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Ensuring Equitable Age-Friendly Care

Six steps to address inequities in the care of older adults.

The Age-Friendly Health Systems movement is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. The aim is to provide age-friendly care to all older adults across a system regardless of race, ethnicity, language, sexual orientation, gender identity or social circumstance. The movement defines age-friendly care as that which follows an essential set of evidence-based practices, causes no harm and aligns care with what matters to older adults, their family and their caregivers. An Age-Friendly Health System reliably provides a set of four evidence-based elements of high-quality care, known as the 4Ms, which include What Matters, Medication, Mentation and Mobility, to all older adults in its system.

To fully meet this aim, leaders of Age-Friendly Health Systems must seek to understand and address existing inequities in the experience of care for older adults, particularly for populations that have been traditionally marginalized. To increase the likelihood of the 4Ms being experienced equitably for all older adults, healthcare organizations participating in the movement have, over the past year, developed considerations for equity at each step of the journey to becoming an Age-Friendly Health System. These considerations align with the recommended six steps for testing and implementing the 4Ms in hospitals and ambulatory care, nursing homes and other care settings.

The emerging framework for equitable age-friendly care described below is informed by both previous and ongoing work at IHI focused on equity, and the increasing recognition by Age-Friendly Health Systems' leaders and participants of the impact of bias and systemic racism on health. The framework's six steps and associated guidance are derived from the experiences and insights of leaders in U.S. health systems participating in the AFHS movement, including Brigham and Women's Hospital, Houston Methodist Hospital, Oregon Health & Science University, the University of Chicago SHARE Network, and others.

Framework for Equitable Age-Friendly Care

1. Identify how older adults are represented in your system's current work on equity.

Consider examining some of the following:

- What are your health system's capabilities to stratify data by race, ethnicity and language, sexual orientation and gender identity, or other factors?
- How are older adults considered and engaged in conversations about existing inequities in care?
- What is the historical relationship with older adults in traditionally marginalized populations in your community? How might this relationship affect care today?
- What existing relationships with community partners focus on older adults from diverse populations and with diverse needs?
- Does the team that is working to improve care for older adults in your system have a relationship with the system leaders focused on diversity, equity and inclusion? Are they working together to look for opportunities to align their goals?

2. Advocate for equity as a central component of your Age-Friendly Health Systems journey.

- Include equity in your team aim. For example, "Our system will provide 4Ms care equitably to 75% of older adults who receive care in our system by Dec. 31, 2023, as

evidenced by stratification of data for our 4Ms measures."

- Work alongside teams testing and implementing age-friendly care to identify how your approach to assessing and acting on all 4Ms will address inequities in access to care and support. Where you have questions about equity, seek to gain a better understanding through review of existing data and discussions with older adults and caregivers from traditionally marginalized groups.

3. Support teams in examining workflows and testing change ideas related to assessing and acting on the 4Ms to address known inequities in care for older adults from diverse populations and with diverse needs.

- Access to regular medical visits (e.g., annual wellness visits) and access to technology (e.g., telehealth, EHRs) may not be equitable between groups. When integrating the 4Ms into older adult care, ensure that variation in access to care and technology are considered.
- Consider evaluating potential change ideas using a structured equity lens that guides leaders and teams through a series of questions to consider projects from multiple perspectives. This lens can be helpful in prompting reflection that might not otherwise emerge.

4. Support teams in providing equitable 4Ms care that meets the needs of diverse older adults.

- Prioritize asking and acting on What Matters with older adults from traditionally marginalized communities when testing and implementing changes in your system.
- Identify how the 4Ms can be integrated into programs designed to serve traditionally marginalized communities. Where opportunities exist, partner with community organizations and leverage existing outreach programs that serve older adults in marginalized populations.
- Assess for social determinants of health because they impact the 4Ms for older adults. If your system is not already assessing for social determinants, consider this as a focus area to support care for all age groups. Advocate for changes that might be required in EHRs and care processes. Collect and review this information to guide care.

5. Support teams with the resources needed to stratify data for 4Ms measures and identify inequities in process or outcome measures between groups.

Start by understanding your system's current ability to collect and stratify data based on race, ethnicity, language, and sexual orientation and gender identity, and how to access stratified data for 4Ms measures. Once you know the possibilities in your system, ensure teams can access the required support to obtain stratified data for at least one measure. If your system does not have adequate self-reported demographic data to allow for such stratification, advocate for a focus on the collection of that data as a priority in your system.

6. Eliminate inequities while sustaining care consistent with the 4Ms.

While working to fully integrate the 4Ms into care for older adults, inquire about how teams have adapted workflows to address needs for diverse populations (e.g., different races, languages, literacy levels, sexual orientations, cultures). Support and encourage teams to take the time to ensure that changes in care processes meet the needs of the diverse older adults you care for before fully embedding them into your system. When considering spread of 4Ms care throughout your system, prioritize areas that serve older adults from traditionally marginalized populations.

Leaders striving to provide age-friendly care have an influential role in supporting teams to focus on equity. Leaders can ask probing questions about inequities in care for traditionally marginalized groups, and they can advocate for the resources required to collect and stratify data on key measures in support of more equitable age-friendly care. They can also support teams to reach out and connect with older adults in marginalized populations, as well as the organizations that support these communities. When leaders truly seek to provide equitable 4Ms care for all older adults they serve, the focus on equity must be a clear and central part of the work. ▲

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Editor's note: For more information about Age-Friendly Health Systems resources, visit ihi.org/agefriendly.