



Rural Age Friendly CHW Training Program 2025

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Rural Age Friendly Initiative

CHW Training Program

Phase 2: Implementation Year 1

The following activities (sometimes “Community Engagement Services”) will be carried out under this subcontract, in consultation with NRHA staff:

1. Dr. Denise Hernandez will serve as a member of the National Rural Age-Friendly Initiative Interest Group and travel to in-person event.
2. Dr. Denise Hernandez will facilitate the CHW training in south Texas.
3. Dr. Hernandez with assistance from project coordinator and project assistant, will adapt the CHW training, if necessary, for asynchronous use and record it in English and Spanish for NRHA learning management system.
4. The University of Texas at Arlington team will develop an evaluation for the in-person trainings and potentially the recorded version of the Providing Care to Older Adults CHW training, likely including follow up emails or other follow-up avenues.
5. Dr. Hernandez, project coordinator, and project assistant will support the development of additional modules for CHW based on the topics desired by the CHWs who attend the trainings – all will be focused on older adults.
6. Prepare reports to submit to the NRHA

South Texas Training Summary

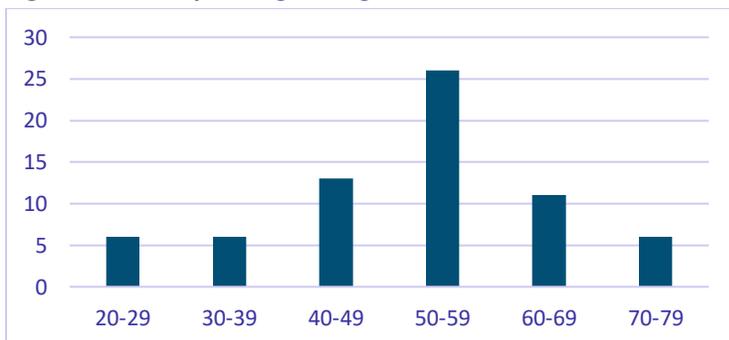
In an effort to promote age-friendly care and improve outcomes for older adults, two in-person trainings were conducted in Laredo, Texas with a total of 25 attendees, and Alamo, Texas, with a total of 45 attendees. The training was focused on the implementation of the 4Ms: What Matters, Medication, Mentation, and Mobility, as well as explaining the importance of each. The 4Ms allow CHWs to provide unique care to older adults to ensure their specific needs are met. These trainings were provided to CHWs with the intent that they integrate the 4Ms into their daily practice with their clients.

During the training, participants were provided with pre and post assessments to help determine the effectiveness of the trainings. After careful review of all pre and post assessments, we have gathered demographic information, feedback, and now have a better understanding on how much knowledge each participant was able to grasp from the training. From both trainings combined there was a total of 61 (88%) female and 8 (12%) male participants. All participants stated they reside in Texas with a majority residing in Urban areas.

Participant Demographics

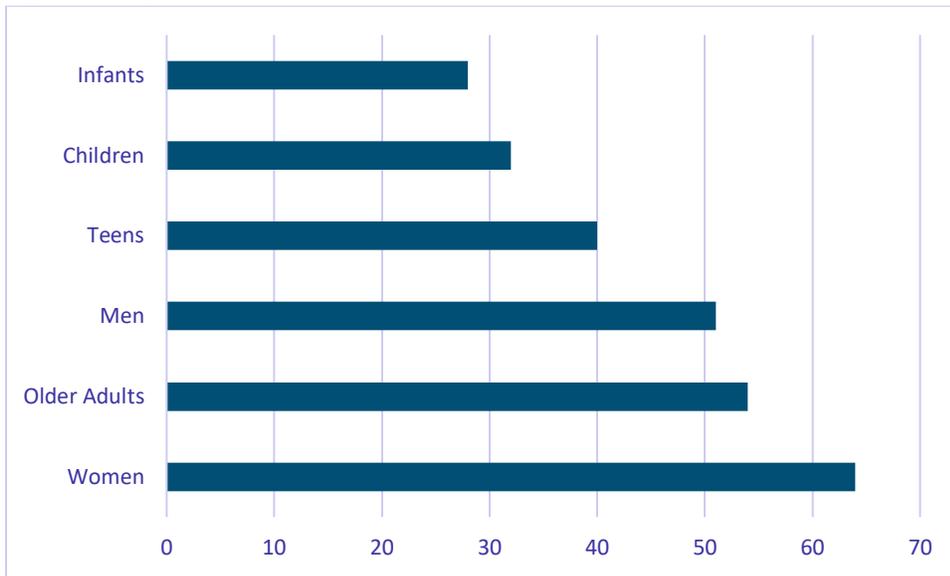
Most participants were between the ages of 40 and 60, with most being around 50 years old. All individuals identified as Hispanic or Latino, with nearly everyone selecting White as their race, except for one participant who identified as Native Hawaiian or Other Pacific Islander. Additionally, most participants reported Spanish as their primary language. Participants were also asked to report the specific population they serve, most reporting serving more than one population. With the many diverse populations served, participants reported working for a variety of agencies as well. Most participants reported having jobs in Community Based Organizations and Non-Profit Organizations.

Figure 1. Participant Age Range



Age Range	22-78
Average Age	50.75
Median Age	51
Mode	50

Figure 2. Populations Served



Pre-Assessment

In the Pre-Assessment, participants were asked a series of questions to gauge their existing knowledge of the 4Ms prior to the training. This allowed for a comparison between the Pre- and Post-Assessment results to evaluate whether participant’s understanding of the 4Ms improved after completing the training. Table 1 shows the questions asked in the pre-assessment and the percentage of correct/incorrect responses. After analyzing this set of questions and responses for the Pre-Assessment, most participants responded correctly to the knowledge testing questions except for *“Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?”*, where a majority responded incorrectly. The question *“Which of the following are the 3 Ds of Mentation?”* was evenly split between correct and incorrect responses. Participant’s responses indicated that at least a majority of the group was somewhat familiar with the information that would be presented regarding the 4Ms and care for older adults. Participants were also asked a series of true or false questions. Majority of respondents answered the true or false questions correctly, however, the question *“Mentation refers to encouraging older adults to spend time meditating.”*, revealed a split level of understanding of the question with 48% of participants answering “true” and 52% answering “false”.

Table 1. Pre-Assessment Knowledge Testing Questions

Question	Responded Incorrectly	Responded Correctly
The term “older adults” refers to individuals who are ages:	36%	64%
Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?	72%	28%
When is it an appropriate time to have the “what matters” conversation?	9%	91%
Which of the following are the 3 Ds of Mentation?	50%	50%
Polypharmacy is when you have multiple pharmacies where you fill your prescriptions.	72%	28%
Mentation refers to encouraging older adults to spend time meditating.	48%	52%
Depression is common in older adults.	10%	90%
If anyone you assess shows signs of limited mobility, you should conduct a mobility assessment yourself and diagnose the older adult.	19%	81%
Once an older adult identifies their goals and preferences, it is not likely to change and you do not need to keep having the same conversation.	24%	76%

Finally, the Pre-Assessment ended with four questions to evaluate participant’s self-confidence and prior understanding of the material. The self-confidence questions had a mix of responses, however, most expressed confidence in their knowledge about the 4Ms, recognized the importance of their role as a CHW, and confirmed their belief that providing age friendly care to older adults is important in their work. The question “*I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults.*”, received mostly neutral responses, indicating that participants were not entirely confident of their knowledge prior to the training.

Table 2. Pre-Assessment Self Confidence Questions

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am confident in my knowledge about the 4Ms of Providing Age-Friendly Care to Older Adults.	27	10	23	4	4
I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults.	15	13	28	5	5
I feel confident that I—as a CHW—can play important role in Providing Age-Friendly Care to Older Adults.	24	23	17	3	1
This topic— Providing Age-Friendly Care to Older Adults —is important in my work.	39	18	12	0	0

Post Assessment: Changes in Knowledge & Self Confidence

After completion of the training, participants were asked to complete a Post-Assessment containing the same knowledge questions from the Pre-Assessment, to evaluate changes in knowledge and confidence levels. The following table shows the increase in knowledge of the participants:

Table 3. Knowledge Change

	Responded Correctly in Pre-Assessment	Responded Correctly in Post-Assessment
The term “older adults” refers to individuals who are ages:	64%	94%
Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?	28%	80%
When is it an appropriate time to have the “what matters” conversation?	91%	97%
Which of the following are the 3 Ds of Mentation?	50%	98%
Polypharmacy is when you have multiple pharmacies where you fill your prescriptions.	28%	73%
Mentation refers to encouraging older adults to spend time meditating.	52%	87%
Depression is common in older adults.	90%	92%
If anyone you assess shows signs of limited mobility, you should conduct a mobility assessment yourself and diagnose the older adult.	81%	74%
Once an older adult identifies their goals and preferences, it is not likely to change and you do not need to keep having the same conversation.	76%	84%

The results indicate a drastic increase in knowledge post-training, with more than 90% of post response questions answered correctly. Although the question “*Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?*” had 80% of responses answered correctly, there was still an increase in knowledge when compared to the Pre-Assessment where only 28% answered correctly. Participants also demonstrated an increase in knowledge for the true or false questions, indicating that after completing the training they were more knowledgeable on key points mentioned in the training. Additionally, there was an increase on the level of self-confidence CHWs felt regarding the 4Ms of Age Friendly Care information as seen in Figures 3-6.

Figure 3. Change in Level of Self Confidence Question 1

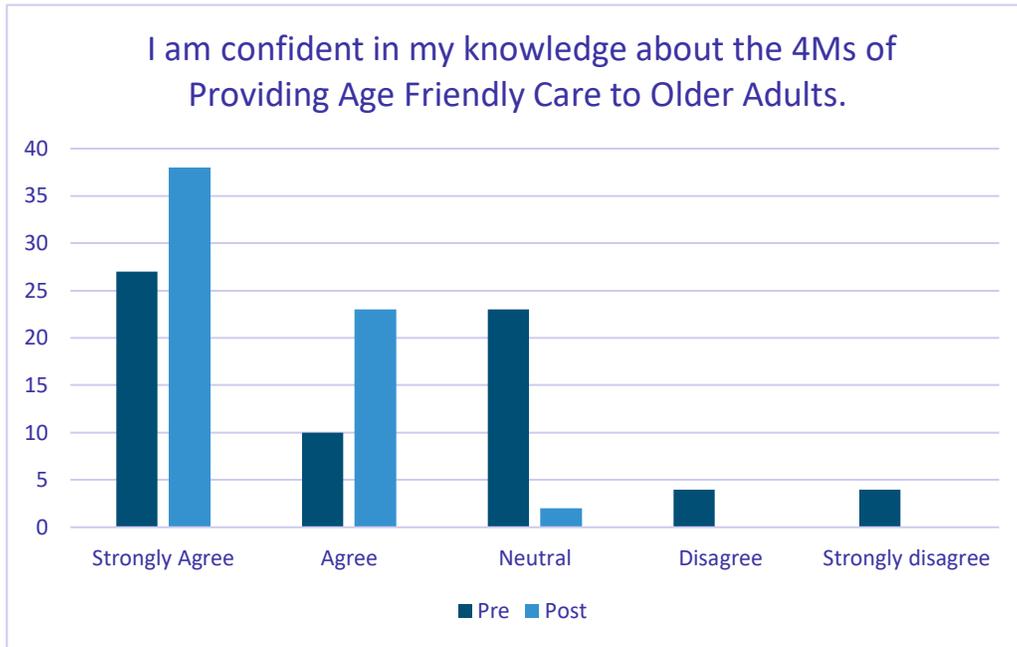


Figure 4. Change in Level of Self Confidence Question 2

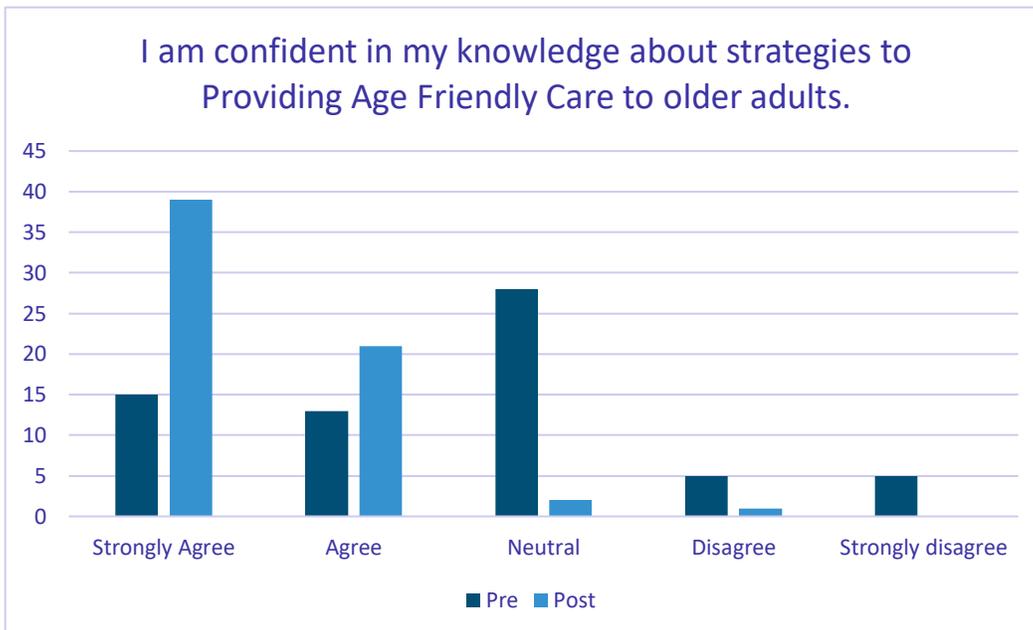


Figure 4. Change in Level of Self Confidence Question 3

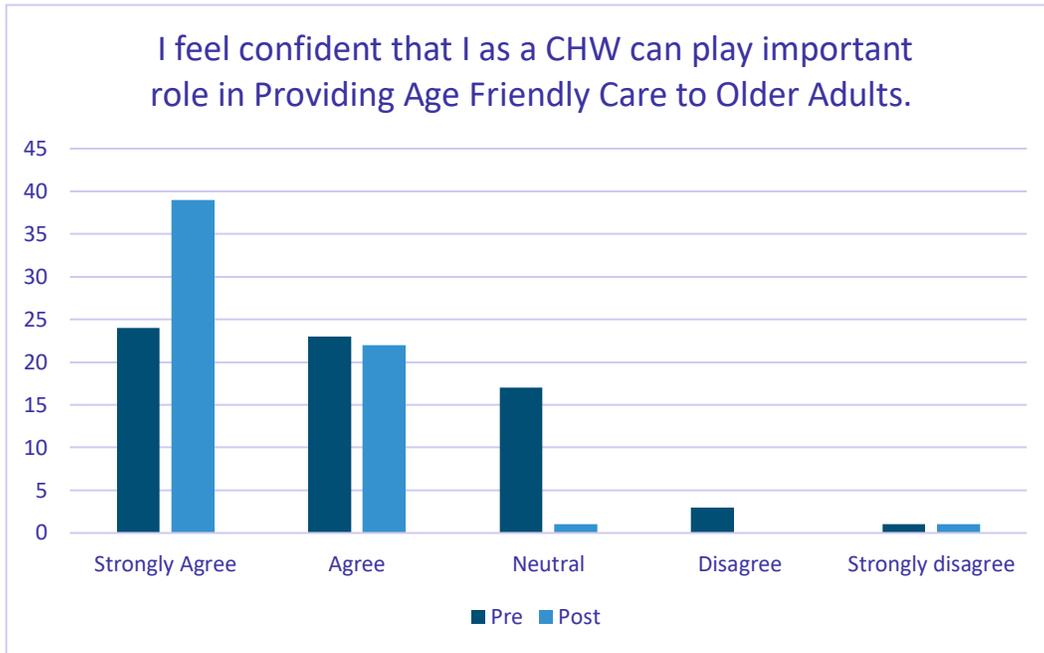
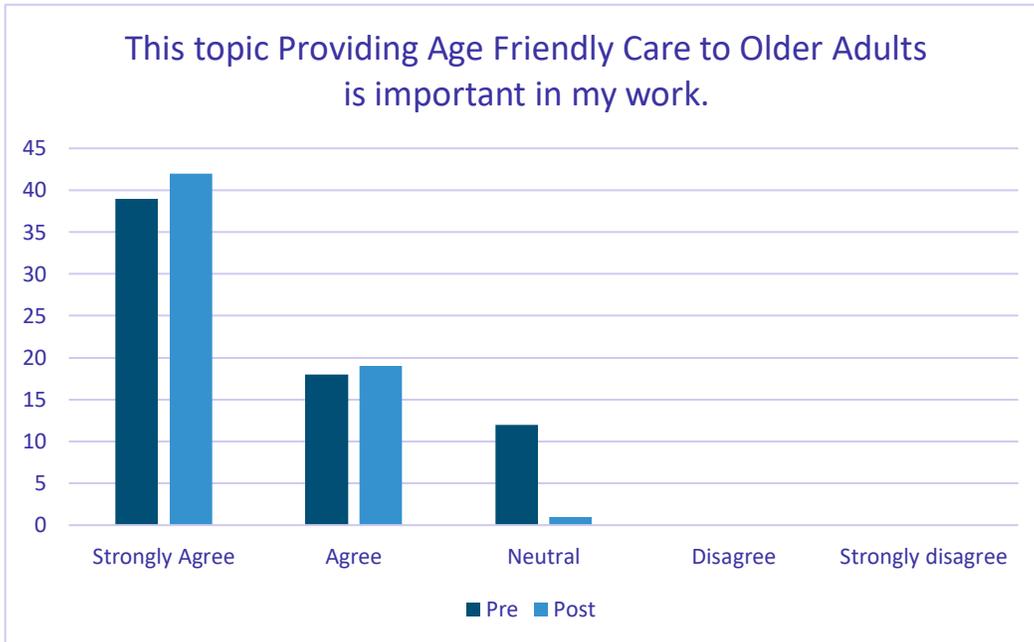


Figure 5. Change in Level of Self Confidence Question 4



Participant Feedback

With the intent to continually improve this training, participants were asked for feedback on the trainer and the training materials used. As a result, 100% of responses suggested that participants would recommend this training to others and 99% of responses suggested that participants would recommend the trainer for future trainings. Of all materials used during the training, majority of participants found all materials to be useful including the PowerPoint, the in person activities, and the pre and post assessments. When asked what training material they found less useful, the majority of participants responded they found the pre and post assessments least useful. Participants also had the opportunity to share additional comments seen in Table 4.

Table 4. Participant Comments

<i>“Great presentation and the speaker was wonderful. She kept us engaged”</i>
<i>“Overall I appreciate the time and resources in this but all this also needs to be implemented in the healthcare level, clinics, doctors nurses.”</i>
<i>“It’s important to continue with these types of trainings that equip CHWs with the objective to give our all in the older adult community” (translated from Spanish)</i>
<i>“This very helpful information to know what we as CHW will be able to use to help and direct this patients to the correct places they can be help”</i>
<i>“I am taking a lot of knowledge, I would like it if in the future this presentation is done again”</i>

Conclusion

The trainings conducted in Laredo and Alamo Texas provided CHWs with insights to the 4Ms and how to incorporate them when caring for older adults. The pre and post assessments allowed for the evaluation of the training to determine if participants had a better understanding of the information presented after completing the training. While the question **“Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?”** had an increase in correct responses on the post assessment, there is still opportunity to clarify this question during the next training to ensure participants understand the answer. Participant feedback further emphasized the success of the training with a 100% rate of recommendation for the training to be done again. Moving forward, the feedback provided by participants should always be considered to strengthen the material presented to ensure CHWs are better equipped to deliver age-friendly care with the use of the 4Ms.

Training Evaluation

Pre-Assessment

Please provide the following information.

1. What is your gender?
 - Male
 - Female
 - Other _____
 - Prefer not to answer

2. What year were you born? _____

3. What is your race/ethnicity?
 - a. Asian
 - b. Black or African American
 - c. Native American or Alaska Native
 - d. Native Hawaiian or other Pacific Islander
 - e. White
 - f. Mixed Race
 - g. Other
 - h. Prefer not to answer

- Are you Hispanic/Latino?
 - a. Yes
 - b. No
 - c. Prefer not to answer

4. Please list your primary language(s) _____

5. In which state do you live? _____

6. Is your community considered to be:
 - a. Urban
 - b. Rural
 - c. Unsure

7. Select all the options that describe the population you serve:
 - a. Infants
 - b. Children
 - c. Teens
 - d. Older adults
 - e. Women
 - f. Men

8. Which of the following best describe the agency/organization where you work:
 - a. Community-based organization
 - b. College/university/school
 - c. Faith-based organization
 - d. State agency
 - e. Non-profit organization
 - f. Local health department
 - g. Home health/long term care facility
 - h. Clinic/hospital/emergency service
 - i. Insurance health plan
 - j. Other. Please specify:

Answer the following questions regarding age-friendly care.

9. The term “older adults” refers to individuals who are ages:

- a. 75+
- b. 65+
- c. 80+
- d. 50+

10. Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?

- a. Demography
- b. Disproportionate harm
- c. Family composition
- d. Complexity

11. When is it an appropriate time to have the “what matters” conversation?

- a. Emergency department visit
- b. Annual wellness visits
- c. During a home visit
- d. All of the above

12. Which of the following are the 3 Ds of Mentation?

- a. Dementia, depression, delirium
- b. Diabetes, dementia, depression
- c. Diabetes, depression, demography
- d. Dementia, depression, disease

13. True or False. Polypharmacy is when you have multiple pharmacies where you fill your prescriptions.

14. True or False. Mentation refers to encouraging older adults to spend time meditating.

15. True or False. Depression is common in older adults.

16. True or False. If anyone you assess shows signs of limited mobility, you should conduct a mobility assessment yourself and diagnose the older adult.

17. True or False. Once an older adult identifies their goals and preferences, it is not likely to change and you do not need to keep having the same conversation.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
18. I am confident in my knowledge about the 4Ms of Providing Age-Friendly Care to Older Adults.					
19. I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults.					
20. I feel confident that I—as a CHW—can play important role in Providing Age-Friendly Care to Older Adults.					

Post-Assessment

For each question below, circle or fill in the answer that best describes your response.

1. What information presented in the training was MOST useful to you for your work?
 - a. PowerPoint presentation
 - b. Activities
 - c. Pre/post Assessments
 - d. All of the above

2. Which part of the training was LEAST useful to you?
 - a. PowerPoint presentation
 - b. Activities
 - c. Pre/post Assessments
 - d. None of the above

3. I would recommend this training to other *promotores*/CHW instructors.
 - a. Agree
 - b. Unsure
 - c. Disagree

4. I would recommend this trainer to other *promotores*/CHW instructors.
 - a. Agree
 - b. Unsure
 - c. Disagree

5. How will you incorporate what you learned into your work?

6. How can we improve this training?

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	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
16. This topic— Providing Age-Friendly Care to Older Adults —is important in my work.					
17. I am confident in my knowledge about the 4Ms of Providing Age-Friendly Care to Older Adults.					
18. I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults					
19. I feel confident that I—as a CHW—can play important role in Providing Age-Friendly Care to Older Adults.					

20. Please provide any additional comments.