OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 44 – 2025

Introduced by: Medical Student Section

Subject: Support for Increased Training for Physicians on Screening for Elder Abuse and Injustice

Referred to: Resolutions Committee No. 2

- -

WHEREAS, elderly abuse and neglect is defined by the Centers for Disease Control and Prevention as the “intentional act or failure that causes or creates a risk of harm to an older adult” and includes physical, sexual, emotional, financial abuse[1]; and

WHEREAS, in 2021, Ohio's Elder Abuse Commission reported over 33,300 cases of elder mistreatment and abuse[2]; and

WHEREAS, Ohio Adult Protective Services referrals have increased from 33,783 in 2020 to 37,714 in 2022[3, 4]; and

WHEREAS, of the 37,714 Adult Protective Services referrals received between 2021 and 2022 in Ohio, 5,823 were attributed to abuse, 22,017 to neglect, and 9,545 to exploitation[4]; and

WHEREAS, approximately 10% of the elderly experience abuse, yet only 2% of patients report it to physicians[5, 6]; and

WHEREAS, low reporting of elder abuse by physicians is attributed to misconceptions, lack of training and recognition, avoiding patient discomfort addressing the topic, fear of retaliation against the victim, and a lack of time to appropriately address the matter[5, 6]; and

WHEREAS, the rate at which elderly are victims of non-fatal assault and homicide has shown significant increases in the past two decades in both elderly males and females, the population of elderly Americans (>60 years) is also expected to increase, reflecting a growing health problem[7]; and

WHEREAS, according to the AARP, elderly victims of financial abuse lose approximately $28.3 billion dollars annually[8, 9]; and

WHEREAS, in a study on healthcare utilization, the elderly comprise 13.5% of the population, however their healthcare utilization comprises 42.5% percent of healthcare costs[10]; and

WHEREAS, previous studies have found that elder abuse is associated with increased healthcare utilization, particularly in the emergency department where physicians are 3x more likely to encounter a victim of elder abuse[5,11]; and

WHEREAS, a survey conducted with emergency department physicians in the United States reported that approximately 58% of physicians lacked confidence in correctly identifying elder abuse which highlights gaps in education[12]; and

WHEREAS, a cross-sectional study reported that guidelines are supported for geriatric screening in the ED, however close to 0% of elderly patients are consistently screened[12]; and

WHEREAS, a study looking at the effects of the screening tool DETECT in ED's found that there was increased reporting of elder abuse[13]; and

WHEREAS, a study investigating simulations as a means to enhance medical student knowledge and recognition of elder abuse found there was a significant difference between pre-training and post-training awareness[14]; and

WHEREAS, medical school curriculums cover elder abuse and mistreatment, but students are often left unsure of the protocol for reporting[15]; and

WHEREAS, a systematic review looking at residency programs who used an integrative elderly abuse detection program found that residents had an improved recognition of elder abuse and felt more confident in reporting[15]; and

WHEREAS, elder abuse screening is not currently recommended under the United States Preventative Task Force guidelines, however, the elder abuse suspicion index has been approved for primary care settings[16]; and

WHEREAS, the American Association of Family Physicians (AAFP) recommends that family physicians should be aware of risk factors for elder abuse and mistreatment, and be trained in educating their communities on caregiver stress and conflict resolution skills[17,18]; and

WHEREAS, there have been efforts to prevent elder abuse through advocacy, safe havens, screening, and legislation, the effectiveness of such methods are unclear and require more rigorous research[20]; and

WHEREAS, the Elder Justice Act addresses abuse, neglect, and exploitation, while providing reporting requirements and funding to decrease rates of abuse and support victims[8]; and

WHEREAS, the limited data on elder abuse prevention, treatments, and interventions highlights the need for more effective evidence-based strategies[21, 22]; and

WHEREAS, conducting randomized controlled trials could provide valuable insights to enhance protocols for addressing elder abuse[21, 22]; and

WHEREAS, AMA Policy H-515.949 supports improved recognition and treatment for elderly experiencing abuse, as well as the adoption of the Elder Justice Act[23]; and

WHEREAS, AMA Policy H-515.961 supports interdisciplinary management of elder mistreatment and recognizes elder mistreatment as a public health crisis[24]; and

WHEREAS, AMA Policy reaffirms the implementation of Geriatric Medicine and pharmacotherapy in medical curriculums, including both medical schools and residency programs[25]; and therefore be it

RESOLVED, that our OSMA encourages training for physicians to screen for elder injustice, including neglect, abuse, and exploitation, and policy for mitigation of elder inequities.

Fiscal Note: $ (Sponsor)
$ 500+(Staff)

References:

1. Elder Abuse- Defining Abuse. ACL (Administration for community Living). https://ncea.acl.gov/elder-abuse#gsc.tab=0
2. Detecting Elder Abuse and Neglect: Assessment and Intervention. www.aafp.org. https://www.aafp.org/pubs/afp/issues/2014/0315/p453.html
3. What is Adult Protective Services?: APS Data and Resources 2020. Ohio.gov. Published 2020. Accessed January 17, 2025. https://jfs.ohio.gov/child-and-adult-protection-foster-and-adoption/services-for-families-and-children/adult-protection
4. Dong XQ. Elder Abuse: Systematic Review and Implications for Practice. J Am Geriatr Soc. 2015;63(6):1214-1238. doi:10.1111/jgs.13454

5. Understanding Elder Abuse. Ohio Department of Jobs and Community Services. https://www.odjfs.state.oh.us/forms/num/JFS08097/pdf/
6. Logan, J. E., Haileyesus, T., Ertl, A., Rostad, W. L., & Herbst, J. H. (2019). Nonfatal assaults and homicides among adults aged ≥60 years — United States, 2002–2016. MMWR. Morbidity and Mortality Weekly Report, 68(13), 297–302. https://doi.org/10.15585/mmwr.mm6813a1
7. The Elder Injustice Act. Administration for Community Living (ACL). https://ncea.acl.gov/elder-abuse#gsc.tab=0
8. Detecting Elder Abuse and Neglect: Assessment and Intervention. www.aafp.org. https://www.aafp.org/pubs/afp/issues/2014/0315/p453.html
9. Zayas CE, He Z, Yuan J, et al. Examining Healthcare Utilization Patterns of Elderly Middle-Aged Adults in the United States. Proc Int Fla AI Res Soc Conf. 2016;2016:361-366.
10. Rosen T, Platts-Mills TF, Fulmer T. Screening for elder mistreatment in emergency departments: current progress and recommendations for next steps. J Elder Abuse Negl. 2020;32(3):295-315. doi:10.1080/08946566.2020.1768997
11. Patel K, Bunachita S, Chiu H, Suresh P, Patel UK. Elder Abuse: A Comprehensive Overview and Physician-Associated Challenges. Cureus. 2021;13(4):e14375. Published 2021 Apr 8. doi:10.7759/cureus.14375
12. Richmond NL, Zimmerman S, Reeve BB, et al. Ability of Older Adults to Report Elder Abuse: An Emergency Department-Based Cross-Sectional Study. J Am Geriatr Soc. 2020;68(1):170-175. doi:10.1111/jgs.16211
13. Cannell B, Livingston M, Burnett J, Parayil M, Reingle Gonzalez JM. Evaluation of the Detection of Elder Mistreatment Through Emergency Care Technicians Project Screening Tool. JAMA Netw Open. 2020;3(5):e204099. Published 2020 May 1. doi:10.1001/jamanetworkopen.2020.4099
14. West A, Cawley C, Crow E, et al. The Impact of an Educational Program on Medical Students' Knowledge and Awareness of Elder Abuse. J Med Educ Curric Dev. 2021;8:23821205211016487. Published 2021 Jun 18. doi:10.1177/23821205211016487
15. Alt KL, Nguyen AL, Meurer LN. The Effectiveness of Educational Programs to Improve Recognition and Reporting of Elder Abuse and Neglect: A Systematic Review of the Literature. J Elder Abuse Negl. 2011;23(3):213-233. doi:10.1080/08946566.2011.584046
16. Elder Mistreatment. www.aafp.org. https://www.aafp.org/about/policies/all/elder-mistreatment.html
17. Elder Abuse Commission Biennial Reports - Ohio Attorney General Dave Yost. www.Ohioattorneygeneral.gov. Published 2022. Accessed January 17, 2025. https://www.ohioattorneygeneral.gov/Files/Reports/Elder-Abuse-Commission-Biennial-Reports

18. Dong XQ, Simon MA, Beck TT, et al. Elder abuse and mortality: the role of psychological and social wellbeing. Gerontology. 2011;57(6):549-558. doi:10.1159/000321881
19. The Elder Injustice Act. ACL (Administration for Community Living). https://acl.gov/about-acl/elder-justice-act#:~:text=Passed%20in%202010%2C%20the%20Elder,Adult%20Maltreatment%20Reporting%20System%20(NAMRS)
20. Bolkan, C., Teaster, P. B., & Ramsey-Klawsnik, H. (2023). The context of elder maltreatment: An opportunity for prevention science. Prevention Science, 24(5), 911–925. https://doi.org/10.1007/s11121-022-01470-5
21. Cavuoto, M. G., Markusevska, S., Stevens, C., Reyes, P., Renshaw, G., Peters, M. D. J., Dow, B., Feldman, P., Gilbert, A., Manias, E., Mortimer, D., Enticott, J., Cooper, C., Antoniades, J., Appleton, B., Nakrem, S., O'Brien, M., Ostaszkiewicz, J., Eckert, M., … Brijnath, B. (2024, May 22). The impact of elder abuse training on Subacute Health Providers and older adults: Study protocol for a randomized control trial - trials. BioMed Central. https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-024-08160-3
22. Elder Mistreatment H-515.949. Ama-assn.org. Published 2023. Accessed January 17, 2025. American Medical Association. https://policysearch.ama-assn.org/policyfinder/detail/elder%20mistreatment?uri=%2FAMADoc%2FHOD.xml-H-515.949.xml
23. Elder Mistreatment H-515.961. Ama-assn.org. Published 2021. Accessed January 17, 2025. American Medical Association. https://policysearch.ama-assn.org/policyfinder/detail/elder%20mistreatment?uri=%2FAMADoc%2FHOD.xml-0-4660.xml
24. Geriatric Medicine H-295.981. Ama-assn.org. Published 2016. Accessed January 17, 2025. American Medical Association. https://policysearch.ama-assn.org/policyfinder/detail/geriatric%20training?uri=%2FAMADoc%2FHOD.xml-0-2280.xml

Relevant OSMA Policy

No Relevant OSMA Policy

Relevant AMA and AMA-MSS Policy

Elder Mistreatment H-515.949

Our American Medical Association encourages all physicians caring for the elderly to become more proactive in recognizing and treating vulnerable elders who may be victims of mistreatment through prevention and early identification of risk factors in all care settings. Encourage physicians to participate in medical case management and APS teams and assume greater roles as medical advisors to APS services.

Our AMA promotes collaboration with the Liaison Committee on Medical Education and the Association of American Medical Colleges, as well as the Commission on Osteopathic College Accreditation and American Association of Colleges of Osteopathic Medicine, in establishing training in elder mistreatment for all medical students; such training could be accomplished by local arrangements with the state APS teams to provide student rotations on their teams. Physician responsibility in cases of elder mistreatment could be part of the educational curriculum on professionalism and incorporated into questions on the US Medical Licensing Examination and Comprehensive Osteopathic Medical Licensing Examination.

Our AMA encourages the development of curricula at the residency level and collaboration with residency review committees, the Accreditation Council for Graduate Medical Education, specialty boards, and Maintenance of Certification programs on the recognition of elder mistreatment and appropriate referrals and treatment.

Our AMA encourages substantially more research in the area of elder mistreatment.

Our AMA encourages the US Department of Health and Human Services, Office of Human Research Protections, which provides oversight for institutional review boards, and the Association for the Accreditation of Human Research Protection Programs to collaborate on establishing guidelines and protocols to address the issue of vulnerable subjects and research subject surrogates, so that research in the area of elder mistreatment can proceed.

Our AMA encourages a national effort to reach consensus on elder mistreatment definitions and rigorous objective measurements so that interventions and outcomes of treatment can be evaluated.

Our AMA encourages adoption of legislation, such as the Elder Justice Act, that promotes clinical, research, and educational programs in the prevention, detection, treatment, and intervention of elder abuse, neglect, and exploitation.

Health Care for Older Patients H-25.999

Our American Medical Association endorses and encourages further experimentation and application of home-centered programs of care for older patients and recommends further application of other new experiments in providing better health care, such as rehabilitation education services in nursing homes, chronic illness referral centers, and progressive patient care in hospitals.

Our AMA recommends that there be increased emphasis at all levels of medical education on the new challenges being presented to physicians in health care of the older person, on the growing opportunities for effective use of health maintenance programs and restorative services with this age group, and on the importance of a total view of health, embracing social, psychological, economic, and vocational aspects.

Our AMA encourages continued leadership and participation by the medical profession in community programs for seniors.

Our AMA will explore and advocate for policies that best improve access to, and the availability of, high quality geriatric care for older adults in the post-acute and long term care continuum.

Elder Mistreatment H-515.961

Our American Medical Association recognizes elder mistreatment as a serious and pervasive public health problem that requires an organized effort from physicians and all medical professionals to improve the timely recognition and provision of clinical care in vulnerable elders who experience mistreatment.

Our AMA recognizes the importance of an interdisciplinary and collaborative approach to this issue, and encourage states to bring together teams with representatives from medicine, nursing, social work, adult protective services (APS), criminal and civil law, and law enforcement to develop appropriate interventions and evaluate their effectiveness.

Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options D-280.982

Our American Medical Association will advocate for business models in long term care for the elderly which incentivize and promote the ethical and equitable use of resources to maximize care quality, staff and resident safety, and resident quality of life, and which hold patients' interests as paramount over maximizing profit.

Our AMA will, in collaboration with other stakeholders, including major payers, advocate for further research into alternatives to current options for long term care to promote the highest quality and value long term care services and supports (LTSS) models as well as functions and structures which best support these models for care.