

STRATEGY 25

Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

- a. The North Carolina Department of Health and Human Services should:
 - i. Update client intake forms for social services programs to include questions to screen for falls risk and social isolation.
 - ii. Partner with the North Carolina Community Health Workers Association to identify training and targeted outreach opportunities for community health workers to educate about and screen for falls risk, fitness to drive, and social isolation at community-based organizations serving older adults (e.g., senior centers).
 - iii. Partner with the North Carolina Area Health Education Centers (AHEC), North Carolina Community Health Workers Association, North Carolina Nurses Association, North Carolina Medical Society, Old North State Medical Society, and North Carolina Association of Pharmacists to identify and promote educational opportunities for health care providers and direct care workers on:
 - 1. Health impacts of social isolation and ways to address this issue with older adults.
 - 2. Importance of screening and assessments for fitness to drive and available screening tools.
 - 3. Relevance of vision and hearing changes to risk of falls and social isolation and recommended screenings.
 - 4. Relationship between polypharmacy and risk of falls and methods to decrease medication burden.
 - 5. Moving beyond fall-risk screening to assessing specific risk factors for falls to know how to appropriately intervene.
- b. The North Carolina Health Care Association, North Carolina Medical Society, and other health care professional organizations should:
 - i. Promote the inclusion of screening and assessment for falls risk and social isolation on standardized screening for patients, particularly for older adults, and a screening for traumatic brain injury if a patient has experienced a fall.
 - ii. Promote the inclusion of falls prevention and social isolation as topics for community outreach services or events.
 - iii. Work with and help financially support the NC Falls Prevention Coalition and their partners to promote the development or expansion of evidence-based intervention plans and programs for individuals screened as at risk for falls and ensure relevant health care providers are educated on these intervention plans. Intervention plans should include referral pathways to help community-dwelling older adults access an appropriate evidence-based community falls-prevention program.

Desired Result – Increase health care worker knowledge about falls risk, fitness to drive, and social isolation and ways to address these issues in older adults.

Why does the task force recommend this strategy? – Falls risk, fitness to drive, and social isolation are issues that are intertwined with individual health. Because older adults rely on and trust health care providers for their knowledge and perspective on issues impacting their health, there is significant opportunity for providers to identify issues related to these topics and begin the process of addressing needs.

Context -

Falls Prevention

In the United States, an older adult is treated in an emergency department for a fall every 15 seconds.^{66,67} Governor Roy Cooper's proclamation during the 2022 Falls Prevention Awareness Week states that "unintentional falls are the leading cause of fatal and nonfatal injuries among people in our state age 65 and older, causing 1,357 deaths, 19,688 hospitalizations, and 83,788 emergency department visits in 2020."⁶⁸ Most falls result from a combination of intrinsic risks, such as balance issues and environmental risks like an unsecured rug or cracked sidewalk.⁶⁹ See Chapter 1, page 19 for more information about the impact of falls on older adults.

The Centers for Disease Control and Prevention (CDC) STEADI (Stopping Elderly Accidents, Deaths, and Injuries) initiative provides tools for health care providers to screen older adults' falls risk, assess factors for falls risk, and identify interventions to reduce falls risk. The three main steps to STEADI—screen, assess, and intervene—can be adapted to various clinical practice settings.⁷⁰ The STEADI falls risk assessment consists of falls history, medication review, a physical exam, and environmental assessments.⁷¹

A falls risk assessment is a required part of the Welcome to Medicare examination as well as the Medicare Annual Wellness visit.⁷² The American Geriatrics society recommends that adults aged 65 and older be screened annually for a history of falls or balance impairment.⁷³ Patients do not often volunteer information about falls, so asking annually is recommended in order to identify adults at high risk for future falls.⁶⁹

Screening for traumatic brain injury after a fall is also an important clinical process. Adults aged 65 and over have the highest rates of brain injury hospitalizations of any age group.⁷⁴ Older adults with a traumatic brain injury are more likely to require lengthy hospitalization, to be more severely disabled after hospital discharge, and to be more at risk for falls.⁷⁵

Fitness to Drive

In 2020, there were around 48 million licensed drivers aged 65 and older in the United States, a 68% increase since 2000.⁶⁶ Age-related changes in physical function, vision, and chronic disease can affect some older adults' driving capabilities.⁶⁶ Drivers aged 70 years and older have higher crash death rates than middle-aged drivers, primarily due to increased vulnerability to injury.⁶⁶

Physicians have a role in identifying an individual's medical fitness to drive. The Fitness-to-Drive Screening Measure is a free online screening tool that can identify at-risk drivers; however, the assessment tool is 54 items long and takes around 20 minutes to administer, limiting its usage by clinicians.⁷⁶ A shortened version of the measure has been developed. Fitness-to-drive tools are often used by occupational therapists to determine an older adult's driving capabilities after an illness, injury, or accident.



Social Isolation

The health impacts of social isolation are well documented, leading to a higher risk of dementia as well increased risk of depression, anxiety, and heart disease.⁷⁷ Educating older adults on the risks while promoting involvement in social service programs can decrease the poor health outcomes associated with social isolation. See Chapter 1, page 20 for more information about the importance of social connections for older adults.

A standardized screening for loneliness—the UCLA 3-Question Loneliness Scale—measures an individual's perception of isolation.⁷⁸ The five-item Steptoe Social Isolation Index can be used to indicate an individual's level of social isolation. Individuals identified as lonely and/or socially isolated should be asked if they would like help and, if so, referred to resources.

Sensory Changes in Older Adulthood

Loss of hearing and/or vision can contribute to experiences of social isolation and can increase the risk of falls. Older adults with sensory limitations are more likely to experience depression and struggle with activities of daily living and are less likely to engage in social activities.⁷⁹ The fear of falling due to vision loss often leads to decreased physical activity, which in turn can lead to decreased muscle strength and tone, which may play a role in future falls.⁸⁰ To mitigate these risks, the American Optometric Association recommends annual eye exams for everyone aged 60 and older. Devices such as glasses, magnifiers, and talking watches may be offered to assist with daily living.⁸¹ Age-related hearing loss is associated with cognitive decline and falls risk; screenings for hearing loss may allow for diagnosis and treatment to decrease the risk of cognitive impairment.

Polypharmacy

Polypharmacy—the taking of multiple medications—has been associated with an increased risk of falls due to the effects of many of the commonly prescribed drugs for older adults.⁸² According to a 2019 CDC report, about one-third of older adults used five or more prescription drugs and three out of four older adults take at least one medicine that is linked to falls or car accidents.⁸² Polypharmacy or “medication overload” increases the risk of adverse drug effects and loss of balance and coordination.⁸³ Some non-medication treatments, such as counseling and exercise, have been suggested as substitutes for some of the medications linked to recurrent falls in older adults.⁸³ Some medication therapy management services have been specifically designed to decrease the risk of falls in older adults.⁸⁴

Community Health Workers (CHWs)

The North Carolina Community Health Workers Association is home to more than 650 community health workers, who serve as liaisons between medical and social services in the community. Through a range of activities including outreach, education, social support, and advocacy, CHWs build health knowledge and self-sufficiency for community members. The unique knowledge CHWs have about the communities they serve makes them well-equipped to work with older adults to identify and help address issues related to falls, nutrition, driving, and social isolation.

North Carolina Falls Prevention Coalition

The North Carolina Falls Prevention Coalition aims to reduce injuries and death from falls among older adults throughout all the regions in North Carolina. Strategies include increasing understanding of falls prevention through improved data collection and analysis and raising awareness of strategies to reduce falls, such as routine screening; identifying Falls Prevention County Champions to meet the needs of all 100 counties in North Carolina; and promoting the National Falls Prevention Awareness Week with educational programs available free via webinars to anyone interested.

How would this impact the health of older adults?



Assessment of falls risk, fitness to drive, malnutrition, and social connections—and referral to resources if needs are identified—can help older adults prevent falls, stay more mobile, maintain adequate nutrition, and stay socially connected.