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# Readiness Assessment of Area Agencies on Aging in Georgia to Prevent Elder Abuse

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Readiness Assessment of Area Agencies on Aging in Georgia to Prevent Elder Abuse

By

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M.S.C., MUMBAI UNIVERSITY

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## ABSTRACT

Elder abuse has traditionally been a silent social issue in America. However, with an estimated

increase in the older population over the next 50 years, and given the preventable nature of

violence, it is quickly becoming a major public health priority area. Each year hundreds of

thousands of elderly are abused, neglected, or exploited financially worldwide. In the United

States alone, it is estimated that 500,000 cases of elder abuse occur annually—with research

indicating that substantiated cases are a mere underreport of the true problem.  The US federal

government has appointed State Units on Aging to address elder abuse. Georgia's Division of

Aging Services (DAS) is located within the Department of Human Services and administers

various services to elderly including advocating for their safety and well being. DAS carries out

its work through locally appointed Area Agencies on Aging (AAA). While AAAs serves as a

first point of entry for elderly population locally, their involvement in reporting and intervening

in elder abuse cases has been limited. The purpose of this capstone project is to examine the

AAAs' stage of readiness to address elder abuse using the *Community Readiness Model*,

developed by researchers at the University of Colorado.  Telephone administered surveys were

completed with 7 out of the 12 Georgia AAAs. Through a double rater review process,

transcripts were coded according to diverse constructs of the *Community Readiness Model* and

ultimately a readiness score was produced. The Community Readiness Score provides insight

into evidence-based strategies that can be implemented in order to advance elder abuse

intervention and prevention within the AAA communities.  The findings from this study provide

insights into cost-efficient, tailored strategies that can maximize the use of DAS funding for

AAA elder abuse case response and service delivery.

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**CHAPTER I**

**INTRODUCTION**

**1.1 Background**

The average age of the world's population is increasing at an unprecedented rate. The average worldwide lifespan is expected to increase by another 10 years by year 2050 (Center for Disease Control and Prevention [CDC], 2003). The most recent U.S. data estimated in 2009 that 12.9% (39.6 million) of the total U.S. population was aged 65 years or older. By 2030, the number of older adults is projected to reach 72.1 million, more than twice the number in 2000 (Administration on Aging [AoA], 2010). The aging U.S. population is a result of the continuous increase in the median age occurring over the past two decades. Two reasons for the increase in median age are a decline in fertility and an increase in the average lifespan (CDC, 2003) After World War II, many countries (including the U.S.) saw an increase in fertility rates known as the 'baby boom'. People born during this baby boom are referred to as *baby boomers* and will reach the age of 65 during the years 2010-2030. As a result, the U.S. population aged 65 and above is projected to increase from 12.4 % in 2000 to 19.6% in 2030. Moreover, the oldest old population (85 +) is projected to increase from 5.6 million in 2009 to 5.8 million in 2010 and to 6.6 million by 2020 (AoA, 2010; CDC, 2003).

The increase in life expectancy and the proportion of older populations reflects advances made in medical science and the success of the public health system. However, the growing number of older population means an increase in demand for medical, public health and social services. It also brings a growing burden of chronic disease, physical and mental disability, a rise in unintentional injuries, extra demands for care giving and increases in health care costs (CDC, 2003). Excess strain on the U.S. infrastructure may lead to economical, social and public health problems. One such public health issue is elder abuse.  As the number of older adults in the U.S. increases, likely the numbers of elder abuse victims will rise.

## 1.2 Introduction to public health problem

Historically in America elder abuse has been a hidden social crime. However, the degree and repercussions of this issue demand it to be a well publicized public health problem in need of immediate attention (Summers & Hoffman, 2006).  Each year hundreds of thousands of elderly are abused, neglected or exploited financially worldwide. In the United States alone it is estimated that 500,000 cases of elder abuse occur annually (CDC, 2011). It is difficult to accurately portray the extent of this problem as many victims are unable or ashamed to report such incidents to police, relatives, friends or caregivers (CDC, 2011).  Due to the continual increase in older populations it is presumed that the issue of elder abuse is also going to increase in its extent and severity.

## 1.3 Definitions of Elder Abuse/ Mistreatment

Elder abuse, also known as elder mistreatment, is a persistent global issue that violates basic human rights. However, there is no universally accepted definition of elder abuse. Various

agencies have developed their own definitions of elder abuse. The U.S.'s federal government defines elder ANE as the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish or deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness [Older Americans Act {OAA} § 102 (13)]. The term 'exploitation' is defined as the illegal or improper act or process of using the resources of an older individual for monetary or personal benefit, profit, or gain [OAA §102 (18)] (National Center of Elder Abuse [NCEA], 2011). The CDC's Injury Prevention and Control division uses the term mistreatment and  defines it as any abuse and neglect of person's age 60 years and older by a caregiver or another person in a relationship involving an expectation of trust (CDC,2011). Each state also has its own version of elder abuse definition in the law books.

## 1.4 Purpose of Capstone Project

The Federal Government established the State Units on Aging (SUA) to serve the increasing aging population. Georgia's SUA, designated as the Division of Aging Services (DAS) is housed within the Department of Human Services (DHS) and administers a statewide system of services, including an elder abuse reporting and prevention program, to Georgia's elderly population, their families and caregivers. In Georgia, DAS carries out its tasks through twelve locally appointed Area Agencies on Aging (AAA) throughout the state. The AAAs act as local 'gateways' to service for Georgia's older adults (Division of Aging Services [DAS], 2011). The AAAs address  the issue of elder abuse by carrying out outreach and educational programs for professionals, hotline services for reporting cases of abuse, as well as appointing in-house elder rights teams.  The AAAs have faced some major challenges in addressing elder abuse such

as the lack of mass public awareness, capturing exact numbers of incidences and providing rehabilitation services to the victims of abuse. Moreover the issue has become more complicated by the lack of comprehensive response protocol, the communication gap among responsible government agencies and finally an unscientific approach towards prevention strategies.

This project focuses on identifying some of the major challenges faced by Georgia's AAAs in addressing the issue of elder abuse. Past research indicates that for prevention efforts to be successful in a community it needs to have a solid theoretical background as well as a systematic approach. In order for prevention efforts to be more effective it is crucial to acknowledge the presence of issue in the community and then respond to issues by collaborating with vested community agencies (Edwards, Jumper-Thurman et al., 2000). The theoretical basis of this project is drawn from the Community Readiness Model (CRM), developed by the Tri-Ethnic Center for Prevention Research at Colorado State University (Plested, Edwards, Jumper-Thurman, 2006). The CRM was used to guide development of the interview questions and calculation of a readiness score. This score ultimately indicates an AAA's stage of readiness, or preparedness, in implementing elder abuse prevention strategies.

**1.5 Research Questions:**

1. What is the stage of readiness of all 12 AAAs in Georgia in addressing the issue of elder abuse?

2. Depending on the 'readiness score', what will be the best possible strategies for the AAA community to achieve greater success in preventing elder abuse in Georgia?

**CHAPTER 2**

**REVIEW OF LITERATURE**

**2.1 Historical timeline of federal government agency structures/policies related to ANE**

Abuse of older people has been mentioned in literature for centuries however the naming

and recognition of the various types of abuse occurred more recently.  In 1965, Congress passed

the Older Americans Act (OAA) in response to concerns of policy makers about the lack of

community social services available to the aging population (AoA, 2011). The act created the

National Aging Network comprising of the AoA on the national level, State Units on Aging

(SUA) at state level and Area Agencies on Aging (AAA) at the local level. This act authorized

the aging network on a national level to provide funding to the states for planning and

implementing community social services and developing research and personnel training in the

field of aging. The act created the AoA to serve as a federal focal point on issues involving older

population. The OAA acted as a major vehicle for providing a wide array of social services to

older Americans and their caregivers. It authorized the vast parade of service programs through a

national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service

providers, 244 tribal organizations, and 2 Native Hawaiian organizations representing 400 tribes

(AoA, 2011).   The OAA's mission is somewhat broad; help older people maintain maximum

independence in their homes and communities and promote continuum of care for the vulnerable

elderly.  No one over the age of 60 years can be denied services offered under OAA. The act

authorizes seven titles with the program to prevent elder abuse being authorized by the title VII.

The elder abuse prevention program requires states to carry out awareness activities on elder

abuse, to identify and prevent elder abuse, neglect and exploitation (National Public Health

Forum, 2011). The SUA are also required to coordinate activities of AAA under title VII of the

OAA (AoA,2011).

*Administration on Aging (AoA)*

The AoA is a derivative of the OAA and a part of the Department of Health and Human

Services. It is the Federal agency responsible for providing comprehensive services to older

adults. The AoA's mission is to develop a comprehensive, coordinated, and cost-effective

system of home and community-based services that help older individuals to maintain their

health and independence in their homes and communities.  The AoA provides federal leadership

for strengthening elder justice strategic planning and direction for programs engaged in elder

abuse prevention. In 1987, AoA established the Prevention of Elder Abuse, Neglect and

Exploitation program. Under this program the AoA grants funding to states and territories based

on their share of the older population. States have the right to allocate funding to various

programs and may choose to allocate funds to area agencies on aging and other local providers.

To support this important program, the AoA provides funding to the National Center on Elder

Abuse (NCEA) (AoA,2011).

*National Center on Elder Abuse*

The NCEA was established in 1988 as a resource center and was granted a permanent

home within the AoA by the Title II of the Older American Act 1992 amendments. The NCEA is

committed to helping national, state and local partners with aging networks to ensure older people a life of dignity, independence and without abuse, neglect and exploitation. It serves as a national level resource point for policy makers, social service and health care practitioners, the justice system, advocates, researchers and families. The NCEA awards grants to the National Adult Protective Services Foundation, National Committee for the Prevention of Elder Abuse and the University of Delaware to carry out the Center's activities (NCEA, 2011).

The first major U.S. elder abuse investigation, 'National Elder Abuse Incidence Survey', was carried out by NCEA in 1996 and published in 1998. According to the study report, 449,924 older adults aged, 60 and above experienced abuse and/ or neglect in a domestic setting. Of this total only 16% (70,942) were reported to and substantiated by the Adult Protective Services (APS) resulting in a staggering 84% (378,982) of cases going unreported. If the victims of self–neglect are added to this total the number increases to 551,011 with almost 79% (435,901) going unreported (NCEA, 1998). The study had an 'eye-opening' effect on those involved in the aging network and shed light on some of the disturbing facts of elder abuse including the gross-under reporting of abuse cases. The study itself did not procure data directly from older adults but assessed APS Records and sentinel reports. Therefore it is very likely that the obtained figures greatly underestimated the true scope of the problem. (NCEA, 1998)

## 2.2 State Structures

### Division of Aging Services

The Georgia Division of Aging Services (DAS), housed in the Georgia Department of Human Services, is the state agency that administers the statewide system of services for senior citizens,

their families and caregivers. DAS carries out elder abuse prevention activities through its State Adult Protective Services and Elder Rights and Advocacy Program (DAS, 2011).

*Adult Protective Services Program*

The APS is mandated under Georgia's Disabled Adults and Elder Persons Protection Act (O.C.G.A. 30-5-1). The program addresses situations of domestic abuse, neglect or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long-term care facilities. The APS investigates reports of alleged abuse, neglect or exploitation and strives to prevent the recurrence by providing protective services intervention. Specific guiding principles are followed when assessing events of abuse, neglect or exploitation. These guidelines take into consideration an adult's rights to personal autonomy and self-determination. When assessing reports initially the least restrictive means of eliminating or reducing risks are tried prior to implementing more intrusive intervention. (DAS, 2011)
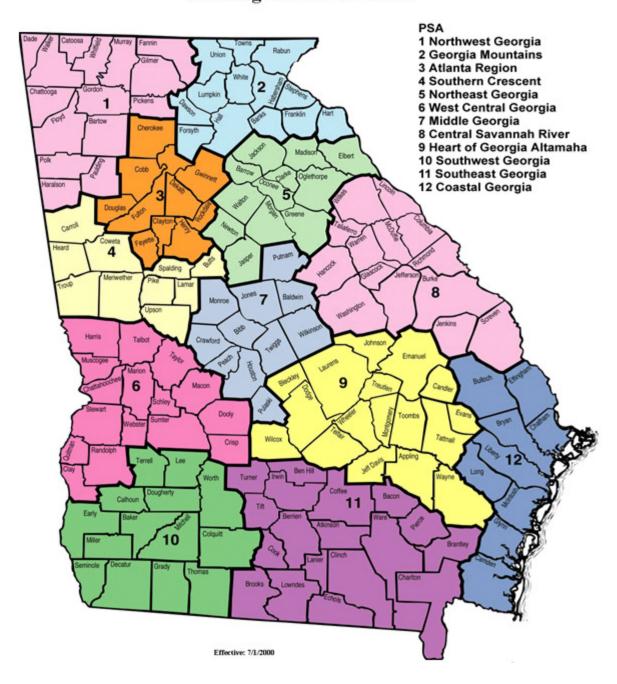
APS uses a regionally-based, multi-disciplinary approach to serve the disabled and senior adults. The APS receives reports of abuse, neglect and/or exploitation via phone calls or fax through its Central Intake Unit. Trained APS staff handles the reports and determines if the referral meets the criteria required for APS to carry out investigation. If the criteria are not met, referrals are made to community resources in the aging network. APS case managers handle both investigation reports and case management services for the entire state. APS also provides case management for incapacitated adults for whom the DHS has been appointed as a Guardian. APS represents DHS and manages approximately 680 guardianships per month. Additionally the APS program receives $400,000 each year to provide emergency relocation services to victims of abuse by shifting clients to a safer place (DAS, 2011).

*Area Agency on Aging*

The AAA serves as the 'gateway' for older adults in Georgia by helping to implement state programs at the local level, while acting as a community resource center by advocating for the needs of Georgia's aging population (DAS,2011). The AAA collaborates with local partners and subcontracts services in order to cover as much of the local older population as possible. There are 12 AAAs identified by geographical boundaries in Georgia. Each AAA is bound by a contract and works independently under the locally appointed director. All AAAs are required to submit annual area plans for each fiscal year to DAS which includes demographics, programs to be implemented, modified, continued or terminated. A separate budget section depicts the allocation of funds for each program. Along with the yearly plan each AAA is required to provide staff reports with detailed descriptions of elder abuse awareness, educational and referral activities completed by the staff. Case managers at the state office serve as the link between the state office and the individual AAA offices.

**Division of Aging Services**
**Planning and Service Areas**

PSA
1 Northwest Georgia
2 Georgia Mountains
3 Atlanta Region
4 Southern Crescent
5 Northeast Georgia
6 West Central Georgia
7 Middle Georgia
8 Central Savannah River
9 Heart of Georgia Altamaha
10 Southwest Georgia
11 Southeast Georgia
12 Coastal Georgia

Effective: 7/1/2000

Source: Division of Aging Services ,2010

Note: The new name for Southern Crescent (4) is Three Rivers, West Central Georgia (6) is now

River Valley, and Southeast Georgia (11) has been renamed Southern Georgia.

*AAA's roles in response protocol towards elder abuse*

Elder abuse response and prevention is one of the key programs implemented by the AAA. Victims of elder abuse, relatives or friends of victims suspicious of activity call either the local AAA number or state APS number. The AAA staffs in turn refer cases to APS in the state office. The APS must substantiate the case before it is accepted for further investigation. The AAA may or may not hear back from the APS about the case if it does not require any direct contribution from local AAA. Hence the role of AAA is limited to making referrals in response to incidence of any elder abuse case happening in the local community. AAA maintains the record of such referrals made by them to state APS. In this current response protocol AAAs play inconspicuous role in addressing elder abuse locally. There is no incentive to partner with local law enforcement agencies or other private partners to help the victims during or after crisis. Moreover the local prevention activities are limited to educational and outreach events conducted by the AAA staff, in-house elder rights team and in some cases multi-disciplinary team involving local partners and personnel from the aging network. As a result of the current situation, Georgia has made little progress in effectively responding to the elder abuse problem.

The following table gives information about various elder abuse awareness and prevention programs implemented by all 12 AAAs over a period of one fiscal year. The figures entered under title budget represent total money that was allocated to each AAA in one fiscal year for carrying out elder abuse response and prevention activities.

**Table 2.1:** Elder abuse prevention programs implemented by AAAs during state fiscal Year 07/2008-06/2009.

| AAA Region | Budget for EA Prevention ($) | Education (# activities) | Abuse referral (# people) | Awareness (# activities) | Training (# activities) | Total |
|---|---|---|---|---|---|---|
| Legacy Link GA Mountains | 7,409.00 | 7 | 0 | 17 | 7 | 31 |
| River Velly | 6,803.00 | 15 | 0 | 4 | 17 | 36 |
| South West GA | 7,734.00 | 0 | 0 | 34 | 7 | 41 |
| Atl Regional Commission | 32,064.00 | 31 | 1 | 15 | 5 | 52 |
| Coastal GA | 8,057.00 | 158 | 0 | 9 | 28 | 195 |
| Southern GA | 7,123.00 | 18 | 94 | 30 | 16 | 158 |
| Middle GA | 7,409.00 | 60 | 56 | 78 | 103 | 297 |
| Altamaha | 6,407.00 | 34 | 17 | 86 | 80 | 217 |
| North East | 7,035.00 | 56 | 76 | 21 | 0 | 153 |
| Central Savannah | 8,192.00 | 51 | 0 | 136 | 17 | 204 |
| Three Rivers | 6,967.00 | 0 | 0 | 10 | 0 | 10 |
| North west | 11,563.00 | 6 | 20 | 18 | 5 | 49 |
| **Statewide** | | **436** | **264** | **473** | **285** | **1458** |

Source:  Online AIMS report and observations are based on those reports

Traditionally elder abuse response and prevention programs have been running on a very tight budget. (Table2.1) In Georgia it was mandatory to implement elder abuse prevention programs for each AAA .The federal funds were allocated by the state office to individual AAAs until the fiscal year 2009.  In 2010, the State Office has decided to hold the funds as a step towards reforming the statewide elder abuse prevention program.  As a result elder abuse prevention programming has become optional for AAAs (DAS, 2011).

Educational activities mentioned in Table 2.1. refer to community education on financial exploitation and consumer fraud. Awareness programs are comprised of information/ health fair and presentations delivered at local senior centers, where printed materials such as brochures and fact sheets are distributed.

Elder abuse referrals reflect the number of cases handled by AAA staff. Many cases may be forwarded directly to the health care facility regulator. Large numbers of cases are referred as 'information' only. (Middle GA has provided notes on each and every case). These types of cases span emotional /psychological abuse, financial exploitation, neglect, self neglect, and physical abuse. These cases of neglect and self neglect have the highest chances of recidivism.

**Table 2.2:** Total number of people reached through all AAA activities pooled for SFY 2004 through SFY2009

| SFY | Community education | Training | Program awareness | Total |
|---|---|---|---|---|
| 2004 | 11,420 | 1,875 | 132,662 | 145,957 |
| 2005 | 12,961 | 1,843 | 266,547 | 281,351 |
| 2006 | 11,881 | 3,066 | 401,566 | 416,513 |
| 2007 | 12,939 | 2,353 | 45,282 | 60,574 |
| 2008 | 9,540 | 3,096 | 108,079 | 120,715 |
| 2009 | 6,479 | 1,444 | 596,400 | 604,323 |

As of 2009, AAAs have reached out to only 6% of the total Georgia population. This underlies the fact that despite continuous efforts by AAAs to reach out to local communities mass awareness about elder abuse is still a top most challenge for all 12 AAAs.

**Table 2.3:** Number of unduplicated intake referrals made to APS during SFY 2007-2010.

| SFY | No. of unduplicated intake referrals |
|---|---|
| 2007 | 6,417 |
| 2008 | 5,773 |
| 2009 | 6,660 |
| 2010 | 8,362 |

Source: Online AIMS reports and observations based on those reports.

Note: Numbers indicate total intake referrals made directly to APS by callers and through AAA.

The NCEA estimated that 1 in 14 cases of elder abuse, neglect and exploitation, excluding the incidents of self neglect in the domestic setting get reported to the authorities (Pillemor & Finkelhor, 1988). Considering 8,362 unduplicated intakes logged by APS in year 2010 for clients aged 60+ (Table 3), 8,362×14=117,068 estimated total number of cases of elder abuse, neglect and/ or exploitation could have occurred in GA during the 2010 fiscal year. The National Elder Abuse Incidence Study published in 1998, claimed that 1 in 5 cases of elder abuse are reported. Considering this formulation, 8,362×5= 41,810 cases of elder abuse might have occurred in one year in Georgia.  According to a report published in the *Journal of the National Academy of Elder Law Attorney* Fall 2003 issue, 84% of elder abuse cases go unreported. Based on this formulation, during the period of 07/2009-06/2010 an estimated 52,262 cases of elder

abuse may have occurred in GA and of those 43,900 may not have been reported to the authorities.

Numbers presented in the above tables shed light on the gross underreporting of elder abuse, the shortcomings of current awareness activities and the acute need for sound prevention strategies. No single agency can be held responsible for such deficit but in order to address the issue of elder abuse in Georgia collective efforts by all AAAs are necessary. Such collective efforts are possible if all the communities are well aware of the scope of the problem and are willing to 'own' the problem in order to solve it. The current project uses 'Community Readiness Model' to determine this level of willingness among all AAA communities in Georgia.

## 2.3 Community Readiness Model

The Community Readiness Model (CRM) model was developed by the Tri-Ethnic Center for Prevention Research at Colorado State University in response to observations that the readiness of a community plays a key role in determining the success of a prevention program. Research suggests that unless a community is 'ready' to own the problem and work on it, prevention programs may observe limited success (Edward, Jumper-Thurman, et al., 2000). The CRM model was developed to not only meet the research needs but to also provide a practical tool for making communities mobile for change.

The CRM is a nine-stage model (Table. 2.4) that determines the community's readiness to recognize and address a particular problem in the context of its culture, resources and ability to implement preventive strategies.

**Table 2.4:** Description of the transition of a typical community through nine stages of readiness as per CRM

| Stage | Description |
|---|---|
| 1. No Awareness | Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue). |
| 2. Denial / Resistance | At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally. |
| 3. Vague Awareness | Most feel that there is a local concern, but there is no immediate motivation to do anything about it. |
| 4. Preplanning | There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed. |
| 5. Preparation | Active leaders begin planning in earnest. Community offers modest support of efforts. |
| 6. Initiation | Enough information is available to justify efforts. Activities are underway. |
| 7. Stabilization | Activities are supported by administrators or community decision makers. Staff are trained and experienced. |
| 8. Confirmation/ Expansion | Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained. |
| 9. Community Ownership | Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues. |

Source: Adapted from Community Readiness: A Handbook for Successful Change (Plested, Edwards, et.al, 2006)

The model assesses the readiness of a community by conducting semi -structured interviews of key informants from the community. The questions gather information on the six dimensions of

the community:  1) existing efforts (programs, activities, policies), 2) community's knowledge of the existing efforts, 3) leadership (extent to which formal and informal leaders are supportive of the programs) 4) community climate (prevailing attitude within a community concerning the issue), 5) Community knowledge about the issue, and 6) resources available to carry out the programs (funds, space, time). Each dimension is scored and score is summed. Resultant number is divided by the total numbers of interviews that are carried out to derive readiness score. The community readiness score is rounded down to the lower whole number, indicating the stage of readiness on the community readiness scale (Table. 4) (Plested, Edwards, et al., 2006) The stage of readiness is not just used an indicator of the community's current state but is also used to suggest goals and strategies to motivate and mobilize the community to address the issue.

The CRM was originally created for alcohol and drug abuse prevention programs (Edwards, Jumper-Thurman, et al., 2006). However, it has found great application in a  myriad of other prevention programs such as childhood obesity prevention (Findholt, 2007), participation of Latin women in breast cancer prevention (Lawsin, Borrayo, et al.,2007), methamphetamine prevention (Wyoming Community Initiative,2006), AIDS prevention  in developing countries(Aboud, Huq, et al.,2010)  and many more such activities all over the world. Attempts to search for the studies wherein CRM is applied to the issues of older adults met with very limited success. An article by Carlson L. and Harper K. indicates that CRM can serve as a much-required tool to guide services for lesbian, gay, bisexual, transgendered older adults (Carlson, Harper, 2008).

The CRM was used in this project to assess the readiness of all Georgia AAA communities in addressing the issue of elder abuse. All the AAAs are scored from stages 1-9 for their readiness and depending on the final readiness score future strategies are recommended.

# CHAPTER 3

## METHODOLOGY

Directors of all 12 Georgia AAAs were contacted via email in order to connect with a staff member/members involved in elder abuse response and prevention programs within the agency. Once the specific staff members were identified, a telephone interview was conducted averaging 20 minutes in length. The interview was structured and questions were developed according to 6 dimensions of readiness, as described within the CR model (Appendix A). Interviews were transcribed and two reviewers, trained on using anchored rating scales, assessed each interview using the 6 dimensions of readiness. Table 3.1 is an example of an anchored rating scale for dimension A- existing community efforts.  Scoring allows for whole numbers and quarter decimal places—if the response falls in between two of the major anchor points. Raters must indicate evidence within the transcription to support their score.

**Table 3.1**: Anchored rating scale for scoring Dimension A- Existing community efforts

| Score | Matching Response |
|:---:|:---|
| 1 | No awareness of the need for efforts to address the issue. |
| 2 | No efforts addressing the issue. |
| 3 | A few individual recognize the need to initiate some efforts, but no immediate motivation to do anything. |
| 4 | Some community members have met and discussed developing community efforts. |
| 5 | Efforts (programs/activities) are being planned. |
| 6 | Efforts (programs/activities) are being implemented. |
| 7 | Efforts (programs/activities) have been running for several years. |
| 8 | Several different programs, activities, policies are in place, cover different age groups, new efforts are being developed based on evaluation data. |
| 9 | Evaluation plans are routinely used to test effectiveness of many different efforts and the results are being used to make changes and improvements. |

Source: Community Readiness: A Handbook for Successful Change

Both reviewers then reconciled their ratings through a discussion process and a final, agreed upon overall readiness score was given. According to the CR process, scores are rounded down—as all the interviews were recorded for the scoring purpose and to eliminate the possibility of reliance on memory and/or wrong interpretation of the given answer.

The CRM training materials include matched strategies for each stage of readiness for each dimension as well as overall score. Strategies for specific AAAs were matched with their readiness scores. Additionally, the overall readiness scores of the individual AAAs were averaged together and the AAA network's readiness score and matched strategies were provided.

All 7 AAAs were questioned about existing community efforts in order to address elder abuse, how much general public know about these efforts, to what extent leaders (AAA director as well as other community leaders) are involved in such efforts, overall community climate

pertaining to elder abuse, community's knowledge about the issue and resources that are

available to each AAA locally in order to respond and prevent elder abuse effectively.

## CHAPTER 4

## RESULTS

7 AAAs were interviewed out of 12.

### 4.1 Individual AAA readiness score:

The following tables represent scores for each AAA based on double rater anchored rating scale. The community readiness score is calculated for the each AAA and stage of readiness is matched as per CRM.

**Table 4.1:** *Atlanta Regional Commission*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 6.75 | 4.5 | 6.75 | 5.5 | 5.5 | 4.75 | 33.75 |

Community Readiness Score = 5

Stage of readiness- Preparation

**Table 4.2**: *Middle Georgia*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| 7.5 | 6.75 | 5.0 | 4.0 | 5.5 | 5.75 | 34.5 |

Community Readiness Score = 5

Stage of readiness- Preparation

**Table 4.3**: *Three rivers*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| 5.75 | 4.75 | 7.5 | 6.0 | 5.5 | 5.5 | 35 |

Community Readiness Score – 5

Stage of Readiness- Preparation

**Table 4.4**: *Central Savannah River Area*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| 7.75 | 4.75 | 6.5 | 4.5 | 5.5 | 5.5 | 34.5 |

Community Readiness Score – 5

Stage of readiness- Preparation

**Table 4.5:** *Southern Georgia*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| 5.0 | 4.0 | 4.0 | 3.0 | 2.5 | 2.75 | 21.25 |

Community Readiness Score – 3

Stage of Readiness-Vague Awareness

**Table 4.6**: *Northeast Georgia*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| 7.5 | 6.0 | 4.5 | 5.5 | 5.5 | 4.0 | 33 |

Community Readiness Score – 5

Stage of readiness- Preparation

**Table 4.7**: *River Valley*

| Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F | Total Score |
|---|---|---|---|---|---|---|
| | | | | | | |

| 7.5 | 6.0 | 6.0 | 3.0 | 4.5 | 3.5 | 30.5 |

Community Readiness Score – 5

Stage of Readiness- Preparation

## 4.2 Over all readiness status of AAA network in Georgia

The following table depicts the overall readiness score for AAA network in Georgia by pooling together individual scores of each AAA across all six dimensions of CRM.

**Table 4.8:** Overall readiness scores for AAA community in Georgia:

| AAA Name | Dimension A | Dimension B | Dimension C | Dimension D | Dimension E | Dimension F |
|---|---|---|---|---|---|---|
| ARC | 6.75 | 4.5 | 6.75 | 5.5 | 5.5 | 4.75 |
| Middle GA | 7.5 | 6.75 | 5.0 | 4.0 | 5.5 | 5.75 |
| Three rivers | 5.75 | 4.75 | 7.5 | 6.0 | 5.5 | 5.5 |
| CSRA | 7.75 | 4.75 | 6.5 | 4.5 | 5.5 | 5.5 |
| SouthernGA | 5.0 | 4.0 | 4.0 | 3.0 | 2.5 | 2.75 |
| NortheastGA | 7.5 | 6.0 | 4.5 | 5.5 | 5.5 | 4.0 |
| River Valley | 7.5 | 6.0 | 6.0 | 3.0 | 4.5 | 3.5 |
| Average | 47.75 | 36.75 | 40.25 | 31.5 | 34.5 | 31.75 |

| Readiness | 6.82 | 5.25 | 5.75 | 4.5 | 4.92 | 4.53 |
|-----------|------|------|------|-----|------|------|
| Score     | 6    | 5    | 5    | 4   | 4    | 4    |

Total community readiness score for AAA community in Georgia= 31.77/6=5

Thus AAA community in Georgia is in the preparation stage of elder abuse response and prevention program.

# CHAPTER 5

## DISCUSSION AND CONCLUSION

### 5.1 Complexities of Addressing ANE

Given the range of elder abuse, neglect and exploitation definitions—a clear understanding of how extensive the growing public health concern of ANE is lacking. This study is important because it attempts to assess one professional entity that may play a natural role in addressing cases of ANE. However, given the varying degree of resources, support, and missions among the AAA network—this study stood to clarify how AAAs are both alike and different in terms of addressing ANE. Results from this study are important to DAS—so that future training, collaboration, and strategic planning can take into consideration how prepared AAAs are in terms of advancing the ANE agenda throughout the state.

### 5.2 Discussion of Research Questions

The study was carried out to answer two principal questions. 1) What is the readiness stage of AAA network in Georgia in order to address elder abuse? 2) Depending on readiness score what will be the possible prevention strategies? The study has answered the questions for individual AAA as well as for an entire AAA community level.

*Individual AAA:*

**Atlanta Regional Commission (ARC):** The community score for ARC turned out to be 5, placing it at 'preparation' stage of readiness. The ARC scored well in existing community efforts and support from the leader. They have an innovative volunteer program where in the ARC recruits professional volunteers to educate community about elder abuse. However, it is struggling to reach the masses with issue of elder abuse. The awareness is limited only to those who are already a part of aging network. The interviewee herself stressed on the need for continuous educational activities about elder abuse. The ARC can improve its program by conducting more community based surveys, in order to gain insight into the level of knowledge among community members. By organizing a public forum it can aim to recruit more volunteers from all parts of the community. As ARC is located in metro-Atlanta they have an advantage of being in the proximity of commercial district which in turn may prove useful in obtaining resources. It can rope in influential people, local politicians, and important government officers to help them in media campaign. By developing sophisticated evaluation of every program pertaining to elder abuse, the ARC can track the success as well as challenges faced by each one of them.

**Middle Georgia:** The Middle Georgia was at stage 5 –preparation on the community readiness scale. The Middle Georgia fared well on community efforts as they have in-house elder rights team which organizes annual conference to train professionals about recognizing and reporting the cases to appropriate authorities. They also have shelter for victims of family violence and in partnership with Law enforcement they are active in holding conferences for the professionals. The Deputy Sheriff of Middle Georgia has a keen interest in the issue and thus makes it a point

to keep those in the aging network well aware about the developments in the community. Most of the activities target the professionals in the aging network but through 'Senior Day in the Park' the Middle Georgia tries to reach out to the actual senior population in the community. The middle Georgia believes that by reaching out to one professional ultimately helps them reach hundred through their client base. However, for such professionals the clients are also no one but seniors and their family members. Thus Middle Georgia community is still largely unaware about elder abuse issue which got reflected in the low score obtained for the 'community climate' dimension. It is necessary for them to expand their efforts beyond aging network and try to reach the general public through other outreach activities. The interviewee herself being on the management team has created a goal of expanding the elder rights team by 40% in the next four years but also needs to focus on other ways to reach out to general public through community surveys, public forums, utilizing influential community members etc. Continuous evaluation of their outreach activities will certainly help them achieve their target number.

**Three Rivers:** The Three Rivers AAA was found to be at the 'preparation' stage based on the community readiness score of 5. As per the anchored rating score, the Three Rivers obtained average score of 5 on all six dimensions with leadership and community climate dimensions scoring higher than the rest. In Fall 2010, they created 'Elder Justice Community Collaborative' to raise awareness about elder abuse issue in the local community. Currently the efforts are limited to the professionals in the aging network but they hope to expand and reach out to general public in near future. Community based surveys, collection of data, conducting public forums and appointing local influential people on this collaborative can help them reach out to masses. The Three Rivers AAA initiated the collaborative by obtaining a grant of $ 10,000/- and

also has partnered with people from the 'National Committee of prevention of Elder Abuse' to create a sound strategic plan to run this collaborative. These efforts were certainly found to be unique to the Three Rivers AAA. Currently getting law enforcement on board and developing good working relationship with the state APS are some of the challenges faced by the Three Rivers AAA, but with stabilization of the program they hope to achieve those goals as well.

**Central Savannah River Area (CSRA) -** Like previously mentioned AAAs CSRA is also at the preparation stage as per the CRM. Dimension A- describing the existing community efforts to address elder abuse obtained the highest score followed by the dimension C for leadership. The CSRA has in-house elder rights team and organizes an annual conference to spread awareness about elder abuse. The CSRA attempts to reach out to general public by using local print media as well as spot on television. Except for annual conference which is in its third year, rests of the activities are running for almost a decade. They try to 'blanket' the community by spreading words, printed materials, via radio, and other marketing strategies. Some of the marketing strategies are truly innovative like, keeping brochures in Doctors' offices, pharmacies and putting the CSRA's logo on the pharmacy bags. However, the CSRA is still struggling to get more participation from the general public indicating lack of knowledge about elder abuse issue. They might need to strength their evaluation efforts in order to learn if the marketing strategies are truly making any difference in terms of increased awareness about elder abuse.

**Southern Georgia:** Unlike rest of the AAAs that were interviewed, Southern Georgia was found to be at the lower stage of readiness. With community readiness score of 3, the Southern Georgia is at the stage of 'Vague Awareness' about elder abuse. Hence, educating people about elder

abuse is the essential priority for the Southern Georgia AAA.  They have press releases and also share information with other partner agencies to spread a word about elder abuse. The Southern Georgia also organizes the 'Senior Safety Day' and invites partners from the aging network. However, the awareness about elder abuse is not yet widespread in the Southern Georgia. The main reason that was recognized by the interviewee was vast geographical and rural nature of the area that is covered by the AAA. Being rural, the AAA has to overcome other obstacles like illiteracy, lack of transportation and limited channels of communication as some of them might not even have phone lines. As a result of such obstacles, the community climate is not very supportive of elder abuse prevention programs as most of the members might not have even heard about it. Hence it is crucial for the Southern Georgia AAA to come up with other innovative ways to reach out to remotely placed community members. They attempt to reach out to seniors by distributing flyers through other service providers such as home meal delivers. Along with the current efforts the Southern Georgia needs to conduct community wide surveys, awareness programs and social events so as to congregate maximum number of people possible at one place. Additionally tapping on the locally available resources might help them overcome challenges of serving a rural community.

**Northeast Georgia:** Northeast Georgia AAA is again at the stage of 'preparation' with community readiness score of 5. They scored well on dimensions A & B indicating they have programs running for several years to address elder abuse and increasingly more number of people are becoming aware of such efforts. According to interviewee 'getting a word out' to general public is one of the strengths of the Northeast Georgia AAA. Their marketing strategies comprise of making presentations for consumers and mandatory reporters of elder abuse,

coordinating with other partner agencies, participating in health fair and organizing interagency meetings. The interviewee was quite confident in stating that people in Northeast Georgia are aware about elder abuse and they want to prevent it. Moreover she thinks that in Northeast Georgia they will be the first point of contact ahead of APS when it comes to reporting suspicious cases. However, they are not evaluating their efforts and thus there is no way of knowing whether these outreach activities are truly making any difference or again like other AAAs it is targeting only the professionals.

**River Valley:** River Valley's stage of readiness- preparation again matches with that of the most of the AAAs that were interviewed. Like most of the other AAAs they have scored well on dimension A-community efforts and dimension B-knowledge about such efforts. The River Valley AAA conducts presentations, distribute printed materials, carry out promotional events on TV etc. The interviewee was satisfied with the kind of efforts taken by the River Valley AAA to educate general public about elder abuse. However, the River Valley AAA has scored low on dimension D- community climate. It indicates that though AAA is trying to create awareness public is not 'ready' to work on it. Interviewee also thinks that people approach them only when the incident has already occurred. Rarely people call to report suspicious events and hence help the AAA office to prevent it. This exposes that gap between community's awareness about the issue and knowledge about preventive steps that can be taken. River Valley AAA can narrow this gap by educating the community to recognize signs and symptoms of elder abuse as well as proving them with necessary information to prevent such incidents.

*AAA network:*

Overall AAA network was also found to be at the preparation stage mirroring the results obtained for most of the AAAs that were interviewed. There are certain aspects which are found to be common across most of the participant AAAs. Generally in spite of having community outreach activities AAAs are struggling to get the word out in the general public. Even if they have succeeded in doing so the community at large does not seem to be well aware about the issue. This can be interpreted in both the ways, either the AAAs are falling short in their efforts or the community is not ready to accept the elder abuse as serious issue which needs immediate attention from them. The AAA network continues to  struggl with limited budget to carry out prevention efforts reflected in two of the total twelve AAAs that have already stopped elder abuse prevention programs.  Exchange of ideas, information and collaboration among Georgia's AAAs may lead to comprehensive statewide response to elder abuse and also help then seek resources from their respective local communities by implementing certain innovative ideas. In Georgia, AAA is a principal professional organization which has a tremendous potential to carry the elder abuse issue to grass-root level and adopt bottom-up approach for addressing it.

## 5.3 Study Strengths and Limitations

This study is innovative because it is the first known attempt to apply CRM to AAA network. The study has provided the State office with a brief overview of what is actually happening statewide with respect to elder abuse issue. The findings from this project can be used by the State office in planning future actions, allocation of funds and keeping a track of the progress made by all AAAs.  However, planning for future should be done considering the limitations of the study.  The CRM required conducting multiple interviews with key informants

within a community. Treating the AAA network within the state of Georgia as the principal community is a limitation of this study. Ideally, and according to the CRM, multiple interviews for each AAA would result in a more robust approach. The resulting qualitative results cannot be generalized beyond the seven interviewees and this is an acknowledged study weakness. However, insight into addressing ANE within the state is lacking—and this study has shed light on the role AAAs play in addressing cases of suspected abuse involving older adults.

## 5.4 Implications of Findings

The overall readiness of AAAs within Georgia indicates that this network is in the preparation stage. This score can be helpful to DAS and other lead aging agencies that approve public health programming. It is important that DAS and other relevant stakeholders respond to results of this study by eliminating programs that are not linked to this stage of readiness.

## 5.5 Recommendations

It is recommended that communities in the preparation stage of readiness focus their resources and energy on development and implementation of the following strategies: increasing awareness outside of the Aging Network, conducting more extensive surveys that would include additional insights from partners and community members, and conducting public forums to develop plans of actions on a grassroots level. It is of utmost importance to include and utilize key leaders to attract media attention to the ANE issue that is on the rise in Georgia. With each of these tailored strategies, it is recommended that evaluation be included on all levels so that participants and stakeholders can monitor progress made and ultimately, to see if the preparedness scores of AAAs improve over time.

**5.6 Future Direction for the Project**

This project can be continued in the future by identifying key respondents in individual AAA community and interviewing them on the same six dimensions of CRM. This will result in calculating more accurate readiness score and finding of exact stage of readiness of the community. Community readiness model can be applied at regular intervals to evaluate ongoing projects for their positive results. Those programs that are not yielding good results can be discontinued or modified hence, resulting in the better use of available resources.

**5.7 Conclusions**

The current project shows that the CRM can be applied to an aging service network (AAAs) in order to determine the readiness of the community to fulfill a robust ANE response and prevention program. Results from this effort can help program planners develop extensive plans which would include caregivers, medical professionals, law enforcement, and local leaders who are inextricably connected to the resolve and prevention of ANE directed toward older adults. The CRM has proven to be an effective tool to develop an initial understanding of the stage of readiness among the AAA community in terms of addressing ANE. In the future, use of the CRM can assist in evaluating progress and achievement of higher stages of preparation. Ultimate program success would be reflected not only readiness scores, but overall decline in older adult ANE crimes and reports.

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**APPENDIX**

Community Readiness Assessment Interview Questions:

Community Knowledge of the Efforts

1. Using a scale from 1-10, how much of a concern is elder abuse, neglect, and exploitation prevention in <u>your community </u>(with 1 being "not at all a concern" and 10 being "a very great concern")?

2. Please describe the efforts/activities that are available in <u>  your community</u> to address elder abuse, neglect, and exploitation prevention.

3. How long have these efforts/activities been going on in <u>your community</u>?

4. What does <u>your community's </u>residence know about these efforts/activities?

5. What are the strengths of these efforts/activities?

6. What are the weaknesses of these efforts/activities?

Resources Related to the Issue

7. What formal or informal policies, rules/regulations and laws related to elder abuse, neglect, and exploitation prevention are in place in <u>your community </u>, and for how long?

Leadership

8. Using a scale from 1 to 10, how much of a concern is elder abuse, neglect, and exploitation prevention to the leadership in <u>your community </u>(with 1 being "not at all" and 10 being "of great concern")?  Please explain.

9. How are these leaders involved in efforts regarding elder abuse, neglect, and exploitation prevention?  Please explain. Are they involved in a committee, task force or other efforts?

10. Would the leadership support additional efforts? Please explain.

Community Efforts

11. How does <u>Blank Community</u> *support* the efforts to address elder abuse, neglect, and exploitation prevention?

Community Knowledge about EAN

12. How knowledgeable are community members about elder abuse, neglect, and exploitation prevention? Please explain.

13. What type information is available in <u>your </u>regarding elder abuse, neglect, and exploitation prevention?

14. What local data are available on elder abuse, neglect, and exploitation prevention in your community?

15. How do people obtain this information in<u> your community</u>?

16. To whom would an individual affected by elder abuse, neglect, and exploitation turn to first for help in <u>your community</u>?

17. What is the community's and/or local business' attitude about supporting efforts to address elder abuse, neglect, and exploitation prevention, with people volunteering time, making financial donations, and/or providing space?

18. Are you aware of any proposals or action plans that have been submitted for funding that address elder abuse, neglect, and exploitation prevention in your community?  If yes, please explain.

19. Do you know if there is any evaluation of efforts that are in place to address elder abuse, neglect, and exploitation prevention?  If yes, on a scale of 1 to 10. How sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")?

20. Are the evaluation results being used to make changes in programs, activities, or policies, or to start new ones?