

Year One AgingME GWEP Training Needs Assessment Report



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Introduction

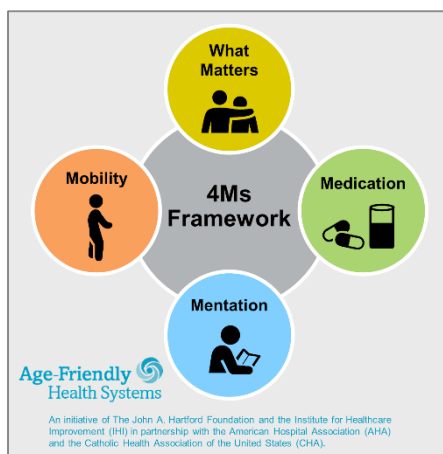
In 2019 the University of New England, in collaboration with the University of Maine, received a five-year grant from the Department of Health and Human Services' Health Resources and Services Administration (HRSA) to improve the health and well-being of Maine's older adults through enhanced practitioner training under HRSA's Geriatrics Workforce Enhancement Program (GWEP).

The AgingME GWEP is a statewide collaborative effort that focuses on improving the health and well-being of Maine's older adults through training enhancements and practice transformation processes at the primary care level. This innovative collaboration, in partnership with community-based organizations, academic partners, Maine's health systems leaders at MaineHealth and Northern Light and federally qualified health centers, brings together practitioners, health professions students and educators from throughout the state to improve primary care for older adults and their caregivers. UMaine's Center on Aging serves as the lead evaluator for this statewide geriatrics training initiative, documenting the impact of its work by collecting input and data from students, partners, older adults and caregivers reached through program efforts.

Methodology

Since 2019, The Center on Aging has collected feedback on geriatrics training needs through surveys distributed to participants of AgingME GWEP programming and events. These surveys ask respondents about their perceptions of training needs and gaps in training, and allow participants a chance to guide and develop future GWEP programming. As learning surveys are developed for GWEP, many include open-ended questions regarding perceived geriatrics training needs and gaps in geriatrics care from partners and participants in GWEP programs, and in-person and virtual classes and practicums.

4M's of Age-Friendly Healthcare



In addition to ongoing data collection on needs in the field, a training needs assessment survey was developed and distributed broadly to aging network stakeholders and older adults at the end of the first year of the AgingME GWEP efforts. Survey respondents were asked to assess training needs in the context of the 4Ms, a framework for understanding age-friendly healthcare. These 4Ms comprise What Matters, Medication, Mmentation, and Mobility. What Matters consists of knowing and aligning 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 entails using age-friendly medication that does not interfere with the other three Ms across settings of care and entails the routine assessment of high risk

medication, opioid use and the need for medication dose reduction and discontinuation of unnecessary medications; Mentation involves preventing, identifying, treating, and managing delirium depression, and dementia across settings of care, and Mobility is predicated on ensuring that each older adult moves safely every day to maintain function and do What Matters. Respondents answered questions regarding their assessment of training needs and gaps in care as they relate to the 4Ms of age-friendly healthcare.

Data were collected from the AgingME GWEP training needs assessment survey, which was distributed to partners, community members, and healthcare providers of the AgingME GWEP program. Respondents selected the top five training topics they would be interested in learning more about in the future, as well as which gaps they saw in geriatric care as it relates to the 4Ms framework.

Data presented in this report were collected via the following avenues:

- Year one AgingME GWEP training needs assessment survey
- AgingME's Lunch and Learn sessions
- UMaine's October 2019 Innovations in Dementia Colloquium survey
- Responses from a six month colloquium follow-up survey.

Training Needs Assessment Survey Results

The GWEP training needs assessment survey received 68 responses from partners and community members. Of these, 26 were older adults/community members, 12 were program administrators. An additional 13 represented "other" stakeholder groups including a state legislator, those working in elder justice, older adult leaders and volunteers, and a chaplain.

Of the respondents, 43 indicated that they did not work in a primary care setting, while two respondents indicated that they were currently employed in a primary care setting. Respondents were asked to select all counties in Maine in which they live or work (Fig. 1). All sixteen counties in Maine were represented, with Cumberland and York having the highest number of participants, each at 13% (9), and Kennebec and Piscataquis tied for second at 8% (6).

4M's training needs

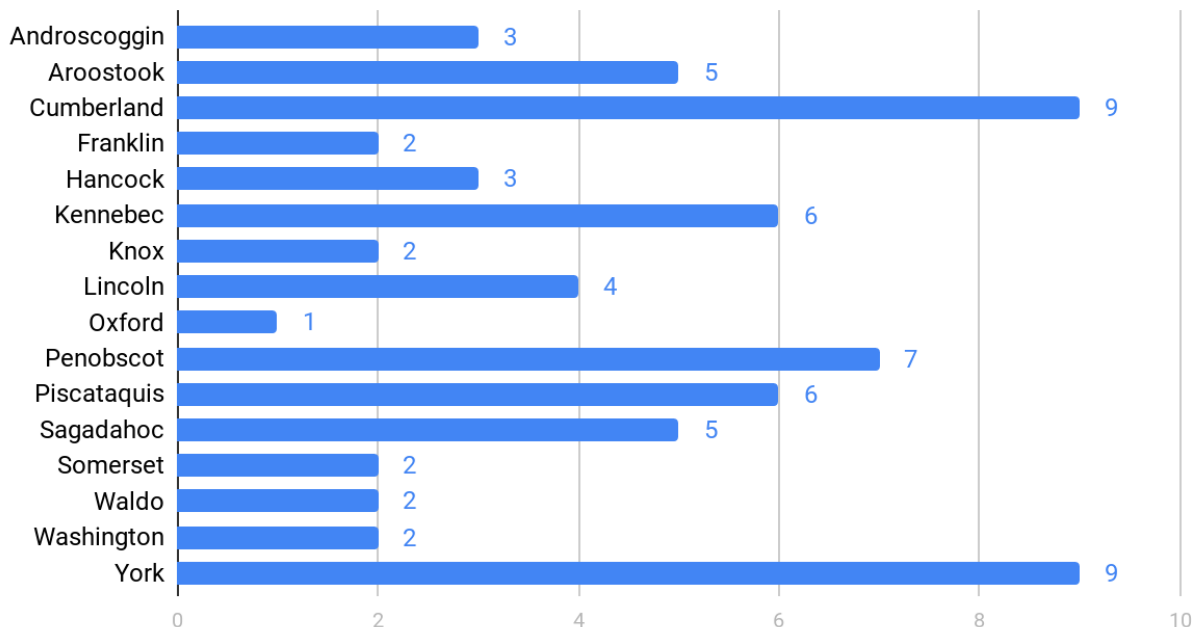
Respondents of the needs assessment survey were asked what training gaps they perceived in regard to the 4Ms. Responses varied from medications and their interactions, healthy aging, how to better understand cognition changes, social isolation and loneliness, and dementia/Alzheimer's (see Appendix B for a summary infographic). Medication was a common theme, with ten respondents referring to the importance of appropriately using medications, being aware of their interactions and side effects, and ensuring that patients understand their medications and how they affect overall health. One respondent noted their desire to see more focus on:

“managing medications: filling pillboxes, finding, purchasing, and using automated dispensers, finding and using pharmacies that package

medications in clearly labeled packets containing all meds (and supplements) to be taken each day.”

Figure 1

Counties Represented (N=68)



What Matters was also a significant theme throughout the responses including the following:

- Social isolation
- Loneliness
- Quality of life
- Need for greater communication between providers and patients
- Better conversations about resources available for patients

Mentation was represented, through concern for cognition, dementia, and mindsets of older adults. One response indicated:

“I think that the training gaps that regard the 4Ms in Maine for older adults and their care partners is identifying the mindset of the older adults, and what they know they will struggle with when it comes to either remembering to take medication, or not coming forward about something that the older adult sees as a risk, such a tripping hazard, or not enough light in the home (for at-night mobility).”

Two respondents noted that they felt all 4Ms would benefit from further attention and training for older adults and care partners. Respondents indicated that rural

communities often lack resources and training overall, and expressed that greater training and involvement is needed across all 4Ms in rural areas of Maine.

The training needs assessment survey asked respondents to assess training gaps relating to the 4Ms for practitioners and healthcare providers. Increased communication and open lines of dialogue were cited as important aspects of improved training needs. One response stated that they would like to see further focus on:

“How to engage older adults and care partners in respectful, non-patronizing ways about what matters to the older adult. How to engage care partners of older adults without minimizing or ignoring the older adult, in order to get a full picture of the situation regarding mentation. How to connect older adults and care partners to community-based resources to support safely aging in place.”

Another noted:

“I think that the training gaps for practitioners and healthcare providers is communication between the practitioners and health care providers and an individual that is with the older adult one-on-one. With the communication from a trusted individual that sees the older adult more often, they may be able to bridge the gap of any questions that an older adult may forget to mention or may think as irrelevant.”

Availability and awareness of resources

Increased awareness and utilization of resources was also mentioned as an important area for continued training. Respondents noted that patients may not be aware of resources or how to access them and would benefit from additional support and outreach in this area. One respondent stated that many patients may struggle with “not knowing what services are available, how to access them or do referral. Things change all the time.” This respondent suggested “having a contact person in each office, hospital who can be contacted to keep everyone up to date. Or all others could do a referral to them to see if they could help.”

Other respondents noted a frustration with funding and hoped to see increased focus on What Matters for older adults, including nutritious food and better recreational activities available at nursing homes and other care facilities. Overall, communication between providers and patients regarding all 4Ms was considered important, as well as increased support and outreach regarding resources and services for patients.

Training formats

The needs assessment survey asked respondents about formats they would prefer for training (Fig. 2); top selections included in-person instructor-led training, followed by in-person subject matter training. The survey asked participants to select their preferred type of training, along with what type of training they felt older adults would prefer. For their own preferences, respondents selected webinars as their top choice at 24% and

in-person training at 19%. For older adults and their caregivers (Fig. 3), respondents selected in-person training led by instructors as older adults' first preference at 26%, and in-person training led by subject matter experts as older adults' second choice at 23%. Webinars at 14% and online recorded training at 12% were the third and fourth choices, respectively. These results indicate that while participants in the needs assessment survey prefer online training and webinar formats over in-person training, older adults and their caregivers may prefer in-person training and especially those led by instructors as their first preference. These results are representative of an overall tendency from older adults to prefer in-person events and training, and to view online and webinar formats as a secondary preference. Generational differences and an overall lack of comfort with online formats may be the reason for these preferences. Given the current climate with COVID-19, more attention to online and webinar formats is needed; these data suggest that older adults and their caregivers may need more outreach and encouragement in attending training through virtual formats.

Figure 2

What format do you prefer for trainings in the field? (N=68)

- In-Person Training: Instructor Led (25%)
- In-Person Training: Subject Matter Expert (22%)
- Webinar (Zoom, Go-To-Webinar, etc..) (13%)
- Online Recorded Trainings (11%)
- In-Person Training: Train the Trainer (7%)
- Web-Based PDF Materials (7%)
- Other (Please Specify) (6%)
- Project ECHO Format (3%)

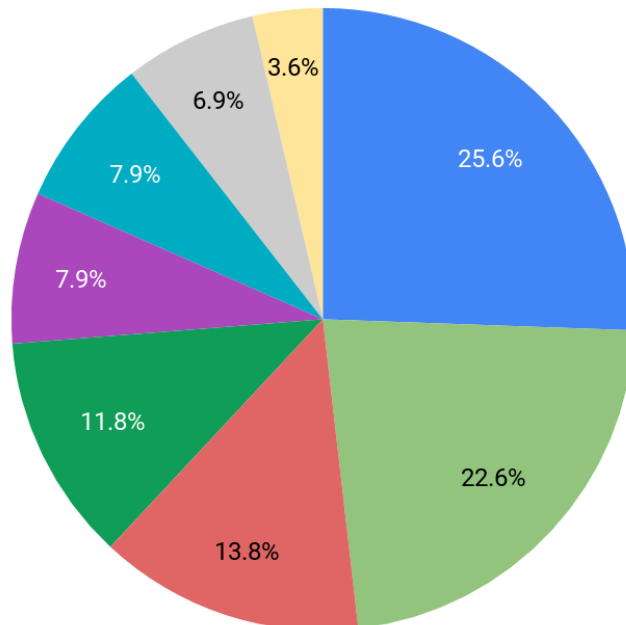
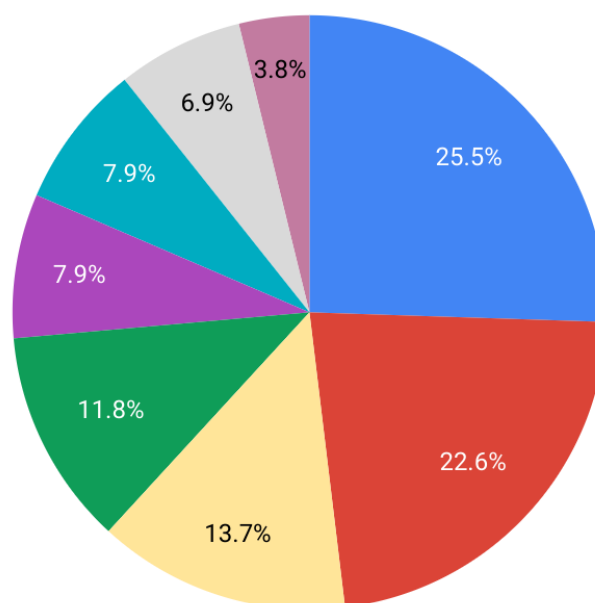


Figure 3

What format do older adults and care partners prefer for trainings in the topics identified? (N=68)

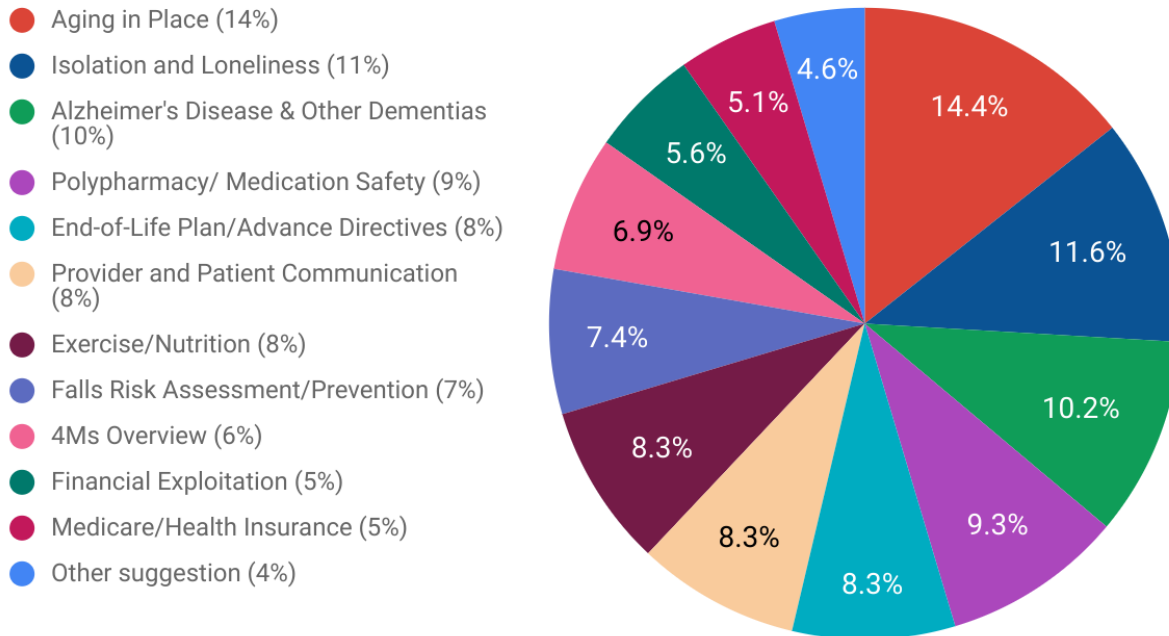
- In-Person Training: Instructor Led (25%)
- In-Person Training: Subject Matter Expert (22%)
- Webinar (Zoom, Go-To-Webinar, etc..) (13%)
- Online Recorded Trainings (11%)
- In-Person Training: Train the Trainer (7%)
- Web-Based PDF Materials (7%)
- Other (Please Specify) (6%)
- Project ECHO Format (3%)



Respondents were asked to select their top five choices from a list of training topics, based on interest (Fig. 4). Of those, Aging in Place was the top choice at 14% (31), followed by isolation and loneliness at 11% (24), and Alzheimer's Disease and other dementias at 10% (22). Polypharmacy and medication safety was next at 9.3% (20), followed by end-of-life planning/advance directives, improving provider/patient communication, and exercise/nutrition, each at 8% (18). These results align with previous write-in responses, which indicate an interest in topics across all 4Ms. The data here also show a significant interest in What Matters to older adults, in its focus on isolation/loneliness as well as an interest in aging in place. Overall, respondents expressed that communication and open dialogue with older adults is extremely important to them, and that future training should reflect a focus on communicating with older adults and basing care on their stated individual needs.

Figure 4

What training topics would you like to see in the future? (N=68)



Additional Needs Assessment Findings

Other surveys distributed included those given to Lunch and Learn session participants, along with colloquium attendees and attendees of a brain health educational event (see Fig 5). Lunch and Learn sessions attracted a range of attendees from students to community members and professionals, colloquium attendees largely consisted of professionals and students, and the brain health education event attracted largely professionals and community members. These results also asked respondents to assess training gaps and additional areas of interest regarding training in geriatrics, through open-ended questions. Data collected from a six-month follow-up survey distributed to attendees of the October 2019 Colloquium (N=26) indicated that alternatives to medications, or how to avoid using multiple medications, was an area of interest to participants. Regarding Mobility, participants of the Colloquium wrote that they were interested in learning more about preventing falls, improving mobility, and using exercise to support and strengthen mobility. In the area of What Matters, responses ranged from housing, finances, affordable medications, and volunteer services, while the Mentation area reflected a need for training in nutrition, healthy practices, and an improved understanding of brain health and cognition overall.

Responses collected across four Lunch and Learn sessions (N=65) indicated interest in training topics across all 4Ms. The top area of interest was dying/end of life, with seven responses citing this topic as particularly important to them. Aging in place was also mentioned frequently, as were isolation and loneliness, and Alzheimer's/dementia, closely aligning with the results from the needs assessment survey. The Lunch and

Learn surveys indicated an interest in medications, including a better understanding of how they work, polypharmacy, side effects, and particularly, how to avoid use of medications, or greater use of alternatives to medications. Lunch and Learn responses indicated an interest in overall health for older adults, as well as continued interest in supporting and improving end-of-life care and aging in place for older adults (Figure 6).

Figure 5 – Additional Training Topics

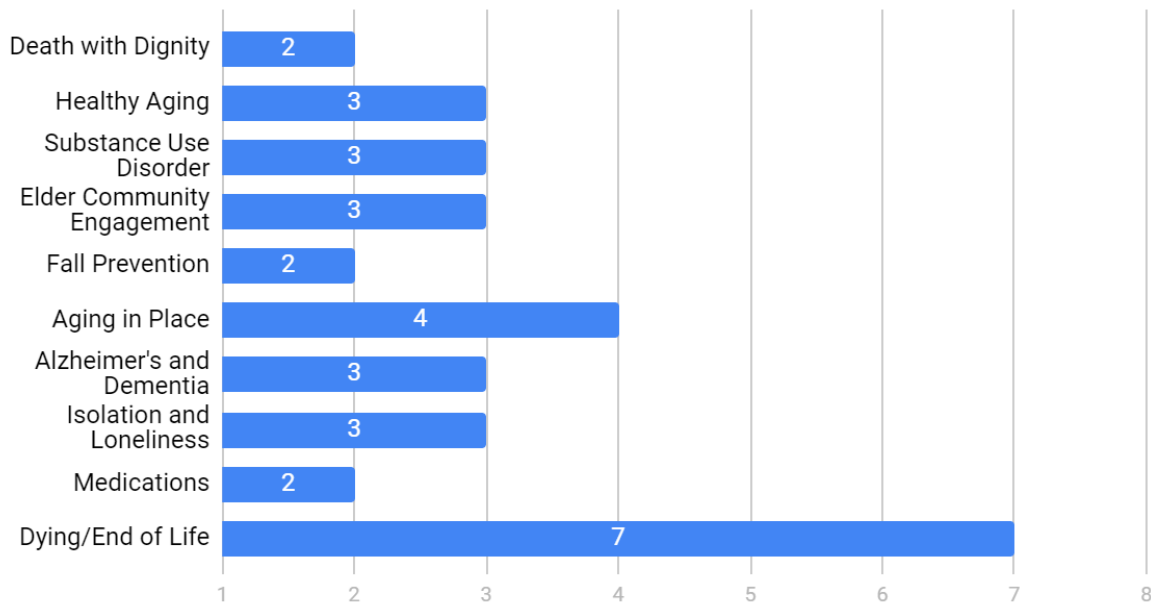


Colloquium results followed a similar trend in regards to their interest in 4Ms-related training topics. Namely, these findings indicate that medication is once again an important training area in which many participants desire more information and understanding. What Matters was significantly represented in the Colloquium write-in responses, with several respondents indicating this area as the most all-encompassing and crucial aspect of the 4Ms for them. One response asked for more focus on “what matters to older adults; what are they capable of vs. what are the deficits; person-centered care and promoting as much independence as possible based on ability.”

Promoting and empowering independence was also a common theme, noted in the focus on exercise, nutrition, and alternative therapies, as ways to combat mobility problems and encourage aging in place. Communication and strong relationships with healthcare providers were noted as crucial components of overall health and areas for improved training. Resources, community, and engagement were noted as parts of What Matters and supporting older adults in thriving.

Figure 6

Lunch and Learn Cumulative Summary of Interest in Aging-Related Topics (N=32)



COVID-19

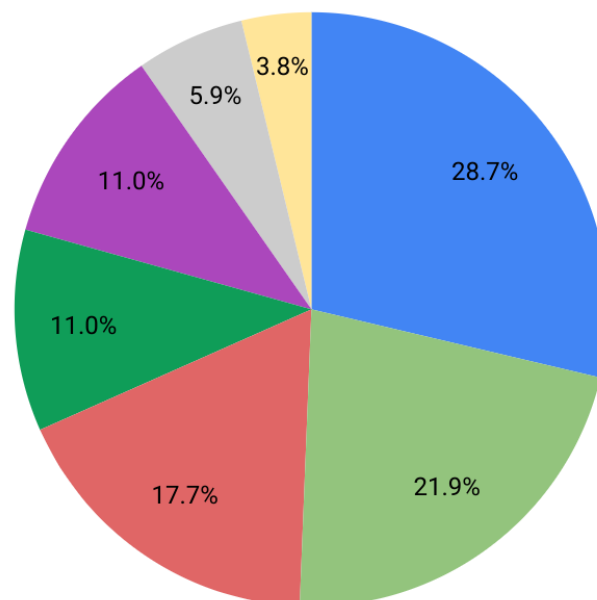
In light of the COVID-19 pandemic, respondents of recent surveys were asked about future training topic interests related to the virus, to facilitate continued health and safety during this time. Respondents of the training needs assessment survey were asked to select from a pre-populated list of all training topics related to COVID-19 and older adults that they had interest in learning about. The top result, Keeping Older Adults Socially Connected, made up 28% (34) of the responses. Interest in this training topic is reflective of the participants' stated interest in improving and supporting social connections for older adults across the state, and finding ways to prevent and ameliorate social isolation among older adults in Maine. In a predominantly rural state such as Maine, social isolation can pose a significant challenge for older adults; training needs designed to meet this concern are of particular interest to many community members and GWEP partners.

During COVID-19, isolation has likely struck older adults more significantly than any other population age group, and concerns of isolation and loneliness must be considered through the lens of continued safety and precautions as the pandemic continues. The second most popular topic, mental health and well-being, at 21% (26) of responses, indicates a similar interest in continued awareness of how COVID-19 is affecting older adults' emotional health (Fig. 7).

Figure 7

What training topics regarding COVID-19 and older adults would you be interested in learning about? (N=68)

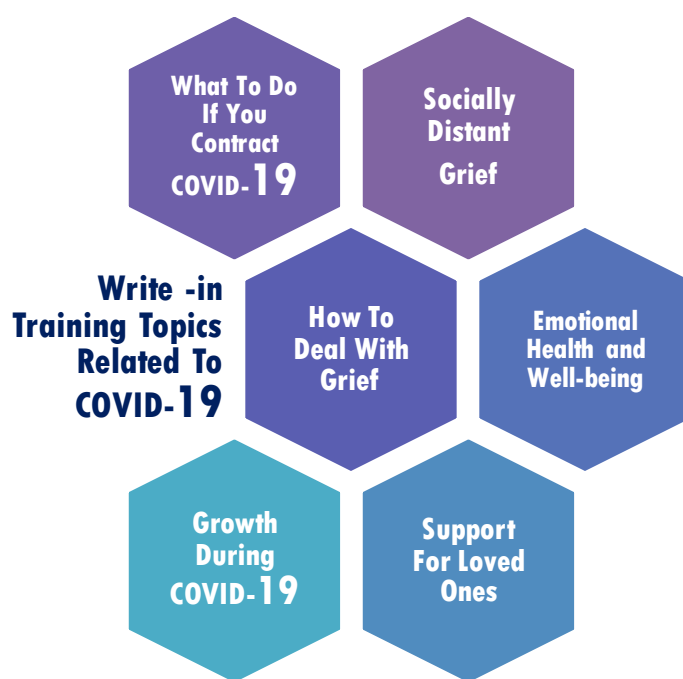
- Keeping Older Adults Socially Connected (28%)
- Mental Health/Well-Being (21%)
- Preparing Caregivers (17%)
- Healthcare Professionals Best Practices (11%)
- Home Care and Palliative Care Procedures (11%)
- Guidance for Nursing Homes (5%)
- Other (3%)



Respondents were also able to include any additional write-in topics they felt especially pertinent to COVID-19. Write-in answers included what to do if you or a loved one contracts coronavirus, how to handle grief, how to support loved ones during COVID-19, topics in socially distant bereavement services, and opportunities for new growth (Fig. 8).

The combined results from all responses of the COVID-19 training needs survey indicate a need for continued awareness of emotional and mental health and well-being, as well as the importance of encouraging connections and mitigating the effects of social isolation during these unusual times. As the state with the oldest population, Maine has a great number of older adults who may be particularly vulnerable to and affected by the coronavirus. Understanding the needs of older adults in the age of COVID-19 and meeting those needs through continued education and training is an important aspect of an age-friendly healthcare system and state.

Figure 8



Implications and Conclusions

The AgingME training needs assessment survey compiled responses from over 60 providers and community members to establish an increased understanding of needs and gaps in geriatrics training statewide. These findings indicate broad interest topics and areas across all 4Ms of age-friendly healthcare. Lunch and Learn data also demonstrated a similar range of training interests across all 4Ms; responses in those surveys suggested the need for training in each category of the 4Ms.

Lunch and Learn responses demonstrated a particular interest in training that covers dying and end-of-life care, echoing needs assessment findings which similarly cited hospice, advance directives, and death/dying as crucial training topics.

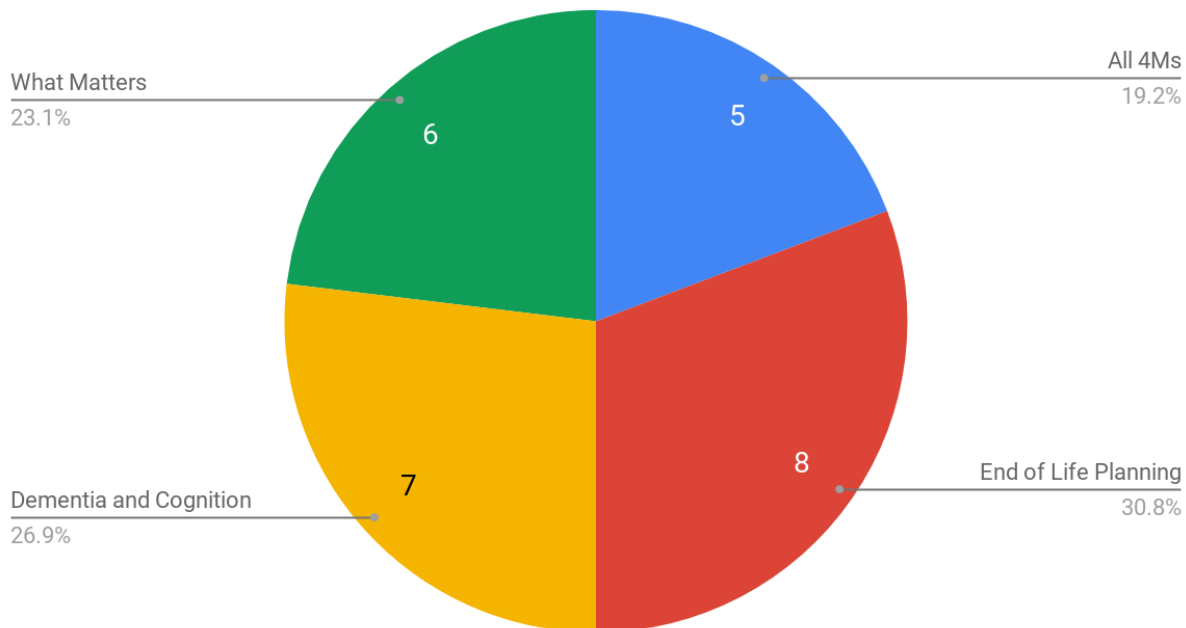
Medications, and an interest in learning more about their uses, side effects, risks, and possible alternatives was a common theme across all surveys. Similarly, What Matters, or an interest in opening up communication with and for older adults to establish plans that fit their specific needs, was also an important aspect of these findings.

Respondents in both the Lunch and Learn and the needs assessment surveys felt that local and statewide resources were not always known to older adults, and hoped to see improved training and awareness in that area. The surveys indicated that more sharing of resources, awareness of local organizations and supports, and proliferation of services remain a key training need across the state. Aging in place, and maximizing older adult independence and self-sufficiency, was a crucial aspect of training that was represented across all findings. These data can support and inform future training recommendations, and provide guidance toward future GWEP efforts to improve and expand upon geriatrics education and services across the state.

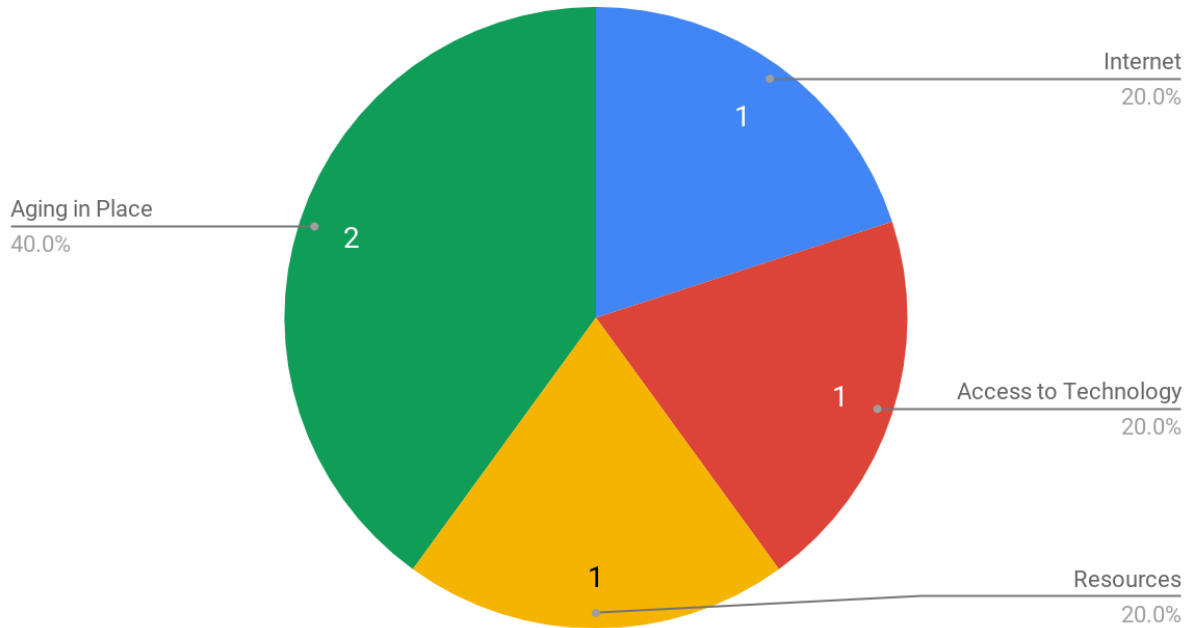
Appendix A: Analysis by Location and Profession

- The University of Maine 2020 AgingME GWEP training needs assessment survey indicates that geriatrics training needs in Maine vary across counties and according to the professions of survey respondents.
- Southern Maine (Cumberland, York, and Sagadahoc counties) identified training needs for older adults and their caregivers in the areas of: What matters, dementia and cognition, and end-of-life planning
- Northern Maine (Aroostook) showed a trend toward training topics related to access to technology and internet, resources, and aging in place
- Western Maine (Oxford, Franklin and Somerset counties) selected cognition and medication as primary needs, while Downeast/Eastern Maine (Androscoggin, Lincoln, Knox, Washington and Hancock) was focused on medication and resources
- Future training topics of interest showed a trend toward 4Ms and end-of-life planning across all counties; all counties selected mental health as a priority in COVID-19 trainings
- Training needs varied across profession: healthcare providers identified a need for increased training in technology, dementia, and what matters, while program administrators selected education in the 4Ms for older adults, understanding of resources, medication, and mobility as priorities; older adults saw isolation, medication, and communication as areas of need

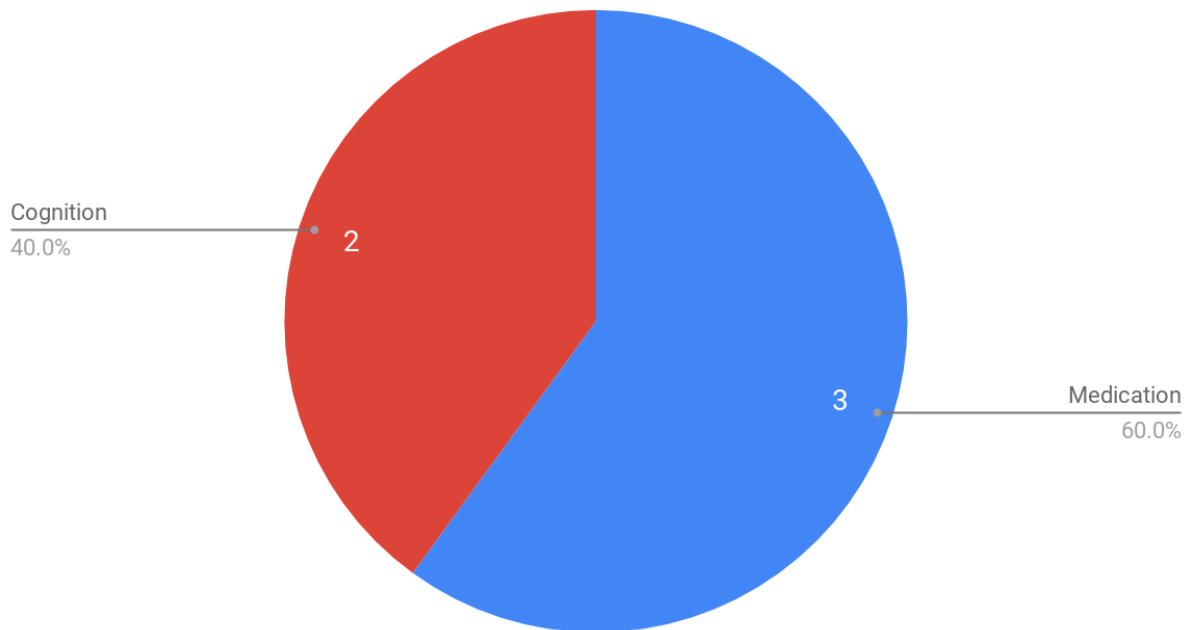
Older Adults' Training Needs in Southern Maine (N=26)



Older Adults' Training Needs in Northern Maine (N=5)



Older Adults' Training Needs in Western Maine (N=5)



Older Adults' Training Needs in Eastern Maine (N=27)

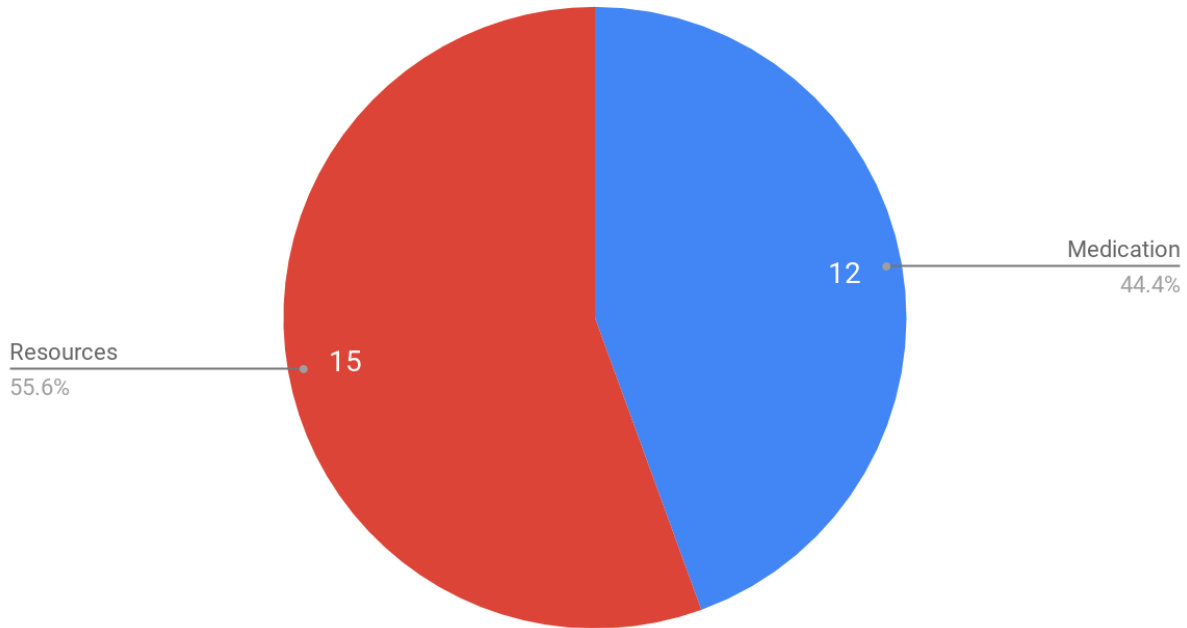


Table A1- Top Training Needs by Location

Geographic Area	Gaps in Training For Practitioners	Future Training Topics of Interest	COVID-19 Topics of Interest
Eastern Maine	Engagement Communication	4Ms Overview	Mental Health
Western Maine	Communication Conversations Medications	4Ms Alzheimer's Isolation	Mental Health
Northern Maine	Technology Medications Community Support	4Ms End of Life Planning	Mental Health Socializing
Southern Maine	Communication Education Services	End of Life Planning	Mental Health

Table A2- Training Needs by Profession - Write-In Survey Responses

Professional Role	Identified Training Needs
Program Administrator	Education Understanding Resources Medications Mobility Assessment and Recommendations
Healthcare Providers	What Matters Dementia Technology
Older Adults and Community Members	Isolation Medications Communication Fall Prevention

Appendix B: Needs Assessment Summary Infographic

4Ms Needs Assessment



WHAT MATTERS

Respondents noted a need for information on social isolation, increased community engagement, and end-of-life planning



MEDICATION

Respondents were interested in learning more about medication interactions and side effects, alternatives, appropriate uses, and med management



MENTATION

Needs assessment survey results indicated that more training is needed regarding cognition, brain health, and Alzheimer's and related diseases



MOBILITY

Respondents requested further information on the benefits of physical activity, ways to stay active, how to avoid falls, and strategies to improve flexibility and mobility

