

AGSNEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

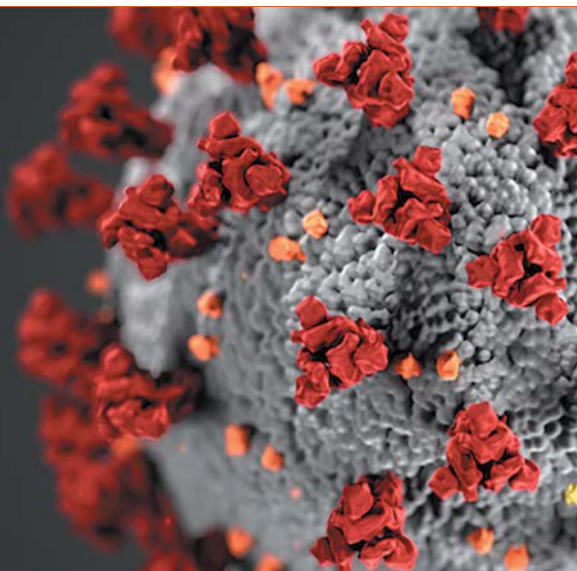
2020

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Number 2



Addressing COVID-19



OUR CALIFORNIA DREAMS NOW HAVE WINDY CITY MOMENTUM!

While we're sorry #AGS20 has been canceled, the AGS team has been hard at work on new opportunities to network, communicate, and collaborate—both this year and as we look toward #AGS21 (May 13-15, 2021; Chicago, IL).

There's nothing like seeing our members face-to-face, but we hope our short-term and long-term plans, outlined below, will not only advance cutting-edge expertise but also reinforce that our community is strongest when we're together (even when we're apart):

For 2020...

- **Virtual Sessions:** We're excited to announce a series of virtual events covering key highlights from the original #AGS20 program. These will include web-conference versions (and recordings) of the following sessions:
 - Resource Allocation Strategies and Age-Related Considerations in the COVID-19 Era and Beyond (recording available on GeriatricsCareOnline.org)
 - Preventing Serious Falls: Primary Findings from the STRIDE Study
 - Plenary Paper Session, highlighting the top-rated abstracts submitted for presentation at #AGS20

Details will be emailed to AGS members, our original meeting registrants, and subscribers to our AGS Annual Scientific Meeting updates. We hope to share more information about our schedule and logistics for joining soon.

- **Honoring Awardees & Presenters:** We also hope you'll join us in continuing to celebrate our abstract presenters and 2020 awardees, who put

continued on page 13

INSIDE

- 2 AGS 360°
- 3 Meet Our New President
- 4 Revisiting AGS CoCare: Ortho™
- 6 From Our President
- 7 Top Ten Reasons to Get Involved with a National Professional Organization
- 8 COVID-19
- 13 AGS CoCare: HELP™
- 14 Congratulations to Our 2020 Awardees
- 22 Why I'm an AGS Member
- 23 Home Safety Tips For Older Adults

NEW AGS POSITION STATEMENT ADDRESSES ONE OF HEALTH CARE'S MOST DIFFICULT ISSUES: ALLOCATING SCARCE RESOURCES IN THE COVID-19 ERA

The COVID-19 pandemic has placed unprecedented pressure on societies worldwide, given the pandemic's rapid, often deadly spread. In health care, the pandemic has raised the pressing question of how society should allocate scarce resources during a crisis. This is the question experts addressed in a new position statement published by the AGS in the *Journal of the American Geriatrics Society* (DOI: 10.1111/jgs.16537). The statement focuses primarily on whether age should be considered when making decisions to allocate scarce resources.

"A just society strives to treat all people equally, so there's something

continued on page 12

AGS 360° WITH NANCY E. LUNDEBJERG, MPA



#ThisIsGeriatrics

We're beyond appreciative of the many members who have supported each other and the AGS during the COVID-19 pandemic. Your support is palpable on MyAGSOnline as you answer questions and provide guidance to your colleagues. So too, you've been here for the AGS staff—reaching out to see how we're doing, and responding with speed and enthusiasm whenever we've requested your assistance. In a nutshell, you have collectively reminded us of your dedication to older people, each other, and the spirit embodied in the phrase “#ThisIsGeriatrics,” even as you cheerfully set out to develop new ways to deliver that care. #ThisIsGeriatrics.

Here in New York City and the tri-state area, the AGS staff were early to join the telework bandwagon, determining as a team that the best thing we could do for our members and all workers on the front lines was to stay home, keep our physical distance, and #MaskUp when we've been out and about. That decision was soon followed by one of the saddest decisions the AGS Board and staff had to make: Canceling #AGS20. Despite the stress of preparing for and staffing the meeting, seeing you gives us great joy, and we are all missing that a bit this year. At the same time, we've been inspired by our members as we've listened to your stories, watched you change your workflows to deliver care in new ways, and grappled with the heart-breaking toll this disease has taken on older adults and your colleagues. We are #AGSProud of you all.

We appreciate the willingness of our AGS leaders, who—despite COVID-19's impact on clinical practice, education, and research—have continued to give freely of their time to help us with policy briefs, position statements, and the many moving parts that came with canceling #AGS20. Since the beginning of March, we've written multiple letters to Congress, released two policy briefs and a position statement, put out multiple AGS media statements, and signed on to multiple policy recommendations from other organizations. Some highlights:

- In March and April, the AGS submitted letters to Congressional leadership and the Trump Administration reinforcing the need for personal protective equipment (PPE) and other medical supplies, telehealth, expertise in older adult care, and a range of other priorities in response to COVID-19.
- On April 8, we published a policy brief in JAGS to guide federal, state, and local governments addressing COVID-19 concerns for older adults in nursing homes and long-term

care. The brief outlined recommendations based on the latest research and guidance, encompassing actions on resource needs, patient transfers, priorities for public health, and opportunities to better empower health workers on the frontlines of caring for older adults with COVID-19.

- On April 28, we published a second policy brief to guide governments addressing COVID-19 concerns for older adults in assisted living facilities. The brief outlined recommendations unique to these residential settings, since they operate with no federal regulations and state regulations vary.
- And in May (as I was writing this), members of the AGS Ethics Committee collaborated with interprofessional experts in ethics, law, nursing, and across health care to develop a position statement focusing on the most relevant clinical factors for each person and case when considering how to distribute resources fairly without placing arbitrary weight on age. As the statement's lead author, Timothy Farrell, noted in our media alert: “A just society strives to treat all people equally, so there's something particularly unjust about characteristics beyond our control—like age—determining whether we receive care.” We offered an #AGS20 virtual learning opportunity on May 6 focused on our statement. If you weren't able to attend, you can view a recording of the session on GeriatricsCareOnline.org.

As many of you may recall from #AGS17 and our 75th anniversary, we were honored to have David Reuben compose an original song (set to the tune of “Welcome Back” by John Sebastian) on what it means to be part of the AGS. It was a fitting tribute to our history, and it's as fitting a tribute now to who you are and what you do for older people, especially during a crisis like COVID-19. I'll end with a nod to my favorite line from David's song (and, of course, a link so you can relive the whole thing when you need a pick-me-up! AmericanGeriatrics.org/About-Us/Who-We-Are):

*Though the quest for success leads to victory
AGS never rests on its history—
And with each new endeavor (and with each new endeavor)
We're stronger than ever (we're stronger than ever)
Yes, you know that we care and will always be there
AGS
AGS, AGS, AGS*



MEET OUR NEW PRESIDENT

ANNETTE (ANNIE) MEDINA-WALPOLE, MD, AGSF

*Paul H. Fine Professor in Medicine, Department of Medicine, Geriatrics & Aging
Chief, Division of Geriatrics & Aging*

Director, University of Rochester Aging Institute, University of Rochester Medical Center

Q. What would you like our members to know about you?

A. I've been a geriatrician for over two decades, and I believe I have the greatest job in the world! I have the privilege to teach, and the privilege to learn something new, every single day. As Chief of the Division of Geriatrics at the University of Rochester, I focus on supporting an interprofessional and integrated community of outstanding clinicians, educators, and investigators who work to improve the health and quality of life of older adults across our care continuum and region. Though I find every aspect of my job thoroughly rewarding, I am particularly passionate about geriatric education, mentorship, and the academic career development of clinician-educators, who play such an important role in training the workforce we all need as we age.

Q. What do you see as your mission as AGS president this year?

A. "A world where all older adults receive high-quality, person-centered care" is the vision embodied by the AGS. I have embraced this vision in my work with AGS since joining the Society in 1994. Like all of our members, my mission is focused on the older adults we serve. That is why it is such an honor to be the AGS president, and why I'm so excited about this new role. I want to help advance the AGS and support our talented geriatrics health professionals so we can all practice high-quality, person-centered geriatrics care, which incorporates our field's rich evidence base.

I also want to encourage all members to truly engage with the AGS. Finding a professional home is

incredibly important to your career—and the AGS is a wonderful place and professional home for all. So many opportunities for engagement exist, in a multitude of forums and formats, and I hope to promote all of those opportunities so each AGS member can become more engaged in our amazing Society.

Q. It's hard to even conceptualize a question for this right now, so we'll just say the word and you can respond: COVID-19.

A. The coronavirus pandemic is certainly something that has touched all of health care, including geriatrics. It's highlighted the resource-constrained nature of our work—and also shown what we're able to accomplish, often with limited resources! As the pandemic (hopefully) starts to ebb, I think we will see some important innovation, collaboration, and compassion stem from these experiences. They have been challenging, frustrating, and painful, to be sure—but I hope we can honor those we serve and those who we have lost by ensuring we take key lessons to heart as we build better care.

Q. How do you see the AGS moving forward this year?

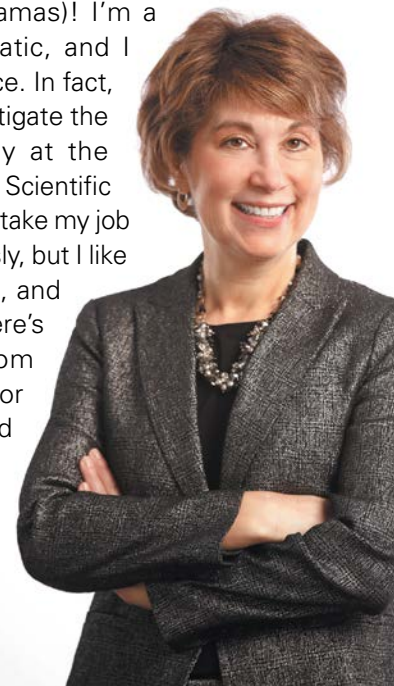
A. This year began in an unprecedented way with the impact of COVID-19 on our professional careers, our patients, and our personal lives. I have seen our members and our Society rise to this new challenge and serve as the voice for populations of older adults through advocacy and implementation of new and innovative care models. The manner in which we practice geriatric medicine will be

impacted or changed for quite some time. However, I am confident that the AGS will continue its efforts to disseminate interdisciplinary models of care, support new research and education, guide public policy, and increase the number of healthcare professionals who provide (and are passionate about!) high-quality, person-centered geriatrics care.

I certainly see the AGS maintaining its commitment to advocacy at the national level regarding funding for geriatric programs, such as the Geriatrics Workforce Enhancement Program and the Geriatric Academic Career Awards, as well as changes in coding, billing, and support for services in clinics and communities across the U.S. I also envision new opportunities for us to disseminate and share the work of our colleagues—for example, making certain that our annual scientific meeting and educational programming reflect the latest evidence so we can practice state-of-the-art geriatrics care.

Q. What do you do to relax?

A. I tend to stay busy all the time. I love to travel—my goal is to get to every Caribbean island (I've been to 15 so far, as well as several in the Bahamas)! I'm a Zumba fanatic, and I love to dance. In fact, I helped instigate the dance party at the AGS Annual Scientific Meetings! I take my job very seriously, but I like to have fun, and I believe there's always room in the day for laughter and a smile. ♦



REVISITING AGS COCARE: ORTHO™ —HOW AN INTERDISCIPLINARY PROGRAM HAS IMPROVED CARE FOR THOUSANDS OF OLDER ADULTS WITH HIP FRACTURES

In 2018, we reported on the launch of AGS CoCare: Ortho™, a unique AGS program designed to provide high-quality, person-centered care to the more than 300,000 older people hospitalized annually for hip fractures.

Supported by The John A. Hartford Foundation, AGS CoCare: Ortho™ is a geriatrics-orthopedics co-management model in which geriatrics professionals or specially trained geriatrics co-managers work with orthopedic surgeons to coordinate and improve the perioperative care of older adults with hip fractures. The co-manager addresses a host of risk factors for harmful events, from delirium and falls to adverse drug reactions and infections during a hospital stay.

That special attention—and deep collaboration—mean patients and entire health systems can realize a myriad of benefits, including:

- Shorter time to surgery
- Reduced length of stay
- Reduced 30-day re-hospitalization
- Reduced complications and enhanced function after patients return home
- Fewer patients requiring ICU admissions
- Fewer post-operative infections, including urinary tract infections and pneumonia
- Near elimination of restraint use and episodes of delirium
- Reduced in-patient mortality
- Increased proportion of patients discharged home
- Institutional cost savings

AGS News sat down with leaders from several institutions and health systems that adopted AGS CoCare: Ortho™ since its launch. Among those leaders are Liron Sinvani, MD, Director, Geriatric Hospitalist Service,

at the Zucker School of Medicine at Hofstra/Northwell in Manhasset, NY. Dr. Sinvani helped oversee the implementation of AGS CoCare: Ortho™ at four very different Northwell hospitals: one tertiary facility, two large community hospitals, and one smaller community facility.

“The most direct benefit of adopting the AGS CoCare: Ortho™ program is that every patient, no matter who their orthopedic surgeon, resident, or medical doctor may be, is getting the same evidence-based care. We have standardized care for patients throughout all the implementation sites,” says Dr. Sinvani.

She notes that before the launch of AGS CoCare: Ortho™, patient care depended on the surgeon or hospital, and outcomes varied as a result. “We now see how standardized order sets, progress notes, and education allow us to provide standardized, high-quality care,” notes Dr. Sinvani.

“The most direct benefit of adopting the AGS CoCare: Ortho™ program is that every patient, no matter who their orthopedic surgeon, resident, or medical doctor may be, is getting the same evidence-based care.

— Liron Sinvani, MD

Dr. Sinvani and Northwell also aren't alone. Several other institutions across the U.S. have implemented AGS CoCare: Ortho™. Here's a look at progress made by AGS CoCare: Ortho™ sites of all shapes and sizes.

Northwell Health (Long Island, NY): Creating a Platform for Success Has Significant Benefits

Northwell Health became a pilot site for AGS CoCare: Ortho™ in 2017. To

prepare, their leaders worked closely and extensively with AGS CoCare: Ortho™ experts, a key to success made possible thanks to the program's broad collaborative offerings (which include coaching calls and implementation resources).

Northwell Health's first programs launched at Long Island Jewish Medical Center in early 2018 and Long Island Jewish Valley Stream later that year. Since then, they also have established sites at Huntington Hospital and Long Island Jewish Forest Hills, which just launched in December 2019.

At Long Island Jewish Medical Center, AGS CoCare: Ortho™ has enabled teams to increase the rate of admitting patients to the operating room within 48 hours from 75% to 83%, with order-set usage up to 91%, too. Patients' pain scores have decreased and their mortality in the hospital has gone down, as has length of stay. Team members at Northwell

Health Long Island Jewish Medical Center cite the use of the program's standardized order-set templates as one of the most valuable contributors to these and other successes.

Team members at Long Island Jewish Valley Stream note that the hospital is connected to a skilled nursing facility, which can follow patients after discharge in order to assess and then improve post-acute outcomes. They note that AGS CoCare: Ortho™



has improved teamwork in that arena, too. Shared goals have led to better processes and patient outcomes. As a result, readmission rates and lengths of stay have decreased, team members say.

Strong Memorial Hospital (University of Rochester; Rochester, NY): Early Adopter Notes Successes

When the AGS CoCare: Ortho™ program launched at Strong Memorial Hospital in 2017, team members described it as a “fully integrated team with great participation.” They noted that the program enabled the team to begin meeting key goals: Getting patients to the operating room within 24 hours of arrival, reducing the use of and removing urinary catheters on a timely basis, improving weight bearing after a fracture had been stabilized, and reducing patients’ lengths of stay. As the team worked toward accomplishing these goals, they appreciated AGS CoCare: Ortho™’s implementation toolkit, which provided templates for notes, order sets, data, and scorecards so staff didn’t have to “reinvent the wheel.”

In June 2019, Strong Memorial Hospital received Joint Commission certification, a marker of the hospital’s reputation and ranking. Team members said that AGS CoCare: Ortho™ played a role in this success by allowing them to meet the goal of timely catheter removal and improving weight bearing after fracture stabilization.

“The program’s Educational Modules are a great starting point for developing our own material—we are constantly referring to them and referencing them,” said Jenny Shen, MD, Assistant Professor, Department

of Medicine, who helps lead the AGS CoCare: Ortho™ program in Rochester.

Dr. Shen noted that since the program launched, orthopedic patients have been getting better care with improved safety, especially for frail older individuals.

Baystate Health (Springfield, MA) and Virginia Commonwealth University (Richmond, VA): New Adopters Already Seeing Results

Baystate Health launched AGS CoCare: Ortho™ in April 2019 and quickly saw success. They developed an interdisciplinary team that included an active pharmacist and support from Baystate’s decision-analysis group. As a result, said team members, prescribing for older orthopedic patients improved. Now, team members are using the AGS CoCare: Ortho™ online community to develop ideas and to get questions answered.

Baystate also isn’t alone on the East Coast in observing early success. At Virginia Commonwealth University, which launched AGS CoCare: Ortho™ in June 2019, team members have already noted that time to the operating room has improved and lengths of stay have been reduced.

Meeting Challenges Head-On

As a veteran of four AGS CoCare: Ortho™ program launches, Dr. Sinvani notes that a key challenge was figuring

out how to engage frontline professionals at each site. “Not every site had the same needs. It was important for us to communicate with each site frequently and understand the driving forces/culture in order to create an implementation plan,” she said.

“Secondly, it was difficult trying to educate the interdisciplinary team. We found hospitalist training to be the most efficient, but in order to educate nurses and surgeons, we needed to come up with creative platforms like an e-newsletter that highlighted a topic and engaged the team through small huddles or grand rounds,” Dr. Sinvani shared.

With implementation now complete at four Northwell facilities, “We’re getting ready to launch the program at additional sites and are using the scorecard we developed to assess site readiness and potential for success,” says Dr. Sinvani. ♦

Interested in learning more about AGS CoCare: Ortho™ and building your own success story?

Contact Deena Sandos, LMSW, AGS Manager of Special Projects, at DSandos@americangeriatrics.org.

FROM OUR PRESIDENT

ANNETTE MEDINA-WALPOLE, MD, AGSF

When I started writing this letter, the starting point was a pun on seeing 2020 clearly. Like my predecessors—and like *all* AGS members I have encountered—we have 20/20 clarity when it comes to seeing what our Society can accomplish. We're pioneers in advanced-illness care, focused on championing teams, eliciting personal goals, and treating older people as whole persons.

And then, it happened.

From the vantage point of the past few months, "20/20 clarity" on 2020 seems both sad and ironic. Our work has changed, our lives have changed, and—most poignantly—we've lost patients, families, and colleagues in heart-wrenching ways.

I take solace in the work of my colleagues and all of you. Your stories of courage, kindness, and the care you are providing in the most difficult of circumstances and conditions are truly encouraging and inspirational. They remind me that it is OK and—maybe even necessary—to hold fast to that "20/20 clarity" as we face a world with COVID-19. As we've already learned, outbreaks are a foreseeable consequence of any pandemic, even with our experts working as valiantly as they have. Our efforts at the AGS have focused on triaging immediate concerns, but also envisioning a future when we are better prepared to meet older adults' needs in crises *and* calm.

I think the most important thing I've learned through that work is that our vision—that 20/20 clarity—isn't something a crisis can erase. If anything, we need to hold firm and fast to it. COVID-19 didn't derail our priorities, values, and principles; it made them all the clearer.

My vision for what will *happen* in 2020 has changed—absolutely; it had to. But my resolve for that vision is resolute. And it brings me back to several core messages.

First: We're with you—because building momentum for aging today, troubled as today may seem, builds momentum for a better tomorrow.

For me, professional societies like the AGS play such an integral role in that work. How we operate is shifting, to be sure—but it's also highlighting new avenues for connecting and collaborating. Not a day goes by that I don't marvel at the support I've seen on MyAGSOnline, for example. And as we look to the rest of the summer, I'm impressed with how quickly we've worked to replicate what had us excited for #AGS20. Please take advantage of the virtual opportunities for plenary sessions and research insights. You can learn more about these and many other opportunities across this newsletter and at meeting.americangeriatrics.org. Take time to review that hard work, and to congratulate colleagues who made it possible: They deserve our thanks.

Second: We're in this together... for the long haul.

At the peak of the pandemic, we issued a statement on our vision for a "reopened U.S." The priorities we articulated were focused on COVID-19, but I think they're prescient for all times and bear repeating here:

A reopened U.S.—and the U.S. we hope for moving forward—will need:

- A reconstituted, reconfigured public health system.
- Greater attention to our health and caregiving needs as we age.
- To serve, protect, and promote the well-being of all older adults,



especially those living in communities where pandemics can hit the hardest.

- To revisit how we support healthy aging across the healthspan and lifespan for people at all ages.

Third (and perhaps most important): We need you more than ever.

Finding a professional home is incredibly important to your career—and the AGS is a wonderful place to call home. So many opportunities for engagement exist (see p.7). I hope to promote them all so each of you can become more engaged. And as your president, I'll work passionately to change the national climate in aging-related policy and healthcare innovation so that engagement can reach its full potential. My incomparable predecessors—Sunny Linnebur, PharmD, as AGS president and Laurie Jacobs, MD, as AGS board chair—set a really high bar and I'm honored to continue their tremendous work.

So yes: I've always had 20/20 clarity on my vision for our society. The time and place for making that vision a reality look different, but why let that alter the drive? Pioneering advanced challenges, championing teams, identifying goals, treating people as whole persons—this is geriatrics! And our amazing ability to adapt? Well that's certainly geriatrics, too. ♦

The Top Ten Reasons...

To Get Involved in a National Professional Organization

It's fun and rewarding



You can expand your networking relationships with other institutions



You can develop collaborations for research or educational activities

You can work side-by-side with national leaders who can serve as mentors and role models



You can promote your program/school and your personal vision on national leadership

You can gain national visibility as a leader



You can help build our national agenda and impact national policy

You can improve your educational programs by incorporating great ideas from colleagues around the country



You can get energized by interacting with like-minded people passionate about similar work

The more you do, the more you will be asked to do...and the opportunities for involvement are endless!

Coronavirus COVID-19



IN CONTINUED CORRESPONDENCE WITH CONGRESS & ADMINISTRATION REGARDING COVID-19, AGS REITERATES URGENT CALLS FOR MEDICAL SUPPLIES, TELEHEALTH

In a series of letters sent this spring to Congressional leaders, Vice President Pence, and White House Coronavirus Task Force Coordinator Deborah Birx, MD, experts at the AGS continued to reinforce the need for medical supplies, telehealth, expertise in older adult care, and a range of other priorities as the federal government plans the next phase of America's response to COVID-19. As diverse as these important focal points are, they highlight a key theme that crosscuts the pandemic: Building momentum for older adult care builds momentum for us all.

"This virus affects everyone, regardless of age or any other characteristics," notes AGS CEO Nancy Lundebjerg, MPA. "By advancing supports that serve the most vulnerable, including older people, we can build better treatment and prevention for all Americans."

In its letters, the AGS outlined several time-sensitive, mission-critical priorities for older adults, caregivers, and the health professionals who keep them healthy and safe. These included:

- **Ensuring Access to Needed Medical Supplies:** Health professionals are our first line of defense against COVID-19, and their first line of defense rests on testing kits, masks, gowns, gloves, respirators, and other supplies that make care safe and person-centered. The AGS urged the federal government to make full use of the Defense Protection Act and move quickly to ramp up production and distribution.
- **Further Expanding Telehealth Services:** Like many U.S. health professionals, geriatrics experts learned to balance the importance of continued care with options that prevent the spread of disease. Telehealth arose as an invaluable tool on this front. The Centers for Medicare & Medicaid Services (CMS) did much to increase telehealth availability. In its letters, the AGS commended these actions

and suggested other steps, including changes to ensure expanded telehealth services could be embraced more permanently.

- **Advancing Paid Leave and Support for Caregivers:** Under current policy, most American workers still remain without access to paid family leave—a key social support as more people help manage family health concerns. The AGS reiterated its long-standing belief that federal protections must empower employees to recover from serious illnesses and care for newborns, newly adopted children, or seriously ill family members. In particular, the AGS urged Congress to expand paid family, medical, and sick leave to all health professionals and direct care workers on the frontlines of the COVID-19 crisis. The AGS also advised Congress to implement tax relief for clinician practices, hospitals, post-acute care facilities, skilled nursing homes, and assisted living facilities, as well as home care agencies that provide the workforce for older adults and people with disabilities. This relief would offset the expense of paid family leave for employers, allowing them to support our frontline healthcare professionals.
- **Financial Support for Clinicians:** Many frontline healthcare professionals caring for patients with COVID-19 have experienced additional financial strain as they worked to protect their loved ones. The AGS expressed concern that smaller medical practices might be at greater risk for economic distress with less access to capital and lean margins, while larger practices with 500 or more employees might not qualify for the financial relief loans made available by the federal government.
- **Supporting Charitable Organizations:** Many older adults and other vulnerable people have relied on

continued on page 11



COVID-19 CARES ACT BRINGS MOMENTUM FOR ECONOMY AND IMPORTANT BRIGHT SPOT FOR GERIATRICS

When the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law in March, AGS commended far more than momentum for the U.S. economy. They also commended efforts to expand geriatrics expertise through funding for workforce training included in the more than \$2 trillion stimulus package.

"Doctors, nurses, pharmacists, physician assistants, social workers, and all our geriatrics experts are vital—not just to the U.S. economy but also to our health, safety, and independence, which make our economy what it is," noted AGS CEO Nancy E. Lundebjerg, MPA. "We applaud Senators Bob Casey and Susan Collins, as well as Representatives Michael Burgess and Jan Schakowsky, who were instrumental in helping prioritize long-term solutions serving older adults in this rapid response to COVID-19."

The proposals included in the COVID-19 package incorporated language from the earlier proposed Title VII Health Care Workforce Reauthorization Act of 2019 (S. 2997) in the Senate and Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act of 2019 (H.R. 2781) in the House.

Powered by grantees working on local solutions to workforce shortages across the U.S., the GWEPs educate and engage the broader frontline workforce and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults. And as a program rooted in sustaining geriatrics education, the GACAs represent an essential complement to the GWEPs. By supporting time for professional development and instructional advancement, the GACAs ensure we can equip early career clinician-educators to become leaders in geriatrics training and research.

As Lundebjerg summarizes: "The GWEP provides support for the current transformation of primary care, while the GACAs develop the next generation of innovators to improve care outcomes and care delivery. Together, these programs play a critical role in developing the workforce we all need as we age."

Across both these efforts, the coronavirus stimulus plan would authorize funding of \$40.7 million annually through 2024. This would allow current and future GWEP and GACA awardees to:

- Educate and engage with family caregivers by training providers who can assess and address their care needs and preferences.
- Promote interprofessional team-based care by transforming clinical training environments to integrate geriatrics and primary care delivery systems.
- Improve the quality of care delivered to older adults by providing education to families and caregivers on critical care challenges such as Alzheimer's disease and related dementias.
- Support clinician-educators engaged in geriatrics education and research to develop the next generation of innovators to improve care outcomes and care delivery.

Both the legislative language itself and the individual programs it supports draw considerable insight from the Eldercare Workforce Alliance (EWA), a collaborative comprised of more than 30 member organizations co-convened by the AGS and the Gerontological Society of America (GSA). Like EWA, the coronavirus stimulus package now reflects the diverse expertise of millions of health professionals who support older Americans—and understand the best path forward for sustaining that momentum.

While AGS experts remain pleased to see the GWEPs and GACAs reauthorized, they did express concern that the final authorizing level of \$40.7 million could compromise the future success of both programs. The AGS continues to advocate for increased funding totaling \$51 million, which would do much to close the current geographic and demographic gaps in geriatrics workforce training. ♦

AGS COVID-19 POLICY BRIEFS OFFER ROADMAP TO GOVERNMENT ACTION IN TWO CRITICAL SPHERES: NURSING HOMES & ASSISTED LIVING FACILITIES



In policy briefs published in its namesake journal at the peak of the COVID-19 pandemic, the AGS offered a roadmap to guide federal, state, and local governments addressing COVID-19 concerns in two important arenas: Nursing homes (NHs, DOI: 10.1111/jgs.16477) and assisted living facilities (ALFs, DOI: 10.1111/jgs.16510). The briefs outlined recommendations based on the latest research and guidance, encompassing actions on resource needs, patient transfers, priorities for public health, and opportunities to better empower health workers on the frontlines of COVID-19 care.

More than 15,000 nursing homes care for the oldest and most chronically ill Americans, who are also among the most susceptible to COVID-19 and its complications. Nationwide, more than 80% of the 800,000 people living in America's 28,000+ ALFs are 75 years old or older. Given the wide variety of structure and staffing for ALFs, most also are not as well-resourced compared to other settings to respond to COVID-19.

In reviewing existing research and recommendations, the AGS suggested orienting expertise towards several focal points where tangible action can make a difference:

- **The AGS called for President Trump to exercise his full authority under the Defense Production Act** so the U.S. could move quickly to increase production and distribution of important supplies. These include personal protective equipment (PPE) and COVID-19 tests and related laboratory equipment, but also supplies for symptom management and end-of-life care.
- **The AGS reinforced the importance of robust COVID-19 testing and contact tracing to prevent the further spread of the disease.** Experts' estimates of the U.S. need for testing have had a wide range, from 750,000 tests per week to more than 22 million tests per day. Contact tracing—the aggressive and resource-intensive process of tracking whom infected individuals may have seen or encountered while contagious—also will be vital as we start to loosen restrictions.
- **The AGS reinforced the importance of carefully considering transfers between NHs/ALFs and other care settings.** AGS experts noted, for example, that the first and best option for individuals who test positive for COVID-19 remains to stay at home and quarantined unless symptoms are so serious that care only is available in a hospital. For ALFs, decisions to transfer a symptomatic or COVID-19-positive resident should consider the person's goals of care and be guided by a clinician who can work with the individual's primary care provider to manage care in place, if possible. In NHs, AGS experts noted that individuals who test positive for COVID-19 should not be discharged to the facility unless it can safely and effectively isolate the patient and implement adequate infection control for staff and residents. The AGS also urged the Centers for Disease Control and Prevention to develop guidance regarding transfers to emergency departments, where direction is still needed.
- **According to AGS experts, more also must be done to integrate key players in public health.** These include geriatrics and palliative care experts with the requisite skills in advanced illness care, but also nursing home administrators and those with experience in local coordination and data analysis, which must include information from nursing homes—a key to confronting COVID-19 in communities across the U.S.
- **AGS experts also emphasized that state, county, and local health departments must do all they can to advance infection control.** This includes engaging with NHs and ALFs to limit the spread of COVID-19. This also includes providing technical assistance for screening, obtaining testing for residents and staff, providing guidance on advanced hygiene practices, and communicating about and supporting physical distancing, among a variety of important priorities.

- **The AGS also reinforced the importance of supporting health professionals, our nation's frontline defense for treating and preventing the spread of COVID-19.** The AGS encouraged Congress to advance paid family, medical, and sick leave for the whole health workforce, for example, while also enhancing COVID-19 screening and training to protect staff availability. As we continue to learn and grow from this emergency, the AGS also urged Congress to provide educational and grant opportunities for direct care workers, who play a critical role in ALFs. In addition to physical and emotional demands, jobs in aging services are complex, requiring training and experience caring for older adults. At present, these workforce needs go unrecognized in pay scales, reimbursement rates, and state regulations.
- **Finally, as part of ongoing efforts to protect America's economy, the AGS reminded legislators to consider the value of supportive tax relief and payment opportunities targeting long-term care.** The Centers for Medicare and Medicaid Services, for example, should ensure payment to NHs caring for residents with COVID-19 can meet the costs of enhanced precautions, just as Congress should also structure tax relief to support NH employers and the nurses, therapists, and direct care workers who care for older adults. ♦

Visit AmericanGeriatrics.org/COVID19

Access a collection of resources for healthcare professionals addressing the coronavirus pandemic.



Correspondence with Congress on COVID continued from page 8

nonprofits for food, transportation, and other important needs. The AGS advised doing all America can to help this safety net operate effectively, meet increased demands, and weather the financial implications of COVID-19.

- **Empowering Other Health Professionals:** As COVID-19 continued to strain the American health system, the AGS urged CMS to utilize other experts, such as clinical pharmacists, to address workforce shortages across professions.
 - **Supporting Direct Care Workers:** Direct care workers are essential to our care as we age, especially during public health crises. The emergence of this new and deadly coronavirus significantly exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older Americans, particularly when we consider our vital direct care workforce. As we continue to learn and grow from this emergency, the AGS urged Congress to provide educational and grant opportunities for direct care workers across different professions and areas of expertise.
 - **Expanding Geriatrics Experts:** “Now more than ever, we need to provide guidance and instruction so that all health professionals—not just geriatrics experts—understand the health conditions older adults face, and how those conditions may impact COVID-19,” AGS experts advised. Among opportunities for advancing age-friendly care, the AGS noted the importance of loan forgiveness programs, as well as existing platforms like the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards. ♦
- For more on the AGS's full response to COVID-19, visit AmericanGeriatrics.org/COVID19.

particularly unjust about characteristics beyond our control—like age—determining whether we receive care,” explains Timothy W. Farrell, MD, AGSF, who led the writing group responsible for the statement. “The AGS believes we must focus on the most relevant clinical factors for each person and case when considering how to distribute resources fairly without placing arbitrary weight on age.”

COVID-19 has impacted older adults disproportionately when it comes to serious consequences, from severe illness and hospitalization to increased risk for death. Concerns about potential shortages of ventilators, hospital beds, and other supplies to address these concerns focused attention on decision-making about who gets access to these resources.

After reviewing existing frameworks, recommendations, and research, an expert panel of interprofessional experts, AGS leaders, and members of the AGS Ethics Committee devised seven principles aimed at helping develop strategies to allocate resources equitably when they remain in short supply:

1. **Age should never be used as a means for categorically excluding someone from what is ordinarily the standard of care, nor should age “cut-offs” be used in allocation strategies.**
2. **When assessing comorbidities (the medical term for multiple health concerns we live with concurrently), decision makers should carefully consider the impact of race, ethnicity, and other “social determinants,”** especially since these often are beyond a person’s control.
3. **Strategies for making allocation decisions should primarily—and equally—weigh how severe comorbidities and survival in hospital might contribute to the short-term risk for death.** This means that health professionals should focus primarily on what is most within their control: Potential outcomes over the next 6 months (and not beyond, which could disproportionately impact care for older people).
4. **In order to avoid bias in decision making, health professionals also should avoid criteria that might disadvantage us all as we age.** These include characteristics such as:
 - Life years saved
 - Long-term predicted life expectancy


5. **Committees and officers tasked with triage also need to be chosen carefully.** Ideally, these individuals not only have expertise in medical ethics and geriatrics but also work outside “day-to-day” care so triage officers can maintain impartiality.

6. **Institutions should develop resource allocation strategies that are transparent and applied uniformly.** Ideally, that means leveraging advanced planning and input from multiple disciplines, including ethics, law, medicine, and nursing. To make the work of an officer or committee transparent, institutions also should develop consistent strategies available to all for review. “Clinicians at the front lines should be applying—not selecting—emergency rationing criteria when resources are limited,” the AGS position statement explained.

7. **The COVID-19 pandemic highlights the critical importance of appropriate advance care planning (ACP).** While engaging in these conversations early and often remains critical, they also never should be viewed as a form of rationing, nor should someone be compelled into documenting care preferences primarily because of a broader health crisis. ACP is most effective when it lives up to its name: A conversation in advance, planned with personal preferences at heart.

A companion editorial also published in *JAGS* (DOI: 10.1111/jgs.16539) provides additional information about the legal and ethical context for AGS insights.

Looking for a deeper dive into this new work? A recorded webinar moderated by the AGS Ethics Committee is now available on GeriatricsCareOnline.org. ♦



What questions should we be asking political candidates to ensure a future of high-quality care as we age?

Visit AmericanGeriatrics.org/Decision2020 for a helpful guide

tremendous time and effort into their contributions to our field.

This year's awardees (see p. 14) will be recognized with our 2021 honorees during a special, extended ceremony at #AGS21. Our call for 2021 award nominations will be issued later this year.

The AGS also received record-breaking abstract submissions this year, which are now on vivid display in a special (free) supplement to the *Journal of the American Geriatrics Society (JAGS)*. Please take time to recognize your colleagues for their hard work by sharing questions and building conversations on MyAGSOnline and social media (using #AGS20 #PosterTour).

For 2021...

• **Leveraging Hard Work from 2020:**

Everyone—from our Program Committee members to AGS leaders and geriatrics experts who submitted proposals for #AGS20 sessions—worked tirelessly on a meeting agenda that still has us #AGSProud. To honor that work, we'll be bringing to #AGS21 almost all pre-conference sessions and #AGS20 symposia and workshops (excluding poster and paper sessions, which will be refreshed with new research submissions we'll accept later this year). As we work to keep these events as relevant as possible, rest assured that we'll be:

- Assigning a Program Committee leader to help review and update proposals to keep them on the cutting-edge of care come 2021.
- Delaying our next program proposal request to May 2021, when we'll begin accepting ideas for #AGS22.

• **Supporting the Latest Science & Innovation:** With our #AGS20 abstracts available for review thanks to JAGS, we're excited to welcome new research submissions for poster and paper sessions at #AGS21. Our call for abstracts will be issued this fall.

As we continue to navigate these difficult times, we remain grateful for such a warm and caring community—and as committed as ever to showing and supporting that community's strength. We look forward to meeting you online, in-person, and wherever we can as we work together to continue advancing high-quality, person-centered care for all older adults. For more information, be sure to bookmark meeting.americangeriatrics.org (and visit often!). ♦

**#AGS21
MAY 13-15
CHICAGO**



Working to Prevent Delirium and Functional Decline? We can HELP!

The newest addition to the AGS "CoCare" portfolio, AGS CoCare: HELP™ represents a new step forward for a program that has already taken significant strides.

"Empowering health systems to recognize, manage, and prevent delirium is a hallmark of geriatrics," notes Sharon K. Inouye, MD, MPH, who developed the original Hospital Elder Life Program (HELP), now known as AGS CoCare: HELP™. "With this critical expansion of a key program that made delirium prevention possible, we have bandwidth through the AGS to reach more health systems than ever before," Dr. Inouye concluded.

AGS CoCare: HELP™ is a comprehensive program of care for hospitalized older adult patients, designed to prevent delirium and functional decline. The program is built on personalized interventions to reflect the evolution of patient needs throughout hospitalization. In this way, AGS CoCare: HELP™ can...

- Improve outcomes for hospitalized older adults, such as decreasing the onset of delirium by up to 34%.
- Contribute to key cost-savings, including more than \$7.3 million per year in hospital costs (or more than \$1,000 per patient).
- Impact your bottom line thanks to a proven track record for reducing incidence of delirium, a serious care concern associated with mortality rates of 25-33% in the hospital setting, increased morbidity, increased length of stay, and increased nursing intensity.

Subscriptions are available now, so contact cocarehelp@americangeriatrics.org or visit HELP.AGSCoCare.org to get started today!

HELP.AGSCoCare.org

CONGRATULATIONS TO OUR 2020 AWARDEES!

Annually, the AGS celebrates researchers, clinicians, educators, and trainees who have made outstanding contributions to the care of older people. Please join us in congratulating 2020's award recipients, who all will be honored at #AGS21 (May 12-13; Chicago, Ill.) following the cancellation of #AGS20 due to COVID-19.

Arti Hurria Memorial Award

The AGS and the AGS Health in Aging Foundation conferred one of their newest honors, the Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Focused on the Care of Older Adults, on two experts:

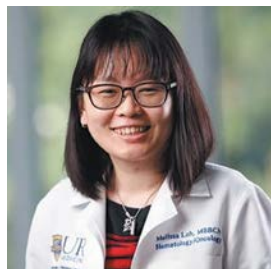
- **Rasheeda Hall, MD**, a board-certified nephrologist and assistant professor of medicine at Duke University; and
- **Kah Poh (Melissa) Loh, MBBCh, BAO**, a board-certified internist, hematologist, and oncologist at the University of Rochester Medical Center.

For her research, Dr. Hall and colleagues evaluated a concern long central to geriatrics expertise: The risk for adverse outcomes when using potentially inappropriate medications, especially for older adults with chronic kidney disease. In their study, Dr. Hall's team looked at data from more than 3,900 adults enrolled in the Chronic Renal Insufficiency Cohort Study to determine whether potentially inappropriate medications were associated with mortality, falls, hospitalization, or worsening chronic kidney disease.



The use of potentially inappropriate medications increased considerably with age: 58.5% of patients under 65 used one or more such medications, with figures rising to 64.2% for those between the ages of 65 and 70 and 69.5% for those 71-years-old or older. In all age groups, the most common potentially inappropriate medications (identified using the AGS Beers Criteria®) were omeprazole, clonidine, and ibuprofen. In looking at patient data, Dr. Hall and her team also concluded that adults with chronic kidney disease taking multiple potentially inappropriate medications had increased risk for hospitalization, death, and falls irrespective of age.

In her work, Dr. Loh and colleagues looked at the unique connections between caregiver optimism, health professional pragmatism, and satisfaction with care in geriatric oncology. Dr. Loh and her team identified more than 380 pairs of caregivers and oncologists and asked them to



estimate remaining lifespan for an older friend or family member receiving cancer care. Caregivers also completed a questionnaire regarding their satisfaction with the oncologist's communication at periodic intervals between four weeks and six months after the study began.

More than 270 pairs of caregivers and oncologists disagreed about a patient's estimated length of life. Interestingly, patient survival appeared to influence the effect discord had on caregiver satisfaction with an oncologist's communication. For patients who survived cancer treatment, caregivers still rated oncologist communication favorably, even when both parties disagreed about lifespan. Conversely, for patients who died, caregivers tended to report greater frustration with provider communication when the caregiver's lifespan estimate differed substantially from an oncologist's prediction.

Clinician of the Year

The AGS named **James Lin, DO, MS, MHSA**, president of the Lake Erie College of Osteopathic Medicine (LECOM) Institute for Successful Aging in Erie, Pa., its 2020 Clinician of the Year.

Dr. Lin's current role at LECOM's Institute for Successful Aging traces its roots to his own influence on the institution. Noting Dr. Lin's vision for education and improved geriatric care, LECOM leadership empowered Dr. Lin to develop a program that could not only accelerate better care but also serve as a guide for others in the field.



Dr. Lin has worked to fulfill that vision in collaboration with LECOM, Millcreek Community Hospital, and the whole of the LECOM Health system. Dr. Lin not only developed a robust geriatric service at LECOM but also became one of its principal champions: Providing care to hundreds of older adults while helping translate that standard of care into training for future health professionals.

Among many accomplishments for making that possible, one recent notable example is the more than \$7 million Dr. Lin helped secure for a Geriatrics Workforce Enhancement Program (GWEP) affiliated with LECOM. As one of the only federal mechanisms for supporting better geriatrics care and education for the workforce we need

as we age, the GWEP tasks local experts with developing grass-roots solutions to geriatric care in their communities. The LECOM-led Lake Erie Integrated Geriatric Health Team (LIGHT) aims to prepare 7,000 health workers in the Lake Erie region to adequately care for Pennsylvania's growing older adult population.

An AGS member since 2007, Dr. Lin earned his medical degree from LECOM in 2002. Board certified in internal medicine, geriatric medicine, and hospice and palliative medicine, Dr. Lin completed his geriatric fellowship at the University of Medicine and Dentistry of New Jersey before joining LECOM as director of its Institute for Successful Aging.

David H. Solomon Memorial Public Service Award:

For only the second time in its near 80-year history, the AGS awarded one of its highest honors typically reserved for individuals to an organization, **West Health**, a family of nonprofits dedicated to lowering healthcare costs to enable older adults to successfully age in place.



West Health, which includes the Gary and Mary West Foundation, West Health Institute, and West Health Policy Center, combines the power of philanthropy, research, policy, and advocacy to fuel new models of older adult-specific care, improve health and social outcomes for older people, and reduce healthcare costs.

"It's a tremendous honor to be recognized by the AGS for our work on behalf of older Americans and their families," said Shelley Lyford, president and CEO, West Health. "We consider it a privilege to do the work we do and to partner with organizations like AGS who share a common purpose."

Since 2006, West Health, through the Gary and Mary West Foundation, has awarded more than \$223 million to create or support programs and research focused on aging and lowering healthcare costs. The organization is a driving force behind California's first Master Plan for Aging, which is expected to be completed later this year, and the growth of geriatric emergency departments and home-based care throughout the nation.

The visionary group also continues to shine a spotlight on the skyrocketing cost of health care and calls for reforms that lower prescription drug prices, increase price transparency, and expand value-based care.

Dennis W. Jahnigen Award

The AGS announced that **John B. Murphy, MD**, a clinician, educator, and administrator working to embed geriatrics education in the fabric of medical curricula and clinical operations, will be honored with the 2020 Dennis W. Jahnigen Award celebrating work to train health professionals in

the care we all need as we age. President of Rhode Island Hospital/Hasbro Children's Hospital, executive vice president of physician affairs at Lifespan, and a professor of medicine and family medicine at the Warren Alpert Medical School of Brown University, Dr. Murphy has dedicated nearly four decades to advancing geriatrics and gerontology, helping lead innovation vital to New England and beyond.



In his work across physician affairs, medical education, and clinical practice, Dr. Murphy has been an invaluable connector between health professionals, their instructors, and the older people who benefit from their expertise. Dr. Murphy not only helped launch Lifespan's Palliative Care Consultation Program, which seeks to connect those with advanced or serious chronic illnesses to services that can address discomfort as well as physical, emotional, and spiritual needs, but also facilitated the launch of a novel program for helping geriatrics experts and orthopedic surgeons co-manage care for older people hospitalized with hip fractures. The latter program reduced mortality, re-hospitalization, and the risk for complications, and also served as a model for the launch of AGS CoCare: Ortho™—a new AGS offering that has expanded the scope of co-management opportunities to health systems across the U.S. Early experiences in Rhode Island offered a road map to meet a key need in geriatrics: Training the whole of our health system, not just geriatrics specialists, to understand our unique health priorities as we age.

An AGS member since 1984, Dr. Murphy served on the AGS Board of Directors from 2003 to 2010, including stints as AGS president from 2008 to 2009 and board chair from 2009 to 2010.

Henderson State-of-the-Art Lecturer

The AGS announced that **Ellen Flaherty, PhD, APRN, AGSF**, an assistant professor at the Dartmouth Geisel School of Medicine and director of the Dartmouth Centers for Health & Aging, will deliver the Society's prestigious Henderson State-of-the-Art Lecture. Dr. Flaherty will deliver her talk, "Leveraging the Potential of Interprofessional Teams in Primary Care Practice," at #AGS21 in Chicago, Ill. (May 12-15).



Dr. Flaherty herself is no stranger to the growing power and prominence of interprofessional collaboration. In 2016, she assumed responsibilities as AGS president—the

second nurse member to hold the position in the Society's 77-year history. Dr. Flaherty now serves as a co-principal investigator for both the Northern New England Geriatric Education Center (NNEGEC)—part of the federally sponsored Geriatrics Workforce Enhancement Program (GWEP)—and The John A. Hartford Foundation GWEP Coordinating Center administered by the AGS.

Powered by the Health Resources and Services Administration, the GWEP is the principal federal mechanism for supporting local solutions to the shortage of geriatrics health professionals across the U.S. The GWEP Coordinating Center works to share insights gleaned not just in New England but also among all the country's GWEPs, expanding the scope of a program with local roots but national reach.

Both efforts have interprofessional expertise at their cores—which is no surprise, since Dr. Flaherty has spent much of her career advancing the art and science of collaboration in care. Before joining Dartmouth, for example, Dr. Flaherty spent nearly 30 years working to advance clinical practice at the New York University (NYU) College of Nursing/Hartford Institute in New York.

At NYU, Dr. Flaherty directed the Adult/Geriatric Nurse Practitioner program and championed the NYU World Health Organization (WHO) Collaborating Center. Through the center, Dr. Flaherty served as a member of the WHO Task Force on Aging and travelled throughout Central and South America to help embed geriatric content into nursing programs globally.

An AGS member since 1998, Dr. Flaherty earned her doctoral degree in nursing from NYU and her master's in nursing from Stony Brook University in N.Y.

Jeffrey H. Silverstein Memorial Award

Advancing care for older people across health specialties, the AGS and the AGS Health in Aging Foundation announced that two expert researchers—**Kavita Dharmarajan, MD, MSc**, an assistant professor in the Department of Radiation Oncology and the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai in N.Y.; and **Nazema Siddiqui, MD, MHSc**, an associate professor of obstetrics and gynecology at Duke University Medical Center in Durham, N.C.—will receive the 2020 Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties.

For her work, Dr. Dharmarajan and her team looked at whether a certain form of palliative radiation therapy was associated with more benefits or burdens for older adults with certain types of cancer. For their work, the team looked at data from more than 28,000 patients with breast, lung, or gastrointestinal cancer and a diagnosis

of brain metastases. Of those patients, 20% were 75-years-old or older, and more than 52% received whole brain radiation therapy (WBRT). More than 80% of patients receiving WBRT completed treatment.

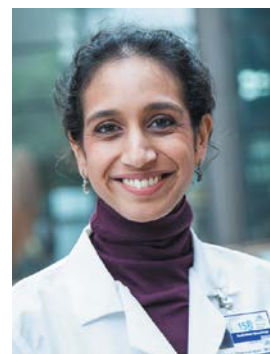
Compared with younger patients, those 75-years-old and older were less likely to be offered palliative WBRT and more likely to stop WBRT prematurely. People over age 75 also experienced a higher rate of mortality within six months of completing radiation therapy. According to Dr. Dharmarajan and her colleagues, results suggest that WBRT as a palliative option frequently goes unfinished and can be associated with worse outcomes in older adults with cancer that has spread to the brain. More research is needed to identify patients likely to benefit from this type of a palliative option.

In her research, Dr. Siddiqui and colleagues turned a critical eye to one of healthcare's most pervasive concerns for older women: Recurrent urinary tract infections (UTIs).

Specifically, Dr. Siddiqui and her team looked at the role different treatment options might play in the urinary microbiome. Analyzing sterile urine samples from 65 women, the research team found that a specific type of bacteria known as *Lactobacilli* was found in the urinary microbiome of all women, but there were higher amounts in women without UTIs. For example:

- 35% of women with recurrent UTIs had moderate to large amounts of *Lactobacillaceae* when they were treated with topical vaginal estrogen *and* daily antibiotics.
- 44% of women with recurrent UTIs had moderate to large amounts of *Lactobacillaceae* when they were treated with topical vaginal estrogen *but without* daily antibiotics.
- By comparison, 56% of women without recurrent UTIs had moderate to large amounts of *Lactobacillaceae*.

There were also trends toward different species of *Lactobacillaceae* recovered in women taking daily antibiotics. Interestingly, the team was able to use a new research technique known as Bayesian graphical compositional regression to identify smaller clusters of microbiome differences in women from the three groups. These results point to subtle but important differences in bacteria, which



may change our thinking about how and why UTIs recur, and our approaches to treatment by extension.

Nascher/Manning Award

The AGS will this year honor past AGS President **Todd Semla, PharmD, MS, AGSF**, with the prestigious Nascher/Manning Award, given biannually. Dr. Semla, who served as the AGS's first pharmacist president, now joins a cadre of less than 20 geriatrics healthcare professionals recognized with the Nascher/Manning Award since its inception in 1987.



A clinical associate professor with the Feinberg School of Medicine at Northwestern University in Chicago, Dr. Semla has 40 years of experience in geriatric pharmacotherapy. He also has decades of experience leading and influencing geriatrics expertise and education for the pharmacists, doctors, nurses, physician assistants, social workers, and other health professionals who increasingly comprise care teams for older people.

In his tenure at the AGS, for example, Dr. Semla has co-led all three major updates to the AGS Beers Criteria®. With Dr. Semla's help, the AGS Beers Criteria® has not only become one of geriatrics' most frequently cited references but also has expanded to include additional tools, from guidance for older adults, health systems, and health insurance stakeholders on its appropriate use to additional lists of alternative medications for those that may no longer be appropriate.

Of no less note is Dr. Semla's tenure as the AGS's first pharmacist president, which helped herald the increasingly interprofessional nature of geriatrics and the AGS. As president from 2007-2008 and AGS board chair from 2008-2009, Dr. Semla worked with Society leaders and staff to launch a variety of important initiatives, from the AGS's inaugural presence on Twitter to its co-convening of the Eldercare Workforce Alliance.

Dr. Semla earned his doctoral degree in pharmacy from the University of Iowa in 1985, having previously earned a master's degree in science focused on clinical and hospital pharmacy. From 2003-2018, Dr. Semla also served as the National Pharmacy Benefits Management Clinical Pharmacy Program Manager for Mental Health & Geriatrics at the U.S. Department of Veterans Affairs.

Yoshikawa Award for Outstanding Scientific Achievement

The AGS and AGS Health in Aging Foundation announced that **Alexander K. Smith, MD, MPH**, an associate professor

of medicine at UCSF and one of geriatrics' most influential rising researchers and advocates, will be honored with the 2020 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation. Following the cancellation of #AGS20 due to COVID-19, the AGS shared that Dr. Smith would deliver his marquee presentation, "Confessions of an Unfocused Researcher," at #AGS21 in Chicago, Ill. (May 13-15).



In his presentation, Dr. Smith will describe the benefits and challenges of different approaches to a research focus, particularly one that maintains a broad array of interests. The value of a diversity of avenues for scientific inquiry remains key, not only for maintaining intellectual interest and scholarship in multiple areas, but also for mentoring current and future generations of clinicians, educators, and scientists.

"Researchers have long been taught to have a narrow focus," explains Dr. Smith. "But throughout my academic career, I've been drawn to holistic disciplines with central principles that run counter to this reductionist perspective. My academic success, such as it's been, reflects this pull towards complexity, diversity of interests, and nurturing fresh ideas. I'm excited to share that approach with my colleagues."

That vagabond spirit developed early for Dr. Smith, who was born in Hilo, H.I., before his family moved to Michigan. After completing undergraduate studies in cellular and molecular biology at the University of Michigan, Dr. Smith pursued master's degrees from UC Berkeley and Harvard, in addition to a medical degree from UCSF. He joined the UCSF faculty in 2008, three years after completing his residency at Brigham and Women's Hospital in Boston.

Then and now, Dr. Smith has remained a prolific researcher while also balancing priorities as a clinician, educator, and mentor. The author or co-author of more than 100 peer-reviewed publications, Dr. Smith also has served as principal investigator or co-principal investigator on four grants to UCSF from the National Institutes of Health and the National Institute on Aging. Since 2009, Dr. Smith also has co-produced GeriPal, a popular blog and podcast.

Outstanding Junior Clinician Educator of the Year

The AGS is pleased to present the 2020 Outstanding Junior Clinician Educator of the Year Award to **Nina Blachman, MD, MHPE**, assistant professor in the Division of Geriatrics and Palliative Medicine at New York University. Dr. Blachman teaches medical students, interns, residents, and geriatrics fellows and serves as a mentor to trainees. A key player

in grant awards such as the Advanced Nursing Education Program Interprofessional Care for Older Adults, the Health Resources & Services Administration Primary Care Training and Enhancement, and the Geriatrics Workforce Enhancement Program, Dr. Blachman promotes teamwork and training in the outpatient setting and was a part of the team that created online modules for interprofessional clinicians on key topics in geriatrics. Co-director of NYU's geriatrics elective for medical students, Dr. Blachman has served as course director for the internal medicine and primary care residents' rotation in geriatrics and palliative care, and helped form the NYU geriatrics interest group for medical students. As the geriatrics fellowship director, she has created a strong mentorship program, developed a narrative medicine curriculum, and expanded opportunities for fellows in both teaching and clinical settings.

Outstanding Junior Clinician Education Manuscript

The Outstanding Junior Clinician Education Manuscript Award is given to a junior faculty member who has been first author on an important peer-reviewed clinical education article published in a scientific journal. This year, the AGS congratulates **Marcia Mecca, MD**, for the study "Assessing an Interprofessional Polypharmacy and Deprescribing Educational Intervention for Primary Care Post-graduate Trainees: A Quantitative and Qualitative Evaluation," published in the *Journal of General Internal Medicine* in April 2019. In this study, Dr. Mecca and her team tested the effectiveness of the Initiative to Minimize Pharmaceutical Risk in Older Veterans (IMPROVE) model for post-graduate primary care training in complex medication management and deprescribing. The results suggest that this model, an interprofessional group-visit deprescribing clinic designed to improve medication safety, improves knowledge and skill for internal medicine and nurse practitioner residents, influencing their practice outside of the program. An assistant professor of medicine at Yale University, Dr. Mecca has developed the educational polypharmacy and deprescribing tools used with interprofessional trainees participating in the IMPROVE clinic, and assisted providers in implementing this approach at other sites.

Outstanding Mid-Career Clinician Educator of the Year

The Outstanding Mid-Career Clinician Educator of the Year Award is given to a faculty member for impressive work in geriatrics education. The AGS is pleased this year to recognize **Mandi Sehgal, MD**, for her efforts to advance person-centered care and geriatrics education at both local and national levels. An associate professor of geriatric medicine at Florida Atlantic University (FAU) Charles E. Schmidt College of Medicine, Dr. Sehgal directs the

Geriatrics and Healthy Aging longitudinal curriculum and geriatrics/palliative care clerkship, for which she oversees faculty development, implementation, and evaluation. She also serves as the faculty advisor to the FAU AGS student chapter for trainees interested in geriatrics. Dr. Sehgal is the chair of the AGS Teachers' Section and the associate editor of the education and training section for the *Journal of the American Geriatrics Society*. She is also the teaching and learning lead for Aquifer Geriatrics (formerly web-GEMS), the AGS National Online Curriculum, a role in which she works to teach others how to enhance their curricula across the country.

Clinical Student Research Award

The Clinical Student Research Award is presented to undergraduate students who have submitted exceptional research for presentation at the AGS Annual Scientific Meeting. **Vanessa Ho**, a medical student at California Northstate University College of Medicine, is our 2020 Clinical Student Research Award recipient for her submission, "Time to Benefit for Stroke Reduction after More Intensive Blood Pressure Control in Older Adults." Ms. Ho's research works to estimate the time to benefit for stroke prevention after initiating intensive hypertension treatment, weighing benefits against potential risks of treatment for older adults. A 2018 Medical Student Training in Aging Research (MSTAR) scholar, Ms. Ho has long had an interest in aging. She has served as a health educator for various community and assisted living facilities and provided care for patients with dementia. She values working with underserved populations, assisting numerous non-English speakers with completing advance directives at the Chinatown Health Resource Center in San Francisco. Having held numerous roles as a research analyst and assistant, Ms. Ho's diverse academic background and interdisciplinary interests provide a strong foundation for her as a leader in the future of our field.

Scientist-in-Training Research Award

The Scientist-in-Training Research Award is presented to a pre-doctoral candidate with a promising career as a geriatrics scientist. The AGS is pleased to present this award to **Deborah Mack, MPH**, a doctoral candidate in Clinical and Population Health Research at the University of Massachusetts. Ms. Mack's dissertation focuses on drug utilization and safety for nursing home residents, with particular emphasis on the use and safety of statins. Supporting this work, her recent findings on the geographic variation in statin pharmacotherapy among nursing home residents with life-limiting illness suggests extensive geographic variation in statin prescribing across hospital referral regions in the United States, especially for those over 75 years of age. This work highlights how inconsistencies can

lead to disparities in care. Ms. Mack's long-standing commitment to health services research in gerontology and pharmacoepidemiology are evident in a variety of research assistant experiences and past societal honors from the AGS, the International Society for Pharmacoepidemiology, and the Gerontological Society of America, among other local and national awards.

Health in Aging Foundation New Investigator Awards

The Health in Aging Foundation New Investigator Awards honor individuals whose research reflects new insights in geriatrics and a commitment to the discipline's role in academia. This year, four outstanding colleagues were recognized for their work:

Ashwin Kotwal, MD, MS, is a physician specializing in geriatrics and palliative medicine in the Division of Geriatrics at UCSF. He holds a strong research background in social health, medical decision making, and cognitive assessments among older adults. As a recent recipient of the National Institute of Aging (NIA) Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) Award and the National Palliative Care Research Center Kornfield Scholar Award, Dr. Kotwal is examining the epidemiology and health consequences of loneliness and social isolation in the last years of life among older adults. In addition, his research examines the intersection of geriatrics, palliative care, and social well-being, including the role of social relationships in cancer screening, end-of-life experiences for married couples, and the impact of mild cognitive impairment on socialization. Dr. Kotwal hopes this research will inform the design of social interventions to impact the well-being and overall quality of life of older adults with serious illnesses.

Daniel Parker, MD, is a physician-scientist with training in geriatrics, molecular biology, and data science and visualization. A medical instructor at Duke University and a senior fellow at the Duke Center for the Study of Aging and Human Development, Dr. Parker is working to develop evidence-based interventions that maintain cognitive and physical function for older adults. Dr. Parker's research interests center on understanding how immune and metabolic aging contribute to age-related cognitive impairment, including Alzheimer's disease and related dementias, and the potential for geroprotective interventions targeted to immune and metabolic aging to prevent or delay age-related cognitive impairment.

Adam Simning, MD, PhD, is a physician-scientist trained in geriatric psychiatry and epidemiology with an assistant professor appointment in psychiatry and public health sciences at the University of Rochester. An NIA Patient-Oriented

Research Career Development awardee, Dr. Simning's research aims to help community-dwelling older adults with complex medical, mental, and social health needs age in place. Focusing on transitions from skilled nursing facilities to home, he explores patient-reported outcomes and quality of life to help vulnerable older adults have more opportunities to age in their communities. Dr. Simning's impressive research portfolio boasts more than 20 national presentations, 30 manuscripts, and the support of several national and local agencies.

Andrew Zullo, PharmD, ScM, PhD, is an assistant professor of health services, policy, and practice specializing in geriatric pharmacoepidemiology, comparative effectiveness and safety research, and health services research at the Brown University School of Public Health. His research focuses on improving medication use for older adults, especially those receiving post-acute care or residing in long-term care settings. Additionally, he practices as a geriatric pharmacist and leads the non-experimental research activities for the Department of Pharmacy at Lifespan, the largest health system in Rhode Island. Dr. Zullo has published more than 65 peer-reviewed manuscripts in geriatrics and other journals, and his research is supported by the NIA.

Outstanding Junior Investigator of the Year Award

Presented to junior investigators with a demonstrated focus on geriatrics research, the Outstanding Junior Investigator of the Year Award this year honors **Andrew Cohen, MD, DPhil**, an assistant professor in geriatrics at the Yale School of Medicine. Dr. Cohen's research is focused on two areas of interest: Improving care for older adults who do not have a family member or other surrogate decision-maker, especially in cases of dementia; and studying what are often termed "non-clinical" influences on decision-making, such as staff culture, state laws, and institutional norms. With support from a Beeson Award, Dr. Cohen is currently working to improve decision-making by developing an intervention to identify persons at risk of becoming "unbefriended" before they lose capacity, elucidating values and preferences ahead of time. A former GEMSSTAR and Pepper Scholar Career Development awardee, Dr. Cohen's work has appeared in several leading peer-reviewed journals and has been presented at various national conferences, including those hosted by the AGS. He recently completed terms as vice chair and then chair of the AGS Junior Faculty Research Special Interest Group. He currently serves as the junior faculty liaison to the Research Committee, as well as a member of the AGS/American Thoracic Society work group that developed recommendations for decision-making for unbefriended older adults in acute-care settings.

Outstanding Junior Research Manuscript Award

The AGS Outstanding Junior Research Manuscript Award is presented to a junior investigator for an outstanding peer-reviewed article on a topic in geriatrics.

Anil Makam, MD, MAS, has been honored this year for his work on “The Clinical Course after Long-Term Acute Care Hospital Admission among Older Medicare Beneficiaries,” published in the *Journal of the American Geriatrics Society*. Dr. Makam’s national, 5-year longitudinal cohort study details the clinical course of older Medicare beneficiaries after transfer to a long-term acute care hospital (LTAC). Findings indicate that after LTAC transfer, more than 100,000 older adults each year struggle with a significant burden of inpatient utilization and high mortality, yet have limited access to palliative care and low use of hospice at the end of life. The publication received national media attention, including in the *New York Times*. Dr. Makam is an assistant professor in residence in the Division of Hospital Medicine at Zuckerberg San Francisco General Hospital, and in the Department of Medicine at UCSF.

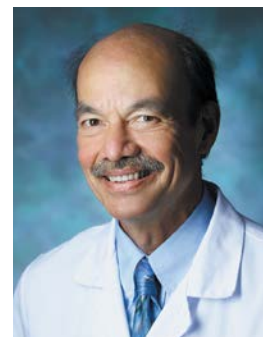
Edward Henderson Student Award

The Edward Henderson Student Award is presented to a student pursuing a career in geriatrics with demonstrated excellence contributing to the field. **Natalie Richmond**, a soon-to-be MD at the University of North Carolina (UNC) School of Medicine at Chapel Hill, was honored this year for her significant efforts in clinical research, academic advancement, and community leadership and service. Prior to starting medical school, Ms. Richmond spent time as a research assistant in geriatric emergency medicine research and worked as a full-time study coordinator overseeing projects on acute musculoskeletal pain, malnutrition, and elder abuse. Since that time, she has co-authored 11 articles published in peer-reviewed journals and given nine poster presentations at national conferences—including one that received a Presidential Poster Award from the AGS. A co-leader of her institution’s AGS Student Chapter and an MSTAR scholar, Ms. Richmond has taken advantage of both local and national programs to advance her own knowledge, as well as that of her peers. Through UNC’s “Care of the Older Adult Patient” Scholarly Concentration Program, Ms. Richmond has completed rotations on inpatient geriatrics and palliative care consult service. When asked of her inspiration for these accomplishments, Ms. Richmond notes: “In my earliest introduction to geriatrics as a research assistant, I discovered how much I enjoy working with older adults—as well as the importance of understanding the unique needs of this vulnerable population.” Ms. Richmond will

begin residency training in internal medicine at UCSF in June 2020.

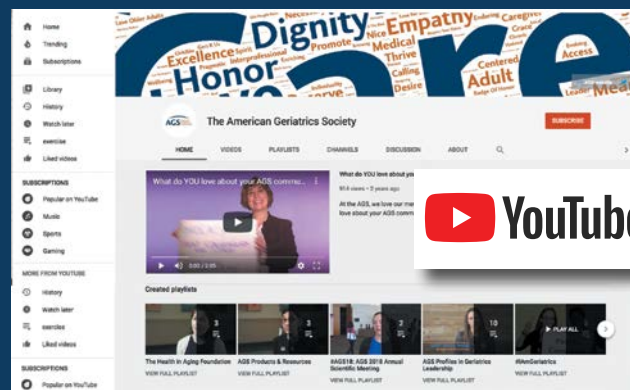
Choosing Wisely® Champion Award

The *Choosing Wisely*® Champions program helps expand the *Choosing Wisely*® campaign by highlighting stories of people whose leadership in choosing tests and treatments wisely has inspired others to promote high-quality, person-centered care. For the 2020 award, the AGS congratulates **Thomas E. Finucane, MD**, professor emeritus of geriatric medicine and gerontology at Johns Hopkins University and senior lecturer at Harvard Medical School. Dr. Finucane has authored papers showing little or no benefit from tube feeding in older adults with advanced dementia, or from intensive glycemic control, nutrition support, cholinesterase inhibitors, and antibiotic treatment in many older patients with urinary tract infections (UTIs). He has spoken about several of these topics at national meetings, with anticipated symposia on type-2 diabetes in older adults at #AGS21 in Chicago. He continues to expand on *Choosing Wisely*® recommendations in research and practice, and serves as a role model for colleagues bringing these principles to their care. The AGS applauds Dr. Finucane for these efforts. ♦



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KUDOS TO OUR NEW AGS FELLOWS AND AMAZING BOARD/COMMITTEE LEADERS

Thank You to Our Outgoing Board & Committee Leaders

The AGS thrives thanks to an amazing network of inter-professional leaders who help to push our work forward. **Laurie Jacobs, MD, AGSF**, our outgoing board chair, epitomizes that spirit. An AGS member since 1988 and an AGS Board representative since 2011, Dr. Jacobs set an exceptionally high standard for AGS work across clinical practice, public policy, and public and professional education. Dr. Jacobs has been a leader in geriatrics research and education for more than 30 years. In her present role as chair of both the Department of Internal Medicine at Hackensack Meridian Health Hackensack University Medical Center and the Hackensack Meridian School of Medicine at Seton Hall University, Dr. Jacobs will continue to ensure geriatrics expertise can help guide colleagues in our field toward the cutting-edge of care.

Our outgoing committee members also have given greatly of their time and talents. Our sincere thanks to:

- **Marie Boltz, PhD**, from the Clinical Practice and Models of Care Committee.
- **Lisa Rosenberg, MD; Michael Ross, DO; and Eric Widera, MD**, from the Ethics Committee.
- **Ashish Goel, MD**, from the Ethnogeriatrics Committee.
- **Wen Dombrowski, MD, MBA; Irene Hamrick, MD, FAAFP, AGSF; and Manisha Parulekar, MD, AGSF**, from the Health Systems Innovation—Economics and Technology Committee.
- **Mary H. Palmer, PhD, AGSF; and Krupa Shah, MD, MPH, AGSF**, from the Public Education Committee.
- **Lillian Min, MD, MSHS; and Bernardo Reyes, MD**, from the Quality and Performance Measurement Committee.

Congrats to Our Outstanding Committee Service Awardees

Our Outstanding Committee Service Awardees are members who have made extraordinary contributions through our committees. Congratulations to:

- **Katie Denson, MD; and Emily Hajjar, PharmD, BCPS, BCACP, CGP**, from the AGS-ADGAP Education Committee.
- **Marie Boltz, PhD**, from the Clinical Practice and Models of Care Committee.
- **Lisa Rosenberg, MD; Caroline Vitale, MD, AGSF; and Eric Widera, MD**, from the Ethics Committee.
- **Merhdad Ayati, MD; and Lenise Cummings-Vaughn, MD**, from the Ethnogeriatrics Committee.
- **Irene Hamrick, MD, FAAFP, AGSF**, from the Health Systems Innovation—Economics and Technology Committee.
- **Mary H. Palmer, PhD, AGSF**, from the Public Education Committee.
- **Gina Upchurch, RPh, MPH**, from the Public Policy Committee.
- **Lloyd Roberts, MD**, from the Quality and Performance Measurement Committee.
- **Alayne Markland, DO; and Cynthia Boyd, MD, MPH, AGSF**, from the Research Committee.

AGS Welcomes New Class of Fellows

The AGS also honors 18 leading health professionals who joined the newest class of AGS Fellows—a select group of experts recognized for their deep commitment to the AGS and to advancing high-quality, person-centered care for us all as we age. They include:

- **Lilianna C. Andrade, MD, AGSF**
- **Wynnelena C. Canio, MD, AGSF**
- **Mieke Deschodt, RN, MSc, PhD, FEANS, AGSF**
- **Deanna C. Fernandes, PharmD, AGSF**
- **Anupama Gangavati, MD, AGSF**
- **Lauren Jan Gleason, MD, MPH, AGSF**
- **Mona Gupta, MD, AGSF**
- **Todd C. James, MD, AGSF**
- **Daniel Z. Mansour, PharmD, BCGP, FASCP, AGSF**
- **Abisola B. Mesioye (nee Famakinwa), MD, CMD, AGSF**
- **Michael J. Mintzer, MD, AGSF**
- **Rasha Nakhleh, MD, AGSF**
- **Kobi T. Nathan, PharmD, MEd, BCGP, AGSF**
- **Wayne S. Saltsman, MD, PhD, AGSF**
- **Michael A. Silverman, MD, AGSF**
- **Rebecca J. Stetzer, MD, AGSF**
- **Erika E. Tung, MD, MPH, AGSF**
- **Kamal C. Wagle, MD, MPH, CMD, AGSF**

Get expert resources straight from your colleagues in geriatrics.

Log into MyAGSOnline to share information and expand your network.

The logo for MyAGSOnline features a stylized blue arch above the text "MYAGS" in bold blue letters, with "ONLINE" in orange letters below it.

WHY I'M AN AGS MEMBER

LEO M. COONEY, MD

Humana Foundation Professor of Geriatric Medicine, Yale Medical School

The AGS has been very important to my career—even beyond my four decade-long membership. I joined the Society in the late 1970s, and Dr. Knight Steel recruited me as a member of the board of directors in 1982. Dr. Steel recruited a number of academic geriatricians for the board, and worked with us to initiate Linda Hiddemen Barondess as the executive director of the Society. She went on to lead the efforts that transformed AGS into the premier interprofessional association in geriatrics during her 27-year career at the helm.

I soon became chairperson of the AGS Publications Committee and AGS treasurer from 1985 to 1989. In 1990, I was honored to become president. I credit this experience with being key to my success in academic geriatrics, as it connected me with so many national geriatric leaders, which helped me build the geriatric program at Yale.

My career in geriatrics started at Boston City Hospital, where I did my internship and residency. I spent a great deal of my efforts caring for older adults. We were lectured on all sorts of medical topics but rarely if ever did we talk about bedsores, immobility, delirium—the things I was seeing every day. The hospital had a continuing care program that had nurses going out to nursing homes to follow patients we saw in our outpatient clinics. I went out with them a number of times and that was very inspiring to me.

After a couple years in the army and medical work in arthritis, in 1976 I came back to Yale, where I'd gone to med school. I was to run an inpatient unit designed for the care of older people and I saw it as an opportunity to build a geriatrics program.

My challenge was how to encourage the resident physicians' interest in caring for older people. It was low-tech work that wasn't considered as stimulating as intensive care and emergency department work. My chief, Dr. Sam Thier, who was one of the giants of American medicine, called the chief residents into his office a few days after I'd gotten there and insisted that they work with me to put together a rotation for the residents in geriatrics. Three years after that, the house staff gave me the Teacher of the Year Award. Clearly, Sam's initial step had enabled the staff to recognize the importance of geriatrics.



Working with these families is virtually spiritual because they're caring for older relatives, who often have dementia, in their homes.

The aspects of geriatrics that give me the greatest joy? I think what we do best is help families care for their older relatives. My afternoons in our geriatric assessment clinic are the best part of my week. Working with these families is virtually spiritual because they're caring for older relatives, who often have dementia, in their homes. It's heroic work, and they're often doing it out of the goodness of their hearts because they think it's the right thing to do. Though we can't really "fix" anyone, we can help families by educating and supporting them and by treating the patient if they get too agitated or depressed.



Finally, I've been blessed with phenomenal support from my wife of 50 years, my two wonderful sons, and our five amazing grandchildren. We're fortunate because we all live in Connecticut and are very close—family is extremely important to me. I come home on time every night because my wife and I take care of my 97-year-old father-in-law who's been living with us for eight years now. Though Papa's getting pretty frail, it's great to see his grand- and great-grandchildren with him. ♦



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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit AmericanGeriatrics.org. Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.

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Home Safety Tips for Older Adults

With a growing number of older adults living independently, it's increasingly important to make sure that they're safe at home. Falls, burns, and poisonings are among the most common accidents involving older people. Older adults who live alone may also become the victims of criminals who target older people. If you're an older adult living on your own, or care for an older person living alone, here's what you need to do to stay safe.

Keep emergency numbers handy

Always keep a list of emergency numbers by each phone. Write this information in large enough print that you can read it easily if you are in a hurry or frightened. Be sure to list numbers for:

- 911
- Poison Control: 1-800-222-1222
- Family member or friend to call in case of emergency
- Healthcare provider's office

Prevent falls

- **If you have difficulty with walking or balance,** or have fallen in the past year, talk to your healthcare provider about having a special falls risk assessment.
- **Ask your provider** if you would benefit from an exercise program to prevent falls.
- **If you have fallen before, or are scared of falling,** think about buying a special alarm that you wear as a bracelet or necklace. Then, if you fall and can't get to the phone, you can push a button on the alarm that will call emergency services for you.
- **Don't rush to answer the phone.** Many people fall trying to answer the phone. Either carry a cordless or cell phone or let an answering machine pick up.
- **When walking on smooth floors,** wear non-slip footwear, such as slippers with rubber/no-slip bottoms or flat, thin-soled shoes that fit well.
- **If you have a cane or a walker,** use it at all times instead of holding onto walls and furniture.

Safety-proof your home

- **Make sure all hallways, stairs, and paths are well lit and clear** of objects such as books or shoes.
- **Use rails and banisters when going up and down the stairs.** Never place scatter rugs at the bottom or top of stairs.
- **Tape all area rugs to the floor** so they do not move when you walk on them.

Protect against fire and related dangers

- If there is a fire in your home, don't try to put it out. Leave and call 911. Know at least two ways to get out of your apartment or home.
- When you're cooking, don't wear loose clothes or clothes with long sleeves
- Replace appliances that have fraying or damaged electrical cords.
- Don't put too many electric cords into one socket or extension cord.
- Install a smoke detector and replace the battery twice a year.
- Never smoke in bed or leave candles burning, even for a short time, in an empty room.
- Make sure heaters are at least 3 feet away from anything that can burn, such as curtains, bedding, or furniture. Turn off space heaters when you leave the room.

Avoid bathroom hazards

- Set the thermostat on the water heater no higher than 120°F to prevent scalding.
- Have grab bars installed in the shower and near the toilet to make getting around easier and safer.
- Put rubber mats in the bathtub to prevent slipping.
- If you are having a hard time getting in and out of your tub, or on and off the toilet, ask your provider to help you get a special tub chair or bench or raised toilet seat.

Prevent poisoning

Carbon Monoxide

- Never try to heat your home with your stove, oven, or grill since these can give off carbon monoxide—a deadly gas that you cannot see or smell.
- Make sure there is a carbon monoxide detector near all bedrooms, and be sure to test and replace the battery twice a year.

Medications

- Keep all medications in their original containers so you don't mix up medicines.
- Ask your pharmacist to put large-print labels on your medications to make them easier to read.
- Take your medications in a well-lit room, so you can see the labels.
- Bring all of your pill bottles with you to your healthcare provider's appointments so he or she can look at them and make sure you are taking them correctly.

Cleaning products

- Never mix bleach, ammonia, or other cleaning liquids together when you are cleaning. When mixed, cleaning liquids can create deadly gases.

Protect against abuse

- Keep your windows and doors locked at all times.
- Never let a stranger into your home when you are there alone.
- Talk over offers made by telephone salespeople with a friend or family member.
- Do not share your personal information, such as social security number, credit card or bank information, or account passwords, with people you don't know who contact you.
- Always ask for written information about any offers, prizes, or charities and wait to respond until you have reviewed the information thoroughly.
- Do not let yourself be pressured into making purchases, signing contracts, or making donations. It is never rude to wait and discuss the plans with a family member or friend.

