programs regarding improving the well-being of all older adults.

Session 3035 (Paper)

Elder Abuse and Neglect

EVALUATING A MULTIDISCIPLINARY TEAM APPROACH TO ELDER ABUSE

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This paper presents findings from a University and Community-based Agency collaboration to design and implement a preliminary evaluation of the Elder Abuse Multidisciplinary Team (E-MDT) Intervention. This intervention brings professionals from a variety of fields to investigate and respond to elder abuse. Data from 22 Interviews with staff along with anonymous survey data from E-MDT team members/staff (n=312) sought to establish team successes, challenges in implementation, and ongoing functioning. Themes that emerged in creating successful teams include: Establishing Buy-In and Trust of the team members, The Benefit of sharing experience and practical knowledge with other program sites; and Recognizing the Differences related to Onboarding and Sustaining New programs versus Sustaining Existing Programs. Themes related to responding during COVID revealed challenges such as Adapting to Technology and Inconsistent Access to the Internet. It was noted that remote meetings were easier to attend than face-to-face meetings. Data from the survey found the vast majority of respondents view the E-MDTs as having a positive impact on Clients (93%); while 93% of respondents indicated a positive impact on their Approach to Practice and the service area of their agency. Approximately 80% of the respondents indicated their multidisciplinary teams were Effective. Responses to 3-Open Ended questions included in the survey echoed similar themes from the interviews, as well as comments about their Professional Development and the complexity of responding to elder abuse. The paper will close with a discussion of the strategies used to facilitate the collaboration and complete the evaluation during the COVID-19 pandemic.

EVALUATING RISK OF NEGLECT AMONG OLDER ADULTS USING NSHAP ROUND 3 (2015-2016)

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As functional health declines, dependency on others increases along with the risk of neglect and its harmful consequences. In this paper, we use data collected during 2015-16 (Round 3) of the National Social Life, Health, and Aging Project (NSHAP) to identify older adults at risk of neglect and to test the hypothesis that high neglect risk predicts poorer health. Specifically, we use NSHAP's functional health survey module and follow-up care receiving "loop" to categorize respondents as having either "high" or "low" neglect risk. NSHAP's functional health module assesses respondents' difficulties with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Because ADLs and IADLs are integral to the maintenance of physical health, hygiene, and well-being, the unrequited desire for help with such activities could signal neglect. Accordingly, we assign "high neglect risk" to respondents who report either that they: (a) want but are not getting help with an ADL or IADL; or (b) are getting help with an ADL or IADL, but from a helper who is not very reliable. Motivated by current research that documents higher rates of morbidity and mortality among neglected older adults, we examine associations between neglect risk and other key NSHAP measures, including indicators of physical health, mental health, cognition, social support, social strain, and field interviewer assessed respondent hygiene. Results suggest that this method of risk assessment can be useful in identifying vulnerable populations of older adults. Follow-up interviews are needed to further confirm its utility as a risk assessment tool.

INVESTIGATING ELDER ABUSE AND NEGLECT IN DIVERSE REFUGEE COMMUNITIES IN GREENSBORO, NC

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Elder abuse and neglect (EAN) comprises multiple dimensions, is experienced by about 10% of older adults in the U.S in diverse communities, and is severely detrimental to older adults' (OA) health and wellbeing. However, documentation of EAN among refugee OA is greatly lacking as are services for these communities. Refugee OA are overall underserved members of marginalized communities. This paper reports on a community-engaged study to collect information and raise awareness of EAN among OA in 2 North Carolina refugee communities - Nepali-speaking Bhutanese and Congolese. Research partners included University researchers and community refugee-serving organizations. Surveys and focus group interviews were conducted. 17 Nepali-speaking Bhutanese and 13 Congolese filled out survey questions, including the Elder Abuse Suspicion Index. They participated in focus group discussions (FGDs), separately for men and women of each community. Survey results indicated EAN more among Congolese than Nepali-speaking Bhutanese. FGD results showed both communities prefer to depend on family members, and experience difficulties with language, transportation, and economic insecurity. No EAN was reported in the FGDs. In line with principles of community-engaged approaches, a capacity-building event to increase awareness of EAN was held, attended by 25 persons from the two communities. This study adds documentation on an under-researched area and marginalized communities. Action recommendations include disseminating culturally appropriate EAN information, strengthening English language and job skills and transportation options, encouraging cooperation across state, nonprofit, educational, and service organizations to address needs of older refugee adults.