Elder Abuse Screening: Tools in Healthcare Settings

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Aging Concerns Unite Use
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Today…

• Health Across All Policies - Context

• Elder Abuse Screening in Health Care Settings
Health Across All Policies: Context
The Governor’s Vision

• Advance a Health Across All Policies approach to incorporate health considerations into policies, programs and initiatives led by non-health agencies.

• Consider how all of our policies, programs and initiatives support us to achieve the Governor’s goal of becoming an age friendly state.

• Long term goal is to embed Health in all Policies and Healthy Aging into all aspects of our government work.
Prevention Agenda 2013-2018

• The Prevention Agenda is NYS’s public health improvement plan for improving health and reducing health disparities across the state through an increased emphasis on prevention.

• Since 2014, the Prevention Agenda has made substantial progress across 96 measures of public health and prevention – meeting and exceeding goals ahead of schedule in several areas.

• To achieve our most challenging health goals, we need a broader approach.

Prevention Agenda 2019-2024

**Vision:** NYS will be the healthiest state for people of all ages.

**Principles:** To improve health outcomes, enable well-being, and promote equity across the lifespan, the Prevention Agenda will:
- focus on social determinants of health,
- incorporate a health in all policies approach,
- emphasize healthy aging across the lifespan.

**Priorities:** Prevent Chronic Disease, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, Prevent Communicable Disease and Promote Well Being, and Prevent Mental and Substance Use Disorders
What Determines Health?

Impact of Different Factors on Risk of Premature Death

- Genetics: 30%
- Individual Behaviors: 40%
- Social and Environmental Factors: 20%
- Health Care: 10%

Health In All Policies is a multi-sectoral approach to improving health

The New York Academy of Medicine, 2016.
### Economic Development
- Improve access and availability of healthy foods, opportunities for physical activity, and improved built environment (e.g., smart growth, mixed use, “green”)

### Healthy Eating
- Adopt healthy food procurement policies in hospitals and other institutions
- Adopt healthy food and beverage procurement policies in all State agencies, including healthy vending machine policies
- Increase options and incentives for using government-sponsored programs such as federally funded Health Bucks and Child and Adult Care Food Program to purchase healthy foods

### Active Living
- Promote Complete Streets policies, plans and practices and monitor implementation
- Promote shared space agreements and joint use agreements to increase areas designated for public recreation, particularly in low-income communities

### Built Environment
- Improve home environment:
  - Incorporate ‘Healthy Homes’ education and inspections into other non-health opportunity points, e.g., building inspections, NYSERDA weatherization programs.
  - Offer incentives for compliance with and enforcement of existing housing and building code in high-risk housing.
- Optimize indoor air quality by developing and promoting codes to promote indoor environment
- Target fall risk in public housing by reducing slip and fall hazards in common areas of residences and public buildings

### Injuries, Violence and Occupational Health
- Reduce violence by targeting prevention programs particularly to highest-risk populations
- Increase school based and community programs in violence prevention and conflict resolution such as SOS, Cure Violence or CEASEFIRE or Summer Night Lights.

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**Focus on Healthy Aging and Creating Age-Friendly Communities**
Initial Focus:
Support NY to become the first Age Friendly state for people of all ages

Focus: support NY to become the first Age Friendly state for people of all ages

- Age friendly communities are healthy communities, making healthy lifestyle choices easy and accessible for all community members.

- Age friendly communities address 8 domains of livability defined by the World Health Organization (WHO) and AARP.
Eight Domains of Age-friendly Communities

- Outdoor space & buildings
- Transportation
- Communication & information
- Housing
- Respect & social inclusion
- Social participation
- Civic participation & employment
- Community support & health services

World Health Organization, 2007

www.AgeFriendlyNYC.org
2018 State of the State
Items Supporting Age Friendly

• Long Term Care Planning Council

• Age Friendly Executive Order
Elder Abuse Screening in Health Care Settings: Rubric and Possible Tools
Background

Chapter Law 328 of the Laws of 2017 – est. by A. 8258, Lupardo/ S. 6676, Serino

“An act to amend the elder law, in relation to developing guidelines for identifying and reporting elder abuse in health care settings.”
### Elder Abuse Screening in Healthcare Settings: Examples

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<thead>
<tr>
<th>SETTING</th>
<th>INITIAL SCREENING TOOL(S)</th>
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</thead>
<tbody>
<tr>
<td>Emergency Room/Emergency Department</td>
<td>Possible: Elder Abuse Screening Instrument (EASI ©), pilot North Carolina tool (Tim Platt Mills).</td>
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<td>Wallet card/Tip Sheet (Draft)</td>
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<td>Emergency Medical Services (EMS)</td>
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Elder Abuse Suspicion Index (EASI ©)
### Elder Abuse Suspicion Index- 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>
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<tr>
<td>1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</td>
<td></td>
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<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>
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<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></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></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></td>
</tr>
<tr>
<td>6) <strong>Doctor:</strong> 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>
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### Signs of Abuse

#### Neglect/Self-Neglect
- Malnutrition/dehydration
- Pressure sores
- Empty fridge; expired/spoiled food; or lack of available food
- Poor hygiene; dirty, torn, soiled or severely worn clothes; unchanged diaper; or elongated toenails
- Necessary medical aids, like walkers or glasses, absent
- Expired/unmarked medication bottles, or multiple bottles of a single medication
- Home dirty; needs major repair, or infested with vermin

#### Financial Abuse/Exploitation
- Unpaid bills/notices of service suspension
- Abrupt changes in will, financial documents and/or spending patterns
- Missing funds or property
- Inadequate explanations about finances from the older person or caregiver upon asking
- Appearance of a new person accepting expensive gifts from the older adult or taking control of finances

#### Physical Abuse
- Large unexplained bruises on the face, ears, back, neck or lateral side of the arm
- Abrasions, rashes and ulcers on wrists and ankles suggesting restraints were used

#### Emotional/Psychological Abuse
- Silence, depression, tearfulness and anxiety in the older person
- Intimidation and verbal attacks directed at the older person
- Social isolation

#### Sexual Abuse
- Bruises around or bleeding from genitals
- Difficulty walking or sitting
- Torn or bloody undergarments

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*APS definitions of neglect:

- **Active neglect**: willful failure by caregiver to fulfill care-taking functions and responsibilities.
- **Passive neglect**: non-willful failure to fulfill care-taking responsibilities because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services
- **Self-neglect**: adult’s inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself.
**TIP CARD FOR HOME CARE**

**HOW YOU CAN DETECT ELDER ABUSE AND WHAT YOU CAN DO TO STOP IT**

**Risks**
- Be alert to the possibility of abuse when the following are present:
- **For the Victim**
  - Cognitive impairment (including dementia)
  - Social isolation
  - Functional dependence or disability
  - History of family violence
- **For the Perpetrator**
  - History of substance abuse and/or gambling
  - Untreated mental illness
  - Caregiver stress
  - Financial dependence on older adult

**If you feel there is abuse**
- **Report to your supervisor** if you notice the signs in your visits or if the older person admits to being harmed. Be accurate and detailed in your report. Write down your observations and the older person’s statements.
- **Call 911** if there is immediate danger. Realize that sometimes you cannot solve the problem on your own. **Get help** when the situation escalates.

Under NY Social Services Law 473-b, you are protected from civil liability for reporting.

**What to expect**
- **After you report to supervisor**
  - In-home assessment by agency personnel
  - Serious
  - Services and supports reviewed by agency
  - APS home visit & assessment
  - No risk identified/Not APS eligible
  - Risks identified/APS eligible
  - Additional services from APS to reduce harm

**Who to call**
- Provide the individual with the following helplines in case they wish to self-report or seek additional help:
  - **Adult Protective Services (APS)** - Call NYS OCFS Adult Services Helpline, 1-844-697-3605, M-F 8:30 am – 8 pm (except holidays) for contact information for your local APS.
Elder Abuse Screening Initiative: Developing a Tool for Home Care Workers

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Background

• Elder abuse affects about 1 in 10 older adults in the U.S. every year.1

• A representative study conducted in New York State found that the incidence rate of elder abuse was 24 times greater than the number of cases reported to authorities.2

• Recognizing elder abuse as an underreported and largely undetected public health crisis, New York established Chapter 328 of the Laws of 2017 directing the New York State Office for the Aging (NYSOA) to develop guidelines that will aid health care professionals in identifying and reporting cases of elder abuse and neglect in their practices.

• NYSOA convened a work group of subject matter experts to construct a rubric highlighting how to tailor tools for the different health care settings.

• Home care was identified as one of the areas for intervention, especially given they do not have a validated tool for detecting elder abuse and neglect.

Methods

• Brainstorming key domains that should go on the tool with a group of subject matter experts. In addition to NYSOA members, the work group included:

1. The Executive Vice President of the Home Care Association of New York State (HCANS)
2. An emergency physician and associate professor of Emergency Medicine at Weill Cornell Medical Center
3. The Director of the Upstate Elder Abuse Center at Lifespan at the Lifespan of Greater Rochester Inc.
4. A physician and associate professor of Medicine/Geriatrics, Dentistry, Clinical Nursing, & Public Health Sciences at University of Rochester Medical Center Geriatric Assessment Clinic
5. The Director of the Bureau of Adult Services at the Office of Children and Family Services (OCFS)

• Meeting with the Quality Committee of the HCA-NYS to ascertain what concerns home care workers have that NYSOA could address through the tool.

• Conducting a literature review of signs and risk factors of elder abuse and neglect.

• Reviewing all information for accuracy and appropriateness with members of the work group.

Results

• From discussions with the listed stakeholders, it was determined that the tool should contain:

  o Risk factors workers need to be aware of
  o Signs that might indicate potential abuse
  o What workers should do if they suspect abuse
  o What workers can expect when they report

• Based on prior success with similar intervention tools, NYSOA and the work group agreed the tool should be:

  o Jargon-free, so all levels of home care workers can use it
  o Easy to apply, so workers can follow a protocol with minimal uncertainty
  o Portable, so it can be easily accessed

Discussion

• Home care provides a unique avenue through which to gauge an older adult’s vulnerability and exposure to abuse and neglect.

• Equipping home care workers can enhance their awareness of elder abuse and neglect and their confidence in appropriately responding to a potential case.

• By bringing together multiple perspectives on the project to develop a tip card for home care, NYSOA was able to construct an accurate and applicable tool that workers could use in their practice.
Elder Abuse Screening in Health Care Settings: Next Steps
Your Turn: Tip Card Discussion
THANK YOU
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