

STATE PREVENTION ENHANCEMENT GRANT  
SPECIAL POPULATIONS  
OLDER ADULTS WORKGROUP

**Workgroup Members**

Claire Dowers-Nichols, Oklahoma Healthy Aging Initiative  
Scott Hamilton, Cimarron Alliance  
Mary Katharine Long, Center for Learning and Leadership  
Kathleen Borland, Hope Community Services  
Patty Porter, Mercy Health Outreach  
Jane Garner, Oklahoma Department of Human Services, Aging Services Division  
Karen Orsi, Workgroup Leader, Oklahoma Mental Health and Aging Coalition  
Teresa Ryan, Workgroup Facilitator

After a review of literature targeting the specific population of older adult substance use and abuse, consideration of Oklahoma's 465,000 older adults, and the experience and expertise of the membership, representing aging services, disability, physical and mental health, the older adult workgroup submits the following report and recommendations:

**Older Adult Culture**

- Culture is one of secrets and shame
- Fear related to "treatment" – mental institutionalization; drunk tanks
- "Bootstrap" mentality- self reliance
- Mental health illiteracy
- Lack of understanding for full utilization of Medicare benefits
- Lack of language skills to discuss/describe feelings
- Identification of any sign of weakness is threat to continued independence
- Chronic pain
- Illicit drugs part of boomer culture
- Numerous prescribed medications; unsupervised use of OTC meds / supplements
- Dependent on primary care
- Frugal due to economic constraints

**Older Adult Issues – Mental Health and Substance Use**

- Myths – depression, memory loss, confusion, pain and unhappiness a part of the aging process
- Recognition of symptoms difficult o signs of abuse may mirror symptoms of physical and mental health conditions of older adults
- Misdiagnosis of symptoms– impaired judgment, coordination, reaction time, falls, car crashes, confusion often assumed within the norm of aging experiences; appropriate questions re substance use avoided
- Evidence of abuse hampered by decreased social engagement of older adults – isolation and invisibility
- Stigma and ageism
- Age increases risk for development of chronic illnesses which also increases risk for mental disorder
- Aging and disability -body more vulnerable to alcohol/ drugs
- Changing bodies can no longer tolerate past levels of drugs/alcohol, but not acknowledged by older adults/families
- Drug interactions from multiple meds and over the counter exacerbated by the addition of alcohol or illicit drugs
- Without appropriate treatment, may self medicate to relieve physical pain, sadness, loneliness
- Many suffer severe and chronic pain requiring powerful meds
- Confusion, memory loss, depression may contribute to non-compliance
- Poor eyesight and/or hearing loss may contribute to non-compliance
- Lack of proper nutrition may contribute to reduced benefits of meds and result in increased use or decreased use of appropriate doses
- Older adults traditionally underutilize services for mental health and substance use treatment; services unfamiliar and foreboding
- Lack of geriatricians; traditional use of primary care physicians, untrained in behavioral health issues and reluctant to address issue or make appropriate referral

- Diverse group – educated and non; urban and rural; mobile and home-bound; social supports and isolated; healthy and disabled; mobility issues; transportation issues; economic issues; Medicare/insurance issues; language/literacy issues; ethnicity, race and religion
- Special populations within older adult group include LGBT, Grandparents raising grandchildren, and Caregivers

### **Barriers to Treatment**

- Lack of integration of services
- Fragmentation of services
- Lack of resources
- Workforce shortage
- Inadequate knowledge base regarding older adult health, mental health, and culture
- Stigma – moral flaw
- Ageism – old bodies will not and cannot recover; acceptance of myth that older adult surviving a hard life deserves to drink/use substances
- Reverse ageism – I’m too old to change; not capable or strong enough; why bother; makes me feel better
- Accessibility, availability, affordability and cultural competence of services
- Inadequacy of urban services; non-existence of rural services
- Limited availability of inpatient beds
- Referrals to treatment not coming from healthcare arena
- Senior assessments do not include substance use
- Geri-psych units not equipped to treat substance abuse
- Family members do not acknowledge danger of substance abuse; fear “upsetting” older adult; enable abuse
- Older adult, family members, community do not see the benefits of changing behavior; may believe change is neither possible, probable or long-lasting

### **Recommendations**

- Public health approach – train the community to identify and respond
- Cross-training of providers, aging services staff and non-traditional staff; train staff to ask appropriate questions and make appropriate referrals
- Integration of networks – mental health and substance abuse has aging info and disability info; disability and aging has behavioral health info
- Integration of physical and mental health – behavior health providers assess for substance use; primary care/ER/hospitals assess for substance use
- Diverse group requires diverse services; develop specialized services in the community and in home-based setting
- Development of comprehensive marketing strategy/services that are culturally competent and person centered
- Use of substances needs to be necessary part of any mental and/or physical assessments
- Development of assessment tools that are senior specific
- Development of partnerships with primary care physicians, emergency rooms, hospitals and senior centers to integrate the supportive and health care systems for older adults for identification of at-risk seniors and referral to resources
- Develop education / awareness program for older adults, family members, caregivers, community, housing and providers
- Development of a mechanism for referrals
- Develop and distribute resources for geriatric substance abuse services
- Efficiency of sharing electronic records
- Consider transportation issues in service implementation and delivery
- Access points for linkage to services should include physicians, pharmacists, home health workers, occupational therapists, physical therapists, information specialists, clergy, any staff interacting with older adults
- Suggested information packets should include libraries, churches, conferences, health fairs, meal sites, drug stores, aging agencies, physician offices; rural areas should target churches, cafes, co-ops and health fairs
- Increase advocacy efforts for older adult services and education
- Educate legislators regarding prevention and cost savings – both state budget and healthcare costs
- Target assisted living owners and staff
- Develop comprehensive marketing strategy appropriate for age and literacy level
- Consider campaign with similar impact of TSET, CDC, Department of Public Safety
- Utilize public figures and regular folk for PSA’s with positive outcomes – use of anecdotal stories

- Promotion to include all media – television, radio, newspapers, newsletters
- Inclusion in regular mailings – utility bills
- Partnerships to distribute information include Aging Services organizations, home health providers, caregivers, case managers and advantage case managers, DHS, Department of Health, ODMHSAS, Social security Administration, libraries
- Identified service collaborations include
  - Senior Centers
    - African American, Native American and Hispanic communities
    - Casinos
    - Veterans affairs
    - Area agencies on aging
    - Cimarron Alliance
    - LGBT community centers (SAGE; Herland Primetimers)
    - Faith based organizations
    - Department of Corrections (mandatory sentencing)
    - Hospital discharge planners
    - Home health agencies
    - Private physicians
    - Free clinics
    - HMO's
    - Gatekeeper network
    - Federally qualified health centers (FQHC)
    - Geriatric Education Centers
    - Pharmacists and pharmacies
    - County Health Department
    - Oklahoma Health Department
    - Oklahoma Hospital Association
    - Oklahoma Psychiatric Hospital Association
    - Oklahoma Primary Care Association
    - Oklahoma Healthy Aging Initiative
    - Oklahoma Mental Health and Aging Coalition
    - Oklahoma State Council on Aging
    - Sober living facilities
    - Advantage Program
    - Sunbeam Family Services (older adult program; caregivers)
    - VOICE (social justice initiative)
    - Trauma and crisis organizations