

The University of Iowa (UIQHP28731)

Project Title: Iowa Geriatrics Workforce Enhancement Program (Iowa GWEP) | **Organization Name:** The University of Iowa | **Mailing Address:** 50 Newton Rd CNB, Iowa City, IA 52242 | **Principal Investigator/Program Director Name:** Marianne Smith, PhD, RN, Assoc. Professor | **Phone:** (319) 335-7121 | **E-mail:** marianne-smith@uiowa.edu

Name and Type of Partners: UI Colleges of Medicine, Nursing, Public Health, Pharmacy, and Liberal Arts/Sciences and School of Social Work (academic); Des Moines University (academic, primary care); Statewide Clinical Education Programs (Family Medicine Residency Network – primary care); Telligen (community-based); Oklahoma City VA Health Care System (primary care, community-based); Western Home Communities (primary care, community-based); Milestones, Northeast Iowa, and Elderbridge Area Agencies on Aging (community-based); Kansas University Medical Center/Telehealth (academic, primary care).

Trainee Types: students, residents, fellows, faculty, healthcare providers, geriatric specialists, caregivers, direct care workers, patients, families

The Iowa GWEP is addressing unmet needs in rural Iowa and nationwide by advancing the adoption and use of person-centered, evidence-based geriatric best care practices in academic, primary care, and community-based settings. Our five project objectives align with the funding purpose: 1) Build partnerships to educate and train a workforce: academia, primary care sites/systems, and community-based organizations; 2) Train current and future providers to assess and address the primary care needs of older adults; 3) Transform clinical training environments to become Age-Friendly Health Systems; 4) Deliver community-based programs that provide patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults; and 5) Provide Alzheimer's disease and related dementias (ADRD) education and training for those who provide care for older adults with dementia. Our focus on AFHS and Dementia Friendly Communities (DFC) directs the engagement and training of both the interprofessional workforce and older people as partners in high quality geriatric care. Our Interprofessional Leadership Team, composed of UI and collaborating/reciprocal partner leaders, works synergistically with the GWEP Coordinating Center (GWEP-CC) and St. Louis University Supplemental funding partners to advance the adoption of AFHS practices among rural providers, patients, families, and community members, and address unmet needs for training. Objective-specific activities focus on adoption of practices as the “standard of care” and easy access to innovative geriatric care, treatment, and practice information among rural providers. Activities are being successfully implemented in collaboration with our reciprocal partners, monitored by our Interprofessional Leadership Team, strengthened by use of rapid cycle quality improvement methods, and expanded to additional settings and services. Renewed relationships with diverse statewide partners that actively participated as Stakeholder Advisory Group members inform both new training initiatives and adaptations to address unmet COVID-19 related needs in all levels of training and practice. This input guides translation of Age-Friendly practice for use by the direct care workforce, families, and health providers alike using ECHO® and asynchronous dissemination to assure broad access by our largely rural learner network. Adaptations of training materials, both related to the target audience and use of hybrid delivery formats, provide new opportunities for broad uptake of Age- and Dementia-Friendly topics, as well as staff wellness and self-care approaches that emerge from the pandemic. Patient level outcomes focus on the 4Ms and Dementia Friendly care: 1) dementia caregiver education and support; 2) risk of opioid misuse; 3) advance care plans; 4) high-risk medication use; 5) 30-day readmissions; and 6) fall risk measures. Key outcomes include: engaging six primary care partners to actively participate in the AFHS Action Community, including Meskwaki Tribe clinics; broad uptake of Dementia Friendly awareness training in collaboration with Dementia Friendly Iowa and Western Home Communities; Age-Friendly direct care worker training; engagement with two large acute care-nursing home coalitions to reduce unneeded transfers; emergency department staff adoption of AFHS quality improvement activities; and partners in home medication management. Our activities target a diverse, underserved, rural workforce composed of healthcare providers and systems, and Veterans, older adults, families, and community members.