](#) has information about a current study that aims to understand how care partners prevent falls for people with memory issues.

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PARTNER SPOTLIGHT

MEET MARGARET FROM THE AZ-GWEP LEAD TEAM

Margaret Proffitt is an instructional designer specializing in adult learning, curriculum development, and multimedia design for online and face-to-face environments. With a background in both design and education, she holds a Master's degree in Educational Technology and applies this knowledge to create effective educational programs.



Since 2021, Margaret has worked for the University of Arizona Center on Aging, developing curriculum that educates and trains students, healthcare professionals, and supportive care workers in the care of older adults. Through her work on various grant-funded projects, Margaret has developed specialized curriculum that trains geriatric workforces to provide age-friendly and dementia-friendly care. Her approach combines instructional design principles with practical application, creating training materials that serve diverse learning needs across multiple formats.

In her spare time, she enjoys spending time with her husband and four children. She loves to read, hike, and complete 1000 piece puzzles.

LinkedIn

Connect with our
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Group Page on LinkedIn

MARK YOUR CALENDARS



ADVANCES IN AGING LECTURE SERIES

January 12th
12 - 1 pm (MST)

Clinical Trials and Older Adults

Mindy Fain, MD

[VIEW PRESENTATION](#)

View archived presentations [here](#)

Download the event flyer



ADVANCES IN AGING LECTURE SERIES

Clinical Trials and Older Adults

LIVESTREAM

<https://streaming.biocon.arizona.edu/streaming/2026/01/12>

January 12, 2026 12-1 pm (MST)

VIEW ARCHIVED PRESENTATIONS

<https://streaming.biocon.arizona.edu/streaming/2026/01/12>

LEARNING OBJECTIVES

- ☒ Explain why older adult inclusion is important in clinical trials.
- ☒ Describe barriers to inclusion of older adults in clinical trials.
- ☒ Explore strategies to drive older adult participation in clinical trials.

CME Credit Provided by the University of Arizona College of Medicine - Tucson

Accreditation Statement: The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this activity for a maximum of 1.0 ABA Category 1 CME credit. Physicians should only claim credit on the basis of their participation in this activity.

Disclosure Statement: All faculty, planning committee members, and the CME Office have reviewed and disclosed that they have no financial relationships with commercial entities that would constitute a conflict of interest concerning this CME activity.

Arizona Geriatrics Workforce Enhancement Program

Center on Aging

Arizona Geriatrics Workforce Enhancement Program

Arizona Geriatrics Workforce Enhancement Program

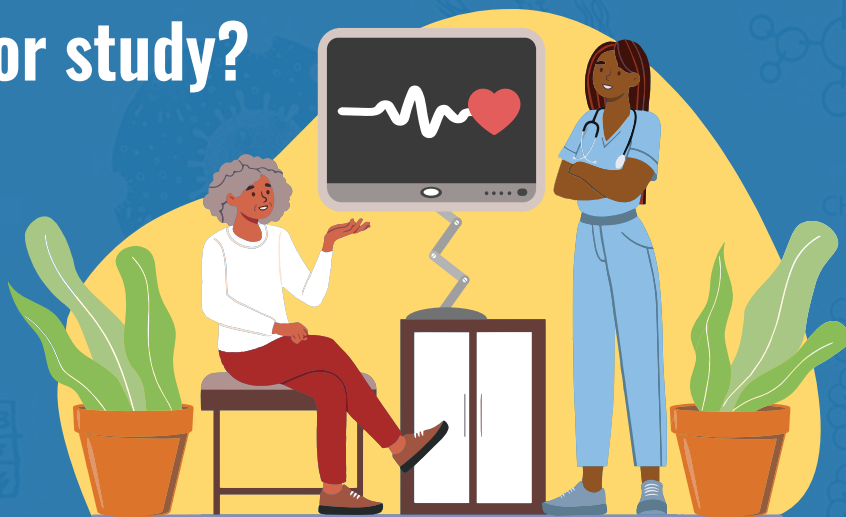
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Why join a clinical trial or study?

By participating, you can:

- Learn more about your disease or condition
- Feel like you're playing an active role in your health
- Help researchers find new ways to prevent or treat disease
- Benefit future generations through scientific advances



Major medical breakthroughs could not happen without the generosity of volunteers like you.

To learn more about participating in clinical research, visit
www.nia.nih.gov/clinical-trials-and-studies.



You may also be interested in:

- Reading more about [clinical trials and studies](#)
- Learning about the [benefits, risks, and safety](#) of clinical research
- Finding [clinical trials for Alzheimer's and related dementias](#)



REMINDER

PLEASE [SUBMIT ANY INFORMATION](#) (FLYERS, CONFERENCES, UPCOMING EVENTS, ETC.) FOR THE 2026 CALENDAR YEAR TO BE INCLUDED IN OUR MONTHLY NEWSLETTERS.

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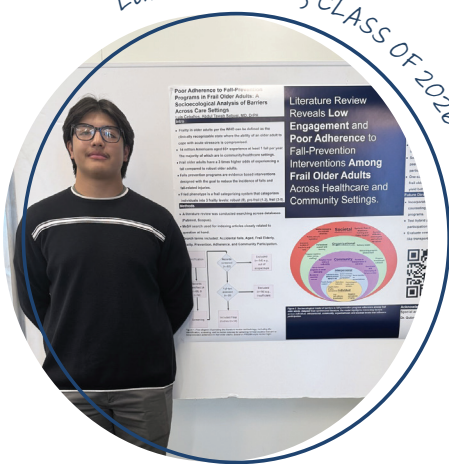
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SPOTLIGHT ON AGING-RELATED RESEARCH FROM UNIVERSITY OF ARIZONA STUDENTS

FALL PREVENTION INTERVENTIONS AMONG FRAIL OLDER ADULTS

LUIS CEBALLOS, CLASS OF 2026



“Hello, my name is Luis Ceballos. I am a 4th year undergraduate student majoring in Medicine and minoring in Biochemistry. This semester I had the opportunity and privilege to work under Dr. Tawab Saljuqi on a project he and I synthesized personally for the topic of my honors thesis. We created a literature review to look at the engagement and adherence of frail older adults to falls prevention interventions. This topic brings a unique approach to aging research that I have not encountered yet. Much of the current literature looks at chronological age as the primary determinant in the research, yet frailty is independent of chronological age, and manifests across a spectrum of severity. My goal is to look at how different social determinants of health can

either impede or help facilitate the meaningful engagement and adherence of frail older adults into current falls prevention interventions. From this work, I synthesized a socioecological model that does not exist in literature yet. This model maps out different key relationships and recurring themes influencing adherence at the individual, interpersonal, organizational, and societal levels. My plans for next semester are to continue with the literature review identifying what methods/ practices can be applied to increase adherence, while also contributing to additional projects with Dr. Saljuqi. After completing my undergraduate education, I intend to apply to medical schools with strong commitments to geriatrics as that is where I intend to build my career.”

Read more about Luis' research [here](#).

Poor Adherence to Fall-Prevention Programs in Frail Older Adults: A Socioecological Analysis of Barriers Across Care Settings

Luis Ceballos, Abdul Tawab Saljuqi, MD, DrPH
Intro

- Frailty in older adults per the WHO can be defined as the clinically recognizable state where the ability of an older adult to cope with acute stressors is compromised.
 - 14 million Americans aged 65+ experience at least 1 fall per year. The majority of which are in community/healthcare settings.
 - Frail older adults have a 2 times higher odds of experiencing a fall compared to robust older adults.
 - Falls prevention programs are evidence based interventions designed with the goal to reduce the incidence of falls and fall-related injuries.
 - Fried phenotype is a frail categorizing system that categorizes individuals into 3 frailty levels: robust (0), pre-frail (1-2), frail (3-5).
- Methods**
- A literature review was conducted searching across databases (PubMed, Scopus).
 - MeSH search used for indexing articles closely related to question at hand.
 - Search terms included: Accidental falls, Aged, Frail Elderly, Frailty, Prevention, Adherence, and Community Participation.

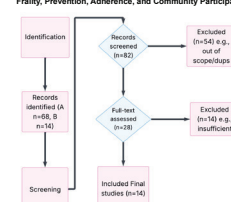


Figure 1. Flow diagram illustrating the literature review methodology, including the identification, screening, and inclusion process for selecting 14 final studies relevant to fall-prevention adherence in frail older adults. Based on PRISMA-style review logic.

Literature Review Reveals Low Engagement and Poor Adherence to Fall-Prevention Interventions Among Frail Older Adults Across Healthcare and Community Settings.



Figure 2. Socioecological model of barriers to fall-prevention program adherence among frail older adults. Adapted from a conceptual framework, the model highlights the interplay between individual, interpersonal, community, organizational, and societal levels that influence participation.

Discussion

- Frail older adults are the least likely group to complete or seek out fall prevention programs.
 - Limited findings in available literature reveals on-site group based exercise achieves the highest long term adherence amongst frail older adults. Why?
 - Mental well-being deemed a larger barrier to involvement than reduced physical well-being.
 - Future research is needed to investigate how to increase adherence in a home setting.
 - Social connectedness, such as group cohesion and peer support, strongly predicts long-term participation.
 - One-size-fits-all programs frequently fail to engage frail older adults; tailored, adaptable interventions yield better retention.
- Future Direction**
- Incorporate mental health support (e.g., fear-of-falling counseling, motivational interviewing) into fall-prevention programs.
 - Test hybrid program models combining in-person and virtual participation to improve access for homebound frail adults.
 - Evaluate cost-effectiveness of adherence-boosting strategies like transportation assistance and family coaching.



Scan for more information

Acknowledgements:

Special acknowledgements to Dr. Saljuqi, Dr. Phillips, Dr. Fain, Dr. Gubner, Margaret Proffitt, and the MSTEM Thrive Program.



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SPOTLIGHT ON AGING-RELATED RESEARCH FROM UNIVERSITY OF ARIZONA STUDENTS

EMPATHY AS A SKILL IN DELIRIUM PREVENTION PROGRAMS

KATHARIA MARK, CLASS OF 2026



“My name is Katharia Mark and I am a senior majoring in Anthropology and Medicine with a minor in East Asian Studies. My research aims to explore ideas of empathy and compassion as a skill, while also deconstructing ageism in order to better inspire future health professionals to take part in delirium education and prevention. There have been many studies assessing the importance of delirium prevention and a need for better assessment in place, however, there have also been studies that health care professionals felt feelings of futility or avoidance when a delirium protocol has been newly introduced. My proposed

plan is to create a program to spread awareness about delirium for future health professionals by having them experience it from a firsthand perspective. By increasing awareness, the hope is to inspire and encourage future health professionals to meaningfully take part in delirium prevention protocols, thus reducing the rates of delirium. During this time I will also be studying for the MCAT and applying my knowledge gained from the Arizona Center on Aging MSTEM Thrive program into medical school and beyond!

Empathy as a Skill: How to encourage Future Health Professionals to take part in Interdisciplinary Teams for Delirium Prevention Programs

By: Katharia Mark, Marianne Klugheilt, MD & Micheal Duerden, MD
Arizona Center of Aging (ACO) / MSTEM Thrive Program



Arizona Center on Aging
College of Medicine
Tucson

Purpose of Study

There has been a plethora of studies addressing the importance of interdisciplinary teams and education on delirium prevention, but not many studies on addressing the barriers for future health professionals to take part in these programs. This study aims to explore ideas of empathy and compassion as a skill, and deconstructing ageism in order to better inspire future health professionals to take part in delirium education and prevention.

Background

Delirium is an acute altered mental status featuring confusion and disorientation, not to be confused with dementia which is an ongoing cognitive decline (Jagmohan et al. 2025). Older Adults who have experienced delirium are expected to have a longer admission duration and a higher mortality rate, especially for those with a previous functional or cognitive impairment (Low et al., 2021; Thiago et al., 2017). Though delirium detection and prevention is a widely recognized as important, it has been difficult to introduce it into everyday clinical practice often because attitudes of futility were common among clinicians who were planning implementation of delirium prevention protocols that may be connected to a widespread utilization of programs (Vardy et al., 2020).

Barriers to Effective Delirium Prevention

In order to better motivate future health professionals to fully participate in these interdisciplinary programs for delirium prevention, it is vital to deconstruct ageism and the normalized pathology of an older adult. By increasing one's awareness and empathy with older adults, specifically towards delirium, the goal is for health professionals to better meaningfully engage with the intervention in order to see real change in our current delirium protocols.

“Experiencing meaningfulness was important to whether the nurses were motivated to follow the delirium guideline” - Christina Emma, Research Unit of Clinical Nursing



Proposed Plan

Aging simulation programs helps us to better improve inpatient care for older adults by allowing participants to experience the common health issues older adults face from a firsthand perspective. These simulation programs have overall been effective in increasing empathy towards older adults among health care professionals which has led to overall better care. In future studies, I plan to explore ideas in creating a delirium simulation program that is similar to aging simulations. The goal in creating this program is to spread awareness about delirium to future health professionals by having them experience it from a firsthand perspective. By increasing awareness, the hope is to inspire and encourage future health professionals to meaningfully take part in delirium prevention protocols, thus reducing the rates of delirium.

Sources Cited:

- Jagmohan, S., et al. “Differentiating Delirium versus Dementia in Older Adults.” *StatPearls*. U.S. National Library of Medicine, 17 Feb. 2025. www.ncbi.nlm.nih.gov/books/NBK70594/.
- Low, Benjamin, et al. “Delirium in older inpatients with covid-19: Impact on service provision.” *Future Healthcare Journal*, vol. 6, no. 3, Nov. 2021. <https://doi.org/10.7863/fhj.2021-0017>.
- Vardy, Emma, et al. “Use of a digital delirium pathway and quality improvement to improve delirium detection in the emergency department and outcomes in an acute hospital.” *Age and Ageing*, vol. 49, no. 4, 16 May 2020, pp. 672-678. <https://doi.org/10.1093/ageing/afaa069>.

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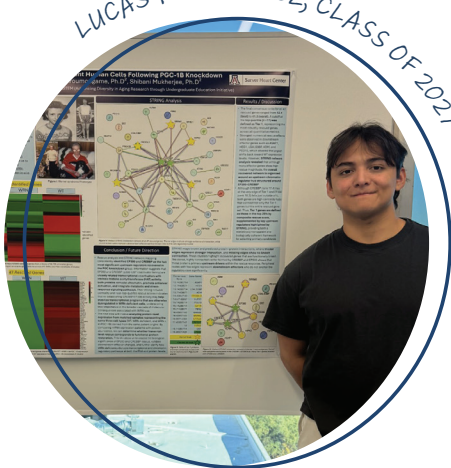
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SPOTLIGHT ON AGING-RELATED RESEARCH FROM UNIVERSITY OF ARIZONA STUDENTS

TRANSCRIPTIONAL RESCUE IN WRN-DEFICIENT HUMAN CELLS

LUCAS HERNANDEZ, CLASS OF 2027



“My name is Lucas Hernandez, and I am a junior at the University of Arizona in the W.A. Franke Honors College. I am pursuing a Bachelor of Science in Medicine with minors in Molecular and Cellular Biology and Biochemistry.

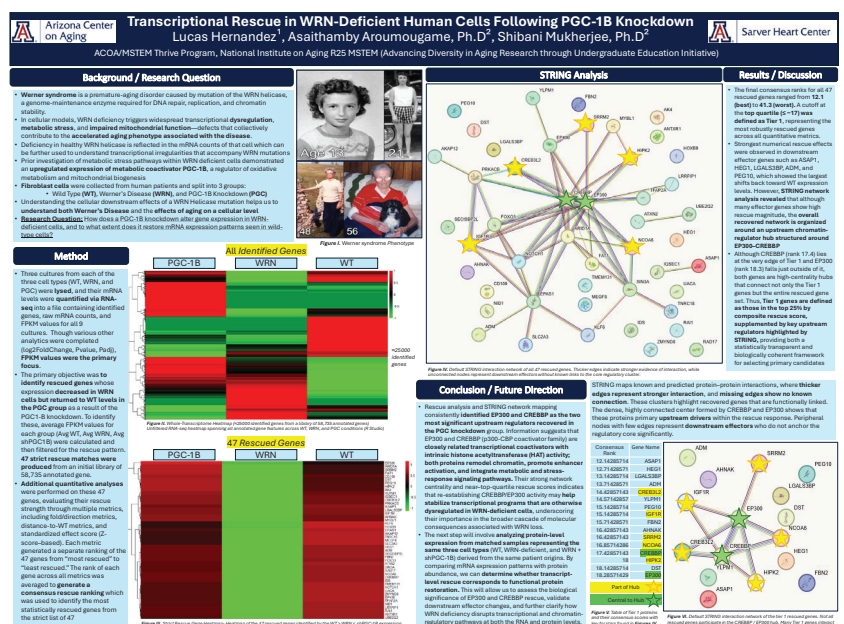
During the fall of 2025, my research focused on understanding the cellular phenotype of Werner syndrome, a rare genetic disorder characterized by accelerated aging and premature aging. As a student in Dr. Asaithamby's laboratory, I analyzed quantified mRNA expression data from three fibroblast cell cultures: cells from a healthy individual (WT), cells from a Werner syndrome patient (WRN), and cells from the same patient after a PGC1B knockdown (PGC). PGC1B was previously identified as a highly upregulated gene in Werner patients and by reducing its expression, we sought to determine whether aspects of the Werner phenotype could be

rescued toward a wild-type transcriptional profile.

Through the comparison of mRNA counts from WT, WRN, and PGC cell cultures, I was able to identify a large group of genes that were comparably restored to WT expression in the PGC group. I found that the PGC condition recovered key genetic regulatory protein hubs, including networks centered around CREBBP and EP300.

Moving forward, I hope to extend this work by analyzing protein expression from the same cell cultures to determine whether the transcriptional rescue observed at the mRNA level is also reflected at the proteomic level.

After my time as an undergraduate, I plan to apply to medical school with the goal of going into Internal Medicine. I am drawn to the field for its emphasis on an integrated, systems level understanding of human physiology. I hope to ultimately work with elderly patients and apply what I have learned in a way that can help this often underserved patient population.



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Join Guiding Star Study

Understand How Care Partners Prevent Falls for People with Memory Issues



- Are you providing support to someone with memory issues?
- We invite you to share your experience and wisdom to help us better understand what can help care partners prevent falls for someone with memory issues.

You may be eligible if you

- Currently provide care or support for a **family member or friend** who lives with memory issues
- You have provided such support for **at least 3 months**

We especially welcome care partners of different genders and cultural backgrounds.

You will be asked to complete **a self-paced survey (30-40 minutes), online or in-person** with a study team member.

Compensation will be provided upon completion



Four easy ways to get started:

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2. **Type “redcap.link/cpstar”** in your internet browser
3. **Email:** care.equity.aging@austin.utexas.edu
4. **Call:** 512-471-1713

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The Guiding Star Study is supported
by the National Institute on Aging.

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