C0051

Mobile Senior's Wellness Network: Reaching Rural New Brunswickers (MSWN)

Last updated: July 2023

Summary

- The MSWN team provided outreach to older adults through a multi-disciplinary, mobile team with the goal of identifying the needs and services required, providing education, and helping navigate the healthcare system. Foot care was used as a tool for engagement.
- Older Adults in Fredericton and the surrounding area often cannot obtain foot care from medical professionals, such as Foot Care Nurses (FCN), due to many barriers, including transportation, income, and access to health information. The MSWN team included three FCNs, three registered social workers (RSW), and one part-time Occupational Therapist (OT).
- 366 older adults were enrolled, including 215 women and 151 men, the majority of whom were Anglophone. The older adults enrolled were from Fredericton and the surrounding areas, including Doaktown, Nackawic, McAdam, and Chipman. 45% of the cohort lived at or below the poverty line, 53.4% lived alone, 60.1% had an education level of high school or below, 49.7% were rural and 50.3% urban, and 44% were living with a diagnosis of diabetes.
- The MSWN team visited each older adult in their home to provide personalized care such as:
    - Foot Care: including using the InLow, a 60 second checklist for assessment and management of the diabetic foot, to classify foot risk while caring for ingrown nails, calluses, foot ulcers, and more. Providing a mobile service for foot care can improve outcomes for older adults by decreasing amputations, hospitalization, and emergency department (ED) visits.
    - Education on diabetes, nutrition, foot care, and available programs
    - Home assessments for fall risks
    - Referral and assistance to help access other healthcare services and navigate government programs and processes.
- The MSWN team created a social event called "Coffee Morning" at the Charlotte Street Art Center for older adults to build community and address social isolation. Other older adults were connected to the local community programs within their area.

HSPP Focus Area	Improving social built environments to foster healthy aging
Project Start & End Date	August 24, 2020 – March 31, 2023
Organization/Agency	Faculty of Nursing, University of New Brunswick/Horizon Health Network
Location	Fredericton
Principle Investigator(s)	Dr. Tracey Rickards

Indicator	Impact / Outcome / Result	Quote
Seniors will experience improved foot health and decreased hospitalizations and amputations due to ulcers.	With proper foot care provided in older adults' homes, they gained crucial knowledge about foot health. Based on the qualitative information collected, no participants were hospitalized during the project for diabetic foot ulcers, no new foot wounds developed, and no amputations occurred.	*"I feel better to manage my foot health. The nurse helped just by teaching me how to manage it and by listening."* *"It has been lifesaving to have both the foot care nurse and you (RSW) as part of the project."*
The MIMOSA scanner is superior for	This was not achieved due to limitations with the MIMOSA tool. It was discovered in 2023, that any images taken using the MIMOSA 1.0 were not properly calibrated and untrustworthy. At	

assessing foot health.	the end of the project, the FCNs preferred using the InLow over the MIMOSA for foot assessments for reliability.	
Seniors' mental health and quality of life will improve through home visits and access to social activities in their communities.	Scores for depression significantly improved for older adults after three months of care and were maintained after six months. Anxiety showed significant decreases across the first three months of care, and the change was maintained after six months. Scores for loneliness, fall risks, and quality of life did not significantly improve.	*"It seems that the healthcare system cares. Nice to have someone check in on you. Not just the foot care – it's a social thing. Even with 2 of us [participant lives with his wife], it's nice to have that extra contact. It was nice to have access to information if we needed it. I felt wanted – like old people finally matter.* ***We sometimes feel like we are part of the scrap pile****. I would recommend this program to anyone. I hope that people see the value in this program."*
Seniors will not feel as isolated while living at home.	Loneliness was measured, and while there was a small reduction in the average loneliness score, the results were not statistically significant. Feedback from the older adults during exit interviews suggested improvement in social isolation after visits from the team.	*"I appreciated it so much. Being able to be open and honest and feeling free to express how I am feeling. Being able to talk about things that I have never been able to open up about before.* ***I felt less lonely with your visits.*** *It was important that you came to my home because I didn't have to go out and I find it hard to go out and can't commit to appointments."*
Seniors will be able to engage in the social activities provided.	Older Adults reported increased social involvement and knowledge of resources within their community.	*"I do feel that it is a necessary project because there are* ***so many people who don't know the services available to them****. We need people to help when your mental health is a struggle. What a lift for people."*
Strengthened community and improved knowledge of community relationships	The MSWN team created a social event to combat social isolation and connect older adults to programs within their community. Older Adults gained greater access to services through the RSW, and high-risk participants were connected to specific supportive resources. Each received personalized information about programs and activities tailored to their situation.	*"So informative about the different things that were available to us.* ***A wealth of information. Connected us to services.*** *I have a drop foot and the nurse suggested I see a physiotherapist and look into orthotics. Also told me about a diabetic education class that helped a lot with building strength, improving my balance etc."*
Return on Investment (ROI)	• Monthly cost for one Mobile unit is estimated at $22,000/month. • The average diabetic foot ulcer hospital admission costs approximately $22,754/per person (not including pre- and post-admission costs). • Diabetic foot ulcers are one of Canada's top five most costly conditions. With this program, many lives and limbs can be saved. • With proper preventative care, 80%-85% of all diabetic foot ulcers can be prevented.	

Methods and Comparison

Older Adults were offered foot care, education, and help to navigate services in their homes by an FCN and RSW for a minimum of six months. Older adults' physical and mental health were assessed in their homes. People were connected with community programs within their area to address social isolation, loneliness, and mental health.

Conclusions and Lessons Learned

- Regular foot care by an FCN is important for maintaining overall physical health, especially for older adults. Physical health is maintained through improving mobility, balance, confidence in movement, education on mobility aids, and decreasing chronic pain with connections to allied healthcare professionals (i.e., OT and physiotherapy). However, foot care is not readily accessible or affordable for older adults in New Brunswick.
- Due to constraints within the New Brunswick health system, a provincial MSWN program in selected community health centers (CHCs) could address these healthcare issues and prevent ED visits, hospital admissions, and hospital transfers to long-term care facilities.
- The multidisciplinary team approach involving an FCN and RSW is vital to successfully address the holistic needs of each older adult. A comprehensive approach can address many of the Social Determinants of Health and overcome barriers experienced by many, such as transportation, income level, and inability to access information.

Recommendations

- Use CHCs as hubs with a team dedicated to the care of older adults in the community. A mobile network of health professionals could be replicated based on the MSWN multi-disciplinary model to address older adults' physical, emotional, and mental health.
    - The addition of foot care services to CHCs would require the education/certification of nurses, as foot care nursing is an advanced nursing skill and requires continued education.
    - An RSW would provide mental health support, connection to resources, and assistance to navigate the arduous process of gaining help within their home.

Next Steps

- Further funding is being sought to sustain and expand the MSWN program throughout New Brunswick and then across Nova Scotia, and Prince Edward Island.
- MSWN has collaborated with the UNB Faculty of Nursing and the Fredericton Downtown Community Health Center to provide foot care by an FCN. Due to the overwhelming demand for such services, the community clinic is providing two days of subsidized foot care but is continuing to seek more funding for a full-time program with a mobile aspect.

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