An Ounce of Prevention is Worth A Pound of Cure: The Annual Wellness Visit Toolkit

Orange County Healthy Aging Initiative (OCHAI)

Helene M. Calvet, MD
Deputy Health Officer
Orange County Health Care Agency
Overview

• Background
• What is the AWV
• Who may perform the visit
• What to expect during the AWV
• What preventive services are covered by Medicare
OCHAI: Who We Are

• Formed in early 2013 by staff of Public Health Services at OC Health Care Agency (OCHCA) and Institute of Gerontology at Cal State Fullerton (CSUF)

• Initial goal: to assist/improve county-wide comprehensive strategic planning to address current and future needs
OCHAI: Who We Are

• Members: OCHCA, CSUF, Office on Aging, Council on Aging, UCI, Alzheimer’s Association, SSA, Senior Serv, St. Joseph Health, CalOptima, Caregiver Resource Center, private geriatrician, others

• Now a committee within the Orange County Aging Services Collaborative (OCASC)
What is the AWV?

• Covered by Medicare since 2011; one per year
• **Not** an annual physical exam; it is a visit to focus on prevention
  – Detect risks to health
  – Provide information/referrals to address risks
  – Schedule preventive services
• Although specific labs/tests are not included in these visits, tests and/or counseling may be ordered resulting from the visit
What Center for Medicare Services (CMS) Says About Prevention

• “CMS is committed to promoting the appropriate use of Medicare preventive services. Medicare now covers a broad range of services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided...”
Why Make an AWV Toolkit?

• AWV relatively new benefit of ACA
  – Likely needs some promotion (5 years after the “Welcome to Medicare” visit became a benefit, only 5% of new Medicare patients received it*)

• Aging population and insufficient #s of geriatricians; could assist non-geriatricians (and maybe geriatricians, too) in performing the AWV by assembling information, tools and local resources

• Need to focus more on prevention!

*American Medical News, May 2, 2011
Some Sobering Statistics
Adults ≥ 65 in OC

1 out of 10 has fallen more than once in the last year
1 out of 6 has diabetes
1 out of 4 has heart disease
1 out of 2 is disabled

Source: California Health Interview Survey (CHIS) 2011-2012,
http://ask.chis.ucla.edu/main/default.asp
Super Seniors: 65 is not too old to start healthy practices!

Olga Kotelko: started on the track-and-field circuit at age 77. As of 2011, at age 92, she held more than 20 world records: long jump, triple jump, high jump, discus, shot put, various sprints, weight throw, and javelin!

Fauja Singh: in 2013, the 101 year old announced he would run his last race; he was a veteran of marathons by then, having ran his first at age 89

Why is Prevention Important?

• Being healthy is more fun than being sick
  – With better health, seniors are more likely to keep their independence, have better quality of life and have positive emotional/mental health¹

• Being healthy is cheaper than being sick²
  – Average health care cost for an older person with no chronic conditions is about $\frac{1}{5}$ that of a person with 5 or more chronic conditions, and $\frac{1}{10}$ that of a person in a long-term care facility

¹. http://www.cdc.gov/features/preventionstrategy/
². http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Health_Care.aspx
Who May Perform the AWV?

- Physician
- Qualified Non-Physician Practitioner (PA, NP, Certified Clinical Nurse Specialist)
- Medical professional (health educator, dietician, nutrition professional or other licensed practitioner) or team thereof working under the direct supervision of a physician
What Can You Expect During an AWV? (Part 1)

• Fill out some paperwork*
• Have a few tests
• Get to talk to your provider about being healthy, not about illness

*Can be completed at home before the visit
Paperwork

• Health Risk Assessment
• List of medications and providers
• Your history (medical, family, social)
• Home Safety Checklist
• Fall risk self-assessment
Health Risk Assessment (HRA)

• Self-assessment of health status
• Behavioral risks
  – Exercise, diet, smoking, alcohol intake, etc.
• Psychosocial risks
  – Isolation, mistreatment, lack of food, money, transportation and/or assistance
• Activities of daily living (ADLs)
  – Eating, bathing, dressing, cooking, cleaning, shopping, managing finances, etc.
# Health Risk Assessment (HRA)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Preferred language:</td>
</tr>
<tr>
<td>Form completed by:</td>
<td></td>
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<tr>
<td></td>
<td>□ Self   □ Friend/family   □ Office staff   □ Other</td>
</tr>
</tbody>
</table>

## How do you rate your overall health?  
- □ Excellent
- □ Very Good
- □ Good
- □ Fair
- □ Poor

On how many days during the week do you...? (Circle the appropriate answer below)

<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>≥5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in physical activity (e.g. walking, cycling, etc.) for at least 20 to 30 minutes?</td>
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<tr>
<td>Include strength exercises (weights or resistance bands) in your physical activity routine?</td>
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<tr>
<td>Eat 5 or more servings of fruits and vegetables (one serving equals ½ cup)?</td>
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<tr>
<td>Eat 5 or more servings of grains (one serving equals one slice of bread, ½ cup of cereal, etc.)?</td>
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<tr>
<td>Eat 2 or more servings of dairy products (milk, yogurt or cheese)?</td>
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<tr>
<td>Eat fast food?</td>
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<tr>
<td>Cut the size of your meals or skip meals because you don’t have enough food (not enough money or enough help to shop or cook)?</td>
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<tr>
<td>Have more than one drink of alcohol (beer, liquor, wine) per day?</td>
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<tr>
<td>Get at least 7 hours of sleep?</td>
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<tr>
<td>Use tobacco or nicotine products (cigarettes, e-cigarettes, smokeless tobacco, cigars, or pipes) or are close to others who do?</td>
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</tr>
<tr>
<td>Leave your home to run errands, go to work, go to meetings, classes, church, social functions, etc. (not counting doctor’s visits)?</td>
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<tr>
<td>Have physical pain that affects your activities?</td>
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</tbody>
</table>
Super OC Seniors:
Involved in the Community!

Lahoma Snyder: at 80 years old, still works 30+ hours per week with the OC Long Term Care Ombudsman Program

Art Goddard: recently honored by OneOC for volunteering over 1500 hours during 2013

www.ocregister.com
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you visit your dentist for regular check-ups at least every six months if you have natural teeth, or once a year if you have full dentures?</td>
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<tr>
<td>Do you have enough money to pay for the medications, medical supplies, and medical visits that you need?</td>
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<tr>
<td>About how many times in the last month have you missed taking your medications?</td>
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<tr>
<td>About how many times in the last month have you taken your medication differently than prescribed by your doctor? (skip if you don’t take medicines)</td>
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<tr>
<td>Do you take any over-the-counter medications (vitamins, supplements, herbal medicines)?</td>
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<tr>
<td>Do you have sufficient transportation to make all of your medical appointments?</td>
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<tr>
<td>In the past 12 months, have you had any problem with balance or walking, or have you had any falls? If Yes to falls, how many times?</td>
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<tr>
<td>In the past 6 months, have you had a problem with leakage of urine?</td>
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<tr>
<td>In the past month, have you needed help managing your finances?</td>
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<tr>
<td>Do you think anybody is taking or using your money without your permission?</td>
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<tr>
<td>In the past 7 days, have you needed help from others:</td>
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<tr>
<td>To eat, bathe, get dressed or use the toilet?</td>
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<tr>
<td>To do laundry, cooking, housekeeping or shopping?</td>
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<tr>
<td>For transportation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To take your medications?</td>
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<tr>
<td>Do you or your caregiver have sufficient help/support with and resources for caregiving duties? (skip if you do not give or receive care)</td>
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<tr>
<td>Are you satisfied with your current level of social interaction with family and friends, and participation in activities outside your home?</td>
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<tr>
<td>Do you have family and friends who care about you and you can count on for help when you need something or have a problem?</td>
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<tr>
<td>Is anybody mistreating you?</td>
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<tr>
<td>Do you have an Advance Directive or Living Will?</td>
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</tr>
</tbody>
</table>
Over the last two weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several Days</th>
<th>&gt; Half of the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>33) Little interest or pleasure in doing things?</td>
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<tr>
<td>34) Feeling down, depressed or hopeless?</td>
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<tr>
<td>35) Having anxiety or stress about your health, finances, family, work or social relationships?</td>
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</tr>
</tbody>
</table>

For Office Use Only

Height: ______  Weight: ______  BMI: ______  BP: _____/____  P: ______

PHQ-2 Score: ______  PHQ-9 Score (if indicated): ______

Other mental health screen, if indicated: (name/score) ____________________________

Mini-Cog Score: ______  Other cognitive screen, if indicated: (name/score) ____________________________

Timed Up and Go: ____________________________

☐ Home safety checklist reviewed

☐ Personal Preventive Plan completed and reviewed with patient

Information/education provided:

- Exercise  ☐ Healthy Eating  ☐ Dietary supplements  ☐ Food Banks/Meals on Wheels
- Fall prevention  ☐ Pain  ☐ Depression  ☐ Sleep
- Cognitive impairment  ☐ Medication use  ☐ Transportation resources
- Caregiver resources  ☐ Abuse prevention  ☐ Scam prevention
- Veteran’s benefits  ☐ Health Insurance Counseling Advocacy Program (HICAP)
- Speech/hearing center  ☐ Braille Institute  ☐ Advance Directive/Living Will
- Adult Day Care  ☐ Alzheimer’s Association  ☐ Long Term Support Services (LTSS)
- Other ____________________________

Referrals made/provided:

- Dental  ☐ Optometry  ☐ PT evaluation  ☐ Pain management  ☐ Dementia evaluation
- Psychiatry/Counseling/behavioral health  ☐ Dietician/nutrition counseling
- Bone Mineral Density  ☐ Colonoscopy  ☐ Mammogram  ☐ Pap smear
- Alcohol reduction  ☐ Tobacco cessation  ☐ Chronic Disease Self-Management Class
- Case management  ☐ Driving evaluation  ☐ Friendly visitor program
- Other ____________________________
Tests During the Visit

• Height, weight, Body Mass Index (BMI), blood pressure
• Screen for depression
• Test for walking stability (if indicated): timed up and go
• Test mental function: Mini-Cog
Test for Depression

• Three different tests included in toolkit
• Only need to do one
• Shortest in two questions; longest is 14 questions
• May need to do further tests if results are concerning
Walking Speed and Balance: The Timed Up and Go
Timed Up and Go

• Time to get up from a chair, walk 3 meters and return to chair
• Results correlate with balance and functional level; can track over time
• > 14 seconds associated with high fall risk, and > 30 seconds predictive of requiring assistive device
Test of Mental Function: The Mini Cog

- Very short test
- Two parts:
  - Three word recall
  - Clock drawing
- Low score suggest possible impaired mental function; may need further testing
What Can You Expect During an AWV? (Part 2)

• Personalized preventive plan, including:
  – Written schedule of preventive services for next 5-10 years
  – Referrals for counseling or behavioral therapy as needed
  – Resources as needed

• Health advice and education
What Preventive Services Does Medicare Cover?

• Screenings
• Vaccinations
• Behavior therapy and counseling
Medicare-Covered Screenings (1)

• Alcohol misuse screening
  – Yearly for all

• Bone Density Test (osteoporosis check)
  – Every 2 years if criteria met (sooner if medically necessary)

• Breast Cancer Screening (mammogram)
  – Females: 35-39 y.o. one baseline, ≥ 40 y.o. yearly

• Cholesterol check
  – Every 5 years
Medicare-Covered Screenings (2)

• Cervical Cancer Screening (Pap)
  – Every 2 years

• Colon Cancer Screening – several options
  – Age > 50 yo, timing varies depending on test and risk factors

• Depression screen
  • Yearly for all

• Diabetes check
  – Non-diabetics meeting criteria, 1-2 times per year depending on previous results
Medicare-Covered Screenings (3)

- Glaucoma
  - Yearly if criteria met
- Hepatitis C Screening: new benefit
  - Once for all born between 1945 - 1965
- HIV/STD Screening
  - Yearly for those at risk
- Prostate check
  - Men: yearly beginning the day after 50th birthday
Covered Vaccinations*

- Seasonal Influenza
  - Once per season, more if medically necessary
- Pneumonia
  - Once in a lifetime, more if medically necessary and > 5 yrs since last
- Hepatitis B
  - Scheduled dosing if at high or intermediate risk

*Shingles and Tetanus vaccines not covered under Part B
Covered Counseling*

- Diabetes Self-Management Training
- Medical Nutrition Therapy
- Intensive Behavioral Therapy for Heart Disease
- Intensive Behavioral Therapy for Obesity
- Quit smoking (tobacco cessation)
- Alcohol Misuse (not alcohol dependence)
- Sexually Transmitted Infection Prevention

*See AWV Toolkit’s “Preventive Services for Medicare Beneficiaries” for more details on criteria for and duration of counseling
Did You Know?
Adults > 65 in OC

Only 1 out of 10 got 20 minutes of vigorous physical activity 3x/week

7 out of 10 got flu shot in last 12 months

A provider’s recommendation is the first step in improving these numbers!

Super OC Senior

Serafin Zasueta: at age 71, “Sef” is still an accomplished athlete, placing first in the 70+ division of the San Diego International Triathlon. Sef regularly rides 40+ miles every weekend, and swims, runs or rides several times a week.
# Preventive Plans

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Most Recent Date / Result (if indicated)</th>
<th>Date Next Due or Not Indicated (NI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure (BP)</td>
<td>Date _______ BP _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Height/Weight and Body Mass Index (BMI)</td>
<td>Date _______ Ht _______ Wt _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Vision / Glaucoma</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Bone Density (DEXA)</td>
<td>Date _______ □ Normal □ Osteopenia □ Osteoporosis</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Cholesterol Test</td>
<td>Date _______ Total ___ LDL ___ HDL___</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>Date _______ □ Normal □ Pre-diabetes □ Diabetes</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>Date _______ Procedure ___________________</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Hepatitis C Virus</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Pneumonia vaccine</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Tetanus vaccine (recommended but not covered by Part 8)</td>
<td>Date _______ Tetanus/diphtheria ______ Tetanus/diphtheria/pertussis ___</td>
<td>Next Due__________  □ NI</td>
</tr>
<tr>
<td>Shingles vaccine (recommended but not covered by Part 8)</td>
<td>Date _______</td>
<td>Next Due__________  □ NI</td>
</tr>
</tbody>
</table>

**Behavior Rx**

□ Dietary change:_________________________________________    □ Lose Weight: ____ lbs    □ Gain Weight ____ lbs
□ Exercise:_______________________________________________    □ Quit Smoking          □ Reduce Alcohol
□ Other:__________________________________________________
Resources and Referrals

• List of phone numbers for agencies that may be needed to address issues discovered
• List of senior community centers
• Flyers/information from local organizations/programs addressing problems discovered during the AWV
  – Adult day services, Office on Aging Infoline, Meals on Wheels, Alzheimer’s Association, Caregiver Resource Center, Friendly Visitor Program, mental health services hotline, help to quit tobacco and more!
Patient Education

• Not comprehensive health education, but focusing on select issues:
  – Strength, balance, physical activity
  – Nutrition
  – Managing medications
  – Depression
  – Sleep
  – Forgetfulness
  – And more!
Preventive Plans

Referrals made/provided:

- □ Dental
- □ PT evaluation
- □ Optometry
- □ Psychiatry/counseling
- □ Dietician/nutrition counseling
- □ Dementia Evaluation
- □ Other

<table>
<thead>
<tr>
<th>Informational Brochures</th>
<th>Educational Materials</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Abuse Red Flags</td>
<td>□ Alcohol Use in Older Adults</td>
<td>□ Advanced Health Care Directive Form</td>
</tr>
<tr>
<td>□ Adult Day Care Fact Sheet</td>
<td>□ Balance Basics Brochure</td>
<td>□ How to Register Your Advance Directive</td>
</tr>
<tr>
<td>□ Adult Protective Services (APS)</td>
<td>□ Depression Age Page</td>
<td>□ Registration Form for Advance Directive</td>
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<tr>
<td>□ Age Well</td>
<td>□ Dietary Supplements Age Page</td>
<td>□ Things my loved ones need to know</td>
</tr>
<tr>
<td>□ Alzheimer's Association Orange County Chapter</td>
<td>□ Driving Age Page</td>
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<tr>
<td>□ Caregiver Resource Center</td>
<td>□ Forgetfulness Age Page</td>
<td></td>
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<tr>
<td>□ Council on Aging</td>
<td>□ Healthy Eating Age Page</td>
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<tr>
<td>□ Financial Exploitation</td>
<td>□ Medicine Age Page</td>
<td></td>
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<tr>
<td>□ Friendly Visitor Program</td>
<td>□ NIA Exercise and Physical Activity</td>
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<tr>
<td>□ Health Insurance Counseling &amp; Advocacy Program (HICAP)</td>
<td>□ Pain Age Page</td>
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<tr>
<td>□ Healthier Living</td>
<td>□ Physical Activity Age Page</td>
<td></td>
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<tr>
<td>□ Information, Assistance and Resources Phone List</td>
<td>□ Prescription Medication Disposal flyer</td>
<td></td>
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<tr>
<td>□ Long Term Care Ombudsman</td>
<td>□ Sexuality Age Page</td>
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<tr>
<td>□ OC Links</td>
<td>□ Sleep Health</td>
<td></td>
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<tr>
<td>□ Office on Aging Infoline</td>
<td>□ Strong And Stable Brochure</td>
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<tr>
<td>□ Protect Yourself From Abuse, Neglect and Exploitation</td>
<td>□ ____________________________________________________________________</td>
<td></td>
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<tr>
<td>□ Protect Against Scams</td>
<td>□ ____________________________________________________________________</td>
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<tr>
<td>□ Senior/Community Center List</td>
<td>□ ____________________________________________________________________</td>
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<tr>
<td>□ Senior Health Outreach Prevention Program (SHOPP)</td>
<td>□ ____________________________________________________________________</td>
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<td>□ SeniorServ</td>
<td>□ ____________________________________________________________________</td>
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<tr>
<td>□ Tobacco Cessation Services</td>
<td>□ ____________________________________________________________________</td>
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<tr>
<td>□ Veteran’s Service Office</td>
<td>□ ____________________________________________________________________</td>
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</tbody>
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Resources


Want to See the Toolkit?

• All materials available online on Orange County Aging Services Collaborative (OCASC) website: http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit

• Questions/comments welcome! E-mail us at OCHAI@ocagingservicescollaborative.org
Preventive Services and Plans
- Men’s Preventive Plan [70KB]
- Women’s Preventive Plan [81KB]
- Preventive Services for Medicare Beneficiaries [106KB]

Resources and Referrals
- Adult Day Services Fact Sheet [131KB]
- Adult Day Services List [45KB]
- Age Well Senior Services [156KB]
- Alzheimer’s Association Flyer [42KB]
- Caregiver Resource Center Flyer [1.5MB]
- Council on Aging Flyer [1.6MB]
- Financial Abuse Specialist Team (FAST) Flyer [1.9MB]
- Friendly Visitor Program Flyer [479KB]
- Healthier Living Informational Flyer [588KB]
- Healthier Living Overview for med professionals [53KB]
- HICAP flyer [557KB]
- HRA Resources and Referrals [70KB]
- Infline Office on Aging [205KB]
- Information Assistance Resources phone list [50KB]
- Information Assistance Resources phone list Spanish [115KB]
- Information Assistance Resources phone list Vietnamese [143KB]
- Long Term Care Ombudsman 2014 [1.7MB]
- OC Links [1.1MB]
- Senior Center List 12-13 [25KB]
- SeniorServ Flyer [1.1MB]
- SHOPP Program Brochure [217KB]
- Tobacco Cessation Services Flyer [352KB]
- Veteran’s Services Office for Seniors [568KB]

Other Information
- Advanced Health Care Directive Form-Fillable [422KB]
- How to Register Your Advance Directive [90KB]
- Registration Form for Advance Directive-Fillable [143KB]
- Report Form for DMV [655KB]
- Things my loved ones need to know [49KB]
- Tips from a Geriatrician [37KB]

Pre-Visit Materials for Patient
- AVV Patient Letter [86KB]
- AVV Patient Letter Spanish [88KB]
- AVV Patient Letter Vietnamese [147KB]
- Home Safety Checklist [53KB]
- Home Safety Checklist Spanish [53KB]
- Home Safety Checklist Vietnamese [70KB]
- HRA - Health Risk Assessment [193KB]
- HRA - Health Risk Assessment Spanish [197KB]
- HRA - Health Risk Assessment Vietnamese [225KB]
- Stay Independent Fall Risk Assessment [627KB]
- Stay Independent Fall Risk Assessment Spanish [1.9MB]

During Visit Assessments
- Alcoholism Screening [82KB]
- BMI Table [37KB]
- Fall risk assessment algorithm [524KB]
- Geriatric Depression Scale alternate [524KB]
- Links to videos about assessing cognition and diagnosing dementia [41KB]
- Memory Assessment Process Map – Alzheimer’s Association [82KB]
- MiniCog [94KB]
- PHQ-2 [41KB]
- PHQ-9 [496KB]
- PHQ9 Spanish [285KB]
- PHQ9 Vietnamese [42KB]
- PHQ-9 Korean [119KB]
- STEADI tool kit contents and link [692KB]
- Timed Up and Go - TUG [74KB]
- Timed Up and Go instructions [573KB]
- WEMWBS Scoring Guide [45KB]
- WEMWBS User Guide Version 1 June 2008 [299KB]
- WEMWBS [45KB]

Elder Abuse Information
- Abuse Red Flags 2012 [393KB]
- Abuse Red Flags OC version [229KB]
- Abuse Red Flags OC Spanish [193KB]
- Abuse Red Flags OC Vietnamese [250KB]
- Adult Protective Services (APS) Flyer [340KB]
- Elder Abuse Report Form SOC341 [147KB]
- Financial Exploitation in Assisted Living [242KB]
- Financial Exploitation in Nursing Homes [160KB]
- Mandated Reported Flyer [446KB]
- Protect Against Scams [471KB]
- Protect Yourself From Abuse Flyer [324KB]
- Protect Yourself From Abuse Flyer Spanish [336KB]
- Protect Yourself From Abuse Flyer Vietnamese [311KB]
- Tips to Avoid Financial Exploitation [1.2MB]

Patient Education Materials
- Alcohol Use in Older Adults [250KB]
- Balance Basics [8MB]
- Depression Age Page [106KB]
- Dietary Supplements Age Page [115KB]
- Driving Age Page [324KB]
- Exercise Brochure Order Form (“PCC”) [324KB]
- Forgetfulness Age Page [140KB]
- Healthy Eating Age Page [229KB]
- Medicine Age Page [131KB]
- NIA Exercise and Physical Activity English [7.7MB]
- NIA Exercise and Physical Activity Spanish [7.5MB]
- Ordering additional NIA educational materials [33KB]
- Pain Age Page [131KB]
- Physical Activity Age page [131KB]
- Prescription Medication Disposal Flyer [74KB]
- Sexuality Age Page [111KB]
- Sleep Age Page [201KB]
- Sleep Health Handout [58KB]
- Strong and Stable Brochure [1.9MB]
One out of One Doctor Recommends: Get Your AWV!

Thank you for your attention!
Any Questions?