

National EA MDT TTA Center



Webinar Summary: Case Outcomes and Program Evaluation

Background

The power of an E-MDT lies in bringing together different perspectives to support the older adults involved in the cases brought in for review. These cases of elder abuse are complex and difficult, and it is unlikely one agency can provide all the support that person might need. Having multi-disciplinary input strengthens the safety net and support that can be provided to the survivor. But how do teams track their impact? How do teams ensure that all relevant aspects of a case have been considered, thus reducing the chances of re-victimization? The following webinars examine these questions. They also provide guidance on how to leverage data to inform the practices and processes of the E-MDT.

Elder Abuse Re-Victimization Risk

(presented 06.11.20) by Dr. David Burnes of University of Toronto, Alyssa Elman, MSW of Weill Cornell Medicine Department of Emergency Medicine, Dr. Anthony Rosen of Weill Cornell Medical College

Why is this topic important for E-MDTs? How can I apply this information to E-MDT work?

E-MDT intervention practices and evaluation strategies should consider risk factors that both predispose AND perpetuate the problem, making sure interventions are targeting all relevant aspects of re-victimization risks. By evaluating the team's ability to reduce re-victimization, teams can ultimately use this data to advocate for sustainability.

Take-aways from this presentation

In this presentation, researchers identified indicators from different levels of influence underlying risk of elder abuse re-victimization- conditions that maintain or perpetuate elder abuse among victims of substantiated cases.

- **Individual victim: Consider the following factors for the individual's situation-what social supports do they have? What is their physical and mental health, cognitive capacity, substance use history, financial status, housing stability, perceptions of mistreatment, etc.?**

- **Individual perpetrator:** Does the perpetrator have access to the victim? What is the perpetrator's mental health status, substance use, decision-making privileges, access to victim's finances, stress level, etc.?
- **Victim-perpetrator relationship:** What is the living arrangement? Is there economic dependence by one on the other? Is there a power/status imbalance or history of mistreatment, etc.?
- **Family system:** What are the family dynamics, cultural norms, destabilizing circumstances?
- **Home environment:** Are weapons readily accessible? What is the home's state of decay/cleanliness? Any accessibility barriers? Is there financial stability?
- **Social environment:** What is the availability and accessibility of services, informal community-based supports?
- **Intersection with broader socio-cultural processes:** Do ageism, patriarchy, ableism play a role?

[Link to Power Point](#)

Link to Recording: Recording Not Available

[Resources](#)

[Elder Abuse Re-victimization Risk Status Scale \(R2S2\) – June 2020](#)

Best Practices for Evaluating E-MDTs

(recorded September 22, 2021), by Dr. David Burnes of University of Toronto, Dr. Anthony Rosen of Weill Cornell Medical College, Dr. Zach Gassoumis and Julia Rowan (Martinez) of Keck School of Medicine of USC

Why is this topic important for E-MDTs? How can I apply this information to E-MDT work?

Data collection and evaluation processes are critical in informing E-MDT best practices and understanding what practices work, for whom, and under what circumstances. Using a social-ecological approach to data collection and evaluation, one can understand the full effect of an E-MDT on cases of elder abuse. Programmatic outcomes are a piece of the story, illustrating the effectiveness of E-MDT efforts.

Take-aways from this presentation

- The general approach to evaluating E-MDTs is understanding how to translate efforts into consistent data that can be shared with others to let stakeholders know how

effective an E-MDT is. Evaluation also helps us to understand ways an E-MDT can grow.

- Utilizing a systematic approach to data collection can be beneficial to communities and funders, especially when thinking about the longer-term sustainability of a team. Evaluation shows the value and benefits of work being done. It is also helpful for organizational changes, ensuring that teams continue to function in the best way possible. Teams can utilize evaluation results to assess if practices need to change, or to assess the fidelity and potential for replication of an E-MDT.
- Consider the structure of the evaluation plan: tangible things like meeting space, who attends, what is the infrastructure of the group. A logic model can be useful to think through a team's workflow towards short-term, intermediate or long-term outcomes.
- Programmatic evaluation of outcomes is equally important; going beyond just measuring specific services delivered to support an individual. To get to outcomes, there needs to be clarity around the goal(s) of the E-MDT is (for example, reduction of risk of re-victimization). This helps E-MDTs to see the impact of their work on the cases reviewed.
- There is power and benefit in collaborating with other agencies to do an evaluation of E-MDTs.

[Link to Power Point](#)

[Link to Recording: Best Practices for Evaluating E-MDTs](#)

[Resources](#)

[CDC Office of Policy, Performance and Evaluation- Logic Models: CDC Approach to Evaluation Logic Model from the Los Angeles County Elder Abuse Forensic Center](#)

Meaningful Data Collection for E-MDTs

(recorded February 28, 2022) by Dr. David Burnes of University of Toronto, Canada Research Chair in Older Adult Mistreatment Prevention

Why is this topic important for E-MDTs? How can I apply this information to E-MDT work?

Collecting accurate data can assist E-MDTs in evaluating outcomes and impact of E-MDT support offered in individual cases to improve and strengthen their current response. Data helps to refine your model and see if what you are doing is helping. At times this is not an easy task, as there are barriers to collecting accurate data. Thankfully, there are also strategies for sustaining quality data collection.

Take-aways from this presentation

- Data collection is important to E-MDTs in order to inform day-to-day operations, reporting requirements and evaluate their efforts.
- Different types of data may be useful to E-MDT work: case characteristics, process data, and case outcomes, for example.
- Which system of data collection a team utilizes will depend on specific community needs. Examples of data collection tools include paper/pencil, accessible database systems, custom-designed data management systems.
 - Barriers to quality data collection include: Infrastructure (cost, available expertise);

- It takes time to accurately collect data in what may be an already busy day;
 - Concerns related to being evaluated;
 - Availability of individuals from which to collect information; and
 - Availability of pre and post data.
- Strategies to sustain data collection include: Integrating data collection into the E-MDT's routine workflow;
 - Giving regular data updates at meetings to highlight its utility;
 - Reinforcing mentality of growth/improvement rather than evaluation;
 - Considering including a permanent staff position for data collection in the budget;
 - Transitioning toward some form of computer-based system; and
 - Being intentional and selective in the range of data collected.

[Link to Power Point](#)

[Link to Recording: Data Collection](#)

Best Practices for Evaluating E-MDTs

(recorded January 26, 2023) by Dr. David Burnes of University of Toronto, Dr. Anthony Rosen of Weill Cornell Medical College, Dr. Zach Gassoumis of Keck School of Medicine of USC

Why is this topic important for E-MDTs? How can I apply this information to E-MDT work?

This webinar is an update of the presentation offered in September 2021 (see above).

Take-aways from this presentation

- A plan to collect data should be considered from the outset of the formation of an E-MDT. Teams should always be thinking about what data is currently being collected, and what other data could be collected. It is difficult, if not impossible, to collect data after the fact, so take some time early on to think about what might be useful to evaluate and/or measure.
- Consider having a control group, if at all possible, in the data collection efforts. Some ideas for this control group include data around cases that have been screened out, or on the waiting list or those for whom only a very brief intervention took place.
- Be realistic about what data to collect.
- Data can help E-MDTs identify risks and employ strategies to prevent elder mistreatment.

[Link to Power Point](#)

[Link to Recording: Team Effectiveness](#)

Resources

[Study Identifying Incidences and Risk Factors of Elder Mistreatment](#)

[Developing Standard Data for Elder Abuse Multi-disciplinary Teams: A Critical Objective](#)

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