

# City Health Information

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## New York City Department of Health and Mental Hygiene

### PROVIDING COMPREHENSIVE CARE TO OLDER ADULTS

- Patients aged 65 years and older have unique health care needs that can be met in primary care.
- Assess older patients for depression, functional and cognitive status, fall risk, and polypharmacy at baseline and then periodically or as indicated by a change in status.
- Communicate with appropriate caregivers when indicated, especially if patients have cognitive impairments or other conditions that could potentially result in harm.
- Be familiar with local services and benefits, and refer older adults to resources that can address their specific needs.
- Refer to geriatric centers when necessary and coordinate care with other providers wherever possible.

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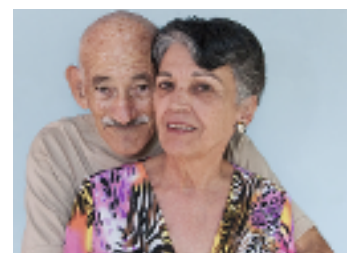
##### RESOURCES FOR PATIENTS

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##### CONTINUING EDUCATION ACTIVITY

The number of New Yorkers aged 65 years and older is expected to grow from 1 million in 2010 to 1.41 million in 2040—an increase of 41%.<sup>1</sup>

Nationwide, approximately 80% of people aged 50 years and older want to age in place in their homes and communities.<sup>2</sup> However, many patients in this age group have multiple chronic illnesses, increasing geriatric syndromes, and limitations that make aging in place challenging. Office-based assessments of common geriatric syndromes and preventive measures (**Box 1**<sup>3-7</sup>) can identify patients who may benefit from lifestyle modifications, treatment, or referral to community-based services to help them remain independent.



While there is a shortage of geriatric specialists, primary care providers can effectively manage many health issues faced by older patients and can consult or refer to geriatric specialists when needed. Providers can also improve their clinical skills in geriatrics through locally available training (**Resources for Providers**). Older adults are a vulnerable population and are susceptible to environmental and social factors, such as safe housing, transportation issues, social isolation, and food insecurity, which should be assessed as in the general population.

### CANCER SCREENING AND ABDOMINAL AORTIC ANEURYSM

Follow United States Preventive Services Task Force guidelines on screening for cancers and abdominal aortic aneurysm (**Box 2**<sup>7,8</sup>). Cancer screening in older

#### BOX 1. CONSIDERATIONS IN CARING FOR THE OLDER PATIENT<sup>3-7</sup>

##### Screening and assessment

- Cancer screening
- Abdominal aortic aneurysm
- Osteoporosis
- Sexual health and sexually transmitted infections
- Mental health and cognition
- Substance use
- Functional status
- Vision and hearing
- Gait and balance/fall risk
- Polypharmacy
- Urinary incontinence
- Hepatitis C

##### Vaccination

- Influenza
- Pneumococcus
- Herpes zoster
- Tetanus
- Other, as clinically indicated

##### Education

- Advance care planning
- Oral health
- Local resources

#### BOX 2. CANCER AND ABDOMINAL AORTIC ANEURYSM SCREENING FOR OLDER ADULTS<sup>7,8</sup>

Condition	Population	Recommendation
Breast cancer	Women aged 50-74 years	Biennial screening mammography
	Women aged ≥ 75 years	Insufficient evidence for screening; discuss potential benefits and harms of mammography screening given patient's personal health history and make decision based on patient's values, preferences, and life expectancy
Colorectal cancer <sup>a</sup>	Ages 50-75 years	<ul style="list-style-type: none"> <li>• Screen with stool tests, flexible sigmoidoscopy, colonoscopy, or CTC, considering patient preference<sup>a</sup></li> <li>• Frequency of screening depends on tools being used</li> </ul>
	Ages 76-85 years	Consider screening based on overall health and screening history. Benefit is greatest in patients who <ul style="list-style-type: none"> <li>• have never been screened for colorectal cancer</li> <li>• are healthy enough to undergo treatment if colorectal cancer is detected</li> <li>• do not have comorbid conditions that would significantly limit their life expectancy</li> </ul>
Lung cancer	Ages 55-80 years with 30 pack/year smoking history if <ul style="list-style-type: none"> <li>• currently smoking or</li> <li>• quit within past 15 years</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss benefits and harms of annual LDCT</li> <li>• Discontinue                             <ul style="list-style-type: none"> <li>◦ at 15 years since quitting or</li> <li>◦ if the patient has a condition that limits life expectancy or ability or willingness to undergo curative surgery</li> </ul> </li> </ul>
Prostate cancer	Men aged 55-69 years	Periodic PSA based on preferences, values, and risk factors
Abdominal aortic aneurysm	Men aged 65-75 years who ever smoked	One-time ultrasonography
	Men aged 55-75 years who never smoked	Consider offering screening based on benefits and harms, patient's age, medical and family history, and other risk factors
	Women aged 65-75 years who ever smoked	Insufficient evidence to screen

CTC, computed tomographic colonography; LDCT, low-dose computed tomography; PSA, prostate-specific antigen

<sup>a</sup>People with a known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary nonpolyposis colon cancer or HNPCC) should talk to their health care provider who can suggest the best screening option and determine what type of screening schedule to follow, based on individual risk<sup>8</sup>

**See US Preventive Services Task Force Published Recommendations for more information**

adults should take into consideration the presence of comorbidities, patient preferences, and life expectancy.

## VACCINATIONS

Vaccinate patients according to the Advisory Committee on Immunization Practices (ACIP) immunization schedule for influenza, tetanus-diphtheria-pertussis, pneumococcal disease, herpes zoster, and other vaccines according to risk factors.

The NYC Health Department recommends administration of either the high-dose or adjuvanted flu vaccine, if readily available, for persons aged 65 years and older. Adults aged 50 years and older are recommended to get zoster vaccine to prevent shingles and its complications. Persons who previously received the live zoster vaccine should be revaccinated with the recombinant zoster vaccine, which is the preferred vaccine.

See [Influenza Prevention and Control, 2019-2020; Pneumococcal Vaccine Timing for Adults; and Recommended Adult Immunization Schedule for Ages 19 years or Older, United States, 2020](#), for detailed immunization guidance.

## OSTEOPOROSIS

Osteoporosis and low bone mass are risk factors for fragility fractures.<sup>9</sup> Use a clinical risk assessment tool such as the Fracture Risk Assessment Tool (FRAX) (**Resources for Providers**) to assess fracture risk in postmenopausal women and men aged 50 years and older.<sup>7</sup> Obtain a baseline dual-energy x-ray absorptiometry scan in women and men with risk factors for fractures and for all women aged 65 years and older.<sup>7</sup> Educate all postmenopausal women about nutrition and physical activity for bone health (**Box 3**<sup>10-12</sup>) and the benefits of balance training exercises to prevent falls.

## SEXUAL HEALTH AND STIs

Do not assume that older patients are not sexually active. In NYC, 37% of older adults report one or more sexual partners in the past year.<sup>13</sup> Ask all patients about their sexual health, and counsel those at risk for sexually transmitted infections (STIs) (eg, multiple partners, STI within 1 year, high-prevalence community) on prevention. According to the Centers for Disease Control and Prevention (CDC), in 2016, nearly half of the people in the United States and

### BOX 3. NUTRITION AND PHYSICAL ACTIVITY FOR BONE HEALTH<sup>10-12</sup>

#### Nutrition

- Fatty fish such as sardines, salmon, mackerel, tuna
- Dairy products, low-fat
- Dark green vegetables such as collard greens, kale, broccoli, okra
- Calcium and vitamin D
  - Women aged 51 years and older and men aged 71 years and older: 1,200 mg of calcium and 800-1,000 IU vitamin D daily
- Limiting of alcoholic drinks

#### Aerobic exercises, 150 minutes moderate or 75 minutes vigorous weekly<sup>a</sup>

- High impact: jogging or running, stair climbing, jumping rope, aerobic dancing, hiking, tennis, volleyball, basketball, racquet sports
- Low-impact: walking, treadmill walking, low-impact aerobics, elliptical training machines, cross-country ski machines, stair-step machines, downhill and cross-country skiing

#### Muscle-strengthening exercises, 2x/week

- Strengthening exercises using exercise bands, weight machines, or hand-held weights
- Body-weight exercises (push-ups, pull-ups, planks, squats, lunges)
- Digging, lifting, and carrying as part of gardening
- Carrying groceries

#### Balance training exercises, 3x/week

- Balance training exercises
- Walking heel-to-toe
- Practicing standing from a sitting position
- Using a wobble board
- Tai-chi

<sup>a</sup>Adults who do not yet do the equivalent of 150 minutes of moderate-intensity physical activity each week (inactive or insufficiently active) should work gradually toward this goal. The initial amount of activity should be at a light or moderate intensity, for short periods of time, with sessions spread throughout the week. Health care professionals typically counsel people with osteoarthritis to do activities that are low impact, not painful, and have low risk of joint injury. Walking, swimming, tai chi, and many muscle-strengthening exercises are good examples of this type of activity<sup>12</sup>

**Encourage all older patients to engage in regular physical activity. See [Physical Activity for Older Adults](#) for more information**

dependent areas (eg, Puerto Rico) living with diagnosed HIV were aged 50 years and older.<sup>14</sup> Offer HIV testing if appropriate.

Older women and transgender men may be at increased risk for HIV due to dryness and thinning of the vaginal wall.<sup>14</sup> Encourage the use of silicone or water-based lubricant for patients who report vaginal dryness. Note that erectile dysfunction may increase with age and can be a barrier to condom use. See [Making the Sexual History a Routine Part of Primary Care](#) for detailed guidance and the [NYC STD Prevention Training Center](#) for screening and treatment guidelines for STIs, including HIV.

### MENTAL HEALTH AND SUBSTANCE USE

As with all patients, routinely screen for depression, anxiety, and substance use (**Box 4**<sup>15-20</sup>).

### ADVANCE CARE PLANNING

Advance care planning is the process of planning for future medical care in case a patient is unable to make decisions. Advance care planning includes the Health Care Proxy and the Living Will (Medical Directive) (**Box 5**<sup>21,22</sup>), both signed by the patient. A third document, Medical Orders for Life-Sustaining Treatment (MOLST), must be completed by the patient or health agent as well as by a health care professional and signed by a

New-York-State-licensed physician to be valid.

Offer all patients the opportunity to talk about advance care planning and specifically to identify a health care proxy who will make medical decisions on their behalf if they are temporarily or permanently unable to make their own decisions. Once the proxy is appointed, remind the patient to discuss these issues with the proxy, including instructions on what the patient would want if they are too sick to make decisions and not expected to recover. It is critical to enter the name and contact information for the health care proxy into the patient’s medical record.

Revisit these issues periodically, especially with changes in health status or with life changes such as a death or divorce. Public-use advance care planning tools are available in different languages (**Resources for Patients**).

### COGNITIVE IMPAIRMENT

Cognitive impairment is a problem of thought processes and, in older adults, is usually attributed to chronic diseases such as dementia, strokes, or chronic substance abuse. Dementia can interfere with a person’s capacity to manage their activities of daily living (ADLs), personal affairs, and medical problems, and can ultimately affect their ability to live independently. Early recognition of cognitive

#### BOX 4. ROUTINE MENTAL HEALTH AND SUBSTANCE USE SCREENING<sup>15-20</sup>

Condition	Screen	Next Steps	Resources
Depression	Screen with the <a href="#">PHQ-9</a>	Act according to PHQ-9 score	<a href="#">Detecting and Treating Depression in Adults</a>
Generalized anxiety disorder (GAD)	Ask about persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities; myalgia, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless	If GAD is suspected, screen with the <a href="#">GAD-7</a>	<a href="#">Diagnosing and Managing the Mental Health Needs of Adults Exposed to Disaster</a>
Tobacco use	Ask about tobacco use	Advise smokers to quit; prescribe pharmacotherapy	<a href="#">Tobacco Quit Kit</a>
Alcohol use <sup>a</sup>	Ask: How many times in the past year have you had X or more drinks in a day? (X = 5 for men; X = 4 for women and everyone aged > 65 years)	If ≥ 1, assess severity with a validated tool such as the <a href="#">AUDIT</a>	<a href="#">Addressing Alcohol and Drug Use—An Integral Part of Primary Care</a>
Drug use	Ask: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?	If ≥ 1, assess severity with a validated tool such as the <a href="#">DAST-10</a>	

<sup>a</sup>Guidance is limited regarding evidence-based application of these thresholds to transgender, gender-nonconforming, and intersex individuals<sup>20</sup>

impairment allows doctors and caregivers to make more appropriate treatment decisions and to plan accordingly.

Universal screening for cognitive impairment is not recommended for all older adults, but screening should be performed if concerns are raised by the patient, family members, or caregivers, or by your direct observations, using a brief validated tool for the primary care setting such as the [Memory Impairment Screen \(MIS\)](#), [Mini-Cog](#), or [General Practitioner Assessment of Cognition \(GPCOG\)](#) (**Resources for Providers**).<sup>7</sup>

Patients with cognitive complaints should be assessed

**BOX 5. ADVANCE DIRECTIVES IN NEW YORK STATE<sup>21,22</sup>**

**Health Care Proxy**

- Standard form approved under New York State (NYS) law
- Designates an agent (an adult aged 18 years or older) who is legally authorized to make decisions with the medical team if a physician determines that the patient cannot

**Living Will or Medical Directive**

- Written declaration of a patient’s health care wishes regarding life-prolonging treatments and other end-of-life care
- Can take the form of a personal letter, a worksheet, or a statement in the space designated on the Health Care Proxy form
- Provides clear and convincing evidence of a patient’s health care wishes
- Applies ONLY when the patient loses capacity to make medical decisions

**Medical Orders for Life-Sustaining Treatment (MOLST)**

- Form that allows doctors to record a patient’s preferences regarding cardiopulmonary resuscitation, mechanical intervention, and other life-sustaining treatments on one form as a physician order
- Must be completed by a health care professional and signed by a NYS-licensed physician to be valid
- Applies as soon as a patient consents to the orders in it and a physician signs it
- Travels with the patient across health care settings
- Must be reviewed by a physician or nurse practitioner when a patient transitions between care settings, when there is a major change in health status, and when the patient or health care decision maker changes their mind about treatment. MOLST forms must be reviewed in accordance with facility policies and at least every 90 days in all other settings.

*See [Advance Directives: Making Your Wishes Known and Honored for more information](#)*

for potentially reversible causes including hypothyroidism, vitamin B<sub>12</sub> deficiency, sensory deficits, depression, substance abuse, and sleep apnea—all of which can mimic or exacerbate cognitive impairment. Refer patients who screen positive to a specialist and community services (**Resources for Patients**).

**FUNCTIONAL STATUS**

Evaluate patients’ functional status by assessing ADLs and instrumental ADLs (**Box 6<sup>23-25</sup>**). Refer patients who have difficulty with ADLs to appropriate community-based support services such as home health agencies or meal delivery services (**Resources for Patients**).

**VISION AND HEARING**

Screen older adults with a [Snellen Eye Chart](#) and recommend an ophthalmology assessment for patients with a risk factor for vision loss (**Box 7<sup>26</sup>**).

Without intervention, hearing loss in adults contributes to higher rates of depression, anxiety, and other cognitive disorders.<sup>27</sup> Screen periodically with techniques such as the [whisper test](#), or questioning patients about hearing issues (**Resources for Providers**). Refer patients who fail the whisper test or have concerns to an audiologist or otolaryngologist for evaluation.

**BOX 6. ASSESSMENT OF FUNCTIONAL STATUS<sup>23-25</sup>**

ADLS	INSTRUMENTAL ADLS
<ul style="list-style-type: none"> <li>• Bathing</li> <li>• Dressing</li> <li>• Toileting</li> <li>• Transfers</li> <li>• Continence</li> <li>• Feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Using the telephone</li> <li>• Shopping</li> <li>• Food preparation</li> <li>• Housekeeping</li> <li>• Laundry</li> <li>• Transportation</li> <li>• Taking medicine</li> <li>• Managing money</li> </ul>
Score 0 if patient cannot do independently and 1 if patient can do independently	
ADL score: _____/6	IADL score: _____/8
6 = high (patient independent)	8 = high (patient independent)
0 = low (patient very dependent)	0 = low (patient very dependent)
ADLS, activities of daily living	

## GAIT AND BALANCE/FALL RISK

In New York City (NYC), falls are the leading cause of injury-related death and hospitalization in older adults.<sup>28</sup> In addition to serious injuries and deaths, falls can make it harder for older adults to live independently.

Screen older patients for fall risk annually and perform a multifactorial evaluation of those at risk (**Box 8**<sup>24,29-31</sup>). Use the [Get Up and Go Test](#) to assess the patient's postural stability and gait.

The STEADI (Stopping Elderly Accidents, Deaths, and Injuries) algorithm for fall risk screening recommends asking community-dwelling adults aged 65 years or older the following questions annually or anytime a patient presents with a fall<sup>29</sup>:

1. Do you feel unsteady when standing or walking?
2. Do you worry about falling?
3. Have you fallen in the past year? [If yes, ask, "How many times?"] Were you injured?

Recommend a multifactorial approach to fall prevention (**Box 9**<sup>31</sup>) for patients who answer yes to any of these questions or have risk factors for falls (**Box 8**<sup>24,29-31</sup>). See **Resources for Providers** for information and toolkits.

## POLYPHARMACY

Approximately 67% of adults aged 62 to 85 years use 5 or more prescription medications, over-the-counter (OTC) drugs, or dietary supplements.<sup>32</sup> More than 1 in 6 older adults may be at risk for major drug-drug interactions and nearly 43% take potentially inappropriate medications as described in the 2012 Beers List.<sup>33</sup>

When your patients call to schedule an office visit, ask them to bring all their medications with them, including OTC drugs and supplements ("brown bag" review). Review all medications and supplements, considering side effects, age-associated drug metabolism changes, and drug-drug interactions to determine which medications are necessary and appropriate.<sup>23</sup> See **Resources for Providers** for medication review tools.

## URINARY INCONTINENCE

More than one-half of community-dwelling women and more than one-quarter of men aged 65 years and older in the United States report urinary incontinence.<sup>34</sup> Ask patients aged 65 years and older if

they have symptoms of urinary incontinence<sup>35</sup>:

- Do you have a strong and sudden urge to void that makes you leak before reaching the toilet?
- Is your incontinence caused by coughing, sneezing, lifting, walking, or running?

Approaches to managing urinary incontinence include timed voiding, pelvic floor exercises, weight loss, limiting drinks before bedtime, and avoiding tobacco, alcohol, and caffeine (**Resources for Patients**).

### BOX 7. RISK FACTORS FOR VISION LOSS<sup>26</sup>

- History of diabetes of 5 years or longer
- For Blacks, age 40 years and older (increased risk of cataracts)
- Risk factors for glaucoma, including
  - age older than 60 years, especially Mexican Americans
  - family history of glaucoma
  - severe myopia

### BOX 8. RISK FACTORS FOR FALLS<sup>24,29-31</sup>

- Previous falls
- Gait or balance difficulty
- Muscle weakness
- Certain medications or the use of  $\geq 4$  medications
- Cognitive impairment
- Home safety hazards
- Certain chronic conditions such as diabetes, heart disease, and depression
- Problems with bones or joints, such as arthritis or osteoporosis
- Dizziness or postural hypotension
- Vision problems
- Problems doing activities of daily living (**Box 6**)
- Fear of falling

### BOX 9. FALL PREVENTION STRATEGIES<sup>31</sup>

*A multifactorial approach to reducing fall risk may include*

- Physical and/or occupational therapy
- Evidence-based exercise or fall prevention program
- Assistive devices
- Medication optimization
- Home safety evaluation
- Orthostatic pressure measurement
- Visual acuity assessment
- Feet and footwear assessment

**See Resources for Providers: Fall risk assessment and recommended interventions for more information and patient education materials**

## ORAL HEALTH

Older patients experience dental decay on the crowns of teeth (coronal caries), and gingival recession and medication-related xerostomia increase older patients' risk of root caries.<sup>36</sup> Severity of periodontal (gum) disease also increases with age.<sup>36</sup> Some older patients may have difficulty grasping a toothbrush or may lack dexterity for brushing or flossing. At all ages, men are more likely than women to have more severe disease due to a difference in oral health behavior. People at the lowest socioeconomic level have the most severe periodontal disease.<sup>36</sup>

Ask patients about their last dental visit and educate them about good oral hygiene (**Box 10**<sup>36,37</sup>). Strongly recommend regular dental visits, even for edentulous patients. Professional care also allows the dentist to check the fit of dentures as the edentulous ridge shrinks over time from bone loss.

### BOX 10. WHAT TO TELL OLDER PATIENTS ABOUT ORAL HEALTH<sup>36,37</sup>

- Drink fluoridated water often
- See your dentist regularly, even if you have no symptoms or natural teeth
- Professional care allows early detection of precancerous or cancerous lesions
- Avoid tobacco in any form
- Limit alcoholic drinks
- Brush your teeth twice a day with fluoride toothpaste
  - use a toothbrush with soft bristles and a small head to get to those hard-to-reach areas
  - replace your toothbrush every 3 or 4 months, or sooner if the bristles are frayed
  - if you have arthritis or another condition that limits movement, try an electric toothbrush
- Clean between your teeth daily using dental floss, prethreaded flossers, interdental brushes, water flossers, or wooden plaque removers
- Use a washcloth and water to clean your gums daily (for edentulous patients)
- Rinse your mouth with water after meals
- Clean your dentures daily with a product made for dentures; toothpaste and household cleaners can damage dentures
- Ask your dentist how long you should wear your dentures each day
- If medications make your mouth dry, drink plenty of water and chew sugarless gum

**See Resources for Patients to find low-cost dental providers**

## SUMMARY

Primary care providers can manage many of the health care needs of NYC's growing population of older adults. Assess older patients for functional and cognitive status, depression, polypharmacy, and risk of falls, and refer them to local services that will help them age in place (**see Box 11**<sup>38,39</sup> for information on Medicare preventive services). If necessary, refer patients with complex conditions to geriatric centers.

### BOX 11. MEDICARE PREVENTIVE SERVICES<sup>38,39</sup>

**Initial preventive physical examination:** Covered only once, within 12 months of Part B enrollment. The patient pays nothing if provider accepts assignment

- Review medical and social history, potential risk factors for depression, functional ability, level of safety
- Measure height, weight, body mass index, blood pressure
- Screen for visual acuity and other factors deemed appropriate
- Assess vaccination status
- Discuss end-of-life planning, with patient agreement
- Educate, counsel, and refer based on results of review and evaluation, including a brief written plan such as a checklist for the beneficiary to obtain a once-in-a-lifetime screening electrocardiogram (EKG/ECG), and other preventive services that Medicare covers including the annual wellness visit

**Annual wellness visit (AWV):** Covered once every 12 months. The patient pays nothing if provider accepts assignment. At the initial AWV

- Perform a health risk assessment including assessing if any vaccines are due
- Establish the patient's medical and family history and a list of current providers and suppliers
- Detect any cognitive impairment the beneficiary may have
- Review the beneficiary's potential risk factors for depression, functional ability, level of safety
- Establish an appropriate written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years
- Establish a list of the beneficiary's risk factors and conditions for which interventions are recommended or underway
- Furnish personalized health advice and appropriate referrals to health education or preventive counseling services or programs
- Furnish, at the patient's discretion, advance care planning services

**See Initial Preventive Physical Examination and Annual Wellness Visit for detailed guidance, including components of subsequent AWVs and reimbursement information**

## RESOURCES FOR PROVIDERS

### Geriatrics trainings

- Consortium of New York Geriatric Education Centers:  
<http://www.nygec.org>  
*Online and on-site trainings in geriatrics and geriatric mental health*

### Vaccination schedules

- Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2019: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#table-age>
- Pneumococcal Vaccine Timing for Adults:  
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

### US Preventive Services Task Force screening guidelines:

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

- Abdominal aortic aneurysm
- Breast cancer
- Colorectal cancer
- Lung cancer
- Osteoporosis
- Prostate cancer

### Sexually transmitted infections treatment and screening guidelines:

<https://www1.nyc.gov/site/doh/providers/health-topics/stds.page>

### Fracture risk assessments

- Fracture Risk Assessment Tool (FRAX):  
<https://www.sheffield.ac.uk/FRAX>

### Fall risk assessment and recommended interventions

- STEADI (Stopping elderly accidents, deaths, and injuries) (includes patient education materials):  
<https://www.cdc.gov/steady/index.html>
- US Preventive Services Task Force. Falls Prevention in Community-Dwelling Older Adults: Interventions:  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/falls-prevention-in-older-adults-interventions1>

### Cognitive screening tools for primary care settings

- Alzheimer's Association Cognitive Assessment Toolkit:  
<https://www.alz.org/media/documents/cognitive-assessment-toolkit.pdf>
- Abbreviated Mental Test
- Ascertain Dementia 8-item informant questionnaire (AD8)
- Clock Draw Test
- Free and Cued Selective Reminding Test (registration required)
- General Practitioner Assessment of Cognition (GPCOG)
- Informant Questionnaire on Cognitive Decline in the Elderly
- Memory Impairment Screen
- Mini-Cog
- Mini-Mental State Examination (for purchase)

- Picture-based Memory Impairment Screen (PMIS) (culturally fair)
- Short Portable Mental Status Questionnaire
- Telephone Interview for Cognitive Status (for purchase)
- 7-Minute Screen

### Mental health screening and assessment

- Patient Health Questionnaire (PHQ-9) for depression assessment: <https://www.phqscreeners.com>
- Generalized Anxiety Disorder Screener (GAD-7):  
<https://www.phqscreeners.com>

### Substance use screening and assessment

- Alcohol Use Disorders Identification Test (AUDIT):  
[https://www.integration.samhsa.gov/HealthTeamWorks\\_SBIRT\\_AUDIT.pdf](https://www.integration.samhsa.gov/HealthTeamWorks_SBIRT_AUDIT.pdf)
- Drug Abuse Screening Test (DAST-10):  
[https://cde.drugabuse.gov/sites/nida\\_cde/files/DrugAbuseScreeningTest\\_2014Mar24.pdf](https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf)

### Mental health and substance use referrals

- NYC Well:
  - English: 888-NYC-WELL (888-692-9355), press 2
  - Español: 888-692-9355, press 3
  - 中文: 888-692-9355, press 4
  - Call 711 (relay service for deaf/hard of hearing)
  - <https://nycwell.cityofnewyork.us>  
*A 24-7 call, text, and chat line for people seeking crisis counseling, including but not limited to, suicide prevention, substance use services, peer support, short-term counseling, assistance scheduling appointments or accessing other mental health services, and follow-ups to ensure connection to care. Interpreters available in 200 languages*
- Substance Abuse and Mental Health Services Administration
  - Behavioral Health Treatment Services Locator
  - Buprenorphine Practitioner Locator

### Vision and hearing tests

- Snellen eye chart:  
<https://www.allaboutvision.com/eye-test/snellen-chart.pdf>
- Whisper test: <https://geriatrics.ucsf.edu/sites/geriatrics.ucsf.edu/files/2018-06/whisperstest.pdf>

### Gait assessment tools

- Get Up and Go Test: [http://www.gericareonline.net/tools/eng/falls/attachments/Falls\\_Tool\\_2\\_Get\\_Up\\_and\\_Go\\_Test.pdf](http://www.gericareonline.net/tools/eng/falls/attachments/Falls_Tool_2_Get_Up_and_Go_Test.pdf)

### Medication review tools

- Beers criteria: <https://geriatriccareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>  
*Free for members of the American Geriatric Society*
- STOPP/START criteria: [http://www.bentonfranklinms.com/yahoo\\_site\\_admin/assets/docs/Buchman\\_Hand\\_Out\\_listestart-stop-version.53101600.pdf](http://www.bentonfranklinms.com/yahoo_site_admin/assets/docs/Buchman_Hand_Out_listestart-stop-version.53101600.pdf)

(Continued on next page)



**RESOURCES FOR PROVIDERS** (continued)**Reimbursement for advance care planning**

- Centers for Medicare & Medicaid Services. Frequently asked questions about billing the physician fee schedule for advance care planning services: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf>

**Oral health**

- Find a low-cost dental provider: <https://www1.nyc.gov/site/doh/health/health-topics/oral-health.page>, or call 311
- Oral health fact sheets for patients: <https://www1.nyc.gov/site/doh/health/health-topics/oral-health-adult-oral-health.page>, or call 311 for print copies

**City Health Information archives:** <https://www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page>

- Addressing Alcohol and Drug Use—An Integral Part of Primary Care*
- Buprenorphine—An Office-Based Treatment for Opioid Use Disorder*
- Detecting and Treating Depression in Adults*
- Diagnosing and Managing Hepatitis C*
- Helping Patients Make Healthy Eating Choices*
- Influenza Prevention and Control, 2019-2020*
- Judicious Prescribing of Benzodiazepines*
- Judicious Prescribing of Opioid Analgesics*
- Making the Sexual History a Routine Part of Primary Care*
- Preventing and Managing Summer-related Health Conditions*
- Preventing Falls in Older Adults*

**RESOURCES FOR PATIENTS****General information**

- NYC Health Department. Healthy aging: <https://www1.nyc.gov/site/doh/health/health-topics/healthy-aging.page>
  - Advance directives
  - Emergency preparedness
  - Eating healthy
  - Health insurance: enrollment counselors
  - Managing your medicine
  - Physical activity
  - Preventing heat illness
  - Quitting smoking
  - Senior center and social adult day care food service inspection results
- NYC Department for the Aging: <https://www1.nyc.gov/site/dfta/index.page>  
*Online search tool for services, including abuse prevention, caregiver services, case management, mental health, home care, home-delivered meals, legal services, social adult day care, transportation*

**Advance care planning**

- NY Attorney General. Advance directives: <https://ag.ny.gov/sites/default/files/advancedirectives.pdf>
- PREPARE: <http://www.prepareforyourcare.org>  
*Videos and stories to teach people how to identify their medical care goals in English and Spanish*
- Five wishes: <https://fivewishes.org/five-wishes/individuals-families/individuals-and-families>
- New York State Department of Health. Advance care planning: [https://www.health.ny.gov/diseases/conditions/dementia/adv\\_care\\_planning.htm](https://www.health.ny.gov/diseases/conditions/dementia/adv_care_planning.htm)

*Translated pages available in multiple languages (click link in top right corner of page)*

**Cognitive impairment**

- Alzheimer's Association: <https://www.alz.org>  
*Information and resources for those living with or caring for someone with Alzheimer's or other dementias*
- CaringKind: <https://www.caringkindnyc.org>  
*A 24/7 helpline (646-744-2900); individual and family counseling sessions; support groups; education seminars and training programs; early stage services; wanderer's safety program*

**Oral health**

- Find a low-cost dental care provider: <https://www1.nyc.gov/site/doh/health/health-topics/oral-health.page>, or call 311

**Fall risk**

- NYC Health Department. Preventing falls in older adults: <https://www1.nyc.gov/site/doh/health/health-topics/healthy-aging-preventing-falls-in-older-adults.page>
  - How to Prevent Falls: A Home Safety Checklist: <https://www1.nyc.gov/assets/doh/downloads/pdf/ip/prevent-falls-checklist.pdf>

**Osteoporosis**

- National Osteoporosis Foundation: <https://www.nof.org>
  - Your Guide to a Bone Healthy Diet
  - Healthy Bones, Build Them for Life® Webinar Series

**Urinary incontinence**

- National Institute on Aging. Urinary incontinence in older adults: <https://www.nia.nih.gov/health/urinary-incontinence-older-adults>
- National Association for Continence. Urinary incontinence overview: <https://www.nafc.org/urinary-incontinence>

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