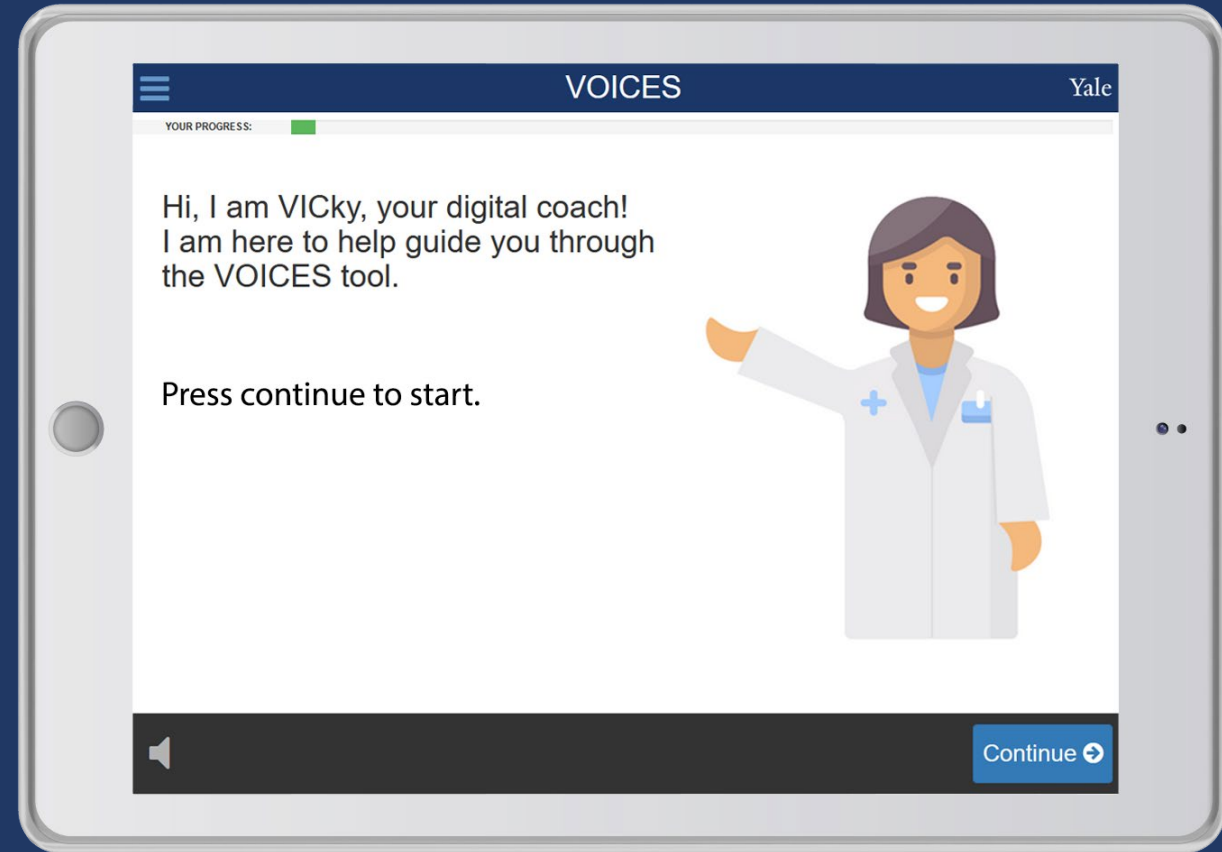


# VOICES: Digital Elder Mistreatment Intervention



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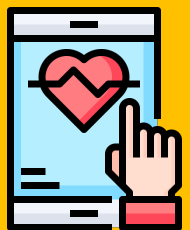
# BACKGROUND / OBJECTIVES

## Elder mistreatment (EM) is a problematic, national public health issue:

- Estimated 1 in 10 adults (60 years and older) experience EM
  - Many experience multiple forms simultaneously (1)
- Common forms of EM: Physical, emotional, sexual abuse, financial exploitation, neglect and abandonment (2)
- Only 1 in 24 cases are reported to authorities (3)
- Victims of EM have a 300% higher risk of death (4)
- Multitude of barriers in detecting and reporting EM
- Most traditional screening methods focus on the healthcare personnel as the screener

## Our Objective:

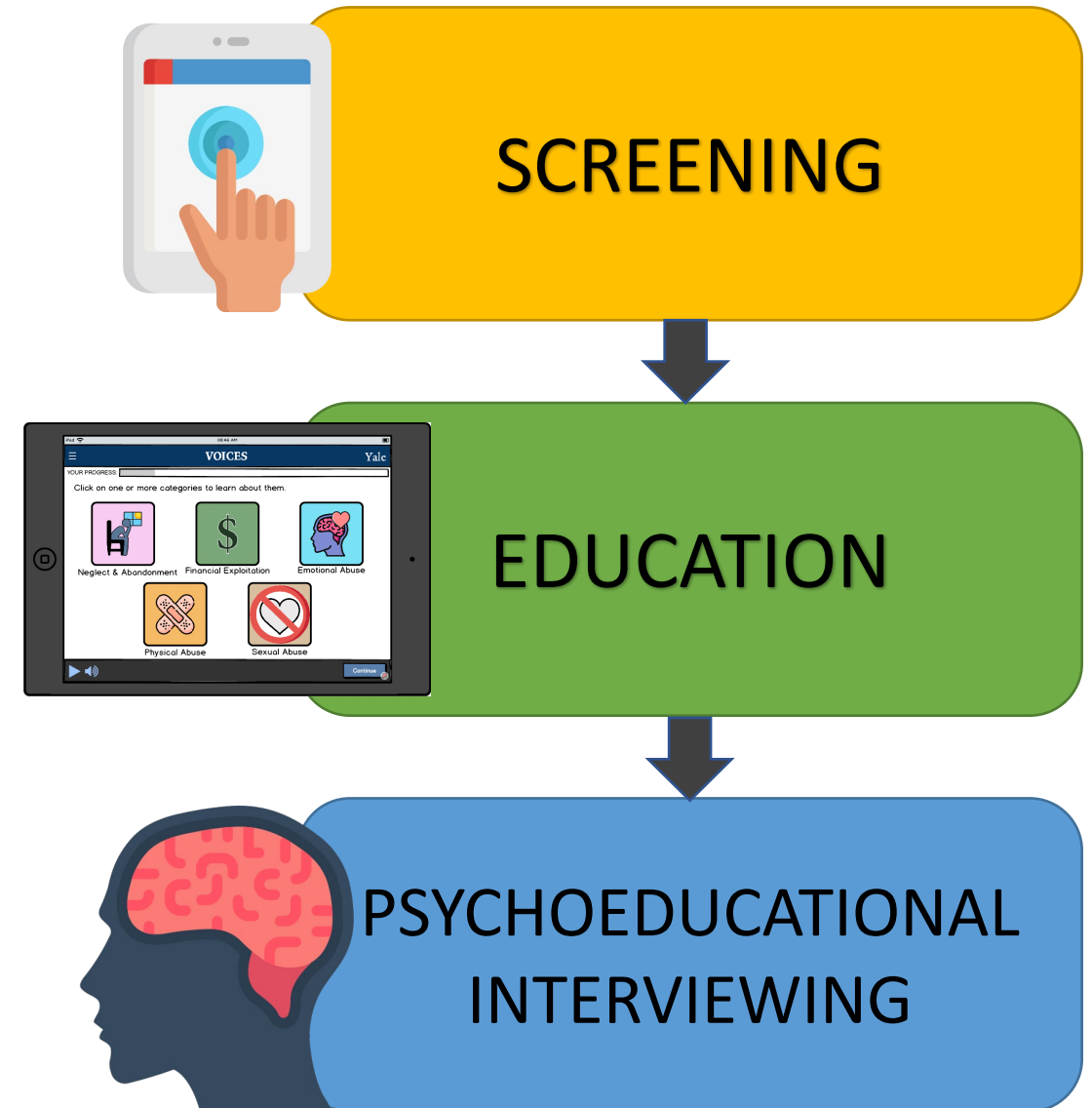
We sought a paradigm shift in EM detection methods by creating a novel elder abuse screener that is **self-administered** by the *older adult* instead of health care personnel (5)



The **VOICES** Elder Mistreatment Intervention is a tablet-based, digital health screener designed to educate, screen and motivate users to privately and confidentially report potential abuse

# VOICES FEATURES

- ✓ Multimedia including animated videos and automated text-to-speech
- ✓ Customizable, interactive experience guided by patient responses
- ✓ Private and confidential digital assessment conducted entirely on the iPad with headphones to enhance privacy and accessibility



# FEASIBILITY STUDIES

## DESIGN



We conducted three mixed-methods studies (**VOICES**: n=1,002; VOICES in Primary Care (**VOICES-PC**): n=80; VOICES with cognitively impaired (CI) patients (**VOICES-CI**): n=101) to test the feasibility of **VOICES** at a large, urban emergency department setting and in the primary care setting (6-7)

## RECRUITMENT



Subjects: Older adult patients visiting the emergency department ages 60+ with or without cognitive impairment (**VOICES**, **VOICES-CI**) or visiting primary care clinic (**VOICES-PC**)

Setting: Yale New Haven Health Emergency Department St. Raphael Campus (**VOICES**, **VOICES-CI**); Yale Internal Medicine Associates clinic (**VOICES-PC**)

## INTERVENTION



Consent, followed by pre-survey to collect demographics  
Patients self-administered **VOICES independently**

## OUTCOMES



Participants answered a series of validated questions pertaining to feasibility, satisfaction, ease of use and appropriateness

Educate

Screen

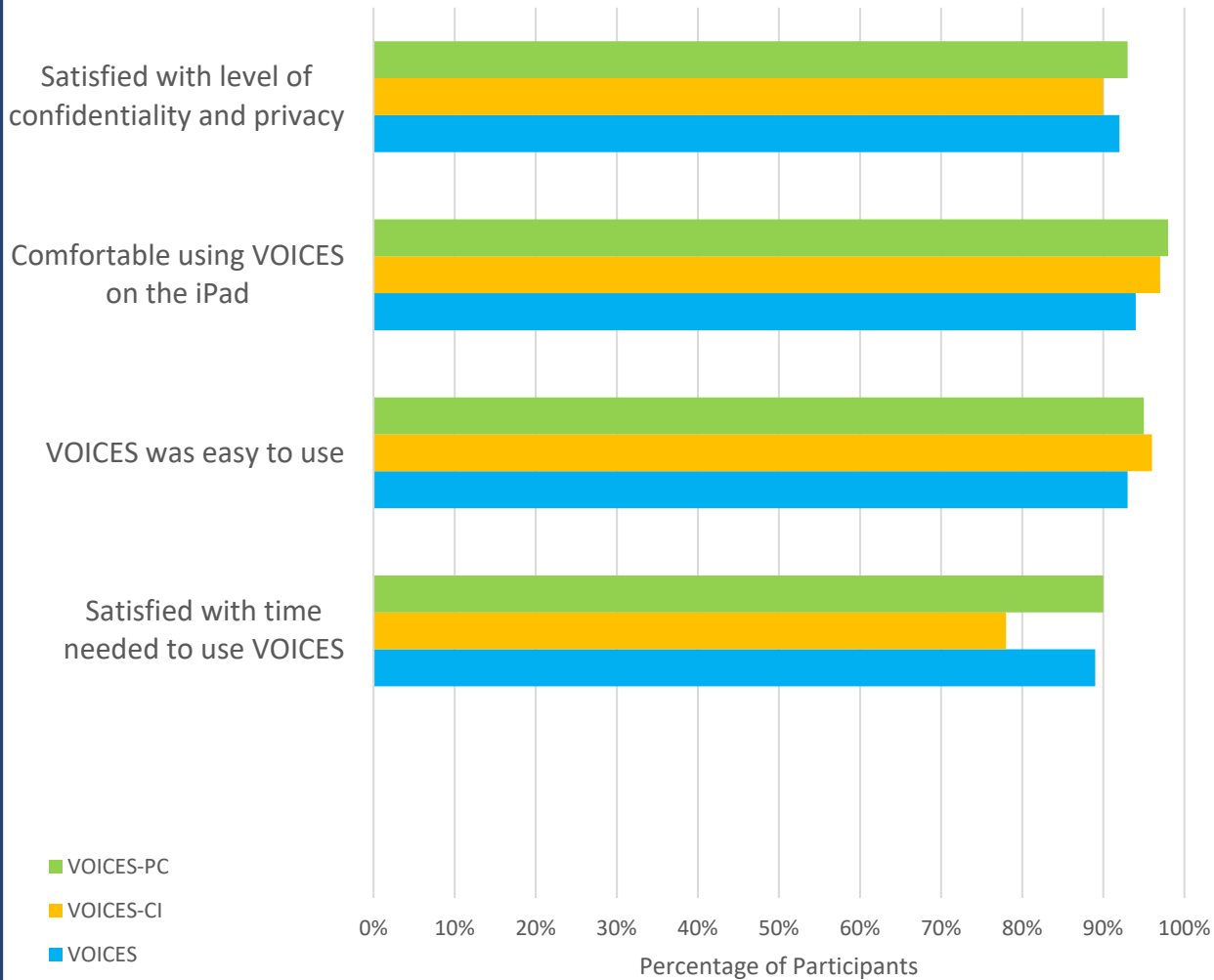
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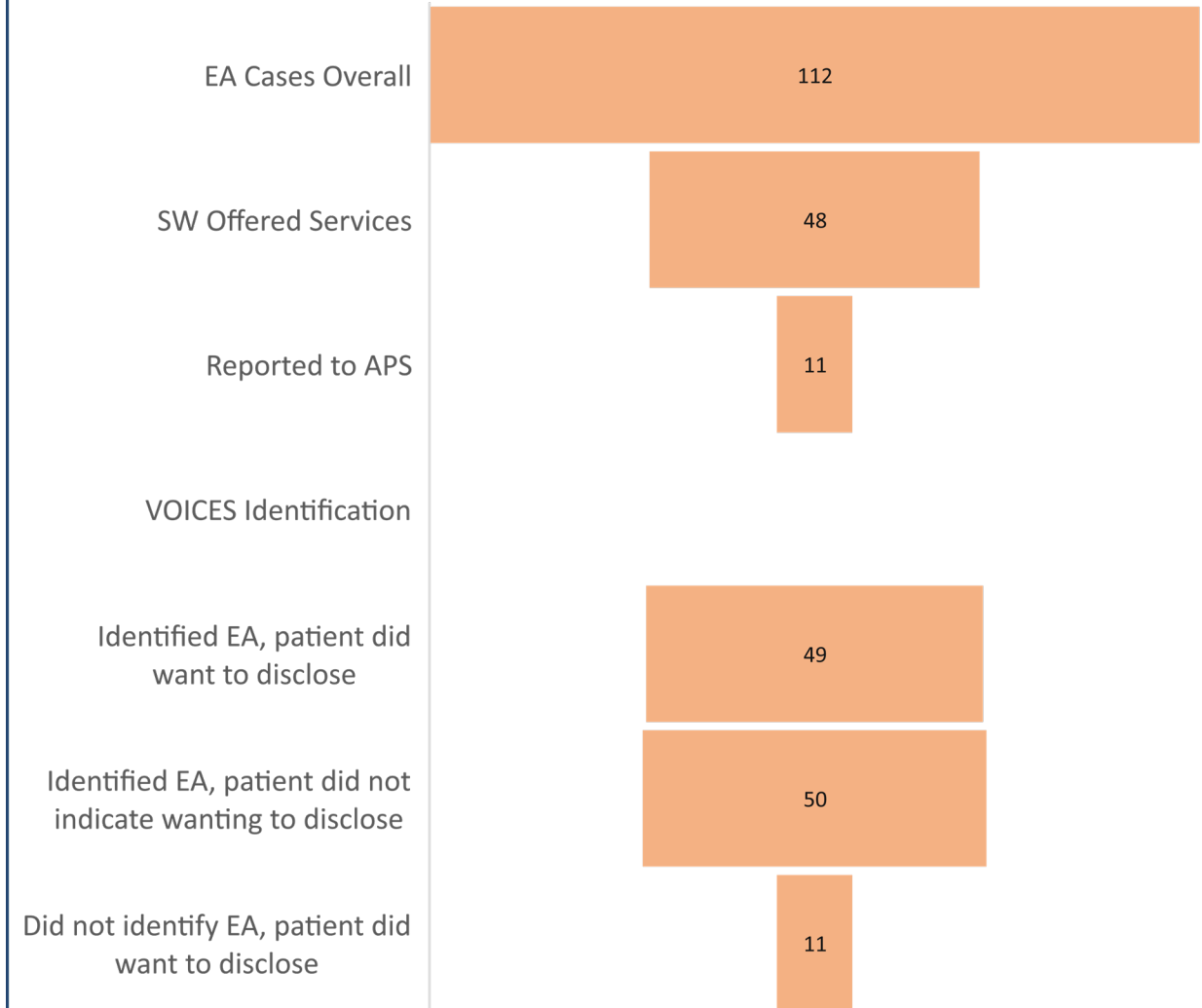
(Brief Negotiation Interview)

# RESULTS

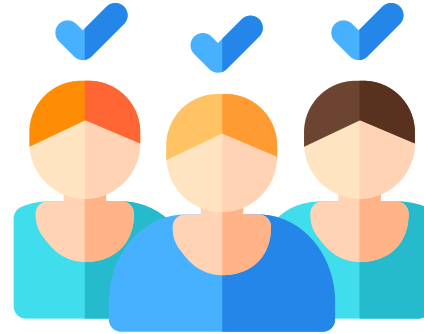
## VOICES Feasibility Outcomes



## Suspected Elder Abuse (EA) Cases for VOICES (n=1,002) Study



# CONCLUSION



Our findings suggest that older adults *with* or *without* cognitive impairment believe that **VOICES** is an acceptable, feasible and easy to use intervention for EA screening

The **emergency department** and **primary care** are appropriate settings to integrate **VOICES EAI** into existing EA screening and disclosure procedures

# REFERENCES / CONTACT

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