

Resource Brief | E-MDT Data Collection

Why focus on data?

Data is essential to E-MDTs because:

1. it can help a coordinator evaluate if an E-MDT produces the desired effects
2. it can indicate if the increased communication among service providers reduces elder abuse risk in the older adults whose cases are reviewed
3. it may help identify aggregate patterns that could inform legislative or programmatic shifts.



What is data?

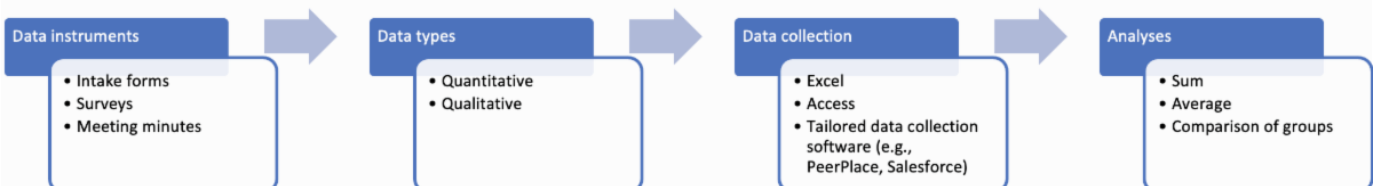
In simplest terms, data is information. Case intake forms, meeting minutes and attendance sheets, and satisfaction surveys are all examples of data collection methods, sometimes called data collection instruments. For data to be easily useable, it is vital to understand how it works and different ways of formatting it.

Data can be quantitative, counted, or measured to describe “how many” or “how often.” Data can also be qualitative, descriptive text that provides context and detail that answers “why” and “how” questions.

Both data types are valuable for evaluation, often including qualitative and quantitative analysis. This guide will focus on quantitative data needed to complete PMT reports.

A logic model can ensure data collection reflects essential elements of a program: client characteristics, case details, agency participation, services, and client outcomes.

Coordinators may also use a data system for case tracking: case recommendations, agencies assisting in recommendations, and case closure.



Data Collection Systems



While data can be collected in a qualitative narrative format, quantitative data allows a coordinator to add up or average large amounts of data more quickly and accurately. One software for collecting data is Excel.

**The use of Excel should not be construed as an endorsement of the software. Teams should explore the most useful software for their data collection needs.*



Qualitative data helps a coordinator learn about the process. For example, descriptions of victim circumstances prior to E-MDT case plans, what the team did to address the issues, and the impact of this work on the victim and other systems is a tool

that a coordinator and others can reference when collaborating on the case. This data is instrumental for providing narrative examples for the funder of the complexity of cases, E-MDT work, and learning about what worked well and could be improved. Coordinators might also collect qualitative data by posing questions to a team.

Another use for qualitative data is an exploration of other vital variables that may be important to collect. For example, suppose a coordinator is collecting outcome data on risk reduction. If a coordinator also collects qualitative outcome data by asking victims, their families, or service providers about other benefits from E-MDT intervention, a coordinator may discover other important outcomes that a team could track quantitatively.

Numerous structured methods exist for collecting and analyzing qualitative data, but expertise is not required to use this information. Simply reading qualitative data and summarizing what stood out is a manageable first step. It might also be helpful to allow multiple people to read the data and see what they notice. Multiple perspectives ensure that interpretations are valid and comprehensive. To illustrate the power of quantitative data, the image below shows data in a narrative that is abstracted to Excel.

Example Excel Data Capture

Ms. R is an 86-year-old woman living with her daughter, Marie, aged 61, who is her primary caregiver. Marie has emotional outbursts and allegedly has been using Marie's money for her own personal use.

	A	B	C	D	E	F	G	H	I
1	Client ID	Client Name	Gender	Alleged Abuse	Living situation	SA relationship	SA gender	SA age	SA living situation
2	110	Ms. R	Female	Financial, emotional	With someone (family)	Family (daughter/son)	Female	61	With the victim/client
3	111	Mr. X	Male	Physical, Financial, Isolation	Alone	Friend	Male	55	unknown
4	112	Ms. N	Female	Financial	With someone (spouse)	Family (grandchild)	Male	35	With the victim/client

The paragraph Excel screen capture above both capture the same information. In the Excel spreadsheet, each row represents a client, and each column is a characteristic of that client's case (also called a variable). However, the Excel quantitative data makes it easier to count the number of clients, the average age, and other details if the team has tens or hundreds of clients whose information it wants to summarize.

Quantitative data can be captured in different ways, making summarizing the data simpler. For example, the Alleged abuse type column above captures the different abuse types in the same column. Because there can be multiple abuse types, and a coordinator will probably want to know how many people have experienced each, it would be easier to summarize this information using a single column for each type of abuse. In the example below, coding “yes” as 1 and “no” as 0, summing abuse types is as easy as selecting the row and allowing Excel to calculate the total.

The diagram illustrates the process of summarizing abuse types. On the left, a single column 'E' lists abuse types: 'Abuse', 'Financial, emotional', 'financial, isolation, physical', and 'financial'. A blue arrow points to the right, where an Excel spreadsheet shows these types broken down into binary columns: 'Ab_financial', 'Ab_emotional', 'Ab_isolation', and 'Ab_physical'. The data rows are: (1, 1, 0, 0), (1, 0, 1, 1), and (1, 0, 0, 0). The 'Cases' worksheet tab is active, and the status bar shows 'Sum: 3' for the selected data range.

	E
1	Abuse
2	Financial, emotional
3	financial, isolation, physical
4	financial

	E	F	G	H
1	Ab_financial	Ab_emotional	Ab_isolation	Ab_physical
2	1	1	0	0
3	1	0	1	1
4	1	0	0	0

A data system that can be used to both track case activities and evaluate a program's effectiveness requires examining different levels of information. These are best captured by creating separate data tables for each observation unit. An observation unit is what each row of information represents. For example, one observation unit is a "case," defined as a situation of elder abuse that is presented and reviewed by the E-MDT. Separate worksheets (also known as data tables) can be created to represent meetings, case recommendations, and victims/clients.

Relational Database Example

This is an example of different data tables, each representing an observation level. For separate data tables to operate as a database, each worksheet/table must include a variable that will link to the other tables. Allowing a coordinator to know, for example, what members were present when a particular case was presented and the recommendations. These examples outline the linking variables, which are the client ID number, and the meeting date.

Victim/Client Data – characteristics of the person whose case is reviewed

A	B	C	D	E	F	G	H	I	J	
1	Client ID	Name	Age	Gender	Living Situation	Preferred method of contact	Phone	Address	Email	Notes
2	110	Ms. R	76	Female	With someone (family)	Phone	999-999-9999	123 Good Street	r@gmail.com	
3	111	Ms. X	84	Male	Alone	Phone/text	888-888-8888	456 Longview Ave	x@gmail.com	
4	112	Ms. N	80	Female	With someone (spouse)	House call	777-777-7777	789 Talltree Lane	n@yahoo.com	

Case Data – describes the abuse situation

A	B	C	D	E	F	G	H	I	J	K	L	
1	Client ID	Date presented	Date closure	Repeat Case	Ab_financial	Ab_emotional	Ab_Isolation	Ab_physical	SA relationship	SA Gender	SA Age	SA living situation
2	110	11/8/2022		Yes	1	1	0	0	Family (daughter)	Female	61	with the victim
3	111	11/8/2022		No	1	0	1	1	Friend	Male	55	alone
4	112	11/8/2022		No	1	0	0	0	Family (grandchild)	Male	35	with people (not the victim)
5	110	11/22/2022		Yes	1	1	0	0	Family (daughter)	Female	61	homeless

Member Attendance – members present at meetings

A	B	C	D	E	F	G	H	I	
1	Date	APS	Ombudsman	Law Enforcement	Prosecutor	DA Victim Services	Geriatrician	Forensic Accountant	Public Guardian
2	11/8/2022	1	1	1	1	1	1	0	1
3	11/16/2022	1	1	1	1	1	1	1	1
4	11/22/2022	1	0	1	0	1	0	0	1

Case Recommendations – case actions and follow up

A	B	C	D	E	F	
1	Case ID	Date presented	Recommendation	Responsible person	Follow up date	Due date
2	110	11/8/2022	Review financial statements	Financial Accountant	11/15/2022	11/22/2022
3	110	11/8/2022	Enroll Ms. R in low-income benefits	APS	11/15/2022	11/22/2022
4	110	11/8/2022	Discuss money management options with Ms. R	APS	11/15/2022	11/22/2022
5	110	11/8/2022	Arrange social connectivity outside the home	APS	11/15/2022	11/22/2022

G	H	I	
1	Completed	Findings/Results	Next steps
2	11/22/2022	Evidence of exploitation	Submit report to prosecutor
3		Ms. R declined benefits	
4	11/15/2022	Automatic bill-pay set up	Follow up with Ms. R - is it working?
5	11/22/2022	Made appointment for Ms. R at the senior center	Follow up with Ms. R - was there anything of interest?

Note that case recommendations, findings, and next steps in the Case Recommendations table are not quantitative data. In other words, these variables are not numeric or categories that can be counted. Data that is narrative is called qualitative data.

Conclusion

Data collection is a critical function of sustaining an E-MDT. Data must be collected and analyzed to evaluate if an E-MDT produces the desired effects (e.g., increasing communication among service providers and reducing elder abuse risk in the older adults whose cases are reviewed). There are multiple methods for data collection and qualitative and quantitative are both useful for E-MDT teams. Quantitative data is valuable because it can be utilized to complete PMT reports. There are also additional supports in the elder justice field that coordinators can rely on, including peer leadership discussion platforms and national programs such as the National Elder Abuse MDT Training and Technical Assistance Center.



Additional Resources

An extensive explanation of E-MDT case tracking and evaluation is on the Department of Justice's Multidisciplinary Team Technical Assistance Center at:

The National EA MDT TTA Center hosted a webinar on Team Evaluation that provides additional insight on the evaluation process:

https://drive.google.com/file/d/1WAZjP4uNDtPLnTZcZexEF-824AOgEFIG/view?usp=share_link

National EA MDT TTA Center 5/2023

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Julia Martinez works with the National Center to evaluate the impact the center has on E-MDT grantees' operations and development. Julia is a research associate at the University of Southern California Keck School of Medicine Department of Family Medicine, and has 15 years' experience facilitating, participating in, and evaluating E-MDTs. The content for this brief is drawn from Julia's insights as a practitioner and researcher.

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