Elder Rights
The Many Faces of Advocacy

Los Angeles Alliance For Community Health & Aging

Healthy Aging: Emerging Issues
Monday, April 21, 2014
Overview

- **Cynthia D. Banks**, Director
  Los Angeles County Community and Senior Services

- **Brian Stiger**, Director
  Los Angeles County, Department of Consumer Affairs

- **Jacqueline Valenzuela**, MPH, CHES, Director, Education Administration
  Los Angeles County, Department of Public Health

- **Grace Cheng Braun**, MSPH, President CEO
  WISE & Healthy Aging
Elder Abuse

Cynthia D. Banks, Director
County of Los Angeles
Community and Senior Services
WHAT IS ELDER AND DEPENDENT ADULT ABUSE?

- Elder/Dependent Adult Abuse refers to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

- Any endangered elder or dependent adult is eligible for APS services without regard to income.
Adult Protective Services Program

- Adult Protective Services (APS) is a State-mandated 24 hour/7-day-per-week program.

- APS is required to investigate situations involving elders (age 65 or older) and dependent adults (physically or mentally impaired between the ages of 18 - 64) who are reported to be endangered by abuse or neglect.
Types of Abuse

- Physical, including sexual
- Psychological
- Neglect, including self-neglect
- Financial
- Isolation
- Abandonment
- Abduction
Prevalence/Scope of Problem

Estimated 2.5 million Americans fall victim to elder and dependent adult abuse or neglect.

- Financial elder/dependent adult abuse in California: 600,000+ incidents yearly (estimated)\(^1\)
- Research indicates that only 1 in 25 cases of abuse are reported to law enforcement or APS.
- APS Reports of abuse continue to escalate at a rapid pace.

Source

1 Financial exploitation data: National Center of Elder Abuse and U.S. Census Bureau
2 "The Fleecing of America"; Wasik, John F. 2000 Consumer Digest, March/April
The personal losses associated with abuse can be devastating.

Many studies indicate that victims of abuse have been shown to have shorter life expectancies than non-abused older people.
Abuse does not discriminate
APS reports received and investigated have increased steadily.
Number of APS Reports (FY 2012/13 - 2013/14)

- **2012/13:** 34,449
  (an average of 137 per day)

- **2013/14:** 28,413 (First 9 months)
  (an average of 150 per day)

- **2013/14 Projected Total:** 37,890 - an increase of 10 %
Most common types of abuse (March 2014)

Abuse Referrals by Allegation Type
(FY 2013/14 - 9 Months Total = 28,413)

- Abduction: 82
- Sexual Assault: 191
- Self-Neglect - Malnutrition/Dehydration: 339
- Abandonment: 397
- Isolation: 493
- Self-Neglect - Medical Care: 840
- Other: 1,062
- Self-Neglect - Financial: 1,594
- Self-Neglect - Physical Care: 1,788
- Physical: 2,640
- Psychological/Mental: 3,421
- Neglect: 3,933
- Self-Neglect - Health and Safety Hazards: 4,687
- Financial: 6,946
Who are the abused and abusers?

- About 61% of the victims are female.

- Abusers (March 2014):
  - Offspring 17%
  - Other Relative 15%
  - Caregiver / Custodian 5%
  - Spouse 5%
Adult Protective Services

What does the APS Social Worker do?

Upon receipt of a report, an APS Social Worker will conduct a face-to-face contact with the client to investigate and assess the allegations between Zero-10 days.

- Interview
- Assess/Evaluate
- Intervene
- Refer

*When appropriate, APS staff work closely with local law enforcement agencies in investigating reports of abuse, neglect and exploitation.*
How We Advocate

- Participate in outreach and community education events to increase the public’s awareness of APS services, and encourage them to report suspected abuse.

- Collaborate with other agencies (Ex. DCA & D.A.) to provide community education to the senior community.

- InfoVan outreach programs

- Support Legislative efforts to promote health and wellbeing of our seniors
Plain Language:
A tool to address health literacy.

Jacqueline Valenzuela, MPH, MCHES
Director, Health Education Administration
Los Angeles County
Department of Public Health
Definition: Health Literacy

- The degree to which individuals have the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

- 2000 National Library of Medicine
Who’s affected by low health literacy?

9 out of 10 Americans have a hard time using everyday health information.

Source: NALS (2003)
Who’s most impacted by low health literacy?

Persons most likely to face low health literacy:
- Older adults
- Racial/ethnic minorities
- People with less than a high school diploma
- People with low income
- Non-native English speakers
- People with compromised health

Source: DHHS
What’s the impact of low health literacy?

Poor health literacy is a stronger predictor of a person’s health than:

- Age
- Income
- Employment status
- Education level
- Race

Source: AMA
What’s the impact of low health literacy? continued

People with low health literacy are more likely to:

- Report having poor health
- Skip preventive measures
- Have chronic conditions they don’t understand and can’t manage
- Enter the healthcare system when they’re sicker
- Use emergency services
- Feel shame about their skill level
What’s the impact of low health literacy? continued

Low health literacy also leads to:
- Medication errors
- Misdiagnosis
- Low compliance
- Hospital readmissions
- Unnecessary emergency room visits
- Longer hospital stays
- Fragmented access to care
- Poor responsiveness to public health emergencies
What’s the connection between health literacy and the ACA?

ACA does the following:
  - Extends health insurance to lower income adults
  - Promotes greater attention to barriers faced by individual patients

People with low health literacy are least equipped to benefit from the ACA
What’s the connection between health literacy and the ACA?

The law includes provisions to...
- Communicate health information clearly
- Promote prevention
- Be patient-centered and create medical homes
- Assure equity and cultural competence
- Deliver high-quality care

Examples of how these provisions can be addressed:
- Coverage expansion
- Equity
- Workforce
- Patient information
- Public health and wellness
- Quality improvement
Health Literacy: Whose Responsibility?

**PROFESSIONALS**

Responsibility to...
- Provide information in clear and simple language
- Check for patient understanding

**INDIVIDUALS**

Right to...
- Obtain clear health information
- Make informed decisions
How do we fulfill this responsibility?

Universal Precautions Approach

- Use plain language in all communication
Definition: Plain Language

Communication audiences understand the first time they read or hear it. Helps audiences:

- Find what they need
- Understand what they find
- Act on that understanding
What are the principles of plain language?

1. Audience
2. Content
3. Design

Source: DPH, HEA
Communication challenge

Hearing Challenges
- Hearing loss affects 1 in 3 people older than 60 and half of those older than 85

Plain language solutions
- Prepare in advance
  - Know your purpose
  - Know your audience
Principle #2: Content

Communication challenge

Cognitive changes
- Reduced processing speed
- Greater tendency to be distracted
- Reduced capacity to process and remember new information

Plain language solutions
- Necessary information only
- Explain what actions to take
- Repeat key points
- Use reminders
- Use familiar words
- Use short words and sentences
- Use active voice
- Use conversational tone
Principle #3: Design

Communication challenge

Vision changes
- Age
- Medication-related

Plain language solutions
- White space
- High contrast
- Font size
- Spacing between lines of text
- Paper finish
- Appropriate pictures
- Alternative formats
Print Materials: Before & After

When do we wash our hands?

A READ-OUT-LOUD guide for parents and teachers.

1. We wash our hands BEFORE we...
   - Eat, share, or cook food
   - Touch a cut or scrape
   - Get close to someone who is sick

2. We wash our hands AFTER we...
   - Eat, share, or cook food
   - Play
   - Touch or feed pets
   - Use the toilet
   - Cough, sneeze, or blow our nose
   - Touch a cut or scrape
   - Get close to someone who is sick

3. We follow these TIPS when we wash our hands:
   - Rub our hands together to make bubbles
   - Sing the ABCs or Happy Birthday
   - Use warm water and soap
   - Use clean towels to dry our hands

01/21/14

Los Angeles County Department of Public Health
www.publichealth.lacounty.gov
Plain language also applies to oral communication

- Limit background noise
- Increase lighting
- Speak clearly with more volume if needed
- Do not chew gum or eat while speaking
- Ask about sitting preferences (e.g. face-to-face)
- Take time to talk with the person and care giver

- Limit jargon
- Use pictures to emphasize key points
- Key points and repeat
- Use a "teach-back" method (ask the person to tell you what you just told them)
- Encourage questions
More Information

- HEA *Say it Right Manual*:
  - [http://tinyurl.com/PlainLanguageManual](http://tinyurl.com/PlainLanguageManual)
- CDC *Simply Put* manual
  - [http://tinyurl.com/CDCSimplyPut2ndEd](http://tinyurl.com/CDCSimplyPut2ndEd)
  - [http://tinyurl.com/CDCSimplyPut3rdEd](http://tinyurl.com/CDCSimplyPut3rdEd)
- CDC *Making Data Talk* workbook
  - [http://tinyurl.com/MakingDataTalk](http://tinyurl.com/MakingDataTalk)
Fraud Among Older Adults

Brian J. Stiger, Director
County of Los Angeles
Department of Consumer Affairs
Consumer Affairs at a Glance

Protecting Consumers

- Consumer Education
- Complaint Intake
- Counseling and Mediation
- Investigations Elder Financial Adult Protective Services
Seniors…

…own the majority of wealth in the United States.
Elder Financial Abuse: The fraudulent or otherwise illegal, unauthorized or improper actions by a caregiver, fiduciary, or other individual in which the resources of an older person are used by another for personal profit or gain; or actions that result in depriving an older person of the benefits, resources, belongings, or assets to which they are entitled. – Older Americans Act (OAA)

Scale of the Cost

- 5 million victims per year
- $2.6 billion in losses annually
Risk Factors…

- Isolation
- Loneliness
- Aggressive Predatory Behavior
- Disability and/or Impairment
- Dependents in Need
Common Scams

- Sweetheart scams
- Lottery scams
- “Grandparent” scams
- Telemarketing scams
- Contractor Fraud
- Real Estate Fraud
- Identity theft
Prevention starts with…

• **Awareness**
  - Be watchful of suspicious people latching onto an elder
  - Build Social Linkages – Join clubs and organizations and create a Social-Financial Alarm System

• **DCA Website**

• **Check Credit Report regularly (www.annualcreditreport.com or 888-382-1222)**

• Check bank/credit statements for fraud or recurring charges

• Suspicious mail can be an indicator of fraud risk
Action steps if you suspect fraud...

- Contact Department of Consumer Affairs and file a complaint at (800) 593-8222 or www.dca.lacounty.gov
- Call the police and file a report
- Call APS (877) 4-R-Seniors
- Tell friends about unwanted solicitations
Thank You!
Follow us on Twitter @LACountyDCA, @LACoConsumidor and like us on Facebook!
Cultural Diversity and Aging
Definitions –

Culture:
A group with shared values, religion, language, and/or heritage (culture refers to more than just race and ethnicity; it also applies to groups, their members, and affiliations).

Diversity:
Ethnic, socioeconomic, religious, and gender variety in a group, society, or institution.
Cultural Diversity and Aging Definitions –

**Cultural Barrier:**
A difference in cultural values and perceptions about treatment, care, and services that limits a person’s ability to access service.

**Cultural Sensitivity:**
Understanding the needs and emotions of one’s own culture and the culture of others, and understanding how the two may differ.
Cultural Diversity and Aging Challenges –

Approaches in providing service:

Colorblind to Race
Melting Pot versus Salad Bowl
Cultural Brokering
Partnerships and collaborations
Cultural Diversity and Aging
Barriers & Abuse Risks –

Language
Immigration Status
Cultural
Educational
Resource
Cultural Diversity and Aging
U.S. Administration on Aging –

Toolkit for Serving Diverse Communities

Assisting the Aging Services Network and its partners with a replicable and easy-to-use method for providing respectful, inclusive, and sensitive services for any diverse community.
Cultural Diversity and Aging

The Stages of Intercultural Sensitivity

1st Stage: Denial
2nd Stage: Defense
3rd Stage: Minimization
4th Stage: Acceptance
5th Stage: Adaptation
6th Stage: Integration

Milton J. Bennett’s Model of Intercultural Sensitivity (1993)
Cultural Diversity and Aging

Cultural Care Kit –

History of migration
Traditions and special days
Attitudes to residential care, sickness, hospitals and pain; death and burial rites
Religion
Food and diet
Languages, including phrases relevant to care
Internet links
The Golden Rule

Treat others the way you want to be treated.
The Platinum Rule

Treat others the way THEY want to be treated.