

Targeting elder abuse through coordination, community response: Michigan program connects agencies

Change AGENTS Initiative

The John A. Hartford Foundation's Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. Managed by The Gerontological Society of America, the initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.



In a close-knit community like Battle Creek, Michigan, elder abuse and neglect is often hidden in plain sight. To recognize and address the situation, though, takes a village in which the community-based agencies and systems are able to share bits and pieces of information and thereby develop an accurate picture of what is happening.

Achieving that type of cohesion is the purpose of the Calhoun County Coordinated Community Response (CCR) program, recipient of a spring 2015 John A. Hartford Foundation Change AGENTS Action Award. Headed by Carolyn E. Z. Pickering, PhD, RN, of Michigan State University in East Lansing, the CCR project connects partners from hospitals and health care, law enforcement, and emergency medical services (EMS) with those from social and elder services, all with the goal of preventing and addressing elder abuse and neglect.

In the past, "Battle Creek was integrated like a bowl of spaghetti," Bonnie Hogoboom of the Area Agency on Aging told Pickering. "What we need to do in this project is turn ourselves into a lasagna – with layers that provide organization while facilitating communication with the other partners." With such a structure, others will be able to "copy the recipe," Hogoboom added.

Managed by The Gerontological Society of America, the John A. Hartford Foundation Change AGENTS Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. It did so by harnessing the collective strengths, resources, and expertise of the John A. Hartford Foundation's interprofessional community of scholars, clinicians, and health system leaders to learn from and support one another while they adopted, evaluated, and sustained changes in practice and service delivery. The Change

AGents Action Awards grants program was designed to support Change AGents in implementing promising ideas in practice change.

The Situation

Famous for its factories that produce Kellogg's cereals, Battle Creek is a community of 50,000 people between Ann Arbor and Kalamazoo, Michigan. The CCR project focuses on both county seat Battle Creek and the surrounding rural areas of Calhoun County.

Pickering and her CCR colleagues noticed situations with hints of elder abuse by caregivers, family, or friends, but no single agency or advocate could put the picture together quickly enough. "I remember one senior in a Battle Creek housing facility who was being victimized by an employee," recalls Ron Tatro of Elder Law of Michigan. "State agencies investigated the situation but without resolution. Had the CCR system been in place, not only could we have uncovered the abuse, we likely could have acted in time to prevent it."

In the community, social agencies operated in silos and did not generally talk with each other. This contrasted with what Pickering was accustomed to in health systems and health care, where clinicians routinely recommend and pursue help for patients from other specialties or departments.

One reason for the silos was privacy concerns based on language in the Health Insurance Portability and Accountability Act (HIPAA). This was preventing many staff members from contacting others who could help. In addition, Tatro added, law enforcement or EMS staff needed training on what to look for when called to homes where seniors live—and at a minimum, to realize that abuse might be happening when, for instance, they see an older person with her legs covered by a blanket on a hot day.

Another aspect hindering cooperation was the lack of a common communication system among the social, legal, and medical agencies serving Calhoun County seniors. Without a secure email system connecting them, the agencies were left to make phone calls, leave messages, and often miss the return call.

The Solution

The CCR project built on a long-standing effort among the social agencies to work together in cases of elder abuse and neglect. Through the Change AGents Action Award, Pickering said the CCR model was implemented along with a beta-version of the electronic case management system designed specifically for this project using the NIH REDCap infrastructure. The HIPPA-compliant system permitted enhanced, secure communications and recordkeeping for client assessments and progress notes. The new system was validated by assessing the management of services for 27 older adults.

The CCR model is enabled by asking prospective clients if they consent to provide authorization to release protected health information. This waiver allows the different partner agencies to share treatment information and communicate about the client with one another. This shared communication allows the partner to coordinate care among their respective agencies and better meet the diverse needs clients have.

“The bottom line is that social, public health, medical, legal, and community services all seek to meet the complex, diverse needs of our seniors,” Pickering said. “Patients often needed medical care but also social services. Some required financial help or assistance, housing modifications such as wheelchair ramps or bars in the showers, or fresh-cooked meals.” With shared communication, CCR partners were better able to work together to identify client’s needs and streamline enrollment in services.

How the Change AGENTS Action Award improved outcomes

The Action Award provided the funds needed to establish the CCR services and model and provide proof-of-concept testing. With that hurdle cleared, the next step is to scale the model in a randomized study of 300 older adults in the Battle Creek area. Additionally, other agencies saw the valuable work being done with the Action Award and now additional stakeholders have joined the team. In the randomized study, law enforcement, EMS, and ED discharge planners will receive training on making referrals to the CCR to expand the reach of the service model. Outcomes such as emergency department utilization and instances of elder abuse or neglect will be assessed under the CCR model and standard integrated care.

“Part of the success of the CCR model so far was the team’s congeniality and willingness to talk with each other,” Pickering said. “The next phase of testing will determine whether we can replicate this spirit on a broader scale, all with the best interests of our seniors at heart.”