



Statement by Daniel Reingold

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Hearing on

“Abuse of Our Elders: How We Can Stop It”

July 18, 2007



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Introduction

Chairman Kohl, Ranking Member Smith and members of the Committee, I am pleased to have the opportunity to testify today on behalf of The Hebrew Home for the Aged at Riverdale (Hebrew Home) and the American Association of Homes and Services for the Aging (AAHSA), of which we are a member.

The members of the American Association of Homes and Services for the Aging (www.aahsa.org) serve as many as two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. Our 5,700 members offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes. AAHSA's commitment is to create the future of aging services through quality people can trust.

The Hebrew Home has been dedicated to community service since its founding in 1917, when a small synagogue in Harlem opened its doors as a shelter for poor, homeless, elderly people. The Hebrew Home has become one of the nation's leading elder care centers and has continually renewed and expanded its commitment to provide the best possible care and the highest quality of life for older people.

Today, the Hebrew Home, located on 19-acres along the Hudson River in the Riverdale section of the Bronx, serves more than 3,000 people in the Bronx, Manhattan and Westchester County and includes residential healthcare, rehabilitation and palliative care facilities, senior housing communities, The Harry and Jeannette Weinberg Center for Elder Abuse Prevention and Elderserve, the Home's community services division. Elderserve offers a full spectrum of healthcare and supportive services to help maintain the independence of older persons who choose to remain in their own homes. This includes long term home health care, in-home personal care, medical and social adult day programs as well as overnight respite programs.

In my testimony today, I will focus on the ground-breaking work of the Weinberg Center to prevent abuse of elders in the community, to intervene to protect abused elders, to conduct research to identify the prevalence and incidence of elder abuse, and, in partnership with AAHSA and the Brookdale Foundation, to replicate the program to reach elders in other communities. I am pleased to have with me today Joy Solomon, an attorney with the Pace Women's Justice Center, who jointly created the Weinberg Center with The Hebrew Home and now serves as our Director. In addition to overseeing the day-to-day operations of the nation's first long-term care based elder abuse shelter, Ms. Solomon has developed and implemented a variety of unique training and public awareness campaigns which are described below.

Elder Abuse is a Serious and Complex Problem

Elder abuse is a large yet poorly understood problem that is not readily solved by the existing infrastructure for addressing domestic abuse.¹ Elder abuse can be physical, sexual, emotional and financial. Experts believe that almost 90% of abuse occurs in the community,

¹ See, e.g., Otto and Quinn, Barriers to and Promising Practices for Collaboration Between Adult Protective Services and Domestic Violence Programs (National Center on Elder Abuse, May 2007).

often perpetrated by family, friends, caregivers, and financial “advisors”. As with child abuse and domestic violence, elder abuse is under reported, for many of the same reasons as well as reasons unique to the population. Elders may feel shame; they may be dependent on the perpetrator financially or emotionally; they may be unable to access care because of physical or mental disabilities (e.g., dementia). In addition, it may not be clear to elders and others where to report. And as the Otto and Quinn report notes, there is a dearth of appropriate resources and interventions for victims of elder abuse. This was the impetus for the Hebrew Home to create its own elder abuse shelter.

We therefore congratulate Chairman Kohl, and Senators Hatch, Lincoln and Smith for introducing legislation that is essential to addressing the causes, treatment and prevention of elder abuse – S. 1577, the Patient Safety and Abuse Prevention Act, and S. 1070, the Elder Justice Act.

Before we discuss ways to address abuse in the community, we will address prevention of abuse in group settings such as nursing homes and other long-term care entities.

Prevention of Abuse in Long-term Care Settings

In a number of respects, it is easier to address prevention of elder abuse in nursing homes and other long-term care entities than it is in the community at large. These are contained settings; the owner/provider hires, fires and trains staff; and the requirements for care are set by regulation and contract.

As not-for-profit, mission-driven and primarily faith-based organizations, AAHSA members are committed to preventing all forms of elder abuse, neglect and exploitation. In addition to my own organization, many other AAHSA members have established or participated

in programs that provide safe and consumer-focused services for seniors. Just a few examples of the work we are doing include:

- Long support of the work of the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), a consumer advocacy organization, encouraging our members to implement *Competence with Compassion*, CARIE's highly regarded and successful training program for abuse prevention in nursing homes and personal care homes. This program has trained thousands of direct care workers and supervisors.
- Collaboration with the Centers for Medicare and Medicaid Services (CMS) to develop guidance and educational materials for providers to heighten awareness and to facilitate abuse prevention and reporting;
- Encouragement of its members, like The Hebrew Home, to partner with district attorneys, law enforcement agencies, financial institutions and social service agencies to help them recognize signs of physical and financial abuse.
- Recognition that improving the quality of life and care for residents and the quality of the working environment for staff are essential elements of preventing abuse. AAHSA members originated the culture change movement, developing, among other programs, the Eden Alternative (www.edenalt.org); the Green House Project (www.ncbcapitalimpact.org); the Wellspring Alliance (www.wellspringis.org); and the LEAP workforce development program (www.matherlifeways.com).
- Supporter of the Alzheimer's Association Campaign for Quality Residential Care. AAHSA is one of the 24 provider, consumer and professional organization Supporters of

the association's dementia care practice recommendations. We continue to work with the Alzheimer's Association as they expand the practice areas studied.

- Leadership in voluntary quality improvement efforts such as the Achieving Excellence in America's Nursing Homes campaign, an unprecedented national coalition of long-term care providers, consumers, state and federal governments and others to improve nursing home performance in targeted areas.² In addition, this year marks the 5th anniversary of Quality First, AAHSA and the long-term care field's quality improvement initiative. Focusing on continuous quality improvement and the importance of leadership at all organizational levels fosters an environment that does not tolerate abuse or neglect of residents. AAHSA recognizes the leadership of Senators Smith and Wyden as members of the National Commission for Quality Long-Term Care. The non-partisan Commission, which grew out of the Quality First initiative, is tasked with evaluating the quality of long-term care in America, identifying factors influencing the ability to improve quality, and recommending national strategies for sustainable quality improvement.

The Patient Safety and Abuse Prevention Act (S. 1577)

AAHSA has long been a supporter of a national system of criminal background checks for employees of long term care providers with direct access to residents and clients and strongly supports S. 1577, the Patient Safety and Abuse Prevention Act. Timely and accurate criminal background checks are an important component in efforts to prevent abuse of our elderly

² Advancing Excellence's goals are 1) reduce pressure ulcers; 2) reduce use of physical restraints; 3) improve pain management for long-term residents; 4) improve pain management for short-term residents; 5) establish individual targets for quality improvement; 6) assess resident/family satisfaction with care; 7) improve staff retention; and 8) improve staff assignment so residents receive consistent care. In just 9 months, more than a third of the nation's 160,000 nursing homes have signed on to the campaign.

residents and other vulnerable adults. In our mobile society, the ability to access national criminal records is an essential component to prevent the hiring of abusive workers.

S. 1577 contains important provisions to ensure that AAHSA members are able to meet our resident's needs and comply with the provisions of the statute. The bill allows for provisional employment during the criminal background check process. This will allow our members to hire otherwise qualified staff while the check is completed, an important consideration for providers continuing to face critical shortages of direct care employees. The bill also protects employers from liability for any employment action that must be taken based on the results of the background check. These are critical components and AAHSA is pleased to support their inclusion in S. 1577.

As not-for-profit and faith-based providers, most AAHSA members utilize volunteers to enhance the quality of life for the residents we serve and create import links to our local communities. Volunteers make an important contribution to the overall wellbeing of our residents in many diverse ways, from participating in a wide variety of group activities with residents to simply being there to talk with residents and share their memories. AAHSA is pleased that S. 1577 exempts volunteers from background checks unless the volunteer performs duties equivalent to an employee with direct access to residents and those duties involve one-to-one contact with residents.

S. 1577 also recognizes the costs to the employer of a criminal background check system, and provides a mechanism for reimbursement of those costs and authorizes appropriate funding. This, along with the provisions of the bill which require a single state agency to oversee the program and to notify providers of the results of the background check, will help assure an

efficient and timely process to meet the goal of preventing employment of persons who pose a risk to the safety of our residents.

The Elder Justice Act (S. 1070)

AAHSA has supported the Elder Justice Act since its original introduction in 2002. We are proud to be members of the Elder Justice Coalition and serve on the Coalition's Coordinating Council. Our members are committed to preventing elder abuse wherever it occurs. The findings enumerated at Section 2 of the Act succinctly identify the nature of the problem, barriers that have prevented resolution over the years, and the importance of taking action now. As the 16th finding states, "All elements of society in America have a shared responsibility in responding to a national problem of elder abuse, neglect and exploitation".

This Act provides a comprehensive approach to understanding and preventing abuse. The Act establishes an Elder Justice Coordinating Council to foster coordination throughout the federal government on elder abuse topics and an Advisory Board to the Coordinating Council composed of experts on elder abuse, neglect and exploitation. Coordination across federal agencies is a critical component to successfully addressing the role that the federal government will play in providing resources, funding, education and support to those who are in the field – law enforcement, consumer advocates, long term care providers, caregivers, and community groups. For long term care, in addition to establishing stringent mandatory reporting requirements for long term care facilities, the Act includes a number of affirmative initiatives including:

- Grants and incentives to enhance the training, recruitment and retention of staff in long-term-care facilities, including grants to improve management skills;

- Grants for long term care facilities to offset “the costs related to purchasing, leasing, developing, and implementing standardized clinical health care informatics systems designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors;”
- Direction to the Secretary of HHS to develop and adopt uniform open electronic standards for transactions involving clinical data by long term care facilities;
- Creation of a national institute to improve the training of surveyors investigating allegations of abuse in long term care facilities;
- Grants to enhance and improve the work of Adult Protective Services agencies and the Long Term Care Ombudsman program; and
- Funding to evaluate the success of abuse prevention programs.

Sheltering Abused Elders: The Weinberg Center for Elder Abuse Prevention

Elder abuse in the community is difficult to detect, and when it is suspected, to address. Unlike children, elders don't go to public entities regularly, like schools, where they can be observed and where mandatory reporting can be required. As another example, we know that it is difficult for victims of domestic violence to escape the cycle of violence, to find the resources and emotional wherewithal to leave the abusive relationship, as well as to find a safe haven. But it is even more difficult for abused elders, who can suffer from cognitive and physical disabilities, as well as the frailties accompanying aging, in addition to lacking financial resources. Domestic violence shelters are simply not equipped to deal with the needs of the elderly, as the Otto and Quinn paper note. This was the experience of the Pace Women's Justice Center in New York as

well, and led to the collaboration between the Center and The Hebrew Home to integrate a shelter for abused elders into the infrastructure of the Home.

We believe that not-for-profit long term care providers can and do play a unique role in preventing elder abuse and protecting abused elders. The Weinberg Center is the prototype for an elder abuse sheltering system that we expect to replicate throughout the United States through a grant by the Brookdale Foundation and in partnership with AAHSA.

The Weinberg Center runs a shelter that provides emergency short term housing, legal assistance and support services to victims of elder abuse. In addition, the Center continues the long-standing partnership that the Hebrew Home has had with the Bronx and Westchester County District Attorneys to provide education and training to community, social services and law enforcement professionals. The Center also has an outreach program to those most at risk, visiting senior centers, retirement communities and shopping centers to disseminate information about available resources. In addition to prevention and intervention, Hebrew Home has a research division that tracks and documents all Center cases with the ultimate goal of helping to identify the prevalence and incidence of elder abuse.

Attached to my testimony are three articles that describe the Center and its history and operations in greater detail, but I want to stress three major points.

First, as mission-driven, mostly faith-based organizations, not-for-profit long term care providers have a moral obligation to assist elder abuse victims, and we have the knowledge and ability to do so. We provide not only a physical place for shelter, but also medical care, social work, and legal assistance. Our goal is to safely return the elder to the community.

Second, preventing abuse in the community, and protecting elders who have been abused, requires education and collaboration. We train pharmacists, doormen, and others in the community to recognize and respond to abused elders; we collaborate with police and prosecutors, hospitals and domestic violence shelters; and we go directly to seniors. This is not about going it alone; it is about involving everyone in the community who can come in contact with an elder who needs assistance and protection.

Third, we see the shelter as a way to raise awareness of the extent of the problem of elder abuse and to help influence state and federal policies. For example, we hope to convince Medicaid to make elder abuse a diagnosis for which care can be reimbursed. As with child abuse and spousal abuse, fixing an abused elder's broken bone does not fix the problem – the problem is multi-dimensional and multi-disciplinary.

Conclusion

Creating the elder abuse shelter has been an extraordinarily rewarding experience for our staff, our board, our elders and our community. We would like to see an elder abuse shelter housed in every not-for-profit aging services provider in America.

I appreciate the opportunity to discuss these issues with you today. On behalf of AAHSA and the Hebrew Home, I congratulate you on your efforts to bring justice to our elders and we look forward to working with you.