



Elder Mistreatment and Self-neglect: **Taking Steps to Address a Public Health Crisis** **August 28th, 2019** **Alice Bonner, PhD, RN**





Case Presentation

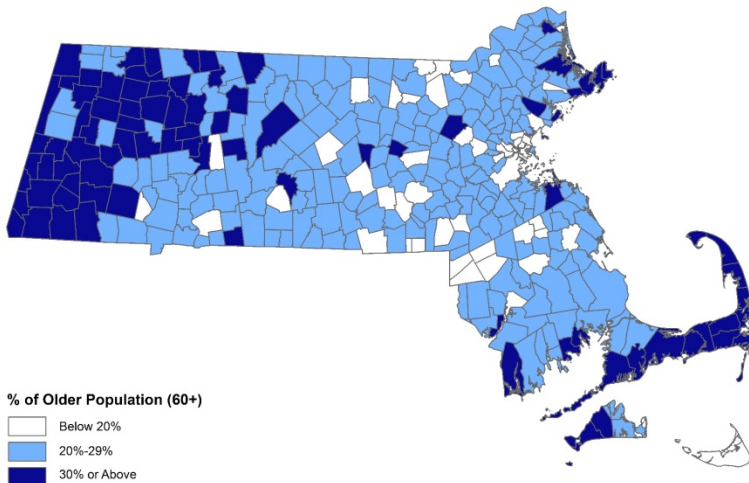
- Self-neglect
- TEAM approach to assessment – community partnerships
- Interventions and outcomes



Massachusetts: An Aging State

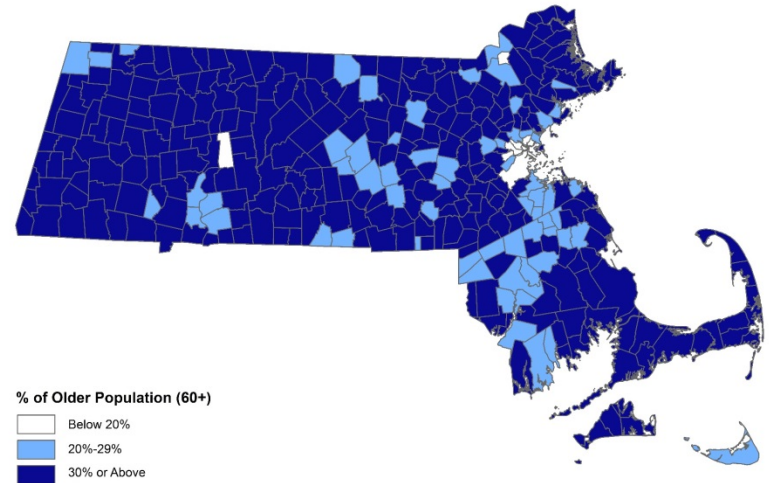
- ❑ The Commonwealth's population is aging at a faster rate than ever before; cities and towns are beginning to feel the impact of this demographic shift
- ❑ The maps below show that in the next 20 years older adults will make up 30% or more of the population of most cities and towns

Older Population (60+) in Massachusetts, by Town in 2015 Projection



Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts

Older Population (60+) in Massachusetts, by Town in 2035 Projection



Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts



Massachusetts Top Three Priorities

1. Promote aging in community

Support older adults and individuals with disabilities to remain in their homes and neighborhoods

2. Create livable (age and dementia friendly) communities

*Promote healthy living and **community integration and partnerships** at every age*

3. Ensure an adequate “careforce”

Build a stable and well-trained workforce to care for older adults, and support family caregivers





Definitions of Elder Abuse or Mistreatment

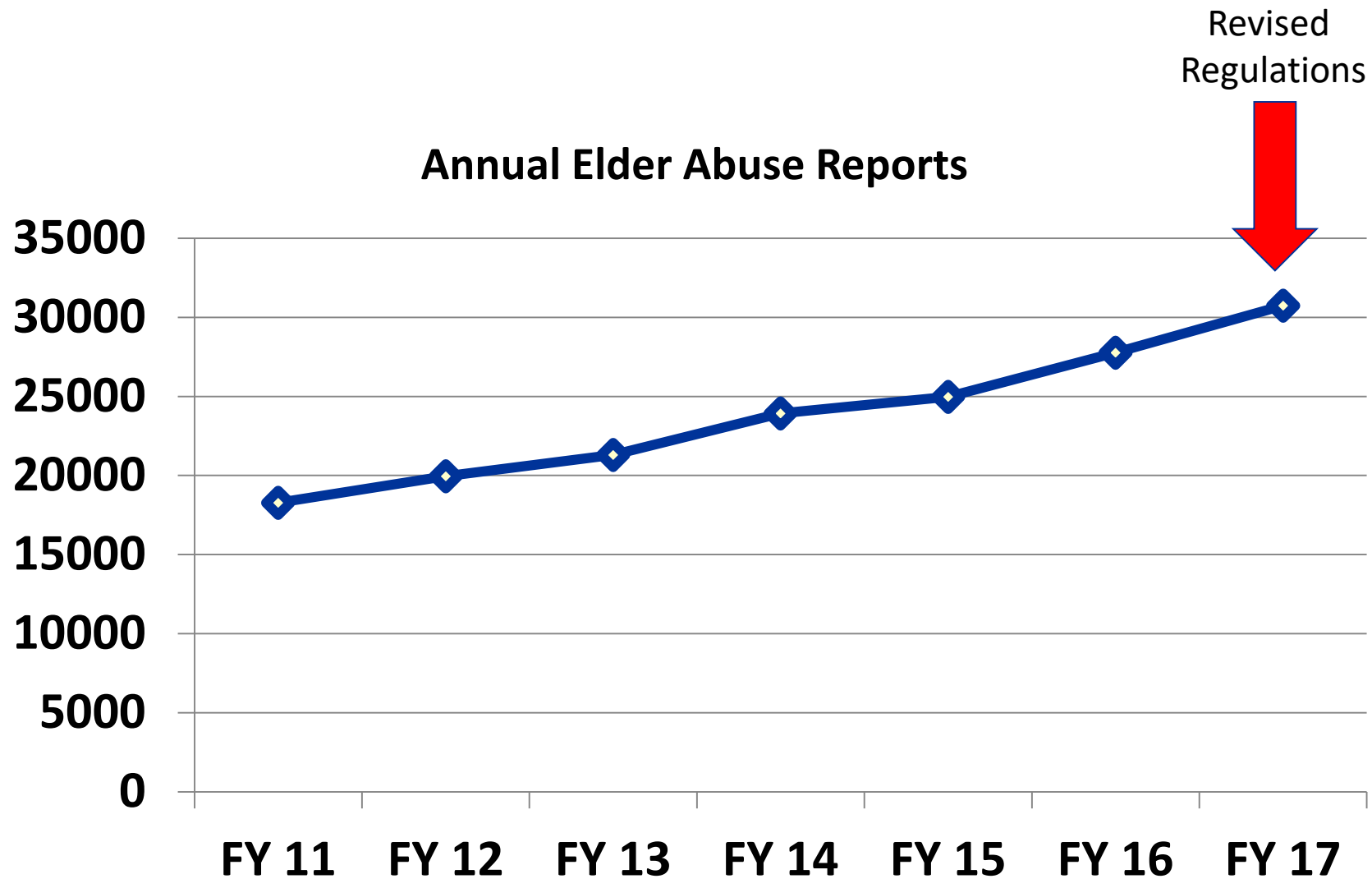
- ❑ **Definitions are not consistent across national or global organizations**
 - ❑ Much current work on this by DOJ, CDC, WHO, CMS/PQRS, professional associations, John A. Hartford Foundation, NIA, National Center on Elder Abuse
 - ❑ Definition in MGL Chapter 19A Section 14: "Abuse," an Act or omission which results in serious physical or emotional injury to an elderly person or financial exploitation of an elderly person; or the failure, inability or resistance of an elderly person to provide for one or more of the necessities essential for physical and emotional well-being without which the elderly person would be unable to safely remain in the community.
- ❑ **Categories include**
 - ❑ Physical abuse
 - ❑ Verbal or psychological abuse
 - ❑ Sexual abuse
 - ❑ Financial exploitation
 - ❑ Neglect or self-neglect
 - ❑ Abandonment

Reference: Lachs, Mark S. and Karl A. Pillemer. Elder Abuse. *The New England Journal of Medicine* 2015; 373:20. 1947-1956.



Elder Abuse in Massachusetts

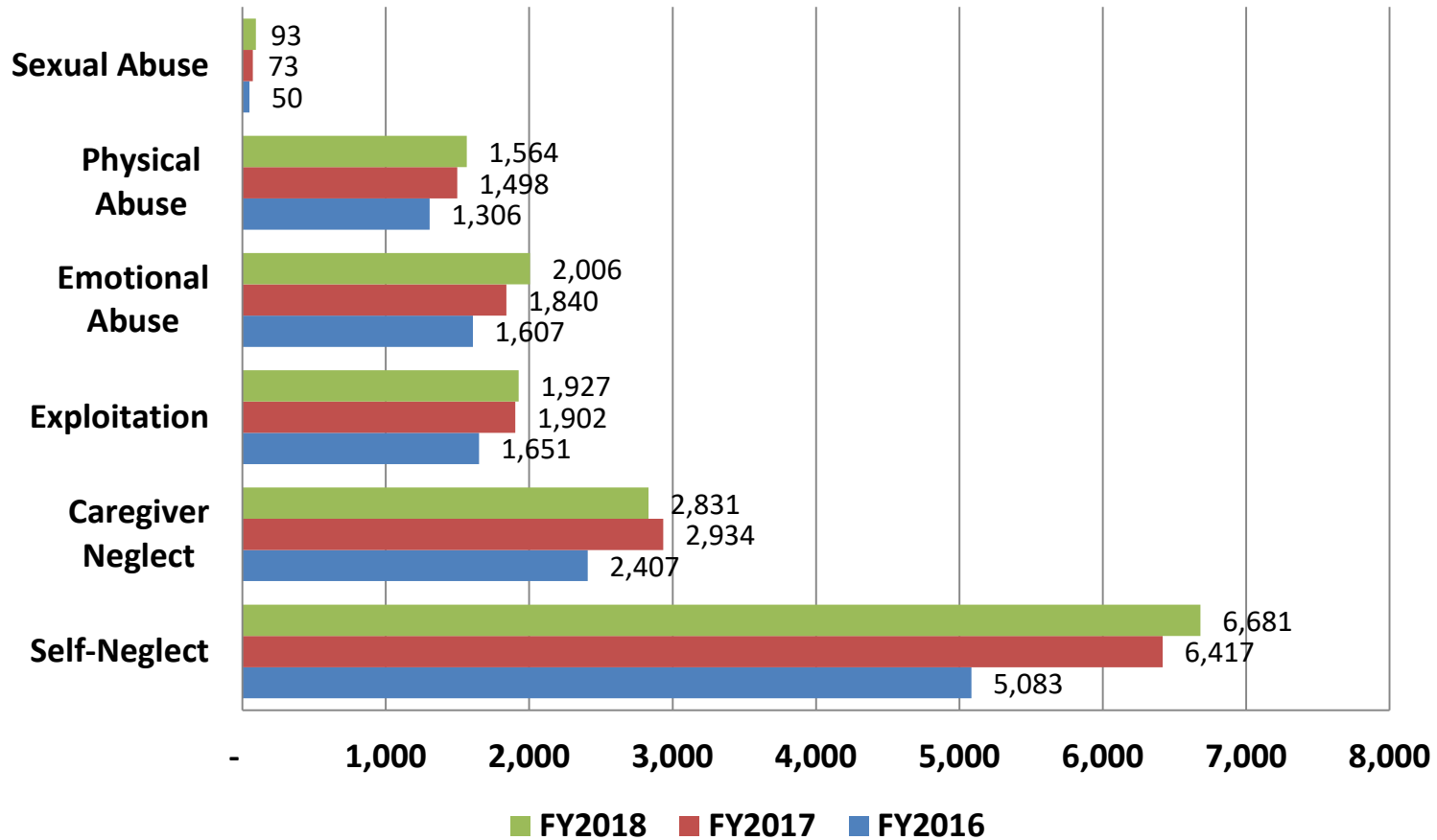
Annual Elder Abuse Reports





Allegation Type

Confirmed Cases by Allegation Type by Year FY 2016-FY 2018





How Big a Problem is Self-Neglect?

- Self-neglect is the most common report received by APS agencies
- Reports of elder abuse and self-neglect are increasing; there are over 2 million cases per year in the U.S.
- In at least one study, reported self-neglect in older adults was associated with increased mortality at all levels of cognitive and physical function, particularly in the first year after the report (*XinQi Dong et al, JAMA, 2009*)
- Self-neglect risk factors may include: old age, male gender, cognitive impairment, depression, delirium, medical illness, functional and social dependence, stressful events, history of social isolation, alcohol and substance abuse (*Reyes-Ortiz et al, 2014*)
- Comprehensive geriatric assessment coupled with capacity assessment is the best practice for case identification and evaluation



Definitions of Self-Neglect

- ❑ Implementing one standard definition of self-neglect across states and APS programs will be helpful:
 - National Center on Elder Abuse defines self-neglect as “..the behavior of an elderly person that threatens his/her own health and safety.”
 - “A refusal or failure to provide him/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated) and safety precautions” (*XinQi Dong et al, JAMA, 2009*)
 - “...an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including (a) obtaining essential food, clothing, shelter, and medical care; (b) obtaining goods and services necessary to maintain physical health, mental health, or general safety; and/or (c) managing one’s own financial affairs.” (*National Committee for the Prevention of Elder Abuse and the National Adult Protective Services Association, 2014*)



Prevalence Estimates – abuse and neglect

- ❑ 1 in 10 individuals over age 60 (3 million nationally) suffer maltreatment each year; 2 million report self-neglect
- ❑ For every case that is reported, it is estimated that another 20 cases remain hidden (for every case of financial exploitation reported, another 40 or more remain unreported)
- ❑ Over 80% of nursing home staff report that they have observed some form of abuse, even though rates reported by management are much lower



Reference: Lachs, Mark S. and Karl A. Pillemer.
Elder Abuse. *The New England Journal of Medicine*.
2015; 373:20. 1947-1956.



Self-Neglect Risk Factors

(characteristics of an older adult at risk to ask about)

- Cognitive impairment, executive dysfunction
- Aggressive behaviors
- History of hoarding
- Psychological distress/pre-morbid personality traits or disorders
- Lower levels of social network and social support
- Lower household income
- Need for activities of daily living (ADL) assistance

Reference: Quality Insights of Pennsylvania. Elder Maltreatment & Care Symposium. *Centers for Medicare and Medicaid Services*. March 8th, 2013.



Some Reasons Why Victims Don't Report

- Fear
- Embarrassed
- Ashamed
- Isolated
- Cognitive impairments
- Lack of access to a professional
- Don't want to 'turn in' or report a family member
- Don't perceive that there is a 'problem'





Challenges to Professionals

- Uneven training**
- Inexperience identifying self-neglect**
- Signs and symptoms similar to other diagnoses**
- Unclear definitions and reporting guidelines**
- Lack of or inconsistent screening tools**
- Intervention strategies unclear**
- Victims do not report to their health professional**
- Health care providers may feel uncomfortable discussing the subject; don't believe anything can or will be done, particularly with self-neglect**

Reference: Cohen, M. (2011). Screening Tools for the Identification of Elder Abuse. *JCOM*, 18(6), 261-270.



Sequelae of Abuse or Self-Neglect

- ❑ **Physical:** bruises, cuts, abrasions, fractures, head injuries, falls, malnutrition, dehydration, infections
- ❑ **Emotional:** anxious, fearful, depressed, fear of abandonment, difficulty trusting others, isolation
- ❑ **Financial:** homelessness, avoidable nursing home placement, inability to pay for services or medications, food or rent



**Reference: Mosqueda, L. & Dong, X. (2011). Elder Abuse and Self-neglect
“I don’t care anything about going to the doctor to be honest...”
Journal of the American Medical Association, 306(5), 532-540.**



Reporting Abuse

Mandated Reporters in Massachusetts

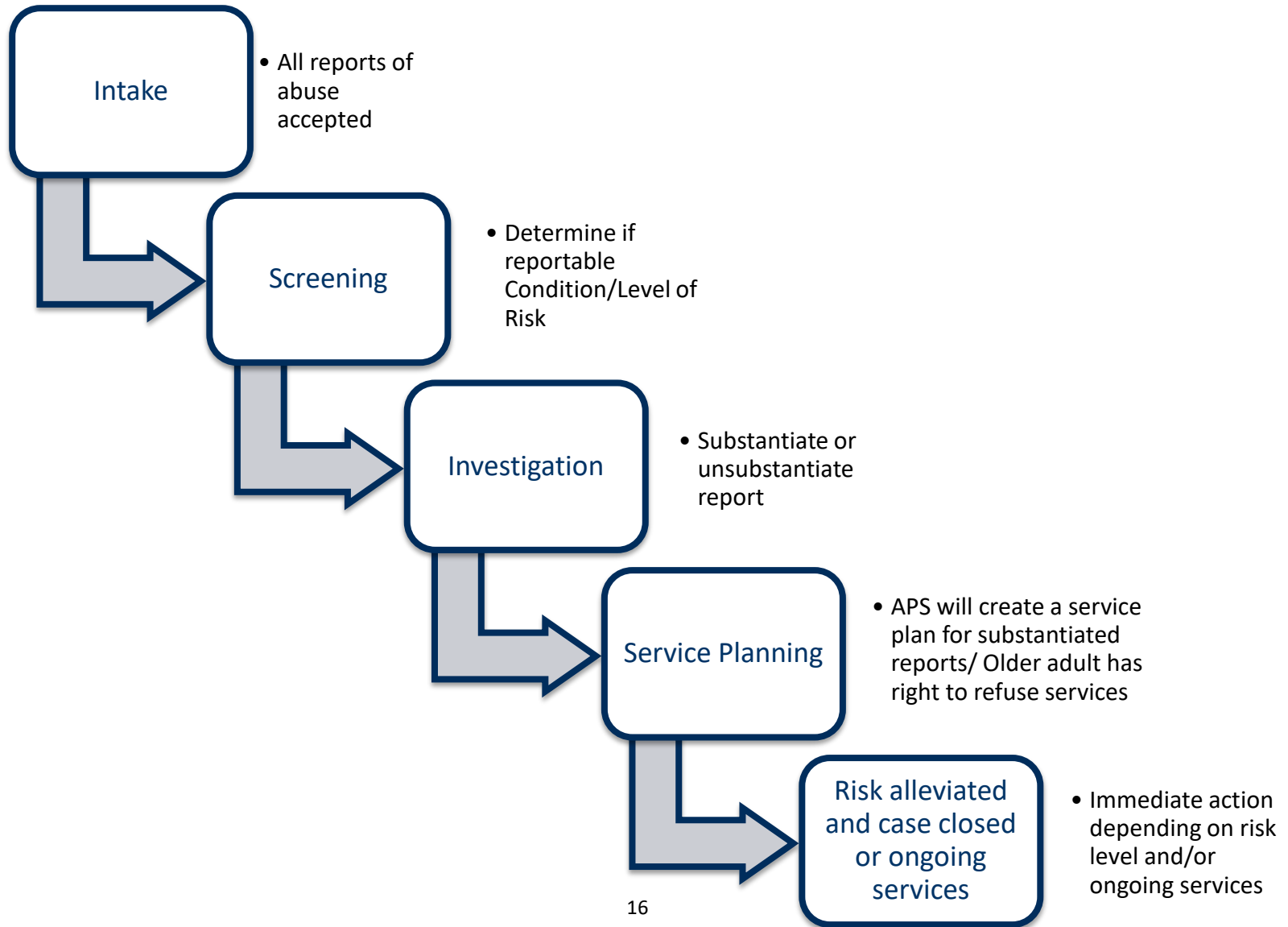
- Subject to fine for not reporting
- Must immediately file a verbal report
- Must complete and submit a written report within 48 hours (unless using online reporting system)

Non-Mandated Reporters

- Should file as soon as possible



What Happens After a Report is Made? (MA model)





Experts continue to learn and grow

Even the experts learn more over time...

“When an elder said to me, ‘my grandson is moving in to help me take care of myself’ I used to say, “Great – I imagine you must be relieved to have some help at home.”

Now I say, “Um hm. How do you feel about that?”

--Laura Mosqueda, MD. Chair, Department of Family Medicine, Professor of Family Medicine and Geriatrics (Clinical Scholar) and Associate Dean of Primary Care, Keck School of Medicine of USC; Director of the National Center for Elder Abuse.



The question we currently ask:

“Do you feel safe at home?”

How we ask questions or respond during the interview with an older adult is important.



Confidentiality

- Confidentiality of reporter maintained
- The identity of reporter shall not be divulged except to the District Attorney, other relevant government agency or by court order (651 CMR 5.08 (2)(c)(2))
- If a Protective Services record is released:
 - Identity of reporter redacted (except as noted above); and
 - Information that would lead back to reporter's identity is removed
- We have heard reports of health information not being shared across settings (hospital, home care, APS).*

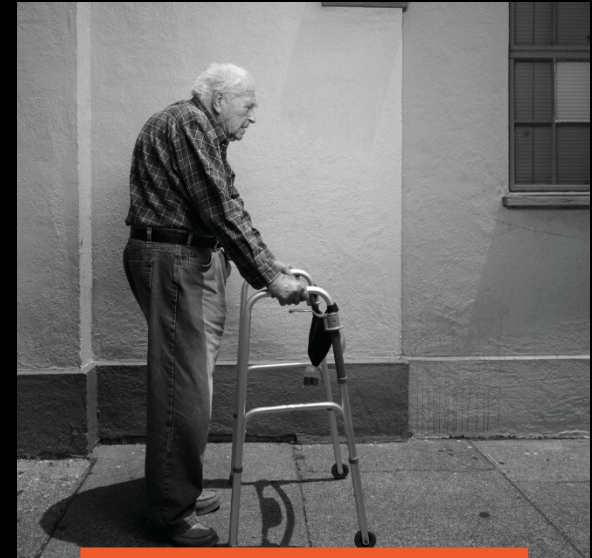


Health plans, payers and health care resources: questions for our audience...

- What health care resources could health plans, ACOs, Medicaid agencies, private pay or other payers bring to this discussion?**
- How do issues of confidentiality impact payers' involvement?**
- Do you work in an organization that has created its own adult protective services division or service – or has hired someone to address adult mistreatment and self-neglect? Has the organization added a module in orientation for physicians, nurses, social workers, case managers, etc.?**

What can we do?

- ❑ Create a movement. Frame as a social justice issue.
- ❑ Raise awareness and get as many people and organizations as possible engaged for collective impact.
- ❑ Approach from a public health and systems perspective.
- ❑ *Report Suspected Abuse.*



IN MARIN COUNTY'S
SEE-AND-BE-SEEN CULTURE,
TOO MANY
SENIORS are INVISIBLE.

Marin is the wealthiest county in California. Yet nearly a quarter of our older adults live in poverty. This is where Whistlestop comes in.

We're the largest Marin organization serving older adults. One in four people in Marin is over 60. For more than 60 years, we've provided rides, meals, classes, and community. We help people age with grace, dignity, and independence.

We provide more than 150,000 rides every year. We offer more than six classes a day, five days a week. We serve 8,300 meals each month.

Won't you help with a monthly gift? Just \$15 a month helps feed homebound seniors nutritious meals and gives them friendly visits.

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How to Learn More

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NCEA
National Center on Elder Abuse

SAFE EXIT

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WHAT WE DO

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Facebook 55
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Pinterest
LinkedIn 11
Email
Print
Google Maps



How to Learn More

The screenshot shows the NYC Elder Abuse Center website. At the top left is the Massachusetts seal. The browser address bar shows 'nyceac.com'. The website header features the logo 'NYC ELDER ABUSE CENTER' with the tagline 'Professionals serving older adults'. To the right are social media icons for Twitter, Facebook, LinkedIn, RSS, and YouTube. A navigation menu includes 'Home', 'About', 'Programs', 'Resources', 'Blog', 'Partners', 'Countering Ageism', and 'Contact', along with a search bar. The main content area has a large image of an elderly woman and text: 'Developing powerful partnerships across disciplines, organizations and systems. Together we can stop elder abuse.' Below this are three sections: 'Quick Clips' (with a video icon), 'Blogs, Events, Podcasts' (with a person icon), and 'The Teams' (with a group icon). The Windows taskbar at the bottom shows icons for Internet Explorer, Outlook, File Explorer, Chrome, and PowerPoint, with a system tray showing the time as 7:30 AM on 2/16/2017.



Elder Justice Initiative

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ELDER JUSTICE INITIATIVE (EJI)

REPORT ABUSE OR FIND HELP

Find references to articles, books, and government reports on elder abuse

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Discussion



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Selected References

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doi: 10.1001/jama.2009.1109.

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DOI: 10.1111/j.1532-5415.2008.01978.x

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Reyes-Ortiz, C., Burnett, J., Flores D., Halphen, J., Dyer, C. (2014). Medical Implications of Elder Abuse: Self-Neglect. *Clin Geriatric Med* 30: 807-823.

<http://dx.doi.org/10.1016/j.cger.2014.08.008>.