

Building a Supportive Environment: Strategies for Preventing Substance Misuse in Older Adults

April 25, 2024
1:00 – 2:30 PM CT

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Great Lakes (HHS Region 5)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

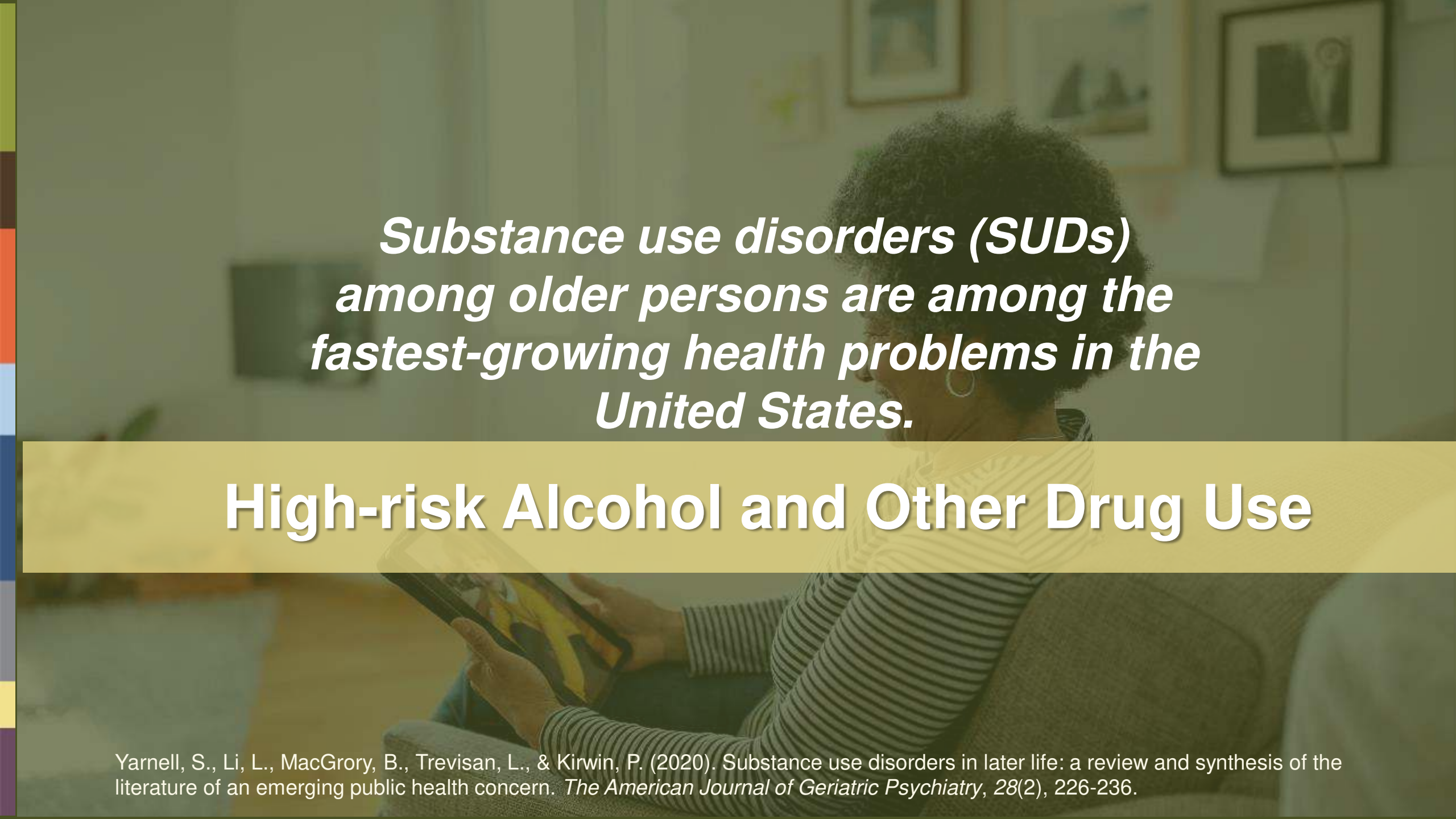
Objectives

1. Discuss ways to identify and assess the prevention needs of older adults in your community.
2. Identify community strategies to prevent substance misuse and promote the health and well-being of seniors.
3. Understand approaches and barriers to engaging older adults in prevention efforts.
4. Develop new partnerships that can work across sectors to engage older adults.



Older and Growing

The number of Americans ages 65 and older will more than double over the next 40 years, reaching 80 million in 2040. The number of adults ages 85 and older, the group most often needing help with basic personal care, will nearly quadruple between 2000 and 2040



***Substance use disorders (SUDs)
among older persons are among the
fastest-growing health problems in the
United States.***

High-risk Alcohol and Other Drug Use

Yarnell, S., Li, L., MacGrory, B., Trevisan, L., & Kirwin, P. (2020). Substance use disorders in later life: a review and synthesis of the literature of an emerging public health concern. *The American Journal of Geriatric Psychiatry, 28*(2), 226-236.

Higher Rates of Mortality and Increased Behavioral Health Challenges

43% ▲

Increase in *deaths* from 6.9 to 9.9 per 100,000 adults ages 65+ between 2016-2018 and 2019-2021

13% ▲

Increase in *death by suicide* rates among those ages 65 and older since 2009-2011

9% ▲

Increase in the prevalence of *depression* among those ages 65 and older since 2011

Source: CDC WONDER. Multiple Cause of Death Files.

Source: CDC Wonder. Multiple Cause of Death Files. 2008-2010, 2018-2020

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011, 2020.

POLL: Fact or Falsehood

Issues Impacting Older Adults



- A. Depression and loneliness are normal in older adults.
- B. The older I get, the less sleep I need.
- C. Older adults can't learn new things.
- D. It is inevitable that older people get dementia.
- E. Older adults should take it easy and avoid exercise, so they don't get injured.

Build on What We Understand

Starting with Risk and Protective Factors

Risk Factors



- *Increase likelihood of use/misuse*
- *Not causal*
- *Impact is exponential*

Protective Factors



- *Conditions for healthy development*
- *Buffer risks*
- *Not simply the opposite or absence of risk*


Examples of Risk and Protective Factors

Reduce Risk Factors

Male, Affluent, Caucasian
Transitions
Widowed, Single
History of Misuse
Coexisting Medical Conditions
Isolation and/or Loneliness
Depression
Pain

Increase Protective Factors

Positive Affectivity
Connections
Having a Partner
Sense of Purpose
Life Satisfaction
Moderate Drinking
Health Literacy
Positive Coping



**Adding to Our Understanding
The Role of Psychosocial Factors
Additional Levers of Change with Older Adults**

Adding to Our Understanding Leveraging Psychosocial Factors

Health Behaviors

The **health behaviors** constitute the main contributors to non-communicable diseases. Clustering of risk behaviors is common and increases the risk of these diseases.

Leveraging psychosocial factors can play an important role in **health behavior change**.



Psychosocial Factors

Psychosocial factors are characteristics or facets that influence an individual psychologically and/or socially.

Psychosocial resources in the social environment include social network and social support

Psychosocial Factors

The Levers of Change

Building or Enhancing Psychosocial Factors



Can lead to



Reductions in Health Behaviors



An elderly couple is shown in profile, embracing on a beach at sunset. The man is on the left, wearing glasses and a dark jacket, kissing the woman on the cheek. The woman is on the right, smiling, with her arm around his shoulder. The background is a soft, warm glow from the setting sun over the ocean.

An Integrated Approach

Interactions Between Risk, Protection, and Psychosocial Factors and Health Behaviors

Major Life Events

Connectedness

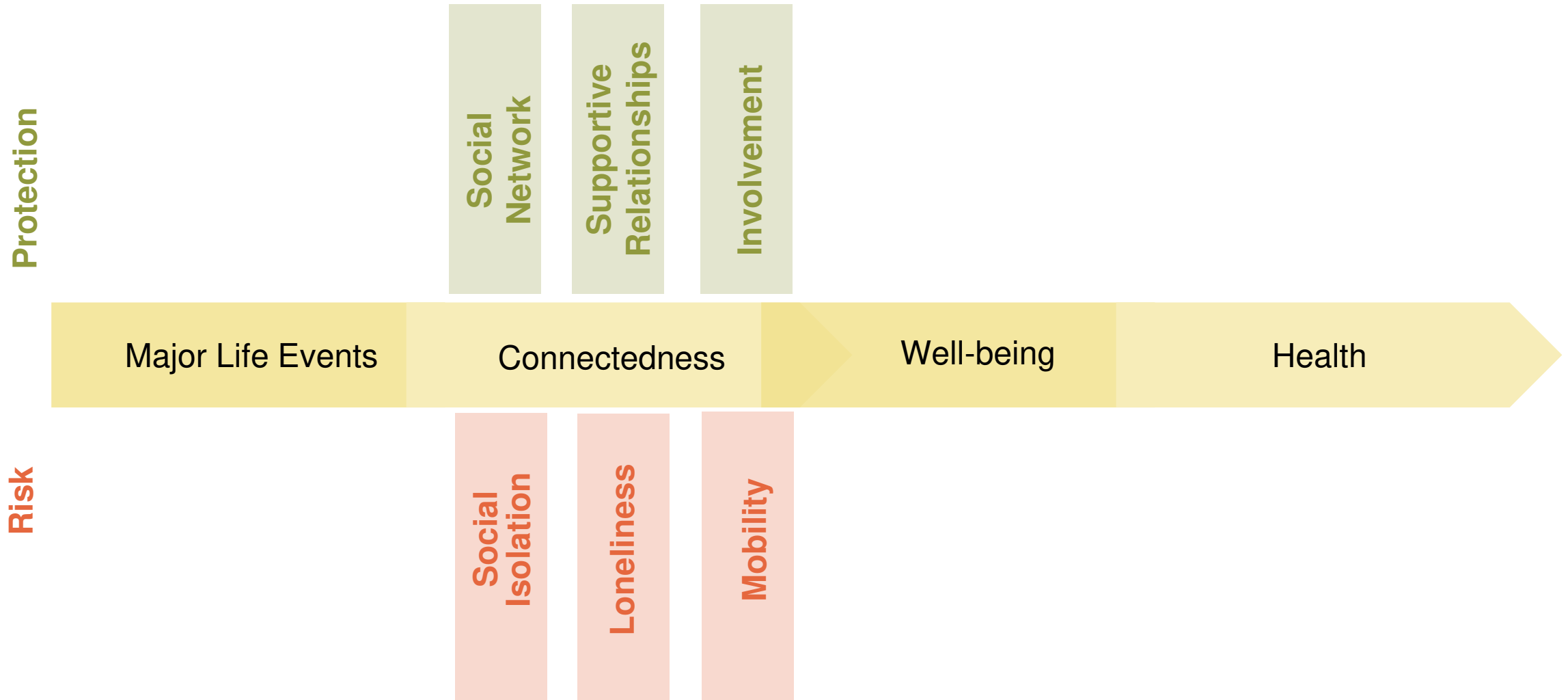
Well-being

Health

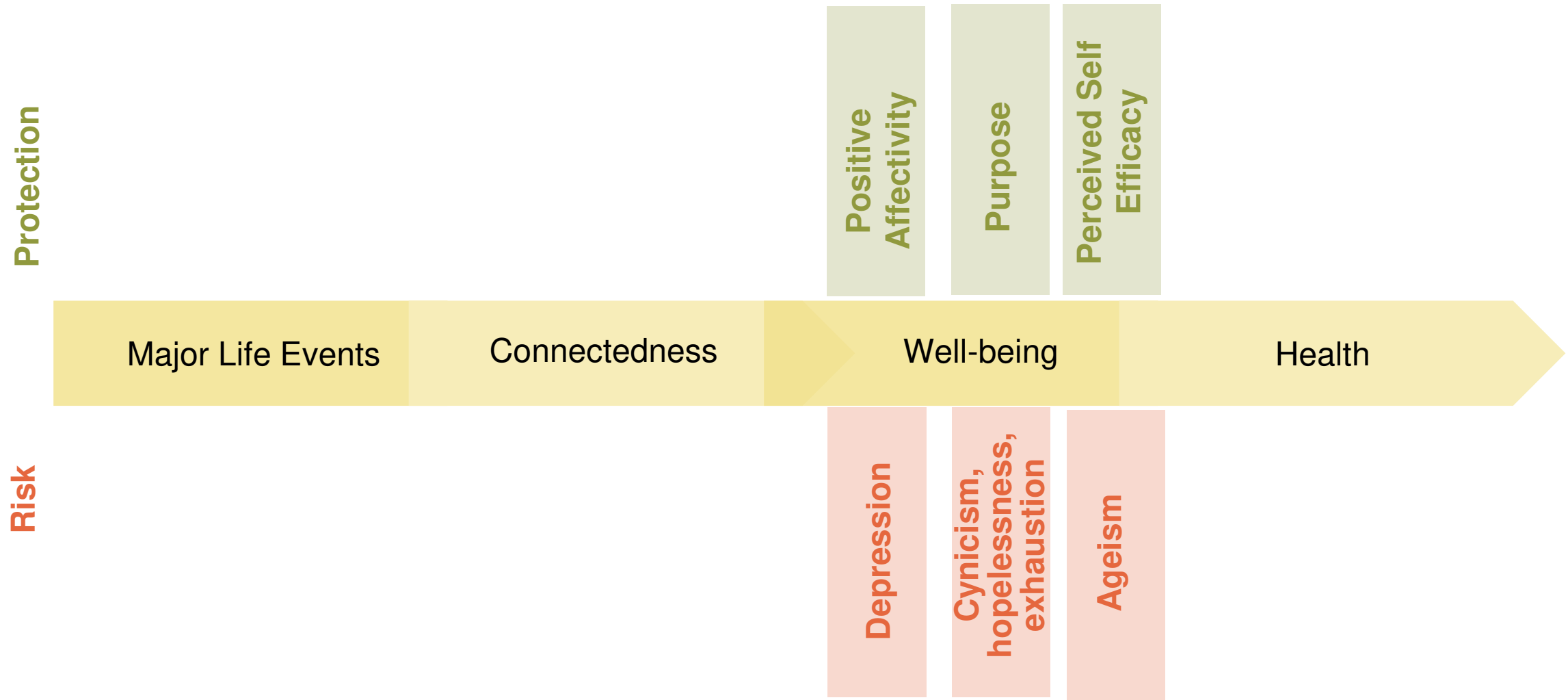
An Integrated Approach: Major Life Events



An Integrated Approach: Connectedness



An Integrated Approach: Well-being

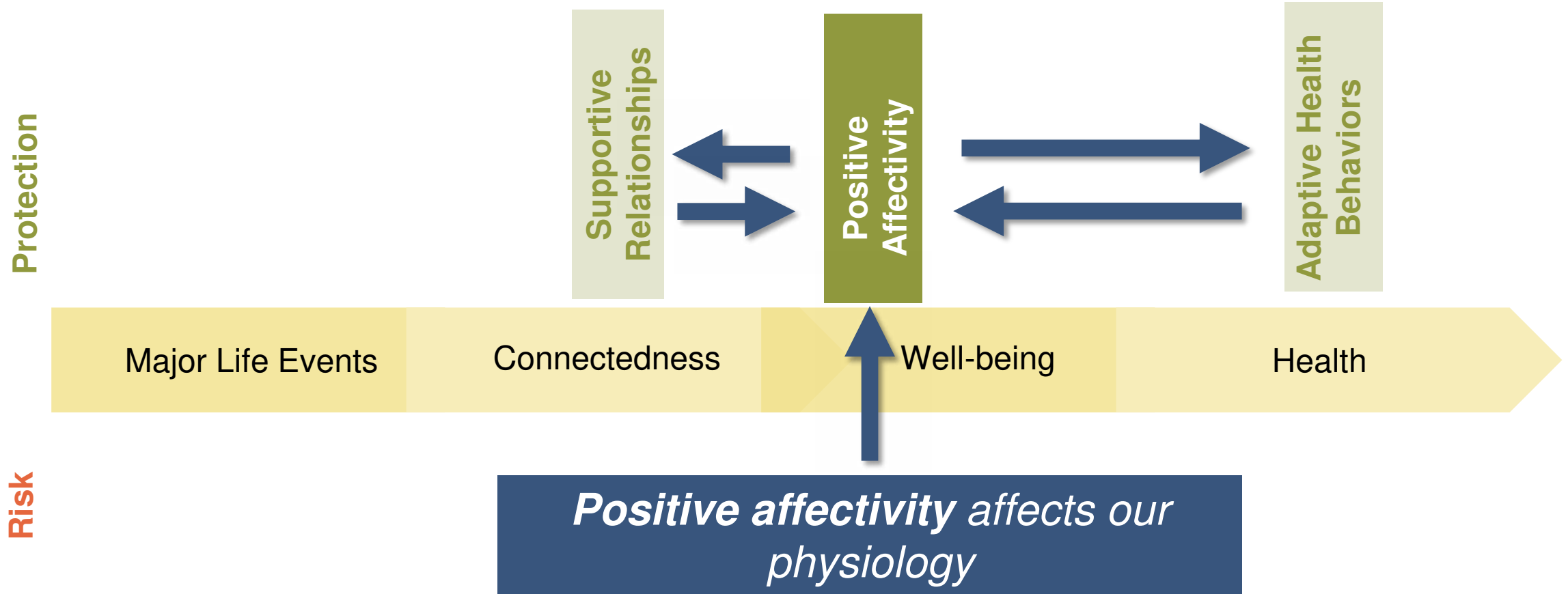


An Integrated Approach: Health



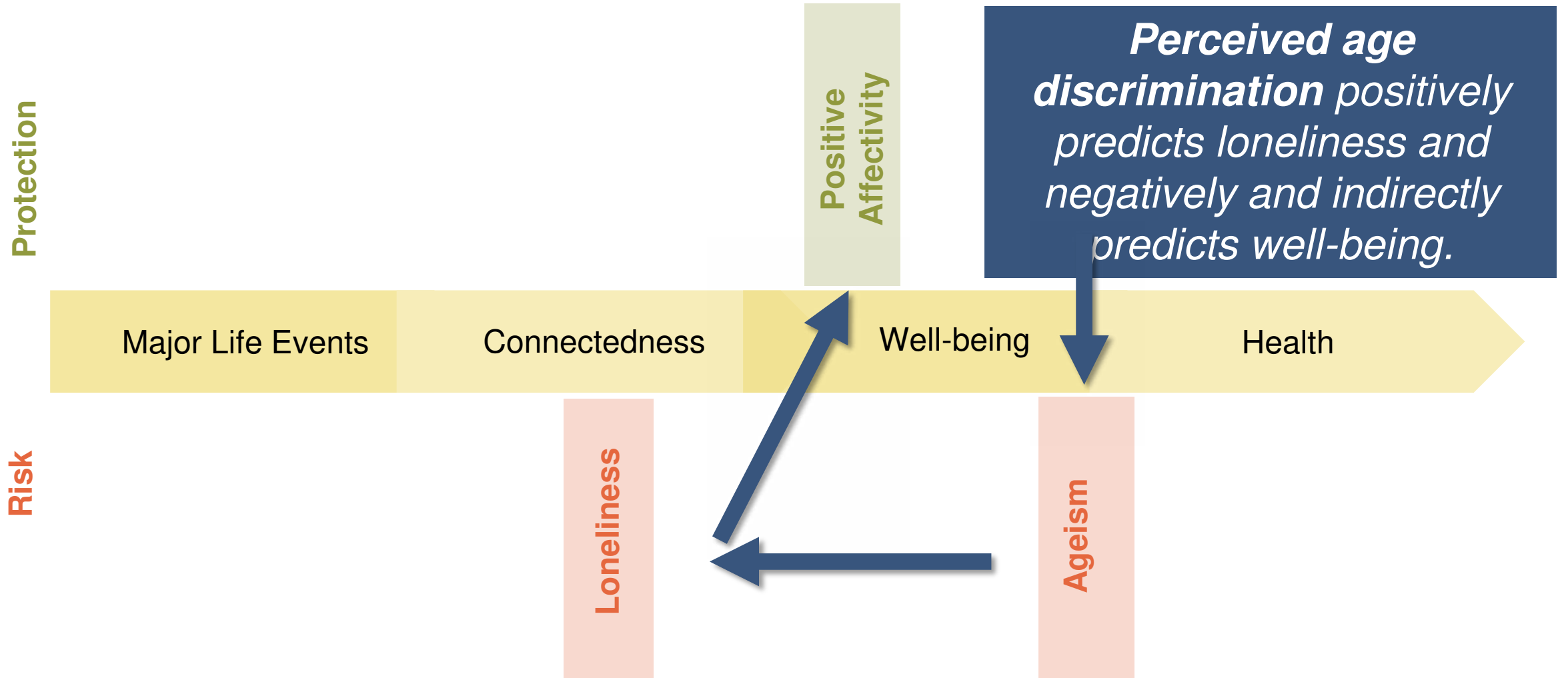
Interactivity Between Factors

Connectedness, Wellbeing, and Health



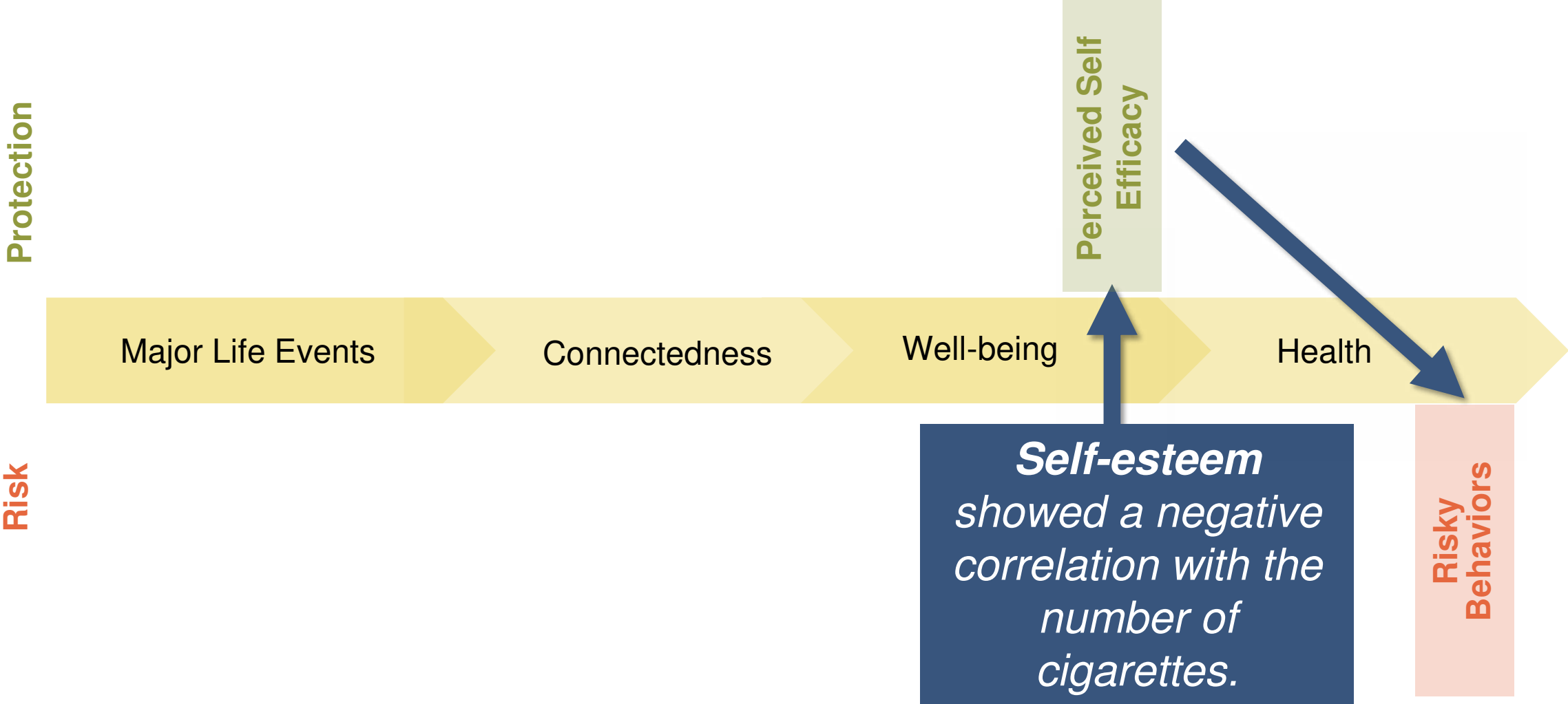
Interactivity Between Factors:

Ageism, Loneliness, and Positive Affectivity



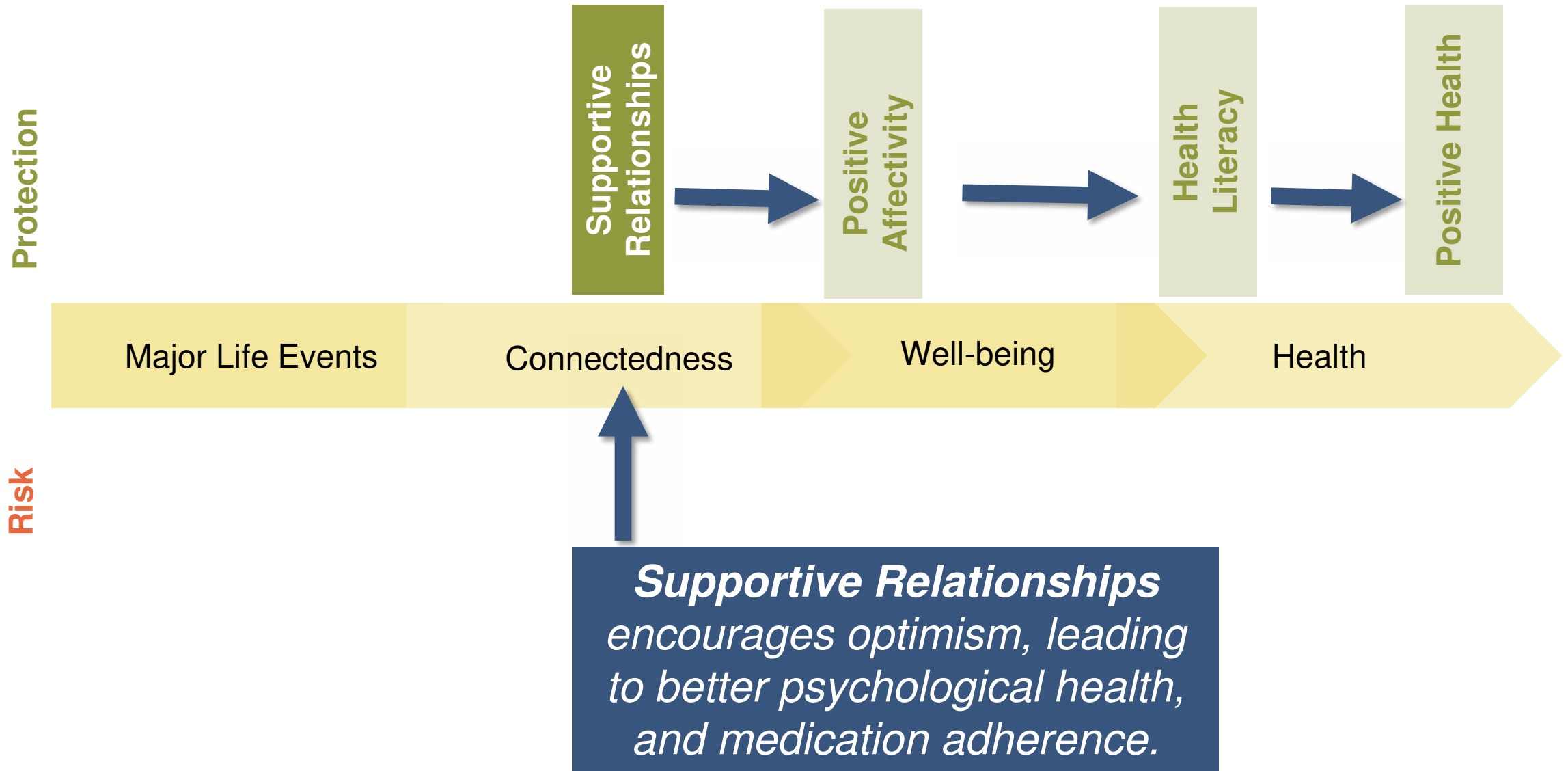
Interactivity Between Factors:

Self-esteem, Self-efficacy, and Health Behaviors



Interactivity Between Factors:

Connectedness and the Flow of Benefits





Barriers and Facilitators

Considerations for Engaging Older Adults

For today, we define **barriers** as factors that hinder, limit, or prevent people from engaging in a certain behavior, whereas **facilitators** are factors that favor, facilitate, or help people to engage in a certain behavior.

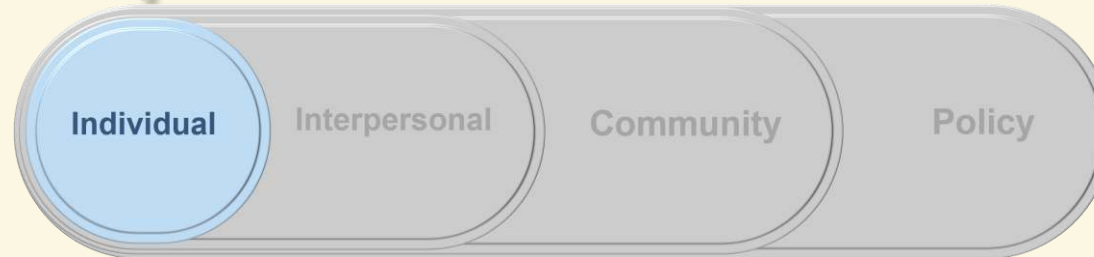
Barriers and Facilitators Impacting Participation: Social Ecological Model



This framework helps us understand the range of factors that impact participation in community programs. This model considers the complex interplay between individual, relationship, community, and societal factors.

Barriers and Facilitators Impacting Participation: Individual

Individual level: Behavior and intention, knowledge and skills, beliefs and values, emotion, perceived risk, self-efficacy, self image, subjective norms.



Knowledge, awareness, positive attitudes, enjoyment or interest, and sense of achievement are common **facilitators**



Physical health conditions or physical limitations are considered **barriers**. Lack of motivation, time, and interest and also language barriers discourage older adults from actively participating in programs..

Barriers and Facilitators Impacting Participation: Interpersonal

Interpersonal level: Partner and family relationships (communication, trust, understanding, agreement, and power), peer influence, gender equality, normative influence



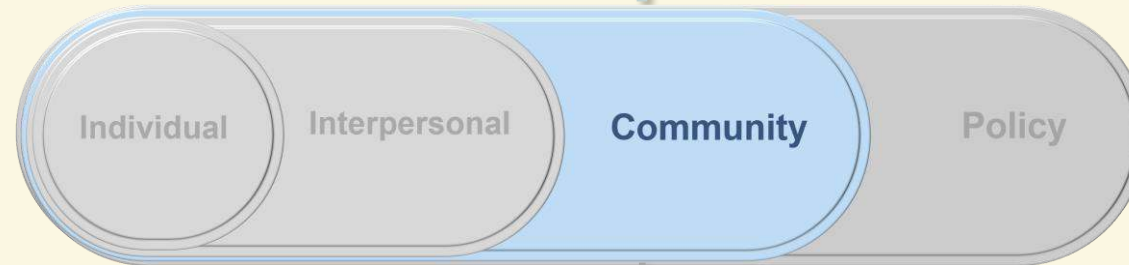
Family members, partners, and friends can be **facilitators** to participating in programs. Developing or improving interpersonal relationships, facilitating communication, and motivating are also facilitators.



Disharmonious family relationships and lack of family support were **barriers** to interpersonal relationships.

Barriers and Facilitators: Community

Community level: Leadership, level of participation, information equality, access to resources, shared ownership, collective efficacy, social capital



Good weather, convenient and safe transportation, as well as familiar and easily accessible sites, help older adults reach sites for programs. Program sustainability, and consistency, such as continued, increased financial investment in the program.



Lack of transportation (in urban settings), less knowledge or awareness of programs, and technical difficulties.

Barriers and Facilitators: Policy

Policy level: *Income levels, income inequality, ageism, health policy, infrastructure, mass media, religious and cultural values, gender norms*



The development, expansion, and management of activities are important **facilitators** of the continued participation of older adults.

Also, the use of virtual remote technology has helped older adults continue to participate in programs when they are unable to gather in person.



Organizational issues and the duration of the program can act as barriers.

Program Example: WISE

The WISE program empowers older adults to advocate for their own health, make healthy lifestyle choices, and navigate use of medications and substances like alcohol.

WISE helps older adults improve their psychological well-being, knowledge, and attitudes about aging, including the knowledge of the early signs and symptoms of depression.

Examples of Outcomes:

- 1) *Knowledge and attitudes about alcohol and medications, aging, and depression*
- 2) *Health and health care behaviors*
- 3) *Medication management*



Panel Members



Patricia Zuber-Wilson

Associate Commissioner for
Prevention
Division of Prevention at the
New York State Office of
Addiction Services
and Supports

Valerie Leach, OCPS

Prevention & Early
Intervention Manager
Office of Prevention
Ohio Department of Mental
Health and Addiction
Services

Gregory Morse, MDiv.

Project Coordinator Substance
Misuse Prevention Initiative
Congregational Care Network
Indiana University Health

New York: Introduction

Prevention Initiative with Older Adults

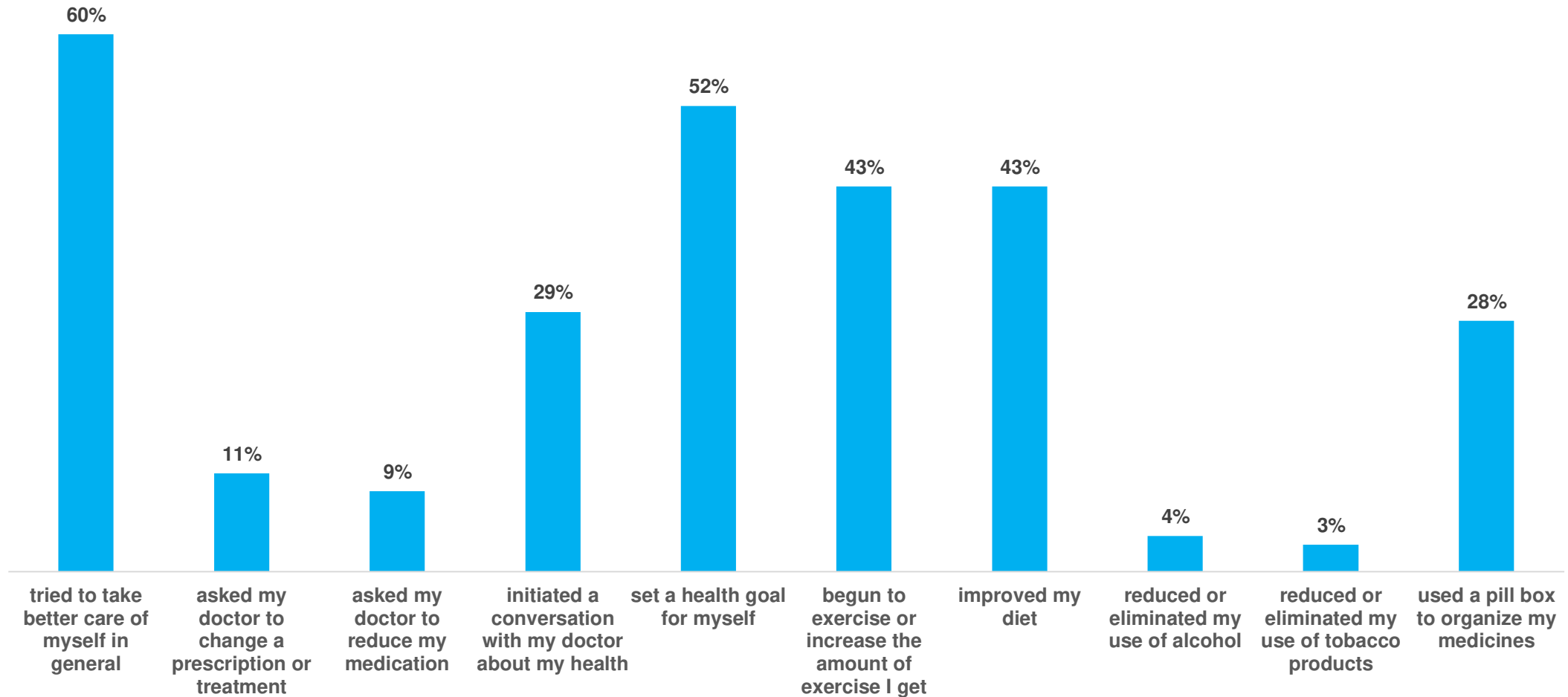
- 9 Prevention Agencies (3 downstate/5 upstate)
- 6-session Wellness Initiative for Senior Education
- Paired WISE with Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- 1074 older adults participated in WISE after the first year of implementation
- 1050 older adults screened for alcohol/substance use
 - Received referrals and brief interventions as needed

Preliminary Outcomes

- Increased perception of harm from alcohol use, prescription medication misuse, and combined alcohol/prescription use
- Decreased alcohol use among participants who drink
- 77% report changing behavior to promote a healthy lifestyle

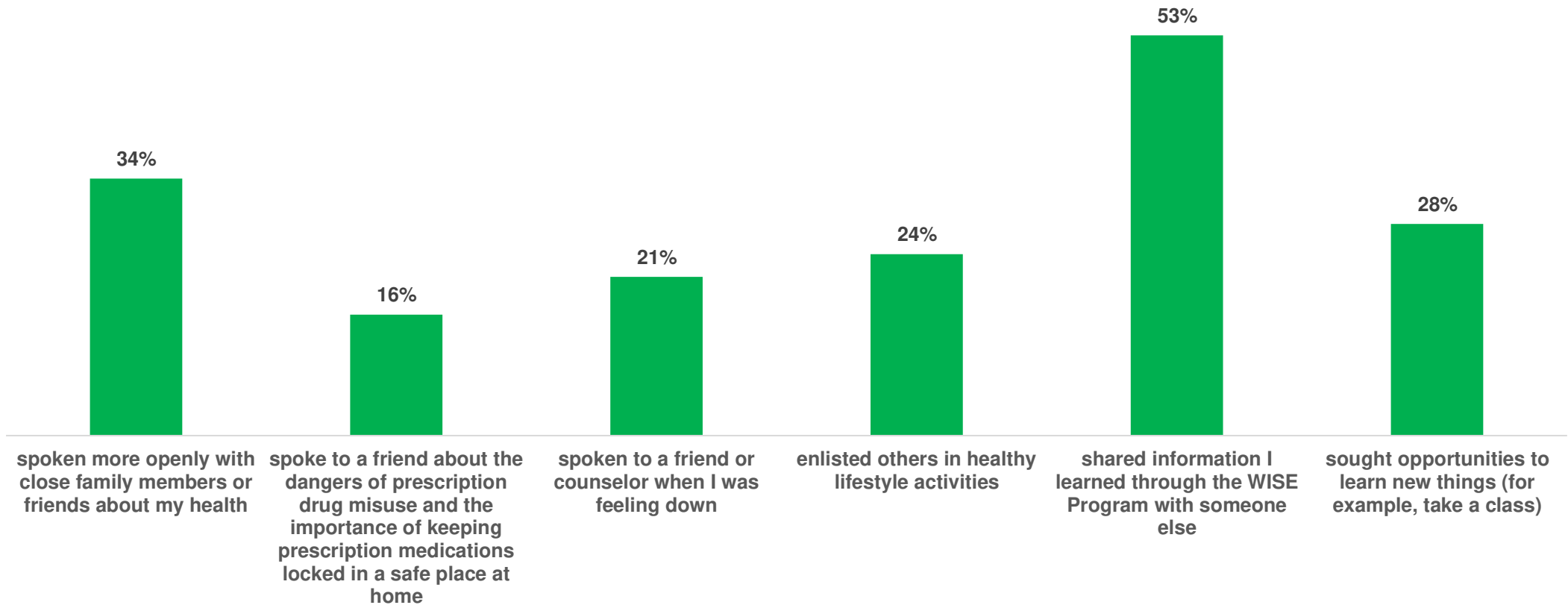
Self-reported Health Behavior Changes Made

Preliminary data from WISE post-test (Feb-Sept 2023)



Self-reported Social Connectedness Changes Made

Preliminary data from WISE post-test (Feb-Sept 2023)



**Office of Addiction
Services and Supports**

OASAS. Every Step of the Way.

New York: Lessons

Facilitators

- Received well by participants, facilitators & partner sites—frequent requests for additional programming
- Serve older adults in place, improving access to prevention and wellness programming
(Sites include NYS Aging nutrition sites, public/private senior centers, libraries, churches, senior housing, etc.)
- Frame interventions about substance use/misuse in broader “healthy aging” context builds rapport/engagement

Challenges

- Addressing data collection concerns/understanding
- Developing new collaborative infrastructure with partner sites takes time and effort
- Providing individual SBIRT in a group curriculum a challenge
- Curriculum translation needs for diverse NYS communities

Lessons Learned

- Partnerships between OASAS Prevention Division and older adult agencies allows for effective delivery of substance abuse and misuse education to a diverse population of older adults statewide

New York: Older Adult Coalitions

Excessive Alcohol & Binge Drinking among ages 50+

- Rural – UP! Coalition, Lewis County
- Suburban – FCA Nassau and Suffolk Counties
- Veterans – Partnership for Ontario, Ontario County

Using SAMHSA's Strategic Prevention Framework

- Community-level data
- Building prevention capacity
- Environmental strategies for population-level change

Measuring Outcomes

- Past 30-day binge drinking
- Perceived risk of binge alcohol
- Community norms for binge drinking

Challenges

- Engaging the communities
- Risk and protective factor data
- Adapting youth-focused approaches for older adults



Ohio: Introduction



Older Adult Behavioral Health and Wellness Initiative

- Gap in prevention programming
- Empowering older adults
- SBIRT and Question Persuade & Refer (QPR)
- Partnering with existing WISE facilitators

Early wins:

- The curriculum sells itself
- Seniors love it
- Providers want to offer more to older adults
- High attendance
- Engaged with the NJPN to formalize a master training program
- Formalized a portal for data collection and reporting outcomes



**Department of
Mental Health &
Addiction Services**

Ohio: Lessons

Initial Outcomes

- Trained 55 new WISE facilitators
- Trained 14 Master Trainers
- 85 of those have also been trained in QPR
- Provided 654 older adults the WISE curriculum

Barriers and Facilitators

- Determine consistent master trainer requirements for new providers
- New requirements for documentation process of new facilitators

Lessons Learned

- Finding balance on advisory team
- Flexibility and adaptability in approach



**Department of
Mental Health &
Addiction Services**

Indiana: Introduction



Prevention initiative with older adults (ages 50+) in partnership with Indiana's Division of Mental Health and Addiction (DMHA)

Congregational Care Network collaborates with congregations in central Indiana to address:

- Depression
- Social isolation
- Substance misuse prevention

Indiana: Improved Health Outcomes



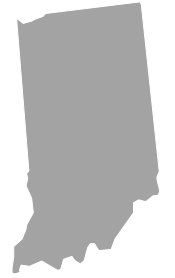
Wellness Initiative for Senior Education (WISE)

- Improvements in psychological well-being
- Increased knowledge about the ability of the body to metabolize alcohol as we age
- Increase in the frequency in which participants engage in healthy lifestyle choices, healthcare behaviors, and positive medication management

Substance Free Alternative Events (SFAE)

- Alcohol-free and drug-free activities help people stay away from situations that encourage the use of alcohol, tobacco, or illegal substances
- Establishes and strengthens collaborations to support prevention efforts
- Provides fun, challenging, structured, supervised activities. Promotes constructive, healthy ways to enjoy free time, and enhance skills

Indiana: Lessons Learned



Barriers and Facilitators

- Initial participation
- Technology
- Urban vs. Rural

Lessons Learned

- Offer incentives (gift cards, pens, tote bags, hand sanitizer, etc.)
- Partner with organizations along with congregations (Senior Housing, Community Centers)
- Recruit WISE participants at SFAE

Questions for the Panelists?



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An Integrated Prevention Framework

Building a Supportive Environment for Wellness



Create or
enhance
partnerships



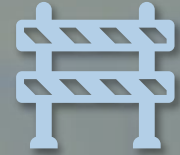
Assess the
needs of older
adults



Address risk
and protective
factors



Enhance
psychosocial
resources



Address
barriers and
facilitators

Potential Partners

- State and City departments on aging
- Health centers
- Senior services or centers
- Primary care
- Specialized workers (i.e., geriatric psychiatrists, gerontological nurses, geropsychologists, and gerontological social workers)
- Associations (i.e., American Geriatrics Society)

Identify evidence-based or Evidence-informed Programs



Registries and catalogues



State and federal websites



Organizations that focus on older adults



Questions

