



THE COMMUNITY CONNECTION TO

..... *Elder Abuse*

see
it

stop
it

prevent
it

abuse hurts at any age...

“The Community Connection to Elder Abuse is a prevention kit intended for the use to the public and community to increase and raise awareness to elder abuse.”

2014

WHO

we are...



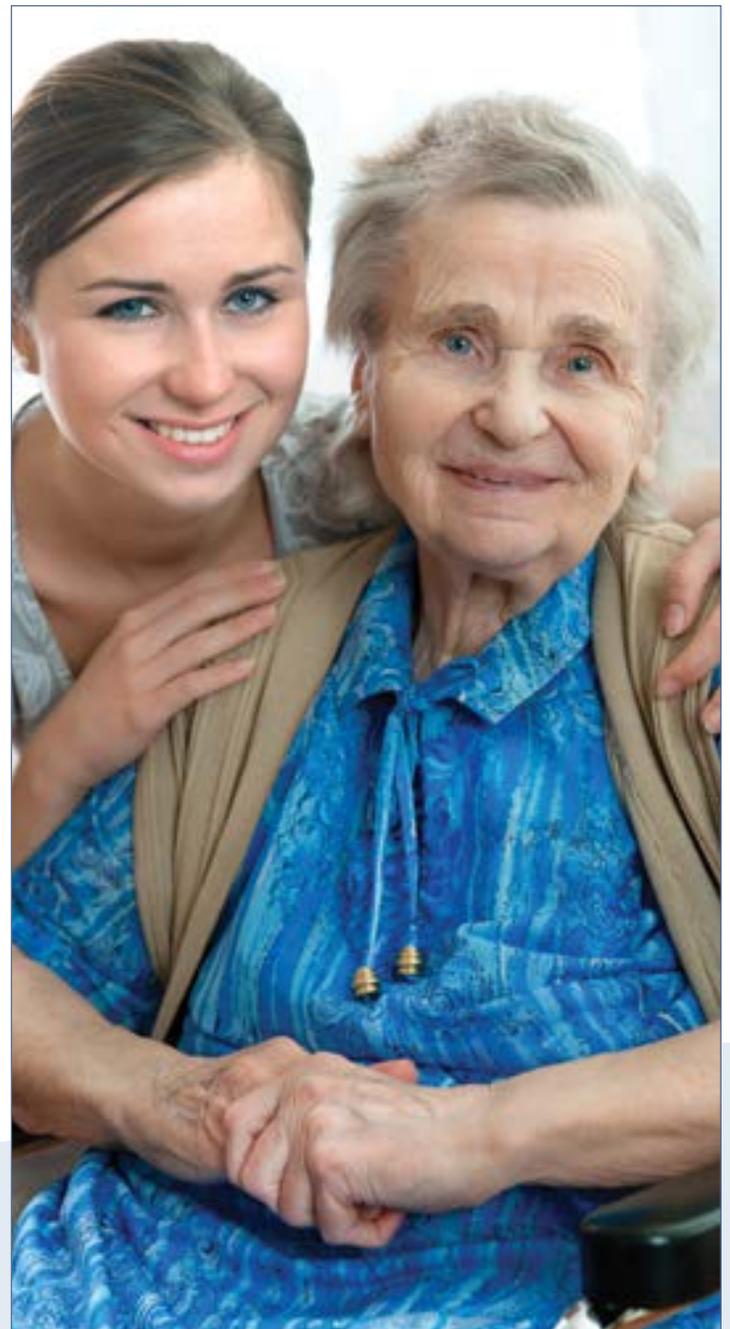
The East Alabama Regional Planning and Development Commission (EARPDC) is a multi-purpose public agency providing a wide range of services to member governments within the ten-county service area and to the residents of the region.

The Commission's Area Agency on Aging provides services to seniors through either local contracts or by direct service provision and assists in the coordination of a variety of aging service programs with other agencies throughout the 10-county area. The Commission's Area Agency on Aging is part of a nationwide Network on Aging under the direction of the U.S. Administration on Aging. The primary responsibility of the Area Agency on Aging is the implementation of the Older Americans Act of 1965, as amended, administration of state programs under the supervision of the Alabama Department of Senior Services, and implementation of local programs serving older Alabamians. In communities throughout the regions, the Commission currently funds 42 Senior Centers serving hot meals and 2 Nutrition Outreach Centers providing frozen meals to homebound elderly. These centers are operated by local governments and nonprofit organizations under contractual agreements.

The Commission operates "SenioRx", a prescription drug assistance program providing long-term medications and wellness activities to seniors throughout the region. The Commission also operates the Aging and Disability Resource Center (ADRC) which streamlines access to services for seniors 60 years and above and disabled persons regardless of age. The Commission's Senior Community Service Employment Program (SCSEP) offers assistance to unemployed job seekers, who are 55 years of age and older and with limited household income, to revitalize their job skills, earning minimum wages while assigned part-time to community service on-the-job

training at local nonprofit or governmental agencies. Assistance is also available for participants through job development.

EARPDC covers the following counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa.



Know Your Rights as an elder

The Universal Declaration on Human Rights states in Article 1 that “all human beings are born free and equal in dignity and rights.” This equality does not change with age.

The rights of older people are embedded yet not specific in international human rights conventions on economic, social, civil, cultural and political rights. Examples include the right to equal protection before the law, the right to own property, the right to education, the right to work and the right to participate in government.

Why is it important to promote and protect the rights of older people?

Human rights change people’s lives. Protecting older people’s rights will help to enable them to lead dignified, secure lives, as equal members of society.

With rapid population ageing, the prevalence of age discrimination. Treating older people with respect and on an equal basis with younger people creates the conditions that enable all people in society to participate in and contribute to their own development. It is important to remember that today’s younger adults are tomorrow’s older people.

How Are Older People’s Rights Violated?

Older people’s right to freedom from discrimination- Older men and women are often denied access to services, jobs or treated without respect because of their age and other factors such as gender or disability.

Older people’s right to freedom from violence- Older men and women are often subjected to abuse including verbal, sexual, psychological and financial abuse.

Older people’s right to social security- Many older people do not have financial protection such as pensions and other forms of social security.

Older people’s right to health- Older people may not receive appropriate health and social care because of their age.

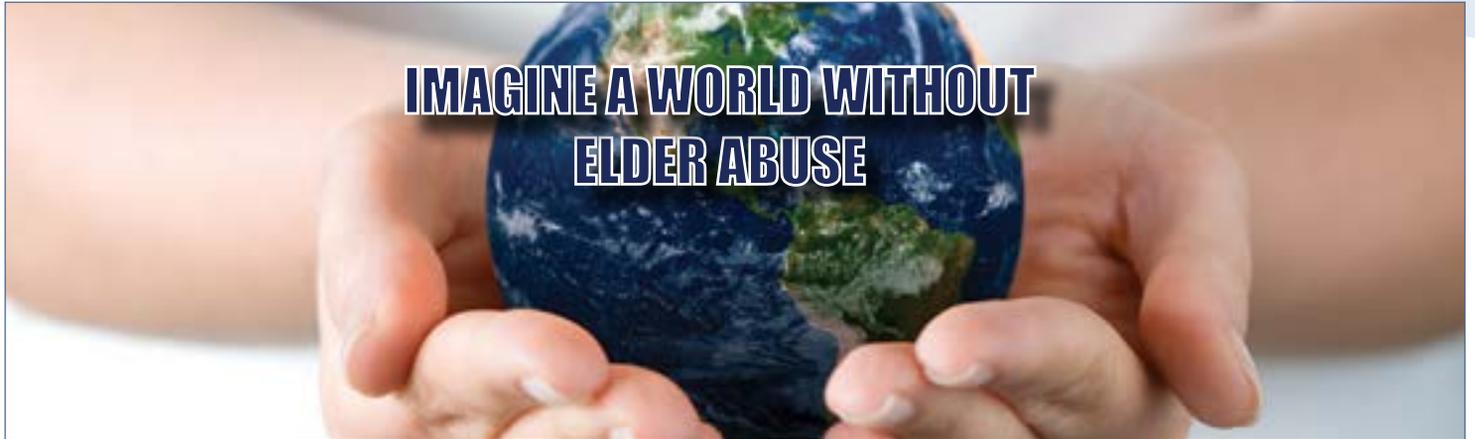
Older people’s right to work- Sometimes older people are deemed “unemployable” because of their age- this is a violation of a person’s rights in the workplace.

Older people’s right to property and inheritance rights- In many parts of the world, inheritance laws, both statutory and customary, deny women of all ages the right to own or inherit property when their husband is deceased. Family members often force widows off their land or seize their property which is a violation of their right to equality of ownership, management and the disposition of property.

Elder Rights

- Live in dignity and security.
- Be protected and free from abuse, neglect, and exploitation
- Receive services they qualify for and are entitled to.
- Have access to adequate food, clothing, shelter, privacy and health care.
- Make decisions about their own care and quality of life.

What is *elder abuse?*



Elder abuse is the intentional or negligent acts by a caregiver or trusted individual that causes harm to a vulnerable elder.

Elder abuse can happen to anyone- a loved one, a neighbor, and when we are old enough it can happen to us. It is estimated that about 2.1 million Americans, from all socioeconomic backgrounds, culture, and ethnicities face abuse and neglect every year. Act now to protect yourself from potential abuse in the future.



Who is an Abuser?

Abusers are often trusted family members, caregivers, or friends. Although the person caring for the elderly person may have the best of intentions in providing care, factors such as stress, personal issues, financial problems, or substance abuse can lead to abusive behaviors. Care giving can cause stress, feelings of anger, resentment or frustration which can lead to abuse or neglect.



Recognizing Abuse

Alabama law states that abuse, neglect or exploitation of an elder (person aged 65 or older) or dependent adult (person with a physical or mental health disability aged 18-64) is a crime. Adult Protective Service (APS) agencies in each county are assigned in investigating reports of abuse or self-neglect of any elderly person or dependent adult regardless of income.



Who Can Become a Victim?

Abuse can happen to anyone, whether it is a man or woman, rich or poor, healthy or ill, and to all cultural or ethnic groups. Although elderly persons who are dependent in assistance with activities of daily living are most likely to be abused, healthy and active seniors can also become victims of abuse.

Is Elder Abuse a Crime?

Most physical, sexual, and financial/material abuses are considered crimes in all states if these acts violate statutes prohibiting crimes such as assault, battery, rape, theft, etc. State criminal statutes, adult protective laws, and federal statutes such as Medicare define and establish penalties for abuse, neglect, and exploitation of vulnerable adults. Prosecution of perpetrators is rare; however, and may be hampered by several factors including victims' fear of retaliation, hesitancy to prosecute family members, or lack of capacity to describe the crime or perpetrator.

While there has been some increase in cases prosecuted (particularly in the area of nursing home abuse largely due to aggressiveness of Medicaid Fraud Units), justice for elder abuse victims requires continued specialized training for police officers and other first responders, district attorneys, victim/witness professionals, lawyers, and the courts.



Development on Preventing Elder Abuse

Efforts are underway by the criminal justice system to improve response to elder abuse. Here are some recent developments:

- State Attorney General Offices and District Attorneys are setting up specialized elder abuse investigation and prosecution units.
- Communities are creating multidisciplinary teams (MDTs or M-Teams) composed of professionals from law enforcement, ombudsman, health, and adult protective services to collaborate on elder abuse cases.
- Fatality (forensic) review teams are being created to identify and respond to suspected cases of abuse.
- Fiduciary abuse specialist teams (FASTs) involving accountants, FBI, insurance claims detectives, and other specialists are playing an increasing important role in pursuing financial abuse cases.

Types of Elder Abuse

PHYSICAL ABUSE

Physical abuse is the intentional use of physical force that may result in bodily injury, discomfort, pain or impairment.

Visible Signs

- Bruising
- Scarring
- Fractures
- Cuts near neck and wrist area
- Black eyes
- Cowering
- Bleeding scalp
- Scratches
- Hitting
- Shoving
- Giving too much medications
- Confinement

Behavioral Warning Signs

- Withdrawn
- Confused
- Depressed
- Angry
- Frightened
- Feelings of helplessness
- Anxiety

FINANCIAL ABUSE

Financial abuse is mismanaging or theft of resources of an elderly or disabled person for personal or monetary gain.

Visible Signs

- Unpaid bills
- Threatening to withhold money by caregiver
- Unexplained withdrawal of financial resources
- Lack of necessities such as clothing, food, or personal items
- Forced signatures of financial documents
- Limited access to financial accounts

Behavioral Warning Signs

- Nervous
- Fearful
- Depression
- Angry
- Feelings of helplessness
- Disoriented
- Confusion

SEXUAL ABUSE

Non-consensual sexual contact with an elderly or disabled person or with a person that is not capable of giving consent.

Visible Signs

- Reports unwanted touching
- Reporting of sexual assault or battery
- Rape
- Sodomy
- Explicit photographs

Behavioral Warning Signs

- Soreness or bleeding in genital area
- Sudden change in behavior
- Wanting to be isolated
- Fearful
- Depression
- Feelings of helplessness
- Anxiety

more types of elder abuse



more on Types of Elder Abuse

EMOTIONAL & PSYCHOLOGICAL ABUSE

NEGLECT ABUSE

SELF-NEGLECT ABUSE

Emotional and psychological abuse is the infliction of pain or distress through verbal or nonverbal acts by child, spouse, friend or caregiver. The elderly should not blame themselves for the emotionally abusive behavior of others.

Visible Signs

- Verbal assaults
- Threats
- Intimidation
- Lacking emotional support
- Yelling
- Swearing
- Humiliating remarks
- Disrespect
- Harassment
- Isolation
- Controlling activities

Behavioral Warning Sign

- Depression
- Withdrawal
- Fearful
- Nervous
- Extreme weight loss
- Cowering

Neglect is the failure of a person with the responsibility to oversee the basic needs, comforts, financial or personal services required to provide adequate care for an elderly person.

Visible Signs

- Untreated medical conditions
- Malnourished
- Dehydration
- Poor personal hygiene
- Torn or dirty clothing
- Health or safety hazards in home
- Poor cleanliness of housing unit

Behavioral Warning Signs

- Memory loss
- Disoriented
- Depression
- Confusion
- Issues with hoarding
- Isolated

Self-neglect is the inability by an elderly person without a caregiver to independently and adequately perform activities of daily living thereby negatively impacting personal safety or independence.

Visible Signs

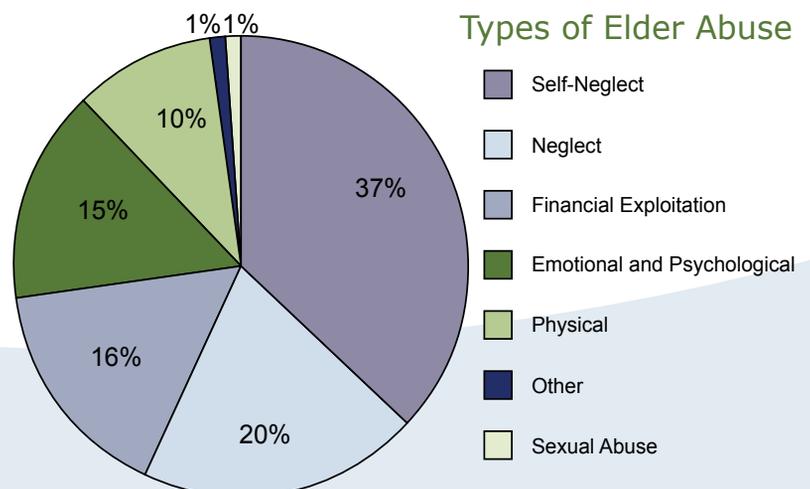
- Untreated medical conditions
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- Torn or dirty clothing
- Health or safety hazards in home
- Poor cleanliness of housing unit

Behavioral Warning Signs

- Memory loss
- Disoriented
- Depression
- Confusion
- Issues with hoarding
- Isolated

Depression Can Cause Self-Neglect

Depression can cloud a person's view of the world and their circumstances, leading to self-neglecting behavior. Often, elderly people lose their motivation to live because they are lonely and isolated. Other reasons that elders neglect themselves can include unexpressed rage, frustration, or grief; alcoholism or drug addiction; and sacrificing for children, grand-children, or others at the expense of their own unmet needs.



Know the Risks!

*Every elder
has the right to
live free from abuse.*



Elder abuse, like other types of domestic violence, is extremely complex. Generally a combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and

the perpetrator, contribute to the occurrence of elder maltreatment. Although the factors listed below cannot explain all types of elder maltreatment, because it is likely that different types (as well as each single incident) involve different casual factors, they are some of the risk factors researchers say seem to be related to elder abuse.

Domestic Violence Grown Old

It is important to acknowledge that spouses make up a large percentage of elder abusers, and that a substantial proportion of these cases are domestic violence grown old: partnerships in which one member of a couple has traditionally tried to exert power and control over the other through emotional abuse, physical violence and threats, isolation, and other tactics.

Personal Problems Of Abusers

Particularly in the case of adult children, abusers often are dependent on their victims for financial assistance, housing, and other forms of support. Oftentimes they need this support because of personal problems, such as mental illness, alcohol or drug abuse, or other dysfunctional personality characteristics. The risk of elder abuse seems to be particularly high when these adult children live with the elder.

Living With Others and Isolation

Both living with someone else and being socially isolated have been associated with higher elder abuse

rates. These seemingly contradictory findings may turn out to be related in that abusers who live with the elder have more opportunity to abuse and yet may be isolated from the larger community themselves or may seek to isolate the elders from others so that the abuse is not discovered. Further research needs to be done to explore the relationship between these factors.

Other Theories

Many other theories about elder abuse have been developed. Few, unfortunately, have been tested adequately enough to definitively say whether they raise the risk of elder abuse or not. It is possible each of the following theories will ultimately be shown to account for a small percentage of elder abuse cases.

Caregiver Stress

This commonly-stated theory holds that well-intentioned caregivers are so overwhelmed by the burden of caring for dependent elders that they end up losing it and striking out, neglecting, or otherwise harming the elder. Much of the small amount of research that has been done has shown that few cases fit this model.

Personal Characteristics Of Elder

Theories that fall under this umbrella hold that dementia, disruptive behaviors, problematic personality traits, and significant needs for assistance may all raise an elder's risk of being abused. Research on these possibilities has produced contradictory or unclear conclusions.

Cycle of Violence

Some theorists hold that domestic violence is a learned problem-solving behavior transmitted from one generation to the next. This theory seems well established in cases of domestic violence and child abuse, but no research to date has shown that it is a cause of elder abuse.

Are You at Risk?

*lonely...
afraid?*



QUESTIONS

This screening test can be used to identify people at risk of elder abuse and who may need help from adult protective services through the department of human resources.

- Are you afraid of anyone?
- Is someone making you feel unsafe?
- Do you feel lonely?
- Have you been hurt by someone?
- Are you being forced to do things you do not want to do?
- Do you help someone financially?
- Are you signing forms you do not understand?
- Do you trust your family members or caregivers?

**IF YOU SUSPECT RISK OF ABUSE
PLEASE CALL 9-1-1 OR
THE ELDER ABUSE HOTLINE AT
1-800-458-7214**

Critical Issues in

elder abuse



Elder abuse is a relatively new field that raises many complex ethical, legal, and clinical questions. It has challenged our understanding of such fundamental concepts as personal freedom, the role of culture in defining family responsibility, and society's obligations to its members. Below are challenging issues.

The Role of Culture in Elder Abuse and Neglect.

Culture influences how abuse is manifested, perceived, and responded to. It dictates victims' willingness to accept help and determines who they will turn to in times of need. Learn more about the critical role culture plays.

Mental capacity, consent, and undue influence.

Effectively assessing and responding to elder abuse frequently requires an understanding of what vulnerable persons understand, their capacity to exercise informed consent, and their ability to withstand undue influence. Learn more about these issues and how they can play in elder abuse cases.

The Relationship Between Elder Abuse and Substance Abuse.

Substance abuse is the most frequently cited risk factor associated with elder abuse, affecting both victims and perpetrators. Learn more about the complex relationship between substance abuse and elder abuse.

Autonomy, Self-determination, and Least Restrictive Alternatives.

Those who work with victims of abuse are committed to preserving clients' freedom and civil liberties even when doing so may jeopardize clients' health and safety. Learn more about these fundamental principles.

Restitution.

Requiring perpetrators to compensate victims for their losses can help heal financially and emotionally. It further holds perpetrators accountable to victims and their communities. As more cases of financial elder abuse are prosecuted, those who work with elderly victims need to understand this fundamental victims' right and challenges to protecting it.

Statistics & Demographics

Alabama Statistics Of Elder Abuse

Alabama Adult Protective Services investigated 5,125 reports of abuse during 2008.

More than half of all investigations (53%) were substantiated, and one of every two victims was age 65 or older.

Over 75% of all APS investigations received included allegations of suspected neglect. Of the reports received 13% contained allegations of abuse, while 12% of the reports received included allegations of financial exploitation.

National Statistics of Elder Abuse

According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.

Estimates of the frequency of elder abuse range from 2% to 10% based on various sampling, survey methods, and case definitions.

Data on elder abuse in domestic settings suggest that 1 in 14 incidents, excluding incidents of self-neglect, come to the attention of authorities.

Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year.

It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five more go unreported.

Why Is Demographic Aging Important?

Population aging is one of humanity's greatest triumphs. It is also one of our greatest challenges



and places increasing economic and social demands on all countries.

Worldwide, the proportion of people aged 60 years and over is growing and will continue to grow faster than any other age group due to declining fertility and rising longevity.

The number of older people over 60 years is expected to increase from about 600 million in 2000 to over 2 billion in 2050. This increase will be greatest and the most rapid in developing countries, where the number of older people is expected to triple during the next 40 years. By 2050, over 80 percent of older people worldwide will be living in developing countries. At the same time, the number of "older old" persons (defined as 80 years and over) in the developed world will reach unprecedented levels.

Older people need adequate income support as they age, opportunities to engage in decent employment should they wish to remain active, and access to appropriate health and social services, including long-term care. The higher number of women living into very old age also presents a major challenge for policy-makers.

The lack of policies to address these issues is condemning millions of older people to a life of poverty instead of recognizing the active economic and social contributions they can make to their families, communities and society as a whole.

Learn About *adult protective services*



Adult Protective Services (APS) are those services provided to insure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and have no one to assist them.

Interventions provided by Adult Protective Services include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services. In most states, APS caseworkers are the first responders to reports of abuse, neglect, and exploitation of vulnerable adults.

A vulnerable adult is defined as a person who is being mistreated or is in danger of mistreatment and who, due to age and/or disability, is unable to protect him or herself.

Most APS programs serve both older and younger vulnerable adults. In some states, APS is responsible only for cases involving older adults (eligibility may be based on age, incapacity or vulnerability of the adult). A few APS programs serve only younger adults ages 18-59.

APS Interventions

Receiving reports of elder/vulnerable adult abuse, neglect, and/or exploitation, investigating these reports, assessing victim's risk, assessing victim's capacity to understand his/her risk and ability to give informed consent, developing case plan, arranging for emergency shelter, medical care, legal assistance, and supportive services, service monitoring, and evaluation.

Principles & Guidelines

Adult Protective Services (APS) strives to insure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and have no one to assist them.

Guiding Value: Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

Secondary Value: Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

Ethical Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

Best Practice Guidelines

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.

- To the best of your ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first-community based services rather than institutionally based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.



Process in Reporting

elder abuse

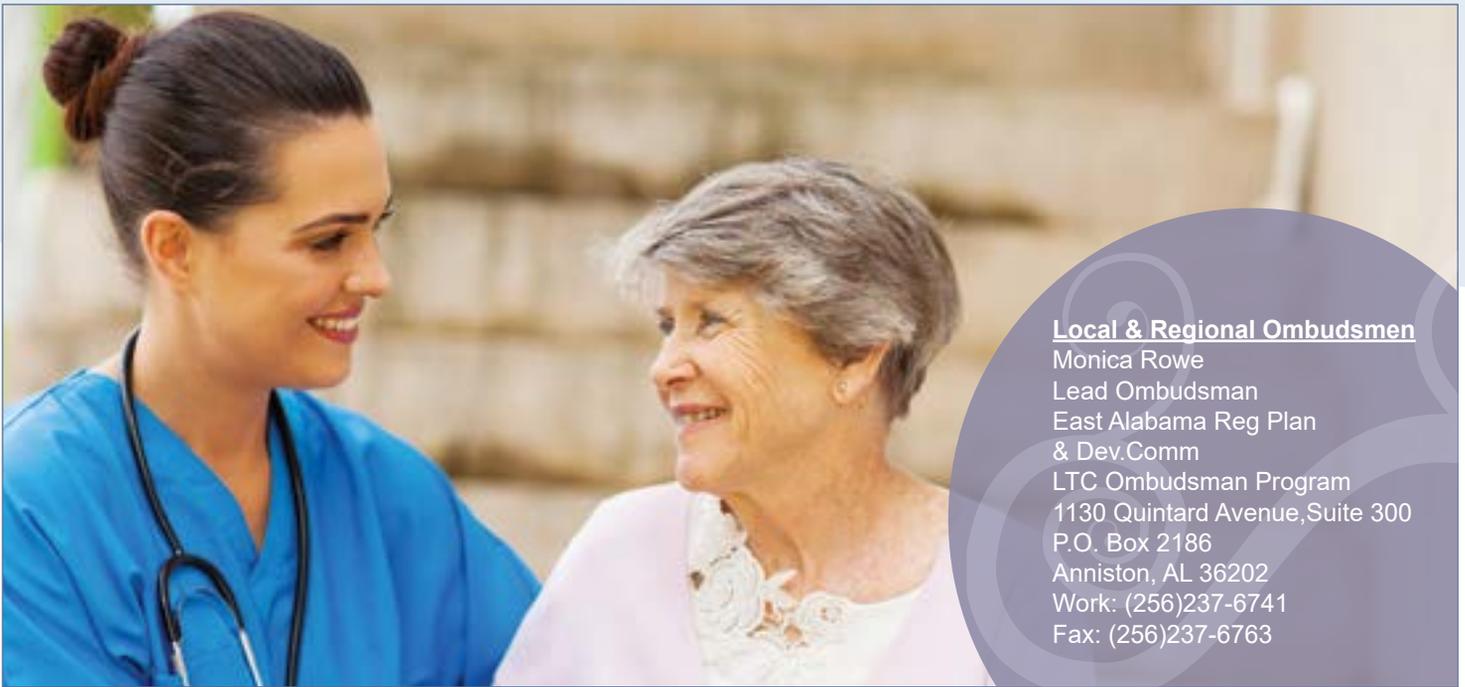




Adult Abuse Facts

- Abuse is a painful reality for thousands of Alabama's elderly and disabled adults.
- The elderly population is the fastest growing segment of our society.
- The hidden problem of adult abuse is on the rise as elders are living longer and requiring more care from others.
- A total of 5,125 investigations were completed for FY '08. This represents a slight increase of reports from FY '07.
- Adult abuse often occurs among families experiencing stress.
- The number of reports received by month ranged from a low of 354 in November and December to a high of 521 in October, with the average number of reports received per month being 409.
- Over 75% of all APS investigations received included allegations of suspected neglect. 13% of the reports received contained allegations of abuse, while 12% of the reports received included allegations of financial exploitation.
- Sexual abuse was the least frequently reported type of suspected maltreatment.
- Women were the alleged victims in more than 63% of the reports received.
- Approximately 40% of the alleged victims were reported to be white and approximately 22% were reported to be black.
- Over 90% of the incidents reported to DHR occurred in the home of the victim. Slightly less than 10% of the reported incidents occurred in an out-of-home setting.
- Adult abuse can occur in all racial and ethnic groups, and among families in all income levels.
- Although adult abuse usually occurs in a family setting, health care or social service providers may abuse those in their care.
- Adults often suffer humiliation and embarrassment whenever they are abused, neglected or exploited.
- 50% of the investigations were indicated, 44% were not indicated and 6% were undetermined.
- Of the investigations that included an approximate age for the victim, 24% of the total was between the ages of 18 and 59. Approximately 7% were aged 60-64, 19% were aged 65-74, and 40% were 75 or older.
- Regardless of age or ability, each individual deserves to be safe from harm by those who come in contact with them on a regular basis.





Local & Regional Ombudsmen

Monica Rowe
Lead Ombudsman
East Alabama Reg Plan
& Dev.Comm
LTC Ombudsman Program
1130 Quintard Avenue, Suite 300
P.O. Box 2186
Anniston, AL 36202
Work: (256)237-6741
Fax: (256)237-6763

Caregiver & elder abuse • • • • •

Caregiver abuse can be identified as:

- Failing to assist in maintaining personal hygiene on an older adult.
- Failing to provide medical assistance to address physical or mental health needs.
- Failing to protect an older adult from health or safety hazards.

Prevention of Abuse and Neglect in Long Term Care Settings

The most effective prevention programs, experts say, use a combination of strategies to protect vulnerable elders.

Strategies identified in the literature include:

- Assure coordination between law enforcement, regulatory, adult protection, and nursing home advocacy groups.
- Support education and training in interpersonal caregiver skills, managing difficult resident care situations, problem-solving, cultural issues that affect staff/resident relationships, conflict resolution, stress reduction techniques, information about

dementia, and witnessing and reporting abuse.

- Improve work conditions, through adequate staffing, enhanced communication between direct care and administrative staff, more time to nurture relationships between staff and residents, humane salaries, opportunities for upward mobility, and greater recognition, respect and understanding for the difficult lives many workers lead.
- Assure compliance with federal requirements concerning hiring of abusive nurse aides.
- Promote environments conducive to good care
- Assure strict enforcement of mandatory reporting, as well as educate professionals and the public (non-mandatory reporters).
- Improve support for nurse aides (support groups).
- Support and strengthen resident councils assure that hiring practices include screening of prospective employees for criminal backgrounds, history of substance abuse and domestic violence, their feelings about caring for the elderly, reactions to abusive residents, work ethics, and their ability to manage anger and stress.

Alabama Hotline 1-800-458-7214

Stages of Caregiver Burnout



Frustration

The primary caregiver expresses continuing frustration and disappointment over the care recipient's deteriorating condition or lack of progress. The primary caregiver has difficulty accepting the quality of care and effort has nothing to do with the actual health-related decline or mood of the care recipient.



Isolation

The primary caregiver struggles to maintain a sense of purpose in working so hard to provide care. He or she may express feelings of loneliness, being unappreciated, second-guessed, or criticized by other family members and the care recipient. Reality of the care recipient's condition and the limitations of caregiving are not accepted. The primary caregiver is reluctant, unable, or unwilling to reach out for help from others.



Despair

The primary caregiver feels helpless and adrift. The primary caregiver is unable to concentrate and loses effectiveness as a caregiver. He or she is no longer excited about the progress or response of the care recipient to quality care. As a consequence, the primary caregiver neglects personal care and well-being, loses interest in the community, social contact, and respite activities.

symptoms of Caregiver Burnout



Check For These Symptoms:

- Disrupted sleep patterns.
- Altered eating patterns, including not being able to eat or overeating; significant weight gain or loss.
- Increased sugar consumption or use of alcohol or drugs.
- Increased smoking or strong desire to start again after having quit.
- Frequent headaches or sudden onset of back pain.
- Increased reliance on over-the-counter pain remedies or prescribed drugs.

caregiver burnout is real . . .

Find Out if You're Burned Out.

The following questionnaire can be used as a guideline by caregivers. If you answer “yes” to one or more of the following questions, you might consider seeking professional help or turning to whatever support system you have developed:

1. Are you not getting enough rest?
2. Are you neglecting your own health?
3. Is constant surveillance required as part of your care tasks?
4. Have you turned to drugs or alcohol or increased their intake to deal with stress?
5. Have your feelings toward the older person become more negative?
6. Is the older person physically or verbally abusive toward you?
7. Does the older person need legal assistance with things like estates, trusts, or living wills, which may be beyond your knowledge?
8. Does the older person need to be transported often?
9. Are you overwhelmed because you are taking care of more than one person at a time?
10. Are financial constraints interfering with your ability to follow medical advice?
11. Are problems from your family's history resurfacing and contributing to the problem?
12. Does your spouse resent the amount of time you spend as a caregiver?
13. Are you confused, fearful, or angry as a result of being a caregiver?
14. Is your family communicating regarding the division of responsibilities?

know What to watch for



Factors That May Cause Concern

The Caregiver:

- Fears that she/he will become violent
- Suffers from low self esteem
- Perceives that she/he is not receiving adequate help or support from others
- Views caregiving as a burden
- Experiences emotional and mental “burnout,” anxiety or severe depression
- Feels “caught in the middle” by providing care to children and elderly family members at the same time
- Has “old anger” toward the care receiver that can be traced back to their relationship in the past

The Care Receiver:

- Is aggressive or combative
- Is verbally abusive
- Exhibits disturbing behaviors such as sexual “acting out” or embarrassing public displays

The Caregiver and Care Receiver:

- Live together
- Had a poor relationship prior to the onset of the illness or disabling condition
- Are married and have a marital relationship that is characterized by conflict

What Can Be Done?

Reducing the risk of elder abuse by caregivers will require the efforts of caregivers, agencies and the community.

Caregivers Can:

- Get help. Making use of social and support services, including support groups, respite care, home delivered meals, adult day care and assessment services can reduce the stress associated with abuse.
- Learn to recognize their “triggers,” those factors that cause them the greatest stress or anxiety.
- Learn to recognize and understand the causes of difficult behaviors and techniques for handling them more effectively.
- Develop relationships with other caregivers. Caregivers with strong emotional support from other caregivers are less likely to report stress or to fear that they will become abusive.
- Get healthy. Exercise, relaxation, good nutrition and adequate rest have been shown to reduce stress and help caregivers cope.
- Hire helpers. Attendants, chore workers, home-makers or personal care attendants can provide assistance with most daily activities. Caregivers who cannot afford to hire helpers may qualify for public assistance.
- Plan for the future. Careful planning can relieve stress by reducing uncertainty, preserving resources and preventing crises. A variety of instruments exist to help plan for the future including powers of attorney, advanced directives for health care, trusts and wills.

Factors & Risks

Factors to Watch for in the Caregiving Relationship

- Is the caregiver a spouse?
- Does the caregiver suffer from low self-esteem?
- Are there unresolved subjects from the past between the caregiver and the person receiving care?
- Does the caregiver feel that they face caregiving tasks alone and do they perceive their role as burdensome?
- Are there verbal warning signs from the caregiver about potential behavior such as, "I am worried that one day I will just snap."

work
together

show
respect

be
patient

Risk Factors Associated with Elder Abuse

Sixteen factors have been identified in caregivers that have been associated with increased likelihood for elder abuse and neglect.

Please Read the Following:

- Responsibility for an elderly individual over the age of 75
- Living constantly with the elderly dependent
- Inexperience or unwillingness to provide care
- Suffering a relationship conflict
- Exhibiting hostile, threatening or aggressive behavior
- Having other caring demands from spouse or children
- Isolation and lack of social support
- Poor physical health
- History of mental illness
- History of depression
- History of anxiety disorder
- History of alcohol abuse
- History of drug abuse
- History of being abused or neglected as a child or a history of family violence
- Having high expectations of the elderly dependent

How to Reduce the Risk

Each care giving dynamic is unique but there are a few general suggestions on abuse prevention:

Ideally, family members and eldercare agencies should observe for the “perfect storm” of circumstances where abuse may occur so an intervention can be planned.

Arrangements should be made for additional relief help from other family members, or even paid assistance, to lighten the care giving load.

Attendance at support groups or educational sessions should be encouraged for caregivers to learn beneficial coping skills.



How can I help...



Educating seniors, professionals, caregivers, and the public on abuse is critical to prevention. On an individual level, some simple but vital steps to reduce the risk:

- Take care of your health.
- Seek professional help for drug, alcohol, and depression concerns, and urge family members to get help for these problems.
- Attend support groups for spouses and learn about domestic violence services.
- Plan for your own future. With a power of attorney or a living will, health care decisions can be addressed to avoid confusion and family problems, should you become incapacitated. Seek independent advice from someone you trust before signing any documents.
- Stay active in the community and connected with friends and family. This will decrease social isolation, which has been connected to elder abuse.

Know your rights. If you engage the services of a paid or family caregiver, you have the right to voice your preferences and concerns. If you live in a nursing home or board and care home, call your Long Term Care Ombudsman. The Ombudsman is your advocate and has the power to intervene. Please visit our Help for Elders and Families section to learn more.

All states have adult protective and long-term care ombudsman programs, family care supports, and home and community care services that can help older adults with activities of daily living.

What Can I do to Prevent Elder Abuse?

- **Report suspected mistreatment** to your local adult protective services agency or law enforcement. Although a situation may have already been investigated, if you believe circumstances are getting worse, continue to speak out.
- **Keep in contact-** Talk with your older friends, neighbors, and relatives. Maintaining communication. It will also give them a chance to talk about any problems they may be experiencing.
- **Be aware of the possibility of abuse-** Look around and take note of what may be happening with your older neighbors and acquaintances. Do they seem lately to be withdrawn, nervous, fearful, sad, or anxious, especially around certain people, when they have not seemed so in the past?
- **Contact your local Area Agency on Aging office** to identify local programs and sources of support, such as Meals on Wheels. These program help elders to maintain health, well-being, and independence—a good defense against abuse.
- **Volunteer-** There are many local opportunities to become involved in programs that provide assistance and support for seniors.
- **World Elder Abuse Awareness Day-** Elder abuse is a global issue. Contact your local aging services organizations to find out how your community will observe World Day. Help to raise awareness by talking about the issue.
- **Learn more about the issue-** Visit the *National Center on Elder Abuse* at www.ncea.aoa.gov.

Raise Awareness

April

National Crime Victims' Rights Week

Remind your community about elder rights by displaying a poster about elder abuse prevention.

National Sexual Abuse Violence Awareness Month

Host a candlelight vigil in a community park or gathering spot.

National Financial Literacy Month

Ask banks in your community to include in their monthly bank statements a fact sheet about financial exploitation.

May

Older Americans Month

Join the national celebration of older Americans and all they contribute to our society.

June

World Elder Abuse Awareness Day (June 15th)

Sponsor a World Elder Abuse Awareness Day event such as a senior expo, rally, or other public forum.

September

National Grandparents Day

Promote intergenerational connections. Work with your local high school to encourage teens to visit a homebound older adult, or partner with a local nursing home to host a barbecue or picnic.

October

Domestic Violence Awareness Month

Host a candlelight vigil in a community park or gathering spot.

National Residents' Rights Month

Include an article about elder abuse and the importance of elder rights in your organization's newsletter, or host a community yard sale with the proceeds going to an elder abuse support group or community efforts to help older adults in crisis.

November

National Family Caregivers Month

Sponsor a day of respite for caregivers in your community.



Protect Yourself

Plan

Plan for your future by talking with family members, friends, and professionals whom you trust:

Have your income directly deposited into your checking account.

If managing your daily finances becomes difficult, use a daily money manager. Allow someone you trust to manage your finances.

Get your estate plan in place. Ask your attorney to help you create a living will, a revocable trust, and a durable power of attorney for health care as asset management. Name a person you trust to make health care and asset management decisions for you in the event you are not able to make those decisions for yourself. Designating co-powers of attorney can ensure that no one agent can act unilaterally.

Learn your options for long-term care, if it becomes necessary.

Be Cautious

Learn about the types of elder abuse and neglect and associated warning signs.

Get on the National Do Not Call Registry to reduce telemarketing calls. Visit www.donotcall.gov or call **1-888-382-1222** to register your phone number.

If you are offered a “prize,” “loan,” or “investment” that sounds too good to be true, it probably is. Consult with someone you trust before making a large purchase or investment and don’t be pressured or intimidated into immediate decisions.

Don’t sign any documents that you don’t completely understand without first consulting an attorney or family member you trust.

Do not provide personal information over the phone unless you placed the call and know with whom you are speaking.

Tear up or shred credit card receipts, bank statements, and financial records before disposing of them in the trash.

If you hire someone for personal assistance services, in-home care, or other services, check that he or she has been properly screened, with criminal background checks completed.

Stay Connected

Keep in touch regularly with others; isolation can make you vulnerable to abuse.

Build a network of family, friends, neighbors, and groups that you can interact with on a regular basis.

Keep active to prevent isolation. Get involved with your senior center or volunteer to become a senior companion or “classroom grandparent.”

Join the National Association of Triads, a national partnership by which public safety officials, criminal justice professionals, and older adults collaborate to keep seniors safe from crime.

Create a buddy system with other elders; call each other daily for reassurance and friendship, and visit each other if possible.

Report

In cases of immediate danger, call **911**.

If you or others experience abuse or neglect in a community setting, Adult Protective Services (APS) can help.

If you experience abuse or neglect in a long-term care facility, the Long-Term Care Ombudsman Program can help.

10
THINGS
ANYONE
CAN DO TO
PROTECT
SENIORS



1. Learn the signs of elder abuse and neglect.
2. Call or visit elderly relatives, friends, and neighbors and ask how they are doing.
3. Provide a respite for a caregiver by filling in for a few hours or more.
4. Ask an older acquaintance to share his or her talents by teaching you or your children a new skill.
5. Ask your faith leaders to discuss with their congregations elder abuse prevention and the importance of respecting older adults.
6. Ask your bank manager to train tellers on how to detect financial exploitation of elders.
7. Suggest your doctor talk to his or her older patients individually about possible abuse.
8. Contact your local adult protective services or long-term care ombudsman to learn how to support their work helping at-risk elders.
9. Volunteer to be a friendly visitor to a nursing home resident or homebound elder in your community.
10. Send a letter to your local paper, radio, or TV station suggesting it cover World Elder Abuse Awareness Day or National Grandparents Day.



Community response

Adult Protective Services

Adult Protective Services (APS) is the principal public agency responsible both for investigating reported cases of elder and vulnerable adult abuse and for providing victims with treatment and protective services. Although most APS agencies also handle adult abuse cases (serving clients between 18 and 59 years of age), nearly 70 percent of their caseloads involve elder abuse.

Law Enforcement

Local police, sheriffs, and prosecuting attorneys may investigate and prosecute abuse, particularly in cases involving sexual abuse or assault. In states whose statutes make elder abuse a crime, there may be a requirement to report suspected abuse to a law enforcement agency.

National and State Information

Family members who live in different cities or states can call a nationwide toll-free Eldercare Locator number **(1-800-677-1116)** to find support and resources that can help. On the web at <http://eldercare.gov>.

Information and Referral

Every Area Agency on Aging operates an I & R line that can refer people to a wide range of services for people 60 and older. Trained information operators and can be particularly helpful in finding services that can help prevent abuse and neglect.

Long Term Care Ombudsman Services

State LTC ombudsman programs investigate and resolve nursing home complaints, and in some areas, complaints about board and care facilities and professional home care providers. If you are concerned about abuses, check with your State Unit on Aging or Area Agency on Aging to see if the LTC ombudsman program in your area can help.

Medicaid Fraud and Abuse

Every State Attorney General's Office is required by federal law to have a State Medicaid Fraud Control Unit to investigate and prosecute Medicaid provider fraud and patient abuse or neglect in healthcare programs that participate in Medicaid, including home health care.

What Your Community Can Do



Cross Disciplinary Training

What is cross-disciplinary training?

It is training geared toward helping professionals expand their scope of knowledge and skills beyond the confines of their own professional disciplines.

Why is it needed?

The field of elder abuse prevention is multidisciplinary by nature. Professionals ranging from physicians to police officers are likely to encounter abuse cases and are in key positions to offer help. These professionals, including those from the disciplines listed below, possess skills, tools, resources, authority, and knowledge that may be needed to stop abuse and reduce vulnerability.

- Law enforcement
- Social work
- Domestic violence
- Medicine

- Sexual assault prevention
- Victim witness assistance
- Mental health
- Substance abuse
- Adult protection

Each discipline has its own perspective, jargon, mandates, and resources. When professionals fail to understand these differences, it can create barriers, misunderstandings, or "turf" conflicts. On the other hand, when professionals learn about other disciplines' approaches, resources, and perspectives, it can greatly expand their repertoires of skills, increase the resources they can make available to their clients, and enhance their understanding of the problem. It can facilitate interagency coordination, resulting in a more comprehensive range of services, reducing the likelihood that clients will "fall between the cracks" of the service network, and cutting down on wasteful overlap.



How Can Communities Identify Unmet Service Needs?

- Surveys or needs assessments
- Formal or informal discussions with professionals who are currently serving victims or who are likely to observe abuse. Elder abuse multidisciplinary teams can provide an excellent forum for discussing the need for new services. Groups can plan special sessions to do so or make it a part of their regular agenda
- Special sessions at conferences

As professionals achieve a clearer understanding of the needs of abuse victims and persons at risk, the need for new and expanded services is also being recognized. Careful planning can ensure that new services are appropriate, effective, and cost effective.

What Actions Can Be Taken to Fill Service Gaps?

- Inform community agencies that provide related services about the newly identified need and assess their willingness to build upon their current program.
- Inform agencies that provide related services to the non-elderly (e.g. domestic violence prevention programs) to assess their interest in adapting their programs to meet the needs of older women.

Inform policymakers, legislators, program directors, and foundations. This can be done by providing testimony at hearings or arranging special meetings with policymakers.

What Special Services Have Been Developed for Elder Victims of Abuse?

- Shelters
- Support groups
- Counseling programs
- Victim advocacy
- Volunteer programs that provide companionship, respite, court accompaniment, etc.



Interagency Coordination

Why is Interagency Coordination Necessary to Stop Elder Abuse?

Because victims have diverse and multiple needs, it's unlikely that any single agency can provide everything that's needed to stop abuse and treat its effects. Some clients need services from several agencies. If services are not well coordinated, clients may have difficulty negotiating the complex service network, "fall between the cracks," fail to receive the help they need, and/or be subjected to unnecessary delays, frustration, trauma, and intrusion into their lives. On the other hand, when services are well coordinated, it reduces the need for multiple interviews, which, in turn, cuts down on trauma and inconvenience for clients and reduces wasteful overlap and duplication.

How Can Communities Improve Coordination?

The following tools and techniques can help agencies work together:

- Interagency protocols define the roles and relationships among agencies. They typically include guidelines for referring cases to one another, clarify each agency's responsibilities for assessing and investigating reports; define the circumstances in which joint investigations should be initiated; establish timelines; and provide for the sharing of information and client confidentiality.
- Memoranda of understanding (MOUs) are informal contracts that commit agencies to following established protocols or agreements. They ensure that the agreed upon protocols are fully understood, endorsed by the agencies' leadership, and that they will be passed on to new staff.
- Collaborative investigations. When it is likely that a client may need to be assessed or receive services from more than one agency or program, joint investigations may reduce delays and reduce the need for multiple interviews.



What is a Coalition?

A coalition is a group of individuals, agencies, and/or organizations that comes together to address social problems or issues. Coalitions provide their members with opportunities to learn more about specific issues and engage in collective action and advocacy.

What Do Elder Abuse Prevention Coalitions Do?

In the field of elder abuse prevention, coalitions have advocated for new laws or policies, organized public or professional awareness campaigns, developed plans to improve service delivery and much more.

.....
: *"For years, I suffered silently, unable to muster the*
: *courage to seek the help I knew I needed...I felt trapped,*
: *scared, used and frustrated. And above all, when a man*
: *feels helpless, it's terrible. And I was helpless."* -Mr.
: *Mickey Rooney*
:
.....

Multidisciplinary Team

What is a Multidisciplinary Team?

Multidisciplinary teams are groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation in abuse cases. While their primary purpose is typically to help team members resolve difficult cases, teams may fulfill a variety of additional functions. They can promote coordination between agencies; provide a “checks and balances” mechanism to ensure that the interests and rights of all concerned parties are addressed; and identify service gaps and breakdowns in coordination or communication between agencies or individuals. They also enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.

Who Serves on Teams?

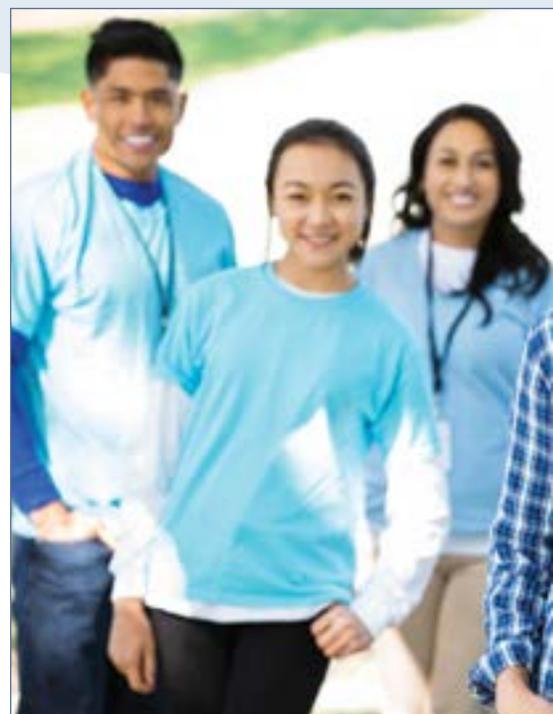
Professional disciplines that are typically represented on elder abuse teams include adult protective services, the civil and criminal justice systems, health and social services, and mental health. Some teams include domestic violence advocates, substance abuse specialists, clergy, and policy-makers. Financial abuse specialist teams, or FASTs, focus on cases involving exploitation

and include representatives from financial institutions, including banks or credit unions, stock brokerage firms, mortgage lenders, private trustees or guardians, and others.

How Do Teams Work?

Teams are as diverse as the communities in which they reside. Although the criteria used to select cases to review varies from team to team, most review cases in which prior interventions have proven unsuccessful as well as cases in which multiple agencies are involved and there is a lack of clarity regarding each agency’s role. Some discuss “success stories” to demonstrate effective techniques or interventions. By discussing “real life” situations, teams are also likely to identify systemic problems that can be addressed through advocacy, training, or coordination. Some teams address these issues themselves while others refer them on to other appropriate agencies, committees, or individuals for follow-up.

Teams also vary in their level of formality. Some have handbooks, “job descriptions” for members, membership agreements, and guidelines for presenting cases. Many find it helpful to distribute minutes summarizing case discussions and clarifying what has been decided. Some make it a point to follow up on all cases that are discussed so that team



members receive feedback on outcomes.

Outreach

What is Outreach?

Outreach refers to the process by which the public or professionals are made aware of a problem, informed of available services, and instructed in what they can do to help. In the field of elder abuse prevention, outreach has accomplished the following:

- Alerted professionals, policy makers, and the public about the nature and extent of abuse
- Familiarized those in need about available services and how to access them
- Enlisted the support to advocate new services and policy, spread the word about the problem, and serve as volunteers.



- Sent a warning to perpetrators and would be perpetrators
- Conveyed the message to the vulnerable that they are not alone and encouraged them to seek or accept help

Outreach may be general in scope, reaching a broad audience, or it may target specific groups. Groups that are typically targeted by elder abuse prevention programs are:

- Professionals
- Victims or vulnerable persons
- Persons who have witnessed abuse or are likely to
- Policy makers
- Members of specific ethnic or cultural groups
- Homebound or isolated seniors



Perpetrators or Potential Perpetrators

The Outreach Message

Outreach campaigns and activities can convey a variety of messages to achieve specific goals. “Elderly Pennsylvanians Deserve Honor and Respect, Not Abuse,” for example, was the keystone of a campaign carried out by the Pennsylvania Department of Aging Services, after focus groups revealed that seniors didn’t like being portrayed as passive victims. AARP chose the message “Telemarketing is a crime,” after a survey revealed that although seniors felt that telemarketing was wrong, many didn’t view it as criminal.

Reaching Special Populations

Special efforts may be needed to reach individuals who are isolated as a result of illness or disability,

geography, low literacy, language, or cultural factors. A variety of innovative approaches have been developed to overcome specific obstacles.



Advocacy

What is Advocacy?

Advocacy is the building of relationships between government officials and those they serve. The purpose of advocacy is to advance a certain viewpoint, group of people, or cause by changing or enforcing public policy. Because policy is enacted, interpreted, and enforced at the local, state, and national levels, grassroots advocates work with legislatures, executive branch personnel, governmental agencies, and courts at each of these levels.

The Four Most Common Targets for Advocacy Are:

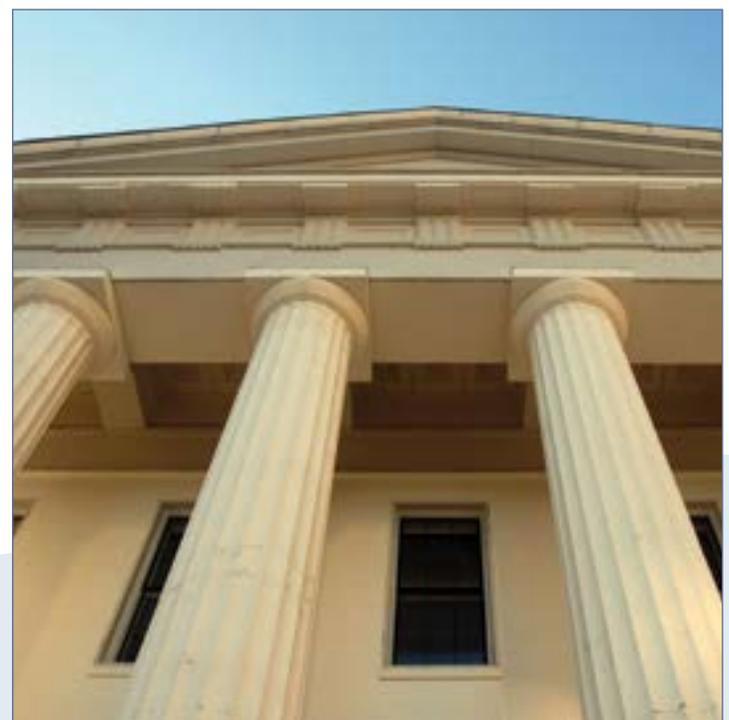
- Legislatures- Because legislative bodies enact laws, they are the primary targets of most advocacy efforts.
- Agencies- Administrative agencies have responsibility for implementing policy. Once laws are adopted, advocates must also see that the agencies are charged with adapting rules or implementing laws.
- Courts- If the executive branch fails to execute a law, advocates can turn to the courts. In addition to compelling other branches of government to execute laws, courts often interpret laws, or stop government action that would interfere with the execution of public policy.
- Media- Often the strongest tactic that grassroots groups have is to generate media exposure and public attention to their issue.
- Advocates are also educators and negotiators. To be effective, they must be able to achieve credibility with policy makers by demonstrating their expertise and eliciting empathy and support for their issue.

What Type of Advocacy is Needed in Elder Abuse Prevention?

Professionals in the field of elder abuse across the country have advocated for statutory reform and needed resources at the local, state, and national

levels. The following list provides a sampling of the issues they have addressed:

- The need for more resources for adult protective services
- Clearer mandates and guidelines for the reporting and investigation of abuse
- Greater accountability by fiduciaries, persons with powers of attorney, and guardians
- Tracking and monitoring substantiated perpetrators
- Increased penalties for abuse
- Better enforcement of restitution
- Statutes to facilitate prosecution
- Special provisions to encourage the reporting of abuse by certain professionals and institutions, including banks



Contact Numbers

CALHOUN COUNTY

Community Action Agency

(256) 237-4114

Department of Human Resources

(256) 231-7500

Health Department (256) 236-3274

Mental Health Center (256) 236-3403

Social Security Administration

(256) 237-1647

- **Police Department:**

Anniston (256) 238-1800

Jacksonville (256) 435-6448

Ohathee (256) 892-3156

Oxford (256) 831-2131

Piedmont (256) 447-9091

Weaver (256) 820-1121

Sheriff (256) 236-6395 or 911

Red Cross (256) 236-0391

Retired Senior Volunteer

Program (256) 435-5091

- **Senior Centers:**

Anniston (256) 241-2678

Hobson City (256) 831-7067

Jacksonville (256) 435-9199

Ohathee (256) 892-9245

Oxford (256) 831-5900

Piedmont (256) 447-3365

Weaver (256) 820-5049

CHEROKEE COUNTY

Community Action Agency

(256) 638-4430

Dept. of HR (256) 927-1440

Health Department (256) 927-3132

Mental Health Center

(256) 927-3601

- **Police Departments:**

Centre (256) 927-3661

Fort Payne (256) 845-8421

Sheriff (256) 927-3365 or 911

Red Cross (256) 927-3797

Social Security Administration

(256) 538-7883

CHAMBERS COUNTY

Health Department (334) 756-0758

Mental Health Center (334) 742-2700

- **Police Departments**

LaFayette (334) 864-7243

Lanett (334) 644-2146

Roanoke (334) 863-2878

Valley (334) 756-5200

Sheriff (334) 864-4333 or 911

Red Cross (334) 749-9981

Social Security Administration

(334) 745-7052

- **Senior Centers:**

LaFayette (334) 864-0938

Lanett (334) 644-6408

Valley (334) 756-5265

Waverly (334) 887-6453

CLAY COUNTY

Community Action Agency

(256) 362-6611

Dept. of HR (256) 396-6800

Health Department (256) 396-6421

Mental Health Center

(256) 396-2150

- **Police Department:**

Ashland (256) 354-2122

Lineville (256) 396-2633

Sheriff (256) 354-2176 or 911

Red Cross (256) 362-2061

Social Security Administration

(256) 362-4181

- **Senior Centers:**

Ashland (256) 354-3229

Lineville (256) 618-2215

TALLADEGA COUNTY

Community Action Agency

(256) 362-6611

Dept. of HR (256) 761-6600

Health Department (256) 362-2593

Mental Health Center (256) 362-8600

- **Police Departments:**

Childersburg (256) 378-7860

Lincoln (205) 763-7777

Red Cross (256) 362-2061 or 911

Social Security Administration

(256) 362-4181

- **Senior Centers:**

Childersburg (256) 378-7037

Munford (256) 358-6437

Oak Grove (256) 249-6338

Sylacauga (256) 249-8659

Talladega (256) 362-5769

Talladega Springs (256) 249-0802

TALLAPOOSA COUNTY

Community Action Agency

(256) 825-4287

Dept. of HR (256) 825-2755

Health Department (256) 329-0531

Mental Health Center (256) 329-8463

Sheriff (256) 825-4264

- **Police Department:**

Alexander City (256) 234-3421

Dadeville (256) 825-6212

Jackson's Gap (256) 825-8518

Tallassee (334) 283-6586

Sheriff (256) 825-4264 or 911

Red Cross (256) 234-3291

Social Security Administration

(256) 234-3486

- **Senior Centers:**

Alexander City (256) 234-4074

Camp Hill (256) 896-2943

Dadeville (256) 825-7455

Wall Street (334) 283-8187

Services Provided

Telephone: (256) 237-6741
Fax: (256) 237-6763
1-800-AGE-LINE (243-5463)

P.O. Box 2186
1130 Quintard Avenue, Suite 300
Anniston, AL 36202

info@earpdc.org
eastalabamaaging.org.

Most of the following programs and services are available to persons age 60 and older. There is no cost for the services, however, donations are accepted. These contributions help to expand the existing programs and services.

Senior Activity Centers

Senior Activity Centers offer hot, nutritious, noon meals in a congregate setting, Monday through Friday. Health, educational, recreational, and volunteer opportunities are available at all senior centers, as well.

Home Delivered Meals

Home delivered meals are available to homebound individuals who are unable to attend a Senior Center. In addition to providing a hot, home delivered, the home meal deliver program ensures that the homebound individual receives daily contact with the community, to minimize loneliness and isolation. Frozen meals are also available in some areas.

Home and Community Based Services

Home and Community Based Services are available to Medicaid eligible persons who would have to be placed in a nursing home if they could not get help in their homes. A case manager can work with you to develop a plan of in-home care designed especially to meet your social and health care needs. Homemakers, Personal Care Aides, Respite Care, Meals and Companion Services are available to assist you in remaining in your own home.

Transportation

Transportation to Senior Centers, social services and medical providers, as well as businesses such as banks and grocery stores, is available. Transportation providers can even assist the frail elderly, to help them obtain the services they need.

Information and Referral

Information and Referral services are available to assist older individuals and their caregivers in locating various services and support resources in their area. ElderConnect Alabama is a statewide database with extensive search capabilities that match by service, geographic area, fee structure and more.

The Community Ombudsman

The Community Ombudsman assists nursing home residents and their families in resolving complaints, problems, or issues of quality of care in nursing home and assisted living facilities. The ombudsman is an advocate for residents' rights, needs, and interests.

Case Management

Case Management services provide a comprehensive intake and assessment of needs to identify any potential benefits that you may be eligible to receive. Geriatric case managers can coordinate various services to meet your needs.

East Alabama Regional Planning and Development Commission Area Agency on Aging

Telephone: (256) 237-6741
 Fax: (256) 237-6763
 1-800-AGE-LINE (243-5463)

P.O. Box 2186
 1130 Quintard Avenue, Suite 300
 Anniston, AL 36202

info@earpdc.org
 eastalabamaaging.org

Most of the following programs and services are available to persons age 60 and older. There is no cost for the services, however, donations are accepted. These contributions help to expand the existing programs and services.

Health Promotion and Disease Prevention

Health Promotion and Disease Prevention programs such as exercise classes, blood pressure checks, vision and hearing screenings, and community health fairs are widely available.

Legal Counsel

Legal Counsel for the elderly provides legal and educational services such as advocacy, counseling and advice, negotiation, representation before judicial bodies, and appeal of adverse decisions. Legal assistance is only available for non-criminal and non-fee generating matters. Typical services include preparation of wills, powers of attorney, Medicaid trusts, and advanced directives.

State Health Insurance Program

State Health Insurance Program (SHIP) offers health insurance counseling and assistance for questions, problems, or concerns regarding Medicare, Medicaid, supplemental or long-term care insurance. Trained counselors can assist in making claims and appeals for hospital and medical bills. The AAA does not provide financial assistance for medical bills or needed medical services.

SenioRx

SenioRx is a prescription drug assistance program designed to assist 55+ with chronic medical conditions, who have no prescription insurance coverage and limited financial means (living 200% of the poverty level), with applying for drug assistance programs through various pharmaceutical manufactures.

The Alabama Cares

The Alabama Cares (Caregiver Assistance with Resources, Education and Services) program provides supportive services to caregivers who provide the primary care for persons 60 and older in an effort to complement their caregiving roles and reduce burnout. A sliding fee scale, based on the care recipient's income, is used to determine the share cost of certain services. The program also recognized the needs of grandparents (60+) caring for grandchildren under the age of 18 with mental retardation or development disabilities.

Volunteers

Volunteers are an essential part of the AAA, and many programs rely on committed and well-trained volunteers to make these programs successful, and meet increasing needs for services. By providing their time, talent, and experience, volunteers enable the AAA to better reach out into the community to serve.



To prevent elder abuse
call the Alabama Elder Abuse hotline.

 **1-800-458-7214**

Reports may be to the sheriff, chief of police, or to any
County Department of Human Resources. An Adult
Protective Services office is located in each county
within the State of Alabama.

see it, stop it, prevent it...