



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



# Mission

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**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.



Low SES, Ethnic  
& Racial Minorities

Depression  
& Suicide

Substance  
Use Disorders

Physical  
Health

Serious  
Mental Illness



Older adults with mental health issues are *more* likely than younger adults to have:

- Functional impairment<sup>1</sup>,
- Poor mobility<sup>2</sup>,
- Symptom burden<sup>3</sup>
- Longer hospital stays<sup>4</sup>
- Health issues that put them at risk for loneliness<sup>5</sup>

<sup>1</sup>Haigh et al, 2018; <sup>2</sup>Lampinen et al, 2003; <sup>3</sup>Abdel-Kader 2009; <sup>4</sup>Myers et al, 2012; <sup>5</sup>Ilgen et al, 2010



Older adults are  
*less* likely than  
younger adults to:

- Pursue or engage in mental health<sup>1</sup> or SUD<sup>5</sup> treatment
- Survive a suicide attempt<sup>4</sup>
- Receive adequate services<sup>2</sup> especially if Black or Latino<sup>3</sup>

<sup>1</sup>Wang et al 2000; <sup>2</sup>Bartels et al 1997;  
<sup>3</sup>Jimenez et al 2013; <sup>4</sup>SAMHSA, 2015;  
<sup>5</sup>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

# Negative Self-Perceptions of Aging

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- Greater disease burden, lower life satisfaction, greater loneliness than racism, sexism, and homophobia; effects grow over time<sup>1</sup>
- Increased functional impairment<sup>2</sup>
- Increased depression, anxiety, suicidal ideation<sup>3</sup>
- Increased mortality risk<sup>4</sup>
- *Positive SPA is protective*<sup>5</sup>

<sup>1</sup>Sutin et al, 2015; <sup>2</sup>Levy et al, 2009; <sup>3</sup> Levy et al, 2014; <sup>4</sup>Sargent-Cox et al, 2012; <sup>5</sup>Ng et al, 2016





## ElderSpeak

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

Herman & Williams, 2009



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## Effects of ElderSpeak

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

<sup>1</sup>Kemper & Harden, 1999; <sup>2</sup>Leland, 2008;  
<sup>3</sup>Kitwood, 1997; <sup>4</sup>Kitwood & Bredin, 1992;  
<sup>5</sup>Herman & Williams, 2009; <sup>6</sup>McCallion,  
Toseland, Lacey & Banks, 1999; <sup>7</sup>Beeri et al,  
2002; <sup>8</sup>Davis et al, 1997



# COVID ageism as a public mental health concern

[Eva-Marie Kessler](#)  • [Catherine E Bowen](#)

[Open Access](#) • Published: October, 2020 • DOI: [https://doi.org/10.1016/S2666-7568\(20\)30002-7](https://doi.org/10.1016/S2666-7568(20)30002-7)

## Structural Ageism and the Health of Older Adults

[Austin S. Kilaru, MD, MSHP<sup>1,2</sup>](#); [Rebekah E. Gee, MD, MPH<sup>3,4,5</sup>](#)

JAMA Network™

 JAMA Health Forum

CULTURE

*The Atlantic*

### 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**

Modifiable Risk Factors Serious Mental Illness	Prevalence Compared to General Population
Abdominal Obesity	4.4 X
Smoking	3-4X
Diabetes	2X
Hypertension	1.4 X
Metabolic Syndrome	2.4X
Hyperlipidemia	2.7X



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



# Association of Psychiatric Disorders With Mortality Among Patients With COVID-19

Katlyn Nemani, MD; Chenxiang Li, PhD; Mark Olfson, MD, MPH; Esther M. Blessing, MD, PhD; Narges Razavian, PhD; Ji Chen, MS; Eva Petkova, PhD; Donald C. Goff, MD

## 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)

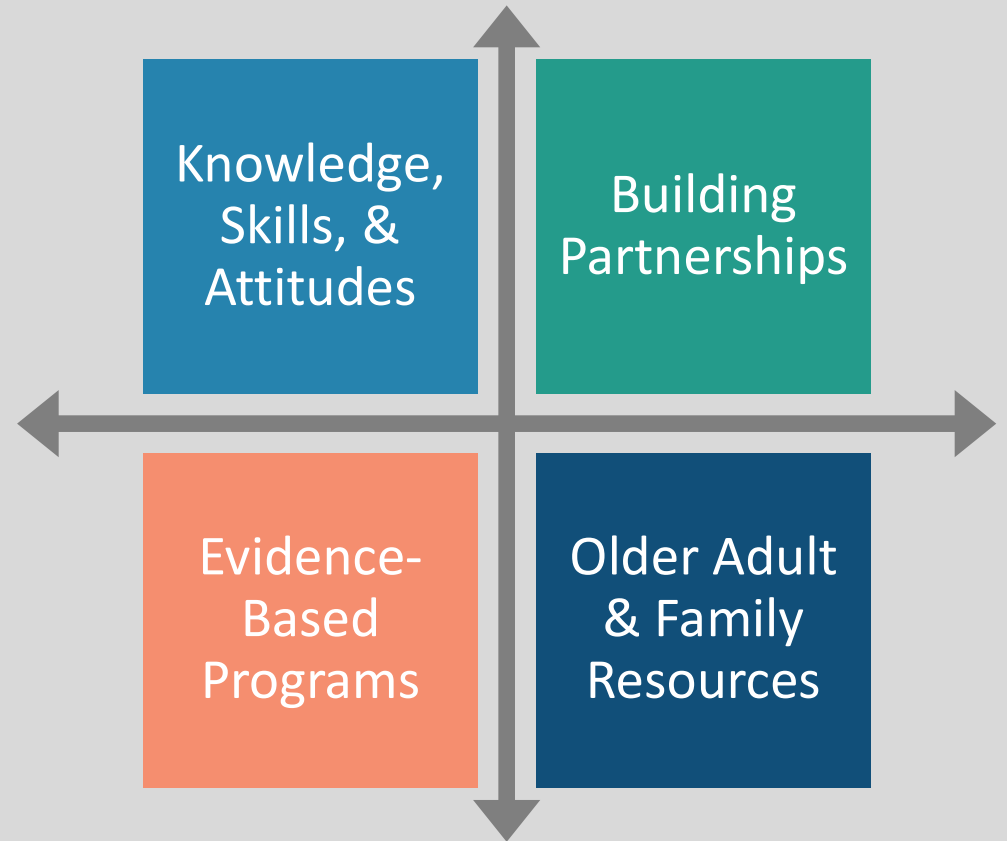


## Secondary impact of COVID-19 for people with SMI?

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- 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?

# E4: Engage, Educate & Empower for Equity

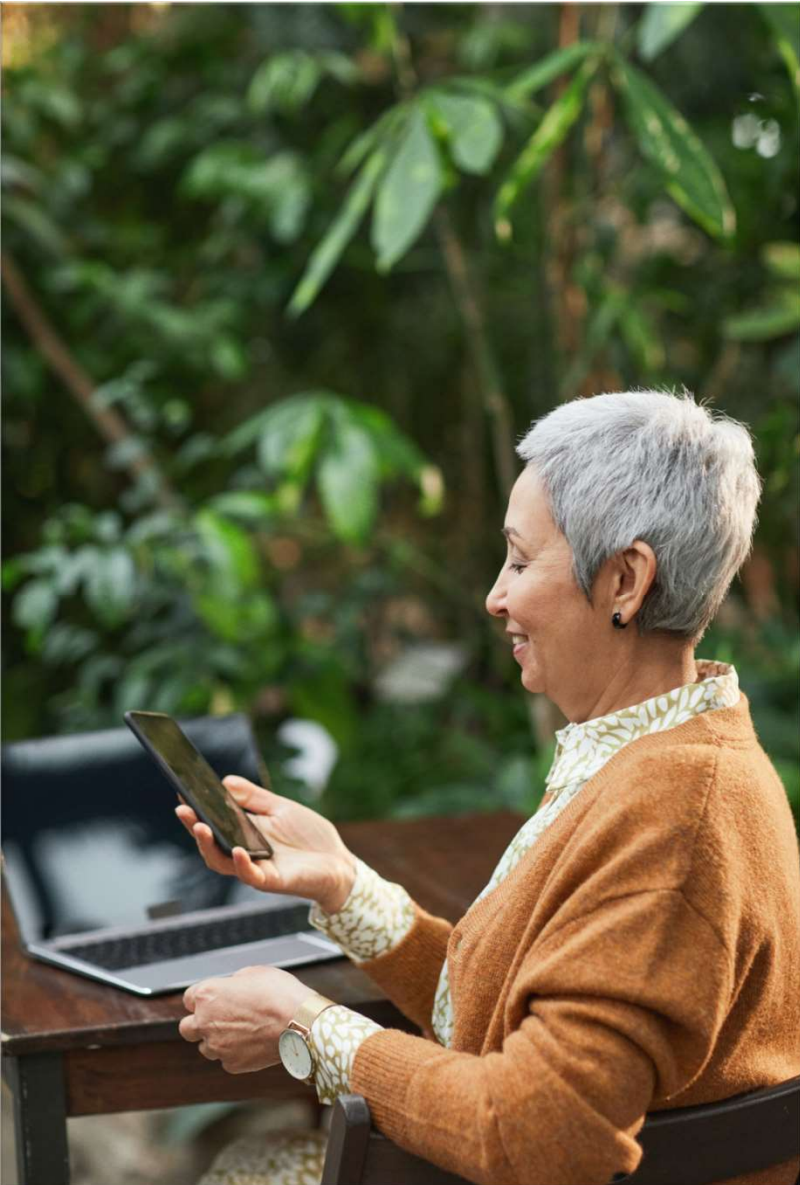


Develop knowledge, skills, and attitudes, including addressing ageism, in the healthcare workforce required to eliminate behavioral health disparities for older adults

- 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 Partners



## E4 Organizational Supporters

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- 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

e4center.org

