



# **Rural Age Friendly CHW Training Program 2024**

---

**DECEMBER 6**

---

**University of Texas at Arlington**

**Authored by: Denise Hernandez**

# Rural Age Friendly Initiative

## CHW Training Program

### Phase 1: Training Development & Testing

#### Goals

1. Develop the curriculum for in-person and virtual options, the evaluation form for the trainings, and submit the curriculum for certification in TX
2. Facilitation of the in-person training (tentatively in El Paso)
3. Facilitation of the virtual training (focused on CHWs in Texas) Want to insert a picture from your files or add a shape, text box, or table? You got it! On the Insert tab of the ribbon, just tap the option you need.

# Training Curriculum

**Providing Age-Friendly Care to Older Adults**

4 CE hours  
1.5 Knowledge base  
1 - Communication skills  
1- Interpersonal skills  
0.5 Advocacy skills

Created by Denise A. Hernandez, PhD, MPH, CHWI

1

This presentation was developed as a collaborative effort between:

**The John A. Hartford Foundation**

**National Rural Health Association**

**UNIVERSITY OF TEXAS ARLINGTON**

NRHA

2

**Introductions**

Think of 1-2 older adults in our lives to have in mind throughout the training.

Introduce yourself and share who you will have in mind throughout the presentation

3

**Learning Objectives**

By the end of this training, participants will be able to:

- Describe the importance of providing Age-Friendly care.
- Define each of the 4Ms and provide examples.
- Understand how to use each of the 4M's to support older adult care.

4

**Pre-Assessment**

6

**What do we mean by "Age-Friendly care"**

Older adults = 65+

7



This means all older adults receive care that:

- Follows an essential set of evidence-based practices
- Causes no harm
- Aligns with what matters to the older adult and their caregivers

Source: Institute for Healthcare Improvement (IHI)

8

Why is it important that we provide Age-Friendly care?



Think about the older adults you have in mind today.

9

Older adult population in the U.S.



10



Three factors that impact caring for older adults in the United States today are occurring simultaneously:

- Demography
- Complexity
- Disproportionate harm

Source: Institute for Healthcare Improvement (IHI)

11



Demography (make-up of a population)

Older adults are the fastest growing group in the US  
 America's older population has grown by 38% since 2010,  
 Population under 65 has grown by 2%

Expected to reach 80.8 million in 2040  
 55.7 million adults age 65+ in 2020  
 30.8 million women and 24.8 million men.

Source: National Council on Aging

12



Demography (make-up of a population)

Which states had the highest percentage of older adults in 2020?

- Maine
- Florida
- West Virginia
- Vermont

Source: National Council on Aging

13

**Demography (make-up of a population)**

- There were 104,819 people age 100 and older in 2020
  - More than triple the number in 1980 (32,194)
- Among adults age 65+ in 2021
  - 60% lived with their spouse or partner
  - 27% lived alone
- The 2020 median income of older adults was \$26,668
  - From 2019 to 2020 median income of all households headed by older adults dipped by 3.3%
- Overall, older adults are healthier and living independently for longer

Source: National Council on Aging

14

**Complexity**

- Approximately 95% of older adults have at least one chronic condition, and 80% have at least two.
- In 2021 (January-June), 58% of older adults said they were diagnosed with hypertension over the past year
- Top chronic conditions among older adults:
  - Arthritis (47%)
  - Any cancer (26%)
  - Diagnosed diabetes (21%)
  - COPD, emphysema, or chronic bronchitis (11%)
  - Coronary heart disease (14%)
  - Myocardial infarction (9%)
  - Angina (4%)

Source: National Council on Aging

15

**Complexity**

The leading causes of death among older adults are:

- Heart disease
- Cancer
- COVID-19
- Stroke
- Chronic lower respiratory diseases
- Alzheimer's disease
- Diabetes

Source: National Council on Aging

16

**Complexity**

- Poverty increased from 10.7% in 2021 to 14.1% in 2022
- 1 in 10 older adults lived below the poverty level
- Older women had a higher poverty rate than older men
- Minority populations are more likely to be considered poor (African Americans, Hispanics, Asian Americans)
- The highest poverty rates were seen among older Hispanic women who lived alone
- About 1 in 4 older adults scrimp on food and other necessities due to health care costs

Source: National Council on Aging

17

**Disproportionate harm**

Older adults use healthcare services more than other age groups

Age Group	Share of Population	Share of Spending
0-18	9%	12%
19-34	24%	17%
35-44	21%	19%
45-54	11%	13%
55-64	11%	22%
65+	17%	31%

Source: RTI analysis of 2018 Medical Expenditure Panel Survey data

Health System Tracker

18

**Disproportionate harm**

Older adults experience higher rates of health-care-related harm, delay, and discoordination.

- Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.
- Rates of abuse of older people have increased during the COVID-19 pandemic.
- Abuse of older people can lead to serious physical injuries and long-term psychological consequences.
- In primary care, older patients two or more long-term conditions are more likely to experience patient safety incidents (Hays et al., 2017).
- 1 in 5 adults over 50 experiences age-related discrimination in health care settings (NHR)

Source: World Health Organization; Hays et al., 2017; National Health and Retirement Study

19

NRHA  
Your voice. Leader.

### Questions or Comments?

- Demography
- Complexity
- Disproportionate harm

20

NRHA  
Your voice. Leader.

## Health Literacy

21

NRHA  
Your voice. Leader.

### Literacy levels

“The degree to which individuals have the ability to **find**, **understand**, and **use** information and services to inform health-related decisions and actions for themselves and others.”

Source: Centers for Disease Control and Prevention

22

NRHA  
Your voice. Leader.

### Literacy levels

“The degree to which individuals have the ability to **FIND**, understand, and use information and services to inform health-related decisions and actions for themselves and others.”

Source: Centers for Disease Control and Prevention

23

NRHA  
Your voice. Leader.

### Literacy levels

“The degree to which individuals have the ability to find, **UNDERSTAND**, and use information and services to inform health-related decisions and actions for themselves and others.”

Source: Centers for Disease Control and Prevention

24

NRHA  
Your voice. Leader.

### Literacy levels

“The degree to which individuals have the ability to find, understand, and **USE** information and services to inform health-related decisions and actions for themselves and others.”

Source: Centers for Disease Control and Prevention

25

 NRHA  
Your voice. Leader.

## Older Adult Health Literacy

- 71% of adults older than age 60 had difficulty in using print materials
- 80% had difficulty using documents such as forms or charts
- 68% had difficulty with interpreting numbers and doing calculations

Source: Centers for Disease Control and Prevention; National Assessment of Adult Literacy (NAAL)

26

 NRHA  
Your voice. Leader.

## Tips for Communicating with Older Adults

- Use [plain language](#).
- Use your audience's [preferred language](#) and communication channels.
- Use [culturally and linguistically appropriate language](#).
- Provide step-by-step instructions, illustrated if possible, for medication and/or medical purposes.
- Provide internet sites that have reliable health information for or about older adults, such as CDC's [Health.gov](#) web pages.
- Provide a large-print list of important telephone numbers, such as emergency numbers, local pharmacies, and medical providers.
- Help prepare a list of [key questions](#) for the next medical and dental visits and encourage older adults to ask questions.
- Contact your local area agency on aging or call the Administration on Aging Eldercare Locator toll free number at 1-800-677-1116 to find local services, programs, and resources.

Source: Centers for Disease Control and Prevention

27

 NRHA  
Your voice. Leader.

## Stretch Break

5 minutes

28

 NRHA  
Your voice. Leader.

## 4Ms of Age-Friendly Care



**What Matters**  
Know and align care with each older adult's specific health outcomes goals and care preferences including, but not limited to, medical care and access settings of care.

**Medication**  
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters for the older adult. Monitor or manage or access settings of care.

**Mentation**  
Prevent, identify, treat, and manage delirium, depression, and delirium access settings of care.

**Mobility**  
Ensure that older adults move safely every day in order to maintain function and do What Matters.

A partnership of the John A. Hartford Foundation and the Centers for Healthcare Transformation (CHCT) with the American Health Care Association (AHCA) and the Geriatric Health Association of the United States (GHA).

**What Matters**  
Know and align care with each older adult's specific health outcomes goals and care preferences including, but not limited to, medical care and access settings of care.

**Medication**  
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters for the older adult. Monitor or manage or access settings of care.

**Mentation**  
Prevent, identify, treat, and manage delirium, depression, and delirium access settings of care.

**Mobility**  
Ensure that older adults move safely every day in order to maintain function and do What Matters.

29

 NRHA  
Your voice. Leader.



30

 NRHA  
Your voice. Leader.

## What Matters

- Understanding what is important to the person.
- May include:
  - Personal goals
  - Personal preferences for health care
  - Relationships
  - Things that bring enjoyment or pleasure
  - Functioning
  - Managing health
- Why do we need to know this?

31



## Self Reflection

- What matters to you?
  - What do you value most in life?
  - What personal qualities are important to you?
  - As you age, how will this impact what/who matters to you?
- Think about the older adult(s) in your life...
  - What do you value most in life?
  - As they have grown older, has this changed?

32



## What Matters

When should you have these conversations?

- Regular and annual wellness visits
- New diagnosis or change in health status
- Life-stage change
- Chronic disease management
- Inpatient visit (hospital, nursing home, skilled nursing facility, home visit)
- Emergency department visit

Document responses!

Source: Institute for Healthcare Improvement (IHI)

33



## How to initiate the conversation

“What Matters” conversations are more effective and actionable if they:

1. Explore the older adult’s life context, priorities, and preferences and connect them to the impacts of care, self-management, and care decisions; and
2. are anchored to tangible health or care events in an older adult’s life.

TOOLKIT: “What Matters” to Older Adults? A Tool kit for Health Systems to Design Better Care with Older Adults

34



## Understanding Life Context and Priorities

**Guiding Questions: Understanding Life Context and Priorities**

- What is important to you today?
- What brings you joy? What makes you happy? What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

TOOLKIT: “What Matters” to Older Adults? A Tool kit for Health Systems to Design Better Care with Older Adults

35



## Relating Treatment to Goals and Preferences

**Guiding Questions: Anchoring Treatment in Goals and Preferences**

- What is the one thing about your health care you most want to focus on so that you can do [it in desired activity] more often or more easily?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health and health care in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health situation worsens?
- What things about your health care do you think aren’t helping you and you find too bothersome or difficult?
- Is there anyone who should be part of this conversation with us?

TOOLKIT: “What Matters” to Older Adults? A Tool kit for Health Systems to Design Better Care with Older Adults

36



## Role Play Activity

- Pair up with the person sitting next to you
- Decide who will be the CHW and who will be the Older Adult
- Assigned setting:
  1. Regular and annual wellness visits
  2. New diagnosis or change in health status
  3. Life-stage change
  4. Chronic disease management
  5. Inpatient visit (hospital, nursing home, skilled nursing facility, home visit)
  6. Emergency department visit
- Activity: CHWs initiate the what matters conversation with the older adult

37

 NRHA  
Your voice. Loudly.

## What Matters: Special Considerations

- Cognition – Refers to all the mental activities related to thinking, knowing, remembering, and communicating.
  - Consider how cognitive status does, and does not, affect their ability to engage in meaningful conversations about their goals and preferences
- Health status - Older adults' goals and preferences will likely change over time as health status changes
- Identity – It is important to understand the impact of race, ethnicity, language, religion, culture, and other identities on what matters to a person

TOOLKIT: "What Matters" to Older Adults? A Toolkit for Health Systems to Design Better Care for Older Adults

38

 NRHA  
Your voice. Loudly.

## How can culture affect what matters to a person?

39

 NRHA  
Your voice. Loudly.

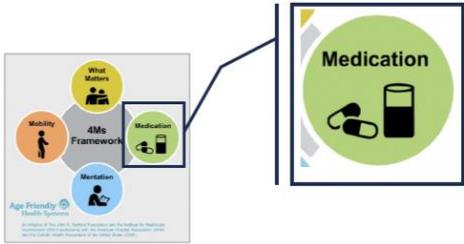
Not everyone is ready for a “What Matters” conversation.

How can we help someone “get ready” to have the conversation?

TOOLKIT: "What Matters" to Older Adults? A Toolkit for Health Systems to Design Better Care for Older Adults

41

 NRHA  
Your voice. Loudly.



The diagram illustrates the 4Ms Framework, which includes: What Matters, Medication, Mobility, and Mentation. A callout box highlights the Medication component, showing a pill and a pill bottle. Below the diagram, it states: "A product of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) Learning and Improvement and the Center for Aging Research, Johns Hopkins University. © 2014 Johns Hopkins University. All rights reserved." Source: Institute for Healthcare Improvement (IHI)

42

 NRHA  
Your voice. Loudly.

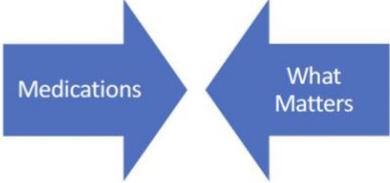
## Medications

- Assess
  - Review medication list for high-risk medications, such as **anticoagulants**, insulin, and **opioids**
  - Potentially inappropriate medications for older adults can include:
    - Benzodiazepines
    - Highly-anticholinergic medications (e.g. oxybutynin)
    - All prescription sedatives (e.g. Non-Benzodiazepine Receptor Agonists) and over-the-counter sleep medications (e.g. diphenhydramine)
    - Muscle relaxants
    - Tricyclic antidepressants
    - Antipsychotics
  - Review for polypharmacy
- Act – let the physician know

Source: Institute for Healthcare Improvement (IHI)

43

 NRHA  
Your voice. Loudly.



The diagram consists of two large blue arrows pointing towards each other. The left arrow is labeled "Medications" and the right arrow is labeled "What Matters". Source: Institute for Healthcare Improvement (IHI)

44

NRHA  
Your voice. Leader.

# Refueling Break

15 Minutes

45

NRHA  
Your voice. Leader.

46

NRHA  
Your voice. Leader.

## Mentation

- The mentation principle relates to preventing, identifying, treating, and managing the 3 D's
  - Dementia
  - Depression
  - Delirium

Normalize cognitive screening for patients.

Source: Institute for Healthcare Improvement (IHI)

47

NRHA  
Your voice. Leader.

## Cognitive tests: Mini-Cog

48

NRHA  
Your voice. Leader.

## Cognitive tests: Montreal Cognitive Assessment (MoCA)

50

NRHA  
Your voice. Leader.

## Dementia

general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life.

**TYPES OF DEMENTIA**

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- Mixed dementia: Dementia from more than one cause

Source: Alzheimer's Association

51



## Delirium

- A fast-developing type of confusion that affects your ability to focus your attention and awareness



Source: Cleveland Clinic

52



## Depression

**4 Things To Know About Depression & Older Adults**

Depression is a common problem among older adults, but it is not a normal part of aging. It can affect the way you feel, act, and think.

- 1 Depression can be treated. It's important to seek help early on.
- 2 Signs and symptoms of depression vary. For some older adults with depression, sadness may not be their main symptom.
- 3 Friends and family can help offer support. They can help watch for symptoms and encourage treatment.
- 4 Living a healthy lifestyle can help reduce feelings of depression. This may include eating a balanced diet and being physically active.

To learn more, visit [www.nia.nih.gov/depression](http://www.nia.nih.gov/depression).





53



## Contact someone if you or someone you know needs help

- If you are thinking about harming yourself, tell someone who can help immediately.
- Do not isolate yourself.
- Call a trusted family member or friend.
- Call 988 or go to a hospital emergency room to get immediate help.
- Make an appointment with your doctor.
- Call the 988 Suicide Crisis Lifeline: 988 or 800-273-TALK (800-273-8255) or 800-799-4TTY (800-799-4889).

54



## Reminder:

- You are NOT diagnosing any mental or behavioral health conditions.
- Ask if person has had a mental or cognitive assessment
  - If not, suggest requesting one from provider
- Be ready to provide mental health resources

55



## Pop Quiz

- What are the 3 D's of Mentation?
- What is the most common type of Dementia?
- Is Delirium the same as dementia?
- What is a key difference between delirium and dementia?
- True or False. Having dementia increases your risk of developing delirium.
- True or False. Depression is common in people with dementias.

56



## Care Journey Map Set 1

"I live in a rural community, identify as Latinx or Hispanic, I have diabetes and other chronic health conditions, and I am 75 years old. What Matters to me is to live in my home with my family and caregivers nearby."

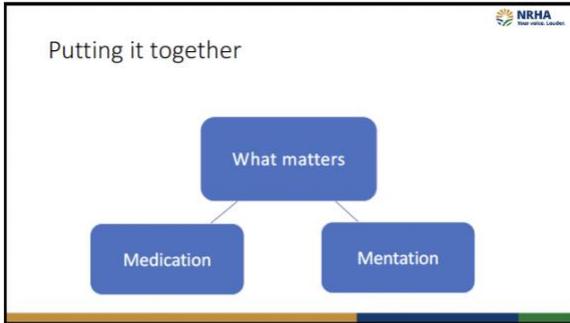


"I want my dad to be heard and seen by the health care system for his whole self."

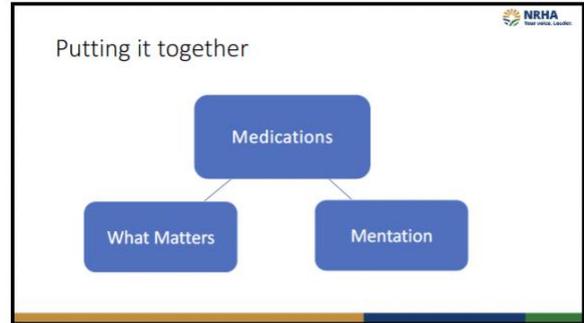
- Older adult's caregiver



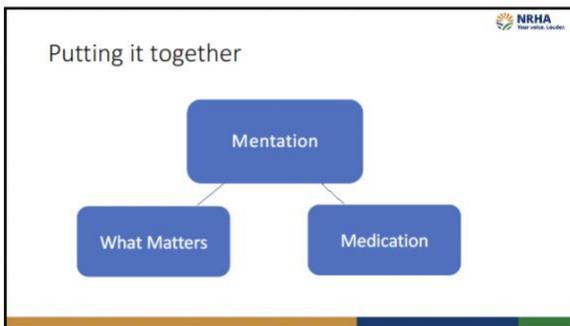
57



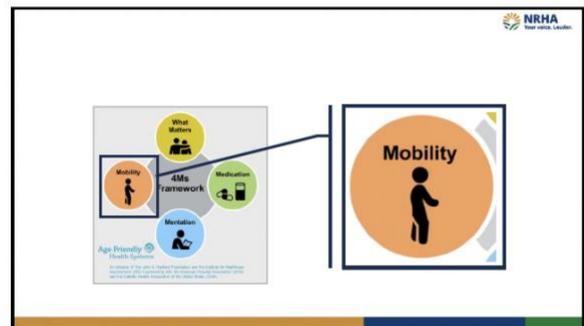
58



59



60



61

Mobility

- Age-Friendly care means ensuring each older adult moves safely every day.
- Assessment Tools
  - TUG
  - Tinetti – balance
  - Barthel Index
  - Lawton Instrumental Activities of Daily Living

Source: Institute for Healthcare Improvement (IHI)

62

Let's Practice

Find a partner to assess each other's risk for falling

63

### The Lawton Instrumental Activities of Daily Living Scale

**A. Ability to Use Telephone**

1. Can you dial up long distance numbers?
2. Can you dial up numbers in general?
3. Can you dial up numbers in general?
4. Can you use a telephone at all?

**B. Shopping**

1. Can you go shopping with independence?
2. Can you go shopping with independence?
3. Can you go shopping with independence?
4. Can you go shopping with independence?

**C. Food Preparation**

1. Can you prepare and cook your own meals?
2. Can you prepare and cook your own meals?
3. Can you prepare and cook your own meals?
4. Can you prepare and cook your own meals?

**D. Housework**

1. Can you do housework with independence?
2. Can you do housework with independence?
3. Can you do housework with independence?
4. Can you do housework with independence?

**E. Transportation**

1. Can you get to places you need to go?
2. Can you get to places you need to go?
3. Can you get to places you need to go?
4. Can you get to places you need to go?

**F. Ability to Handle Finances**

1. Can you manage your own money?
2. Can you manage your own money?
3. Can you manage your own money?
4. Can you manage your own money?

Source: Hartford Institute for Geriatric Nursing

64

### Mobility

**Act On**

- Refer to primary care provider to help individual!
- Manage pain
- Further assess impairments in strength, balance, or gait
- Avoid high risk medications
- Set and meet daily mobility goals
- MyMobility Plan
  - Myself
  - My Home
  - My Community

Source: Institute for Healthcare Improvement (IHI), Centers for Disease Control and Prevention (CDC)

65

### MyMobility Plan

What can you do to stay independent?

Many of us make plans for retirement, but not everyone plans for other changes that come with age. This includes changes to our mobility – our ability to get around. You can take steps now to help you get around and do things you want to do as you age.

There may come a time when you can no longer drive but still need to get around.

Plan today. Stay independent tomorrow.

**MyMobility Tip**

Get a checklist or worksheet that will help you think about your mobility needs. You can use it to talk to your doctor, a physical therapist, or a caregiver. You can also use it to help you think about your own needs.

**MyMobility Tip**

Get a checklist or worksheet that will help you think about your mobility needs. You can use it to talk to your doctor, a physical therapist, or a caregiver. You can also use it to help you think about your own needs.

66

### MyMobility Plan

Plan to stay healthy

Get a hearing exam. Untreated hearing loss may affect your safety when driving or taking the stairs. Get a hearing exam. You can get a hearing exam at your doctor's office, a hearing center, or a hearing aid store.

Get a physical exam with a focus on balance and fall prevention. During thorough and balance assessments, your doctor will check your balance and coordination. You can also do a simple test at home. Stand on one foot for 30 seconds. If you can't do this, you may have a balance problem. You can do this test with another person. You can also do this test with a partner. You can do this test with a partner. You can do this test with a partner.

**MyMobility Tip**

Get a hearing exam. Untreated hearing loss may affect your safety when driving or taking the stairs. Get a hearing exam. You can get a hearing exam at your doctor's office, a hearing center, or a hearing aid store.

**MyMobility Tip**

Get a hearing exam. Untreated hearing loss may affect your safety when driving or taking the stairs. Get a hearing exam. You can get a hearing exam at your doctor's office, a hearing center, or a hearing aid store.

67

### MyMobility Plan

Plan to stay safe at home

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

**MyMobility Tip**

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

**MyMobility Tip**

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

68

### MyMobility Plan

Plan to get where you want to go

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

**MyMobility Tip**

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

**MyMobility Tip**

Check the bathroom. The bathroom is one of the most important places in your home. It's important to check the bathroom for safety hazards. You can check the bathroom for safety hazards by looking for tripping hazards, such as loose rugs or clutter. You can also check the bathroom for safety hazards by looking for water hazards, such as leaks or puddles.

69

**Care Journey Map Set 1**

"I live in a rural community, identify as Latinx or Hispanic, I have diabetes and other chronic health conditions, and I am 75 years old. **What Matters to me** is to live in my home with my family and caregivers nearby."



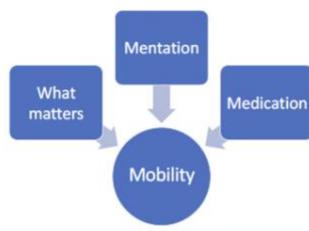
"I want my dad to be heard and seen by the health care system for his whole self."  
- Older adult's caregiver

© 2019, University of Illinois at Urbana-Champaign. All rights reserved. <https://www.illinois.edu>

**H**

70

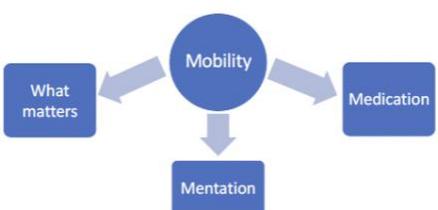
**Working Together**



**H**

71

**Working Together**



**H**

72

**Stretch Break**

5 minutes

**H**

73

**Bringing it all together**

Care Journey maps

Nelson, L.K. & Stone, C. Improving public health and health care for older adults: The three keys to cross-sector age-friendly care. Boston: generated by the Institute for Healthcare Improvement. 2019. Available at: [www.ihc.org/agefriendly](https://www.ihc.org/agefriendly)

**H**

74

**Care Journey Map Set 1**

"I live in a rural community, identify as Latinx or Hispanic, I have diabetes and other chronic health conditions, and I am 75 years old. **What Matters to me** is to live in my home with my family and caregivers nearby."

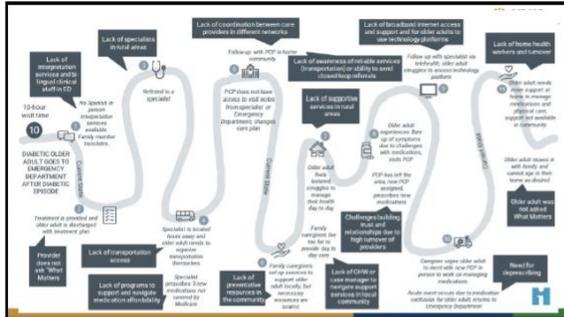


"I want my dad to be heard and seen by the health care system for his whole self."  
- Older adult's caregiver

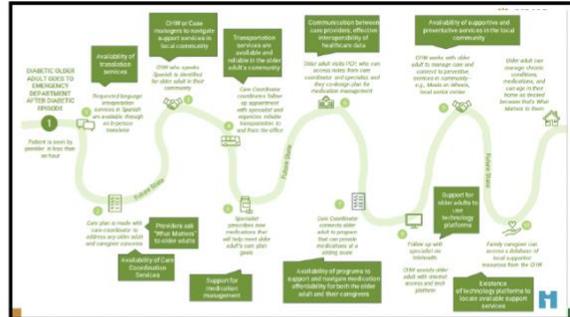
© 2019, University of Illinois at Urbana-Champaign. All rights reserved. <https://www.illinois.edu>

**H**

75



76



77

Not Your Usual Leader.

## Incorporating the 4Ms into your work

1. Understand your current state.
2. Describe care consistent with the 4Ms.
3. Design or adapt your workflow.
4. Provide care.
5. Study your performance.
6. Improve and sustain care.

Source: Institute for Healthcare Improvement (IHI)

78

Not Your Usual Leader.

## Step 1: Understand your current state

### Group Discussion

Identify where the 4Ms are currently in practice in your work with the community

Handout: Process Walk Through

Source: Institute for Healthcare Improvement (IHI)

79

Not Your Usual Leader.

## Noting Observations

- What are current activities and services related to each of the 4Ms?
- Is there a place to see the 4Ms (individually or together) accessible to all team members?
- For which of the 4Ms do you need additional internal and/or community-based resources?
- Which languages do the older adults and their family or other caregivers speak? Read?
- Do the health literacy levels, language skills, and cultural preferences of your patients match the assets of your team and the resources provided by your health system?

Source: Institute for Healthcare Improvement (IHI)

80

Not Your Usual Leader.

## Reflection

82



### Step 2: Describe care consistent with the 4Ms

What are we trying to accomplish?

**Aim statement example:**  
By [DATE], [NAME OF CHW/ORGANIZATION] will articulate how they put into practice the 4Ms care and will have provided that 4Ms care in [NUMBER] of encounters with patients 65+ years old.

Take 5 min to write your aim

83



### 3. Design or adapt your workflow

- Think about your daily workflow – do you have a process flow diagram?
  - If not, consider creating one
- Are there opportunities to add key actions for age-friendly care?
- Add details of how you will include the 4Ms – who, what, where, when, & how it will be documented.
- Are there opportunities to combine or improve activities or workflow around the 4Ms?

Source: Institute for Healthcare Improvement (IHI)

84



### Group Activity: Community based Interactions

- In your groups, create a workflow for what a day may look like for you in your community.
- Are there some areas where there's opportunity to include key actions for age-friendly care? Include this in your workflow.
- Make sure to include the who, what, where, when, & how it will be documented.

Time: 20-25 minutes

85

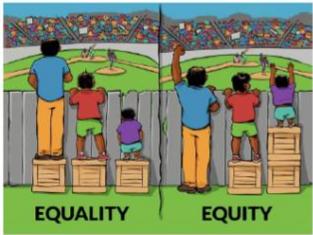


4. Provide care – implement the revised workflow!
5. Study your performance – is the new workflow working efficiently? Are the resources you identified enough or appropriate?
6. Improve and sustain care

86



### Health Equity



87



### Integrating Equity into your AFHS Journey



**Step 1: Understand**  
Understand current work underway in your system regarding equity and how older adults are represented in that work.

**Step 2: Make Equity Central**  
Ensure equity is a central to your AFHS journey, specifically in your aim and 4Ms Care Description.

**Steps 3&4: Examine and Target Disparities**  
Examine workflows and test change ideas that address known disparities in care and align with the diverse cultures.

**Step 5: Stratify Data**  
Stratify your Age-Friendly Health Systems measures to understand any disparities in process or outcome measures.

**Step 6: Close Gaps in Care**  
Eliminate disparities while sustaining care consistent with the 4Ms.

Source: Institute for Healthcare Improvement (IHI)

88



Reminder:

- The 4Ms Framework is not a program, but a shift in how we provide care to older adults.
- The 4Ms are implemented together as a set.
- Your system probably practices at least a few of the 4Ms in some places, at some times.
- The 4Ms must be practiced reliably; this means, practiced for all older adults, across all settings, in every interaction.

Source: Institute for Healthcare Improvement (IHI)

92



## Final Thoughts

What will you take with you into your work with your communities?

93



## Questions?

94

Post Assessment



95



## References

Administration on Aging. (2022). 2021 Profile of Older Americans. Administration for Community Living, U.S. Department of Health and Human Services. <https://acl.gov>

Centers for Disease Control and Prevention (CDC). (2023, July 11). What is health literacy? Take action. Find out. <https://www.cdc.gov/healthliteracy/about/what-is-health-literacy.html>

Centers for Disease Control and Prevention (CDC). (2023, August 8). Digital basics. <https://www.cdc.gov/ophids/basics/index.html>

Centers for Disease Control and Prevention (CDC). (2023, August 14). MyMobility plan. [https://www.cdc.gov/transportationsafety/older\\_adult\\_driver/mymobility/index.html](https://www.cdc.gov/transportationsafety/older_adult_driver/mymobility/index.html)

Centers for Disease Control and Prevention (CDC). (2023, May 17). STIAD: Older adult fall prevention. <https://www.cdc.gov/healthy/>

Centers for Disease Control and Prevention (CDC). (2023, January 9). What is health equity? <https://www.cdc.gov/nchs/hta/healthequity/index.html>

Cleveland Clinic. (2022). Anticoagulants (Blood thinners): What they do, types and side effects. <https://my.clevelandclinic.org/health/treatments/22288-anticoagulants>

Cleveland Clinic. (2022). Cognitive test: What it is, different types & results. <https://my.clevelandclinic.org/health/articles/22956-cognitive-test>

Coyne, R. (2019). The J-actor instrumental activities of daily living (IADL) scale (28). Hartford Institute for Geriatric Nursing [HIGN], New York University, Rory Meyers College of Nursing.

Institute for Healthcare Improvement (IHI), & John A Hartford Foundation. (2020). Age-friendly health systems: Guide to using the 4Ms in the care of older adults in hospitals and ambulatory practices. <https://www.ihl.org/initiatives/age-friendly-health-systems>

Nelson, L.H., & Saint, C. Improving public health and health care for older adults: The three keys to cross-sector age-friendly care. Boston: convened by the Institute for Healthcare Improvement, 2023. Available at [www.ihl.org/agefriendly](http://www.ihl.org/agefriendly)

Southey, C., & Henriquez Garcia, L. (2023). Focusing on equity at every step of your age-friendly health systems journey. Institute for Healthcare Improvement, John A Hartford Foundation.

96

## 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

d. Older adults

b. Children

e. Women

c. Teens

f. Men

8. Which of the following best describe the agency/organization where you work:

a. Community-based organization

g. Home health/long term care facility

b. College/university/school

h. Clinic/hospital/emergency service

c. Faith-based organization

i. Insurance health plan

d. State agency

j. Other. Please specify:  
\_\_\_\_\_

e. Non-profit organization

f. Local health department

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 <b>confident</b> 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?

Answer the following questions regarding age-friendly care.

7. The term “older adults” refers to individuals who are ages:
  - a. 75+
  - b. 65+
  - c. 80+
  - d. 50+
  
8. 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

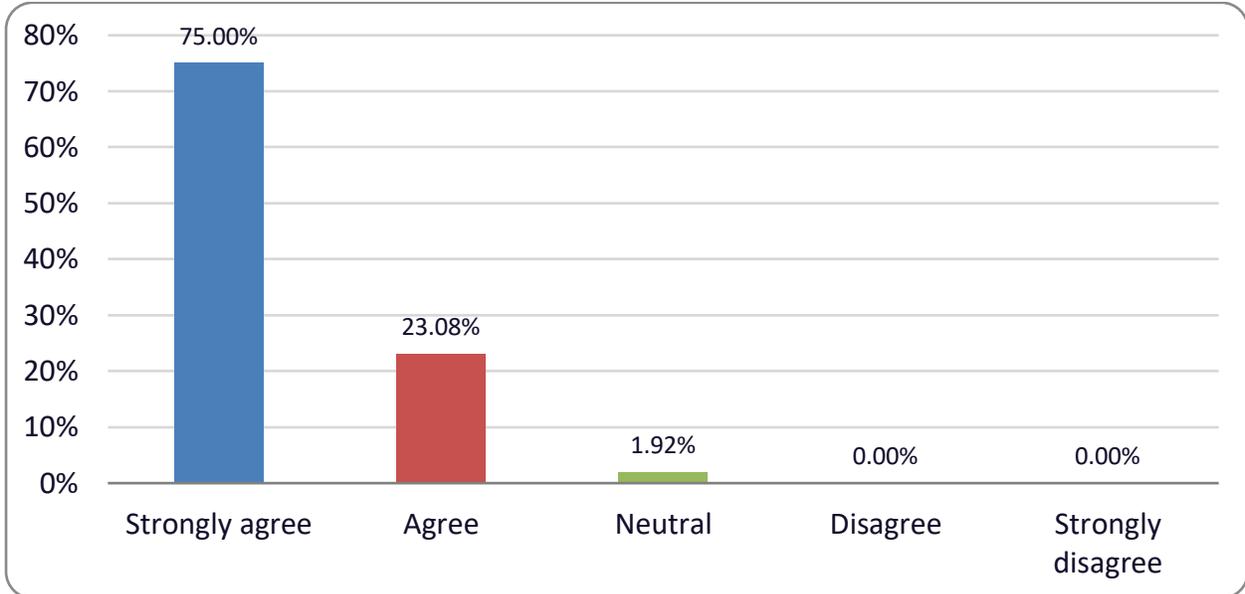
9. When is it an appropriate time to have the “what matters” conversation?
  - a. Emergency department visit
  - b. Annual wellness visits
  - c. During a home visit
  - d. All of the above
  
10. Which of the following are the 3 Ds of Mentation?
  - a. Dementia, depression, delirium
  - b. Diabetes, dementia, depression
  - c. Diabetes, depression, demography
  - d. Dementia, depression, disease
  
11. True or False. Polypharmacy is when you have multiple pharmacies where you fill your prescriptions.
12. True or False. Mentation refers to encouraging older adults to spend time meditating.
13. True or False. Depression is common in older adults.
14. True or False. If anyone you assess shows signs of limited mobility, you should conduct a mobility assessment yourself and diagnose the older adult.
15. 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
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.					

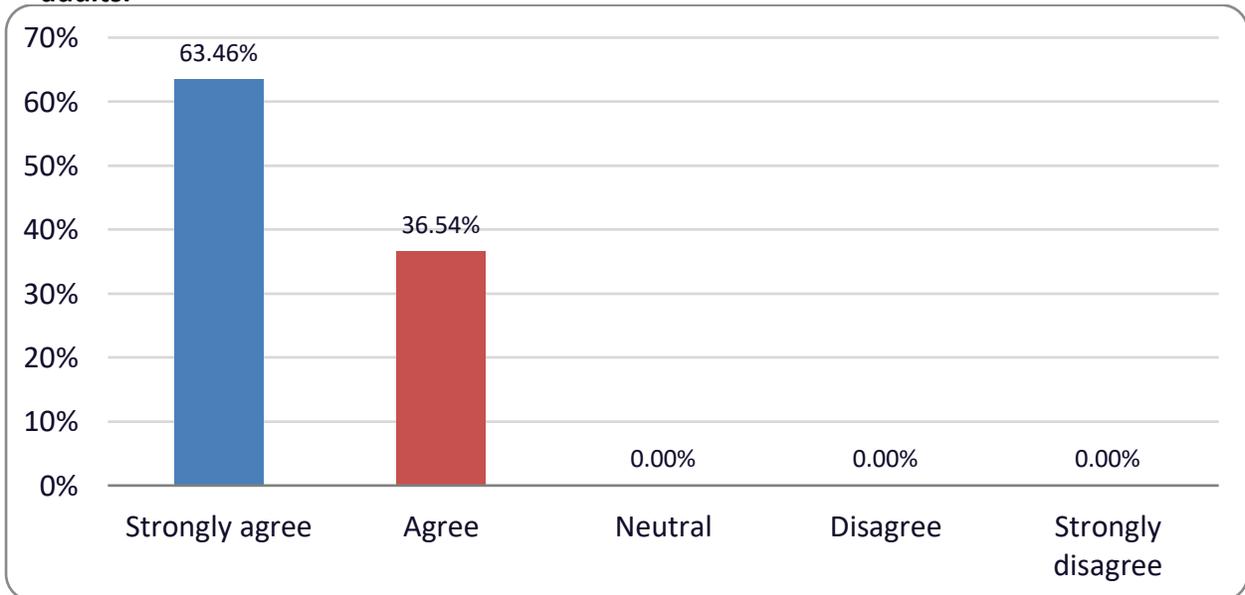
**20. Please provide any additional comments.**

## Evaluation Results – English

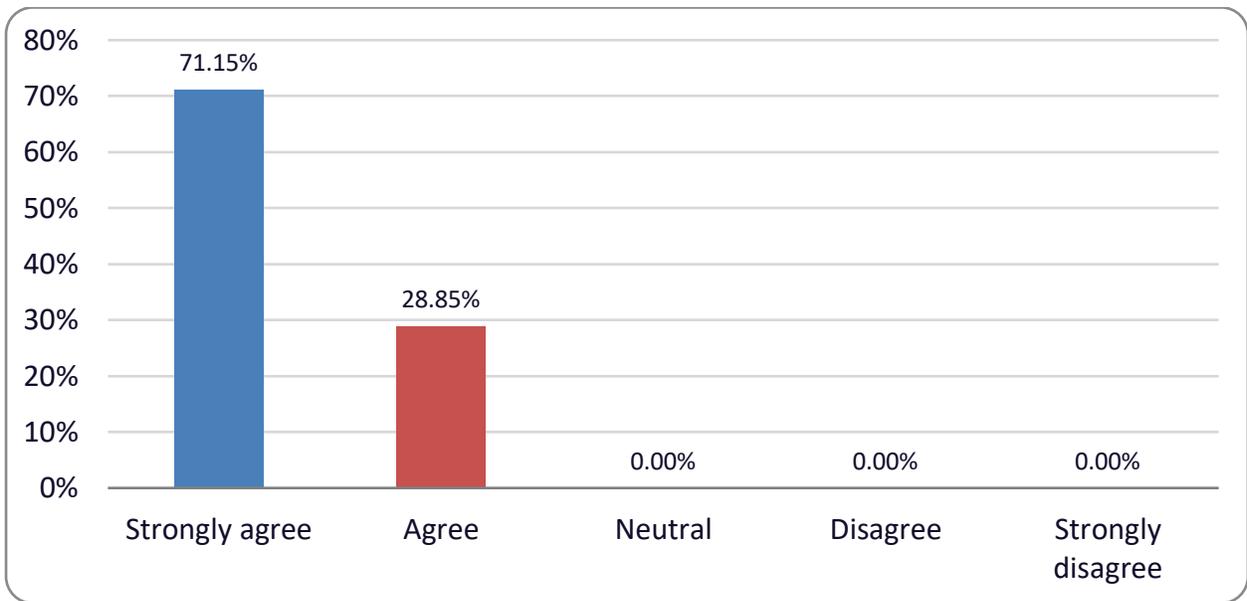
**I am confident in my knowledge about the 4Ms of Providing Age-Friendly Care to Older Adults.**



**I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults.**

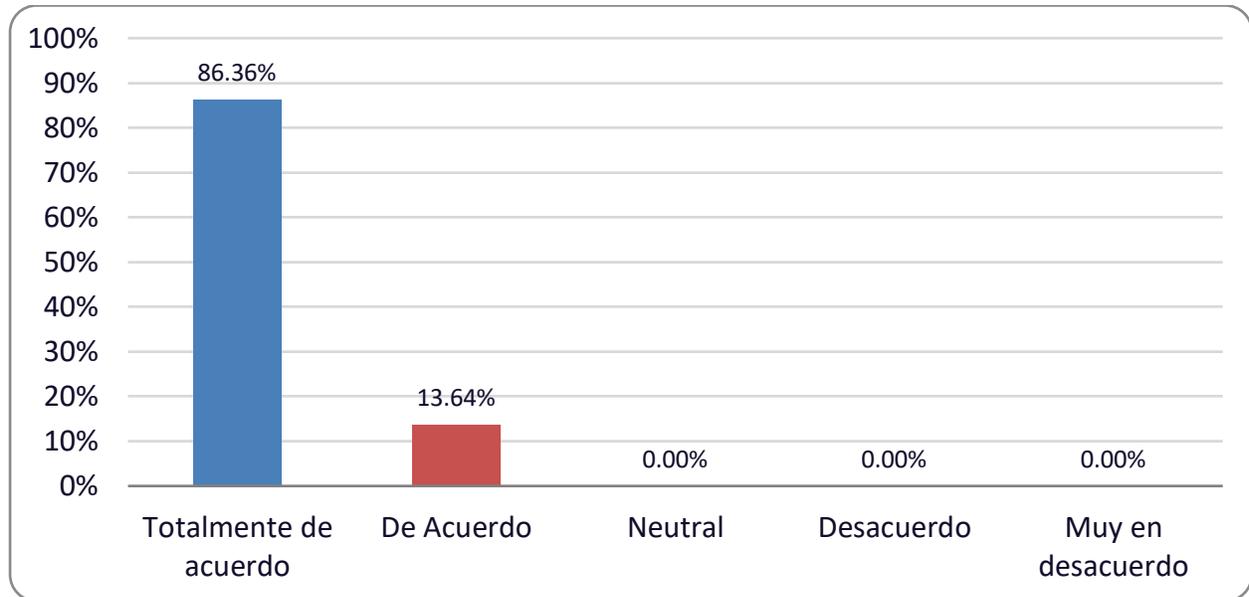


**I feel confident that I—as a CHW—can play important role in Providing Age-Friendly Care to Older Adults.**

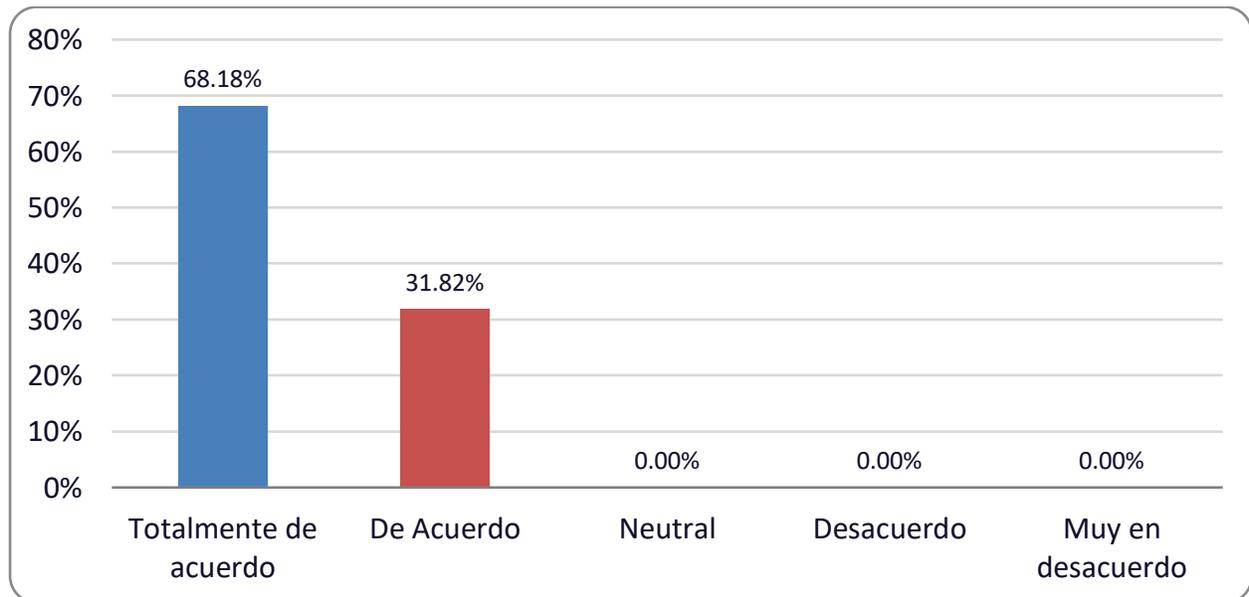


## Evaluation Results – Spanish

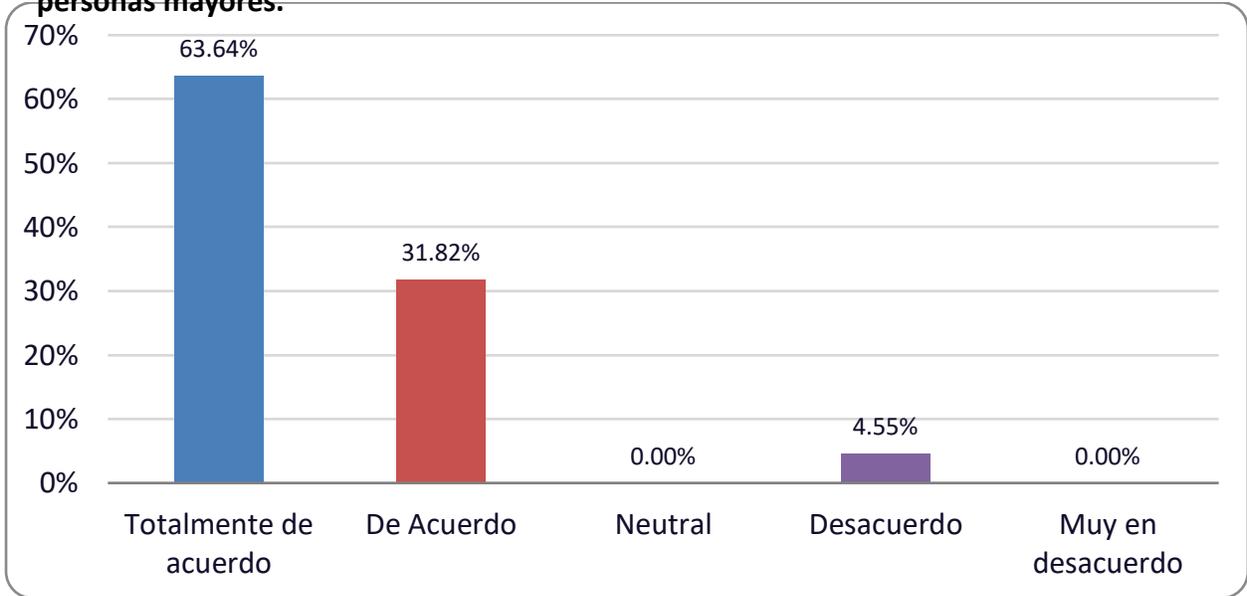
**Este tema, brindar atención adaptada a las personas mayores, es importante en mi trabajo.**



**Confío en mis conocimientos sobre las 4Ms para brindar atención adaptada a las personas mayores.**



**Confío en mis conocimientos sobre ESTRATEGIAS para brindar atención adaptada a las personas mayores.**



**Confío en que yo, como CHW/Promotor(a), puedo desempeñar un papel importante en la prestación de atención adaptada a las personas mayores.**

