

North Carolina Falls Prevention Coalition
Friday, March 3, 2023
UNC Friday Center - Hybrid
11:30am-4:00pm



Powerful Innovative Practices to Prevent Falls Conference
Speaker Biography and Presentation Description

Presentat ion	Speaker Biography	Learning Objectives for presentation	Presentation Description	Peer reviewed references <u>if applicable</u>
Universal Design	<p>Richard Duncan, Executive Director, RL Mace Universal Design Institute</p> <p>Mr. Duncan has spent nearly 40 years in the field of architectural and product accessibility and universal design in residential, public, and transportation environments. He has extensive experience in the design, costs, materials, and</p>	<p>1) Define terms “universal design” and “Better Living Design” and be able to distinguish it from accessible design and accessibility features</p> <p>2) Learn about the concept and practice of accessible and universal design and ways research is applied to generate design solutions appropriate for the widest diversity of user</p>	<p>The Ronald L. Mace Universal Design Institute is a non-profit organization based in North Carolina dedicated to promoting the concept and practice of accessible and universal design. The Institute's work manifests the belief that all new environments and products, to the greatest extent possible, should and can be usable by everyone regardless of age, ability, or circumstance.</p>	

	<p>products in residential and non-residential settings. His work includes the issues of affordable housing and home and repair financing and transportation accessibility as well as community design for constituencies that include people with disabilities and aging households. At all points in his career, Richard has observed that most of us benefit from the many usability improvements to the built environment that have occurred over the past 60 years; and that individual and collective health benefits can result. These benefits occur at all scales: from the design of home products that are simple and easy to use to the design of communities (and</p>	<p>3) Increase knowledge of the application of universal design and explore ways to advance the concept of universal design in all design disciplines, including housing, public-use buildings, outdoor and urban environments and related products.</p> <p>4) Learn about national universal design resources</p>		
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	<p>community services) that support people's full and continued integration in community life. He has directed many projects including Safe and Accessible Homes for Independence, and North Carolina's Excellence in Universal Housing Design Award. One of his recent projects, Affordable and Universal Homes for Independence, assisted affordable home builders improve their capacity to produce universal housing. Another project, Universal Design Homes, developed a universal demonstration home in Atlantic City.</p>			
CAPABLE Community	Amanda Goodenow MS, OTR/L Occupational	1) Describe the evidence that supports CAPABLE	Community Aging in Place, Advancing Better Living for Elders (CAPABLE) is a	Publications Page <ul style="list-style-type: none"> • Public Health Nursing and Older Adults: The CAPABLE

<p>ty Aging in Plan</p>	<p>Therapist and CAPABLE Program Manager Strategic Partnership Coordinator for CAPABLE at the National Center</p> <p>Amanda went into occupational therapy in 2005 due to her interest in human anatomy and physiology, and serving people. She loves being an OT because it is a platform to empower people about how to be physically aware of their bodies and in turn improve their quality of life. In 2017 , she was trained and became certified to implement CAPABLE. She has been the CAPABLE clinical program manager at Colorado Visiting Nurse Association since they began exploring the program in 2016.</p>	<p>and the urgent need to adopt models of care that fully integrate the social determinants of health along with the clinical status of the older adult.</p> <p>2) Describe the program components and team</p> <p>3) Describe how CAPABLE addresses equity and promotes self-efficacy</p>	<p>client-directed, home-based program, designed to increase mobility, function, and capacity to “age in place” (aka age in community). CAPABLE consists of time-limited services, in a series of visits from an occupational therapist (OT), a registered nurse (RN), and a handy worker, who work in collaboration with the older adult. A key component of this approach is having the participant drive the goal setting.</p>	<p>Model, American Journal of Public Health, Sarah Szanton and Alice Bonner (June 2022)</p> <ul style="list-style-type: none"> ● Do Interventions Reducing Social Vulnerability Improve Health in Community Dwelling Older Adults? A Systematic Review, <i>Clinical Interventions in Aging</i>, Jasmine Mah, Kenneth Rockwood, Susan Stevens, Janice Keefe, Melissa K Andrew (April 2022) ● The Behavioral Factors That Influence Person-Centered Social Care: A Literature Review and Conceptual Framework, <i>International Journal of Environmental Research and Public Health</i>, Eugene Tay, Ivo Vlaev, and Sebastiano Massaro (April 2022) ● Drivers and restrainers to adoption and spread of evidence-based health service delivery interventions: The case of CAPABLE, <i>Geriatric Nursing</i>, Sarah L. Szanton, Alice Bonner, Deborah Paone, Mark Atalla, Erika Hornstein, Dawn Alley, Bruce Leff, Laura N. Gitlin (April 2022) ● Aging Gracefully in Place: An Evaluation of the Capability of the CAPABLE Approach. <i>Journal of Applied Gerontology.</i>
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	<p>She joined Johns Hopkins School of Nursing CAPABLE team in 2020 as a consultant and assisted the CAPABLE National Center with strategic partnerships to spread the program throughout the U.S.</p>			<p>Jill Breyse, Sherry Dixon, Jonathan Wilson, Sarah Szanton (2021).</p>
<p>AARP HomeFit Guide</p>	<p>Robert C. Gerken, C.P.M., CAPS Certified Aging-In-Place Specialist North Carolina Senior Tarheel Legislature - Alternate Guilford County North Carolina AARP Triad Region – Lead Volunteer AARP HomeFit Guide Advisory Council, HomeFit National Trainer AARP National Speakers Bureau Guilford County Transportation Advisory Board and Commission on Aging</p>	<ol style="list-style-type: none"> 1) List designs and modifications that can be made to make a home more age-friendly (assess your current and future risks) 2) Describe how AARP’s HomeFit Guide and HomeFit assessment process plays a role in addressing the rapidly changing and rapidly aging population 3) Understand why it is problem that few older adults modify their homes before there is a negative health event and understand how your unique health 	<p>Smart ways to make a home comfortable, safe and a great fit for older adults — and people of all ages</p> <p>The AARP HomeFit Guide was created to help people live safely and comfortably in their home by enabling where they live to be a “lifelong home,” suitable for themselves and others in their household, no matter a person’s age or life stage.</p> <p>The AARP HomeFit Guide can help individuals and families make their current or future residence age-friendly. In addition, elected officials, policymakers and local leaders can learn about and advocate for the</p>	<ul style="list-style-type: none"> ● Luciano A, Pascale F, Polverino F, Pooley A. Measuring Age-Friendly Housing: A Framework. <i>Sustainability</i>. 2020; 12(3):848. https://doi.org/10.3390/su12030848

	Greensboro City Academy Graduate	needs interact with the building around you	types of housing features and designs that communities need so their residents can live safely and comfortably — and thrive.	
Clinical based algorithms to improve exercise therapy referrals for osteoporotic patients at risk of falls	<p>Garrett Scott Bullock, MD, Assistant Professor, Orthopaedic Surgery & Assistant Professor, Biostatistics and Data Science, Wake Forest University School of Medicine</p> <p>Dr. Garrett Bullock is a former professional baseball player, practicing physical therapist, and quantitative epidemiologist. Dr. Bullock was a Clarendon Scholar at</p>	<ol style="list-style-type: none"> 1) Describe how clinical based algorithms can improve exercise therapy referrals for at falls risk osteoporotic patients 2) Describe exercise therapy referral process 	Feasibility of electronic data capture and creating exercise therapy referral algorithms for vulnerable osteoporotic patients at risk for falls.	<ul style="list-style-type: none"> ● Gupta A, Maslen C, Vindlacheruvu M, Abel RL, Bhattacharya P, Bromiley PA, Clark EM, Compston JE, Crabtree N, Gregory JS, Kariki EP, Harvey NC, McCloskey E, Ward KA, Poole KES. Digital health interventions for osteoporosis and post-fragility fracture care. <i>Ther Adv Musculoskelet Dis</i>. 2022 Mar 28;14:1759720X221083523. doi: 10.1177/1759720X221083523. PMID: 35368375; PMCID: PMC8966117. ● LeBoff, M.S., Greenspan, S.L., Insogna, K.L. <i>et al</i>. Correction to: The clinician’s guide to prevention and treatment of osteoporosis. <i>Osteoporos Int</i> 33, 2243 (2022). https://doi.org/10.1007/s00198-022-06479-8 ● Meléndez-Ortega, A. Osteoporosis, falls and exercise. <i>Eur Rev Aging Phys Act</i> 4, 61–70 (2007).

	<p>the University of Oxford prior to joining the faculty at Wake Forest School of Medicine. Dr. Bullock holds an honorary appointment with the United Kingdom Centre for Sport, Exercise, and Osteoarthritis Research Versus Arthritis at the University of Oxford. Dr. Bullock's research focus is in creating real world clinically applicable research that has direct application in orthopaedic medicine. Dr. Bullock has published over 100 papers, and works with multiple national and international professional athlete organizations and leagues through both consulting and academic projects.</p>			<p>https://doi.org/10.1007/s11556-007-0027-9</p>
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<p>Pharmacotherapy of Falls</p>	<p>Kelly Jamieson, PharmD, CPP PGY2 Geriatrics & Academia Pharmacy Resident Department of Family Medicine, Pharmacotherapy Department & Adjunct Instructor, University of North Carolina Eshelman School of Pharmacy</p> <p>Dr. Kelly Jamieson is a PGY2 Geriatrics and Academia Pharmacy Resident at the Mountain Area Health Education Center (MAHEC) in Asheville, North Carolina. She obtained her Doctor of Pharmacy degree from the University of North Carolina Eshelman School of Pharmacy in 2021 and subsequently completed a PGY1 Ambulatory Care Pharmacy Residency</p>	<ol style="list-style-type: none"> 1) Identify high-risk medications that may predispose older adults to falls 2) Describe targeted interventions focused on preventing falls 	<p>Falls are a common occurrence among the older adult population, increasing the risk of serious injury and potentially limiting independence. While the underlying cause of a fall may be multifactorial, medications represent an important risk factor through their mechanism of action, clinical effect, and associated side effects. This session will aid participants in identifying high-risk medications that may predispose older adults to falls. Targeted interventions focused on preventing falls and their negative consequences will be discussed.</p>	<ul style="list-style-type: none"> ● Crissman, Jonathan & Woodall, Tasha & LaVallee, Lisa & Masterson, Jordan & Clouse, Lauren & Galvin, Shelley & Scott, Mollie. (2019). Evaluation of the need for a fracture liaison service in a patient-centered medical home. <i>Journal of the American Pharmacists Association</i>. 59. 10.1016/j.japh.2019.02.010. ● de Jong MR, Van der Elst M, Hartholt KA. Drug-related falls in older patients: implicated drugs, consequences, and possible prevention strategies. <i>Ther Adv Drug Saf</i>. 2013 Aug;4(4):147-54. doi: 10.1177/2042098613486829. PMID: 25114778; PMCID: PMC4125318. ● Michalcova, J., Vasut, K., Airaksinen, M. <i>et al</i>. Inclusion of medication-related fall risk in fall risk assessment tool in geriatric care units. <i>BMC Geriatr</i> 20, 454 (2020). https://doi.org/10.1186/s12877-020-01845-9 ● Sirpa Hartikainen, Eija Lönnroos, Kirsti Louhivuori, Medication as a Risk Factor for Falls: Critical Systematic Review, <i>The Journals of Gerontology: Series A</i>, Volume 62, Issue 10, October 2007, Pages 1172–1181,
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	<p>at MAHEC Family Health Center. While her current residency program provides a variety of experiences pertaining to the care of older adults, her primary practice site is in an outpatient clinic within a local continuing care retirement community. In this role, she engages in interdisciplinary collaboration to provide chronic disease management among an older adult population while functioning under her own scope of practice as a Clinical Pharmacist Practitioner. In addition to her clinical responsibilities, Dr. Jamieson also serves as an Adjunct Instructor at the University of North Carolina Eshelman School of Pharmacy.</p>			<p>https://doi.org/10.1093/gerona/62.10.1172</p>
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<p>The role of hearing and the vestibular system in fall prevention</p>	<p>Kathy Dowd, AuD, Executive Director The Audiology Project Dr. Dowd is an audiologist for 44 years working in ENT clinic settings, school systems, state education agencies, nursing homes and private practice clinics. Her experience ranges from hearing and balance assessments, auditory processing assessments, IEP and school expertise for children with hearing loss. In 2011 Dr. Dowd reached out to the Centers for Disease Control regarding hearing loss and balance associated with diabetes. After 10 years, CDC now has guidelines for audiology inclusion in diabetes care. Dr. Dowd is now working with CMS Division of Nursing Homes currently to raise awareness of the</p>	<ul style="list-style-type: none"> • Describe the role hearing plays in balance and falls prevention and the most common diagnosis and most easily treated vestibular problem causing risk of falls • List 3 reasons why referral to an audiologist would be appropriate to an older adult at risk of falls and learn about why an audiologist is important to the falls prevention team along with physicians and physical therapists • List 3 audiology vestibular tests and potential outcomes to help diagnose and treat dizziness 	<p>This presentation will offer an overview of the increased prevalence of hearing loss and risk of falls in chronic diseases and other medical issues. One recent example of increased fall risk is in diabetes, where persons with diabetes experience vision loss, foot neuropathy and vestibular issues. In addition, patient outcomes for medical care are improved when the patient can hear and understand what the medical professional is recommending. Hearing loss and risk of falls are invisible handicaps. The presentation will cover quick and valid assessment screenings for both issues.</p> <p>Abstract: The hearing and vestibular system are linked together by the VIII nerve. And both systems can be affected by chronic diseases like diabetes, ototoxic and vestibulotoxic medications as well as traumas to the head. This session provides an overview of contributing audiology medical factors to fall risk, types of screening and evaluations and treatment recommendations from an</p>	<ul style="list-style-type: none"> • Lin FR, Ferrucci L. Hearing loss and falls among older adults in the United States. <i>Arch Intern Med.</i> 2012 Feb 27;172(4):369-71. doi: 10.1001/archinternmed.2011.728. PMID: 22371929; PMCID: PMC3518403. • Lin FR, Niparko JK, Ferrucci L. Hearing loss prevalence in the United States. <i>Arch Intern Med.</i> 2011;171(20):1851-185222083573
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	<p>critical need for hearing assessments in advance of cognitive and mental health assessments for better resident care and quality of life. CMS is aware of the need for better assessments for hearing in this setting.</p> <p>Dr. Dowd is the Executive Director of The Audiology Project, a nonprofit working to raise awareness of hearing loss and fall risk from medical issues. She has been a clinical audiologists working in schools, ENT, private practice and state agencies for 44 years. Dr. Dowd's advocacy has helped to promote audiology guidelines for diabetes by the Centers for Disease Control.</p>		<p>audiological and interprofessional collaborative perspective.</p>	
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