THE ARIZONA GWEP MONTHLY NEWSLETTER

JUNE 2025

ABOUT

The mission of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) is to provide the best possible care through an interprofessional approach to individual, system, community and population level education, training and models of care innovations.

The AZ-GWEP Newsletter is an important forum to share AZ-GWEP activities and highlight your valuable work. Please use this form by the 10th of each month to be featured in the next issue:

SUBMIT INFO FOR OUR NEXT ISSUE

WORLD ELDER ABUSE AWARENESS DAY

Building Strong Support for Elders

On June 15th, we recognize World Elder Abuse Awareness Day (WEAAD). The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect.

Join us in empowering older people and our communities this WEAAD. Below are some fact sheets about elder abuse to get you started (also offered in additional languages):

- 5 Things Everyone Can Do to Prevent Elder Abuse
- Signs of Elder Abuse
- The Facts About Elder Abuse
- National Institute on Aging Elder Abuse Page

On pages 5-8, you can find additional information about **Elder Abuse: Warning Signs** and **Elder Abuse: Clinician Reporting**. These and other provider sheets are available for download from the University of Arizona Center on Aging's Elder Care Interprofessional Provider Sheets.

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Spotting the Signs of **Elder Abuse**

Each year, hundreds of thousands of adults over the age of 60 are abused, neglected, or financially exploited.

Here are signs that an older adult in your life may be experiencing abuse:

Physical	Emotional	Neglect	Abandonment	Sexual	Financial
Unexplained injuries or physical signs of punishment or restraint, such as bruises, scars, or burns	Depression, anxiety, or changes in behavior	Preventable health problems such as bedsores or unclean living conditions	Leaving an older adult who needs help alone without planning for their care	Changes in mood, becoming withdrawn, or other physical signs	Changes in banking or spending patterns

If you suspect an older adult is being abused, talk with them and report what you see to an authority.

Learn more at **www.nia.nih.gov/elder-abuse**.

NIH National Institute on Aging

MARK YOUR **CALENDARS**

ADVANCES IN AGING LECTURE SERIES

JUNE 9TH 12 - 1 pm (MST)

Patient Priorities Care: Getting to the Heart of What Matters Most
Claire Davenport, MD, MS

VIEW PRESENTATION

View archived presentations here

Download the event flyer

THE ARIZONA GWEP MONTHLY NEWSLETTER

JUNE 2025

PARTNER SPOTLIGHT

MEET JOYCE WITH THE UNIVERSITY OF ARIZONA CENTER FOR RURAL HEALTH

www.crh.arizona.edu

My name is Joyce Ann Hospodar. I currently hold the position of Senior Advisor, Rural Programs, at the Arizona Center for Rural Health, (AzCRH), UA Mel and Enid Zuckerman College of Public Health.

I grew up in New Jersey but left for college. I graduated with a BS from American University, worked for various consulting firms in Washington, D.C. for 10 years before coming to the University of Arizona to complete a MPA degree. I have worked for hospital systems in Utah, Kentucky, and Arizona in the areas of strategic planning, marketing, and the implementation of community-based programs. In addition, I also had a short-term 9 month assignment to work in Cairo, Egypt, evaluating local development projects implemented in rural Egyptian communities.

Currently my focused responsibilities at AzCRH involve providing technical assistance and direct outreach to regional areas of the state regarding the state's small rural hospitals, rural health clinics, and EMS Agencies. Additionally, I work with the ADHS Bureau of EMS and Trauma System supporting the state's Trauma Centers. This support is provided though an active Trauma Program Manager Workgroup focused on performance improvement initiatives and encouraging rural EMS Agencies to consider participating in the SAMHSA Naloxone Leave Behind Program.

I feel very much connected to the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) in that it is very similar in many ways to my prior work on the CMS Community Nursing Organization (CNO) Demonstration project (1991-1999) at Carondelelet Health Network. This demonstration project assessed the impact of providing a specified package of community-based services to Medicare enrollees in conjunction with case management, under a capitated payment methodology.

Out of work what keeps me busy is tending to three very active dogs along with road trips to Utah with my partner and keeping physically active through such activities as bike riding and walking.

I very much appreciate and look forward to being a part of this expansive team helping with the rural outreach focus on the health needs of the state's growing elderly population.

LinkedIn **Connect with our AZ-GWEP Community Group Page on LinkedIn**

THE ARIZONA GWEP
MONTHLY NEWSLETTER

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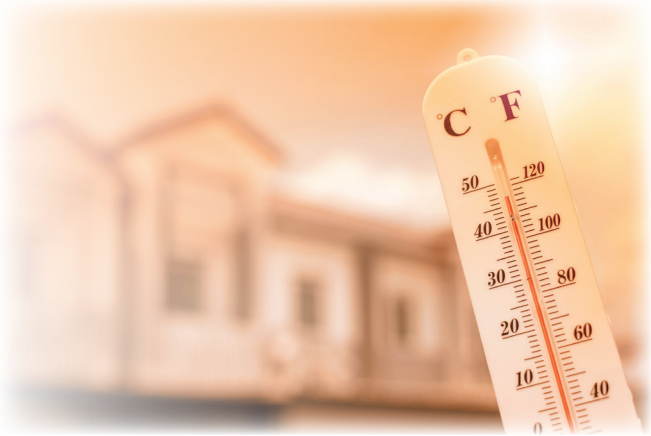
WHEN MEDICATIONS MAKE ARIZONA HEAT DANGEROUS FOR OLDER ADULTS

Reference "When meds make Arizona heat extra dangerous" Arizona Daily Star

In Arizona's increasingly hot climate, even simple outdoor activities can become dangerous, especially for older adults on certain medications. Aging naturally reduces our heat-coping abilities, and many common medications compound this vulnerability in different ways.

The risks vary widely by medication type. Some drugs disrupt temperature regulation, others affect hydration, and many impair cognition—making it harder to recognize danger signs. Stimulants, antihistamines, psychiatric medications, and cardiovascular drugs can confuse temperature regulation, while antifungals and antibiotics increase sunburn risk. Diuretics increase urination while reducing thirst, creating dangerous pre-dehydrated states.

The statistics are concerning: extreme heat is now the leading cause of weather-related deaths, with over 66% of Arizona's heat-related hospitalizations occurring in people with cardiovascular diseases—conditions often treated with heat-sensitive medications.



In response, Arizona has formed a Heat and Medications Task Force, creating resources for healthcare providers and developing a specialized Heat and Medications Information Sheet for Health Care Providers with assessment questions. Meanwhile, Pima County is conducting a year-long analysis of heat-related deaths and prescription histories to better understand the correlation.

Health experts emphasize patients should continue taking prescribed medications but be proactive about understanding their personal risk. Jennifer Botsford from the Arizona Department of Health Services advises patients to discuss heat vulnerability with healthcare providers and develop personalized safety strategies as temperatures continue to climb.

The key message for Arizona residents, particularly older adults on medication: **be aware**, **be prepared**, and most importantly, **talk to your doctor or pharmacist about your specific heat vulnerability** before venturing into the scorching summer temperatures.

The National Institute on Aging has more infomation on Hot Weather Safety for Older Adults.

THE ARIZONA GWEP
MONTHLY NEWSLETTER

JUNE 2025

THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON
Center on Aging
www.aging.arizona.edu

January 2023

ELDER CARE

A Resource for Interprofessional Providers

Elder Abuse: Warning Signs

Lisa M. O'Neill, DBH, MPH, University of Arizona Center on Aging

A previous edition of *Elder Care* (see resource list) provides details about the reporting process if elder abuse is suspected, including what information is needed to make a report, what happens after a report is filed, and common reasons why health care professionals sometimes fail to report abuse. This edition will focus on the different types of elder abuse, and some general (not inclusive) warning signs that healthcare professionals should know.

Nationally, it is estimated that each year 1 in every 10 older adults suffers from some type of abuse. Furthermore, estimates show that 7% of older adults presenting in emergency departments experienced abuse or neglect during the previous year. It is important to note that while elder abuse occurs in all cultures, the language used to describe it can vary. For example, older Native Americans might make comments about being disrespected, not abused.

Impact of Abuse on Older Adults and Healthcare System

Elder abuse is a serious public health concern. Older adults who experience abuse in any form have a 300% higher risk of death than older adults who have not experienced abuse. Abuse victims are also four times more likely to be moved into a nursing home. Additionally, they utilize healthcare services at higher rates. Direct medical costs associated with physical abuse-related injuries to older adults are estimated to add over $5 billion to the United States' annual health expenditures.

Screening for Elder Abuse

Although the US Preventive Services Task Force has concluded that there is insufficient evidence to recommend for or against routine elder abuse screening, clinicians should be familiar with available screening tools (Table) and determine which might be most suitable for use in their practice when elder abuse is suspected. Screening tools are also intended to heighten professional awareness and often provide a comprehensive and systematic documentation process. If abuse is suspected, based on screening or even just on clinical suspicion, it is important for healthcare professionals to know whether their state's laws require them to report their concerns to Adult Protective Services (APS). While statutes vary, most states define who is considered to be a mandated reporter. The reporter does not need to prove abuse. APS professionals will follow up on each report and determine what or if any next-step actions are required.

Types and Warning Signs of Elder Abuse

Physical Abuse is the use of force that results in bodily injury, physical pain, or impairment. Physical abuse can include hitting, pushing, burning, force feeding, using medicines inappropriately to cause sedation or somnolence, or using physical restraints. Warning signs are unexplained bruises, fractures, cuts or abrasions occurring in places they would not normally be expected, fear (patients may flinch or cringe), anger, withdrawal from friends/family or previously enjoyed activities, implausible stories, or contradictory statements. Healthcare professionals might also notice an injury that has not been cared for properly, a history of similar injuries, or too much time between the injury and seeking treatment.

Sexual Abuse is sexual contact that is forced, threatened, or coerced. Warning signs are not always obvious but can include sexually transmitted diseases, difficulty walking or sitting, increased anxiety or isolation, or bruises around the breast or genital areas.

Emotional Abuse is mental anguish or distress caused by another person's verbal or nonverbal behavior. Warning signs can include depression, agitation, withdrawal from normal activities, being anxious to please or submissive in the presence of a caregiver or family member, lack of eye contact, and new or increased use of alcohol or drugs.

TIPS

- Many forms of abuse are co-occurring, i.e.: if someone is being physically abused, they are most likely being emotionally abused as well.
- All forms of abuse are used to instill fear and gain compliance.
- Any new or unusual behavioral changes in older adult patients should be noted and monitored.
- Spend a few minutes alone with each patient - this may be your patient's only time to freely discuss any concerns/ issues/fears about their current living arrangements, personal safety or financial security.

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JUNE 2025

ELDER CARE

Continued from front page

Financial Exploitation is the illegal or improper use of funds, property, or assets. Recent studies estimate the annual monetary loss to elders victimized by financial exploitation is $3 billion. The most common types of financial abuse are misusing someone's credit/debit cards, taking money from joint accounts, unauthorized money transfers, identity theft, and consumer fraud/scams. Warning signs include increasing isolation and dependency on a single caregiver, appearing nervous or anxious around a particular person, suddenly having a new 'friend' who seems very interested in their health and finances, or comments about missing funds or possessions.

Neglect is a caretaker's failure or refusal to address basic safety, physical, or emotional needs. Neglect can be hard to detect, but common warning signs are pressure sores, unexplained weight loss, insufficient/inappropriate clothing, lack of cleanliness, and lack of or delayed medical care.

Self-Neglect occurs when someone is unable or unwilling to perform basic self-care tasks such as obtaining and eating food on a regular basis, seeking medical attention when needed, maintaining personal hygiene, and assuring personal safety. Common conditions that can lead to or are associated with self-neglect are dementia, depression, sedation from overmedication, non-adherence to medication regimens leading to uncontrolled medical conditions, and substance abuse. Warning signs include poor grooming, paranoia, and disoriented or incoherent behavior.

Reasons Why Older Adults Fail to Report Abuse

There are many reasons why an older adult might be unwilling or hesitant to report abuse. Cultural beliefs can lead elders to believe abuse is a family issue that can't be solved by outsiders, or that the objectionable behavior isn't really abusive. Often they are ashamed of what is happening to them and embarrassed because they can't control it. Many times they love the abuser and don't want them to get into trouble. They may also fear that reporting will make their situation worse (e.g., being placed in a nursing home). Finally, isolation may limit or eliminate any opportunity to disclose abuse.

Examples of Elder Abuse Screening Tools

Brief Abuse Screen for the Elderly (BASE) - to help practitioners assess the likelihood of abuse.

Elder Abuse Suspicion Index (EASI) - to raise suspicion about elder abuse to a level where reporting might be necessary.

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) - screening device to identify people at high risk of the need for protective services.

Questions to Elicit Elder Abuse - specific questions to determine if abuse is occurring.

Screen for Various Types of Abuse or Neglect (American Medical Association) - general questions to screen an older person for various types of abuse or neglect.

Suspected Abuse Tool - designed to help recognize common signs or symptoms of abuse.

* These screening tools can be found at: https://medicine.uiowa.edu/familymedicine/research/research-projects/elder-mistreatment-elder-abuse/em-screening-instruments

Caregiver Concerns

Approximately 53 million people provide unpaid care to older adults each year in the United States. Four out of ten caregivers rate their caregiving situation to be highly stressful. Caregivers are often overwhelmed, unable to physically provide necessary care or lack the knowledge or skills, or struggle with their own medical or cognitive issues. If healthcare providers notice interactions between the older adult and caregiver as tense or leading to frequent arguments, they should be concerned about the caregiver's risk to abuse. Community resources can be provided to help with respite, caregiver skill training, anger and stress management techniques, and caregiver support connections.

To find Adult Protective Services reporting numbers in your state, go to Eldercare Locator
https://eldercare.acl.gov/Public/Index.aspx
or call 1-800-677-1116

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Interprofessional care improves the outcomes of older adults with complex health problems.

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD
Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Marilyn Gilbert, MS, CHES; Jeannie Lee, PharmD, BCPS; Linnea Nagel, PA-C, MPAS, Marisa Menchola, PhD; Francisco Moreno, MD; Lisa O'Neill, DBH, MPH; Floribella Redondo; Laura Vitkus, BA
The University of Arizona, PO Box 245027, Tucson, AZ 85724-5027 | (520) 626-5800 | http://aging.arizona.edu

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Arizona Center on Aging
www.aging.arizona.edu

January 2023

ELDER CARE

A Resource for Interprofessional Providers

Elder Abuse: Clinician Reporting

Lisa M. O'Neill, DBH, MPH, University of Arizona Center on Aging
Rae K. Vermeal, MA, Pima Council on Aging

A previous edition of Elder Care detailed the different types of elder abuse and identified risk factors for and warning signs of abuse. This edition will focus on reporting of elder abuse by clinicians.

It is estimated that, each year, up to 5 million American adults age 65 or older are victims of some type of elder abuse. Though data collection methods vary across the country, it is estimated that only 1 in 24 cases are reported to Adult Protective Services (APS) agencies.

Under-reporting of elder abuse is thought to stem from a variety of causes, including differences in reporting guidelines, varying definitions of elder abuse, and patient/provider concerns (Table 1). Variation in guidelines is due to the fact that APS agencies are funded by each state, and governed independently by varying state statutes and regulations.

Clinicians are Elders' Frontline Protectors

As our older population grows, it is likely that the number of elder abuse cases will also increase. Thus, it is important for clinicians to be alert for signs of abuse.

Many abusers will go to great lengths to present themselves as dutiful caregivers. They will make doctor appointments for the older adult in their charge, stay by the elder's side during the office visit, even answer questions on behalf of the patient - the latter making it easy for the caregiver to give answers that hide abusive behaviors. Indeed, having an "extra set of ears" at a doctor appointment with older adults is standard practice today, so the presence of a caregiver who answers all the questions might not seem inappropriate. It is important, however, for clinicians to spend a few minutes alone with each patient, as this may be the patient's only opportunity to freely discuss any personal concerns and honestly answer questions about how they are treated.

Cultural Differences

Cultural, religious, or ethical beliefs can add to the complexity of identifying abuse because the perception of abuse can vary in different cultural and ethnic communities. While clinicians should be sensitive to these differences, it is also important not to ignore abuse that endangers patients.

Screening

Although the US Preventive Services Task Force has concluded that there is insufficient evidence to recommend for or against routine elder abuse screening, clinicians should be familiar with available screening tools (Table 2) and determine which might be most suitable for use in their practice when elder abuse is suspected. Data on these tools' reliability and validity in primary care settings is lacking, so it is not possible to recommend one tool over another. What is important, however, is to be alert for abuse and use these tools when needed as an aid to determining if a report should be filed with APS.

Table 1. Common Reasons Why Health Care Professionals Do Not Report Elder Abuse

- Concerns about making the situation worse for the patient
- Denial of mistreatment by patient and/or family
- Insufficient understanding of reporting process - don't know whom to call
- Lack of awareness of warning signs of elder abuse
- Loyalty to patient and/or family
- Patients are adults who may refuse intervention, thus making the effort of reporting seem useless
- Potential damage to rapport with patient and/or family

Source: Schmeidel A, Daly J, Rosenbaum M, Schmuch G, Jogerst G. (2012). Health care professionals' perspectives on barriers to elder abuse detection and reporting in primary care settings. *Journal of Elder Abuse and Neglect*, 24(1), 17-36
https://doi.org/10.1080/08946566.2011.608044

TIPS FOR REPORTING ELDER ABUSE

- Spend a few minutes alone with each patient - this may be your patients' only time to freely discuss any concerns/issues/fears about their current living arrangements and concerns about their safety or financial security.
- Be aware of any cultural differences that may prevent a patient from disclosing issues regarding caretaker's behaviors that might indicate abuse.
- Know the reporting laws in your state.
- Remember that it is not up to you to prove abuse. But, it is up to you to protect your patient and report any suspicions of elder abuse. The authorities will follow up and determine the proper course of action.

THE ARIZONA GWEP MONTHLY NEWSLETTER

JUNE 2025

ELDER CARE

Continued from front page

What Happens After Making a Report?
Clinicians often wonder what happens after they file a report with APS. Because of APS confidentiality rules, information may seem to flow one way, and the clinician often cannot find out if an investigation was started or the outcome of that investigation. This should not discourage reporting of suspected abuse.

Healthcare professionals need to know the reporting laws in their state. They also need to have knowledge of what APS can and cannot do. In particular, they should know that legal and ethical requirements often prevent APS from releasing information about investigations. That understanding should increase confidence in the investigation process. More information about elder abuse and reporting can be found via the resources in Table 3.

Finally, remember it is not up to you to prove abuse, but it is up to you to protect your patient and report any suspicions of abuse. APS and other appropriate agencies will follow up and determine the proper course of action.

Table 2. Elder Abuse Screening Tools *

Brief Abuse Screen for the Elderly (BASE) - to help practitioners assess the likelihood of abuse.

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* These screening tools can be found at: https://medicine.uiowa.edu/familymedicine/research/research-projects/elder-mistreatment-elder-abuse/em-screening-instruments

Table 3. Elder Abuse Resources

Arizona Department of Economic Security— file a report information can be found here https://des.az.gov/services/basic-needs/adult-protective-services

National Adult Protective Services Association https://www.napsa-now.org/

National Center on Elder Abuse https://ncea.acl.gov/

What information is needed to make a report to Adult Protective Services?

When calling or reporting online you will be asked:

- Reason for concern regarding suspected abuse; provide as many details as possible
- Name, address, contact information, and other identifying information (e.g., date of birth) of potential victim
- Information about the victim's health such as a disability or mental illness that increases vulnerability to abuse, neglect, or exploitation
- Name, address, and contact information of the alleged perpetrator, if available
- Any issues that might affect the safety of the APS field investigator
- Your name, address and contact information

Not all of this information is mandatory, but it can be extremely helpful to the agency investigating the case.

To find your state's reporting phone number, go to Eldercare Locator
https://eldercare.acl.gov/Public/Index.aspx
or call 1-800-677-1116

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The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | http://aging.arizona.edu

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