



Written Remarks

For

**Kathy Greenlee
Administrator, Administration for Community Living
and
Assistant Secretary for Aging
U.S. Department of Health and Human Services**

To

**World Elder Abuse Awareness Day
Governmental and UN Perspectives**

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(Oral remarks may differ from written remarks)

Thank you Mr. Wu and the UN for hosting this event.

Thank you Ambassador Rishchynski and Ambassador Cousens for your demonstrated commitment to the issue of elder abuse.

Thank you Minister Wong for your partnership in envisioning and bringing today's event into fruition.

Thank you fellow country representatives for joining the discussion today.

I'm pleased to join you this afternoon to observe World Elder Abuse Awareness Day. The Administration on Aging participated in the first observance of World Elder Abuse Awareness Day in 2006, hosted by the World Health Organization and held at the U.N. We are thrilled to return this year to once again take part in World Day activities to give the tragedy that is abuse and neglect of older persons, and the battle to end it, the global prominence it demands.

The problem of elder abuse, neglect, and exploitation has always been important to me personally, and in the work that I do.

Elder abuse is a public health crisis and a crime which impacts people around the world. While elders are still respected in many cultures, elder abuse may still occur. The World Health Organization has declared that elder abuse is a violation of an older adult's fundamental rights to be safe and free of violence.

There are many risk factors such as social isolation, frailty and dementia. Elder abuse knows no socio-economic barriers. We need to design better programs, including better reporting systems.

In the U.S., available prevalence data suggest that at least 10% (or 5 million) of older Americans experience abuse each year, and many of them experience it in multiple forms.ⁱ

In addition, data from our Adult Protective Services agencies depict an increasing trend in the reporting of elder abuseⁱⁱ, despite estimates that as few as 1 in 24 cases of elder abuse comes to the attention of authoritiesⁱⁱⁱ.

This increasing trend in the incidence of elder abuse is particularly alarming as we know elder abuse results in a wide range of negative health impacts, including the increased likelihood of chronic health conditions.

Older victims of even modest forms of abuse have dramatically (300%) higher morbidity and mortality rates than non-abused older people.^{iv}

Research demonstrates that older adults who are victims of violence have more health care problems than other older adults, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems.^v

In addition, victims of elder abuse have significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized.^{vi}

For older victims of sexual violence, the negative health impacts of abuse are even more pronounced. One study found that 12.7% of older women in the study group reported a history of sexual assault, all of whom experienced significantly increased risks of breast cancer and arthritis, with those who experienced repeated violence up to four times more likely to develop these chronic conditions than women who were never abused.^{vii}

On average, older people have more chronic diseases and access the health care system at higher rates than other age groups. Not only will older victims of violence be accessing the health care system more, they will also incur higher health care expenditures than non-victims.

The U.S. Agency for Healthcare Research and Quality estimated that individuals with chronic health problems generate the greatest financial burden on the health care system and account for a disproportionate amount of overall spending.

Of all conditions, trauma ranked as the second most expensive condition in terms of total health care spending.^{viii}

In addition to the estimated impact on healthcare, the direct costs associated with elder financial exploitation were estimated to be \$2.9 billion in 2009, a 12% increase over 2008.

Considering all of this together -- higher rates of chronic conditions for victims of abuse, higher treatment costs for both trauma and chronic conditions, and estimated losses due to financial exploitation -- it is clear that we are faced with a public health emergency and an economic imperative to prevent elder abuse, neglect, and exploitation.

Our administration has a strong commitment to address this tragic issue of abuse against older persons.

The Administration on Aging, created under the Older Americans Act in 1965, has developed a number of programs to protect the rights of older persons. These include:

- Elder abuse prevention programs;

- The Long Term Care Ombudsman Program that investigates and resolves complaints by nursing home residents and their families;

- Legal services, legal assistance, and legal hotlines;

- Pension counseling programs; and

- Senior Medicare Patrol programs that operate in every state to help Medicare beneficiaries identify fraud in Medicare and Medicaid.

Last fall we launched the Elder Justice Coordinating Committee. This is a very successful partnership of agencies and departments across the Federal government concerned with elder abuse.

Our task will be to create a comprehensive approach to preventing, detecting, and responding to elder abuse, neglect, and exploitation; to enhance quality of care for residents of long-term care facilities, and to enhance protections for residents.

On June 14, 2012, the U.S. Department of Health and Human Services, in partnership with the U.S. Department of Justice and the U.S. Consumer Financial Protection Bureau, hosted a daylong symposium at the White House to commemorate World Elder Abuse Awareness Day.

This historic event brought together a broad range of stakeholders, including administration officials, representatives from the financial community, national advocacy groups, and other organizations committed to addressing elder abuse and financial exploitation in their communities.

The excitement of the day was capped by President Obama's issuance of the 1st Presidential proclamation to recognize World Elder Abuse Awareness Day.

Also in October last year, U.S. Department of Health and Human Services Secretary, Kathleen Sebelius, convened the Federal Elder Justice Coordinating Council, a joint effort to coordinate federal government agencies and activities to prevent and address elder abuse, neglect, and exploitation. The Council, which I chair, was included among the provisions of the Elder Justice Act.

At the staff level, the Council is supported by the Elder Justice Interagency Working Group. The Working Group is developing an action agenda for the Council on priority elder abuse issues requiring the attention of the Federal government. This proposed agenda will be presented to the Council later this fall.

We are also working to implement other key areas and domains from the Elder Justice Act and Coordinating Council. For example:

- A comparative analysis of the protection systems in the U.S., including the child welfare system, and review of the literature to develop guidelines for adult protective services systems, such as around data collection and practice standards.

- An examination by a number of federal agencies as to how to combat financial exploitation by improving the use of screening tools, enhancing oversight of fiduciaries, and increasing collaboration and information sharing among federal and state entities.

Through all these efforts, we have worked to advance the discussion of the phenomena of elder abuse, neglect, and exploitation by continuously framing elder abuse and prevention as a global, public health issue.

AoA is a founding member of the Institute of Medicine's Forum on Global Violence Prevention. In addition to the April 2013 workshop dedicated to elder abuse, our presence consistently represents the voices of older adults in the discourse on violence prevention, a voice too often not heard.

And this year at the World Health Assembly in Geneva I met with officials to begin a dialogue about elder abuse in the context of its being a "health" issue through the world.

In closing, I would like to say that I believe that the concept of respecting our elders is universal. This is not an American concept, but a human concept and cultural value across this planet. First, we must see elders. Second, we must keep them safe. Violence against elders is real, unreported, not prevented and victims lack services.

As we pause today to commemorate World Elder Abuse Awareness Day, let us remember the millions of silent victims of elder abuse around the world, and raise our voices on their behalf. And let us re-commit ourselves to having our voice heard every day, not just on this one day

In closing, I would like to quote former President Clinton who, at a memorial service for slain civil rights leader Medgar Evers, stated: "It is easy to be for yesterday's change. It is quite another to make the change your own time requires." Elder Abuse is the change our own time requires."

ⁱ Beach SR, Schulz R, Castle NG, Rosen J. Financial Exploitation and Psychological Mistreatment Among Older Adults: Differences Between African Americans and Non-African Americans in a Population-Based Survey. *Gerontologist* 2010.

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ⁱⁱ Teaster PB, Dugar T, Mendiondo M, Abner EL, Cecil KA, Otto JM. The 2004 Survey of Adult Protective Services: Abuse of Adults 60 Years of Age and Older. National Center on Elder Abuse: Washington, DC. Retrieved August 8, 2011 from: http://www.ncea.aoa.gov/Main_Site/pdf/2-14-06%20FINAL%2060+REPORT.pdf

ⁱⁱⁱ Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University. & New York City Department for the Aging. (2011) *Under the Radar: New York State Elder Abuse Prevalence Study*. New York: Author.

^{iv} Lachs, M.S., Williams, C.S., O'Brien, S., Pillemer, K.A., & Charlson, M.E. (1998). "The Mortality of Elder Mistreatment." *JAMA*. 280: 428-432.

^v Bitondo Dyer C., Pavlik V. N., Murphy K. P., and Hyman D. J. (2000). "The High Prevalence of Depression and Dementia in Elder Abuse or Neglect." *Journal of the American Geriatrics Society*. 48:205-208.

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^{vi} See full article discussing the negative behavioral health consequences at:
http://www.ncea.aoa.gov/NCEARoot/Main_Site/Library/Statistics_Research/Research_Reviews/emotional_distress.aspx.

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^{vii} Stein, M. & Barrett-Connor, E. (2000). "Sexual Assault and Physical Health: Findings From a Population-Based Study of Older Adults." *Psychosomatic Medicine*. Vol. 62; p 838-p843.

^{viii} Stanton MW, Rutherford MK. (2005). The High Concentration of U.S. Health Care Expenditures. Rockville (MD): Agency for Healthcare Research and Quality. Research in Action Issue 19. AHRQ Pub. No. 06-0060. Retrieved May 4, 2012 from: <http://www.ahrq.gov/research/ria19/expandria.pdf>.