Why this panel?

• I was confused by the statement” “I hotlined him.”
• This is embarrassing but true.
• I caught up with the lingo and understand people call APS (adult protective services)
• Then I was confused again.
• What else did you do after you called APS?
Addressing Elder Abuse = Prevention + Response

• “We will not prosecute our way out of this problem.” M.T. Connolly, author of the Elder Justice Act

• We must support strong APS programs, law enforcement investigation, and prosecution.

• The purpose of this panel is to move upstream and discuss prevention.
Why It Matters

• One out of every ten people 60+ who live at home suffers abuse, neglect or exploitation.
• In several small studies, about half of people with dementia suffered from abuse or neglect by their caregivers.
• Cognitive impairment increases risk of abuse.
• African American, Latino, poor and isolated older adults are disproportionately abused.
• For every 1 case that comes to light, 23 remain hidden.
The Toll it Takes

- Elder abuse triples the risk of premature death and causes unnecessary illness, injury and suffering.
- Victims of elder abuse are four times more likely to be admitted to a nursing home; three times more likely to be admitted to a hospital.
- Elder abuse impacts millions of people and costs billions of dollars each year.
- To me, it is an outrage against humanity.
What is Elder Abuse Prevention?

• Topics for today:
• Screening
• Adult Intervention/Prevention Model
• Social isolation
• Support for caregivers
My Three Questions

- Are any of the older adults you know abused?
- Do you know who they are?
- Do you know what they need from you?
Screening

- What does an elder abuse screen look like?
- Who uses it?
- Are we looking for elder abuse in KC?
- Ask the panel
- Ask the audience
- Show you an example
## ELDER ABUSE SUSPICION INDEX © (EASI)

### EASI Questions

Q.1-Q.5 asked of patient; Q.6 answered by doctor

**Within the last 12 months:**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>4) Has anyone tried to force you to sign papers or to use your money against your will?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
</tbody>
</table>
The EASI was developed* to raise a doctor’s suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of “yes” on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.


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Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees’ elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

The states participating in the demonstration and evaluation are: Alaska Division of Senior and Disabilities Services; New York State Office for the Aging; University of Southern California; University of Texas Health Science Center at Houston; and Texas Department of Family and Protective Services and WellMed Charitable Foundation. This Research Brief is one of five summarizing the tested interventions and findings to date.

**Use of the Elder Abuse Suspicion Index © (EASI) Screening Tool and Adult Protective Services (APS) Specialists in a Clinical Setting**

**Texas Department of Family and Protective Services, WellMed Charitable Foundation, and Benjamin Rose Institute on Aging**

**OVERVIEW**

The Texas Department of Family and Protective Services, in partnership with the WellMed Charitable Foundation (TXWellMed) and WellMed Medical Management Inc., is testing the feasibility of using the Elder Abuse Suspicion Index © (EASI) in a clinical setting to identify at-risk elders and prevent elder abuse. The screening protocols are being implemented in 73 of WellMed primary care clinics in five areas of Texas: San Antonio, Austin, Corpus Christi, the Lower Rio Grande Valley, and El Paso. Clinicians in the five regions are being trained on elder abuse, neglect and exploitation and/or WellMed complex care workers; and 4) refer caregivers of patients with dementia or Alzheimer’s disease to the Caregiver SOS Program. All four components of the intervention are being locally evaluated by a team of researchers led by Dr. Ejaz from the Benjamin Rose Institute on Aging.

**Outcomes**

The intended outcomes include examining: 1) the impact of embedding APS workers in the WellMed system; 2) changes in knowledge of abuse and its reporting before and after the training and approximately a year
Okay, then what?

- Abuse Intervention/Prevention Model (AIM) –
  - P.I. Dr. Laura Mosqueda, USC Keck School of Medicine
- Practical framework
- Includes 3 broad domains
  - Vulnerable older adult
  - Trusted Other
  - Context
- Factors known or thought to be related to risk of abuse. Goal: Improve the situation, reduce risk.
Abuse Intervention/Prevention Model (AIM)

The Abuse Intervention/Prevention Model (AIM) Project introduces and tests a model that integrates the multiple factors associated with risk for elder abuse and neglect in adults with dementia and their caregivers. The objectives are to (1) develop and...
AIM


**Guideline Practical Bioethics**

*Guidance at the Crossroads of Decision*
Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees’ elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

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Take AIM against Elder Abuse:
The Abuse Intervention-Prevention Model
University of Southern California, Keck School of Medicine

OVERVIEW
The University of Southern California, Keck School of Medicine, in partnership with the California Department of Aging, California Department of Social Services, Legal Aid Society of Orange County, and the Orange County Elder Abuse Forensic Center is piloting a multidimensional intervention called the Abuse Intervention Model (AIM) that is targeted at preventing elder abuse among adults with dementia.

This project is designed to pilot test a multi-component model for primary and secondary prevention of abuse of people with dementia. It involves early assessment of vulnerability to elder abuse and early tailored/targeted interventions for the person with dementia and/or their caregiver.

KEY FINDINGS TO DATE
reduce the risk of elder abuse and neglect among adults with dementia in a way that is reproducible and scalable.

INFRASTRUCTURE
AIM operates out of the Department of Family Medicine at the University of Southern California. AIM partners with a number of sites to identify and recruit participants, including an outpatient geriatrics practice, an Adult Protective Services agency, and an Alzheimer’s disease research center at the University of California, Irvine, a local Alzheimer’s Association, multiple adult day care programs, and numerous other community-based agencies in Orange County, CA.

The project facilitates links to existing services, such as geropsychiatry, Savvy Caregiver course, in-home caregiver agencies, Caregiver Resource Center, Friendly Visitor program, caregiver support groups, legal aid, and
Can we address any of these?

- **Vulnerable Adult**
  - Physical Function
  - Cognition
  - Mental Health

- **Trusted Other (will discuss further today)**
  - Dependency on Older Adult
  - Mental Health

- **Context**
  - Relationship
  - Social Integration (will discuss further today)
  - Culture
Social Isolation: Known Risk Factor for Abuse

“Social isolation is the distancing of an individual psychologically or physically, or both, from his or her network of desired or needed relationships with other persons. Therefore, social isolation is a loss of place within one’s group(s).”

• (Biordi & Nicholson, 2009)
AARP Foundation Focus

• “Framework for Isolation in Adults Over 50”
• Most common interventions have aimed to:
  – Reduce loneliness and/or depression
  – Increase social network size
  – Improve quality of supports
  – Increase frequency of social contacts
• How can we address social isolation?
  – Panel
  – Audience
Can We Help Caregivers?

- Caregivers’ burdens are associated with elder abuse
- Length of years of caregiving
- Higher level of recipient impairment
- Hours of care per day
- Recipient with dementia
- Dependency (both ways)
- Uncooperative recipient
- Caregiver depression
- Caregiver substance abuse
- Caregiver cognitive function
- Social supports
- Quality of prior relationship
Caregiver Resources

- Do you screen caregivers?
- What do they need?
- What have you provided?
- What is missing in Kansas City?
- Panel
- Audience
Kathy’s Final Comments

• Elder abuse prevention = mitigating risk
• Self-neglect gets too little attention
• Mitigating risk will help those abused by others and those who self-neglect
• This field is still developing
• Can you do one thing differently?
• Contact information:
  • Kathy Greenlee, 816-979-1358
  • Kgreenlee@practicalbioethics.org
• Resources: National Center on Elder Abuse, https://ncea.acl.gov/
• USC Center on Elder Mistreatment, http://eldermistreatment.usc.edu/