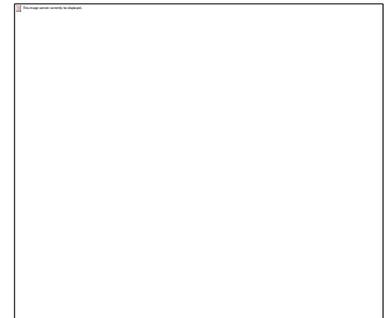


Examining Elder Mistreatment on Martha's Vineyard

Benjamin S. Alfred, Margaret L. Donovan, Aimee C. Kobjack,
Adrienne J. Pompeian & Elizabeth A. Rosen

Rural Scholars

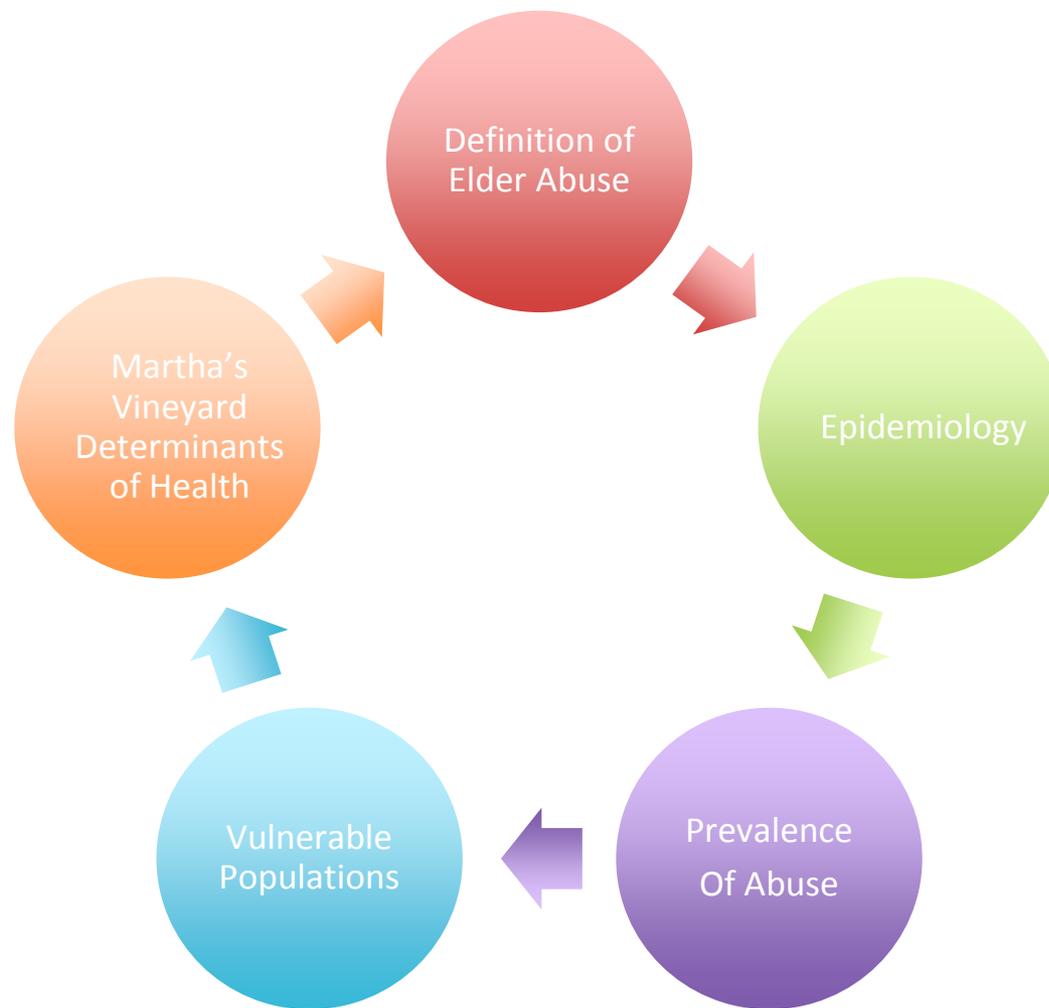
University of Massachusetts at Worcester
Medical School & Graduate School of Nursing



Presentation Overview

- 1 Introduction to the Project
- 2 Our Work
- 3 Next Steps





Definition, Epidemiology, Trends in Prevalence, Social Determinants of Health

AN INTRODUCTION TO THE ISSUE

Definition of Elder Abuse

- ✓ In Massachusetts, anyone age 60 or older is protected by Elder Abuse laws
- ✓ Elder abuse exists when an elder is harmed physically, emotionally or financially and includes neglect and abandonment
- ✓ Self-neglect is an additional form of elder mistreatment
- ✓ Separate laws apply to seniors living in nursing homes

Who is Vulnerable to Elder Abuse?

- People with cognitive disabilities
- People with limited sight and hearing
- People who are isolated, dependent on others
- People who have suffered a loss
- People who are confused by money matters
- People who are tired, lonely or fearful
- People to whom English is a second language

Types of Elder Mistreatment

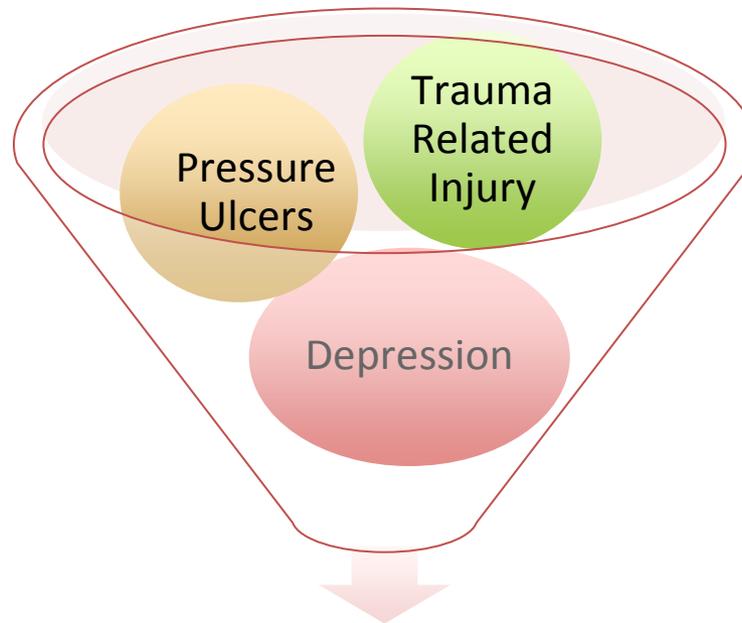


Definitions of Elder Mistreatment

1. Physical Abuse- inflicting or threatening to inflict physical pain or injury on a vulnerable elder, or depriving them of a basic need
2. Emotional and Verbal Abuse- inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts
3. Sexual Abuse- Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors
4. Exploitation- illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder
5. Self-Neglect- the failure or refusal of an elder to provide for himself or herself one of more of the necessities essential for physical and emotional well being such as food, clothing, shelter, or personal care
6. Neglect and Abandonment- refusal or failure by those responsible to provide food, shelter, health care, or protection, or the absolute desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

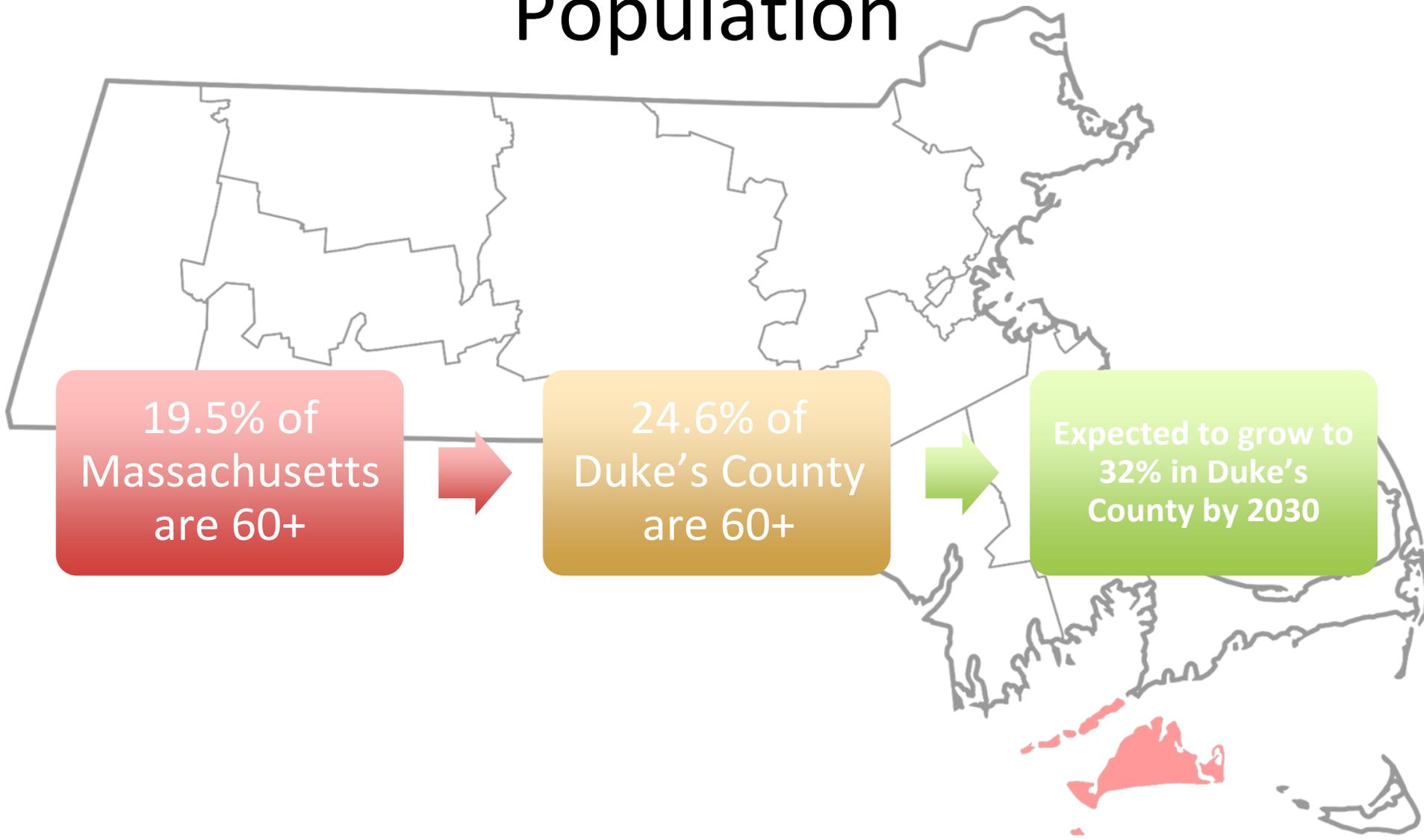
Effect of Elder Mistreatment

- Although specific correlational data linking elder abuse and neglect with morbidity/mortality are unavailable, elder abuse puts elders at an increased risk of:



Overall Decreased Quality of Life

Population



Population

- Duke's County is comprised of six unique towns, all of which are expected to see significant increases in the 60 + population in the near future.

City/Town	2000	2010	Change (%)	2020	Change (%)
			<i>2000-2010</i>		<i>2000-2020</i>
<i>Massachusetts</i>	<i>1096567</i>	<i>1272323</i>	<i>16.0%</i>	<i>1632168</i>	<i>48.8%</i>
Aquinnah	46	76	0.65%	133	189%
Edgartown	625	957	53.1%	1485	137.6%
Oak Bluffs	673	1027	52.60%	1661	146.80%
Tisbury	817	1024	25.3%	1530	87.3%
West Tisbury	334	647	93.7%	1136	240.1%

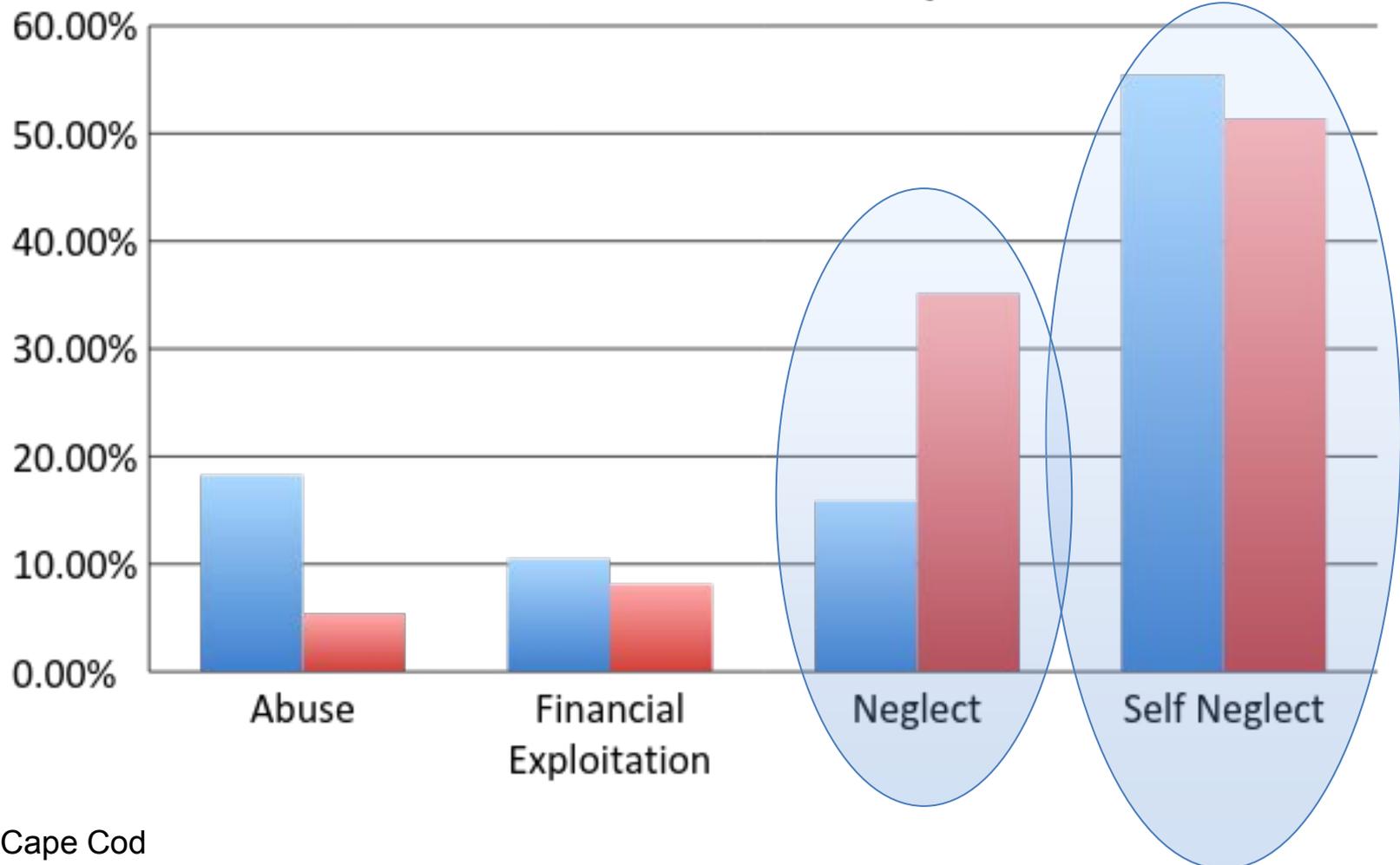
Prevalence of Elder Abuse

- As the elderly population increases both locally and nationally, unfortunately, reported cases of elder abuse and neglect have also increased.
- Between 2000 and 2020 there was increase in the reports of elder abuse to Elder services of Cape Cod.



Prevalence of Types of Abuse

Elder Protective Services Reports



Blue Cape Cod
Red Martha's Vineyard

Cape Cod Elder Protective Services, 2013

Prominent Types of Elder Abuse

Caregiver Neglect

Intentional

Unintentional

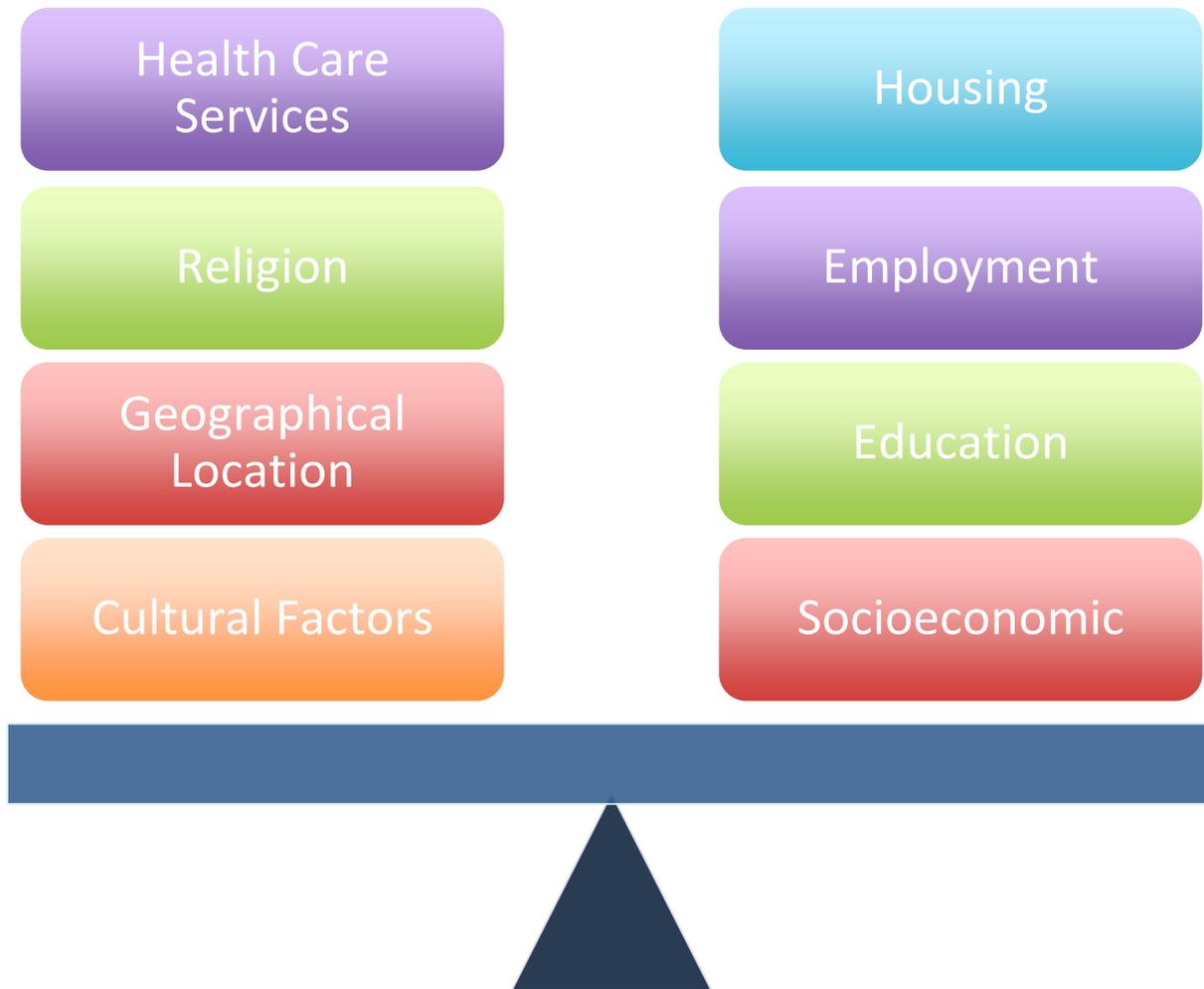
Self Neglect

Basic Needs

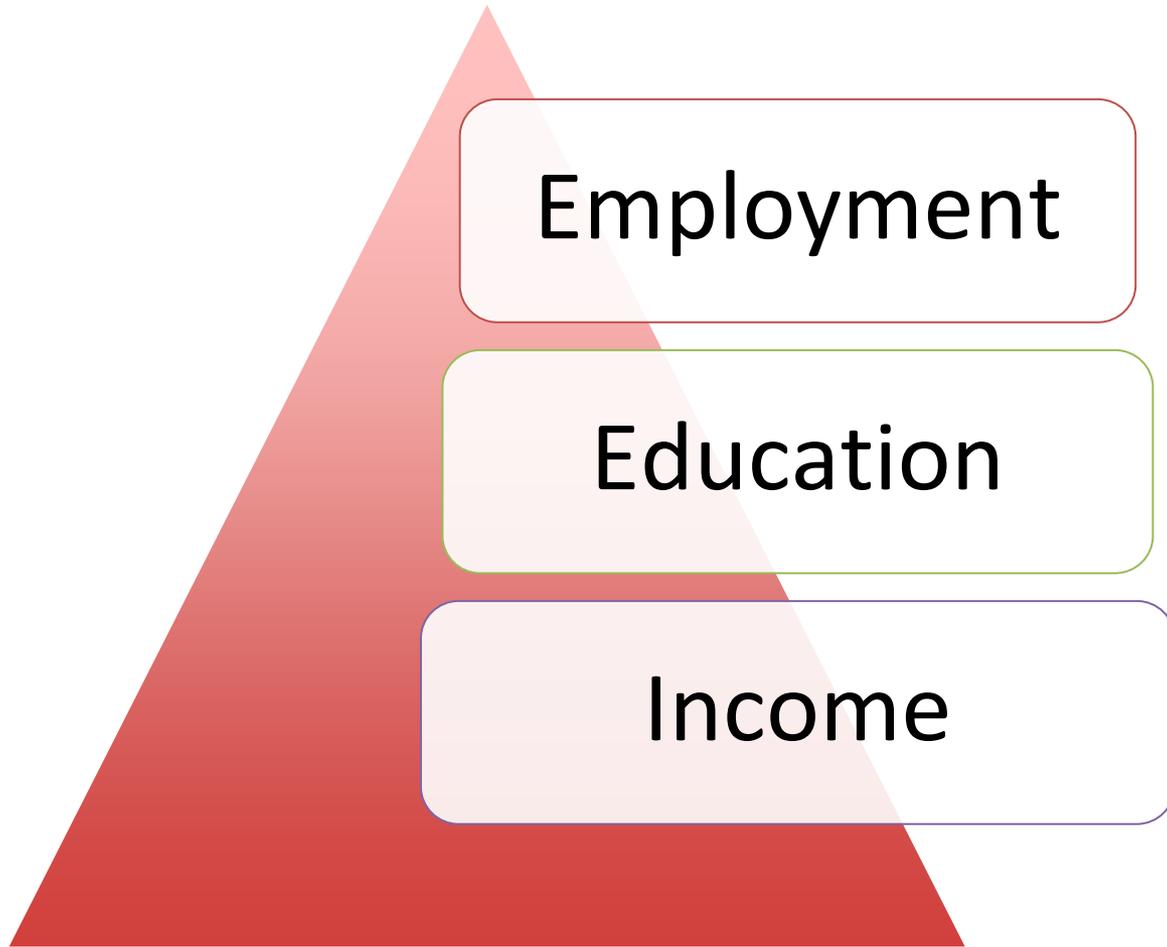
Self Medication

Mental Health

Social Determinants of Health for Elders in Duke's County



Socioeconomic Factors of Duke's County



Income in Duke's County

In 2013, the average wage on Martha's Vineyard was **71%** of the state average.



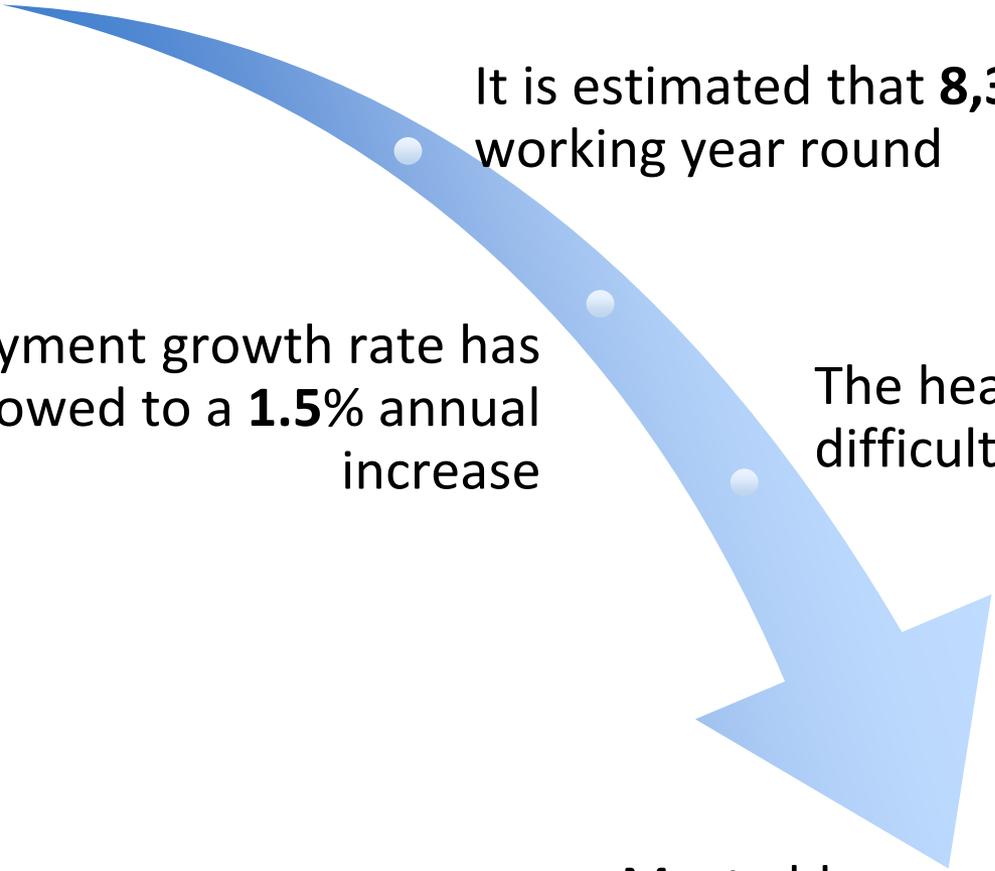
At last census, **8.3%** of people 65 years and older in Duke's County live below the federal poverty line.



Additionally, **50%** of people 65 years and older make less than \$35,000 a year.

Employment in Duke's County

Lack of Infrastructure



It is estimated that **8,351** island residents are working year round

Employment growth rate has slowed to a **1.5%** annual increase

The health of elders makes it difficult to sustain a position

Most elders are unemployed and living on **fixed incomes**

Education in Duke's County

- Lack of Higher Education, sustained community college program, or health care related training programs on the Island.
- There is a promising vocational and technical program emerging currently at the Martha's Vineyard Regional High School.
- This lack of health care training leads to not as many qualified workers on the island to meet the need.

Elderly Housing Options

Windemere

- *\$12,000 per month*
- *Skilled Nursing Facility*
- *This is the only Medicaid certified living facility*
- *61 Patient Beds*
- *13 Independent Beds as part of the Residential Rest Home*
- *One wing dedicated to care giver respite, which Medicaid will cover 5-7 days*

Long Hill

- *\$10,000 per month*
- *Senior assisted living home*
- *Able to accommodate 10 full time residents*
- *Staffed 24 hours a day with trained individuals*
- *3 Meals per day including tea and snacks*
- *Toilet Assistance*
- *Grooming*
- *Help with Ambulation*

Love House & Aidylberg Village

- *Rent is between \$829.00-\$1,170 per month*
- *5 Apartments in Love House*
- *10 Apartments in Aidylberg Village*
- *Annual income limit for a single individual to qualify to live is \$31,350, for a couple \$35,800*
- *The elder pays 30% of income and the Federal government subsidizes the remaining cost*

Henrietta Breuer House

- *\$7,000 per month*
- *Alternative to nursing home*
- *14 private units*
- *State licensed assisted living residence*
- *Located blocks from the center of Vineyard Haven*
- *Registered Nurse and a staff of CNAs*
- *24hr staff*
- *Activities*
- *Incontinence Care*
- *Hospice*
- *Respite Care*

Woodside & Hillside

- *Rental cost unavailable*
- *The elder pays 30% of income and the Federal government subsidizes the remaining cost*
- *Waitlist, difficult to obtain housing*
- *95 Apartments in Woodside*
- *55 Apartments in Hillside- for both disabled and elders*
- *Blueberry Van service*

Comparative Cost of Living

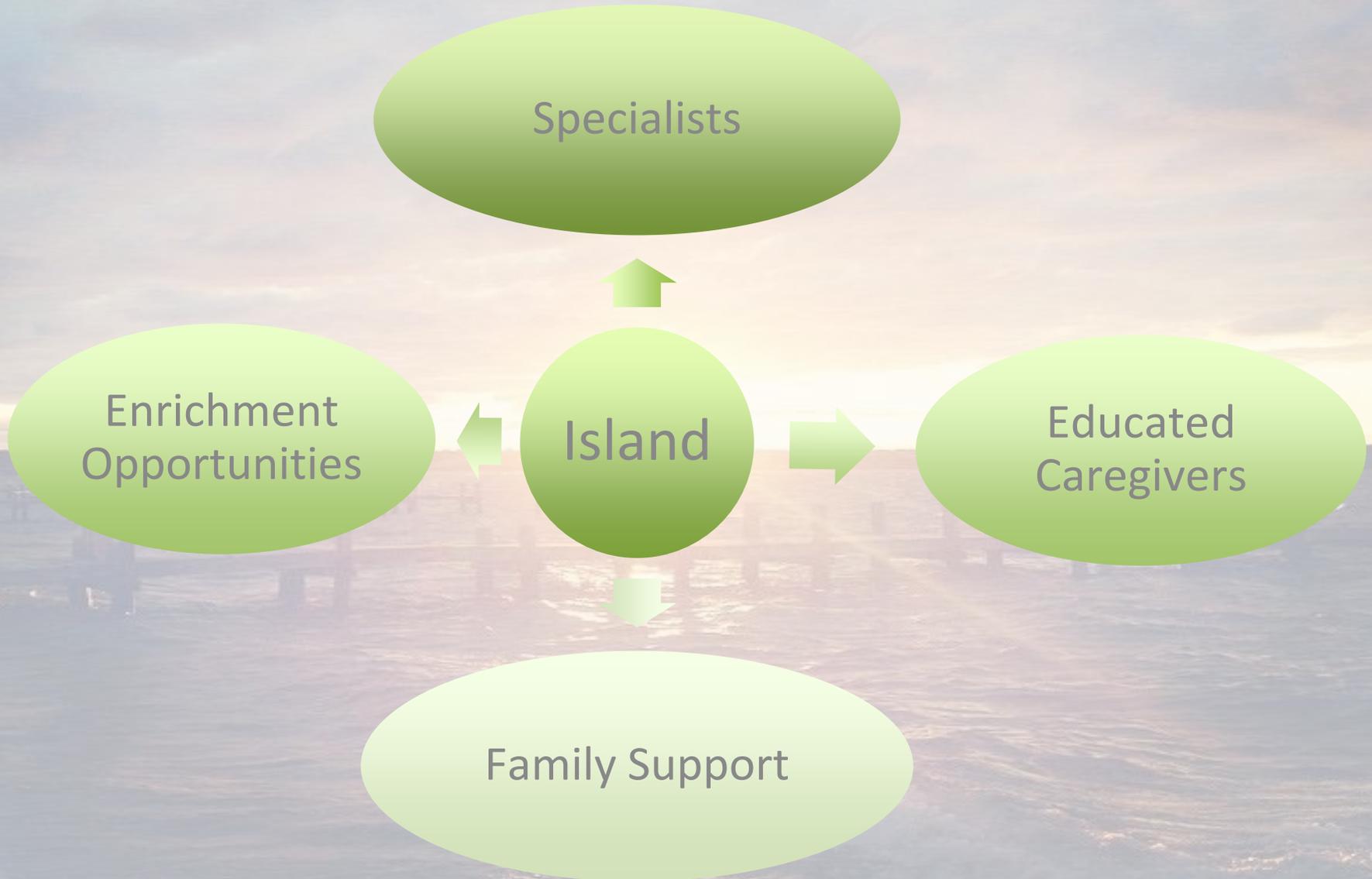
Cost of Living Index for Martha's Vineyard and Boston

Component Indices	<i>Martha's Vineyard</i>	<i>Boston</i>	<i>MV relative to Boston</i>
Grocery	<i>137</i>	<i>123</i>	<i>12%</i>
Housing	<i>196</i>	<i>173</i>	<i>13%</i>
Utilities	<i>152</i>	<i>132</i>	<i>16%</i>
Transportation	<i>139</i>	<i>114</i>	<i>22%</i>
Health Care	<i>129</i>	<i>138</i>	<i>-7%</i>
Miscellaneous Goods & Services	<i>144</i>	<i>130</i>	<i>10%</i>
Composite Index	<i>157</i>	<i>140</i>	<i>12%</i>

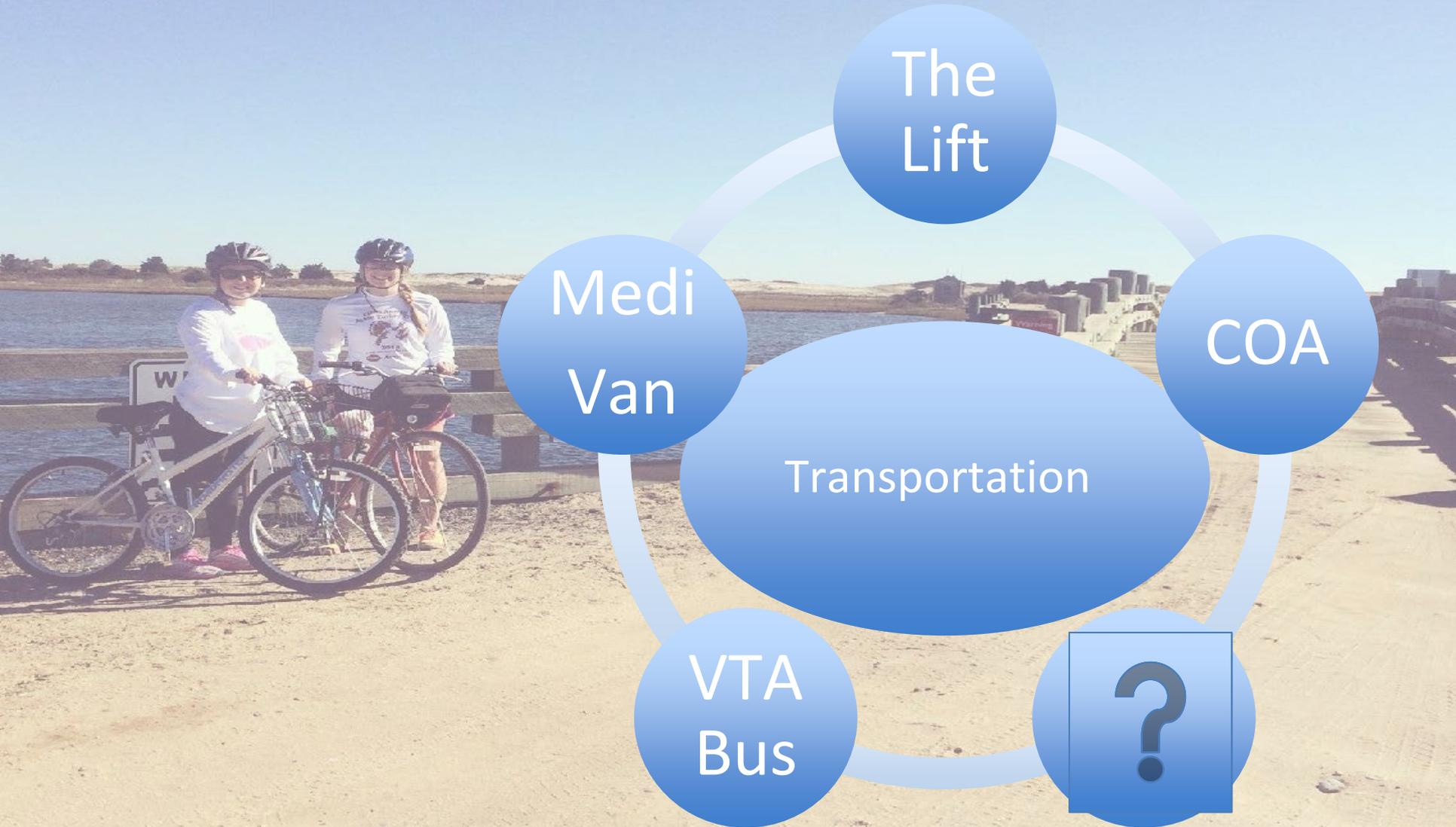
Cultural Factors

- **“Yankee stubbornness”**
 - Cited by many island residents as a reason that many cases of elder mistreatment remain unresolved.
 - Unwillingness to leave home even when the environment becomes unsafe for the elder

Geographical Location



Transportation



Health Care Services

Healthcare services within the county are few and often cater to individuals of higher socioeconomic status:

- 1. Relatively few physicians**
- 2. Limited Specialties**
- 3. Many accept only private pay**, limiting or preventing entirely access by those with Medicaid or Medicare insurance.
- 4. Limited Mental Health**
 - Three full time, on island psychiatrists
 - 2 are not currently accepting Medicare/Medicaid patients
 - One outpatient substance abuse treatment program on the island; no inpatient treatment program.



Interview questions, results, and overarching themes

OUR WORK IN DUKE'S COUNTY

Our Interviewees

- Edgartown District Court
- Up-Island Council on Aging
- Martha's Vineyard Center for Living
- Martha's Vineyard Community Services Programs
- MCVS Thrift Store
- Edgartown Council on Aging
- Island Elderly Housing
- Wampanoag Tribe of Gay Head
- Geriatric Physician
- Island Health Care
- Martha's Vineyard Hospital
- Duke's County Regional Housing Authority
- Duke's County Veteran's Agent
- Martha's Vineyard Mediation
- Caregiver Support Group
- YMCA of Martha's Vineyard
- Elder Services of Cape Cod
- Oak Bluffs Council on Aging
- Martha's Vineyard Transit Authority (VTA)
- Hospice of Martha's Vineyard
- Windemere Nursing & Rehabilitation
- Visiting Nurse Association of Cape Cod
- Martha's Vineyard Community Services Program
- Vineyard Healthcare Access
- Department of Children and Families
- Edgartown Council on Aging
- Emergency Medical Technicians
- Religious Leaders
- All Island Police Departments
- Edgartown Board of Health
- Island Food Pantry
- Meals on Wheels
- Tisbury Board of Health
- Gatekeepers
- Island Libraries
- Vineyard Nursing Association
- Island Food Pantry
- Tisbury Council on Aging
- Vineyard Medical Care

Do you think this is a welcoming
community for elders?



Do you think elder abuse exists on
the island?



Are there available and accessible services for elders at-risk of abuse?

Councils on Aging

Meals on Wheels

VNA of Cape Cod

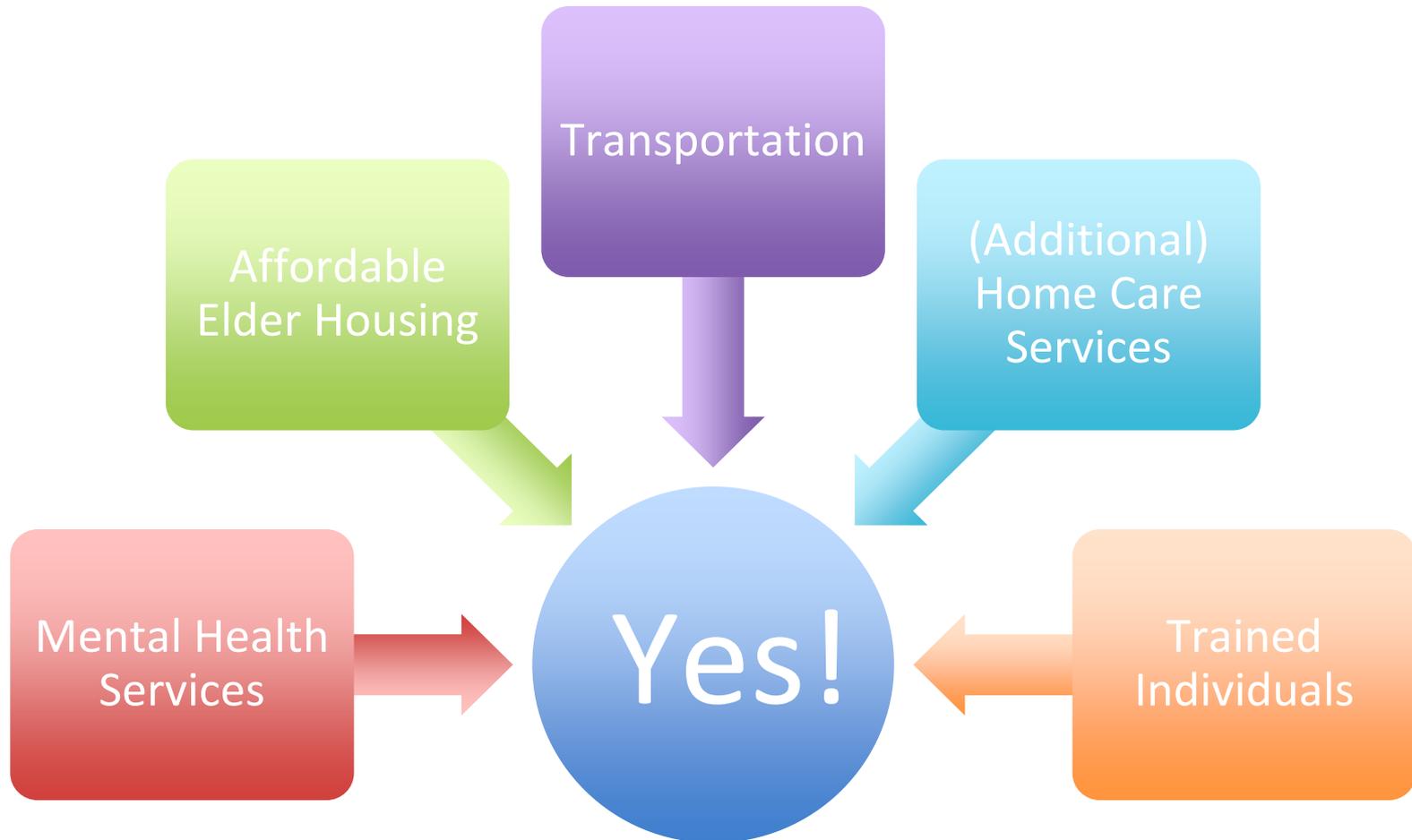
Caregiver Support Group

Center for Living

YMCA

CORE Program

Are there areas of improvement in the community for at risk seniors?



Are you a mandated reporter?

Mandated Reporters with written Policies

Physicians

Windemere

Hospice

Fire/EMS/
Police

Mandated Reporters without written Policies

Councils on
Aging

Center for
Living

Disability
Services

Boards of
Health

Non-Mandated Reporters

Clergy

Court
Workers

YMCA

Thrift Store

Food Pantry

What is a mandated reporter?

- MA Law: Chapter 19A, Section 15 defines mandated reporting of elder abuse!
 - It's short and worth reading!
 - <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19a/Section15>
-

Who can report elder abuse?

Anyone can report elder abuse.

If you, or a senior you know, is being abused or in danger of being abused, you should report it. Some people are required by law to report elder abuse, but anyone who believes an elder is suffering or has died as a result of abuse can and should report the abuse. Seniors can even report self-abuse, if they are living alone and unable to care for themselves.

Massachusetts laws require doctors, nurses, podiatrists, dentists, social workers, police and other emergency responders, elder outreach workers, directors of home health agencies, and certain other workers to report elder abuse. If any of these mandated reporters knows of elder abuse and doesn't report it, that person can be fined.

A mandated reporter must call to report the abuse right away, and must file a written report, [Elder Abuse Mandated Reporter Form](#) , within 48 hours.

Reports must be made even in the case of suspected abuse!

What barriers do you experience when making the decision to file?



Once a report is filed with Elder Services, is there follow-up?

Elder Services is located off-Island

Little Transparency

Sense that Follow-up is inadequate

Report 1-2 times per year



Have you ever suspected
abuse of an elder?

In total **27** of 37 agencies interviewed,
suspected abuse of an elder...

What type of abuse has been suspected?

- Self neglect (12)
- Financial abuse (8)
- All types (7)
- Caregiver (2)
- Physical (0)



Have you received any training on elder abuse?

- Yes (7)
- No (18)



Does your agency feel knowledgeable of available resources for caretakers and elders?

- Yes (10)
- No (11)



Strengths

- Community atmosphere & involvement
- Number & variety of resources
- Keeping clients in their homes for care
- Many people aware of and working to address elder abuse



Barriers

- Isolation-“Dark neighborhoods”
- Communication
- Lack of education about elder abuse for general population
- Lack of education and training on-island for caregivers
- Lack of education in reporting suspected abuse

Barriers

- Reluctant to report abuse, due to:
 - Stigma
 - Small Community: “Everyone knows everyone”
- Infrastructure
- Housing
- Lack of Mental Health resources
- Right to refuse elder services once reported



Caregiver Support, Elder Services Transparency, Community Awareness,
& Interagency Communication

NEXT STEPS

Caregiver Support



Why support caregivers?

- Identified gap in current system
- Cases of unintentional neglect repetitively brought up as common problem
- Effective support and education will ideally:
 - Decrease hospitalizations
 - Decrease cost of care
 - Increase quality of life for all parties involved
 - Decrease cases of elder mistreatment

What exists now?



- Caregiver Support Group
- Dementia Support Group
- Respite Care
- Home Health Assistance
- Supportive Day Program

Next steps: Emotional Support

- **Make support groups more widely known**
 - Work with providers to get referrals
 - Use television, newspaper and radio to advertise
 - Outreach to clients and families
- **Increase Accessibility of Support Groups**
 - Assess needs of on-island caregivers
 - Improve knowledge of and access to respite care
 - Combine with elder adult programming
- **Think critically about design of support groups and the populations involved**
 - Disease process
 - Gender
 - Relationships
 - Culture

Next Steps: Skill Building

- Address the lack of caregiver home medical care education
 - Medications
 - Activities of Daily Living
 - Disease Progression
 - Elder Abuse



Next Steps: Caregiver Educational Handbook

- Compile all relevant resources in one document
 - Identify community contacts for common questions and concerns
 - Develop procedures for off-island caregivers to provide adequate care for on-island elder adults



- Provide to both on-island and off-island caregivers when at-risk elder adult is identified

Methods

- Community workshops and educational forums
- Lecture series
- Continue existing support groups
- Skill-building groups
- Care coordination and management



Resources

- Caregiver Education and Support Programs: Best Practice Models
- Promising Practices in the Field of Caregiving - U.S. Department of Health and Human Services Administration on Aging
- Caregiver Action Network - Toolbox
- Project C.A.R.E: “Caregiver Alternatives to Running on Empty”
- Innovative Caregiver Practices: A Resource Practice Guide

Elder Services Transparency



What we heard...

- Lack of understanding of report follow-up procedures at Elder Services of Cape Cod
- Confusion about what steps were taken after report was filed
- *Why does this matter?*
 - Potentially leads to underreporting of suspected cases
 - Encourages individuals taking cases “into their own hands”



What can we do?



- Elder Services Info Sessions
 - Provide information about elder abuse in general
 - Inform individuals about how and when to file
 - What constitutes a reportable case of elder mistreatment?
 - Explain investigation procedure
 - What criteria are used to determine if a case is “screened in”?
- Make protocol for reporting elder mistreatment at your organization
 - Communicate with Elder Services to see how your work can better support their needs
 - Discuss with all new employees

Resources

- Elder Services of Cape Cod and the Islands
- MassResources.org
- Mass.gov - Reporting Suspected Elder Abuse

Community Awareness



Why does it matter?

- **Large hidden population**
 - “Dark neighborhoods” and “long dirt roads”
 - Isolated from existing elder adult community



- **Lack of awareness of issue within broader community**
 - Lack of awareness of relevant resources
 - Unaware of how to report suspected mistreatment

What can be done?

- Community Outreach Campaign
 - Use Gatekeeper model
 - Flyers
 - Lectures
 - Use volunteers:
 - Talk to local schools
 - Businesses
 - Service Providers
 - Postal Workers
 - Transportation Services



What can be done?

- School Group
 - Raise awareness in the youth population
 - Recruit volunteers
 - Work on websites, flyers, newsletters
 - Contact Guidance Counselors!



Resources

- Stop Abuse Campaign
- Elder Abuse Outreach and Prevention Campaign
- National Committee for the Prevention of Elder Abuse (NCPEA)

Interagency Communication



Why it matters...

- Many people working towards a common goal without communication
 - Overlap of services
 - Less efficient resource allocation



What would better communication provide?

- Funds focused on most lacking resources
 - **Mental Health**
 - **Home Health Care**
 - Training
 - Increased services
 - **Caregiver support**
 - Housing
 - Transportation
- Decrease overlap in services

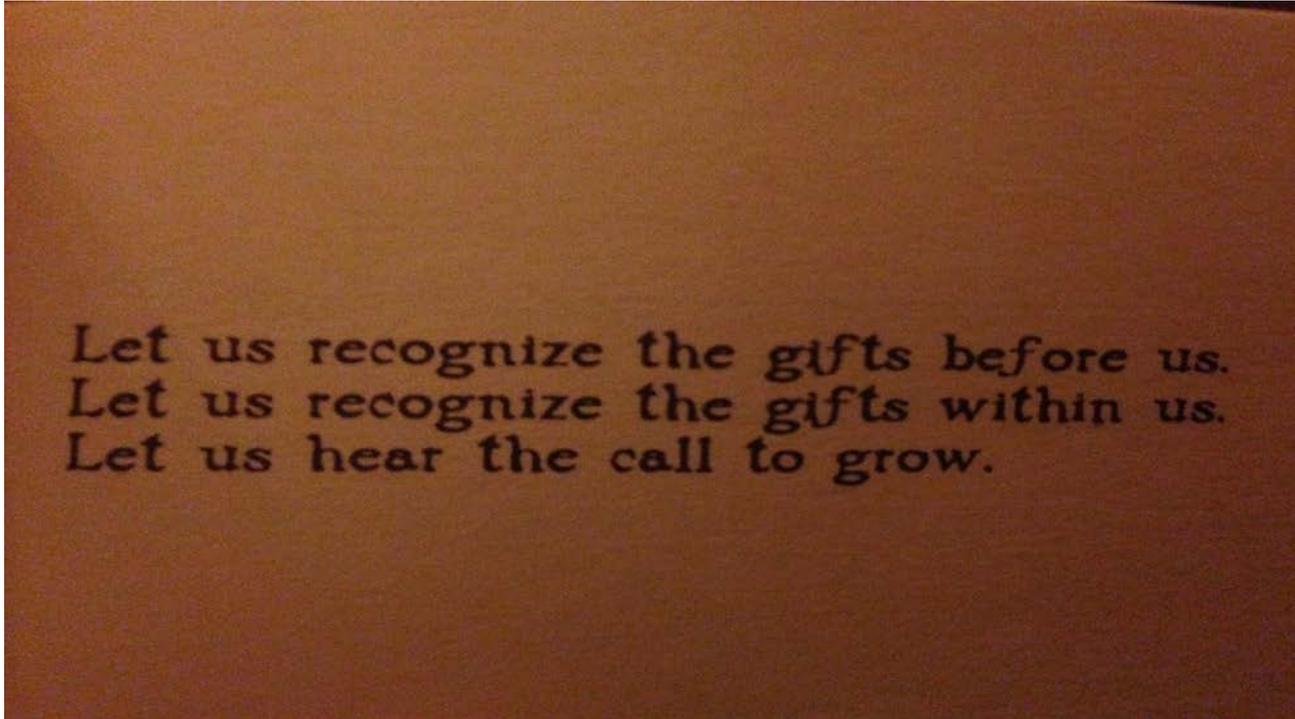
How can you do it?

- Council on Aging Task Force
 - Have regular meeting of all CoA leaders
- Online portal
 - In conjunction with development of caregiver resource handbook



But wait... You're already working on this!

- Healthy Aging Task Force
- OneStop (Online Portal Committee)



Let us recognize the gifts before us.
Let us recognize the gifts within us.
Let us hear the call to grow.

What we're bringing back to the mainland...

- A new look at healthcare
- Increased appreciation of community services
 - Provider's role as referral and advocate
- Perspective on rural life
- Interprofessional growth and development
- New friends, both near and far...



Special thanks to...

- AHEC
- All our interviewees
- Martha's Vineyard Community Services
- CONNECT to End Violence
- Taskforce on Healthy Aging
- Rural Scholars Committee
- UMass Medical School
- MV Community!

Thank you!



Aimee, Maggie, Ben, Adrienne, and Liz

We Give Thanks

For the occasion of this meal,
for our family and our friends;
(for those we know so well,
and those we've yet to know.)

For the love and strength we find
to share our sorrows and our joys.
For the days that spread before us
in this world we call our home.