Coalition Progress

Our Medication Education Coalition, BeMedSmart formed in January 2016. We meet monthly and have a strong core of professionals and older adults. The coalition is composed of a variety of community sectors that represent local experts and services in support of prevention programming. The sectors include:

- Older adults
- Grandparents
- Schools
- Businesses
- Media
- Older adult service organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local, and academic expertise in substance abuse
- Other organizations involved in reducing substance abuse

As the first coalition in our county to address prevention needs for older adults, one of our ongoing tasks will be to research and evaluate the extent of medication misuse and abuse and conditions for older adults. We will be collaborating with many partners to gain this knowledge and build our Strategic Framework plan.

Here is data to compare the national and state rates of harm from Opioids for all ages. This data is from the

Healthcare Cost and Utilization Project

Agency for Healthcare Research and Quality

Rate of People that Become Inpatients

Arizona: Opioid-Related Hospital Use by Age
Rate of Inpatient Stays per 100,000 Population

Year	Age <1 year	Age 1-24 years	Age 25-44 years	Age 45-64 years	Age 65+ years
2005		30	141	166	53
2006		30	136	179	63
2007	32	30	128	183	65
2008	39	38	149	236	87
2009	39	39	159	239	98
2010	31	45	181	264	102
2011	55	52	206	295	146
2012	43	54	211	317	182
2013	35	60	231	316	179
2014	**31**	**60**	**251**	**340**	**208**

U.S. National: Opioid-Related Hospital Use by Age
Rate of Inpatient Stays per 100,000 Population

Year	Age <1 year	Age 1-24 years	Age 25-44 years	Age 45-64 years	Age 65+ years
2005	28	41	208	194	134
2006	21	44	256	241	142
2007	19	49	233	231	154
2008	19	57	233	233	179
2009	19	57	251	270	189
2010	19	64	275	295	193
2011	17	65	287	304	233
2012	28	69	286	306	239
2013	23	69	301	306	231
2014	**28**	**67**	**321**	**317**	**248**

Rate of Emergency Department Visits

Arizona: Opioid-Related Hospital Use by Age
Rate of ED Visits per 100,000 Population

Year	Age <1 year	Age 1-24 years	Age 25-44 years	Age 45-64 years	Age 65+ years
2005		38	136	102	19
2006		44	139	108	18
2007		49	131	110	18
2008		67	156	131	19
2009		77	171	131	24
2010		100	211	152	31
2011		120	259	193	51
2012		120	259	201	64
2013		110	288	194	66
2014		**123**	**343**	**237**	**80**

U.S. National: Opioid-Related Hospital Use by Age
Rate of ED Visits per 100,000 Population

Year	Age <1 year	Age 1-24 years	Age 25-44 years	Age 45-64 years	Age 65+ years
2005	6	52	161	90	32
2006	7	53	165	96	33
2007	5	47	145	91	32
2008	7	59	162	99	38
2009	6	68	183	115	42
2010	5	77	205	122	43
2011	5	80	230	142	49
2012	7	89	254	159	60
2013	6	97	304	179	63
2014	**9**	**97**	**336**	**188**	**67**

OUTREACH IN PIMA COUNTY

January 2017

Direct participation in prevention education: older adults & staff working with older adults	**997**
Indirect social media outreach	**over 271,000**
Educational Resources distributed in English and Spanish	**over 6,500**

Safe disposal of medications addressed in each direct presentation. Fliers, social media articles ALL provide home instruction for safe disposal (not in the water system) and information on disposal sites in the county.

997 DIRECT and 271,000 INDIRECT

Medication Management TOOLS: Pill Containers, pill cutters, Medication Lists, pens, easy-open grips for bottles, and magnets listing website were distributed to older adults to assist in organizing daily meds, preparing to meet with health care providers and having lists on hand for "Emergency First Responders Teams"

Summation of Research to Date

Needs Assessment

Social Issues Attributing To Medication Misuse & Abuse in Older Adults

- Isolation - perceived/actual
- Poverty
    - Heroin - cost effective for pain, easy access
    - Lived through terrible economic times and tend to hoard things
    - Limited access to routine health care
- This Generation
    - Dealing with the Greatest Generation and they have trouble admitting failure/abusing meds identify their meds & diagnoses & pills they take as part of their identity
    - Unaccustomed to access to so many drugs to relieve pain, illness, depression, etc.
    - Does not question a "doctor"
- Their world is shifting.
    - Mortality
- Suicide? Is it seen as more of an option? They just stop caring.
- Proximity to the Border
- Misuse
    - Fear of not enough - make it last
    - Health literacy — little understanding of what meds are for
    - Retaliatory behavior — I don't want to I don't have to
    - Lack of coordination between providers and all forms of care
    - Overprescribing
    - People over 70 feel uncomfortable asking doctors questions
    - How does alcohol affect their prescription meds?

Risk Factors for Older Adults

- Number of medications being consumed routinely
- Multiple doctors - lack of communication
- Adherence to directions- can't follow dosage instructions
- Dementia/Alzheimer's - "memory loss"
- Desire to maintain independence - won't accept help
- Family pressure to take meds for their condition
- Access to medications prescribed for someone else
- Keeping/Access to expired medications
- Culture of misuse and/or overuse
    - TV/advertising emphasis
    - Mindset that a pill will cure everything
    - More of a push with drug ads
- More is better - if one is ok, two is better
- Lack of education/understanding - not enough or too much information
- Is information getting to the responsible party (new meds)
- Cost leading to misuse - economic status/which meds to take?
- Focus on natural treatments for pain, etc.
- As they age they want to be numb to grief and loss
- Shift from patient to consumer
    - More savvy about what drugs are on the market

Protective Factors that may be possible to initiate? (Ideas for creating protective factors)

- Network to track medication
    - Pharmacists could see all meds a person is taking
- Contacting those with medications by means of calls, emails, texts
    - Ask if they have questions
    - Remind them that time is up to stop taking certain meds
- Picking up remaining medications- a system to have drugs picked up from the home.
- Larger fonts & easier instructions on meds

Conversations with pharmacists, health care professionals, Walgreens staff and others identify the substantial obstacles for setting up most of the protective strategies. COST and identification of RESPONSIBILITY are the first obstacles. Who pays, who organizes national systems for tracking, who collects?

Resources in the Community (i.e., in support of prevention) Initial list

- Agencies/professionals doing home visits
    - May identify issues
    - May provide specific resources
- Walgreens - new medication drop boxes
- Distribution of written material
- PCOA
- Dispose-A-Med - existing collaboration in Pima County
- Medical/health care community
    - El Rio
    - Pharmacists
    - St Elizabeth's
    - TMC

    - Other hospitals
- Community/Senior Centers
- Faith community
- UofA Center for Aging
- Recruit school of social science from UA
    - Study how we can better do prevention (evidence-based)
- Gospel Rescue Mission
- Interfaith Community Services
- Geriatric Polypharmacy clinic at UA
- Falls Prevention Coalition

Logic Model: **I**dentifies the goals, objectives and strategies that guide the work of the coalition. For information on the Logic Model, call Sally Krommes, 520-305-3425.

Coalition Engagement

The success of our coalition relies on the investment of everyone dedicated to supporting the reduction of risk and deaths from medication misuse and abuse. More information on BeMedSmart is available under the Coalition Section. For more information, please call Sally Krommes at 520.305.3425.

PCOA Pima Council On Aging Advocacy | Action | Answers On Aging

ENPATICO INTEGRATED CARE