

Volume 12 No. 3 – September 2009

Inside This Issue

Medical Research Highlights Link between Elder Mistreatment and Mortality Risk	1
The Value of Daily Money Management	2
University of Iowa Launches Elder Mistreatment Research Data Base	3
NCEA Webcast: Elder Justice: Community Collaborations	5
Online Resources	6
October is Domestic Violence Awareness Month	7
Calendar of Events	8
Credits	10

Medical Research Highlights Link Between Elder Mistreatment and Mortality Risk

Annually, *JAMA: The Journal of the American Medical Association* issues a special edition addressing violence and human rights. This August, the subject of elder abuse was featured prominently as research findings were presented on the link between elder self-neglect, abuse, and increased mortality; a patient education page was dedicated to elder abuse; and a guest editorial described the difficulties inherent in addressing elder self-neglect.

A research team led by Xinqi Dong, M.D. from Rush University Medical Center investigated the relationship between reported elder self-neglect and/or abuse and mortality among a cohort of seniors enrolled in the Chicago Health and Aging Project (CHAP). The Project, which began in 1993 with funding from the National Institute on Aging, is a longitudinal, population-based, epidemiological study involving Chicagoans aged 65 and over.

Researchers analyzed data from the Project's 9318 participants regarding health history, physical function, cognitive function, health behaviors and psychosocial factors. From 1993 through 2005, 1544 participants had been reported to social services for suspected self-neglect, and 113 had been referred for suspected elder abuse.

The results indicate that participants who had been abused were at more than twice the risk of premature death from all causes than elders who had not been abused. They were at even greater risk (four times) for death due to heart disease.

Findings regarding self-neglect were even more alarming. Within the first year that self-neglecting behavior was discovered, risk of premature death was five times greater than that of non self-neglectors. Again, risk of mortality due to heart disease was even greater – eight times more likely. Though rates of premature death dropped after the first year, they remained higher for those who experienced abuse and self-neglect compared to elders who had not.

These findings support earlier research documenting the increased risk of mortality associated with elder mistreatment (Lachs et al., 1998). However, this study also considered whether the level of physical and/or cognitive function had an impact on the association between elder abuse and self-neglect with mortality. Researchers were surprised to learn that risk for premature death was elevated for those who had experienced self-neglect regardless of the level of physical and cognitive functioning. Only the sub group of participants with the highest degree of physical and cognitive functioning who had been subjected to elder abuse did not appear at increased risk of mortality.

“With the rapidly growing aged population in this country, problems of elder abuse will likely become even more pervasive, affecting our family, friends

and loved ones,” said Dr. Dong. “We hope our study will stimulate more discussion about these problems and help advocate for additional research and resources, as well as national policy initiatives, to improve the health and well-being of this vulnerable population.”

The research team also included: Dr. Denis Evans, Liesi Hebert, Sc.D., Carlos Mendes de Leon, Ph.D., and Todd Beck, M.S., affiliated with Rush University Medical Center; Dr. Melissa Simon, at Northwestern University Medical Center; Terry Fulmer, Ph.D., at the College of Nursing, New York University; Dr. Carmel Dyer, at the University of Texas, Houston; and Gregory Paveza, Ph.D., at Southern Connecticut State University.

The study was funded by the Paul B. Beeson Research in Aging Program, the National Institute on Aging, the American Federation for Aging Research, the Starr Foundation, the John A. Hartford Foundation and the Atlantic Philanthropies.

The article (“Abuse and Mortality Risk in a Community-Dwelling Population”) appears in *JAMA: The Journal of the American Medical Association*, Volume 302, No. 5, August 5, 2009, along with an editorial by Dr. Thomas M. Gill (“Elder Self-neglect: Medical Emergency or Marker of Extreme Vulnerability?”). The patient education sheet which also appears in the issue is currently accessible without subscription online at: <http://jama.ama-assn.org>.

(To read an earlier article on the Beeson Award, see the October 2008 NCEA E-News http://www.ncea.acl.gov/NCEAroot/Main_Site/Re_sources/Newsletter).

The Value of Daily Money Management: An Analysis of Outcomes and Costs by the Brookdale Center for Health Aging and Longevity

For vulnerable older adults, management of daily financial obligations can become an overwhelming burden, quickly spiraling into at-risk situations such as unpaid bills, un-deposited checks, and the terrifying consequences of cut-off utilities, bank foreclosures, evictions, and financial exploitation.

To prevent the devastating consequences associated with the loss of financial independence and stability, social service agencies have developed community-based daily money management programs. These programs assist vulnerable and frail older adults in protecting their financial security and serve as a deterrent to potential elder abuse. They offer a variety of money management services such as bill paying, budgeting, banking, and debt management. To date however, there has been a dearth of information concerning these programs, their value, outcomes, and costs, which limits public support and utilization.

The first estimates of the value and costs of DMM programs as compared to nursing home placement were recently developed by the Brookdale Center for Healthy Aging and Longevity of Hunter College in New York City. The results are striking. The research findings show community-based DMM/case management programs combined with appropriate home care services, at a marginal cost of about \$240 per month per individual, to be less expensive than nursing home placement, saving an estimated \$60,000 per individual. Most importantly for quality of life, individuals are able to remain in their homes and their communities.

The Structure of the Study

The study data was collected from eight New York City agencies providing DMM services along with full case management. In-depth retrospective case record reviews were conducted for 114 community-based clients referred for DMM services during the study period (2001-2006).

Of the 114 referrals, 93 clients accepted DMM services; 63 of these clients received services until institutionalization or death; 30 clients left the program and were lost to follow-up.

The data categories included: general demographics; receipt of entitlements such as Medicaid or food stamps; legal directives; housing; activities of daily living and independent activities of daily living; mobility; home care; social function; health; income/resources; expenses; reason for DMM referral; DMM services received; and outcomes, including institutional placement or death at home.

Economic costs of DMM services were estimated using standard economic methods of resource valuation for all services received by each individual client over the period of his or her care. Hours per service were based on estimates provided us through a standardized protocol reviewed by our DMM Advisory Panel. Final estimates of hours used per specific DMM service are based on our constructed weighted averages of estimates provided to us by four service providers who responded to our costing protocol. Total costs are estimated as a product of average hours (or days) and average hourly (or daily) rates.

The DMM survey data was used to estimate average hours of home care use and the National Nursing Home Survey (NNHS) to estimate average length of stay (in days) in nursing homes. Cost estimates for hourly rates of home care providers are obtained from the Occupational Employment Statistics (May 2007) and nursing home costs are

estimated from per-diem charges for individuals with both general health crisis and physical health crisis, from the NNHS (2004) survey. All costs are adjusted to 2007 prices, using the Producer Price Index.

Continued on p. 4

University of Iowa Launches Elder Mistreatment Research Data Base

The University of Iowa Department of Family Medicine Elder Abuse Treatment Team recently unveiled an online data base of annotated elder abuse research. What distinguishes this from other compendia of elder abuse literature is that it catalogs only research and provides an evaluation of the quality of the study.

According to principal investigator Jeanette Daly, R.N., Ph.D., a comprehensive review of the health sciences literature was performed using 16 health, aging, and related data bases. Searches were conducted for English-language article published through 2008 reporting on completed research on abuse of people aged 55 and older from any country. Studies were rated accordingly:

- A= Evidence from well-designed meta-analysis;
- B= Evidence from well-designed controlled trials; both randomized and nonrandomized, with results that consistently support a specific action (e.g., assessment, intervention or treatment);
- C= Evidence from observational studies (e.g., correlational, descriptive studies) or controlled trials with inconsistent results;
- D= Evidence from expert opinion or multiple case reports.

Continued on p. 5

“Money Management” continued from p. 3

Findings

The final study results are based on the complete sample of 63 clients who remained with the DMM program from initiation through service termination due to either death or nursing home placement.

Overall, 70% of the clients were women, two-thirds were 80 years of age and over, 75% had a high school education or less, and 90% had annual incomes below \$20,000. Most DMM referrals were for clients living alone (single, widowed, or divorced).

AS hypothesized, 99% of DMM users were in a financial crisis. However, 85% were also in poor health, and 29% were socially isolated. Most individuals faced multiple crises. The largest proportion (88%) faced at least two of the following three crises at the same time: financial; health (physical or mental); and/or isolation. Disturbingly, 26% of individuals were facing all three of these crises simultaneously.

The most common DMM services received were bill paying followed by budgeting and checkbook balancing. In addition, the agencies also managed debt, assisted with banking, applied for grants and stipends, applied for entitlement, oversaw home care payment, made referrals to mental health, legal, and protective services, and facilitated nursing home placements when appropriate. Thus DMM was fully integrated with case management services for individuals in the sample.

The total cost of services, including home care and all DMM/case management services, is substantially lower than institutionalization. Average monthly costs of providing DMM services within the context of case management are \$240 per individual, a low marginal cost. On average,

individuals who initiated and followed-through with DMM/case management services had substantially lower lifetime costs (\$117,466) compared with similar hypothetical individuals placed immediately in a nursing home (\$178,444) confirming the cost effectiveness of these programs.

Implications for Aging-in-Place

Case management involves coordination, delivery, and monitoring of all services needed to support the individual in the community. The report concludes with the recommendation that DMM be included as a core component of case management services funded by state and federal government programs. The report also recommends that expanding access for vulnerable adults living in the community to DMM programs should be a top priority in the long term care continuum. The researchers believe that adding DMM to the enumerated, reimbursable services in case management programs would result in a substantive improvement in meeting the distinct needs of the elderly and the vulnerable who wish to remain in their homes.

The Brookdale Center for Healthy Aging & Longevity is a multi-disciplinary center of excellence dedicated to the advancement of successful aging and longevity. Through research, education, training and evaluation of evidence-based models of practice and policy, Brookdale Center plays a vital role in enhancing the quality of life of older Americans and their families. To read the entire report, or for more information on the Brookdale Center, visit: <http://www.brookdale.org>.

Special thanks to Debra Sacks, Senior Staff Attorney Sadin Institute on Law, Aging and Public Policy of the Brookdale Center for Healthy Aging and Longevity of Hunter College for contributing this article.

"Research Database" continued from p. 3

Dr. Daly reports that no studies were identified that met the "A" criterion; 14 studies were graded "B;" and most of the entries were rated "C."

Although the research collected included only references published through 2008, Dr. Daly hopes to add new publications to the data base in the future. The University of Iowa Elder Mistreatment Team has posted the data base, along with other resources, online at:

<http://www.uihealthcare.com>

The project was funded through the National Library of Medicine, National Institutes of Health.

Special thanks to Dr. Daly for contributing to this article.

NCEA Webcast: Elder Justice: Community Collaborations

NCEA has awarded grant funding to the National Committee for the Prevention of Elder Abuse (NCPEA) to conduct a 3-year, Elder Justice Community Collaborations project. Now in its third year, the project supports the development of multidisciplinary coalitions at the local level by providing on-site training and technical assistance to Area Agencies on Aging, Title VI Grantees, and/or community organizations interested in developing new elder abuse prevention coalitions.

Each year, selected organizations received NCEA funding to develop new, local elder justice networks and to develop strategies to address detection, intervention, and prevention of elder abuse, neglect, and exploitation. The new coalitions participate in a one-day, kick-off training on building successful coalitions, and leave the training with a Strategic Plan that serves as a

roadmap for their continued growth and success. To date, 24 coalitions have been funded.

The upcoming NCEA webcast is intended to define and describe successful community collaborations that have been launched through this initiative. The presentation will include an overview of the process and will feature successful coalitions.

The webcast will be moderated by Dr. Pamela Teaster, Professor at the University of Kentucky and President of NCPEA, a partner in the NCEA. Dr. Teaster has conducted numerous, highly regarded research studies in the fields of aging and elder abuse. Presenting the webcast will be Mary Lynn Kasunic, who has served as President, CEO, and Executive Director of the Area Agency on Aging, Region One in Arizona since 1990. Ms. Kasunic has served on the board of directors of NCPEA for more than 10 years, and is the project coordinator of the NCEA elder justice community collaborations project.

Event Date: Friday September 25, 2009

- Eastern: 1:00 PM
- Central: 12:00 PM
- Mountain: 11:00 AM
- Pacific: 10:00 AM

Register now at:

<https://www.telspan.com/Registration>

The webcast will be hosted by the NCEA grantee, the National Adult Protective Services Association (NAPSA). It will be archived online for future viewing. To access previous presentations, visit:

http://www.ncea.acl.gov/NCEARoot/Main_Site/Library/Events_Webcast/Events_Archive.aspx.

Special thanks to Aubrey Grant of NAPSA for contributing this article.

Online Resources:

National Elder Rights Training Project Webinars

If you missed any of the National Consumer Law Center's *National Elder Rights Training Project* webinars this spring, all presentations have been archived and are now available online at:

<http://www.consumerlaw.org>

The webinar series will resume this fall. Presentations are free and open to all professionals and members of the public. To obtain registration information, contact Jessica Hiemenz at:

Jhiemenz@nclc.org.

Report Examines Drug Use among Baby Boomers

According to a new report from the Substance Abuse and Mental Health Services Association (SAMHSA), an agency of the U.S. Department of Health and Human Services, rates of illicit drug use among the Baby Boom generation are on the rise. While rates among other age groups are statistically unchanged or declining, 9.4% of adults aged 50 to 59 reported using illicit drugs during 2007, nearly double the rate reporting such use in 2002. Not only does this raise concern regarding medical risk and health care provision; substance abuse also contributes to risk for elder abuse, neglect, and self-neglect.

To access the report, "An Examination of Trends in Illicit Drug Use among Adults Aged 50 to 59 in the United States", visit: <http://oas.samhsa.gov/>. Related publications are also available from the SAMHA's web site at: <http://www.samhsa.gov/>.

To access the CANE bibliography on substance abuse, visit the CANE Bibliography Series on the NCEA web site at:

http://www.ncea.acl.gov/NCEAroot/Main_Site/Library/CANE/CANE.aspx.

Profile of Older Americans: 2008

Annually, the Administration on Aging (AoA), U.S. Department of Health and Human Services, releases an updated report on the status of older Americans. The most recent version is now available online. Among the highlights:

- Americans aged 65 and older numbered 37.9 million in 2007, indicating an increase of 3.8 million or 11.2% during the past decade.
- 10.9 million (approximately 30%) of noninstitutionalized elders live alone (7.9 million women, 2.9 million men); and nearly half (49%) of women aged 75 and older live alone.
- From 2006 to 2007 there was a statistically significant increase in the rate of elders living below the poverty line (from 9.4% to 9.7% or 3.6 million).
- The Profile of Older Americans was originally developed and researched by Donald G. Fowles, AoA. The 2008 edition was compiled by Saadia Greenberg, AoA.

To access the 2008 and earlier versions of the Profile, visit:

http://www.aoa.gov/AoAroot/Aging_Statistics/Profile/index.aspx.

October is Domestic Violence Awareness Month

To support outreach and educational efforts, the 2009 Resource Packet has been created by the National Resource Center on Domestic Violence (NRC DV). The packet is accessible on the Center's Domestic Violence Awareness Project web page at: <http://www.nrcdv.org/dvam>

Domestic Violence Awareness Month provides an opportunity to remind the public that older individuals may also be victims of this type of interpersonal abuse, and that elder abuse cases often share the same power and control dynamics seen in domestic and intimate partner violence.

For more information, visit the Publications data base on the NCEA web site at:

http://www.ncea.acl.gov/NCEAroot/Main_Site/Library/Publications/Publications.aspx

and select "Domestic Violence in Later Life" from the drop-down list. Additional references are listed in the CANE Annotated Bibliography entitled "Addressing the Needs of Older Battered Women, with Special Emphasis on Intimate Partner Violence," online at:

http://www.ncea.acl.gov/NCEAroot/Main_Site/Library/CANE/CANE_Series/CANE_obw.aspx.

Elder Abuse Research and Literature

The Clearinghouse on Abuse and Neglect of the Elderly (CANE, an NCEA grantee) maintains an annotated catalog of peer-reviewed literature on elder mistreatment and related issues. Here are the highlights of several recently published references.

Thompson-McCormick, J., Jones, L., Cooper, C. & Livingston, G.

"Medical Students' Recognition of Elder Abuse"
International Journal of Geriatric Psychiatry
Vol.24 (7); 2009.

In this British study, the researchers examined fourth-year medical students' ability to discern between abusive and non-abusive care of older adults. The methodology for this research included a survey of 207 medical students enrolled at the University College of London and University of Birmingham. The study found that while medical students were generally successful at identifying non-abusive care, they were less successful at identifying abusive care. The findings also indicate that students who were working as personal carers were better at recognizing cases of abuse.

Lee, H. Y. & Eaton, C. K.

"Financial Abuse in Elderly Korean Immigrants: Mixed Analysis of the Role of Culture on Perception and Help-Seeking Intention"
Journal of Gerontological Social Work;
Vol. 52(5); 2009.

This study used a mixture of data collection methods to examine Korean immigrants' perception of financial abuse through hypothetical situations. Subjects for this study consisted of 124 older Korean immigrants. The majority (92%) of the 124 study subjects reported that they perceived financial abuse as a form of elder mistreatment, however less than two-thirds (64%) intended on seeking help. The findings reported five themes related to subjects reasons for not seeking assistance for elder abuse: issues related to family problems, tolerance of abuse, shame, blaming of the victim, and mistrust of others who may provide assistance. The study also found that older Korean immigrants who hold stronger cultural values are less likely to seek help for financial abuse. The authors provide implications for social workers and policy.

Wagenaar, D. B., Rosenbaum, R., Herman, S. & Page, C.

“Elder Abuse Education in Primary Care Residency Programs: a Cluster Group Analysis.”

Family Medicine

Vol. 41(7); 2009.

In this study, 41 primary care residency program directors in Michigan were surveyed to examine the relationship between elder abuse reporting and physician specialty and residency training. The survey used for data collection was developed by a multi-disciplinary focus group of professionals who had substantial knowledge of the topic of elder abuse. The study found that family medicine programs provided a more comprehensive approach to the issue of elder abuse than emergency medicine and internal medicine programs.

Austin, R., Corona, M., Mosqueda, L. & Wiglesworth, A.

“Bruising as a Forensic Marker of Physical Elder Abuse”

Technical Report; March 2009.

In this study, 65 consenting older adults who were confirmed victims of elder abuse were examined to investigate the size and location of bruises. The study found that 72% of the sample had been physically abused within the previous 30 days and the majority (60%) of bruises examined were inflicted. When comparing the bruises of elder abuse victims with bruises of older adults who were accidentally bruised, it was found that those who were victims of physical abuse had larger bruises; were more likely to remember the cause of their bruises; and were more likely to have bruises around the head and neck area, the right arm and posterior torso. (Note: This report is available online through the National Criminal Justice Reference Service, U.S. Department of Justice: <http://www.ncjrs.gov/pdffiles1/nij/grants/226457.pdf>.)

Special thanks to Nicole Rugianno, Ph.D., formerly of the University of Delaware Leadership Program, for contributing to this compilation.

Editorial Note:

The NCEA E-News includes the following updates on a quarterly basis. The October E-News will feature the Federal Legislative Update. The November E-News will feature State News.

Calendar of Events

September 16, 2009

Elder Financial Protection Network Call to Action:
Southern California: Building Bridges...Sharing Best Practices

Hyatt Regency Long Beach
Long Beach, California

Web site: <http://efpnreporter.wordpress.com/call-to-action-long-beach/>

September 21 - 26, 2009

Institute on Violence, Abuse & Trauma:
14th International Conference on Violence, Abuse, and Trauma

Town and Country Resort and Convention Center
San Diego, California

Email: ivatconf@alliant.edu

Web site: <http://www.ivatcenters.org>

September 30-October 2, 2009

National Professional Training Conference on Responding to Crime Victims with Disabilities

Hyatt Regency Denver Convention Center
Denver, Colorado

Web site:

<http://www.register123.com>

October 1 – 31, 2009

Domestic Violence Awareness Month
National observance
Web site: <http://www.nrcdv.org/dvam>

October 1 - 3, 2009

The Center for Social Gerontology (TCSG)
Adult Guardianship / Family Caregiver Mediation Training
Holiday Inn Near the University of Michigan
Ann Arbor, Michigan
Web site: <http://www.tcsg.org/>

October 8 - 10, 2009

National Conference on Health and Domestic Violence
Sheraton New Orleans Hotel
New Orleans, Louisiana
Web site: <http://www.fvpfhealthconference.org/>

October 19 - 20, 2009

Washington State's Sixth Annual Vulnerable Adult Abuse Conference: Abuse of Trust: *Investigating and Prosecuting Crimes Against Vulnerable Adults and Elders*
Meydenbauer Center, Bellevue, Washington-
Email: Cyndee.Cavanah@kingcounty.gov
Web site:
<http://www.kingcounty.gov>
Phone: 206-296-8797

October 22, 2009

Staying Home: Overcoming Barriers to Aging in Place (one-day seminar of the National Consumer Law Center's Consumer Rights Litigation Conference)
Loews Philadelphia Hotel, Philadelphia, PA
Web site:
http://www.consumerlaw.org/conference_training

October 22-25, 2009

2009 NCCNHR Annual Meeting and Conference:
Quality Care, No Matter Where
Hamilton Crowne Plaza
Washington, DC
Web site:
http://nccnhr.org/public/460_2452_19914.cfm

October 27 – 30, 2009

20th Annual NAPSA Conference/26th Annual Texas APS Conference
El Tropicano Holiday Inn, San Antonio, Texas
Email: APSConference@dfps.state.tx.us
Web site: <http://www.dfps.state.tx.us>
Telephone: 210-223-9461

October 31 - November 4, 2009

19th Annual National Multi-Disciplinary Conference on Domestic Violence:
Embracing Hope...Healing Generations One Survivor at a Time
San Antonio Marriot Rivercenter Hotel
San Antonio, Texas
Web site: <http://www.ndaa.org/ncda>

December 7-10, 2009

2009 National Triad Conference
Double Tree Resort
Orlando, Florida
Web site:
<http://www.nationaltriad.org/Orlando09>

Credits and Contact Information

The National Center on Elder Abuse E-News is published monthly by the Clearinghouse on Abuse and Neglect of the Elderly (CANE) of the University of Delaware, and edited by Sharon Merriman-Nai.

To **subscribe** to the NCEA E-News, go to:

<http://ncea.acl.gov>.

Contact Us:

National Center on Elder Abuse
c/o Center for Community Research and Services
University of Delaware
297 Graham Hall
Newark, DE 19716

Website: <http://ncea.acl.gov>

Email: ncea-info@aoa.hhs.gov

Telephone: 302-831-3525

National Center on Elder Abuse Grantees:

- National Adult Protective Services Association
- National Committee for the Prevention of Elder Abuse
- Clearinghouse on Abuse and Neglect of the Elderly, University of Delaware (CANE-UD)

The National Center on Elder Abuse newsletter is supported in part by a grant (Number 90AM3146) from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.