

Taking the message home to older adults: A home care chronic disease prevention education program for certified nursing assistants

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INTRODUCTION

The demand for home-based services like those provided by Certified Nursing Assistants (CNA) will expand exponentially as the United States' population ages and rates of chronic illness increase. That said, CNAs usually are not required to receive training in chronic disease prevention or best practices guidelines to help reduce the multiple chronic illnesses facing most of the patients they serve.

Who are these CNAs? Those who serve elderly and disabled patients at home are:
 ❖ Predominantly African American
 ❖ Female
 ❖ Over 40 years of age
 ❖ Have at least one chronic disease themselves

OUR PROGRAM

Funded by the Fullerton Foundation, Inc., a Duke University-University of South Carolina partnership developed a curriculum and training program to build new skills for CNAs, making them more useful to home-bound adults with chronic disease and the chronic disease care team, and promoting their own health.

CNA TRAINING PROGRAM GOALS

- ❖ Increase the CNA's chronic disease knowledge and skills.
- ❖ Strengthen the CNA's patient coaching skills.
- ❖ Enable CNAs to serve as integral members of the patient's healthcare team.
- ❖ Decrease the patient's burden of chronic disease.
- ❖ Increase the knowledge and skills of CNAs to manage and improve their own health behavior, reducing the likelihood of their own chronic illness.

CNA TRAINING CURRICULUM

The **CNA Home Care Chronic Disease Prevention Program** consisted of nine modules, each 90 minutes in length to complete.

- ❖ Specific areas of concentration included nutrition, physical activity and smoking cessation.
- ❖ The training program was delivered both through live sessions and videoconferencing.
- ❖ The NC sessions were facilitated by the nursing instructor and program manager while the SC sessions were led by education director, who is a Registered Nurse.

MODULE TOPICS

- ❖ Health and Illness 
- ❖ Motivational Interviewing*
- ❖ End of Life
- ❖ Stroke
- ❖ Chronic Obstructive Pulmonary Disease
- ❖ Heart Attack 
- ❖ Hypertension
- ❖ Diabetes
- ❖ Congestive Heart Failure

*Motivational Interviewing techniques as a chronic disease management tool were incorporated into each of the other modules.

TRAINING FORMAT AND SCHEDULES

Training Session Format

- ❖ Introduction to disease process
- ❖ Basics in physiology
- ❖ Clinical care guidelines
- ❖ Appropriate preventive care methods
- ❖ Warning signs and symptoms
- ❖ Case presentation with motivational interviewing
- ❖ Plan for next session


Training Schedule Options

- ❖ 10 weeks - 1.5 hr lunch session each week (NC)
- ❖ 4 ½ weeks - 1.5 hr lunch session twice weekly (NC)
- ❖ 4 ½ weeks - 2 hr sessions twice weekly (SC)*

Conducted curriculum for three different cohorts - one cohort participated via teleconference

PARTICIPANT RECRUITMENT

METHODS


- ❖ Direct mailings through professional organization mailing lists. 
- ❖ Program announcements sent to churches and home healthcare agencies.
- ❖ Flyers posted in area medical offices and senior living facilities.

PARTICIPANT DATA (N=93)

Characteristics	NC (n=33)	SC (n=60)
Average age	46 yrs	47.1 yrs
Female	78.8%	100%
Race/Ethnicity		
•African American/ Black/ African	94%	63.3%
•White	3%	33.3%
•Other	3%	3.6%
Some college education	58%	56.8%
Have health insurance	71%	70%
Have primary care provider	72%	80%
Have chronic health problem	48.5%	29.8%
Employers		
•Home health agency	50%	50.9%
•Nursing home/Assisted living facility	13.9%	23.5%
•Hospice	8.3%	11.8%
•Hospital	13.9%	} 13.7%
•County health dept.	8.3%	
•Private duty	8.3%	
Program Participation		
# of registrants	68*	64
# of Day 1 participants	41	60
# who completed training	34	42

*Registration limit reached. Twelve people waitlisted


PROGRAM EVALUATION

- ❖ Pre-post program surveys to measure changes in CNA health and work habit attitudes and behaviors. 
- ❖ Satisfaction survey to assess the program and to gather suggestions for additional training needs.
- ❖ Homework assignments results and in-class motivational interviewing role-play test participants' competencies and were evaluated by the instructor.

RESULTS


Immediate post-training data suggests that the program improved disease self-management knowledge, communication between CNAs and patients, and CNAs' belief in the importance of self-care on the job and in their lives in general.

Three month follow-up surveys administered also revealed that CNAs now more frequently achieve the following:

- Listen better to their patients
- Discuss healthy eating with patients
- Encourage patients to be compliant with their medication regimen
- Identify and respond to patient mood swings or failure to communicate
- Engage patients in a collaborative decision-making process
- Are more empathetic to their patients
- Share what they have learned from the training with colleagues. 

Open-ended comments from instructors and participants echoes the themes of the quantitative results:

Instructor

An unexpected benefit, from my perspective, was an increase in CNA sense of personal and work value. 

Participant

- *To get quality staff, this is the kind of teaching you need. (In response to improvement in health knowledge)*
- *This has really changed my life. I have been a CNA for almost thirty years. This class is different from any other I have been to because it not only teaches you how to take care of the patient it teaches you how to take care of yourself.*
- *I now have an organized way to give people the tools to change and empower themselves.*
- *It [the class] has shown us how to be supportive of the client and taught us how to put the client in control of their lives by knowing how to make choices for themselves.*
- *It [the class] has given me the power to see that I am important too. I was able to negotiate a lunch break even with pay after going many years without that benefit.*
- *This class makes you feel appreciated as a CNA.*

DISCUSSION

• We found CNAs to be enthusiastic and engaging learners. Because this population tends to be an older workforce with chronic conditions, in addition to receiving a professional benefit from the training chronic disease prevention education curriculum, they also could reap personal health benefit as well.

• Structuring the training to include face-to-face engagement between trainer and trainee improved capability of learner to understand and utilize Motivational Interviewing techniques.

• Due to CNA participant request, we also developed additional training modules to bolster our curriculum. The new topics include: Osteoporosis & Arthritis, Differentiating between Delirium, Dementia, and Depression, and Chronic Kidney Disease.

• The success of the initial pilot training and subsequent requests for future training led our team to expand our dissemination methods: developing and hosting train-the-trainer sessions and creating on-line modules.

• These trainings can also offer new workforce development opportunities for CNAs, such as care transition coordinator (e.g., transition from hospital to home) and care coordinator for patient centered medical homes practices.



CONCLUSIONS

If this type of chronic disease prevention training curriculum were made widely available to CNAs, they can become a more active member of the health care team, particularly as an early system to prevent unnecessary emergency department encounters and hospitalizations.

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