PROJECT OVERVIEW

ATTACHMENT B

Stop Abuse and Neglect of Elders: Increasing Capacity to Respond

HWPP PROJECT NUMBER
20071-38

PROJECT SUMMARY

Describe the major purpose of the project, the need and how it relates to the Health Improvement Model. Briefly describe the project’s implementation plan, methods to be utilized and involvement of affected communities. Detail the community-academic partnership plan. Specify the evaluation method that will be used to measure feasible, quantifiable and significant outcomes and the impact the project will have on the health of Wisconsin residents. Do not exceed this one page.

Elder abuse, defined as physical, sexual or psychological abuse, self-neglect or neglect by others, is a major, hidden problem. A 1996 national survey found nearly 550,000 Americans over age 60 were victims of abuse, yet only 16% were referred for help. In 2005, MCW and the Milwaukee County Department on Aging (MCDA) conducted community task force meetings and focus groups of elders that resulted in recommendations for a coordinated campaign to promote recognition, response and referral of elder abuse. The SANE (Stop abuse and Neglect of Elders) project will ensure prompt referral of at-risk individuals to the MCDA for investigation and needed services, and increase the community’s capacity to address elder abuse through improved networking and communication among interested agencies thereby preventing disability and death from intentional and unintentional injuries related to the maltreatment of elders.

We will develop and implement evidence-based educational models for community service providers (e.g. home-health, emergency response professionals) and area physicians and their staff. The program will increase capacity to recognize warning signs, respond to suspected situations of abuse or neglect, and promptly refer for investigation and needed services. Training will also include how to engage and support elders through the investigatory process and highlight MCDA’s referral process including the need for confidentiality. Sound methods of curriculum design and evaluation will be used. Training will include formal didactics, on-line self-learning materials and CD-ROM modules to ensure sustainability and effective dissemination of the information. Extensive input will be sought from key community stakeholders for curriculum development and evaluation, and to provide a forum for continued dialogue, shared resources and advocacy.

The MCW Center for Healthy Communities and Milwaukee County Department on Aging each have a history of long-standing successful partnerships, and have been meeting regularly for the past two years to develop strategies for addressing elder abuse. Both are committed to responding to community needs and building on its assets. We know some of the needs and barriers of the affected community and target audiences based on literature review, field group and stakeholder task force meetings supported through a HWPP planning grant awarded in 2004. Core partners have complementary skills including curriculum development, community engagement, public education, program development, consensus building and evaluation. They are also highly committed to a long-lasting partnership with clear goals, mutual respect, open communication and shared resources and responsibilities.

Process and product evaluations will assess the continued evolution of the partnership; input by the affected community and other key stakeholders; the development and piloting of documented innovations, curriculum modules and training materials; and additional resources and barriers encountered through the project. Feasible, quantifiable outcomes for the target audience include: 1) increased awareness of elder abuse and neglect as a serious issue, 2) changes in knowledge and attitudes toward elder abuse, 3) increased incidences of substantiated elder abuse reports from the target groups that result in referrals. Outcomes will be measured with pre/post intervention comparisons of 1) surveys of knowledge and attitudes in the target groups, 2) call logs from the Department on Aging ElderLink hotline that tracks trends in total numbers of reports and categories of reporters, 3) numbers of substantiated reports, numbers and types of accessed services and outcomes for referred elders.