2012 WEBINAR SERIES PART II:
TACKLING THE TOUGH TOPICS IN
ETHNOGERIATRICS

Sponsored by Stanford Geriatric Education Center in conjunction with
American Geriatrics Society, California Area Health Education Centers,
& Nevada Medical Center

WHY CULTURE MATTERS IN CASES
OF ELDER MISTREATMENT AND
SELF-NEGLECT

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Oct 11 2012

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“Why Culture Matters in Cases of Elder Mistreatment and Self-neglect”

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About the Presenters
Dr. Carmel Bitondo Dyer is a graduate of Baylor College of Medicine, where she completed her Internal Medicine residency and Geriatrics Fellowship. She founded the geriatrics program at the Harris County Hospital District and the Texas Elder Abuse and Mistreatment Institute. Her research and publications have been in the area of elder mistreatment. She was a delegate to the 2005 White House Conference on Aging and has twice provided testimony at the U.S. Senate on behalf of vulnerable elders. She has received national and local recognition for her teaching abilities, research in elder abuse and neglect, and dedication to the health care of older persons. Dr. Dyer is currently Chief of Staff at LBJ Hospital, Associate Dean for Harris County Programs, and Professor and Director of the Division of Geriatric and Palliative Medicine at The University of Texas Medical School at Houston. Dr. Dyer is the co-founder and Executive Director of the Consortium on Aging and is the current holder of the Roy M. and Phyllis Gough Huffington Endowed Chair in Gerontology.

About the Presenters
Dr. Jason Burnett earned his PhD in Health Promotion and Behavioral Sciences from the University of Texas School of Public Health in Houston Texas. His research career has been dedicated to vulnerable older adults, specifically elder self-neglect. He has published over 20 articles on the topic of elder self-neglect. Currently, Dr. Burnett is an Assistant Professor in the Department of Geriatric and Palliative Medicine at University of Texas Medical School in Houston and an Adjunct Assistant Professor at the University of Texas School of Public Health in Houston. He also serves as the Associate Director of Clinical and Behavioral Research for the Texas Elder Abuse and Mistreatment Institute (TEAM).
About the Presenters

David V. Flores is currently Assistant Professor at the University of Texas Medical School at Houston and has recently been appointed as Associate Director of Clinical Administration for the Texas Elder Abuse and Mistreatment Institute (TEAM). Dr. Flores also has a research appointment at the Center for Drug and Social Policy Research at the University of Houston. He received his Doctorate and Masters in Social Work from the University of Houston’s Graduate College of Social Work, a Masters of Public Health with a focus on “Health promotions and Behavioral Science” from the University of Texas Health Science Center’s School of Public Health, and is a ASWB Licensed Masters Social Worker. Dr. Flores’s primary research is focused on health disparities among underserved aging minority populations and health issues over the life course.

“Why Culture Matters in Cases of Elder Mistreatment and Self-neglect”

Carmel Bitondo Dyer, MD
David V. Flores PhD, LMSW, MPH
Jason Burnett, PhD
The University of Texas, Harris Health System and the TEAM Institute

Outline

1.) Introduction to Elder Mistreatment and Self-Neglect
2.) A World Apart: Cultural and Perceptual Differences in Elder Mistreatment and Self-neglect
3.) Screening Tools and Culture: Results of Latent Class Analysis
CASE STUDY

- 68 year old Spanish-speaking woman
- Claims physical abuse
- MMSE 19/30
- Interview with son
- Full examination
- Skeletal survey
- Outcome

HOW SERIOUS IS THE PUBLIC HEALTH PROBLEM?

...
REASON FOR REFERRAL
N=527

- Medical evaluation needed 189 (36)
- Cognitive problems 114 (21.6)
- Unsafe environment 106 (21)
- “Self-neglect” 101 (19.2)
- Questionable medication compliance 75 (14.2)
- Capacity evaluation 66 (13)
- Poor hygiene 47 (9)
- Lack of utilities 38 (7)
- In need of hired caregiver 33 (6.3)
- Falls and mobility problems 21 (4)

TYPES OF MISTREATMENT

- Caregiver neglect
- Financial exploitation
- Physical abuse
- Psychological abuse
FINANCIAL EXPLOITATION

TYPES OF MISTREATMENT

• Self-neglect
LACHS ET AL
ELDER MISTREATMENT IS LETHAL
### Mortality

<table>
<thead>
<tr>
<th>Status</th>
<th>n</th>
<th>Deaths</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-neglect</td>
<td>180</td>
<td>73</td>
<td>40.3%</td>
</tr>
<tr>
<td>Elder mistreatment</td>
<td>78</td>
<td>31</td>
<td>53.2%</td>
</tr>
<tr>
<td>No EAM</td>
<td>6649</td>
<td>1303</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

---

**CHAPS**

- Prospective, population-based cohort study
- 1993 to 2005
- Chicago Health and Aging Project (CHAP; a longitudinal, population-based, epidemiological study of residents aged > or = 65 years).
- suspected elder self-neglect or abuse reported to social services agencies.

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**DONG ET AL**

**CHAPS COHORT AND APS REPORTS**
CHAPS: Outcomes and Results

- Mortality - Independent associations of self-neglect reporting with the risk of all-cause mortality
- RESULTS: 9318 CHAP participants, 1544 reported for elder self-neglect
- Followed up for a median of 6.9 years
- Elder SN was associated with significantly increased risk of 1-year mortality.

WHY NOT APPLY THE GERIATRIC APPROACH TO ELDERS REPORTED FOR SELF-NEGLECT?

GERIATRIC ASSESSMENT

- 1.) Cognition
- 2.) Mood
- 3.) Pharmacotherapy
- 4.) Functional ability
- 5.) Real social history
- 6.) History and physical examination
PURPOSE OF INTERDISCIPLINARY ASSESSMENT

- Detect occult disease: dementia, depression
- Evaluate functional level
- Actively rule out problems with medication
- Take a holistic approach to the elder’s living situation
- Develop an interdisciplinary care plan

SPECIAL THANKS

- Adult Protective Service – Both State And Local Regional Staff And Leadership
- Members of the TEAM Institute
- The Harris County Hospital District
A World Apart: Cultural and Perceptual Differences of Elder Abuse and Mistreatment

Outline

1. Determinants of cultural influences
2. Cultural, racial, and ethnic homogeneity
3. Dimensions of culture across the landscape
4. Acculturation assimilation and cultural identity
5. Transgenerational determinants
6. The role of cultural values
7. Lost in translation
8. Cultural risk and protective factors
9. Suggestions for attending to cultural issues
Culture

“The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations.”

“The customary beliefs, social forms, and material traits of a racial, religious, or social group; also: the characteristic features of everyday existence shared by people in a place or time” e.g., Southern culture, drug culture, 70’s culture, The great depression culture of the 1920s.”

Number of Persons 65+ in the U.S.

Source: A Profile of Older Americans: 2010, Administration on Aging, DHHS

Future Growth of the Older Minority Population

- Minority populations
  - 5.7 million in 2000 (16.3% of the elderly population)
  - 8.9 million in 2010 (20.1% of the elderly)
  - 12.9 million in 2020 (23.6% of the elderly)
- Between 2010 and 2030 populations 65+
  - Whites 59% compared with 160% for older minorities
  - Hispanics (202%)
  - African-Americans (114%),
  - American Indians, Eskimos, and Aleuts (145%)
  - Asians and Pacific Islanders (145%).

Source: A Profile of Older Americans: 2010, Administration on Aging, DHHS
### 2050 Projected Population Growth by Race

<table>
<thead>
<tr>
<th>Census Year</th>
<th>Total Population - All Ages</th>
<th>Total - All Persons 65 and older</th>
<th>Hispanic Persons 65 and older</th>
<th>Non-Hispanic White Persons 65 and older</th>
<th>Non-Hispanic Black Persons 65 and older</th>
<th>Non-Hispanic American Indian and Alaskan Native Persons 65 and older</th>
<th>Non-Hispanic Asian Persons 65 and older</th>
<th>Non-Hispanic Native Hawaiian and Pacific Islander Persons 65 and older</th>
<th>Non-Hispanic Persons 65 and older with Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>282,158,336</td>
<td>35,107,491</td>
<td>1,756,846</td>
<td>29,394,669</td>
<td>2,818,102</td>
<td>127,737</td>
<td>816,312</td>
<td>19,809</td>
<td>174,016</td>
</tr>
<tr>
<td>2010</td>
<td>310,232,863</td>
<td>40,228,712</td>
<td>2,857,619</td>
<td>32,243,428</td>
<td>3,322,859</td>
<td>200,323</td>
<td>1,318,961</td>
<td>33,235</td>
<td>252,287</td>
</tr>
<tr>
<td>2020</td>
<td>341,386,665</td>
<td>54,804,470</td>
<td>5,019,205</td>
<td>41,666,656</td>
<td>4,897,772</td>
<td>337,653</td>
<td>2,408,327</td>
<td>59,532</td>
<td>415,325</td>
</tr>
<tr>
<td>2030</td>
<td>373,503,674</td>
<td>72,091,915</td>
<td>8,631,108</td>
<td>51,333,789</td>
<td>7,093,697</td>
<td>491,627</td>
<td>3,829,320</td>
<td>95,544</td>
<td>616,830</td>
</tr>
<tr>
<td>2040</td>
<td>405,655,295</td>
<td>81,238,391</td>
<td>13,150,205</td>
<td>52,468,863</td>
<td>8,493,937</td>
<td>565,905</td>
<td>5,641,586</td>
<td>131,542</td>
<td>786,353</td>
</tr>
<tr>
<td>2050</td>
<td>439,010,253</td>
<td>88,546,973</td>
<td>17,514,734</td>
<td>51,771,738</td>
<td>9,942,696</td>
<td>645,537</td>
<td>7,434,131</td>
<td>170,040</td>
<td>1,068,097</td>
</tr>
</tbody>
</table>

Sources:
- File: 2008 National Population Projections
- Population Division, U.S. Census Bureau
- Release date: August 14, 2008
- This table was compiled by the U.S. Administration on Aging using the Census data noted.

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### Characteristics of Validated APS Victims in Completed In-Home Investigations Fiscal Year 2011

<table>
<thead>
<tr>
<th>Validated APS Victims</th>
<th>Female</th>
<th>Percent of Total</th>
<th>Male</th>
<th>Percent of Total</th>
<th>Unknown</th>
<th>Percent of Total</th>
<th>Race/Ethnicity</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo</td>
<td>17,719</td>
<td>30.5%</td>
<td>11,653</td>
<td>20.1%</td>
<td>34</td>
<td>0.1%</td>
<td>29,406</td>
<td>50.6%</td>
</tr>
<tr>
<td>African American</td>
<td>548</td>
<td>74.7%</td>
<td>4,693</td>
<td>6.5%</td>
<td>15</td>
<td>0.2%</td>
<td>12,496</td>
<td>23.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7803</td>
<td>13.1%</td>
<td>5,685</td>
<td>9.8%</td>
<td>12</td>
<td>0.2%</td>
<td>13,380</td>
<td>22.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>47</td>
<td>0.2%</td>
<td>72</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>181</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>152</td>
<td>0.3%</td>
<td>124</td>
<td>0.2%</td>
<td>9</td>
<td>0.2%</td>
<td>263</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>850</td>
<td>1.5%</td>
<td>545</td>
<td>0.9%</td>
<td>7</td>
<td>0.1%</td>
<td>1,402</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>34,992</td>
<td>60.3%</td>
<td>28,821</td>
<td>49.6%</td>
<td>68</td>
<td>0.1%</td>
<td>58,068</td>
<td>100%</td>
</tr>
</tbody>
</table>

Includes disabled, incidence rate of maltreatment for Texas 12.4 per 1000

Source: Texas Department of Family and Protective Services 2011

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### In-Home Validated Victims in Completed Investigations Fiscal Year 2011

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>28,607</td>
<td>56.5%</td>
</tr>
<tr>
<td>Aged</td>
<td>28,601</td>
<td>56.5%</td>
</tr>
<tr>
<td>Total</td>
<td>57,208</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Texas Department of Family and Protective Services 2011
### Perpetrator Characteristic: Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Percent of Total</th>
<th>Male</th>
<th>Percent of Total</th>
<th>Unknown</th>
<th>Percent of Total</th>
<th>Race/Ethnicity</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>181</td>
<td>3.4%</td>
<td>177</td>
<td>3.3%</td>
<td>3</td>
<td>0.0%</td>
<td>259</td>
<td>6.7%</td>
</tr>
<tr>
<td>10-24</td>
<td>236</td>
<td>4.4%</td>
<td>227</td>
<td>4.2%</td>
<td>3</td>
<td>0.0%</td>
<td>463</td>
<td>8.7%</td>
</tr>
<tr>
<td>25-34</td>
<td>375</td>
<td>6.8%</td>
<td>369</td>
<td>6.7%</td>
<td>0</td>
<td>0.0%</td>
<td>744</td>
<td>13.9%</td>
</tr>
<tr>
<td>35-44</td>
<td>545</td>
<td>10.2%</td>
<td>493</td>
<td>9.2%</td>
<td>5</td>
<td>0.1%</td>
<td>1,043</td>
<td>19.6%</td>
</tr>
<tr>
<td>Over 45</td>
<td>2,391</td>
<td>43.9%</td>
<td>1,386</td>
<td>26.0%</td>
<td>2</td>
<td>0.1%</td>
<td>2,720</td>
<td>51.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>0.1%</td>
<td>4</td>
<td>0.1%</td>
<td>3</td>
<td>0.1%</td>
<td>11</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: Texas Department of Family and Protective Services 2011

### Perpetrator Characteristic: Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Female</th>
<th>Percent of Total</th>
<th>Male</th>
<th>Percent of Total</th>
<th>Unknown</th>
<th>Percent of Total</th>
<th>Race/Ethnicity</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo</td>
<td>1,251</td>
<td>23.4%</td>
<td>1,329</td>
<td>24.9%</td>
<td>2</td>
<td>0.0%</td>
<td>2,582</td>
<td>48.4%</td>
</tr>
<tr>
<td>African American</td>
<td>512</td>
<td>9.6%</td>
<td>410</td>
<td>7.7%</td>
<td>3</td>
<td>0.0%</td>
<td>923</td>
<td>17.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>714</td>
<td>13.4%</td>
<td>758</td>
<td>14.2%</td>
<td>2</td>
<td>0.0%</td>
<td>1,474</td>
<td>27.6%</td>
</tr>
<tr>
<td>Native American</td>
<td>4</td>
<td>0.1%</td>
<td>2</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>6</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>0.1%</td>
<td>8</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>16</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>178</td>
<td>3.3%</td>
<td>149</td>
<td>2.8%</td>
<td>7</td>
<td>0.1%</td>
<td>334</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Source: Texas Department of Family and Protective Services 2011

### Cultural Racial and Ethnic Homogeneity Misperceptions

- Hispanic
- Jewish
- African American
- Muslim
- Asian

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Dimensions of Culture and Abuse Across the Landscape

**Hispanic** [Sobrero et al., 2012]
**African American** [Woodard et al., 2011]
**Chinese** [Song et al., 2007; Yun et al., 2006]
**Korean** [Lee et al., 2011]

**Native Americans** [Gray and Clark, 2003]
**Arab** [Robinson et al., 2006]
**Israeli** [Kosberg et al., 2003]
**Japanese** [Robinson et al., 2006; Levesque et al., 2002]

**Hispanic** [delima et al., 2012]
**African American** [Horsford et al., 2011]
**Chinese** [Dong et al., 2007; Tam et al., 2006]
**Korean** [Lee et al., 2011]

Practitioners, authorities, and researchers must become aware of cultural realities and meanings assigned to forms of adversity. Our assessment and definition of potential abuse, mistreatment, or self-neglect may not correspond with that of the clients’ **cultural expectations** and **cultural experiences**.

Sanchez, 1996

**Cultural Value Dimensions Impacting Elder Mistreatment**

- **Individualism/Collectivism** Sherman et al., 2008
- **Self-construal**: “a constellation of thoughts, feelings, and actions concerning one’s relationship to others and the self as distinct from others.” Singelis 1994
- **Independent and Interdependent Self-construal**
  - Independent (individualistic)
  - Interdependent (collectivistic) Markus and Kitayama, 1991; Lee et al., 2012
Determinants of Cultural Influences on Elder Abuse, Mistreatment, and Self-Neglect

- Cultural and ethnic homogeneity misperceived
- Immigration status and anti-immigration climate
- Acculturation, assimilation and cultural identity
- Traditional cultural values
- Gender
- Cultural expectations and prior cultural experiences
- Transgenerational effects

Acculturation, Assimilation, and Cultural Identity

- Acculturation
- Assimilation
- Country of origin oriented vs. American oriented
- Lack of Cultural Group Reference
- Loss of Social Support Network

Transgenerational Determinants

- Multigenerational households
- Language Barrier
- Immigration Status
- The Community Broker
- Dependency leads to isolation

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The Role of Cultural Values as Determinants of Elder Abuse or Mistreatment

- Familism
  - Familismo
  - Filial Piety
- Paternalism
  - Traditional Patriarchal Households
  - Machismo

Lost in Translation

- Language
- Cultural expectations
- Juxtaposition of cultures
- Elder distrust of institutions

Factors Contributing to Abuse, Neglect, and Exploitation:

- Rapidly older adult population Growth
- Alcohol and drug dependency
- Poverty
- Lack of affordable housing and high costs of utility bills
- Inadequate access to health care and costly medications
- Toxic family relationships
- Dependence of family or others on the income of older adults
- Violence as a coping mechanism in society
- Physical and mental stress of Denial of benefits, such as SSI and Medicaid, to some immigrants

Source: Texas Department of Family and Protective Services 2011
Cultural Associated Risk Factors

- Historical segregation and anti-immigration climate
- Healthcare barriers, discrimination, and exclusion
- Lack of recognition of cultural values or cultural identity
- Lack of financial stability
- Undocumented immigration status
- Limited social support network
- Limited access to institutional support
- Negative cultural values and gender roles

Parra-Cardona et al., 2007

Cultural Associated Protective Factors

- Freedom of cultural expression and association
- Cultural values and traditions that promote sense of community
- Language
- Established social support networks
- Positive cultural values and gender roles

Parra-Cardona et al., 2007

Suggestions for Attending to Cultural Issues

- Identify cultural identity preference
- Identify degree of adherence to/acceptance of cultural identity of family members
- Assess for understanding of situation
- Ensure cultural needs and expectations are met
- Seek the counsel others knowledgeable of the culture
Assessments and Differential Profiles of Elder Mistreatment and Self-Neglect

Elder Mistreatment and Self-Neglect Screening

- Psychometrics
  - No Construct Validation Studies (Are we hitting the targets and are we doing so reliably?)
  - No Measurement Invariance Studies (Are we hitting the targets and doing so reliably for groups with different characteristics?)
- Unable to conduct broad epidemiologic surveillance studies and therefore, the true prevalence and incidence estimates of Elder Mistreatment and Self-Neglect remain unknown
- APS agencies across the country are starting to re-evaluate their assessment tools and processes for identifying cases

Study 1: Methods for Construct Validity and Measurement Invariance

- Confirmatory factor analysis
- Cross-validation
- Measurement Invariance
  - Gender
  - Race/Ethnicity

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Texas APS Client Assessment and Risk Evaluation (CARE) Tool

- CARE tool = 57 items with 5 Factors
- Factors:
  - Living Conditions
  - Financial Status
  - Physical and Medical Status
  - Mental Status
  - Social Relations

Specific Aim 1: Construct Validity Results

<table>
<thead>
<tr>
<th>Model</th>
<th>χ²</th>
<th>df</th>
<th>CFI</th>
<th>RMSEA</th>
<th>WRMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 57 Items</td>
<td>5353</td>
<td>1529</td>
<td>0.77</td>
<td>0.026</td>
<td></td>
</tr>
<tr>
<td>Final 43 Items</td>
<td>1536</td>
<td>807</td>
<td>0.95</td>
<td>0.015</td>
<td></td>
</tr>
</tbody>
</table>

Removed 14 items:
- 8 Cross Loadings
- Social Conditions (5 items)
- Living Conditions (2 items)
- Mental Status (1 item)
- 3 Low Reliabilities
- 3 Non-Significant Loadings

Specific Aim 1: Cross-Validation and Reliability

Baseline Structural and Measurement Model Fit and Cross-Validation Statistics for the 5-Factor Client Assessment and Risk Evaluation (CARE) tool:

<table>
<thead>
<tr>
<th>Model</th>
<th>χ²</th>
<th>df</th>
<th>CFI</th>
<th>RMSEA</th>
<th>WRMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constrained loadings &amp; thresholds</td>
<td>2960</td>
<td>1648</td>
<td>0.96</td>
<td>0.014</td>
<td>2.0</td>
</tr>
<tr>
<td>Unconstrained loadings &amp; thresholds</td>
<td>3015</td>
<td>1615</td>
<td>0.95</td>
<td>0.015</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Model Comparisons:
- Δχ² = 55
- Δdf = 33
- ΔCFI = +0.01
- ΔRMSEA = -0.001
- ΔWRMR = +0.0
- DIFFTEST = 0.69

Baseline Structural and Measurement Model Fit:
- Physical and Medical Status (0.78)
- Social Conditions (0.83)
- Financial Status (0.87)
- Mental Status (0.89)
- Living Conditions (0.93)
Specific Aim 1a: Measurement Invariance Results

- Gender Invariance
  - Partial Invariance (correlated items)
  - Drug Use
  - Ability, Knowledge and Willingness to Care for the Client
- Ethnicity: Caucasians, African-Americans and Hispanics
  - Unable to use financial status construct in Hispanics due to inadmissible estimates

Specific Aim 1a: MI Continued

- Caucasians & African-Americans (5 Factors)
  - Invariant item loadings and thresholds across Caucasian and African-American groups except for correlated errors
- Caucasians & African-Americans vs. Hispanics (4 Factors)
  - Invariant Item-Loadings and Thresholds
  - Caucasians, African-Americans, Hispanics (4 Factors)
    - Item-loading and threshold invariance except for correlated errors presented above between Caucasians and African-Americans

Implications

- CARE tool
  - Construct Validity (We are hitting our targets and doing so reliably)
  - Identification
  - Broad Epidemiologic Surveillance
  - Incidence and Prevalence Estimates
  - Measurement Invariance (We are hitting the targets equally well across different groups)
  - No Health and Social Service Disparities
  - Potential for Comparative Research
Self-Neglect Typologies

- Self-Neglect Types
  - No studies which have determined whether self-neglect is a global breakdown of behaviors or whether these behaviors may be restricted to single areas of life
  - Knowing whether or not different types exist and if so, identifying their demographic differences, risk factors and mortality risks could impact triage and interventions

LCA: Class Probabilities

Latent Class Probabilities Indicating Problems in the 4 Classes based off the Texas APS Client Assessment and Risk Evaluation (CARE) tool

<table>
<thead>
<tr>
<th></th>
<th>Financial Status</th>
<th>Environmental Neglect</th>
<th>Physical and Medical Neglect</th>
<th>Global Neglect</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Financial Status</td>
<td>Environmental Neglect</td>
<td>Physical and Medical Neglect</td>
<td>Global Neglect</td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>0.128</td>
<td>0.045</td>
<td>0.19</td>
<td>1.00</td>
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<tr>
<td>Mental Status</td>
<td>0.409</td>
<td>0.77</td>
<td>0.087</td>
<td>0.61</td>
<td>0.34</td>
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<tr>
<td>Physical and Medical Status</td>
<td>0.035</td>
<td>0.78</td>
<td>0.78</td>
<td>0.19</td>
<td>0.14</td>
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<td>Social Connectedness</td>
<td>0.606</td>
<td>0.44</td>
<td>0.84</td>
<td>0.25</td>
<td></td>
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<tr>
<td></td>
<td>0.176</td>
<td>0.053</td>
<td>0.12</td>
<td>0.42</td>
<td>0.08</td>
</tr>
</tbody>
</table>

LCA: Graphical Plot of Latent Elder Self-Neglect Classes

LCA Implications

- APS Training
- Risk Factors for different types of elder self-neglect
- Differential Mortality Risks
- Recidivism

LCA Future Studies

- Why racial/ethnic differences occur between the classes
- Validation in other samples
- Minimum BIC using other methods
- Differential Mortality Risks, Risk Factors and Recidivism

Overview

- CARE Tool
  - Construct Validity
  - Reliable Constructs
  - Measurement Invariance for Gender and Racial/Ethnic groups
- Latent Classes of Elder Self-Neglect
  - 4 Classes (Physical and Medical, Environmental, Global, Financial)
  - Physical and Medical Neglect (50%)
  - Class differences based on Race/Ethnicity

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Innovation

- First Elder Mistreatment and Self-Neglect Assessment with supported Construct Validity and Measurement Invariance
- Improved Incidence and Prevalence Estimates
- Basis for developing a wide-spread assessment
- Comparative Research
- First to quantitatively identify and characterize distinct types of elder self-neglect
- Risk Factor Studies
- Differential Mortality Risks
- Recidivism

CONCLUDING REMARKS

Q & A

- We now have some time to answer your questions. If you have any questions, please use the “Chat” feature located on the right side of your screen. Please send your chat to everyone if possible.
- After the Q and A, We would like to ask each of the participants to answer the short evaluation questionnaire.
References


References Cont.


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