National Needs Assessment: Facilitators and Barriers to Screening and Management of Elder Abuse by Tribal Health

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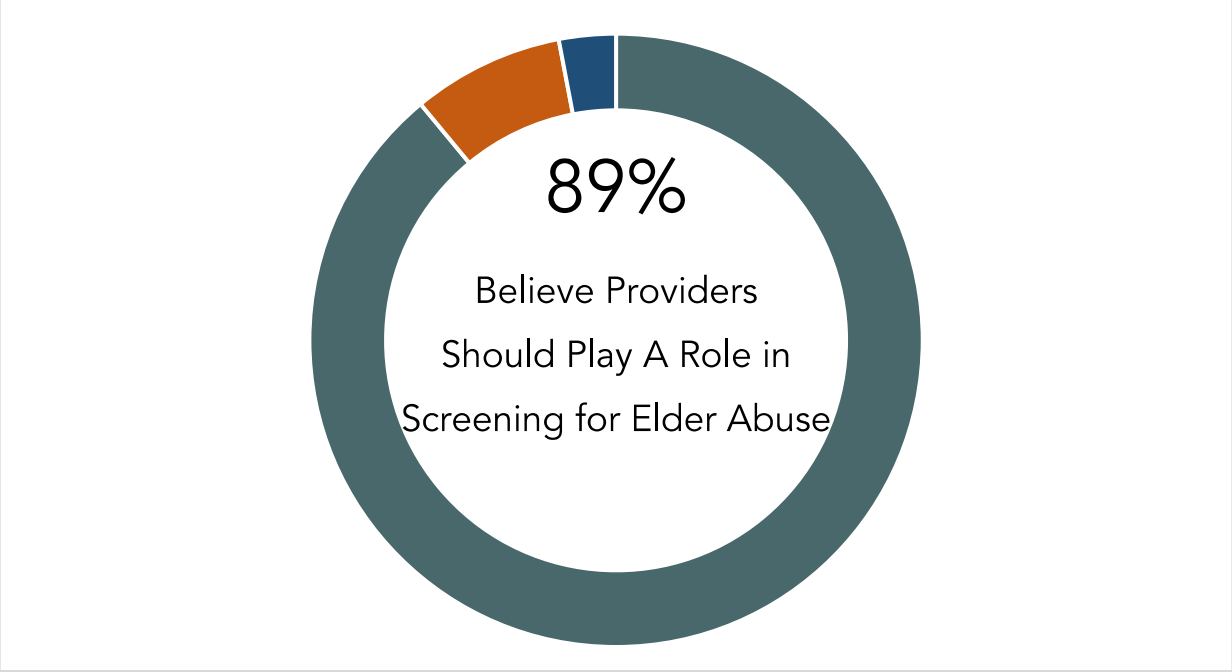
The International Association for Indigenous Aging (IA2), with funding from The National Resource Center for Reaching Victims of Crime, sought to understand the current needs and experiences of tribal health care clinics in recognizing and managing elder abuse among American Indian and Alaska Native (AIAN) older adults. This is the first and most comprehensive national needs assessments designed to identify facilitators and barriers for screening and management of elder abuse by tribal health care providers. Telephone interviews (n = 23) and an online survey (n=90) included participants from 22 states.

New and Noteworthy Key Findings

- Screening is widely accepted by not widely accomplished by tribal health care providers.
    - Just 54% routinely screen for elder abuse & only three clinics use an elder-specific screening tool.
    - 85% believe they have the capacity to be able to identify all different types of elder abuse.
    - Only 43% agree that they are knowledgeable about how to screen and manage for cases of elder abuse.



- Tribal health care providers are already dealing with elder abuse cases: 70% have worked with patients experiencing financial exploitation, 60% have experience with neglect or emotional abuse, and 43% have experience with physical abuse.
- Providers say they lack proper protocols for managing cases of elder abuse, have received little training, and either lack information about how to access available community services or supports, or lack the actual community services and supports to address needs.

- Essential services for Native elders face substantial deficits in funding. Provider concerns about funding deficiencies for elder services include community health, behavioral health, and access to other community and health services for elder victims of abuse including housing, food, and transportation.
- There is a need to better understand the link between culture and abuse, specifically the role of acculturation and assimilation and historical trauma at the individual, family, and community level.
- Community health representative (CHR), public health, and home health programs emerged as promising practices for both screening and as interventions in cases of alleged or confirmed abuse.
- Programs designed to reinvigorate cultural traditions such as language, culture, and food; multidisciplinary teams (MDTs); tribally funded Adult Protective Service (APS) designated workers also appeared as potential promising practices.
- Cultural programs may offer the opportunity to meaningfully engage elders and provide opportunities to reduce social isolation.
- Additional funding is needed for identified priorities including: tribal outreach and awareness (greatest need), social workers, respite and in-home nursing care, research to establish a tribal-specific evidence base for screening and interventions.

Policy and Practice Recommendations

Based upon needs assessment findings and existing elder abuse literature specific to AIAN elders, the following policy and practice recommendations are offered for tribes, counties, state, and federal level policymakers as well as health care practitioners. Assessment findings indicate that screening tools, protocols, and training are the most pressing priorities for health care providers, though the list below is not in order of priority.

- Development or adaptation of a tool(s) or best practices to systematically assess community supports, services, and assets for tribal health providers and elder abuse victims available within or adjacent to tribes and to tribal-serving health care entities.
- Dedicated tribal-funded APS staff person, social worker, case manager, or elder service worker(s) with APS-type roles and responsibilities (in tribes that do not currently have this type of position).
- Enhance or establish relationships between existing tribal and county APS and MDT programs and outpatient tribal health centers to promote regular opportunities for training and ongoing support of clinical staff referrals; incorporate health center staff into existing MDTs.

- Initiate or enhance tribal-run CHR and/or home health programs, or identify alternative funding streams to make current programs solvent.
- Standardized provider training on elder abuse assessment and management that addresses complicated cases, red flags, and "grey areas" that incorporates a trauma-informed care approach specific to the needs of AIAN elders
- Selection and testing of elder-specific abuse clinical screening tool including short- and long-term outcomes in tribal clinical setting.
- Testing/adaption of cultural appropriate, specific tools specific to AIAN elders
- Development of standardized screening protocols for assessing abuse and exploitation in older adults that is adaptable by local tribes and health providers for both outpatient clinic and home-based care settings.
- Training on effective use of standardized screening protocol for all health center and home-based care staff including administrative staff who have direct patient contact.
- Development of a standardized intervention protocol including suggested interventions and accompanying training that is adaptable by local tribes and health providers.
- Support for existing MDTs and expansion to new tribes for assessment, development of an action plan and systematic approach to MDTs as an elder abuse intervention with process specific evaluation or assessment to assess outcomes and identify opportunities for improvement.
- Development and empirical testing of strategies to enhance community outreach, awareness, and reporting of elder abuse including approaches to promote tribal leadership buy-in.
- Empirical assessment of the direct and indirect impact on elder abuse and exploitation of programs designed to promote cultural revitalization.

Conclusion

Outpatient health care providers participants are willing and ready to embrace screening for abuse among their older patients. These same providers are already required to intervene in clinical settings that more often than not lack proper protocols for managing cases of elder abuse, offer little training, and either lack information about available community services or supports or lack the actual community services and supports. Systems, protocols, services, and supports must be designed and implemented, ideally by tribes and tribal providers themselves or in close collaboration to ensure they meet the unique needs of their tribal elders and their respective tribal clinics, villages, and communities.