



UCOA Quarterly Aging Summit Agenda Thursday – May 13, 2021

12:15 AM - 01:30 PM

Community Partner and Member Networking Meeting

Join Zoom Meeting <https://zoom.us/j/640416337>

Or Dial 669 900 6833

Meeting ID: 640 416 337

(Zoom conference information will remain the same for all UCOA quarterly meetings)

Agenda

- | | | |
|--|---|----------------------------|
| 12:15 | Welcome to members and partners
Welcome and introduction to new first time attendees
Statutory member expansion – invitation for recommendations | Andrew Jackson |
| 12:20 | Executive Director Report
Upcoming meeting with the Governor
Community partner guidelines/cross reference/older adult experts
Website – utahaging.org
Hotline
Surveys
Upcoming events | Rob Ence |
| Community Partner Conversations | | |
| 12:30 | Laws protecting the rights of individuals to vote | Sheri Newton |
| 12:45 | Utah Caregiver/Care Partner plan and initial survey | Deb Scammon
Rebecca Utz |
| 01:00 | Age Friendly University | Katarina F. Feltsted |
| 01:15 | ACP/End of Life Care gaps – Hospice House | Katie Sierer |
| 01:30 | Adjourn | |

(Public and partner comment and input welcomed throughout. Session will be recorded.)

UCOA Public Policy Support Issues Under Consideration

1. Priorities

- a. Commission funding for infrastructure support – staff and virtual resource center expansion including older adult assistance hotline and volunteer program.
- b. Expansion of broadband capabilities in the state – older adult access to service, training, devices, etc. (AARP very interested in this topic as well)
- c. Utah Caregiver state plan first steps – possible resolution year one, year two funding the plan development (w U Nursing, Alz Assoc, U Soc Work, AARP)
- d. Voting access remedies for persons with disabilities, other limitations (rules issues? - Disability Law Center)
- e. Home health orders for NPs (Utah Nurse Practitioners - may be just a rules issue – will discuss with Joel Hoffman)
- f. Orphan/Unbefriended adults
- g. Funding for state Alzheimer’s Research Center

2. Other priorities for UCOA to support:

- a. Hospice house concept in discussion with Home and Hospice Association of Utah
- b. Affordable older adult housing (AARP, Utah Housing Coalition, etc.)
- c. Long-Term Care issues TBD (AARP, Alzheimer’s Association, etc.)

Utah Voter Law Discussion – Point of Interest

- The voting options available to citizens who move to a care facility.
- How guardianship impacts an individual's right to vote.
- Looking back at 2020, how was voting in Utah impacted by the pandemic?
- How ballot options are changing in Utah - changes to political parties, ranked choice voting
- Options for individuals who cannot hold, read or mark a paper ballot
- The rise of voter suppression bills across the country and voting statute changes in Utah.
- Elections in 2021


Survey of Awareness of AAA Services

	Total	Bear River AAA	Golden Age AAA	Davis County AAA	Five County AAA	Mountainland AAA	Salt Lake AAA	San Juan AAA	Six County AAA	Southeastern Utah AAA	Tooele AAA	Uintah Basin AAA	Weber AAA
Total Count	384	29	5	40	22	56	144	2	5	8	15	13	45
Senior centers	70.1%	58.6%	80.0%	62.5%	77.3%	67.9%	71.5%	100.0%	60.0%	87.5%	60.0%	92.3%	71.1%
Meals on wheels	64.8%	51.7%	80.0%	57.5%	81.8%	67.9%	62.5%	100.0%	60.0%	75.0%	53.3%	84.6%	68.9%
Volunteer programs	50.0%	41.4%	60.0%	40.0%	40.9%	53.6%	50.7%	50.0%	40.0%	37.5%	33.3%	76.9%	62.2%
Senior transportation	44.8%	24.1%	60.0%	30.0%	50.0%	33.9%	49.3%	50.0%	20.0%	50.0%	40.0%	69.2%	62.2%
In-home services (ex: home adaptation, shopping, chore services, medical equipment, homemaking, personal care assistants, meal preparation, respite care, etc.)	43.0%	31.0%	60.0%	47.5%	40.9%	46.4%	36.8%	100.0%	40.0%	50.0%	40.0%	69.2%	51.1%
Caregiver support	40.4%	20.7%	60.0%	35.0%	50.0%	42.9%	38.2%	100.0%	20.0%	37.5%	26.7%	76.9%	48.9%
Veteran services	36.5%	17.2%	20.0%	35.0%	40.9%	35.7%	38.9%	100.0%	20.0%	25.0%	13.3%	38.5%	51.1%
Ombudsman and advocacy	29.7%	17.2%	20.0%	25.0%	27.3%	32.1%	25.7%	100.0%	0.0%	25.0%	20.0%	61.5%	48.9%
Medicare counseling	24.7%	6.9%	40.0%	20.0%	18.2%	25.0%	29.2%	0.0%	40.0%	0.0%	13.3%	23.1%	35.6%
Legal services (ex: health, housing, public benefits and entitlements, family, consumer issues, etc.)	24.5%	10.3%	20.0%	20.0%	18.2%	23.2%	27.8%	50.0%	0.0%	25.0%	13.3%	30.8%	35.6%

UCOA – Volunteer Guide for the Tech and Aging Survey


1. This is the landing page for the survey. Please read this text to the participants and ask if they would like to proceed. Use the arrows to navigate to the next page.


Restart Survey Place Bookmark Mobile view off Tools

 Utah Commission on Aging

This is a brief survey about technology use in Utah, commissioned by Utah Association of Area Agencies on Aging and Utah Commission on Aging. The data you provide will be kept anonymous and will be used in aggregate (we won't be looking at individual responses).

The purpose of the data we are collecting is to 1) obtain a baseline of tech use among older Utahns and 2) to help us improve our delivery of services across the state. Please continue to the next page if you agree to participate.





Powered by Qualtrics

2. this is the second page of the survey. Please read the questions and select/enter the participants' answers. They can skip any questions they do not understand or do not wish to answer.

Restart Survey Place Bookmark Mobile view off Tools

0% Survey Completion 100%

Please skip any questions that do not apply or that you do not understand.

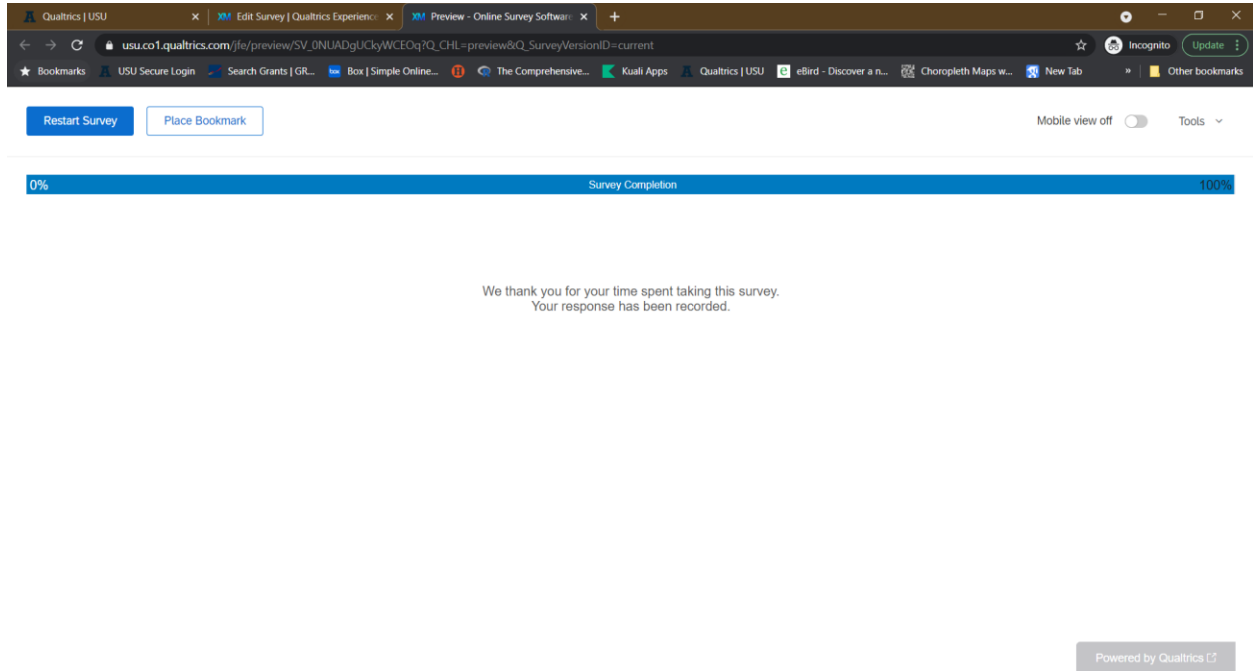
Please enter your age:

What county do you reside in?

Please enter your zipcode:

Where did you learn about this survey?

3. This is the end page. Please navigate using the arrows until you reach this screen, indicating the survey is complete and the response has been recorded. Once you reach this screen, use the refresh button in your browser to start a new survey with this link.





UCOA Tech Survey

Start of Block: Default Question Block

This is a brief survey about technology use in Utah, commissioned by Utah Association of Area Agencies on Aging and Utah Commission on Aging. The data you provide will be kept anonymous and will be used in aggregate (we won't be looking at individual responses).

The purpose of the data we are collecting is to 1) obtain a baseline of tech use among older Utahns and 2) to help us improve our delivery of services across the state. Please continue to the next page if you agree to participate.

End of Block: Default Question Block

Start of Block: Block 1

Please skip any questions that do not apply or that you do not understand.

Are you completing this independently or with a volunteer?

- On my own (1)
 - With a volunteer (2)
-



Please enter your age:

What county do you reside in?

- Beaver (1)
- Box Elder (2)
- Cache (3)
- Carbon (4)
- Daggett (5)
- Davis (6)
- Duchesne (7)
- Emery (8)
- Garfield (9)
- Grand (10)
- Iron (11)
- Juab (12)
- Kane (13)
- Millard (14)
- Morgan (15)
- Piute (16)
- Rich (17)
- Salt Lake (18)
- San Juan (19)
- Sanpete (20)
- Sevier (21)

- Summit (22)
 - Tooele (23)
 - Uintah (24)
 - Utah (25)
 - Wasatch (26)
 - Washington (27)
 - Wayne (28)
 - Weber (29)
-



Please enter your zipcode:

Where did you learn about this survey?

Do you provide significant help or receive help with daily activities as a spouse, family member, or close friend?

- Yes (1)
 - No (2)
-

Do you live alone?

- Yes (1)
 - No (2)
-

What is your approximate total annual household income?

- Less than \$50,000 (4)
 - Greater than \$50,000 (5)
-

What is your race?

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Other (6)
-

What is your ethnicity?

- Hispanic/Latino (1)
- Not Hispanic/Latino (2)

End of Block: Block 1

Start of Block: Block 2

Do you currently have access to home internet?

- Yes (1)
- No (2)

Display This Question:

If Do you currently have access to home internet? = Yes

If yes, is your internet reliable/stable?

- Yes (1)
- No (2)

Display This Question:

If Do you currently have access to home internet? = No

If no, where do you access internet?

- Library (1)
- Senior or community center (2)
- Family or friends outside the home (3)
- Cellular data/smartphone/hotspots (4)
- I do not access the internet (5)
- Other (explain) (6) _____

Display This Question:

If Do you currently have access to home internet? = No

If you do not have home internet, why not?

- Too expensive (1)
- Service not available at my home (2)
- Do not want/need internet (3)
- Don't know how to get internet or use technology (4)
- Other (please explain) (5) _____

Display This Question:

If Do you currently have access to home internet? = No

If internet were made available to you, would you use it?

- Yes (1)
- No (2)

Display This Question:

If Do you currently have access to home internet? = No

If you do not use the internet, what other methods do you use to access information about health, resources, and community events?

- Family/Friends (1)
 - Newspaper (print) (2)
 - Television (3)
 - Radio (4)
 - Telephone (5)
 - Smartphone/tablet (6)
 - Library (7)
 - Phonebook/yellowpages (8)
 - Local office (9)
 - Community bulletin (10)
 - Church or other community group (11)
 - Other (please explain) (12)
-

Do you have email?

- Yes (1)
- No (2)

End of Block: Block 2

Start of Block: Block 3

Are there any other things that make it challenging for you to access services, resources, and activities online?

Which of the following electronic devices do you own? (select all that apply)

- Desktop Computer (1)
- Laptop Computer (2)
- Laptop Computer with Camera (3)
- Tablet computer (e.g. iPad, Samsung Galaxy) (4)
- E-book Reader (e.g., Kindle, Nook) (5)
- Cell Phone (6)
- Smart Phone (7)
- Streaming Media Device (e.g., Roku, AppleTV, integrated TV) (8)
- I don't own any of these electronic devices (9)

How comfortable are you with using technology, including the internet and electronic devices, to access information, resources and/or participate in online activities?

- Not comfortable 1 (1)
 - 2 (2)
 - 3 (3)
 - 4 (4)
 - 5 (5)
 - 6 (6)
 - 7 (7)
 - 8 (8)
 - 9 (9)
 - Very Comfortable 10 (10)
-

Have you ever used any of the following video chat or video conferencing platforms? (select all that apply)

- Skype (1)
 - Facetime (2)
 - Facebook Messenger (3)
 - Zoom (4)
 - Other (please specify) (5)
-
- None (6)

Have you ever used any of the following Social Media Sites? (select all that apply)

- Facebook (1)
 - Twitter (2)
 - YouTube (3)
 - Instagram (4)
 - Pinterest (5)
 - Other (please specify) (6)
-
- None (7)

What type of activities, information or, services would you like to access online, if any?

How interested would you be in receiving training to improve your knowledge and ability to use technology?

- Not interested 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- Very Interested 10 (10)

What type of technology or internet training would you be interested in?

Would you be interested in participating in any of the following classes/activities if they were offered in an online platform? Please check all that apply

- Conferences & Educational Events (1)
 - Public Policy (2)
 - Exercise & Wellness (3)
 - Arts & Culture (4)
 - Technology (5)
 - Aging Issues (housing, fall prevention, fraud prevention, isolation, mobility) (6)
 - Caregiving (7)
 - Other (please list) (8)
-

End of Block: Block 3

PARTICIPATE IN
UNIVERSITY
COURSES FOR
AS LITTLE AS
\$25/ SEMESTER



ARE YOU 62+ AND A RESIDENT OF UTAH?
You may take U of U classes for \$25/semester.

- Course numbers 1-4999
- Many courses available (online and in person)
- Some courses have additional fees
- Auditing only; courses not transcribed
- Restrictions apply—please see website for more info

continue.utah.edu/hb60 | (801) 581-7155

HOW TO REGISTER:

Via phone only: **(801) 581-7155**

Registration dates: **MAY 11-MAY 26**

Classes begin: **MAY 17**



The first 100 individuals to mention code “1234” when registering will receive a \$25 tuition waiver.

Questions? Call Katarina at (801) 585-7438

The 10 Age-Friendly University Principles

1. To encourage the participation of older adults in all the core activities of the university, including educational and research programs.
2. To promote personal and career development in the second half of life and to support those who wish to pursue second careers.
3. To recognize the range of educational needs of older adults (from those who were early school-leavers through to those who wish to pursue Master's or PhD qualifications).
4. To promote intergenerational learning to facilitate the reciprocal sharing of expertise between learners of all ages.
5. To widen access to online educational opportunities for older adults to ensure a diversity of routes to participation.
6. To ensure that the university's research agenda is informed by the needs of an aging society and to promote public discourse on how higher education can better respond to the varied interests and needs of older adults.
7. To increase the understanding of students of the longevity dividend and the increasing complexity and richness that aging brings to our society.
8. To enhance access for older adults to the university's range of health and wellness programs and its arts and cultural activities.
9. To engage actively with the university's own retired community.
10. To ensure regular dialogue with organizations representing the interests of the aging population.

SEEKING INPUT

Exploring the Creation of a Utah State Plan in Support of Family Caregivers and Care Partners

Background

More than 350,000 Utahns provide supportive care to older adults, the chronically ill, and persons with disabilities in our state. They provide an estimated 290 million hours of care annually, valued at \$4.1 billion. Care-partners and caregivers often find personal meaning and value in providing care and support to others; and they commonly sacrifice their own health, social and financial well-being in doing so. Supporting this invisible workforce is critical to patient well-being and to Utah's economy.

Family caregiver or care partner - a family member, friend, neighbor, or acquaintance who assists someone (of any age and with any condition) with things they are not able to do for themselves. This assistance may include help with daily activities such as meal preparation, shopping, and transportation. It may involve personal care (feeding, bathing, dressing), as well as medically related activities such as medication management, operating medical devices, and mobility assistance.

A number of states have already developed "state plans" for caregiving. These plans bring public attention to the needs of caregivers/care partners and guide policies to enhance the health, well-being, and welfare of caregivers/care partners. As well, there is increasing national attention to this essential, yet often overlooked, sector of our care economy, as seen in President Biden's Infrastructure and Families Acts, which prioritizes support for family caregivers. Finally, several organizations and agencies across Utah have existing goals relevant to caregiver/care partner wellbeing.

Goal & Purpose

Given the national and state interest in this topic, the time is ripe for Utah to identify our statewide strategies and priorities to support family caregiving and care partners. The Family Caregiving Collaborative at the University of Utah*, in partnership with several community organizations that advocate for family caregivers and care partners, is seeking input from a broad group of stakeholders to inform the possible development of a Utah state plan to support family caregivers and care partners. Stakeholder input will be used to develop a statewide consensus statement, outlining the shared priorities aimed at raising awareness and increasing support for the many Utahns who are family caregivers or care partners.

Make Your Voice Heard

We developed an on-line survey in which respondents are asked to identify and rank what they believe to be the priorities for family caregivers and care partners in Utah. Linked [here](#) and in a separate email message is a 10-question survey - **please take a few minutes to record your thoughts and please distribute it to others across the state that may want to provide feedback in this process.** We are hoping to receive responses from medical professionals, service providers, current and former patients/caregivers, policy makers, researchers, and any other Utahn that is committed to supporting the work done by family caregiver. All survey responses will remain anonymous and will not be connected to name or identity in any reports based on this information-gathering process.

If you would like to receive more information about this effort as it develops, please contact Rebecca Utz (Rebecca.utz@utah.edu) or Debra Scammon (Debra.scammon@eccles.utah.edu).

* Link to article about the Family Caregiving Collaborative at the University of Utah:
<https://nursing.utah.edu/blog/2021/01/family-caregiving-collaborative.php>



Hospice House Discussion – UCOA Meeting, May 13th, 2021

Katie G. Sierer, RN, BSN

katiesierer@gmail.com

512-585-4009

History of Hospice/Hospice Homes

In the 1960s, Cicely Saunders created the philosophy of providing specialized care for the dying. She built the first hospice house in London in 1967 and soon after launched the hospice movement in the United States by opening the Connecticut Hospice House, which is still in operation today. Since then, hospice houses have been constructed across the nation as the philosophy and practice of hospice became standard and the need for specialized inpatient care is clear. Utah, Nevada, and New Mexico are the only three states in the nation that do not currently have any hospice houses in operation.

Community Benefits of a Hospice Home

The specific benefits of a hospice home, when compared to hospital or at-home care, include:

- A homelike environment where specialized medical, social and emotional care can be provided to those unable to stay at home while on hospice
- Appropriate staff ratios to assess and manage symptoms at the end of life
- Fewer revocations of hospice when symptoms not well-controlled, otherwise families might call 911 or go to ED
- Higher utilization of the respite benefit as patient and families are more likely to feel comfortable with their family member in a hospice house, as opposed to a SNF
- Provides excellent placement option for patients in the hospital who are terminal and nearing end of life
- A supportive space and safety net for individuals in the community who don't have adequate caregivers or housing at the end of life

Gaps in Care/Need for Hospice Home

- Skilled Nursing Facility (SNF) care providers are often inexperienced in providing end of life (EOL) care
- Higher Nurse/patient ratios are not provided for EOL SNF patients who need more complex assessment and symptom management
- Hospital and SNF environments can be chaotic and not conducive for quality family time
- Communication can be a challenge with dozens of hospice case managers in and out of a facility
- Shared rooms not ideal for EOL care when there's a need for peace, privacy, and precious family time
- Families without adequate resources or support can panic when symptoms arise and call 911 or go to the ED
- For patients admitted from hospital to home hospice with days to live, their symptoms may not be well managed at home
- Respite hospice benefit is underutilized because families are often resistant to idea of having family member in non-hospice "nursing home"
- Finding a bed for respite is often difficult or impossible
- Patient may live alone and have no caretakers to assist as they decline and are unable to care for themselves.
- Family is unable to, or may prefer not to, provide 24 hour care
- Aging spouse is the only available caretaker, which is physically taxing and emotionally exhausting
- Caretakers with limited financial means, no PTO for example, make tough choices between caring for their loved one and their employment
- Patient/family members may be uncomfortable with the intimacy of providing physical care; they prefer the relationship to be one of emotional support
- Patient's home may be unsuitable to provide EOL care: stairs, small bathrooms with no room for durable medical equipment (DME), hospital bed is in the front room which leaves patient with little privacy or rest



COLLEGE OF NURSING

F A X

Date: 05/11/2021

Pages : 3

From: Drs. Caroline Stephens and Linda Edelman

Attention: Administrator/Social Services Director/DON

Message:

We are gerontological nurse researchers from the Utah Geriatric Education Consortium at the University of Utah. We pray this finds you all as safe and healthy as possible during these unprecedented pandemic times.

Attached please find flyers about a project we are doing to learn about the impact of the pandemic in rural nursing homes and how technology might help improve access to palliative care services and supports. Participants will receive a \$40 gift card for their participation.

If you could kindly post/distribute these flyers to staff, residents and family members we would greatly appreciate it. Please don't hesitate to contact Dr. Stephens at (209-499-5766) or the project coordinator, Pamela Barrientos (650-575-5622), with any questions.

Thank you in advance for your time and consideration. Happy New Year!

Warm regards,

A handwritten signature in cursive script, appearing to read 'Caroline Stephens'.

Caroline Stephens, PhD, RN, GNP-BC, FAAN
Helen Lowe Bamberger Colby Presidential Endowed Chair in Gerontological Nursing
Associate Professor
University of Utah College of Nursing

A handwritten signature in cursive script, appearing to read 'Linda S. Edelman'.

Linda Edelman, PhD, RN
Associate Professor
Director, Utah Geriatric Education Consortium
University of Utah College of Nursing



Resident and Family Volunteers Needed for Research Study on Nursing Home Palliative Care

Principal Investigator: Caroline Stephens. PhD, RN, GNP, FAAN

Are you a resident, or family member or friend of a rural nursing home resident, with a chronic or serious illness? How has the COVID-19 pandemic made it challenging for you to connect with your loved one and ensure their symptoms are being addressed? Help us understand how we can improve access for you and your loved one to specialized health care services, such as palliative care.

Why is this study being done?

This study is being done to refine a intervention called Improving Palliative Care Access Through Technology (ImPacTT) which was developed by Dr. Caroline Stephens and her team at the University of Utah College of Nursing.

Participation involves:

- Focus groups and/or individual interviews for 30-60 minutes.
- You will receive a \$40 gift card for your participation.

Location: Zoom video or phone call

FOR MORE INFORMATION: Please contact study coordinator, Pamela Barrientos, at 650-575-5622, email pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu



Staff Volunteers Needed for Research Study on Palliative Care for Nursing Home Residents

Principal Investigator: Caroline Stephens. PhD, RN, GNP, FAAN

Do you work in a nursing home? Do you care for nursing home residents who have chronic health conditions or serious illness? How has the COVID-19 pandemic made it challenging to provide safe and effective care to your residents? Have you used telehealth? Help us understand how we can improve nursing home access to specialized health care services, such as palliative care.

You may qualify if you

- Are older than 18 years old
- English-speaking
- Involved with rural nursing home resident care, including physicians, nurse practitioners, physician assistants, RNs, LVNs, nursing assistants, social workers, administrators, etc

Participation involves:

- Focus groups and/or individual interviews for 30-60 minutes.
- You will receive a \$40 gift card for your participation.

Location: Zoom video or phone call

FOR MORE INFORMATION

Please contact study coordinator, Pamela Barrientos, at 650-575-5622, email pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

ImPacTT Study
Pamela Barrientos
Pamela.barrientos@nurs.utah.edu

AMBULATORY FALLS COMMITTEE

NEWSLETTER

Staff Tip: Be on the lookout for patients and visitors using assistive devices to ambulate (i.e. crutches, walkers, canes, etc.). Ask them if they would like a wheelchair or assistance to their appointment. A 2009 study found that an estimated 47,000 individuals are treated in emergency departments each year in the U.S. due to unintentional falls while using assistive devices for ambulation. Walkers were associated with seven times as many injuries as other devices. We have also seen patients fall while using assistive devices in our clinics. Ask patients if they would like assistance and help keep them safe.

Opioids are one of the most commonly prescribed medications for pain in our patients. Opioids are linked with falls, fall injuries, and fractures. Findings indicate a significant association between fall risk and opioid usage (Yoshikawa et al., 2020). What can you do to keep patients safe?

- Assess for opioid usage
- Implement appropriate fall precautions as needed
- Consider alternative pain medication in high fall risk patients.

Yoshikawa, A., Ramirez, G., Smith, M. L., Foster, M., Nabil, A. K., Jani, S. N., & Ory, M. G. (2020). Opioid Use and the Risk of Falls, Fall Injuries and Fractures among Older Adults: A Systematic Review and Meta-Analysis. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 75(10), 1989–1995.
<https://doi.org/10.1093/gerona/glaa038>

Utah Falls Prevention Alliance:

UFPA is a collaborative of more than three dozen Utah agencies and organizations dedicated to increasing public awareness of older adult falls and prevention. The alliance builds connections between our healthcare providers, emergency medical services, and health insurers to improve coordination of care. Website: <https://ucoa.utah.edu/fpa/index.php>

IN THIS ISSUE:

- Watch for patients with assistive devices
- Opioids and falls
- Utah Falls Prevention Alliance Website





Save the Date!

June 8, 2021

0930–1100

Microsoft Teams Virtual Meeting.

**Let's reconnect as we cautiously emerge out of
this pandemic.**

**The Utah Falls Prevention Alliance wants to
hear from you! We value your partnership in
helping to meet the needs of our seniors.**