Engage, Educate, and Empower for Equity, the E4 Center for Behavioral Health Disparities in Aging
Mission

Engage, Empower, and Educate health care providers and community-based organizations for Equity in behavioral health for older adults and their families across the US.
Older adults with mental health issues are *more* likely than younger adults to have:

- Functional impairment¹,
- Poor mobility²,
- Symptom burden³
- Longer hospital stays⁴
- Health issues that put them at risk for loneliness⁵

¹Haigh et al, 2018; ²Lampinen et al, 2003; ³Abdel-Kader 2009; ⁴Myers et al, 2012; ⁵Ilgen et al, 2010
Older adults are less likely than younger adults to:

- Pursue or engage in mental health\(^1\) or SUD\(^5\) treatment
- Survive a suicide attempt\(^4\)
- Receive adequate services\(^2\) especially if Black or Latino\(^3\)

\(^1\)Wang et al 2000; \(^2\)Bartels et al 1997; \(^3\)Jimenez et al 2013; \(^4\)SAMHSA, 2015; \(^5\)Huang et al, 2013
Ageism is....

- Discrimination against persons of a certain age group, especially older adults
- Tendency to regard older persons as debilitated, unworthy of attention, or unsuitable for employment

**Implicit bias based on age:**
subconscious thoughts, feelings, and behaviors one has about older or younger people, generally negative

**External and internal ageism:**
perpetuated by others; perpetuated by the self

Slide credit: Patricia M. D'Antonio, BSPharm, MS, MBA, BCGP, Reframing Aging Initiative
Negative Self-Perceptions of Aging

- Greater disease burden, lower life satisfaction, greater loneliness than racism, sexism, and homophobia; effects grow over time
- Increased functional impairment
- Increased depression, anxiety, suicidal ideation
- Increased mortality risk
- *Positive SPA is protective*

ElderSpeak

“simplistic vocabulary and grammar, shortened sentences, slowed speech, elevated pitch and volume, and inappropriately intimate terms of endearment”

Herman & Williams, 2009
Effects of ElderSpeak

• Does not improve comprehension\textsuperscript{1,2}
• Threatens older adult self-concept, personhood\textsuperscript{3,4}
• May increase aggression in people with dementia\textsuperscript{5-6}
• Increases nurse stress, burnout and turnover\textsuperscript{7,8}
• Increase costs of care\textsuperscript{7,8}

\textsuperscript{1}Kemper & Harden, 1999; \textsuperscript{2}Leland, 2008; \textsuperscript{3}Kitwood, 1997; \textsuperscript{4}Kitwood & Bredin, 1992; \textsuperscript{5}Herman & Williams, 2009; \textsuperscript{6}McCallion, Toseland, Lacey & Banks, 1999; \textsuperscript{7}Beeri et al, 2002; \textsuperscript{8}Davis et al, 1997
Structural Ageism and the Health of Older Adults

Austin S. Kilaru, MD, MSHP; Rebekah E. Gee, MD, MPH

Ageism Is Making the Pandemic Worse

The disregard for the elderly that’s woven into American culture is hurting everyone.

LOUISE ARONSON MARCH 28, 2020
Serious Mental Illness (SMI) and Health

- Average life expectancy for people with SMI is 53 years

<table>
<thead>
<tr>
<th>Modifiable Risk Factors</th>
<th>Prevalence Compared to General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Obesity</td>
<td>4.4 X</td>
</tr>
<tr>
<td>Smoking</td>
<td>3-4X</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2X</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.4 X</td>
</tr>
<tr>
<td>Metabolic Syndrome</td>
<td>2.4X</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>2.7X</td>
</tr>
</tbody>
</table>

Vancamfort et al., 2013: Meta-analysis of 136 studies

Slide credit: Steven J. Bartels, MD, E4 Center Scientific Leadership
SMI and Vulnerability to COVID-19

- People with serious mental illness (SMI) are at disproportionately high risk for COVID-19

- Medical risk: High rates of risk factors for poorer COVID-19 outcomes (e.g., smoking, COPD, cardiovascular disease, diabetes, and chronic conditions)

- Residential risk: Congregate care settings carry high risks of COVID-19 transmission, as seen in nursing homes and prisons

- Health behavior risk: Cognitive, behavioral, and physical challenges may hamper personal protective practices (PPP, e.g., hand hygiene, physical distancing, use of face mask)

Slide credit: Steven J. Bartels, MD, E4 Center Scientific Leadership
Among COVID-19 Positive Adults (n=7348)

• Schizophrenia-spectrum disorders over 2.5 X greater mortality
• Mood disorders 1.14 X greater mortality

• **Age:** Greater COVID-19 mortality in older age (Chen, 2020)
• **Gender:** Women with SMI at greater risk of COVID-19 (Wang, 2020)
Secondary impact of COVID-19 for people with SMI?

- Deferred psychiatric and medical care?
- Impact of social isolation on relationships and mental health?
- Substance abuse and suicide?
- Loss of work and vocational supports
- Financial hardships
- Impact of sedentary lifestyle, poor nutrition, increased obesity and cardiovascular risk?

Slide credit: Steven J. Bartels, MD, E4 Center Scientific Leadership
E4: Engage, Educate & Empower for Equity

- Knowledge, Skills, & Attitudes
- Building Partnerships
- Evidence-Based Programs
- Older Adult & Family Resources
Develop knowledge, skills, and attitudes, including addressing ageism, in the healthcare workforce required to eliminate behavioral health disparities for older adults

- Disseminate basic online modules
- Foundational mental health competency certificate
- Mini-fellowships
- Workshops and Technical Assistance
  - Evidence-based integrated services
  - Active Listening
  - Treating addiction
  - Topics from Expert Speakers Bureau
  - Age-Friendly Health System 4Ms for behavioral health
- Reframing Aging Training
Expedite the implementation of evidence-based mental health and substance abuse prevention, treatment, and recovery support services to create EQUITY for older adults

- Safe-HOME naloxone training
- Intervention adaptation training
- Regional Policy Academies
- Workflow assessment and systems change
- Technical assistance sessions to implement EBPs and for systems change
Catalyze integrated partnerships that EMPOWER health systems and CBOs to create age-friendly health communities to eliminate behavioral health disparities.

- Toolkit on partnership building to implement EBPs
- Physical environment self-assessment
- Technical assistance
ENGAGE, EDUCATE AND EMPOWER older adults and family caregivers to actively participate in their own healthcare.

- *Stamp Out Stigma*-inspired video compilation
- Toolkit for engaging and retaining older adults in behavioral health treatment
- Update and refine issue briefs
- Disseminate behavioral health consumer lectures
E4 Organizational Supporters

- AARP
- American Academy of Family Physicians
- American Geriatrics Society
- American Society on Aging
- Camden Coalition's National Center for Complex Health and Social Needs
- Community Catalyst
- Council of Professional Geropsychology Training Programs
- Diverse Elders Coalition
- Gerontological Society of America
- Health & Medicine Policy Research Group
- Institute for Healthcare Improvement
- Illinois Academy of Family Physicians
- National Association of Area Agencies on Aging
- National Association of Social Workers
- National Coalition on Mental Health and Aging
- National Council for Behavioral Health
- National Council on Aging
- National Association of State Mental Health Program Directors
- Paraprofessional Healthcare Institute (PHI)
- Psychologists in Long Term Care
- Society of Clinical Geropsychology
Dolores Gallagher-Thompson, PhD.
Ann M. Steffen, Ph.D., ABPP

Culturally Responsive
Cognitive Behavioral Therapy with Older Adults
Every Friday in October
2:00pm – 4:00pm CST

Fred Blow, PhD
Cannabis Use Within Older Adult Populations

October 6
12:00pm – 2:00pm CST

Sasha Rachman, MD
High Risk Medications and Polypharmacy for Non-Prescribers

November 3
12:00pm – 2:00pm CST
E4: Engage, Educate & Empower for Equity

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