

# Sharing Health TAPESTRY Results

Led by the McMaster Department of Family Medicine

In collaboration with McMaster Faculty of Health Sciences, other academic institutions, and community organizations



## What is Health TAPESTRY?

Health TAPESTRY helps people stay healthier for longer in the places where they live by bringing together volunteers, technology, communities, and interprofessional health care teams.

In 2015, we ran a pragmatic randomized controlled trial (RCT) to evaluate the impact of Health TAPESTRY.

## What happened?



312 older adults participated in the study. Everyone was 70 and older and lived at home.



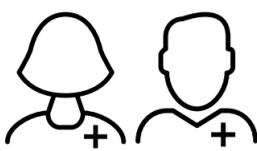
78 volunteers carried out 265 home visits and set 414 goals. The most common goal areas were physical activity, productivity, and social connection.



Volunteers collected information that was sent to primary health care teams in a summary report\*

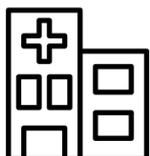
\*The top health concerns in these summary reports were related to physical activity, end-of-life planning, nutrition, bladder control, and being on five or more medications.

## Did Health TAPESTRY make a difference?



### More primary care visits

The intervention group had 1.52 more primary care visits than the control group over the 6-month period.



### Less hospitalizations

The intervention group had 56% lower odds of being admitted to the hospital compared to the control group.



### More time walking

The intervention group had an increase of 81 minutes of walking per week, compared to the control group who had a decrease of 120 minutes.

There was no difference between the intervention and control groups in meeting health goals. This might be because both groups identified their health goals at the beginning and worked throughout the study to meet their identified goals.

With fewer hospitalizations and more primary care visits, there are signs that Health TAPESTRY can shift the focus of health care from treatment to prevention.

Health TAPESTRY leveraged the enormous resource of community volunteers, and integrated them into the formal health care system. Volunteers gave primary health care teams access to information they might not have otherwise known, which meant the team was able to offer more proactive, person-centered and team-based care.

The results are very promising. The Health TAPESTRY program was very well received by participants, volunteers and health care teams. Further evaluation of Health TAPESTRY mechanisms will help us understand effective components, costs, and consequences.

We hope to study Health TAPESTRY in new communities with new groups of people. We are currently running Health TAPESTRY in six communities in Ontario.

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