



EFFORT
ELDER ABUSE FATALITY
REVIEW TEAM

BIENNIAL REPORT

2021 - 2022

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INTRODUCTION

Approximately five million older Americans are abused annually in the United States.¹ Mortality rates of elder abuse victims are triple that compared to other older adults.¹ It is expected that the prevalence of elder abuse will continue to rise as the number of older adults increases. Some elder abuse types include physical abuse, sexual abuse, caregiver neglect, and financial exploitation.¹ Many victims of elder abuse experience multiple forms of abuse concurrently (i.e. polyvictimization) or consecutively due to increased vulnerability.¹ Elder financial abuse and fraud victims lose annually at least \$36.5 billion.¹

The Harris County Elder Fatality Review Team (EFFORT) was formed in 2004 in accordance with Chapter 672 of the Texas Health and Safety Code to identify systemic issues and provide recommendations to prevent premature deaths of older or disabled adults caused by abuse or mistreatment.² EFFORT members meet monthly to accomplish this task by reviewing suspicious deaths of vulnerable adults, who are aged 65 years and older or have disabilities.² This multidisciplinary team explores systemic course of care issues to understand how deaths like these could be prevented in the future.² EFFORT then recommends potential changes to local leaders and policymakers, who can implement measures to reduce similar premature deaths.²

1. Get the Facts on Elder Abuse. The National Council on Aging. <https://www.ncoa.org/article/get-the-facts-on-elder-abuse>. Published 2021. Accessed October 18, 2022.
2. Drake SA. Multidisciplinary team works to reduce preventable deaths of older adults. National Institute of Justice. <https://nij.ojp.gov/topics/articles/multidisciplinary-team-works-reduce-preventable-deaths-older-adults>. Published 2022. Accessed October 13, 2022.



Agencies Involved In EFFORT

CHI St. Luke's Health - Baylor St. Luke's Medical Center
City of Galena Park EMS
Harris County District Attorney's Office
Harris County Emergency Corps
Harris County Institute of Forensic Sciences
Harris County Long-Term Care Ombudsman Program at
Cizik School of Nursing at UTHealth
Harris County Sheriff's Office
Harris Health - Ben Taub Hospital
HCA Healthcare
Houston Police Department
Jersey Village Police Department
Memorial Hermann Health System
Texas A & M University
Texas Department of Family and Protective Services
Texas Health and Human Services Commission
Texas Office of the Attorney General – Medicaid Fraud
Control Unit
UTHealth, Consortium on Aging
UTHealth, Forensic Assessment Center Network
UTHealth, McGovern Medical School
UTHealth, Senior Justice Assessment Center
UTHealth, Texas Elder Abuse and Mistreatment Institute

THE PURPOSE OF EFFORT

The purpose of EFFORT is to decrease the incidence of premature elderly deaths in adults aged 65 years of age and older or those adults considered disabled/vulnerable by:

- a.** Promoting cooperation, communication, and coordination among agencies involved in responding to unexpected deaths;
- b.** Developing an understanding of the causes and incidence of unexpected deaths in the county or counties in which the review team is located; and
- c.** Advising the legislature, appropriate state agencies, and local law enforcement agencies on changes to law, policy, or practice that will reduce the number of unexpected deaths.



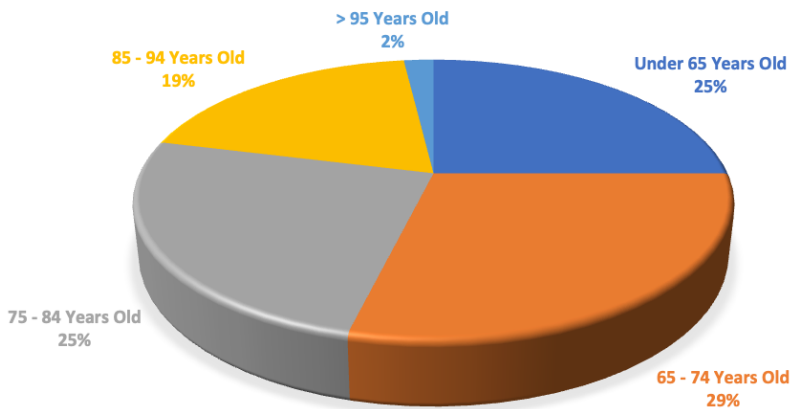
To achieve this purpose, EFFORT members:

- a.** Meet monthly to review fatality cases suspected to have resulted from abuse, neglect, and/or exploitation and recommend methods to improve coordination of services and investigations between agencies that are represented on the team;
- b.** Collect and maintain data, as appropriate; and
- c.** Submit a biennial report required under Section 672.008 of Chapter 672 of the Texas Health and Safety Code.

EFFORT STATISTICS

During 2021 – 2022, the EFFORT members reviewed 52 death cases of the 1355 identified cases from the Harris County Institute of Forensic Sciences. The eligibility for case review included adults 65 years of age or older or disabled/vulnerable adults, who died in Harris County, underwent a complete autopsy, and had circumstances of abuse or neglect surrounding their death. All the cases reviewed were associated with at least one of the following triaged categories: financial exploitation, social/emotional abuse, delayed/absent medical care, substandard living conditions, no access to needed mobility devices, established chronic disease without primary care provider, poor hygiene, unexplained physical trauma, untreated decubitus ulcer/s, and/or known expressed suspicions of abuse.

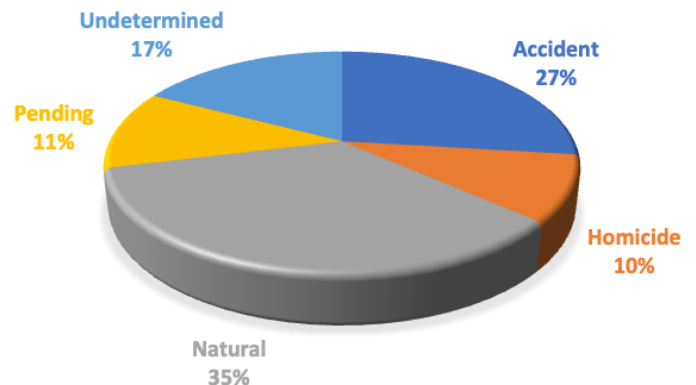
PERCENT OF EFFORT CASES BY AGE



Twenty-five percent of the EFFORT cases reviewed were of deaths of disabled individuals under 65 years old.

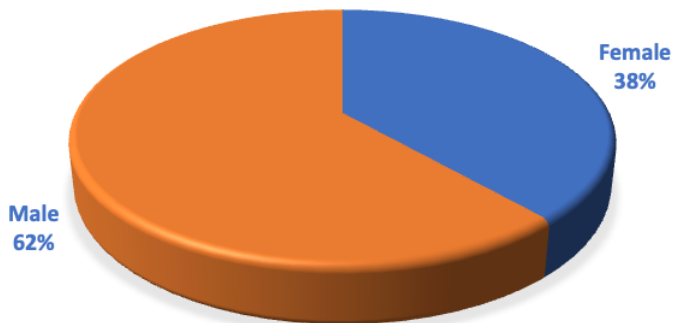
Of the EFFORT cases reviewed, 35% were natural manner of death, 27% accident, 17% undetermined, and 10% homicide.

PERCENT OF EFFORT CASES BY MANNER OF DEATH



EFFORT AND HARRIS COUNTY STATISTICS

PERCENT OF CASES BY SEX

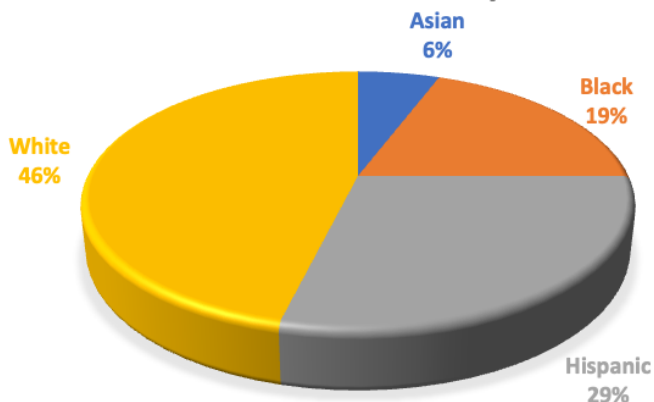


In Harris County, the percentage of older adults over 65 is 55% female and 45% male.

EFFORT reviewed cases that were 62% male and 38% female.

EFFORT Data Compared to Harris County Data - Over 65 years old

PERCENT OF CASES BY RACE/ETHNICITY



For Race/Ethnicity of older adults, Harris County is 39% White alone (not Hispanic or Latino), 21% Hispanic or Latino origin (of any race), 14% Black or African-American, 12% two or more races, 7% Asian, and 7% some other race.

The Race/Ethnicity distribution of EFFORT cases reviewed was 46% White, 29% Hispanic, 19% Black, and 6% Asian.

HARRIS COUNTY STATISTICS



Total population (65 years and over)	537,185
HOUSEHOLDS BY TYPE	
Households	335,580
Family households	58%
Married-couple family	42%
Female householder, no spouse present, family	12%
Nonfamily households	42%
Householder living alone	39%
EDUCATIONAL ATTAINMENT	
Less than high school graduate	20%
High school graduate, GED, or alternative	24%
Some college or associate's degree	24%
Bachelor's degree or higher	32%
VETERAN STATUS	
Civilian veteran	11%
DISABILITY STATUS	
With any disability	34%
PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY	
Not a U.S. citizen	31%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH	
English only	67%
Speak English less than "very well"	19%

EMPLOYMENT STATUS	
Employed	22%
Unemployed	2%
Percent of civilian labor force	8%
Not in labor force	76%
INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS)	
With Social Security income	82%
Mean Social Security income (dollars)	\$22,174
With Supplemental Security Income	8%
Mean Supplemental Security Income (dollars)	\$9,351
With cash public assistance income	3%
Mean cash public assistance income (dollars)	\$3,861
With retirement income	45%
Mean retirement income (dollars)	\$32,411
With Food Stamp/SNAP benefits	12%
POVERTY STATUS IN THE PAST 12 MONTHS	
Below 100 percent of the poverty level	13%
100 to 149 percent of the poverty level	9%
HOUSING TENURE	
Owner-occupied housing units	74%
Renter-occupied housing units	26%

These Harris County statistics show that there are many other compounding factors besides age that make adults over 65 more vulnerable to abuse.

Many older adults living in Harris County are likely to live alone, live in a rental property, have an education of high school diploma or less, have a disability, not be a U.S. Citizen, not be in the labor force, receive social security income, lack retirement income, and live below or near the poverty line.

PREVIOUS TRENDS AND RECOMMENDATIONS

EFFORT's purpose is to identify and share complex, systemic issues to help guide policy makers and leaders in developing new policies to make an impact to prevent future unnecessary deaths.

Here are the previous three trends that were identified in the 2019 - 2020 timeframe and shared in the 2019 - 2020 EFFORT Biennial Report.

Trend 1: Persons living in unlicensed/unregulated boarding homes are often subjected to inadequate caregiving as well as abuse, neglect, and exploitation.

Trend 2: Area hospitals are continuing to discharge vulnerable older adult patients to unlicensed and unsafe boarding homes.

Trend 3: APS had less on-site visits to homes during the pandemic.

The full 2019 - 2020 EFFORT Report is on the Texas DFPS website: https://www.dfps.state.tx.us/Adult_Protection/Fatality_Review.asp

In addition to including the above previous trends that continue to be observed, we present four additional trends that were noteworthy systemic issues for the 2021 - 2022 timeframe.

TRENDS AND RECOMMENDATIONS

Four trends were identified in the 2021 - 2022 timeframe.

Trend 1: Multiple quality of care issues have been observed in nursing homes, licensed assisted-living facilities, lodging facilities/boarding homes, unlicensed boarding homes, and other facilities.

Many older persons reside at nursing homes, licensed assisted-living facilities, lodging facilities/boarding homes, unlicensed boarding homes (i.e. small residential care homes), and other facilities in Harris County.

Harris County has 100 nursing homes, 282 licensed assisted-living facilities, and approximately 233 City of Houston permitted (not licensed assisted-living) lodging facilities/boarding homes (according to the permitting website: <https://www.houstonpermittingcenter.org/our-services/residential-facilities>). The number of unlicensed boarding homes is much higher than that. Early in the permitting process for Houston alone, there were over 400 known unlicensed boarding homes.

Older adults usually move to these group homes/facilities when they have an increased need for care or lack available caregiver support at home. Multiple quality of care issues have been observed in these group homes/facilities because they are frequently understaffed, have under-qualified staff, have limited transparency, and/or fail to communicate with families effectively, regularly, or when emergent situations arise.

Of the 52 EFFORT cases reviewed, 27% of the cases involved decedents, who lived at group homes before death.

TRENDS AND RECOMMENDATIONS

Unlicensed small, residential boarding homes continue to especially stand out as places of extreme concern because they operate illegally in the community, are unregulated at the local level, and/or provide poor quality of care.

Recommendations for Trend 1:

- a. Increase free public educational programming for caregivers and family members to learn more about properly caring for and supporting older adults that live at home.
- b. Create a statewide awareness campaign to inform family members when they should contact emergency medical services or seek other healthcare treatment because the health of older adults can rapidly deteriorate.
- c. Encourage increased active communication by families with the caregiver of the older adult to monitor and advocate for the older adult's best interests.
- d. Increase the transparency of facilities where older adults live by reporting facility policies and updated information to families.
- e. Increase communication from facilities to family members and include family members when the older adult needs to make informed decisions.
- f. Expand oversight of unlicensed boarding homes similar to the ombudsman program governing licensed assisted-living facilities.

TRENDS AND RECOMMENDATIONS

Trend 2: Failing to recognize and/or report abuse and/or neglect.

Professionals in the field (e.g., emergency medical technicians, adult protective services (APS), law enforcement, healthcare providers, medico-legal death investigators, forensic pathologists, etc.) encounter cases of abuse every day while performing their work duties. Although mandated to report, professionals often fail to recognize and/or report these cases.

In 2021 - 2022, 6 out of the 52 cases that EFFORT reviewed were identified as cases where the professionals in the field failed to recognize and/or report abuse and/or neglect.

Recommendations for Trend 2:

- a. Mandate that continuing education units regarding abuse and neglect of older persons and those with disabilities be required for healthcare providers every year.
- b. Remove and/or reduce common barriers to reporting abuse and/or neglect to APS.
- c. Increase the consequences to professionals in the field, who fail to report abuse.

TRENDS AND RECOMMENDATIONS

Trend 3: Vulnerable adults, who lack sufficient finances, receive inadequate care.

Older adults need adequate finances to ensure that they receive appropriate care and nutrition daily.

Poverty among older adults is a systemic issue and dramatically impacts the care older adults receive in all areas of their lives.

As seen above in the Harris County data from the U.S. Census, many older adults live at or near the poverty line or heavily rely on the limited income they receive from social security and retirement funds.

Many older adults go to unlicensed care homes because they do not have the finances to afford places that provide better quality of care.

Recommendations for Trend 3:

- a. Create a study to examine the cost of improper placement in care homes and track their outcomes (i.e. readmission rates, costs of falls, etc.).
- b. City, county, state health and social services agencies should track, target, and monitor social determinants of health of older adults and disabled individuals.
- c. Connect vulnerable adults to helpful resources, services, and interventions based on the social determinants of health.

TRENDS AND RECOMMENDATIONS

Trend 4: Many older adults are targets for financial exploitation.

Having financial resources makes older adults vulnerable to financial exploitation. Older adults are often targeted and taken advantage of by family members, neighbors, and scammers. Financial exploitation often is seen in polyvictimization cases, which compounds the issues and makes it harder for older adults to escape or stop the exploitation.

In 2021 - 2022, EFFORT reviewed 3 cases that involved financial exploitation.

Recommendations for Trend 4:

- a. Establish a financial exploitation team within APS.
- b. Retain forensic financial consultants to assist law enforcement.
- c. Train healthcare providers to identify and report financial exploitation.
- d. Make new local, state, and national policies that effectively prevent financial exploitation.
- e. On a state level, collect more detailed data on financial exploitation cases for this problem to be examined in a more nuanced way by researchers.

CONTACT INFORMATION



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