Enhancing the Use of Clinical Preventative Services for Older Adults Learning Collaborative (Session 1 of 4)

National Center for Health in Public Housing





## National Center for Health in Public

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.





# **Speakers and Moderators**





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# Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email





# **Learning Objectives**



Analyze the barriers faced by older adults in utilizing preventive care and propose actionable solutions.

Explore evidence-based strategies for improving preventive health services in public housing communities.

Discuss the role of healthcare providers, community organizations, and public health programs in enhancing access to preventive services.



Enhancing the Use of Clinical Preventative Services for Older Adults

Dr. Kevin Michael Lombardi MD, MPH

Director of Research The National Center for Health in Public Housing North American Management





#### **Dept of Research T/TA Model**



#### **Literature Review**



Clinical case review



**Epidemiology** 



**Discussion** 



Findings and recommendations



Implementation and advising



Mrs. Tiller is a 73 year old woman and resident of public housing who presents in your clinic for he 6-month wellness visit. The patient has a past medical history of:

- Hypertension
- T2DM (6.6)
- Osteoporosis
- Hysterectomy (2009)
- Breast cancer (2006) post double mastectomy.
- Vitamin D deficiency
- Anemia (microcytic)
- Generalized Anxiety Disorder (GAD)

The patient takes a total of 20 medications for these conditions. She has them listed on a piece of paper on her person that she says her daughter wrote for her.



Mrs. Tiller tiller undergoes a standard intake, which includes a a vitals check and a social needs screen. The results are as follows:

#### **Today:**

BP: 145/72

HR: 72

RR: 14

#### **Last visit (2024):**

BP: 136/68

HR: 70

RR; 14



Appendix WellRx Questionnaire			
DOB	Male_	Female	
WellRx Questions			
1. In the past 2 months, did yo	ou or others	you live with eat smaller meals or	skip meals because you didn't have money for food?
Yes			No
2. Are you homeless or worrie	d that you r	night be in the future?	
Yes			No
<ol><li>Do you have trouble paying</li></ol>	for your ut	ilities (gas, electricity, phone)?	
Yes			_ V No



Link: To Resource

Yes

Yes

4. Do you have trouble finding or paying for a ride?

5. Do you need daycare, or better daycare, for your kids?



Yes	No
6. Are you unemployed or without regular income?	
Yes	No No
7. Do you need help finding a better job?	_
Yes	No No
8. Do you need help getting more education?	
Yes	_✓ No
9. Are you concerned about someone in your home using drugs or alcohol?	
Yes	✓ No
10 Do you feel unsafe in your daily life? Yes	
Yes	No
11. Is anyone in your home threatening or abusing you?	
Yes	✓ No

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

<u>Link: To Resource</u>

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Please take a moment to type your response to the following:

What is your assessment of Mrs. Tiller's social needs screen?

- 1. Do any issues require immediate attention?
- 1. Does this patient meet criteria for referral to social services?



Mrs. Tiller's lab results indicate that she has **slightly elevated potassium**, **low sodium** and **elevated kidney markers** compared to her last visit.

When examined by her provider, Mrs. Tiller is noted to have to appear weak, uses a cane when walking, and her skin has a sunken, ashen appearance.

When asked to walk the hallway, she is noted to watch her steps carefully as she walks and uses her cane with her right hand. Her hand was observed shaking slightly as she placed it under her weight. Her breathing and heart rate are noted to be within baseline during and after the walk?



#### Please take a moment to type your response to the following:

What is your assessment of Mrs. Tiller's condition in the following realms:

- 1. Preventative care
- 2. Clinical condition
- 3. Geriatrics concerns



Mrs. Tiller is questioned regarding her social needs screen and living situation, she discloses the following details:

- Mrs. Tiller lives alone in a one-bedroom apartment.
- Her adult daughter and son both live within 20 miles of her home. Two other children live in different areas of the country.
- She does not have a healthcare proxy or advanced directive of any type.
- She is active at her local church and public housing residents support group.
- Her daughter and neighbors often "help her" with her medications.





#### Please take a moment to type your response to the following:

Considering Mrs. Tiller's condition, which preventative services will she require:

- 1. Clinical services
- 2. Social and behavioral services
- 3. Other services



Please take a moment to type your response to the following:

How could a Community Health Worker (CHW) assist in Mrs. Tiller's care?



Please take a moment to type your response to the following:

How could Mrs. Tiller benefit from a home visit from a Social Worker?



Please take a moment to type your response to the following:

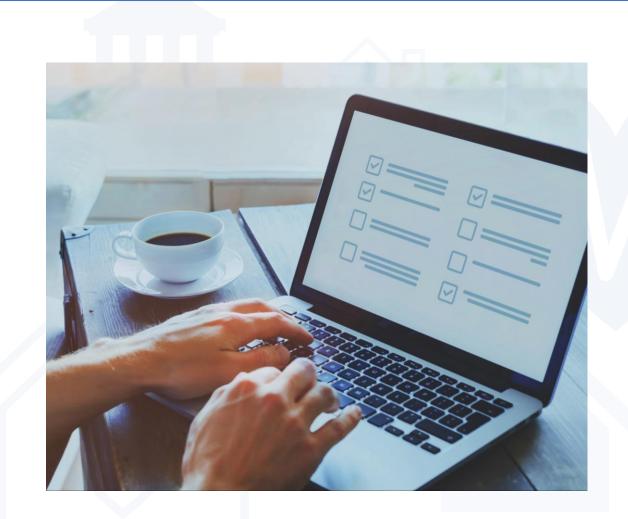
How could a Community Nurse assist in Mrs. Tiller's care?

# Q & A Session





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# **Upcoming Trainings**

Session 2 03/25/2025 at 1:00 pm EDT

Session 3 04/01/2025 at 1:00 pm EDT

Session 4 04/08/2025 at 1:00 pm EDT

Use the same link to join.





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# Thank you!

