



PARTICIPANT HANDOUTS

CHAMPS/NCECE Using Age-Friendly Practices to Improve Care for Older Adults Webinar

Thank you for attending today's training. By doing so, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, high-quality primary health care services.

Presented by:

Arielle Mather, MPH, [National Center for Equitable Care for Elders](#)

Live Event Date/Time:

Thursday, January 15, 2026

12:00-1:00PM Mountain Time /1:00-2:00PM Central Time

Target Audience:

This webinar is intended for any Region VIII Health Center staff member interested in learning about age-friendly practices and improving care for older adults.

Event Overview:

Older adults are the fastest-growing patient group served by health centers, underscoring the need for integrated care approaches that address the complex medical, social, and economic challenges they may experience in later life. This webinar explores how age-friendly approaches can enhance care quality and outcomes for older patients and offers practical strategies to integrate these principles into daily practice.

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CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit <https://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII federally-designated Community Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. Staff and board members of [CHAMPS Organizational Members](#) receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 40 years, CHAMPS has been an essential resource for Community Health Center training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org. The Happenings box in the middle of the CHAMPS home page highlights the newest CHAMPS offerings, while the CHAMPS Membership box on the lower part of the home page lists current benefits for CHAMPS Organizational Members.

SPEAKER BIOGRAPHY

Arielle Mather, MPH serves as Senior Program Manager at [National Center for Equitable Care for Elders](#), overseeing the planning and delivery of the Center's trainings and technical assistance activities. She has spent many years in the Boston nonprofit sector addressing the needs of older adults, as well as the providers who care for them. Arielle received her Master of Public Health from Tufts University School of Medicine, where she concentrated in health communication. Throughout her professional experience, she has enjoyed connecting others with resources that promote their overall health and well-being.

Using Age-Friendly Practices to Improve Care for Older Adults

Arielle Mather, MPH

National Center for Equitable Care for Elders

Thursday, January 15, 2026



PRACTICES TO IMPROVE CARE FOR OLDER ADULTS

Presentation for Community Health Association of Mountain/Plains States (CHAMPS)



January 15, 2026

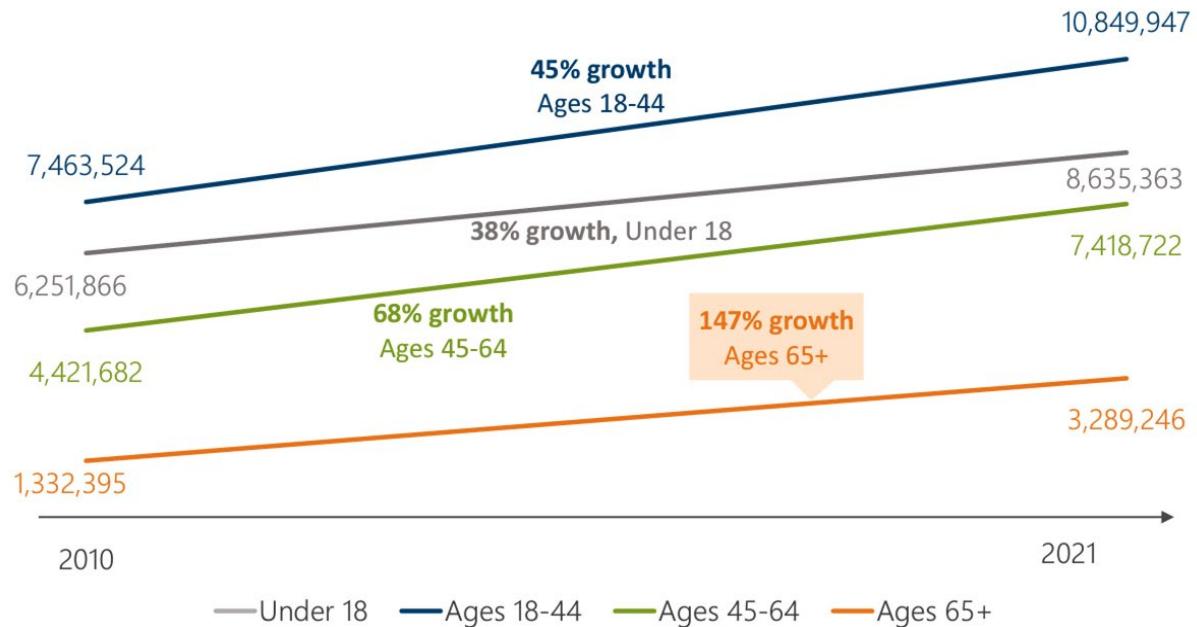
SESSION LEARNING OBJECTIVES

- Describe the core principles of age-friendly health systems
- Explain the concept of aging in community and its health implications
- Identify the role of health centers in creating livable communities

GROUP DISCUSSION (MENTIMETER)

When you think of excellent care for older adults, what is ONE word that comes to mind? (word cloud)

Number of Health Center Patients by Age Group, 2010 – 2020



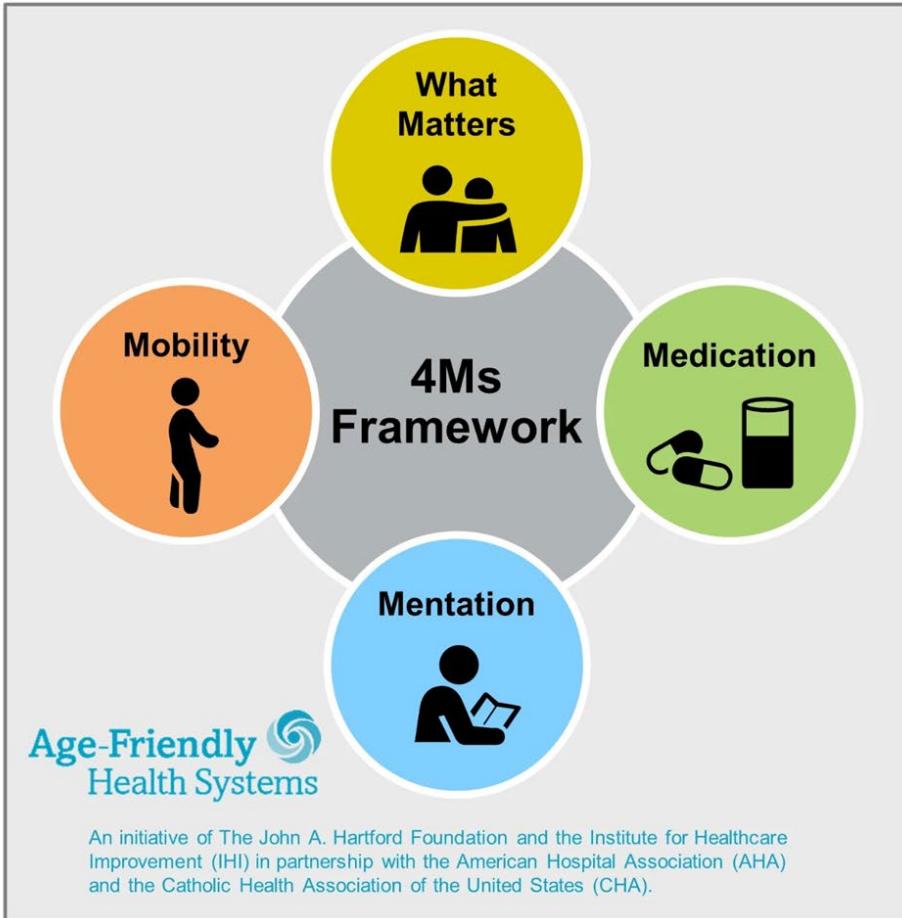
Older adults (65+) are the **FASTEST** growing patient group served by health centers

What Do We Think, Feel, and Act About Aging?

- Harmful/outdated beliefs about older adults and later life
 - Misconception that certain conditions are inevitable as we age (depression, dementia, pain/discomfort, social isolation)
 - Assumption that you can be “too old” to change health behaviors
- Portrayal of older adults in media: very fit or very frail
- Older adulthood is the final stage of development: a time of significant change, loss, reflection... is that met with fear, or acceptance?

What is “Age-Friendly” Healthcare?

- Follows an essential set of evidence-based practices;
- Cause no harm; and
- Align with *What Matters* to the older adult and their family caregivers.
- ... Includes efforts that improve health outcomes for ALL ages



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.

4Ms: WHAT MATTERS

The basics: Understanding and aligning care with each older adult's specific health outcome goals and care preferences

In action:

- ❑ Asking open-ended questions about goals and preferences
- ❑ Documenting responses in their medical record
- ❑ Revisiting and updating regularly as goals or situations change
- ❑ Using this information to guide all care decisions

4Ms: WHAT MATTERS

Advanced care planning asks:

Who would you want to make decisions for you if you couldn't make them yourself? Have you shared your wishes with them?

Current care planning asks:

What brings you meaning **now**? What do you wish you could do more of? What's getting in the way of that?

4Ms: MEDICATION

The problem:

Older adults on 5+ medications* have increased risk of adverse drug events, falls, and hospitalizations

The goal:

Age-friendly medication management that minimizes *harm* while maximizing **benefit**

*Polypharmacy: The use of multiple medications, often 5+, which increases risk in older adults

4Ms: MEDICATION

- Understand the impact of adverse drug events and how polypharmacy increases risk of falls, hypoglycemia, changes in mental status, etc.
- Any new symptom in an older patient should be considered a possible drug side effect until proven otherwise
- A comprehensive medication review should include identifying inappropriate medications and deprescribing unnecessary ones
- Medication safety and effectiveness can be improved through collaborative care with pharmacists, patient education, and EHR monitoring

4Ms: MENTATION

Focuses on the prevention, identification, treatment, and management of **dementia, depression, and delirium**

- Cognitive and mental health issues are common but often *underdiagnosed*
- Early detection enables intervention and planning
- The 3 “Ds” overlap: Depression can look like dementia, and delirium can complicate both

4Ms: MENTATION

Action steps:

- ❑ Screen annually for cognitive impairment and depression- don't assume symptoms are "normal" parts of aging
- ❑ Recognize delirium risk factors (hospitalization, infection, new meds)
- ❑ Consider hearing, vision, social isolation and loneliness
- ❑ Connect patients and families to support resources
- ❑ Address safety concerns **proactively**

4Ms: MOBILITY

- Mobility involves the ability to move around, transfer safely, perform activities of daily living (ADLs), and do more of **what matters most**
- A multifactorial approach to reducing falls includes:
 - Proactively using functional assessment tools
 - Exercise
 - Deprescribing high-risk medications
 - Vitamin D supplementation
 - Environmental modifications
 - Assistive devices

4Ms: MOBILITY

Assessment areas:

- Gait and balance
- Fall history
- Home safety
- Assistive device use
- Functional abilities (ADLs/IADLs)

Interventions:

- Exercise programs (strength, balance)
- Medication review
- Vision, hearing, and footwear assessments
- Home modifications
- Physical therapy referral

APPLYING THE 4Ms

Case example: Mrs. Johnson, 78, comes for a follow-up. She takes 8 medications and has diabetes and hypertension. Her daughter reports she seems more forgetful and had a fall last month. Mrs. Johnson says she wants to stay in her home and keep volunteering at her church.

APPLYING THE 4Ms

What Matters:

Staying home, continuing church volunteer work, maintaining independence

Medication:

Review 8 medications for appropriateness, interactions, and contribution to falls/cognition

Mentation:

Screen for cognitive impairment and depression; assess for reversible causes

Mobility:

Evaluate fall risk, check gait/balance, assess home safety, consider PT referral

THE 5TH M: MULTI-COMPLEXITY

- No condition exists in isolation from others- we need to look at the whole person (especially chronic conditions, advanced illness, and non-clinical factors of health)
- Assessing for multi-complexity involves: medical, mental health/cognitive, substance use, functional, healthcare access/utilization, health-related needs

Age-Friendly Health Centers
recognize the connection among
all of the *Geriatrics 5Ms*: Mind,
Mobility, Medications, What
Matters, and **Multi-complexity**



The Geriatrics 5Ms: A New Way of Communicating What We Do (AGS, 2017)

GROUP DISCUSSION (MENTIMETER)

Which of these Ms do you feel
MOST confident addressing in your
current practice? (multiple choice)

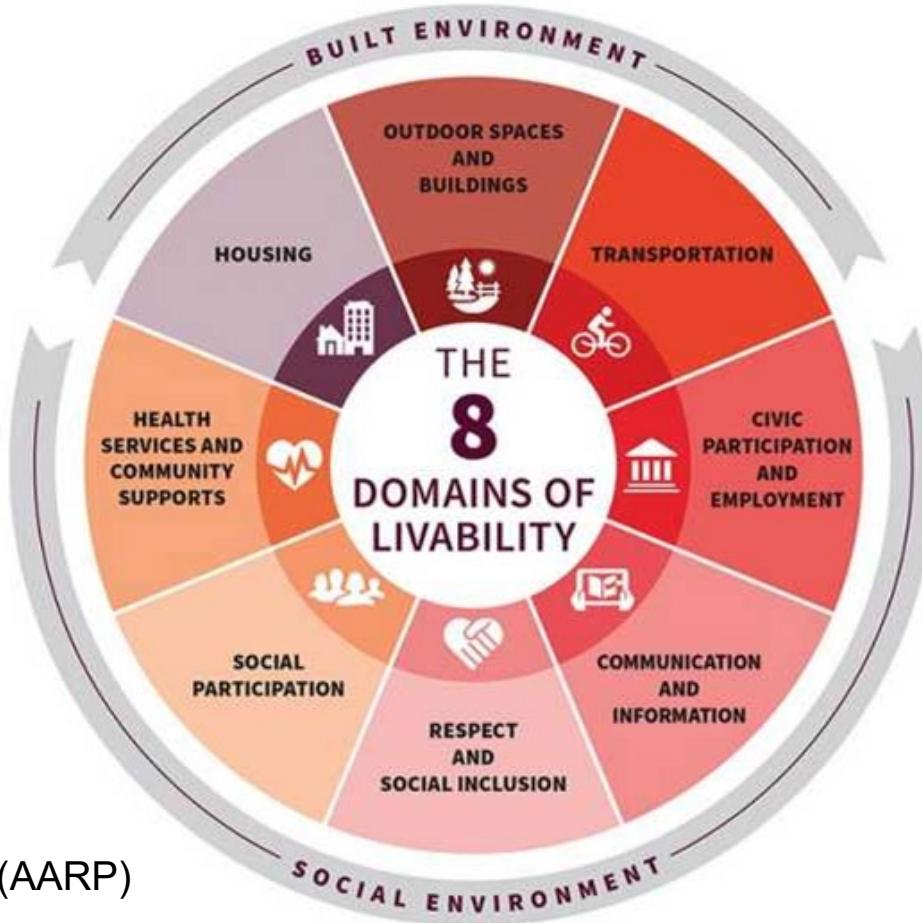
Aging in Community

Most older adults wish to stay in the homes and communities **of their choice** as they age, instead of relocating to an institutional care setting.

Familiar environments support cognitive function, help maintain social connection, and are usually more cost-effective.

What makes a community livable for its residents?

Where do health centers fit in?



The 8 Domains of Livability: An Introduction (AARP)

The Importance of Informal Caregivers

- Unpaid (often untrained) individuals who help older adults to age in place- can be short or long term
- May offer support with activities of daily living (ADLs), care plan adherence, medication management- often improving health outcomes
- A crucial part of the interprofessional care team and should be acknowledged through clear communication and offering resources/support

Effective Referrals to Community Resources

- Identify patient preferences and goals first
- Involve informal caregivers in care planning conversations and follow up
- Make connections with local aging services providers
- Provide warm handoffs through enabling services

Aging Service Providers Are Natural Partners for Health Centers

- Area Agencies on Aging
- Local Elder Services
- Home Care Agencies
- Aging and Disability Resource Centers
- Protective Services Programs
- Senior Nutrition Programs
- Volunteer Programs
- PACE; Adult Day Programs
- Others?



Learn More: [Eldercare Locator](#)



QUESTIONS?



RESOURCES

Age Friendly Health Systems: ihi.org/agefriendly

Geriatrics 5Ms Quick Guide: iGeriatrics-Mobile App - AGS Geriatrics Care Online

Mobility:

STEADI - Older Adult Fall Prevention | CDC

Mobility Assessment in Older Adults

Mentation:

[Montreal Cognitive Assessment \(MoCA\)](http://Montreal Cognitive Assessment (MoCA))

[Geriatric Depression Scale \(GDS\)](http://Geriatric Depression Scale (GDS))

American Delirium Society: Education

Medications:

Deprescribing.org

AGS Updated Beers Criteria

What Matters:

Advance Care planning: PREPARE For Your Care

Current Care planning: Patient Priorities Care

THANK YOU!

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Thank you for joining us!

By attending today's event, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive high-quality primary health care services.

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