CHWs and Age -Friendly Care

The 4Ms Framework



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Learning Objectives

1. Describe the four components of the Age-Friendly Care 4Ms framework: What Matters, Medication, Mentation, and Mobility.
2. Explain how the role of Community Health Workers (CHWs) aligns with age-friendly care principles and supports person-centered care for older adults.
3. Identify evidence-based strategies that Community Health Workers can use to address each of the 4Ms within their scope of practice.
4. Develop practical approaches for integrating the 4Ms framework into Community Health Worker interactions and care coordination efforts.

Population Demographics

What was the “baby boom”?

- Following World War II, the United States experienced a greatly elevated birth rate, adding on average **4.24 million new babies** to the population every year between **1946 and 1964**.
- This generation of "baby boomers" was the result of a strong postwar economy, in which Americans felt confident they would be able to support a larger number of children.
- Constituting as much as **40% of the American population**, baby boomers have exerted a strong pull-on American culture at large, particularly during the social movements of the 1960s.
- Today, **most boomers are at or near retirement**, prompting concerns for how American society will cope with an aging population.



https://www.khanacademy.org/humanities/us-history/postwarera/postwar-era/a/the-baby-boom

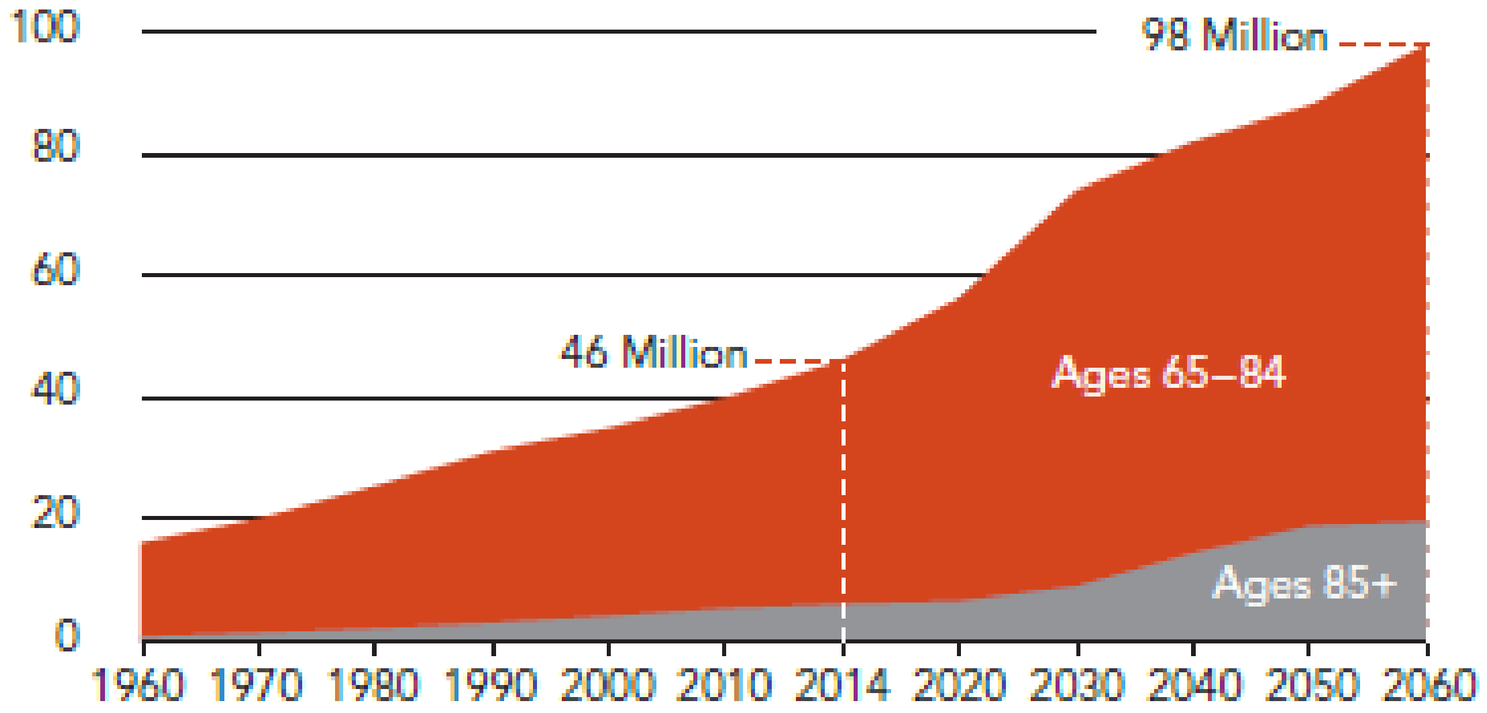
The Silver Tsunami

- As the baby boomers reach their senior years and as longevity increases, there will be a groundswell of seniors. “The Silver Tsunami” is a metaphor used to describe the expected increase in the senior population



The Number of Americans Ages 65 and Older Will More Than Double by 2060.

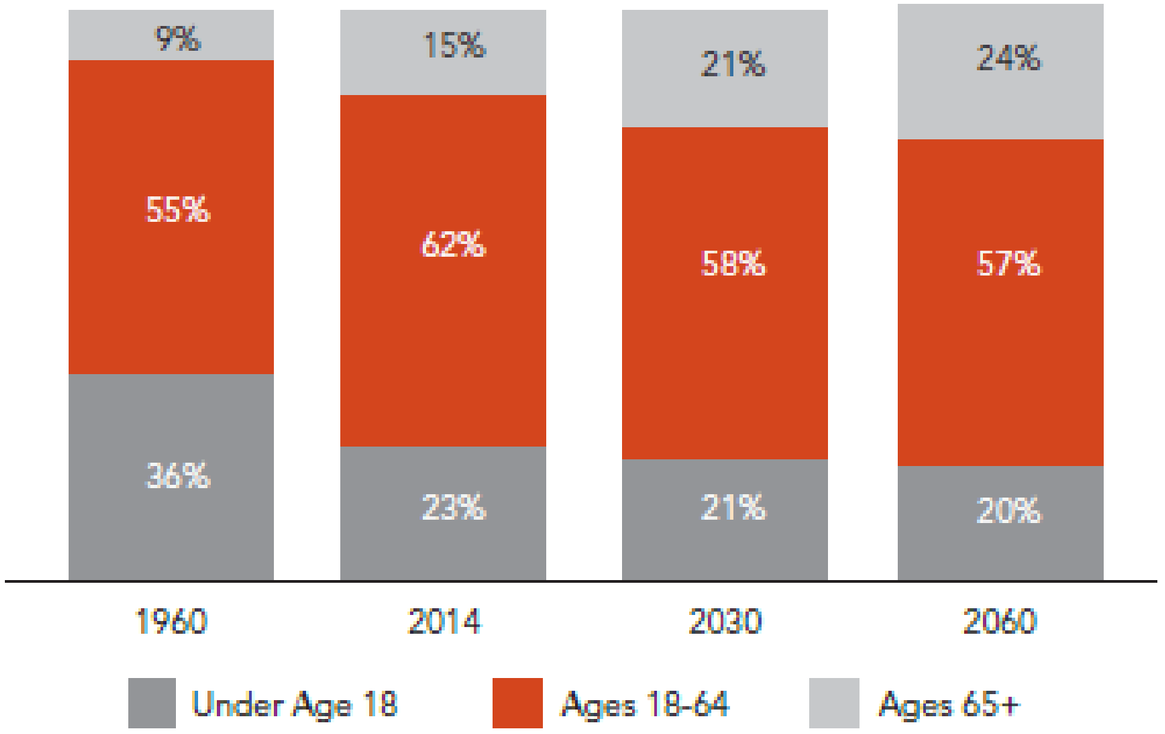
U.S. Population Ages 65 and Older, 1960 to 2060 (Millions)



Source: PRB analysis of data from the U.S. Census Bureau.

By 2060, Nearly One-Quarter of Americans Will Be Ages 65 and Older.

Percent of U.S. Population in Selected Age Groups, 1960 to 2060



Note: Numbers may not sum to 100 due to rounding.

Source: PRB analysis of data from the U.S. Census Bureau.

Common Health Care Concerns of the Aging

- Chronic diseases
- Mobility
- Memory issues
- Isolation
- Loneliness
- System navigation
- Transportation
- Insurance/Cost



Age - Friendly Health System Initiative

- An initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement and the American Hospital Association.

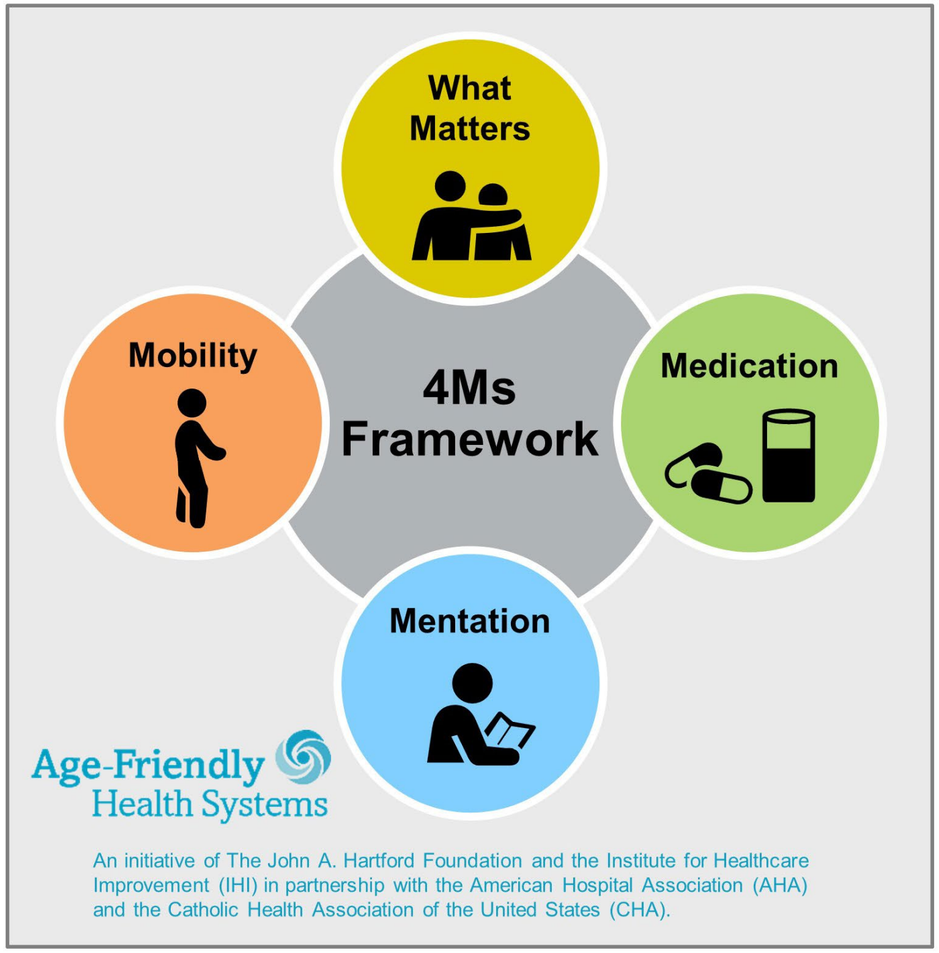
- A movement helping hospitals, medical practices, retail pharmacy clinics, nursing homes, home-care providers and others deliver age-friendly care

The John A. Hartford Foundation

Age-Friendly Health Systems

https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative

The 4Ms of Age-Friendly Care



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

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

1. What Matters

- What are the individual's health outcome goals?
- What are their care preferences (cultural, religious, end-of-life)





How do CHWs find out “What Matters?”

- Home visiting
- Build trusting relationships
- Communication Strategies
  - Active listening
  - Non-Violent communication
  - Motivational Interviewing

- ADVOCACY



Communication considerations

- Physiological changes (hearing/vision difficulties, cognitive decline, aphasia)
- Cultural differences (gender roles, non-verbal differences)
- Previous experiences /trauma
- Role assumptions (doctors know best – don’t ask questions)
- Education level (low health literacy)
- Tradition (proper form of address)



2. Medication

- Use age-friendly medications that do not interfere with what matters, mentation, or mobility (avoid polypharmacy)

* Consider concerns such as ability to pay, access and manage medications



Poly-Pharmacy

- Concurrent or simultaneous use of five or more medications daily
- Such as prescription drugs, pills, or distinct pharmacologic agents daily
- Includes traditional and complementary medicines



https://www.cdc.gov/pcd/issues/2022/22_0062.htm

Poly-Pharmacy - CDC Study

In a CDC study, Prescription Drug use Among Adults Aged 40-79 in the US and Canada, found:

- 83% of U.S. adults in their 60s and 70s had used at least one prescription drug in the previous 30 days
- 35% of 60-79 year olds use 5 or more prescription drugs in the US compared to 15% in 40-59 year olds
- Chronic diseases, common prescriptions:
  - Lipid lowering drugs - Cholesterol (45%)
  - Antidiabetic agents - diabetes (23%)
  - Beta blockers - high blood pressure, heart disease or anxiety (22%)
  - ACE inhibitors - high blood pressure and protect heart and kidneys (21%)



https://www.cdc.gov/nchs/products/databriefs/db347.htm

Poly-Pharmacy Risks

- Increases the risk of adverse drug effects
- Increases risk of falls and cognitive impairment
- Harmful drug interactions
- Drug-disease interactions



National Institute of Aging: https://www.nia.nih.gov/news/dangers-polypharmacy-and-case-deprescribing-older-adults

Professional Boundaries



Cannot

- Touch medications
- Give medical advice
- Perform procedures
- Act on behalf of the client
- Make decisions for the client

Can

- Help people access care
- Explain health conditions and general medication
- Navigate social resources

Medication Management Examples

- Follow organizational specific training and protocols
- Teach about general importance
- Establish a primary care doctor and pharmacy
- Brainstorm questions
- Motivational Interview to help identify reminders, etc.
- Locate numbers for the patient to call the doctor, pharmacy, MN Agency on Aging, etc.
- Medical transportation



The 4 Parts of Medicare



Part A
Hospital Coverage



Part B
Medical Coverage



Part C
Medicare Advantage



Part D
Prescription Coverage



There are four main parts of Medicare. **Many people confuse Medicare "parts" and "plans" but it is important to know they are different**

Graysmithmedicareagency.net

Medicare.gov

Access to Affordable Medication



MEDICATION LIST

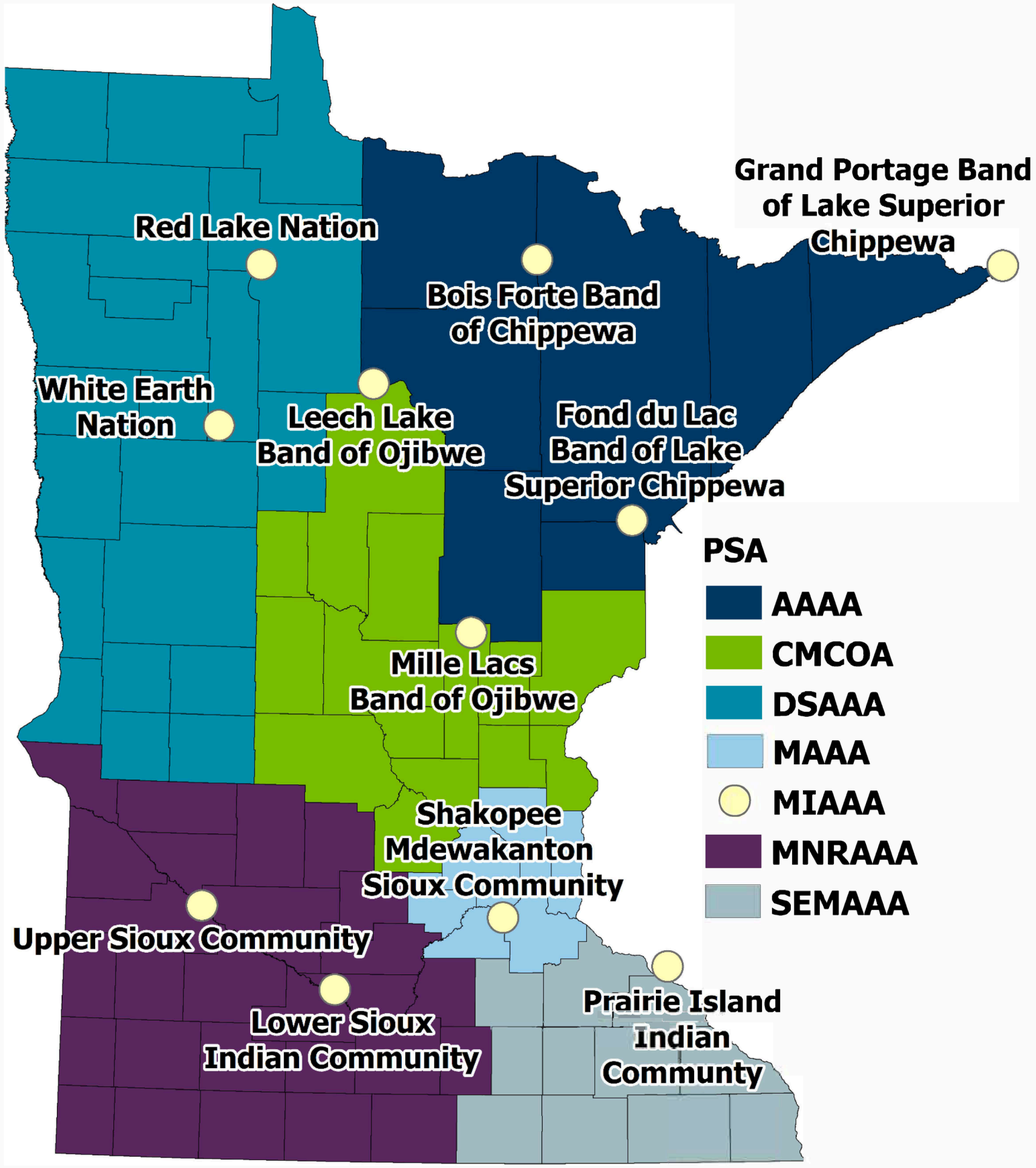
MEDICINE NAME	DOSE	REASON TO TAKE	DATE STARTED	DOCTOR / PHARMACY	WHEN TO TAKE

- Medicaid (income based, spend downs, etc.) dual eligibility
  - https://mn.gov/dhs/health-care/apply/
  - https://www.health.state.mn.us/facilities/insurance/clearinghouse/resources.html
- Patient Assistance Programs
  - RX Assist
  - NeedyWise
- Free Prescription Drug Discount Cards
  - No eligibility requirements- Minnesota Drug Card
  - FamilyWize® prescription drug discount card

Minnesota Aging Pathways

- Free, centralized resource helpline and service delivery network created by the Minnesota Board on Aging
- Minnesota's designated State Health Insurance Assistance Program (SHIP) for Medicare, long-term care options counseling, and preadmission screenings for nursing facilities
- Local services and support
- MN Aging Pathways:
  - **1-800-333-2433**
  - Monday - Friday from 8:00 a.m. to 4:30 p.m.
  - https://mn.gov/aging-pathways/
- Additional Resources
  - Minnesota Aging & Disability Resources

Area Agencies on Aging



https://mn.gov/board-on-aging/about-us/area-agencies/

3. Mentation

- Prevent, identify, treat, and manage dementia, depression, and delirium.

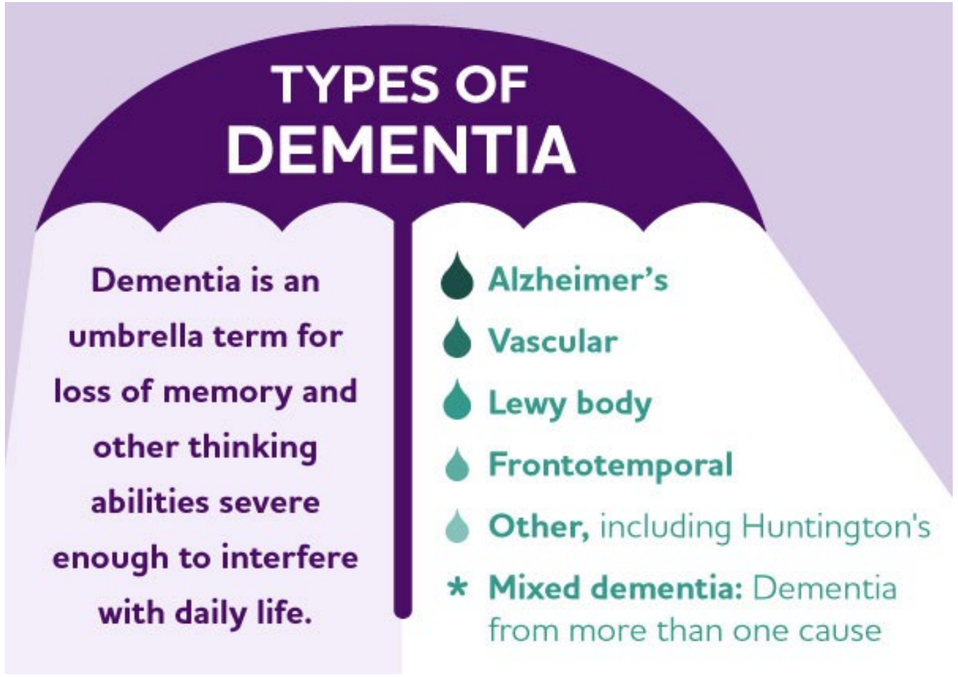


Definitions

Dementia: General term for loss of memory, language, problem-solving and other thinking abilities that are sever enough to interfere with daily life.

Depression: A serious mood disorder that causes a persistent feeling of sadness, emptiness, and loss of interest in activities you once enjoyed.

Delerium: A sudden, severe change in brain function that causes severe confusion, trouble focusing, and changes in awareness. Common causes may include UTIs, medication changes, dehydration, anesthesia, hypoglycemia, fever, head injury, stroke, heart attack, drug or alcohol use.



10 Early Signs & Symptoms of Dementia

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks
- Confusion with time or place
- Trouble understanding visual images and special relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgement
- Withdrawal from work or social activities
- Changes in mood and personality

https://www.alz.org/alzheimers-dementia/10_signs

Can Dementia be Prevented?

- There are ongoing studies to determine if dementia can be prevented but there are no definitive results.

- Evidence is strong that people can reduce their risk by making lifestyle changes.



10 Ways to Love Your Brain

- Cardiovascular exercise
- Learn new things
- Quit smoking!
- Lose weight and maintain your blood pressure
- Prevent head injury
- Eat healthy
- Get good sleep
- Reduce stress
- Stay socially engaged
- Challenge yourself mentally

https://www.alz.org/alzheimers-dementia/research_progress/prevention



Assessment Tools

- **Mini-Cog:** Combines a three-word recall task with a clock-drawing test, taking about three minutes to screen for cognitive impairment.
- **Montreal Cognitive Assessment (MoCA):** A widely used 30-point test sensitive to detecting mild cognitive impairment and early Alzheimer's disease.
- **Mini-Mental State Examination (MMSE):** A traditional 30-point questionnaire assessing orientation, memory, and attention, though less sensitive to early-stage decline.
- **General Practitioner Assessment of Cognition (GPCOG):** A brief screening tool designed for primary care use, including a patient assessment and an informant interview

AARP Staying Sharp

AARP Join Renew | Membership & Benefits | AARP Smart Picks | Members Edition | ★ AARP Rewards | Register | Login

Health | Money | Work & Jobs | Advocacy | Social Security | Medicare | Caregiving | Games | Travel | More... | AARP EN ESPAÑOL | Help

GAMES CENTER

Staying Sharp Games

A fun diversion when you need a break

Games Category



AARP STAYING SHARP BRAIN TEASER

Test your brain health knowledge each day!

Take Daily Quiz



Staying Sharp Pattern Match™



Split Words Arcade



Staying Sharp Double Up™

https://stayingsharp.aarp.org/

GUIDE (Guiding an Improved Dementia Experience) Model

- A voluntary, nationwide model testing the impact of providing comprehensive services and supports for people with dementia and their caregivers.
- Began in 2024 – will run for 8 years

- Comprehensive, person-centered assessments and care plans
- Care coordination 24/7 access to an interdisciplinary care team member
- Up to $2,500/year of respite services to support caregivers including in-home, adult day care, and out-of-home respite
- Caregiver training and education
- Care Navigator to help access clinical and non-clinical services such as meals and transportation through community-based organizations.



https://www.cms.gov/priorities/innovation/innovation-models/guide

Depression & Aging

- 1% - 5% for older adults living in the general community experience depression.
- 11.5% for older adults who are hospitalized experience depression.
- 13.5% for older adults who require home health care experience depression.



Common causes of depression for older adults

- Chronic conditions
- Decreased functional ability
- Reduced mobility
- Chronic pain
- Financial issues related to retirement
- Elder abuse
- Caregiver stress
- Lack of physical activity
- Loneliness
- Boredom

https://www.ncoa.org/article/how-common-is-depression-in-older-adults/

Symptoms of Depression

- Apathy, or a sense of not caring about anything
- Persistent sadness
- Irritability
- Fatigue and low energy
- Feelings of guilt and worthlessness
- A sense of hopelessness
- Loss of interest in activities you once enjoyed
- Trouble concentrating and other cognitive changes
- Insomnia—or oversleeping
- Overeating—or a decrease in appetite
- Slower speech or movement
- Digestive problems that persist
- Physical pains that don't get better with treatment
- Recurring thoughts of death

Screening Tools

- **Geriatric Depression Scale (GDS):** Available in 30-item, 15-item, or short formats. It uses simple yes/no questions tailored to older adults, avoiding physical symptom overlap that can confuse diagnoses in aging populations. A score of 5 or higher on the GDS-15 suggests a positive screen.

- **Patient Health Questionnaire (PHQ-9):** A general 9-item depression tool used in primary care. While effective, it includes somatic items (like fatigue or changes in sleep) that may overlap with normal aging or physical illness.

- **Cornell Scale for Depression in Dementia (CSDD):** Designed specifically for patients with cognitive impairment or dementia. It relies on both patient observation and caregiver input because standard self-report tools fail when memory or communication is impaired.

CHW Response to Mentation

- Recognize
- Referral to appropriate health care provider
- Provide resources and support
- Advocate



4. Mobility

- Ensure that all older adults move safely every day to maintain function and do What Matters (#1).





Motion is Lotion



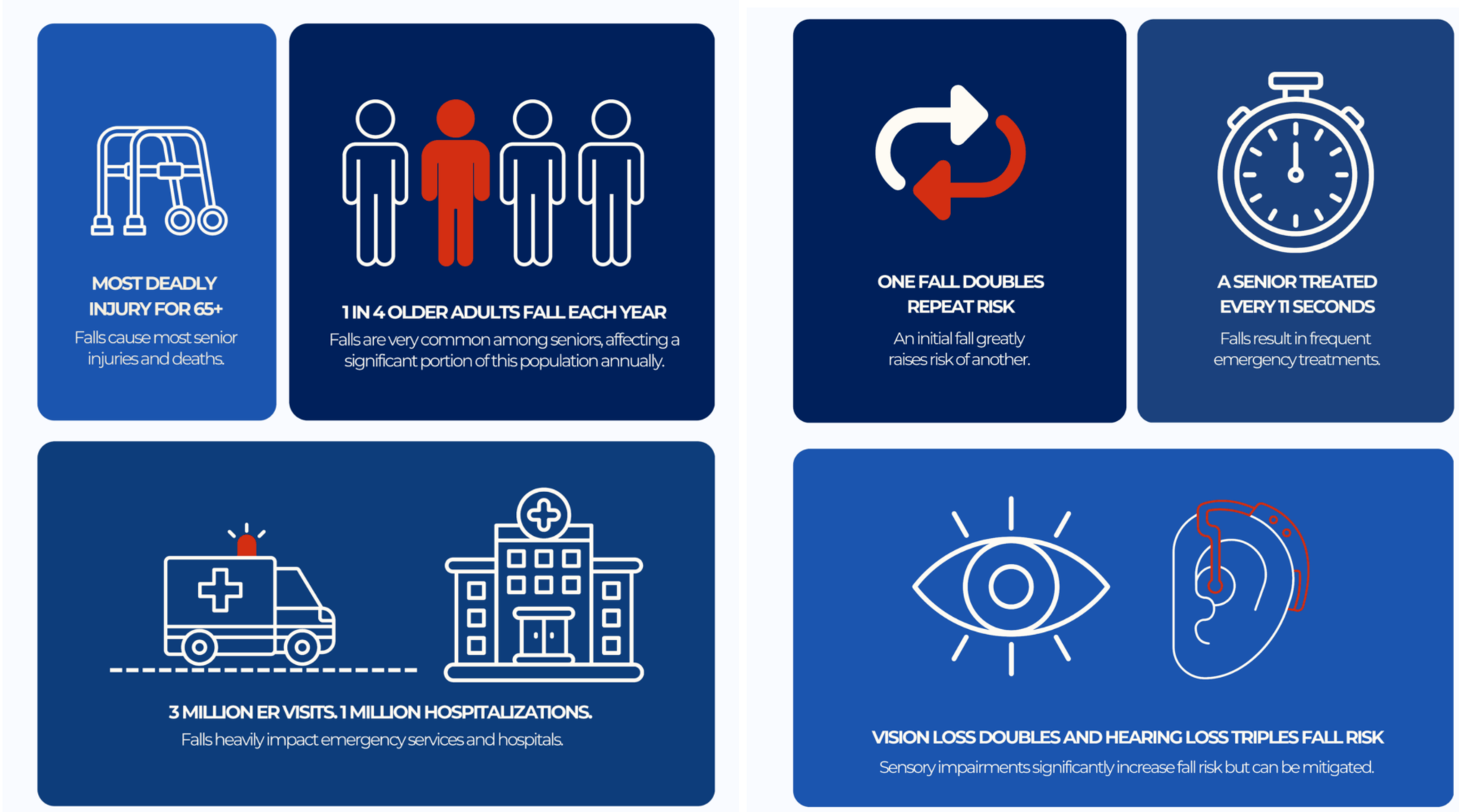


Why is Mobility Important?



- Maintain independence
- Helps with daily tasks
- Increase quality of life
- Enjoy hobbies
- Reduce risk of injuries, falls, and chronic diseases

Fall Facts for Seniors



https://www.cdc.gov/falls/about/index.html; https://www.ncoa.org/article/get-the-facts-on-falls-prevention/;
Infographic- https://caringseniorservice.com/blog/infographic-fall-prevention-fact-sheet/

Common Causes / Factors for Falls

Muscle Loss (Sarcopenia)

Medical Conditions

Sensory Changes

Medications

Home Hazards

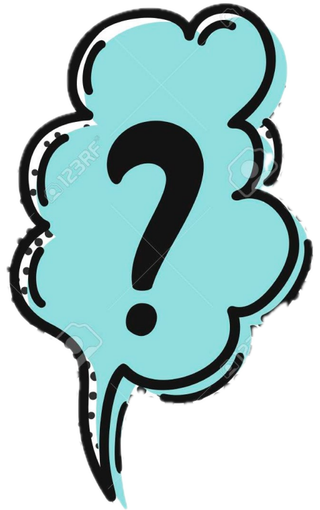
Blood Pressure Drops

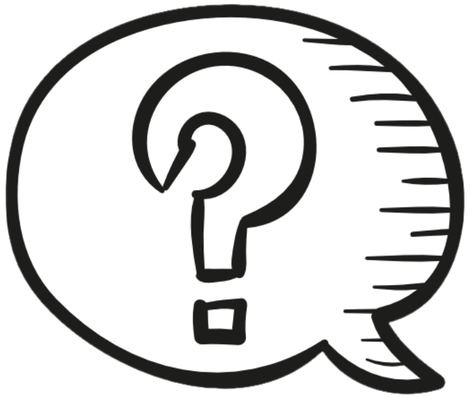
Feet



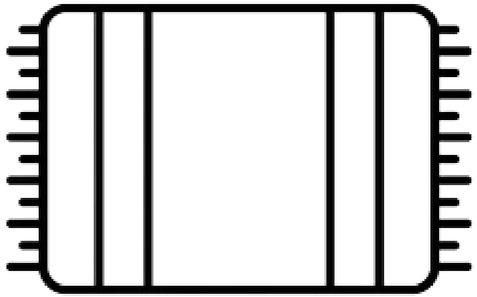
https://www.ncoa.org/article/get-the-facts-on-falls-prevention/



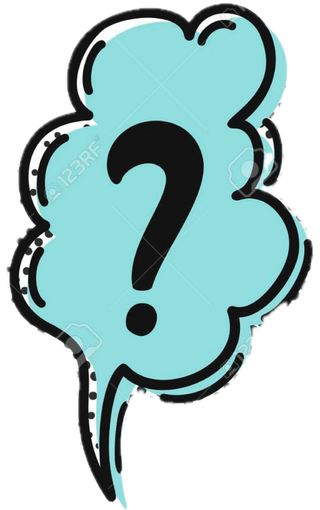




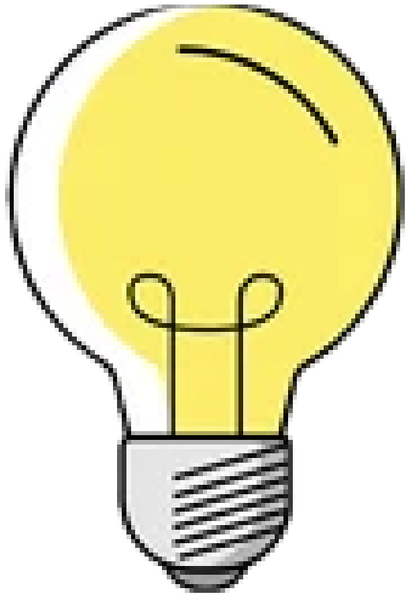

How to Prevent Falls





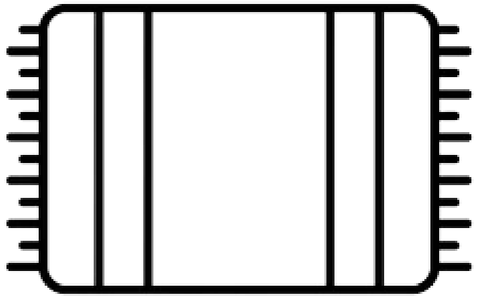




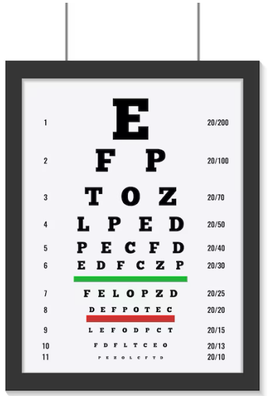


How to Prevent Falls

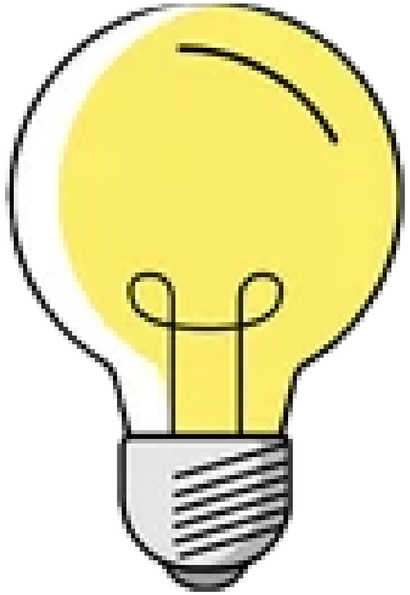










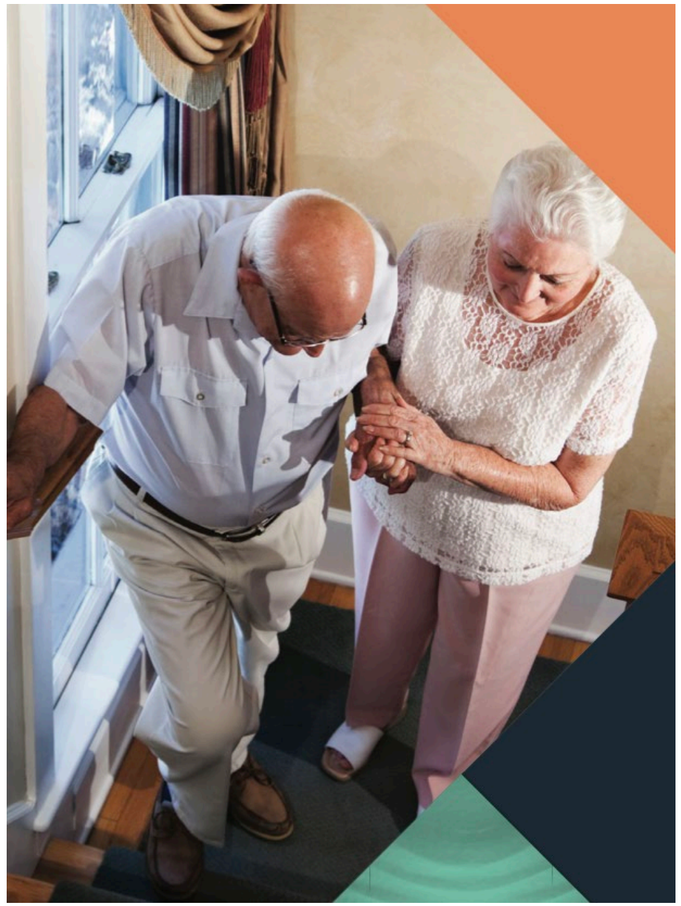


How to Prevent Falls



Home Safety

- Home Safety Assessment
  - Trip hazards
  - Handles where to hold
  - Showering/bathing
  - Kitchen accessible
- If staying with family, does the setup promote movement



STAIRS & STEPS (INDOORS & OUTDOORS)

Are there papers, shoes, books, or other objects on the stairs?

- ☐ Always keep objects off the stairs.

Are some steps broken or uneven?

- ☐ Fix loose or uneven steps.

Is there a light and light switch at the top and bottom of the stairs?

- ☐ Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.

https://www.cdc.gov/steadi/pdf/steadi-brochure-checkforsafety-508.pdf

Fall Assessments / Balance Assessments

CDC STEADI 3 KEY Questions (3Kq)

Past Falls: Have you fallen in the past 12 months?

Unsteadiness: Do you feel unsteady when standing or walking?

Worry: Do you worry about falling?



- Screen, access, intervene
- CDC 4 Stage Balance Test, holding various positions for 10 seconds
- Stay Independent Self-Screening Tool: A 12-question self-test assessing past falls, use of walking aids, leg strength, and dizziness.
- Timed Up and Go
- Berg Balance Scale

  14 balance related tasks, 20 minutes
- 30-Second Chair Stand Test

Juniper Programs

- https://yourjuniper.org
- **1-855-215-2174**
- “Juniper connects people with evidence-based classes and community programs that support healthy aging, independence, and connection”
- “Find, access and sustain program engagement”



Evidence Based Programs

A Matter of Balance

Build confidence, reduce fear of falling, and learn practical ways to stay active and safe.

CLASS LOCATION	SESSIONS
In-person/Remote	8

Arthritis Foundation Exercise Program (AFEP)

Reduce pain, improve mobility, and stay active with gentle exercise.

CLASS LOCATION	SESSIONS
In-person/Remote	24

Diabetes Prevention Program (DPP)

Make lasting lifestyle changes with coach-led support to help prevent type 2 diabetes. Approved Medicare Diabetes Prevention Program.

CLASS LOCATION	SESSIONS
In-person/Remote	22

Walk With Ease

Walk safely, build strength, and improve your health one step at a time.

CLASS LOCATION	SESSIONS
In-person/Remote	18

Powerful Tools for Caregivers

Care for yourself while caring for someone you love.

CLASS LOCATION	SESSIONS
In-person/Remote	6

Stay Active & Independent for Life (SAIL)

Improve strength, balance, and fitness to stay active and independent.

CLASS LOCATION	SESSIONS
In-person/Remote	24

Stepping On

Learn practical strategies to prevent falls and stay independent.

CLASS LOCATION	SESSIONS
In-person/Remote	7

Tai Ji Quan: Moving for Better Balance (Beginner)

Improve your balance, strengthen your muscles, and reduce your risk of falling through gentle Tai Ji Quan movements that help you stay mobile and independent.

CLASS LOCATION	SESSIONS
In-person/Remote	24

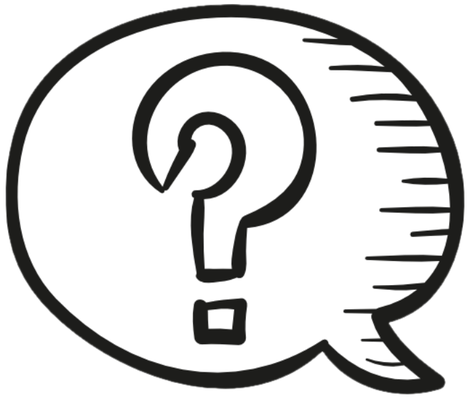








Ideas to Promote Mobility



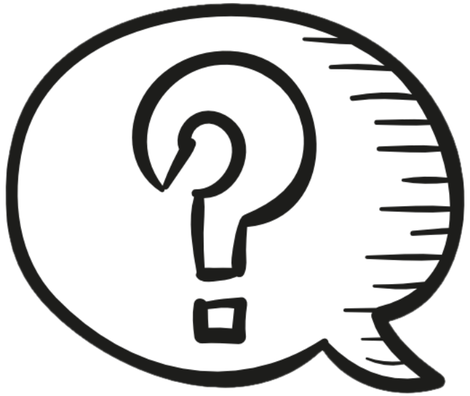












Ideas to Promote Mobility





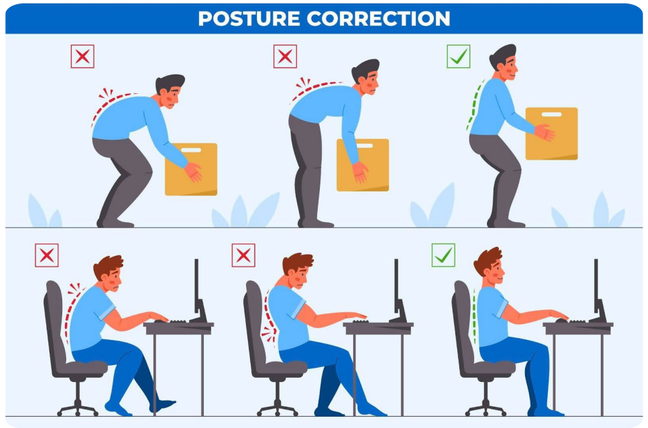








Ideas to Promote Mobility





Meet Mary

- Mary is a 78-year-old woman who lives alone on a small farm about 20 miles from town. Her daughter lives two hours away and calls several times a week.
- Mary recently saw her primary care provider after a fall in her kitchen. She was not seriously injured but has become more hesitant to leave the house.



During a follow-up home visit, the CHW notices:

- Mary says, *“I just want to stay in my own home as long as I can. I don't want my daughter to have to move me into a nursing home.”*

- Mary has several prescription bottles on the kitchen counter. She says she sometimes isn't sure which medications she has already taken. She recently started a new medication but says it makes her feel “a little dizzy.”

- Mary seems more forgetful than usual and has missed two appointments. She tells the CHW, *“Sometimes I lose track of what day it is.”*

- Mary is using a chair to steady herself when walking through the kitchen. She hasn't been getting outside much because she is afraid of falling again.

- Mary mentions that she has stopped going to her weekly church lunch because she no longer feels comfortable driving.

CHWs: Expand Your Impact with Older Adults



Specialize in Gerontology & Aging Care

Build your skills. Support healthier aging. Make a bigger difference.

Learn More

Scan the QR code to visit our website to learn about the Gerontology & Aging Care program and how to get started.

Resources

- Area Agency on Aging
- AARP
- National Council on Aging
- Alzheimer’s Association
- National Institute on Aging

- Wendy Potratz, PhD, MCHES
- Northwest Technical College
- Wendy.potratz@ntcmn.edu

- Angie Stevens, BA, MCHES
- Northwest Technical College
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Thank You