

Designing and Implementing the Aging and Communications Training (ACT) Project

Patricia M. Alt, PhD, Towson University

Tracy Gibbs, Baltimore City Commission on
Aging & Retirement Education

Robert L. Bertera, DrPH, CHES

Russell M. Morgan, DrPH, SPRY Foundation

Elizabeth M. Bertera, MSW, PhD, Howard
University

Presented at the American Public Health Association
Annual Meeting,

Washington, D.C., Nov 5, 2007

Background

As baby boomers age, and Americans live longer, there is an increasing need to help older adults age successfully in their communities. The Aging Communications Training (ACT) Project addresses this goal by enhancing the professionalism of direct care employees and volunteers; enabling them to better serve independent-living older adults of varying ages, cultures, mental capacities, and socioeconomic levels.

Funding & Implementation

- This project was planned and implemented by the SPRY Foundation, in partnership with Towson University, the Baltimore City Commission on Aging and Retirement Education (CARE) and the National Association of Area Agencies on Aging (n4A).
- It was funded by a grant from the Retirement Research Foundation (**Grant # 2005-326**)
- The initial planning and training was based on evidence-based research, and on interviews, focus groups, and pre-testing in Baltimore City.

Pre-Test of Curriculum & Evaluation

After a series of key informant interviews and focus groups, the training Curriculum & Evaluation Tools were pre-tested with 8 Senior Center direct care workers (February 12 to 21, 2007). The initial training consisted of 20 hours, spread over three full days. The six “sessions” were originally designed to take approximately three hours each.

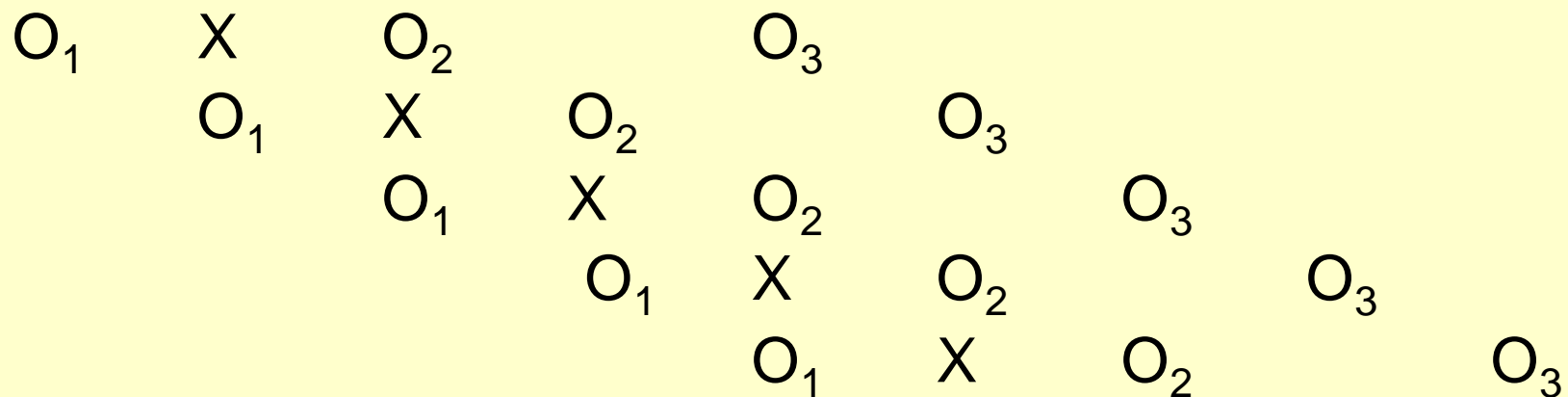
Pretest Learnings

- Incorporate more demonstrations of client-worker dialogues
- Incorporate more participant role plays and problem solving exercises
- Add “5 Wishes” or other Advance Directives procedures and forms
- Add stretch breaks & relaxation handouts
- Revise evaluation tools
- Be prepared to revise sessions to fit trainees’ time constraints

Field Test Design with Pre-, Post- & 2 Month Follow-up Assessments

Purpose: Field-test Training Curriculum & Evaluation Tools with 50 Meals On Wheels, Senior Center, and Case Manager staff and volunteers

(April-August, 2007)



O₁, O₂ O₃ Pre, Post and Follow-up Training Assessment
 X Training of Direct Care Workers (8~12 hours)

Training Sessions I & II

- Session I: “Aging IQ” (participant information, pre-assessment, and discussion based on NIA booklet)
- Session II: “Communications Styles Across Generations and Cultures” (self-assessment, discussion of variations in communications styles and the need for active listening)

Sessions III & IV

- Session III: “Sensory Changes and Communication” (hearing, vision, and sensory changes experienced through simple props and role plays)
- Session IV: “Mental Health Concerns” (discussion of an array of mental health concerns in later life, including stroke, depression, and dementia, and how they affect communication)

Sessions V & VI

- Session V: “Managing Stress and Improving Service” (communication skills for dealing with difficult people, and methods to manage one’s own stress)
- Session VI: “Maintaining Your Health and Planning Ahead” (materials on personal health and learning styles, time management, and post-assessment)

Demographics of Direct Care Workers Trained in Baltimore (N = 48)

Characteristic	Percent/Years
African American	75%
Some College +	59.9%
Paid Staff	83.3%
Age (years)	50.8
Years working with Seniors	9.7

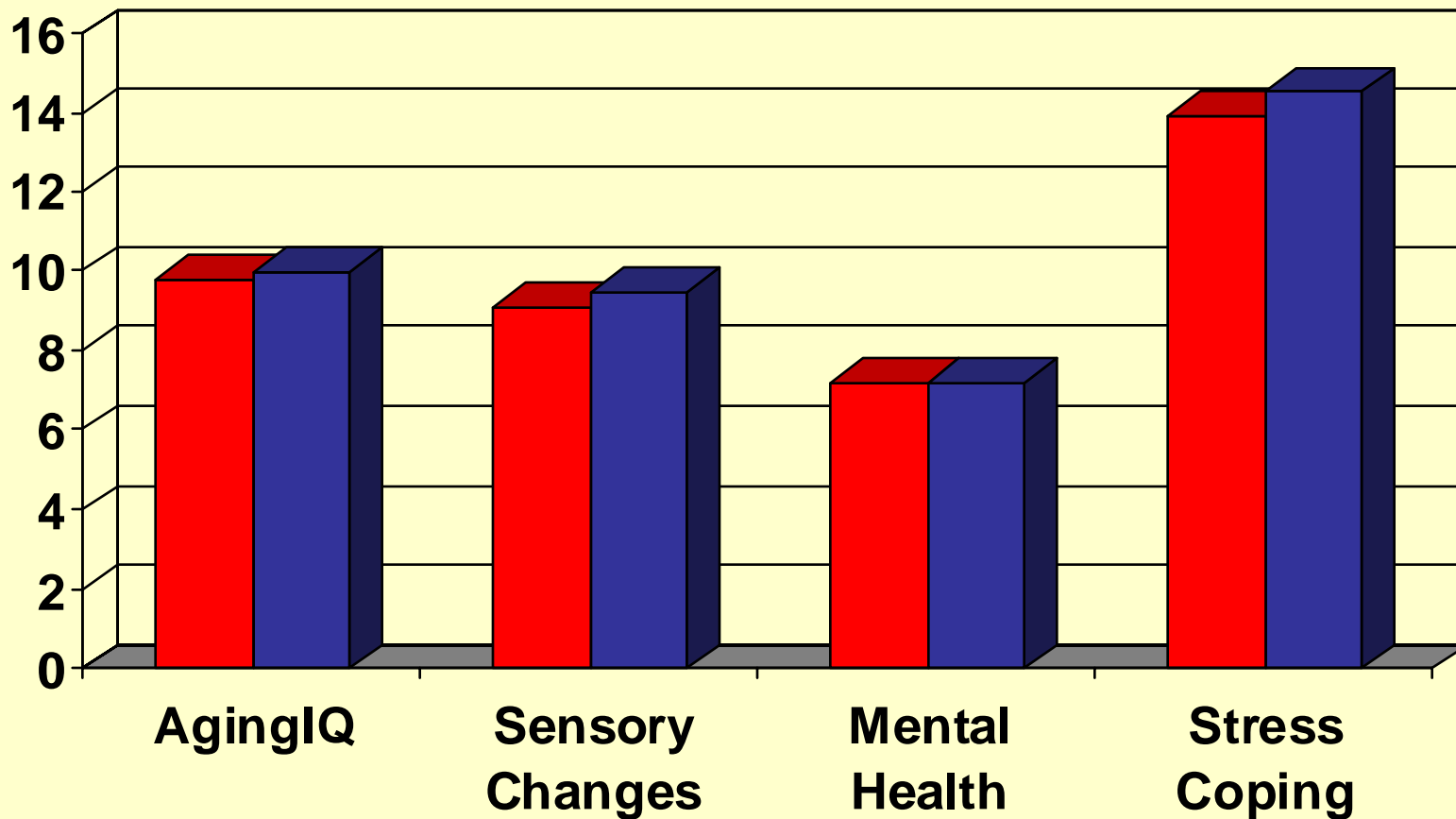


Measures of Training Results

- Participants were given pre- and post-training written assessments of (1) their basic knowledge about aging, and (2) their sense of self-efficacy in dealing with older clients using the communications skills and increased knowledge gained from the training.

Mean Number Correct on Aging Knowledge Indexes, Pre- vs. Post- Assessment

■ Pre Training ■ Post Training



Self-Efficacy Indexes measured **Personal Confidence in Ability to . . .**

1. Communication Skills:

- Know How to Read Body Language
- Assist Someone Who Cannot Read or Write
- Adjust Your Approach Based on Understanding of a Person's Culture and Beliefs

2. Sensory Changes Skills:

- Know “Clear Speech” Techniques
- Know Resources for Vision & Hearing Problems
- Make Vision & Hearing Problem Referrals

Self-Efficacy Indexes measured **Personal Confidence in Ability to . . .**

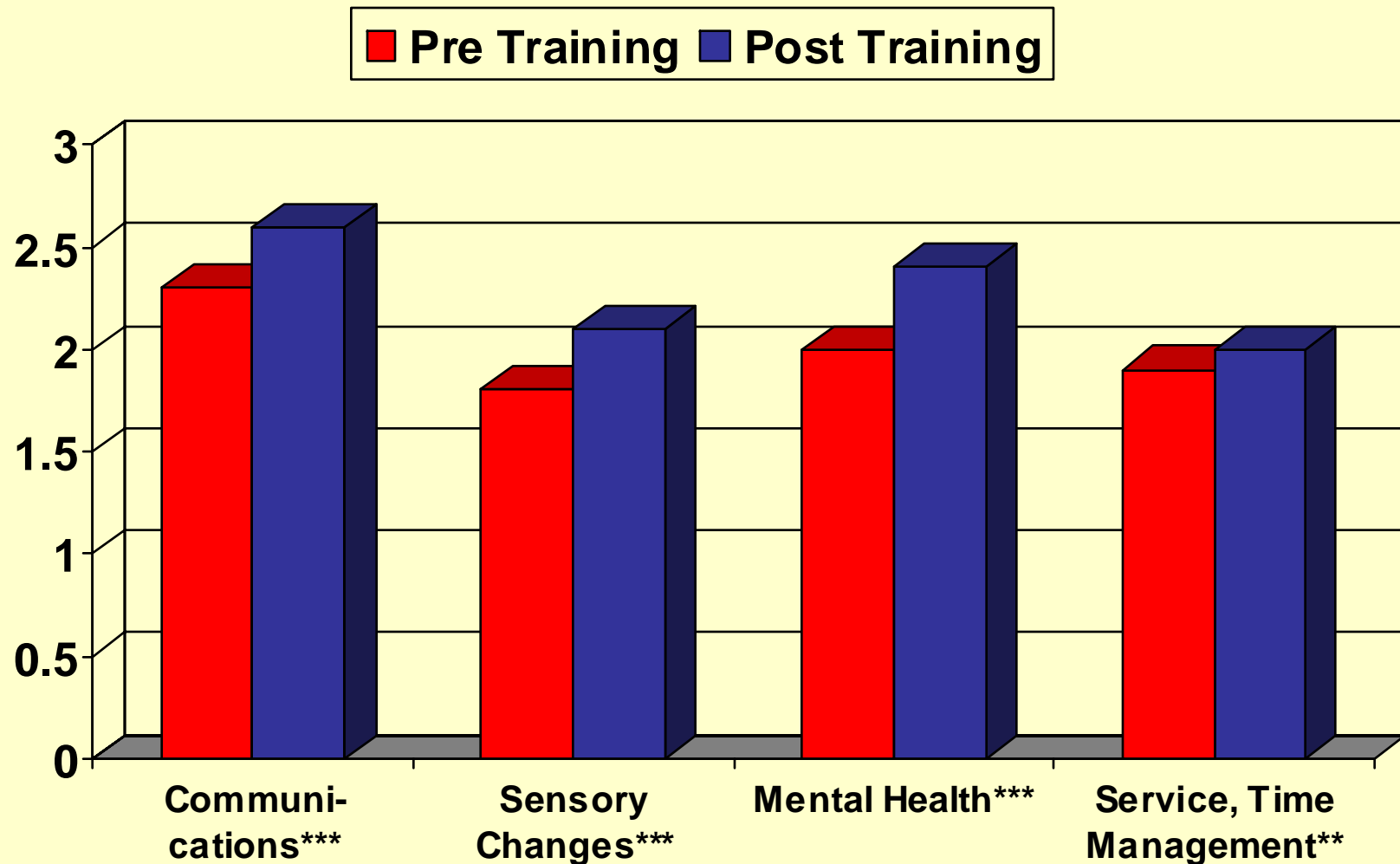
3. Mental Health Skills

- Understand Mental Health Resources
- Get Help for Depressed Person
- Get Help for Substance Abuse Problem
- Help Older Adult that has a Suicide Plan

4. Service Quality & Time Management

- Deal with Family Members
- Ask Questions About Sensitive Issues
- Be Clear on Your Role
- Allow Time for the Unexpected

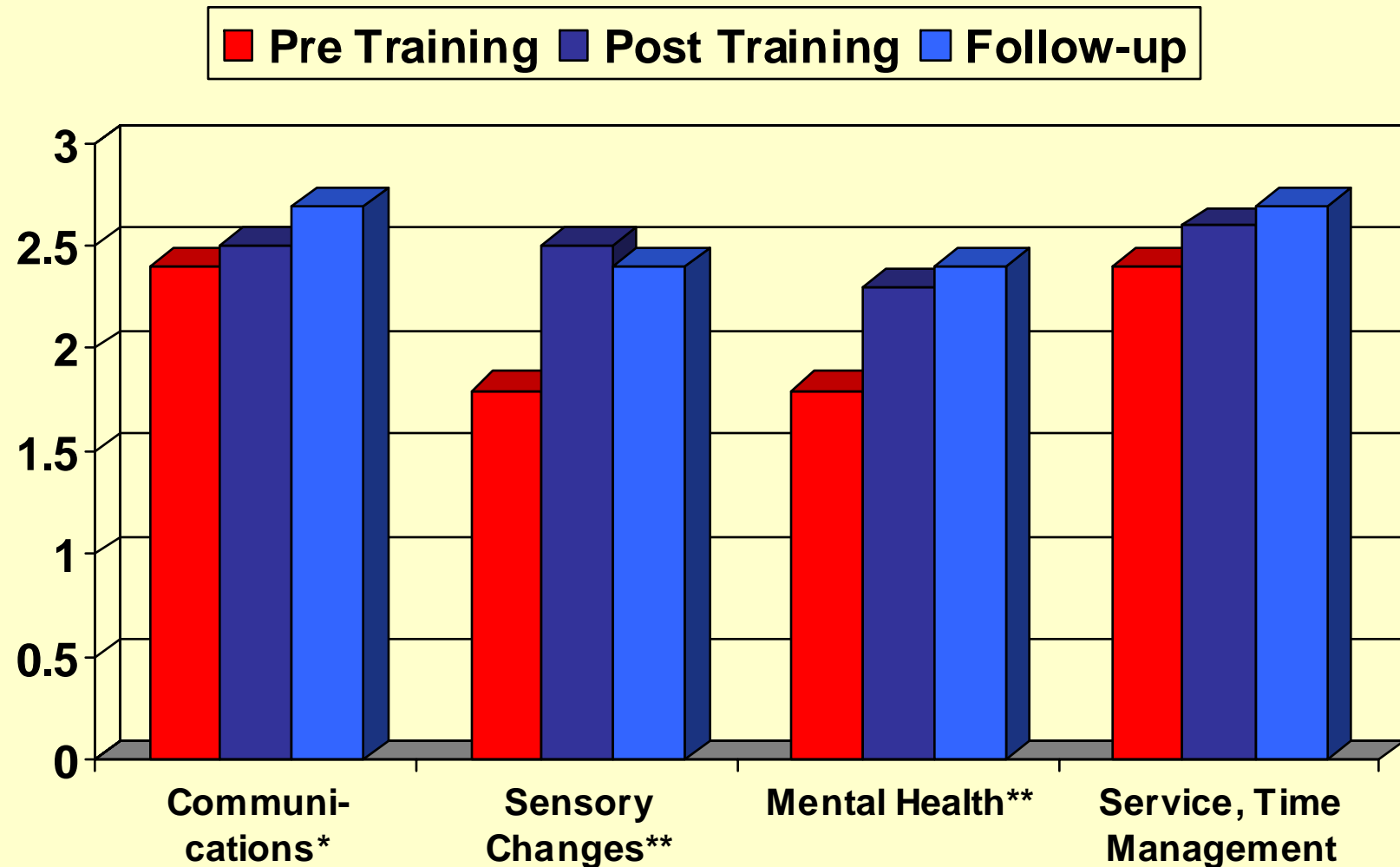
Mean Self-Efficacy Scores on Aging & Communication Indexes, Pre- vs. Post-Assessment (N=48) **p<.02, ***p<.001



Follow Up Interviews

- In addition to the pre- and post-assessments, fifteen trainees were able to be contacted for a follow-up interview several months later. The self-selection factor makes these results less meaningful, but still interesting.

Mean Self-Efficacy Scores on Aging & Communication Indexes, Pre-, Post- & Follow-up Assessments (N=15) *p<.05,**p<.02



Follow-up Interview Quotes

- “Now I listen a little more and open my eyes a little more to make sure that I do not jump to conclusions”
- “The program helped to reinforce what I already knew”
- “I make sure that the information that I give is clear”
- “Younger people would benefit from this training . . . So they can learn how to deal with older people and learn how to help others”

Summary of Field Test Findings

- Training had no significant impact on Aging & Communications **knowledge indicators**
- **Self-Efficacy Increased Significantly** for Communications, Sensory Changes, and Mental Health Skills Pre- versus Post-Training.
- **Self-Efficacy Changes were sustained** in a sub-sample that was followed-up 2 months after training.
- Dissemination results needed to validate findings in larger populations.

Conclusions

- There is a large unmet need for training direct care workers in aging & communications skills nationwide.
- ACT project results to date provide encouraging results on an approach that has been refined and is now being implemented in 13 states.
- More research on the dissemination process is needed to tailor training for direct care workers with diverse needs, educational backgrounds, and agency resources.

Program Implications

- Training needs to be tailored to the needs and time constraints of the trainees (for example, Meals on Wheels drivers and volunteers were only available in the afternoon after finishing their routes).
- It can be difficult to persuade supervisors and/or workers themselves that this training is valuable, so having a persuasive trainer and advocate in the local Area Agency on Aging is critical.

Next Steps

- Working with the National Association of Area Agencies on Aging (n4A), master trainers were recruited from 13 states and trained in this curriculum at the end of July. It was then revised to meet their needs, adding more precise scripts.
- Very few actual trainings have occurred in their home jurisdictions yet, but initial feedback is positive.

Acknowledgements

- Thanks to Research Assistance from:
 - **Maria Okafor**, MCG, Doctoral Candidate, University of Maryland
 - **Jeannette Mendoza**, MSW, Doctoral Candidate, Howard University
 - **Melanie Esders**, Doctoral Candidate, Towson University
- Funded by a grant from the **Retirement Research Foundation** to the **SPRY Foundation**