

April 2023

JOURNEY MAP

**Older Adults in Rural Areas Using
Remote Patient Monitoring Technologies
to Manage Chronic Conditions**

U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Primary Health Care



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Background

This is one in a series of four journey maps that depict the journeys experienced for populations as they access, receive, and engage in virtual care at health centers, including:

- People experiencing homelessness in urban areas accessing synchronous telehealth for primary care.
- Older adults in rural areas using remote patient monitoring technologies to manage chronic conditions.
- Pregnant residents of urban public housing using mHealth app for prenatal care.
- Adolescents using telehealth for mental health care at urban school-based service sites.

How Your Health Center Can Use Journey Maps

These journey maps are illustrative examples your health center can adapt and use to map the journeys of people in your community and expand your understanding of different populations and priority health topics.

The intent of these journey maps is for your health center to gain additional understanding of:

- Issues impacting peoples' ability to access, receive, and engage with virtual care at a health center.
- Actionable strategies to address populations' barriers to equitable access to virtual care.

Your health center staff can apply information from the journey maps to promote equity in virtual care programs to:

1. Think strategically to promote equity in virtual care access and delivery.
2. Identify equity-related issues and actionable strategies to mitigate health care disparities.
3. Prepare to establish or expand virtual care.
4. Implement and evaluate virtual care.
5. Enhance peripheral workstreams in health care delivery.

Guide to the Virtual Care Journey Maps, References, and Other Resources

This journey map is one in a series of four journey maps that depicts the experiences for populations as they access, receive, and engage in virtual care at health centers. The following materials can be found at the [Optimizing Virtual Care](#) webpage:

- Links to each of the four journey maps.
- Guide to the Virtual Care Journey Maps: Background and Tips for Review which contains detailed information on the journey map development process and glossary of terms.
- References for OVC Journey Maps which contains references cited throughout the journey maps.
- Additional information on the OVC program overall, including the OVC Implementation Toolkit.

Scenario

This journey map is about adults aged 65 years and older¹ who live in rural areas and have multiple chronic conditions to manage. In this scenario, they are patients at a community health center in a rural area that may be a long distance away from where they live and are seeking support for managing their chronic conditions.

The rural health center would like to enroll their older adult patients into remote patient monitoring (RPM) programs to help them manage their chronic conditions. RPM programs involve a specific technology device to collect health data from patients in their daily lives.^{2,3,4} Data are then transmitted electronically to a health center, documented in patients' health records, and accessed by health care providers to monitor and evaluate their patients. Examples of RPM technologies can include:

- Devices that measure heart rate and rhythm to monitor heart conditions.
- Smartphone or tablet applications that connect to a blood glucose measurement device that monitors diabetes.

Social Determinants of Health (SDOH)⁵ That Can Impact the Journey to Access Care

Older adults living in rural areas may:



Economic Stability

- Live on fixed incomes (e.g., social security or retirement savings) or low incomes.^{6,7}



Education Access and Quality

- Speak languages not supported by health centers or technology.^{8,9}
- Experience challenges using health and technology information (i.e., health and digital literacy).^{10,11}



Health Care Access and Quality

- Face technology challenges or be open to using technology for health.^{12,13}
- Use Medicare or Medicaid for medical care or need access to health insurance.¹⁴
- Require care, treatments, and medications for multiple chronic conditions that may be expensive.^{15,16}
- Experience cognitive challenges, physical limitations, or health conditions that can arise with aging.^{17,18}



Neighborhood and Built Environment

- Experience challenges traveling to health centers (e.g., lack of public transportation, require traveling long distances to a health center).^{19,20}
- Need housing assistance.²⁰
- Live in areas with limited access to affordable and nutritious food (food deserts).^{21,22}
- Face barriers accessing technology or quality internet.^{23,24}
- Use federal-, state-, or community-based supports (e.g., Meals on Wheels).^{22,25,26}
- Require formal caregivers who are paid for assisting them or informal caregivers who are family or friends and provide unpaid assistance.²⁷⁻³¹
- Live with other older adults (e.g., assisted housing, skilled nursing facility).^{32,33}
- Live alone.³³
- Experience discrimination, stigma, or abuse because of their older age (ageism) and their identities (e.g., race, ability, gender identity, sexual orientation).³⁴
- Identify as a population that faces additional barriers seeking care as older adults, including people of color, people with disabilities, or people identifying from the lesbian, gay, bisexual, transgender, and additional gender identities and sexual orientations (LGBTQI+) community.³⁵⁻⁴⁰



Social and Community Context

All references can be accessed in the "References" document available at <https://bphc.hrsa.gov/funding/funding-opportunities/optimizing-virtual-care>.

Step

1

Understanding health care needs and remote patient monitoring (RPM) services

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To help manage their chronic conditions, older adults need to identify what kind of care they need and what care is available to them. The rural health center wants to support their patients by starting outreach to help them know about and enroll in an RPM program to help manage multiple chronic conditions.



Step

2

Considering the costs and benefits of using RPM services

Page 8



Older adults consider enrolling in RPM and think about whether it is realistic for them to use RPM devices in their daily lives. To do this, they weigh costs and benefits to their lives and health from using RPM devices. The health center wants to help older adults minimize costs and maximize the benefits of using RPM devices to manage their chronic conditions.



Step

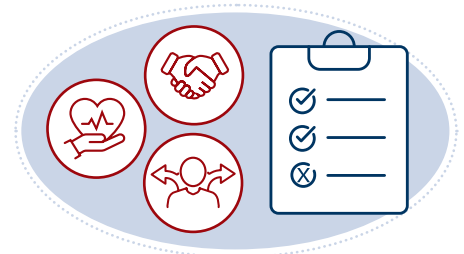
3

Preparing for a health center visit and enrolling in an RPM program

Page 9



After deciding to enroll in the RPM program, older adults need to prepare for an appointment at the health center to learn about the RPM devices (e.g., they think about how RPM fits in their lives, questions and concerns they have about RPM devices). The health center wants to address issues that older adults face in preparing for the health center appointment and using RPM technologies.



Step

4

Meeting with health center staff to engage in an RPM

Page 10



Older adults have an in-person appointment scheduled with the RPM team to learn more about the RPM program and RPM devices. To engage in their visits, older adults need to be able to get to the appointment, communicate with staff, and follow RPM-related instructions. The health center wants to ensure that they can travel to their appointments and engage with the RPM program staff.



Step

5

Keep engaging in the RPM program

Page 11



After the appointment, older adults are using RPM devices in their daily lives to manage their chronic conditions. The health center wants to support their ability to keep using RPM devices and engaging in the RPM program.





Step 1 Understanding health care needs and remote patient monitoring (RPM) services

In this step, older adults with multiple chronic conditions need support to manage their health every day, which can be difficult when living in remote and rural areas. To find support, the older adults need to identify what kind of care they need to manage their health. They also need to know what care is available at their health center.

The rural health center knows their older adult patients with multiple chronic conditions need support to manage their health. In this step, the health center supports their patients by starting outreach to:

1. Inform older adults about the RPM program available at the health center to help them manage multiple chronic conditions in their daily life.
2. Help older adults enroll in the RPM program and become familiar with RPM devices.

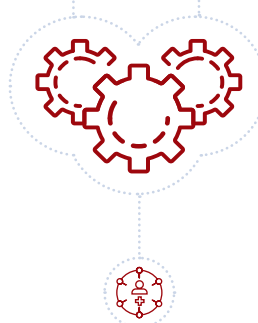


Issues older adults may face

Challenges managing health and competing needs. Access to health centers, social supports, and caregivers impacts the ability to manage multiple health conditions and other needs (e.g., food).⁴¹

Difficulty using information for health management. Cognitive health, literacy (including health and digital literacy), and exposure to intentionally misleading information can impact the ability to find, appraise, and use information about health, services available, or technology.⁴¹⁻⁴⁵

Concerns about RPM. Experience with, information about, and expectations of, technology can impact concerns about the privacy and security of devices and the usefulness of RPM for managing health.⁴⁶⁻⁴⁹



Health center activities that impact access to care

Methods for outreach. The ways health centers conduct patient engagement (e.g., in person, via phone), where they do it (e.g., at home), and with whom (e.g., organizations that serve older adults) can impact reach.^{50,51}

Methods for information sharing. How and what information are shared with older adults (e.g., via outreach, in culturally affirming language), and how intentionally misleading information is addressed, can impact openness to RPM.^{44,52}

Cohesion of RPM program with other programs. How RPM programs are integrated with Medicare- or Medicaid-related services (e.g., care coordination) can impact the usefulness of RPM.⁵³⁻⁵⁷

Societal factors that impact older adults

Discrimination against older adults (ageism). Intentionally misleading information can influence cultural norms and biases about older adults. These norms and biases can impact the support and services available for, and treatment of, older adults, especially those with low incomes or public health insurance.^{58,59}



Ways A Rural Health Center Can Support Older Adults at This Step

Engage staff and use communication methods trusted by patients to do outreach

- Bring staff trusted and known by patients (e.g., nurses, community health workers, digital navigators) into outreach.⁶⁰⁻⁶²
- Introduce the RPM program via phone or in person using methods that respect and center on older adults.^{52,63}

Conduct outreach in multiple ways that are convenient and accessible for patients

- Use mobile outreach for older adults who cannot travel long distances.⁶⁴
- Partner with community organizations serving older adults to conduct outreach at events and places where older adults frequently engage.⁶⁴

Leverage telehealth to educate older adults about RPM devices and demonstrate how to use these devices

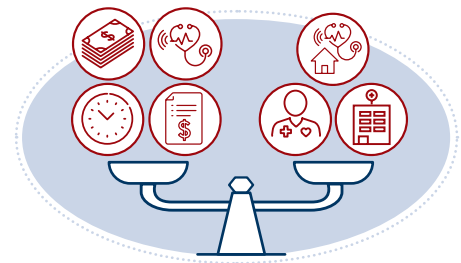
- Offer synchronous telehealth visits with staff or digital navigators to talk and answer questions about the RPM program and devices.^{52,65,66}
- Offer online or hybrid visits with groups of older adults and multidisciplinary team members to build trust and peer support in the RPM program.⁶⁶

Step 2

Considering the costs and benefits of using RPM services

In this step, older adults consider enrolling in an RPM program and think about whether it is realistic for them to use RPM devices in their daily lives. To do this, older adults weigh costs and benefits to their lives and health from using RPM devices.

Additionally, the health center wants to help older adults minimize costs and maximize the benefits of using RPM devices to manage their chronic conditions.

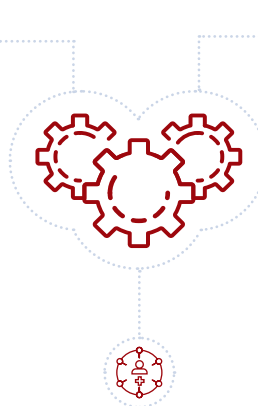


Issues older adults may face

Covering costs associated with RPM. Direct costs (e.g., medical co-pays, internet subscriptions) or indirect costs (e.g., time needed to learn how to use RPM devices) can impact older adults' ability to engage in RPM programs.⁶⁷⁻⁶⁹

Relationships with people supporting health management. Relationships with caregivers, staff, providers, and other older adults with similar health conditions are important in managing multiple conditions, possibly impacting older adults' ability to engage in and benefit from using RPM devices.⁶⁸⁻⁷¹

Preference about where they receive care. Preferring to receive care at health centers instead of in their homes can impact burdens or benefits of participating in RPM programs.^{67, 72}



Health center activities that impact access to care

Internal or external resources available to support older adults' needs. Resources available internally or external partnerships with community organizations can impact the ability to support relationships, offer multiple methods to receive care, provide education about appointment options, and address costs, which in turn can impact older adults' ability to be part of RPM programs.^{73,74}

Cost of the RPM program. Reimbursement for the RPM program and the ability to buy useful but affordable devices can impact the ability to provide robust RPM services and relevant devices to older adults.⁷⁵

Societal factors that impact older adults

Discrimination in social support access. Decision makers' cultural bias against older adults, rural communities, people of color, people who identify as LGBTQI+, and people with disabilities can influence which populations should have access to social support and digital services.⁷⁶⁻⁷⁸

Bias in technology design. Technology companies' implicit and explicit biases about older adults, people of color, women, gender minorities, and people with disabilities can lead to the creation of technologies that do not address these populations' needs and impact their health.⁷⁹⁻⁸⁵



Ways A Rural Health Center Can Support Older Adults at This Step

Connect patients with supports to address factors that can impact involvement in RPM programs

- Help older adults access low- or no-cost internet through community organizations (e.g., libraries) or government programs (e.g., Federal Communications Commission's Affordable Connectivity Program).^{83,86}
- Connect older adults and caregivers with internal or external resources to access paid formal caregivers, personal care services, and other social supports that can support older adults' ability to engage in RPM programs.⁸⁷⁻⁸⁹

Provide useable, accessible devices to older adults

- Partner with older adults when selecting and testing usability of devices to ensure that the technologies selected are easy to use, do not create additional burden, and support engagement with devices.^{79,90-92}
- Ensure older adults of diverse abilities, genders, and skin color are involved in device selection and usability testing.^{86,92}



Step 3 Preparing for a health center visit and enrolling in an RPM program

At this step, older adults decide to enroll in an RPM program and need to prepare for their health center appointment to learn about and practice using RPM devices. Part of the preparation can include:

- Evaluating how RPM fits in their lives.
- Thinking about questions and concerns around RPM devices to bring to their visit.
- Feeling comfortable with the idea of using RPM devices to help manage their health.

To support older adults at this point in their journey, the health center wants to address issues that older adults face in preparing for the health center appointment and using RPM technologies.

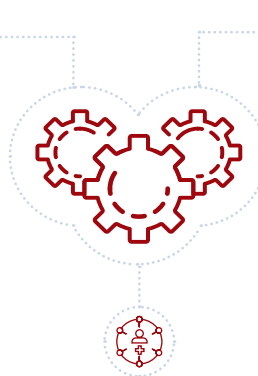


Issues older adults may face

Competing priorities. Meeting basic needs and managing important priorities can impact older adults' ability to add RPM into their lives.⁹³⁻⁹⁵

Trust and confidence. Past experiences with health care and technology, culture, personal values, and identities can impact older adults' trust in RPM programs and confidence using devices.⁹⁶⁻⁹⁹

Autonomy in health management. Poor cognitive or physical functioning can require support from caregivers for health management, including using RPM devices or accessing data from devices.¹⁰⁰



Health center activities that impact access to care

Organizational culture. Health center norms and professional values about older adults can impact services available to, and treatment of, older adults.¹⁰¹

Staff and providers' identities. How much the people working at the health center reflect the communities they serve (e.g., race, languages spoken, age) can impact older adults' trust, confidence, and relationships with staff and providers.¹⁰²⁻¹⁰³

Permissions for RPM data access. Who can access RPM devices and data, including caregivers and family, can impact caregiver involvement in RPM programs and older adults' willingness or ability to engage in RPM programs.^{105,106}

Societal factors that impact older adults

Data access policies. Laws about who can access protected health information (e.g., Health Insurance Portability and Accountability Act [HIPAA]) can impact caregivers' access to older adults' health data.^{107,108}

Discrimination based on age and other identities. Discrimination based on age and identities (e.g., race, ethnicity, gender identity, sexual orientation) can impact the diversity of medical providers and treatment of older adult patients from diverse communities.^{97-99, 107-115}



Ways A Rural Health Center Can Support Older Adults at This Step

Support older adults with managing competing priorities

- Assess patient needs and competing priorities, and connect them with resources.^{98,116,117}
- Build or strengthen partnerships with community organizations to help older adults meet social needs.¹¹⁸⁻¹²¹

Provide elder-centered, culturally congruent care

- Hire and support staff and providers who represent the patients' communities.¹²²⁻¹²⁴
- Train staff to provide sensitive, culturally congruent care.¹²⁴⁻¹²⁷

Discuss RPM concerns with older adults

- Share information about RPM devices, including data privacy and security, with patients and caregivers before their visits in ways that meet their literacy, ability, and language needs.^{128,129}
- Offer pre-appointment visits with RPM program staff using synchronous telehealth to discuss concerns about the RPM program, and build trust and confidence.^{129,130}



Step 4

Meeting with health center staff to engage in an RPM program

In this step, older adults have an in-person appointment scheduled with the RPM team to learn more about the RPM program and how to use RPM devices. To engage in their visits, older adults need to be able to get to the health center, which can mean traveling very large distances in rural areas. They also need to be able to work with the RPM program staff, which might require bringing along a caregiver to the visit to help them communicate with staff and follow RPM-related instructions.

Concurrently, the health center wants to ensure that their older adult patients can travel to their appointment and engage with the RPM program staff.



Issues older adults may face

Transportation availability and travel distance.

The ability to safely drive themselves, relying on others for rides, or using public transportation can influence the burden of traveling long distances for care, which can impact chronic condition management.^{131,132}

Social support. Having social ties with family, friends, and the community, as well as access to paid caregivers, can impact the ability to travel to, and engage in, visits.¹³³⁻¹³⁵

Confidence and empowerment. Feeling confident using technology can empower older adults to use in RPM devices.¹³⁶⁻¹³⁸

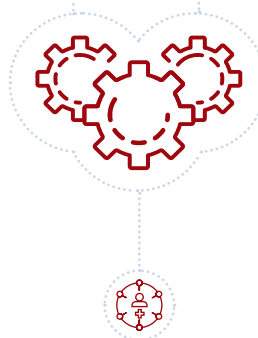


Health center activities that impact access to care

Availability and accessibility of services. Location, operating hours, and other administrative factors can impact patients' ability to use services.¹³⁹

Transportation services provided. Center-provided services (e.g., wheelchair-accessible buses) or partnerships with transportation agencies (e.g., state department of transportation) can impact patients' ability to travel to appointments.¹⁴⁰

Organizational culture. Health center beliefs about older adults' ability to use devices can influence relationships with older adults and how programs are run, which can impact older adults' acceptance and use of RPM devices.¹⁴¹



Societal factors that impact older adults

Age discrimination. Negative beliefs and stereotypes about older adults (ageism) held by decision makers within technology and health care can lead to older adults being excluded from technology design or technology-based health programs.^{142,143}

Policies impacting health care access. Legislation regarding infrastructure, health care services, and reimbursement can impact older adults' ability to travel to and access care (e.g., home-based support), and what services health centers can offer (e.g., RPM programs).¹⁴⁴⁻¹⁵²



Ways A Rural Health Center Can Support Older Adults at This Step

Provide accommodation support for visits when needed

- Before the visit, call older adults to see what supports they need to travel to, and engage in, their visits.^{153,154}
- Offer in-home or telehealth visits when coming to the health center is not possible.¹⁵⁵

Tailor visits to meet unique digital literacy and confidence need

- Assess older adults' digital literacy needs to address during their visits.^{156,157}
- During the visits, include digital navigators to support digital health needs, social workers to access resources needed to engage in an RPM program, and nurses or other clinicians to discuss how RPM data will inform and support chronic disease care.^{154,158}
- Educate and train older adults on RPM device use and benefits as it relates to managing their chronic conditions.¹⁵⁹

Support RPM program staff

- Assess current organizational culture and norms to inform practices and policies that support older adults and their care.¹⁶⁰
- Train staff about elder bias and social factors that impact older adults' care and use of technology.¹⁶¹⁻¹⁶³

Step 5

Keep engaging in the RPM program



In this step, older adults are using RPM devices in their daily lives to manage their chronic conditions.

Simultaneously, the health center wants to support older adults' ability to keep using RPM devices and engaging in the RPM program.

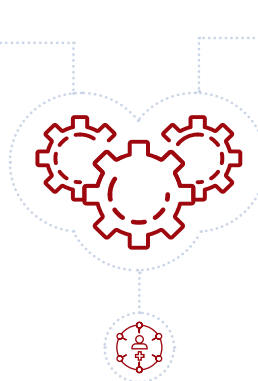


Issues older adults may face

Managing competing priorities. The ability to address competing priorities, like meeting basic needs (e.g., housing), can impact continued engagement in RPM programs (e.g., need to pay for housing costs instead of internet).^{164,165}

Sustained device access. Having long-term access to working, usable devices and quality internet can impact older adults' ability to engage in RPM programs.¹⁶⁶

Motivation to continue RPM device use. Perceived and actual benefit of RPM device use for chronic condition management, and ease of device use can impact continued use of RPM devices.¹⁶⁷⁻¹⁶⁸



Health center activities that impact access to care

Patient connections and retention. Relationships between patients and RPM program staff, having regular follow-ups, and meeting patients' needs in using devices (e.g., language or technical support) can impact retention of patients.¹⁶⁹⁻¹⁷³

Sustainability of RPM programs. The cost, impact on staff and providers, environmental factors (e.g., storms that lead to power outages), and technical needs of RPM programs can impact whether the programs can continue for long periods of time.^{172,174-180}

Quality of care provided via RPM programs. The quality of care provided via the RPM program in comparison to usual care can impact the perceived effectiveness of the RPM program in supporting care.¹⁸¹⁻¹⁸³

Societal factors that impact older adults

Policies impacting telehealth. Federal and state policies regarding internet affordability, device access, and reimbursement for RPM services can lead to inequities in access to and availability of RPM programs for older adults.¹⁸⁴⁻¹⁸⁷

Discrimination in internet access for specific communities (digital redlining). Intentional lack of investment in internet infrastructure and services within specific communities that are marginalized (e.g., low income, communities of color) impact those communities' ability to access quality internet needed for telehealth.¹⁸⁸



Ways A Rural Health Center Can Support Older Adults at This Step

Regularly assess for changing basic and technology needs

- Engage community health workers and digital navigators to regularly check with older adults and caregivers about changes in basic needs (e.g., food access) or technology needs (e.g., internet, usability) and quickly connect them with support when needs are identified.¹⁸⁹⁻¹⁹²

Assess data from RPM devices to understand program impact and quality

- Consider using processes to analyze and visualize RPM device data.¹⁹³⁻¹⁹⁵
- Assess for RPM data loss to identify causes (e.g., internet connection drops at patients' homes).^{196,197}
- Partner with older adults from diverse backgrounds to assess differences in device use and related factors to inform strategies to motivate patients who use devices less (e.g., offer face-to-face visits).¹⁹⁸⁻²⁰⁰

Bolster sustainability work

- Identify and address causes of staff and provider burnout within RPM programs, such as clinicians needing to provide technology support to patients in addition to clinical work.²⁰¹⁻²⁰³
- Work with RPM device and electronic health record vendors to develop strategies to support data privacy and security and resilience to environmental impacts on infrastructure and communities.^{196,204,205}
- Find partners to help develop cost-saving strategies (e.g., with regional academic medical centers).²⁰⁶

Resources

Below are resources relevant to this journey map from U.S. government agencies or organizations funded by U.S. government agencies:

Agency for Health Care Research and Quality (AHRQ)

- Information, tools, and professional trainings on health literacy: <https://www.ahrq.gov/health-literacy/index.html>
- “Accessibility and Beyond: Designing Consumer Health IT for Disabled Individuals”: <https://digital.ahrq.gov/ahrq-funded-projects/accessibility-and-beyond-designing-consumer-health-it-disabled-individuals#nav-publications>
- “Developing Evidence-Based, User-Centered Design and Implementation Guidelines to Improve Health Information Technology Usability”: <https://digital.ahrq.gov/ahrq-funded-projects/developing-evidence-based-user-centered-design-and-implementation-guidelines>

Centers for Disease Control and Prevention (CDC)

- Community health workers (CHWs) toolkit: <https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm>
- Information and tools on health literacy research, practice, and evaluation: <https://www.cdc.gov/healthliteracy/>
- Information about digital health literacy: <https://www.cdc.gov/healthliteracy/researchevaluate/eHealth.html>
- Information about lesbian, gay, bisexual, and transgender health: <https://www.cdc.gov/lgbthealth/index.htm>

Centers for Medicare and Medicaid Services (CMS)

- Accountable Health Communities Health-Related Social Needs screening tool: <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
- CMS Framework for Health Equity, 2022. <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>
- Improving data to advance health equity solutions: <https://www.cms.gov/files/document/path-forwardhe-data-paper.pdf>
- Personal care services (PCS): <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education/Personal-Care-Services>
- Providing language services to diverse populations: <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Lessons-from-the-Field.pdf>
- Rural health clinics center: <https://www.cms.gov/center/provider-type/rural-health-clinics-center>
- Rural health clinics (RHCs) and federally qualified health centers (FQHCs): CMS flexibilities to fight COVID-19: <https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf>
- Telehealth for providers guide: <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

Department of Agriculture (USDA)

- Assistance for seniors aged 60 and over: <https://www.fns.usda.gov/program/assistance-seniors>
- Rural poverty and well-being: <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/>

Department of Health and Human Services (HHS)

- LGBTQIA+ health and wellbeing page: <https://www.hhs.gov/programs/topic-sites/lgbtqi/index.html>
- Telehealth page: <https://telehealth.hhs.gov>
- Administration for Community Living (ACL)
 - Programs to provide assistance to older adults and support community-based organization networks: <https://acl.gov/programs>
 - National Center on Elder Abuse: <https://ncea.acl.gov>
- Office for Civil Rights
 - “Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons”: <https://www.hhs.gov/sites/default/files/guidance-on-nondiscrimination-in-telehealth.pdf>
- Office of Disease Prevention and Health Promotion
 - Health literacy resources: <https://health.gov/our-work/national-health-initiatives/health-literacy/resources>
 - Research-based guide for developing better health websites and digital tools that support health literacy online: <https://health.gov/healthliteracyonline/>

Department of Justice (DOJ)

- Elder abuse information, trainings, and other resources: <https://nij.ojp.gov/topics/crime/violent-crime/elder-abuse>

Equal Employment Opportunity Commission

- Information and policies about sexual orientation and gender identity discrimination: <https://www.eeoc.gov/sexual-orientation-and-gender-identity-sogi-discrimination>

General Services Administration (GSA)

- Usability toolkit: <https://digital.gov/topics/usability/>
- User-centered design toolkit: <https://digital.gov/topics/user-centered-design/>

Health Information Technology, Evaluation, and Quality Center (HRSA-funded National Training and Technical Assistance Partner)

- Resources, services, and other technical supports: <https://hiteqcenter.org>

Health Services and Resources Administration (HRSA)

- Federal Office of Rural Health Policy: <https://www.hrsa.gov/about/organization/bureaus/forhp>
- Guide for rural health care collaboration and coordination: <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/hrsa-rural-collaboration-guide.pdf>
- “Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities”: <https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/ohe/hrsa-health-equity-report.pdf>
- Office for the Advancement of Telehealth: <https://www.hrsa.gov/rural-health/topics/telehealth>
- Rural health page: <https://telehealth.hhs.gov>
- Ryan White HIV/AIDS program
 - Older adult clients fact sheet: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/population-factsheet-older-adults.pdf>
- Telehealth resource centers: <https://www.hrsa.gov/rural-health/topics/telehealth/trcs>

National Institutes of Health (NIH)

- National Institute on Aging (NIA)
 - Health information for patients and caregivers: <https://www.nia.nih.gov/health>
 - Information page on telehealth: <https://www.nia.nih.gov/health/telehealth-what-it-how-prepare-it-covered>
 - Tips for improving communication with older patients: <https://www.nia.nih.gov/health/tips-improving-communication-older-patients>

National Resource Center on LGBTQ+ Aging (funded in part by the Administration for Community Living)

- Education, technical assistance, and other resources: <https://www.lgbtagingcenter.org>

Rural Health Information Hub (funded in part by HRSA)

- Toolkit for improving digital health literacy: <https://www.ruralhealthinfo.org/toolkits/health-literacy/2/digital-literacy>
- Community supports for rural aging in place and independent living: <https://www.ruralhealthinfo.org/topics/community-living>

Rural Health Research Gateway (funded by HRSA)

- Data, dissemination toolkit, and other resources: <https://www.ruralhealthresearch.org>

The MITRE Corporation (an operator of a federally funded research and development center)

- Social justice platform: <https://sjp.mitre.org>