

2024 Forum on Rural Population Health & Health Equity



Connected Care for Older Adults: Community Health Workers meeting the unique needs of older adults in rural areas

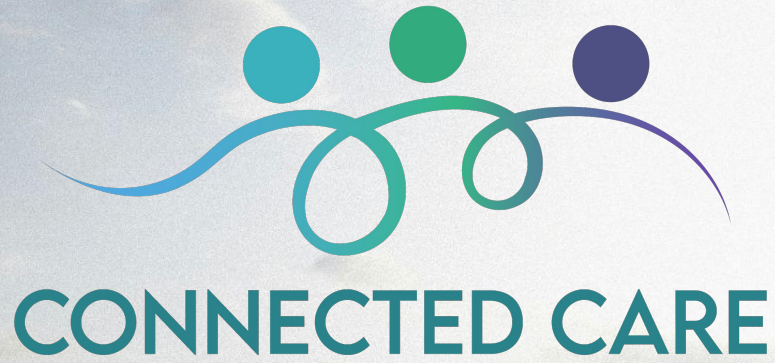
Jodi Ready, MD, Providence Hood River

Teresa de Jesus Obregón Arroyo, MSW, CHW, One Community Health

Joan Field, CHW-MIH, CP-C, Asher Community Health Center

2024 Forum on Rural Population Health & Health Equity

- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!



**Connected Care for Older Adults:
Community Health Workers
meeting the unique needs of
older adults in rural areas**





Connected Care is an innovative pilot program that uses Community Health Workers (CHWs) in Primary Care settings to improve care for frail older adults in rural areas.

- **Serves patients 55+ and living independently** (not in an assisted living facility or receiving home health services) identified as frail by a Primary Care Provider.
- **CHWs conduct home visits** and implement the Connected Care Protocols based on the 4Ms - What Matters, Medication, Mentation, and Mobility.
- CHWs provide **information and education** to patients and families, connect them with existing **community services**, and refer them for **further assessment and support**.
- CHWs chart **directly in the EMR, and route important information** or actions needed back to the patient's Primary Care Clinician and health care team.
- Patients leave the program when relevant protocols are complete - **roughly 90-days**.

The Connected Care Protocols are based on the 4Ms of the IHI's Age-Friendly Health Systems Framework. Each protocol includes tools, scripts, and resources that help CHWs discover important information about a patient's well being, wishes, and priorities.



What Matters

- What Matters Conversation
- Support to complete the Advance Directive



Mentation

- Info on normal brain aging
- Screening for dementia, anxiety, depression, and social isolation



Medication

- In-home med review and current med list
- Flag issues with med list on file for RN/PCP review



Mobility

- STEADI Assessment
- Footwear review
- In-home fall risk assessment
- Exercise plan

What are the goals of Connected Care?

1. Improve patient, caregiver, and provider experience
2. Improve health outcomes and quality of life
3. Integrate the 4Ms into Primary Care
4. Help patients maintain their independence
5. Decrease low-value/high-cost care
6. Improve health equity and access to care



**Better care for
older adults in
rural areas**

Pilots now in process at 7 rural clinics in Oregon



**One
Community
Health**



COLUMBIA GORGE
FAMILY MEDICINE



2022

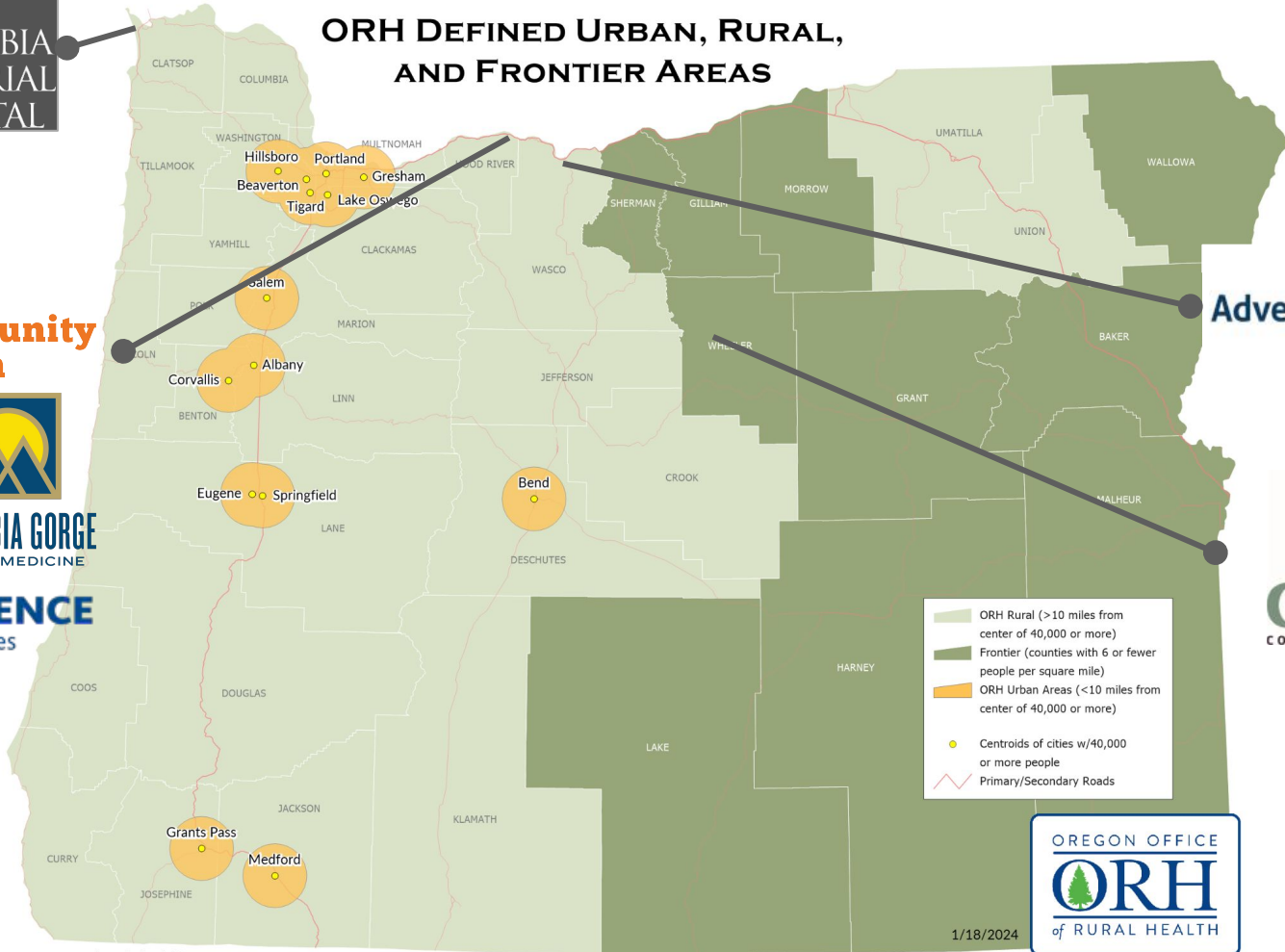
2023

2024





ORH DEFINED URBAN, RURAL, AND FRONTIER AREAS



COLUMBIA GORGE
FAMILY MEDICINE



- ORH Rural (>10 miles from center of 40,000 or more)
- Frontier (counties with 6 or fewer people per square mile)
- ORH Urban Areas (<10 miles from center of 40,000 or more)
- Centroids of cities w/40,000 or more people
- Primary/Secondary Roads



1/18/2024

Hood River County, Oregon

- Total population 23,977
- 62% White (not Hispanic), 30% Hispanic or Latino, 15% two or more races, 1% Native American
- 19% over the age of 65
- About 15% of the county's economy driven by agriculture and farming
- Seasonal and migrant farmworkers
- Cultural and religious considerations related to accessing care, advance care planning



Wheeler County, Oregon

- Population 1,451 across 1,700 sq miles
- 87% White (not Hispanic), 6% Hispanic or Latino, 3% Native American
- 16% living in poverty
- 38% over the age of 65
- Challenges finding permanent providers
- Nearest hospital 1.5 - 2 hours by ambulance, 45-minutes by helicopter
- Predominantly conservative mindset, frontier culture, individualism



What are some of the barriers that older adults face in *your* rural communities?

Please share in the chat.

Barriers that older adults face in rural areas



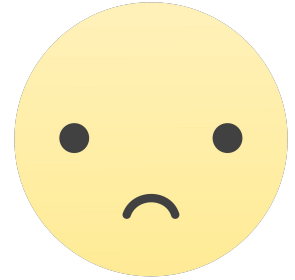
Housing



Transportation



Access to Care



Social
Isolation

Transportation



- Limited or lack of public transportation
- Long distances between home and clinics
- Specialist appointments can be 1-2+ hours away
- Winter driving conditions

Housing



- Limited housing options
- High cost of living
- Lack of emergency housing or shelter resources
- Unsafe environments due to hoarding, excessive animals, poor upkeep
- Landlords who do not maintain safe home environments

Access to Primary and Specialist Care



- Lack of primary care and specialist providers
- Long wait times for new patient and specialist appointments
- Travel outside of the area to access specialists
- 6 month + waitlist for dental appointments

Social Isolation



- 35% of patients enrolled in Connected Care identify social isolation as a problem
- 68% of patients enrolled in Connected Care do NOT have a caregiver or support person
- Concern in Community Health Assessments in many counties

Empowered patients sharing their stories...



Testimonials from participating patients...

“Without this help, I would have been forced to leave my home. I would die in a care facility. [My Connected Care CHW] never gave up on me and has honored my wishes. I know I can always reach out and she will help me find a solution.”

“I love the monthly check-in and encouragement and support to get better physically and emotionally.”

“The visits were helpful and it was great to feel that I could talk to someone that was concerned for me.”

“Being able to have someone come to your home and see your home setup is very helpful. Having that as an option is excellent.”

Ways that our CHWs help to meet patient needs

- Building relationships with patients
- Spending time with patients in their home
- Helping patients identify and meet their own goals
- Being an advocate for patients with providers and teams

Persistence, creativity, tenacity, and care - hallmark characteristics of Community Health Workers!

Audience Questions and Comments



- What has been helpful to address barriers for older adult patients in your community?
- What questions do you have for us?

For more information about Connected Care



- Dr. Elizabeth Foster, Clinical Advisory Panel Older Adult Work Group, foster.eliz@gmail.com
- Lindsay Miller, Project Lead, lindsaymillerconsulting@gmail.com
- Dr. Jodi Ready, Clinical Advisory Panel Older Adult Work Group, jodiready@gmail.com

2024 Forum on Rural Population Health & Health Equity



Thank you to our partners!

