

Caring for Individuals with Special Needs: Our Florida Seniors

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Who are Older Adults?

- According to the 2000 U.S. Census, 12.4 percent of all Americans are age 65 or older.
- The Centers for Disease Control and Prevention has projected that by 2030, the number of older adult Americans will double to 70 million people, or one in every five Americans.
- In 1940, it was expected that the average 65-year-old might live an additional 12½ years; today, it is anticipated that 65-year-olds will live an additional 17½ years.



Mental Health and Aging

Key Issues:

- Depression
- Suicide
- Cognitive Impairment
- Substance Use and Misuse
- Grief
- Isolation



Depression



- More than 5 million of the 34 million elders age 65 and older suffer from some form of depression.
- According to the American Psychological Association, an estimated 20 percent of older adults within the community suffer from depression while approximately 50 percent of nursing home residents suffer from depression.
- They can also suffer from anxiety disorders, which tend to go undiagnosed as their physical illnesses mask or distract attention from the underlying or co-occurring psychiatric condition



Depression

- In a study conducted by the AHCPR, 16% of older adults surveyed displayed one or more tendencies for depression
- Primary care physicians (PCPs) miss diagnosing depression in half of older adult patients they see
- PCPs are 2.5 times more likely to diagnose depression in women patients over 65 than males



Source: Agency for Health
Care Policy and Research

Depression

- Seniors with depression have a higher risk of developing other physical illnesses.
- Chronically depressed seniors have an 88% higher risk of contracting cancer than do seniors who are not depressed.
- Many seniors simply do not know about the illness of depression or that treatment is available.



Suicide

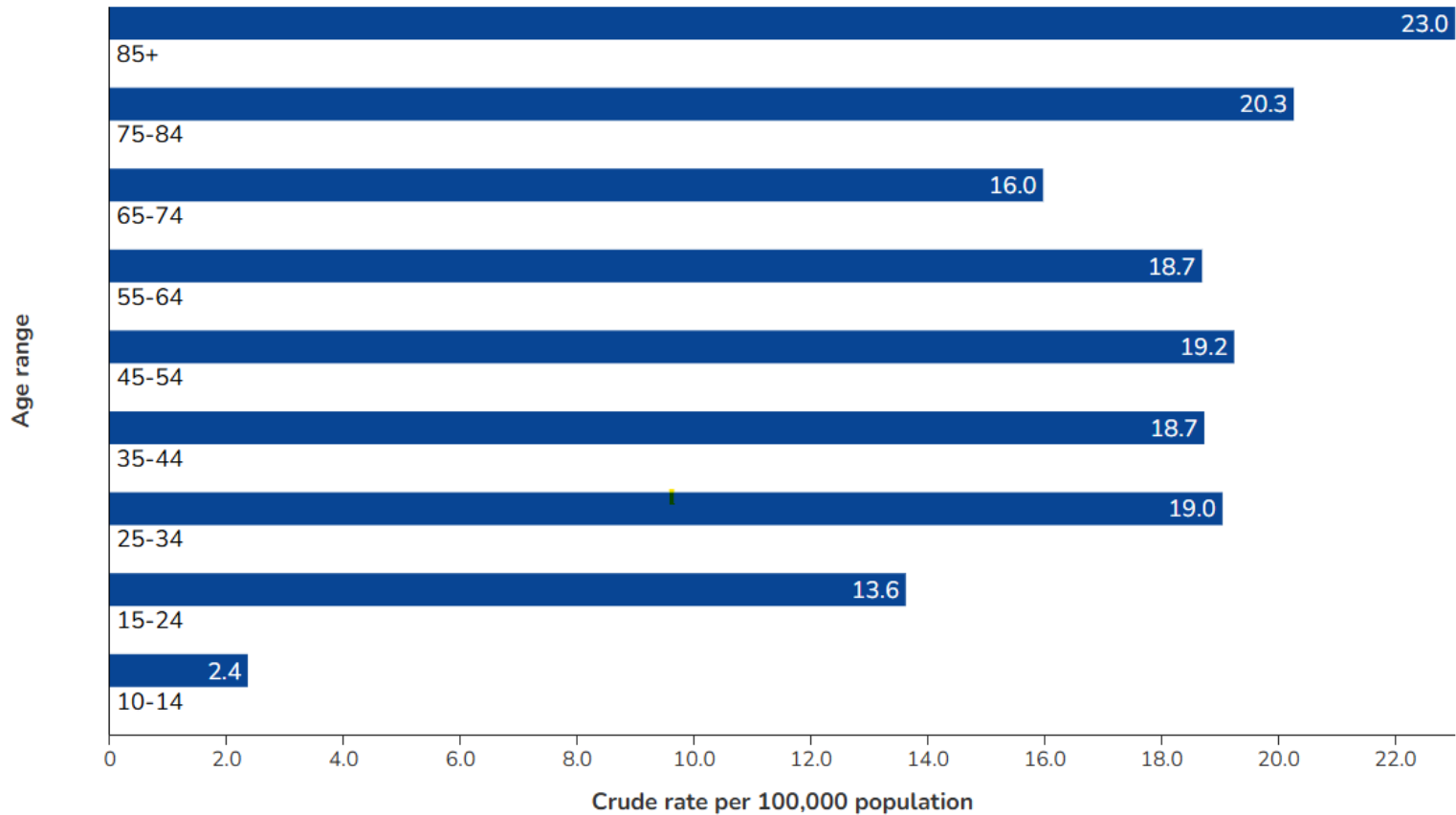
- In 2021, among adults age 55 and older, the highest rates of suicide were for men age 85 and older (55.7 deaths per 100,000 population) and women ages 55–64 (7.8).
- The largest percent increase in suicide rates between 2001 and 2021 occurred among men ages 55–64 and among women ages 65–74.
- Firearm-related suicide was the leading mechanism of suicide for men age 55 and older across all age groups in 2021.
- For women age 55 and older, rates of firearm-related and poisoning-related suicide were similar across all age groups.

Source: Centers for Disease Control & Prevention



Suicide

People ages 85 and older had the highest rates of suicide in 2022.



Suicide

- Caucasian men over the age of 85 are at the greatest risk of all age-gender-race groups.
- Contrary to popular belief, only a small percentage (2-4%) of suicide victims have been diagnosed with a terminal illness at the time of their death.
- 66% - 90% of elderly completed suicides have at least one psychiatric diagnosis.
- Older persons are less likely to reach out by calling a crisis line than their younger counterparts.



Suicide

- Approximately 75% of older adult suicide victims visited their primary care physician in the month prior to committing suicide. Twenty percent of these individuals reported visiting their physician within 24 hours of committing suicide.
- Older persons tend to make fewer attempts per completed suicide and use highly lethal methods.
- 50.64 percent of older adults who committed suicide in 2022 used a firearm; 12.43 percent overdosed on liquids, pills, or gas; and 24.75 percent suffocated themselves.

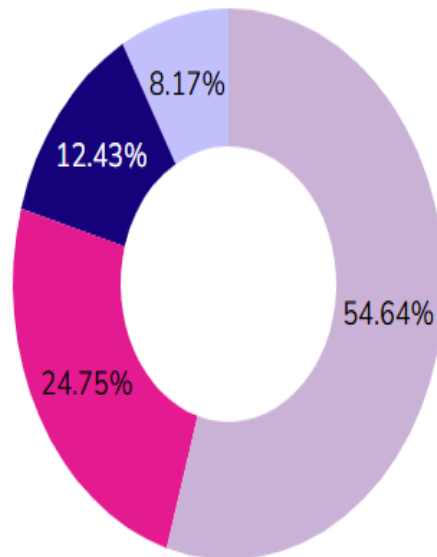
Source: CDC.gov



Suicide

Suicide methods

Firearms are the most common method used in suicides. Firearms were used in more than 50% of suicides in 2022.



- Firearm
- Suffocation
- Poisoning
- Other

Key Symptoms of Cognitive Impairment

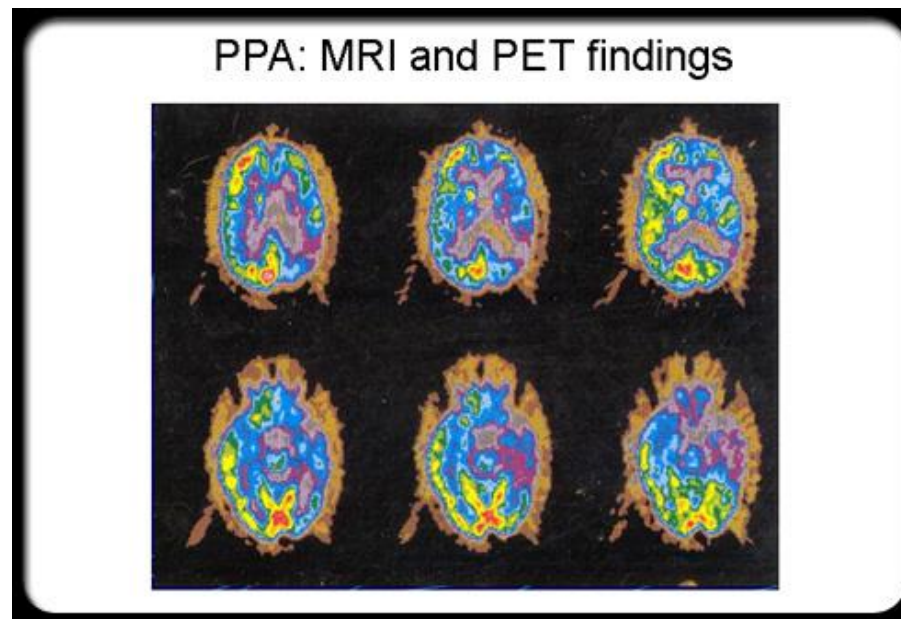


- Memory Loss
- Language Disturbance
- Decline in Judgment and Reasoning
- Personality Change



Dementia

There are over 30 types of dementia and many follow different courses of progression and/or recovery, depending on type and location of brain insult.



Dementia

Common Dementias include

- Vascular Dementia
- Alzheimer's Disease
- Korsakoff Syndrome



Additionally, dementia is often a concomitant condition with many medical conditions, including Parkinson's Disease, Multiple Sclerosis, Brain Tumors and Open and Closed-Head Injuries.



Caregiver Stress Syndrome

Caregiver stress syndrome (CSS) is a condition that develops when individuals provide long-term care for a loved one with a chronic illness, disability, or aging-related condition. The constant demands and responsibilities of caregiving can lead to physical, emotional, and mental health problems.



Caregiver Stress Syndrome

SYMPTOMS:

- ❖ Physical – fatigue, insomnia, headaches, gastrointestinal issues, weight changes
- ❖ Emotional – anxiety, depression, irritability, anger, guilt, hopelessness
- ❖ Mental – difficulty concentrating, forgetfulness, confusion, reduced cognitive function



Caregiver Stress Syndrome

CAUSES:

- ❖ Constant caregiving responsibilities
- ❖ Lack of sleep and rest
- ❖ Financial strain
- ❖ Social isolation
- ❖ Grief and loss
- ❖ Lack of support and resources



Caregiver Stress Syndrome

EFFECTS:

- ❖ Increased risk of diseases
- ❖ Worsening of existing health conditions
- ❖ Caregiver burnout
- ❖ Neglect or abuse of the care recipient



Community Referral Sources

- Neuropsychologist for accurate assessment and diagnosis
- Psychiatrist
- Geriatrician
- Neurologist
- Senior Centers, Alzheimer's Resource Centers, and other Community resources
- Memory Disorder Clinics
- Cognitive Rehabilitation Centers
- Other required specialists - Family therapists, etc.



Prescription Drug Use and Misuse

Older Adults

- Consume 25% to 40% of the Nation's prescription drugs
- Fill an average of 15 prescriptions per year
- Often take up to 10 different prescriptions at one time



Prescription Drug Use and Misuse

It is estimated that:

- 85% of older adults take at least one prescription drug daily
- 76% use more than one prescription drug
- 70% use over-the-counter drugs daily
- 21% of hospitalized adults over age 40 have a diagnosis of alcoholism with related hospital costs as high as \$60 billion annually

R_x Patient Name: _____
Address: _____

Prescription:

Refill 0 1 2 3 4 5 Label

Signature: _____ Date: _____



Prescription Drug Use and Misuse

Older adults develop problems of misuse of prescription medications as a result of:

- ❖ Their own well-intentioned noncompliance
- ❖ Physician prescribing too high a dose
- ❖ Lack of physician coordination of medications
- ❖ Financial constraints (medication vs. food)
- ❖ Cognitive Impairment



Alcoholism in Older Adults

- ❖ Widowers over the age of 75 have the highest rate of alcoholism in the U.S.
- ❖ Nearly 50 percent of nursing home residents have alcohol related problems.
- ❖ Older adults are hospitalized as often for alcoholic related problems as for heart attacks.
- ❖ For adults over 65, sensible drinking means no more than one alcoholic drink a day.



The Deadly Duo

- ❖ According to the National Council on Alcoholism and Drug Dependence:
 - 14 percent of elderly emergency room admissions and 20 percent of elderly psychiatric hospital admissions are a result of *alcohol or drug problems*.



Seniors and Grieving

Bereaved older individuals



❖ Often rate their health as poor

❖ Experience increased rates of hospitalization

❖ Are eight times more at risk for death



Seniors and Grieving

Other losses which cause grief

❖ Loss of a beloved pet

❖ Retirement

Loss of identity

Loss of stature

Loss of daily routine

Camaraderie with colleagues

❖ Loss of health or physical abilities



Seniors and Grieving

- ❖ Elders resist seeking professional mental health services
- ❖ Philosophy of not “airing dirty laundry”
- ❖ Believe it is a sign of weakness to seek help
- ❖ Often uneducated about alcohol, drugs, and mental health issues
- ❖ Often isolated – limited transportation options



Seniors and Grieving

Research has shown that older adults who seek professional help have a very high success rate for improved emotional and physical health



Loneliness / Isolation

Epidemic of Loneliness Health Consequences:

- ❖ Increase risk for premature death comparable to smoking 15 cigarettes a day
- ❖ 29% increased risk of heart disease
- ❖ 32% increased risk of stroke
- ❖ 50% increased risk of developing dementia



Marion Senior Services

CONTACT THE TEAM

Marion Senior Services
(352) 620 – 3501
1101 SW 20th Court
Ocala, FL 34471

Ocala Fire Rescue
(352) 629 – 8306
505 NW Martin Luther King Jr Ave
Ocala, FL 34475

Ocala Police Department
(352) 369 – 7000
402 S Pine Ave
Ocala, FL 34471

Marion County Sheriff's Office
(352) 732 – 9111
692 NW 30th Ave
Ocala, FL 34471

Marion County Fire Rescue
(352) 291 – 8000
2631 SW 3rd St
Ocala, FL 34471

WHO WE ARE

A coordinated community response that removes barriers to provide a higher quality, more unified approach to care to elders and their caregivers while reducing duplication of services.

WHAT WE DO

This program offers a coordinated community response to increase access to care, offering necessary resources that allow elders to age in place by providing a unified and dignified approach to care.

- increased quality of care
- Reduced barriers to care
- Coordination of more appropriate services

BACKGROUND

Senior Crisis Mobile Response Team Program was developed to assist Marion County seniors with mental & behavioral health needs, substance use/abuse, medical needs, and food insecurities.

VALUES

Local at-risk seniors who previously have fallen through the gaps of available resources now have a safety net available to them.

SOLUTIONS

The team serves as a vital link between those we serve and organizations and agencies that can provide aid and relief.



SENIOR CRISIS MOBILE RESPONSE TEAM

BRIDGING GAPS WITHIN OUR COMMUNITY

 *Marion
Senior Services*
MEALS • TRANSIT • IN-HOME SUPPORT

Marion Senior Services

CATALYST FOR CHANGE

WE STRONGLY BELIEVE IN PROVIDING A UNIFIED, DIGNIFIED APPROACH OF CARE TO THOSE WE SERVE.



SIGNIFICANT IMPACTS

- Access to Care - Reduces barriers to care; improves physical and mental health
- Collaboration - Over 20 community partners working collaboratively to facilitate the return of First Responders to their normal duties
- Coordinated Response - Act as a liaison between first responders and individuals in crisis to provide the best possible outcome
- Cost Effective Approach - Diverts elders from costly acute care settings, provides connection to community support services needed to allow elders to age in place as long as possible
- Education & Prevention - To First Responders, Caregivers, and clients on unnecessary hospitalization and/or incarceration
- Unified Approach - Provide alternative care in the least restrictive environment through coordination of medical/mental health and substance abuse resources



MOBILE INTEGRATED HEALTH

Mobile Integrated Health is a patient centric model which emphasizes at-home treatment by visiting professionals and/or integrated telemedicine. This can help reduce the stress put on emergency services, saving the system considerable capital and resources, while improving patient outcomes.

- Provides a more unified, dignified approach to care
- More efficient coordination of services & resources
- Serves Seniors (60+) facing mental/behavioral health, substance use, and/or chronic disease challenges



WWW.MARIONSENIORSERVICES.ORG

Marion Senior Services: Mobile Integrated Health Team

Bridging gaps within the community

- ▶ Reduce 9-1-1 calls
- ▶ Deliver care in-home, addressing Social Determinants of Health
- ▶ Coordinate services & resources
- ▶ Mobile Integrated Health team is a combination of community resources with unique “superpowers”
- ▶ The team bridges gaps within the community
 - ▶ Resource shortages encompasses various areas including healthcare, social services, transportation, and affordable housing placing seniors at risk of experiencing inadequate care, isolation, financial instability, and diminished quality of life
- ▶ Serve Marion County Seniors (60+) facing mental health, substance use, behavioral health, and/or chronic disease challenges

MARION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Healthy Aging

- Goal HA1: Increase supportive care and services for the aging population
- Goal HA2: Promote healthy, active aging for all ages

Strategic Priority: Access to Care

- Goal AC1: Enhance access to health-related resources
- Goal AC2: Reduce primary care provider shortages in Marion County

Strategic Priority: Wellness and Primary Prevention

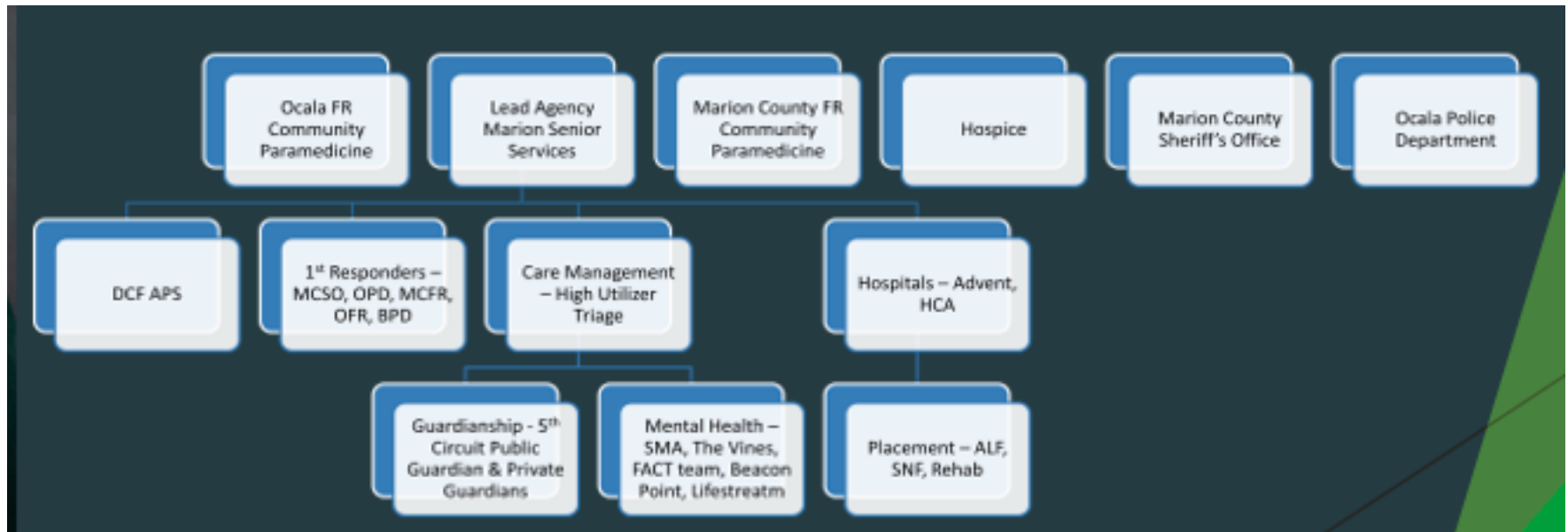
- Goal WP1: Broaden availability of life skills and technical training for Marion County residents
- Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County

Strategic Priority: Behavioral Health

- Goal BH1: Reduce high utilization calls from adults for mental health services
- Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County
- Goal BH3: Expand access to behavioral health care facilities
- Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools



Marion Mental Health Team



Encounter Issues



- ❖ Anxiety
- ❖ Behavioral Health
- ❖ Caregiver Support / Training
- ❖ Chronic Disease
- ❖ Cognitive Health
- ❖ Abuse / Exploitation
- ❖ Substance Abuse Related
- ❖ Situational Crisis
- ❖ Jail Diversion
- ❖ BA Diversion
- ❖ Hospital Diversion





LSF Health Systems

Questions/Comments