



Beyond the 4Ms: Connecting Age-Friendly Health Systems to Age- and Dementia Friendly Communities

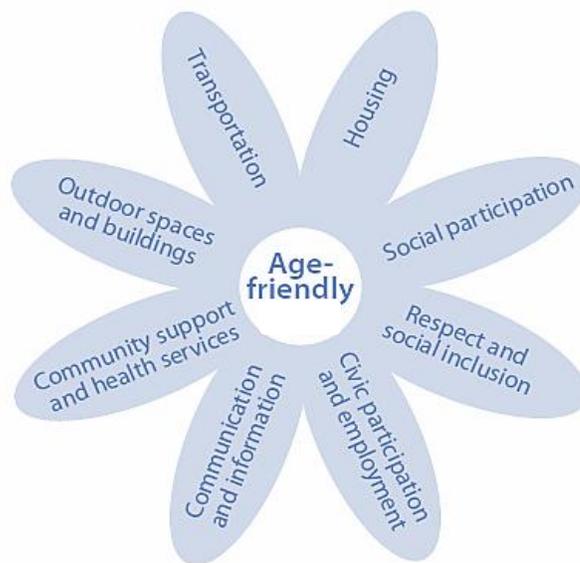
Age-Friendly Health Systems are an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA). Alongside this effort to promote and support Age-Friendly Health Systems, the World Health Organization and AARP have made strides to establish and advance Age-Friendly Communities. In this movement, a municipality, region or an entire state can apply to those organizations with the endorsement of that community's leadership to signify a commitment to enhance livability for older adults and residents of all ages.

The Massachusetts Healthy Aging Collaborative is working to align the Age-Friendly movement with Dementia Friendly community efforts, which is a similar initiative that focuses on raising community awareness and promoting inclusivity of people living with dementia and their caregivers.

While a health system or acute care setting can become Age-Friendly within itself with the guidance of IHI, this resource guide is meant to help those systems reach beyond clinical walls to support older adults and those living with dementia as they are discharged and return to the community.

Aligning the 4Ms with Age- and Dementia Friendly Communities

Just as the 4Ms are a framework for Health Systems, there are Eight Domains of an Age-Friendly Community serving as guidance for how cities, towns, regions and states conduct their assessment, action planning and implementation. Many communities choose to add their own areas of focus based on those assessments, but the Eight Domains are the identified major themes that promote social determinants of health, especially as it pertains to older adults.



Similar to the 4Ms Model, the Eight Domains are a simplified approach. There are certainly other potential areas of focus, including public safety and consumer protection to prevent elder abuse, including physical, emotional and financial harm. Other communities have added themes like Inclusiveness, access to healthy food options, and promoting volunteerism (combining social participation and civic engagement).

Massachusetts has also aligned Age- and Dementia Friendly Community efforts as an integrated model. [A toolkit developed by the Executive Office of Elder Affairs](#) with support from the Massachusetts Healthy Aging Collaborative, AARP Massachusetts, UMass-Boston's Gerontology Institute and Barnstable County Human Services is meant to encourage communities and stakeholders to engage in both movements simultaneously. This aligned framework is similar to the "Eight Domains," but adds other themes found through review of resources and interviews with communities committed to advancing both movements.

This exercise is meant to crosswalk these two movements. Both aim to improve care and quality of life for older adults and those living with dementia.

1. What Matters: Know and act on each older adult's specific health outcome goals and care preferences across settings.

The first of the 4Ms is about identifying and following through on an older adult's goals and preferences relative to health outcomes. This would ideally lead to coordination with community-based care to accomplish those goals, but many times the preferences of an older adult when they leave acute care is not limited to a clinical health outcome.

"What matters" to older adults is often being able to continue engaging in social events with friends and family, remaining independent and active and being able to access transportation to more than just medical appointments. This is where the crossover with Age- and Dementia Friendly Communities comes into play most prominently.

Cities and towns engaged in becoming Age-Friendly start with convening key stakeholders and conducting an assessment. This can involve surveys and listening sessions, but also includes quantitative data from sources like hospitals' community health needs assessments. The community is charged with finding out "what matters" to older adults in that community and then establishing an action plan to address those themes. This offers an opportunity to health systems to address more completely "what matters" for older adults being discharged.

When discussing "What Matters," the health system can go beyond care preferences to truly impact a person's health and well-being by either connecting with local Age-Friendly Community efforts, or taking initiative to kick-start Age-Friendly efforts where none exist.

Below is a sampling of potential scenarios regarding "what matters" to older adults overlaid with the Eight Domains of how a community can be more Age-Friendly:

Transportation: Having access to different transportation options to travel to medical appointments and fill prescriptions, but also see family and friends, running errands, visiting the library and going out for lunch or dinner.

Housing: Going beyond having services where a person resides to ensure a community has housing options that help older adults remain in the community familiar to them when people choose to downsize.

Social Participation: This Age-Friendly Domain is where the concern of social isolation shows up and older adults may articulate a preference to continue involvement in going to book clubs, Elks Clubs, and more informal meet-ups. In other words, what matters to older adults may very well be all about continuing to do what they have always done socially.

Respect and Social Inclusion: Communities can work to be more inclusive and respectful to older adults and those living with dementia. This means access to services, supports and engagement opportunities should not discriminate against anyone. Although it may go unsaid in a conversation on “what matters” to an older adult, everyone wants to feel respected.

Civic Participation and Employment: A likely scenario in “what matters” to an older adult could be continuing to work or volunteer. Age-Friendly Communities can address this with the business and employer community, but can also more actively promote tax work-off programs and how to get to the polls to vote in elections.

Communication and Information: Not everyone owns or knows how to use smartphones and the internet, but getting timely communication and information matters. Both health systems and communities that are striving to be Age-Friendly can work on coordinating information that is helpful for maintaining an older adult’s independence and well-being, in formats, languages and mediums that are understandable.

Community Support and Health Services: This is the one domain with the most crossover in terms of the Age-Friendly Health System’s drive to determine care preferences and goals. Linking to an Age-Friendly Community effort – or working to start one – is a great way to determine a more broad scope of what is available to support an older adult or someone living with dementia as they are discharged. Beyond identifying a home health agency or rehab clinic, it is helpful to know how that person will access healthy foods and other social determinants of health that can have positive impacts.

Outdoor Spaces and Buildings: Walkable communities with accessible gathering places, public buildings and parks can help those identifying walking clubs and other outdoor activities as part of their preferences and goals.

2. Medications: If medications are necessary, use Age-Friendly medications that do not interfere with what matters, mentation, or mobility.

Each of the Eight Domains could be identified by an older adult or person living with dementia under the “what matters” category, but the overlap is more targeted with the second of the 4Ms. Some of that crossover is as follows:

Community and Health Services: community-based care providers and pharmacies need to be coordinated and informed about patient’s condition, prior medications, as well as care goals and preferences.

Communication and Information: medication regimens and information on potential side effects should be clearly conveyed and laid out for the individual receiving care as well as their caregivers in language and methods that are understandable.

Transportation: It is important for older adults to have access to transportation to refill prescriptions, get food to take with medications (if necessary), and to get to follow-up medical appointments.

3. Mentation: Identify and manage depression, dementia, and delirium across care settings.

In terms of Mentation, the Dementia Friendly Community framework comes into play with “sector guides” that can help raise awareness in different parts of the community so that banks, small businesses, transportation providers, first responders and others can be more respectful and responsive to people living with dementia and their caregivers.

In Massachusetts, the Alzheimer’s Association and the Massachusetts Councils on Aging (MCOA) is working on advanced training for municipal staff, library staff and others. Jewish Family and Childrens Service (JF&CS) is also the state coordinator of a program called “Dementia Friends” that is a training based on the idea that, by helping everyone in a community understand what dementia is and how it affects people, each of us can make a difference for people touched by dementia.

Also, the state’s Executive Office of Elder Affairs and Department of Public Health convened an Alzheimer’s and Related Dementias Acute Care Advisory Committee that published a set of recommendations that should be considered for any health system considering the Mentation category.

4. Mobility: Ensure that older adults at home and in every setting of care move safely every day in order to maintain function and to do what matters.

The last of the 4Ms regarding Mobility may appear to have limited overlap with the Eight Domains, but since mobility and transportation are cross-cutting themes, especially as it relates to doing what matters to older adults and people living with dementia, there is much a community can do with the support of the health system.

Housing of every type should be designed or at least assessed for risk of falls and ease of mobility. The same can be said of “outdoor spaces and buildings,” which can be accomplished through walk audits and ensuring publicly-used buildings are ADA-accessible.

Again, the theme of transportation shows up where it is vitally important that people can move within their home and care settings, but also between those and other places that have social meaning. Whether it is a place of worship, library, bank, restaurant, or store, health systems can promote mobility beyond care settings.

For More Information:

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