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VirginiaNavigator/GWEP Community Outreach Training for Older Adults, Caregivers, and Service Programs

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Case Study

VirginiaNavigator/GWEP Community Outreach Training for Older Adults, Caregivers, and Service Programs

by Adrienne Johnson and Kim Tarantino



Educational Objectives

1. Demonstrate how VirginiaNavigator (VN) can support self-care and connecting with community resources.
2. Discuss how VN can assist service providers who work with older adults and their families.
3. Explain how VN relates to six focus areas of the Geriatrics Workforce Enhancement Program (GWEP) to improve the well-being of older adults.

Background

VirginiaNavigator (VN) is a special and unusual resource. It is a Virginia-based, public/private partnership that is non-profit; it maintains a vast array of free health and community support information and

guidance to older adults, people with disabilities, veterans, families, and caregivers, through its one-of-a-kind family of websites (SeniorNavigator.org; disAbilityNavigator.org; VeteransNavigator.org).

VN has been partnering with the Virginia Geriatric Education Center (VGEC) at Virginia Commonwealth University (VCU) since 2015 in the Geriatrics Workforce Enhancement Program (GWEP). Supported by the federal Health Resources and Services Administration (HRSA) and administered by the Virginia Center on Aging at VCU, the VGEC's GWEP initiatives concentrate on creating an interprofessional geriatrics workforce through such activities as its 200-hour September through June Faculty Development Program, its 24-hour Evidence Based Practice Falls Prevention program for healthcare providers, its virtual case study training of pre-clinical healthcare students, and other programs for professionals. Collaboration with VN has provided the complementary opportunity to extend the reach of GWEP training to consumers in local communities across the Commonwealth of Virginia.

As a key member of the Plenary, which is the all-in, interdisciplinary body that oversees all GWEP programs, VN helped identify topics that would strengthen the capacities of older adults to remain in their communities and age well; in addition, VN identified practical strategies to offer community-based training to older adults, families, caregivers, and aging-related service providers (e.g., case managers, health providers, home health staff, hospital and rehabilitation discharge planners) that would

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enhance their knowledge and skills in improving consumer health outcomes and quality of life. VN maintains community portals at hundreds of sites across Virginia, in senior centers, libraries, agencies, etc., where community members can gain access to relevant content on VN's websites. So, VN undertook a robust agenda of coordinating and deploying over 20 community-based training events annually in high priority geographic areas.

The GWEP Plenary recognized that several issues have significant impact on the abilities of older adults to remain in their communities and to maintain their highest possible functioning as members of those communities. For example, falls are a "sentinel event," meaning that their occurrence likely indicates the presence of a number of risk factors or reasons for the fall, and falls tend to predict further untoward events in the older adult's life. So, the GWEP Plenary implemented an array of training programs to equip healthcare providers to recognize risk factors in later life, institute practices that draw in interprofessional geriatrics care, and engage the older adult and family caregivers in activities that can improve health literacy, understanding of medications, familiarity with available community resources, and more. VN undertook the important role of translating these efforts to benefit those not specifically working in healthcare, that is, older adults, family caregivers, and direct service workers. VN adapted training topics that have focused on common geriatric conditions and concerns. These have rotated over time but regularly include six issues: Medication Management, Falls Prevention, Alzheimer's disease and Dementia, Caregiver Health, the Medicare Annual Wellness Visit, and Chronic Pain Management and Opioids.

Partnering with the VGEC GWEP in offering community training enabled VN's community training participants to: gain critical information on important caregiving and aging topics; see a live demonstration on how to conduct an individualized search for services on the SeniorNavigator website; learn how to access specific topic landing pages on the website for additional resources; and improve their skills for technology usage. Participants lacking technology capacity received information on how to access the web-based resources through VirginiaNavigator's 744 Navigator Centers (community-based portals).

To ensure project success, VN utilized its grass-roots-based community relationships and local government partnerships. VN is well connected in the community, with access to a group of dedicated partners and professionals, as well as older adult community leaders and caregivers. Moreover, the VN-GWEP partnership purposefully targeted several medically underserved regions in Virginia, areas where the number of available healthcare providers falls short of the population's needs. By focusing on these areas, VN sought to bolster the knowledge and skills of the older adults there, as well as that of family caregivers and direct service providers.

VirginiaNavigator Family of Websites

Designed as an innovative service model, VN combines the best practices of information technology with community-building to bring a "High-Tech/High-Touch" approach to connecting Virginians to community programs and services that are most helpful to them based on their unique situation. Keenly focused on meeting the needs of its users, VN connects individuals to comprehensive and robust services and educational information on numerous topics, including: health services, housing options, benefits assistance, transportation, legal and financial matters, caregiver support, and much more.

Launched in 2001, our organization originally focused solely on older adults and their caregivers when we built the SeniorNavigator website. Now, VN's family of websites (SeniorNavigator.org; disAbilityNavigator.org; VeteransNavigator.org) offers a unique combination of technology and traditional one-on-one personal contact:

- An easy-to-search resource directory of 27,000+ programs and services;
- 1,075+ articles that educate and help guide consumers;
- 765+ links to content-specific websites and resources;
- Features such as Ask an Expert, Community Calendar, and Editor's Pick articles on our home pages; and
- 744 grassroots "Navigator Centers" developed through partnerships with libraries, senior centers, hospitals, and faith communities that serve as

community access points for all Virginians.

Leveraging the use of websites and other tech-based programs, coupled with our on-the-ground resources consisting of Navigator Centers and Community Specialists, Virginians turn to us over 1.6 million times annually. Each year our Community Specialists directly reach over 10,000 people across Virginia through more than 550 training events, community functions, and conferences. Partnering with the VGEC's GWEP initiative is a natural extension of VN's community outreach training work across Virginia.

Community Training Development

To prepare for the GWEP community training, VN met with subject matter experts within the Plenary and developed community training materials related to the six topic areas: Medication Management, Falls Prevention, Alzheimer's/Dementia, Caregiver Health, the Medicare Annual Wellness Visit, and Chronic Pain Management and Opioids.

Training resources developed prior to implementation included: 1) PowerPoint Training Slides on: the VN Family of Websites overview and general information; How do to a SEARCH on the VN websites for programs and resources; and slides related to six topic areas (we focused on four priority topics for each year); and 2) Landing Pages on the VN website to help training participants access relevant resources post-training: Up-to-date articles, tools, links, videos, websites, guides, blogs, and services; and SEARCH box for local services at top of each landing page. The six GWEP topic landing pages can be accessed using these links:

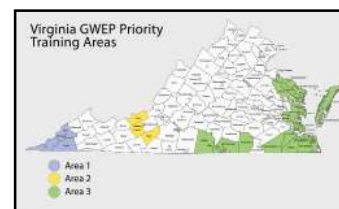
- www.seniornavigator.org/health/medication-management
- www.seniornavigator.org/health/fall-prevention
- www.seniornavigator.org/health/alzheimers-disease-dementia
- www.seniornavigator.org/health/caregiver-health
- www.seniornavigator.org/health/medicare-annual-wellness-visit
- www.seniornavigator.org/health/chronic-pain-management-opioids

Explore the GWEP topic landing pages to find an array of current resources related to each topic.

Our VN community specialists themselves used these training resources to prepare to conduct some 20 local training sessions annually. Before these sessions, these VN community specialists participated in a training orientation to review the GWEP training slides, topic landing pages, and related resources. After the orientation, they participated in additional training through independent activities that included: a) reviewing the content on the six topic landing pages; b) conducting searches using the VN search engine; c) researching and reviewing local services related to the six topic areas; and d) reviewing the final training materials (e.g., PowerPoint slides, handouts, training surveys, demographic surveys).

VN tested the community specialists who would conduct the training. They completed Pre/Post Test Surveys, prior to and after this training orientation, to measure their levels of confidence, before conducting their first community training, on the following: a) providing helpful resources and tools related to the six topic areas; b) effectively delivering the training material to community members, including both family caregivers and service providers; and c) directing community training participants to VN for supplemental information on local services and programs related to the topic areas. The survey results indicated significant increases in their confidence levels for all variables related to the community training. Once these community specialists began conducting community training events, we also provided ongoing support about content and service questions and any other training issues that arose.

Community Training Implementation



Training Geographic Areas

Over the last four years (2015-2019), we have implemented the VN GWEP community training across

Virginia, with a special focus on three high need priority areas, which the VGEC had identified as Medically Underserved Areas (MUAs) and/or Health Professional Shortage Areas (HPSAs) as defined by the Virginia Department of Health. To be most effective in these areas, we leveraged the existing VN infrastructure across the regions by coordinating with the local Area Agencies on Aging (AAAs), e.g., Mountain Empire Older Citizens, Inc. (MEOC) in Southwest Virginia and Lake Country Area Agency on Aging in Southside Virginia.

The three high need training areas encompass mostly rural areas but also include small towns and larger cities. The map highlights the communities receiving GWEP training from 2015 until the present.

Training Implementation

The goals of the customized training curricula and associated materials are to: 1) increase participant awareness and knowledge of the six GWEP topic areas; 2) have participants demonstrate greater comfort with and use of the web-based services and resources on the SeniorNavigator website; and 3) have participants to demonstrate an understanding of how to use training content to support self-care and connecting with community resources.

This combination was intended to increase knowledge, support decision-making, and help consumers solve problems before they reach crisis level. Also, service providers working with older adults would learn how to use VN's resources to better manage their caseloads and have a helpful resource to pass on to consumers and their families.

The GWEP community outreach training included several approaches: 1) a PowerPoint presentation; 2) information on VN's Family of Websites; 3) content overview of the GWEP topic areas; 4) engaging real-life scenarios; 5) a demonstration on how to conduct searches for programs and resources; 6) opportunity to walk through the topic landing pages and highlight specific resources; and 7) time for questions.

The annual goal was to reach approximately 300 consumers each year; for the first three years of the

GWEP community training (2015-2018): VN staff conducted a total of 65 GWEP trainings. Of these, 39 (60%) took place in the identified high-priority localities. Some 908 individuals received the GWEP training. Of these, 623 were older adults or family caregivers (69%) and 284 were professional providers (31%).

Case Study # 1

Marie has lived in a small town in Central Virginia for most of her life. She is 84 and lives alone in an apartment. Her husband passed away several years ago; one of her sons lives in Florida and the other in Colorado. She still drives but only short distances, so she is glad that she can walk to nearby shops as well as a pharmacy, library and post office. Marie is very social, enjoys living in an apartment building, and has several friends who live nearby.

Since her sons live out of town, she tries to manage her life as best she can but is always looking for ways to get new health and aging information to meet her needs. One of Marie's concerns has been that she has fallen several times. So far, she's been fortunate to have only minor bruising and aches afterwards; but she was concerned.

Marie attended one of the VN GWEP community training sessions on preventing falls and shared that: *I had no idea there were so many resources out there to prevent falls – it was great to get this information and to be shown how to find additional help online. I am so glad I attended this session.*

Case Study #2

Fred is the primary caregiver for his widowed father, Tom, who lives with Fred and his wife Barbara in a rural area in Southwest Virginia. As an only child, Fred is the only family member involved in Tom's care. Lately, he and his wife have been struggling with their caregiving responsibilities. At 95, Tom has many concurrent medical needs often requiring multiple health-related appointments a week; this has been a challenge, given that they live in the country. Fred's wife works full time in a neighboring town, and Fred often travels for his work. They've both needed to adjust their work schedules and hours,

causing job stresses and less income.

Living in the country also means that getting errands done, finding substitute care, and even getting social needs met have been very difficult for all of them. Fred and Barbara had been feeling very isolated and frustrated when they decided to attend one of the VN GWEP community training sessions being held at their local Area Agency on Aging (AAA). They were especially interested in learning more about Caregiver Health and Fall Prevention.

Fred said that *...Being able to talk with other caregivers and other people in our community really helped us to feel less alone... and to begin to identify some caregiver supports and home based services for Tom that might meet our needs.*

Training Challenges

During the training implementation, we encountered some barriers that proved to be opportunities for exploring ways we could customize or adjust the training experience.

Often the training participants included a mixed group of service providers, older adults, and caregivers, resulting in challenges in customizing the content for each population. We typically addressed this by allowing time for specific questions at the end of the training.

Our training group size varied widely from one to 64 participants; this presented challenges for the community specialists. When we were alerted that the group would be very small, we sometimes opted to reschedule the training to a time when more people could participate. If we knew the group would be larger, an effective strategy was to enlist the hosting/sponsoring agency to help with logistics and assisting participants with completing the demographic and training surveys.

For some of the participants, the required paperwork (i.e., demographic survey, training satisfaction survey) was cumbersome. The trainers observed that this was due to many factors, including time to complete the survey, survey readability, questions not applying to participants, literacy issues, low vision, and/or

language issues. The community specialists adjusted the training format to provide additional time; however, we did find some inconsistencies in survey completion due to these variables. Based on our recommendations, the demographic and training satisfaction surveys were simplified for Year 4 for all participants.

Now in Year 4 of implementation, we are finding that the community specialists are continuing to network with one another to share strategies and improve the community training. Also, they often call VN with pertinent questions to ensure that the training is successful. The enhanced training seems to be providing a new opportunity for community outreach and has invigorated wider interest among service providers in these topics. Training feedback has been positive, both on the training surveys and anecdotally during the training sessions. As many participants have told us: *I wish more people were here to hear this information and learn about your resources.*

Training Evaluation and Results

The VN GWEP outreach community training has been very successful in reaching consumers in the identified high priority areas across Virginia, as well as in adjacent underserved areas. VN has exceeded training goals for each year, in number of training sessions and number of participants reached.

For Years 1-3, at the end of each training session, participants completed a Training Satisfaction Survey to rate their confidence in using the VN family of websites and in finding resources and information related to four GWEP topic areas covered (Medication Management, Fall Prevention, Alzheimer's/Dementia, Caregiver Health). Training participants rated their responses using a 5-point Likert scale where 1 represented "not confident at all," 2 "a little bit confident," 3 "somewhat confident," 4 "mostly confident," and 5 "supremely confident." Older adults and caregivers rated their confidence after the training, while we asked the professionals, in addition, to reflect on their knowledge prior to the training in order to obtain a retrospective pre-test and post-test comparison. Overall there was an 84% completion rate for the Training Satisfaction Survey.

Preliminary data analyses reveal consistency across all categories of training participants. Most seniors and caregivers who participated in the training felt “mostly confident” or “supremely confident” in their ability to use the VN family of websites (4.20) and to find helpful information, resources and tools related to the GWEP training topic areas (4.26). Overall, they felt slightly more confident about finding information related to Medication Management, Fall Prevention, and Caregiver Health, than they did for Alzheimer’s/Dementia.

Professionals who participated in the training represented a wide array of health and aging disciplines/roles, including health education specialists, social workers, allied health professionals, direct service workers, support staff, occupational therapists, nurses, and facility administrators. After the training, most professionals felt “mostly confident” or “supremely confident” in their ability to use the VN family of websites and direct seniors/caregivers to the websites for more information (4.36); and to find useful information, resources and tools related to the GWEP training topic areas (4.38). Overall, professionals felt equally confident about finding information in all the topic areas (4.37-4.41).

We have also found that the impact and reach of this training initiative has gone far beyond what we expected. Some key outcomes:

By including topic-related landing pages on the website, our community specialists were able to further their own learning, and the community training participants were able to find additional resources and information through these pages and the VN family of websites.

Community specialists encouraged training participants to share the information and resources they received during the training; we gave trainees a one-page color handout with the topic area landing page information and links. This resulted in VN’s reaching additional community members (older adults, caregivers, professionals) after the training.

The community-based training provided a cost-effective opportunity for VN to provide important information and resources on multiple key topic areas in a

short amount of time.

We reached consumers where they live, in rural, urban, and suburban communities across Virginia. We offered community training in an array of settings with varying group sizes, such as area agencies on aging, senior centers, libraries, churches, retirement communities, parks and recreation centers, rehabilitation centers, assisted living facilities, hospitals, community centers, subsidized housing, civic and professional networking meetings, human services agencies, and others. We also reached older adults, caregivers, and services providers involved in diverse aging services, including home care, hospice, behavioral health, assisted living, nursing home care, hospitals, and more.

Some of these training events reached high-need audiences such as military communities and remote rural locations.

An unexpected positive outcome was that, in several instances, training participants shared a connection to other groups or agencies that could benefit from the training in their geographic area, increasing networking and training opportunities. In addition, participants frequently asked for extra materials and handouts to share with others. The training also spurred conversations about improving infrastructure, namely Internet access. A community specialist reported that because of a local training, a participant reported renewed energy and efforts to secure internet service throughout the rural county.

Conclusion

The VN GWEP training initiative has produced positive results, including some that are broader than expected. Because the training included topic-specific content as well as information on how to use the VN family of websites, this approach has helped training participants to use the six topic landing pages and the VN family of websites for further information on topics and issues beyond their original interests. Participants can also ask individual questions by using the VN Ask an Expert feature. This model has ensured that training participants are connected to the services, resources, and information they need to maintain their own well-being and that and their care

recipients. For example, a participant interested in Alzheimer's/Dementia support groups is able to access the VN website to find such a group in the area. The VGEC/GWEP-VN collaboration has reinforced our commitment to deploying a comprehensive, multi-focal approach for community training, one that combines topic-specific training content with supplementary resources like topic landing pages, our family of websites, and available expert support. VN will continue to explore emerging training content on high-need topics in our community outreach and training.

Study Questions

1. What do you find unique about this approach compared to traditional community training efforts?
2. How does community outreach training provide a mechanism for connecting older adults, caregivers, and providers with needed online resources?
3. How might this comprehensive training approach be improved?

About the Authors



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