YELLOWHAWK
TRIBAL HEALTH CENTER

Dementia Awareness and Caring for At-Risk Elders

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3/17/26

Disclosures

Laura Byerly has no conflicts to disclose

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Her presentation doesn’t reflect or represent the perspectives of HHS, HRSA, or the US government

Session Objectives

Part 1:

- Describe the **prevalence of dementia** nationally and worldwide.
- Describe the differences between **normal and abnormal brain aging**.
- Identify key features of the **most common types of dementia**.

Part 2:

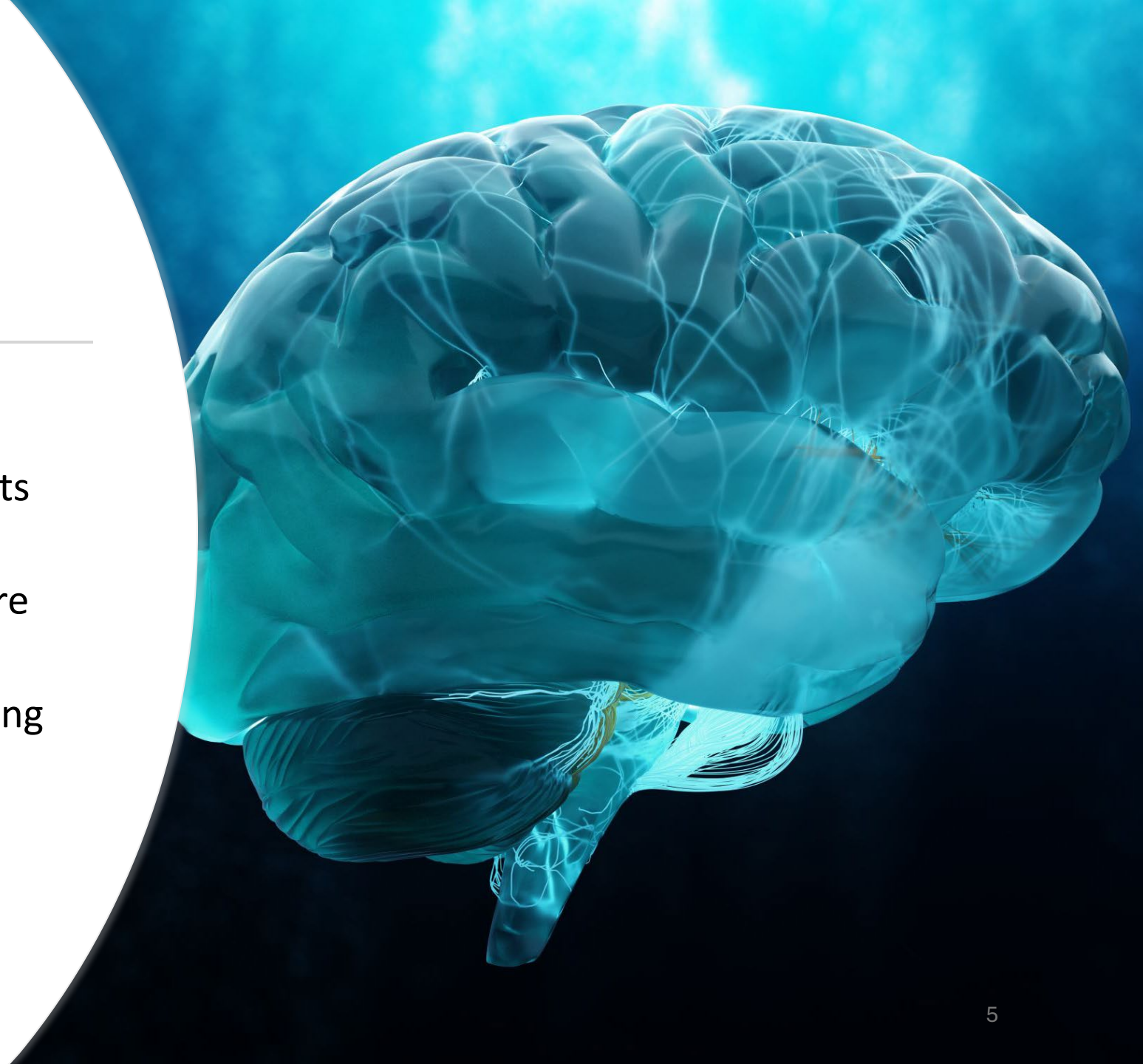
- Identify forms of older adult **mistreatment**
- Recognize **key signs and symptoms** of potential abuse, neglect, abandonment, and financial exploitation
- Identify **local resources** for referring at-risk Tribal elders

Part 1: Dementia Awareness
Setting the Stage

The scope of dementia

Dementia:
True or False?

- Dementia is inevitable as you age.
- You will have dementia if your parents have dementia.
- Dementia and Alzheimer’s disease are the same thing.
- You can reduce your chances of getting dementia by changing your lifestyle.



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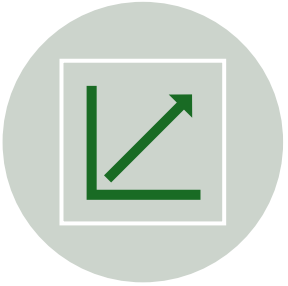
Dementia on a Global Scale

Globally, dementia affects approximately **55 million people**, with nearly 10 million new cases each year

Over **7 million Americans** live with **Alzheimer's disease**, the most common dementia form



Cases of dementia are **expected to rise** to 78 million by mid-2030s

Overall, **50-75%** of those with dementia **do not get a diagnosis**

Dementia in Oregon

- Number of People >65 with Alzheimer's Disease (AD): **79,100**
- Percentage of People >65 who have AD: **10%**
- Number of deaths per 100,000 people from AD: **2,030**
- Higher mortality rates in **rural and frontier** counties

Alzheimer's Association. 2025 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2025;21(5).

Dementia in Tribal Communities

- **>38,000 AI/AN elders** living with Alzheimer's and other dementias
  - Prevalence = **10.5%** in Tribal elders
  - 10x fold increase by 2050!
- **Earlier onset** of symptoms and diagnosis (young as 45 years old)
- High **risk factor** burden
  - Diabetes
  - High blood pressure
  - Brain injury
  - Alcohol misuse
  - Tobacco use
  - Depression
  - Isolation
  - Air pollution

Apostolou et al, ADRD diagnoses among AI/AN adults, JAGS, March 2025

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Epidemiology of Dementia

Prevalence by Age Group:

- Ages 60–74: 5%
- Ages 74–84: 13%
- Ages 85+: 33%

Gender Disparity:

- Women: 48% lifetime risk
- Men: 35% lifetime risk

Racial & Ethnic Differences:

- Non-Hispanic black adults have a 2x higher risk of Alzheimer's disease compared to non-Hispanic white adults
- Hispanic adults have a 1.5x higher risk of Alzheimer's disease and compared to non-Hispanic white adults
- ***Both*** groups more likely to experience delayed diagnosis

https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf

Is it dementia?

Cognitive change and function

What is “normal” brain aging?

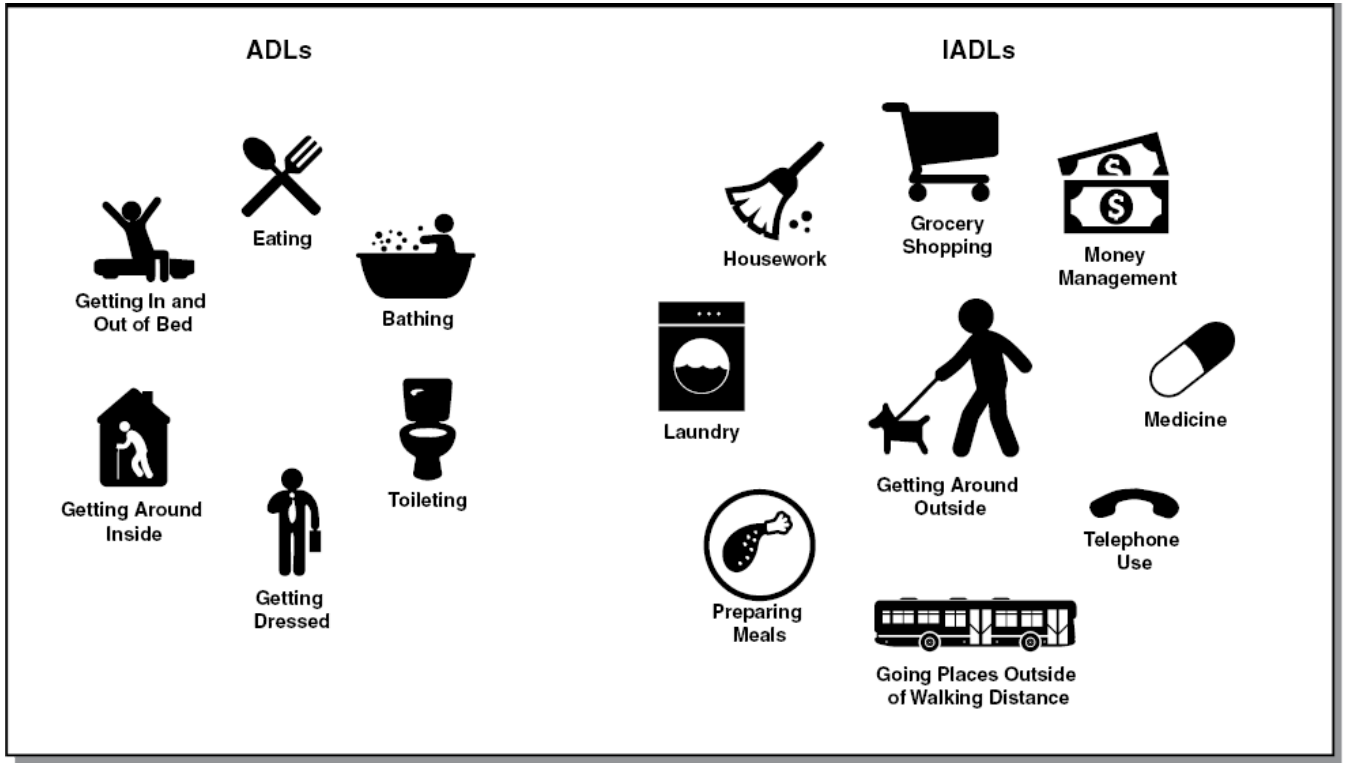
COGNITIVE DOMAIN	LIKELY “NORMAL”
Short Term Memory	Forgetting names/appointments/plot lines → remembering them later
	Misplacing things (keys, glasses) and finding them later
Planning, problem-solving and decision-making	Difficulties with multitasking when distracted
	Occasional mistakes managing money/bills
Language Skills	Occasional difficulties finding the “right word” or name
	Losing train of thought if distracted or if many people are speaking at once
Orientation	Mistaken about the day or the week but figuring it out later
	Forgetting initially why you came into a room

What is NOT "normal" brain aging?

COGNITIVE DOMAIN	LIKELY "ABNORMAL"
Short Term Memory	Forgetting close friend/ family names or recent events
	Putting keys/glasses in unusual places (oven); not able to find on own. Misplacing objects impacts daily life.
Planning, problem-solving and decision-making	Having a lot of difficulty concentrating
	Having trouble keeping track of monthly bills, not paying bills or taxes, difficulty making decisions while driving
Language Skills	Frequent difficulties finding the right word; using "that thing"
	Regularly losing track of what someone is saying
Orientation	Losing track of months, seasons, and the passage of time
	Getting lost or not knowing where you are in a familiar place

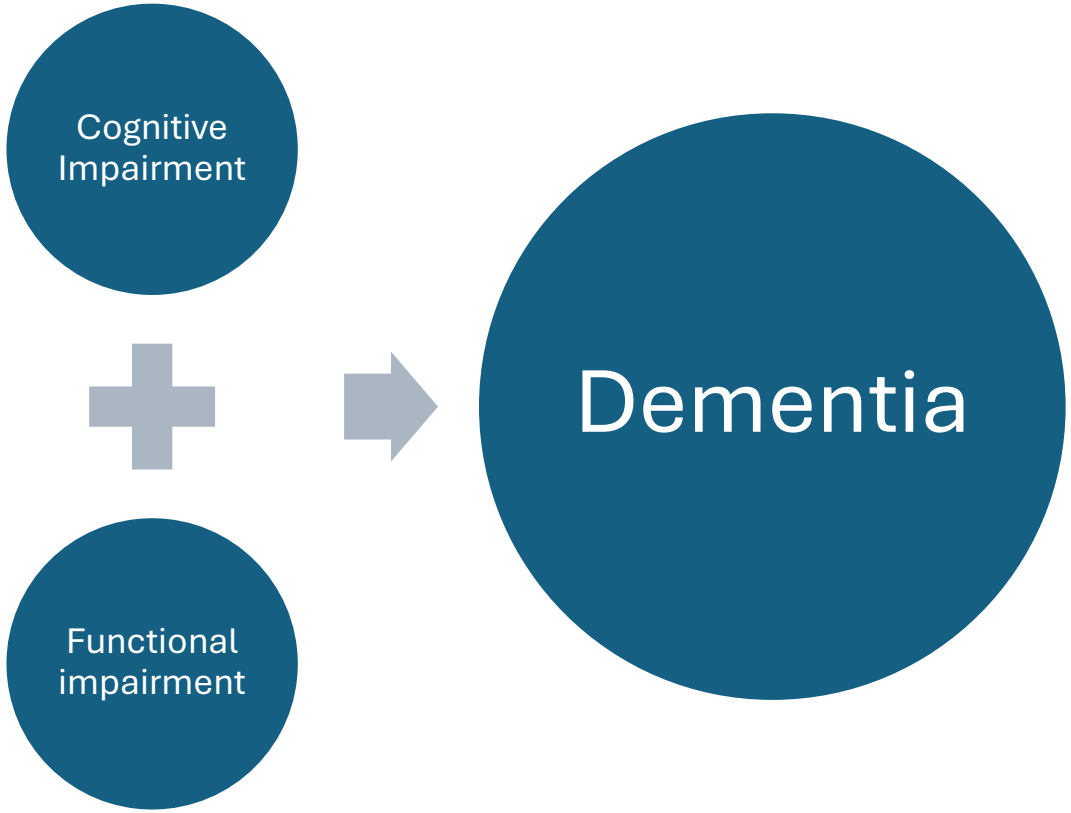
Function = How you do day to day tasks

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)



When is it Dementia?

Dementia = When your client or patient has both a ***cognitive*** *problem* AND a ***functional*** *problem* because of their cognition

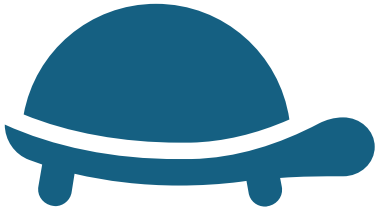


Mild cognitive impairment

Minor cognitive decline from a previous level of performance in one or more of the stated domains

No interference with function but greater effort and compensatory strategies may be required to maintain independence

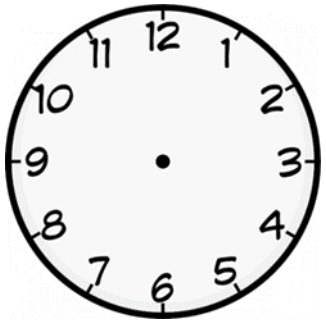
Why is MCI important?



There are interventions that can potential prevent or slow the rate of conversion to dementia!

In general, 10-15% annual conversion rate to dementia (but not a certainty!)

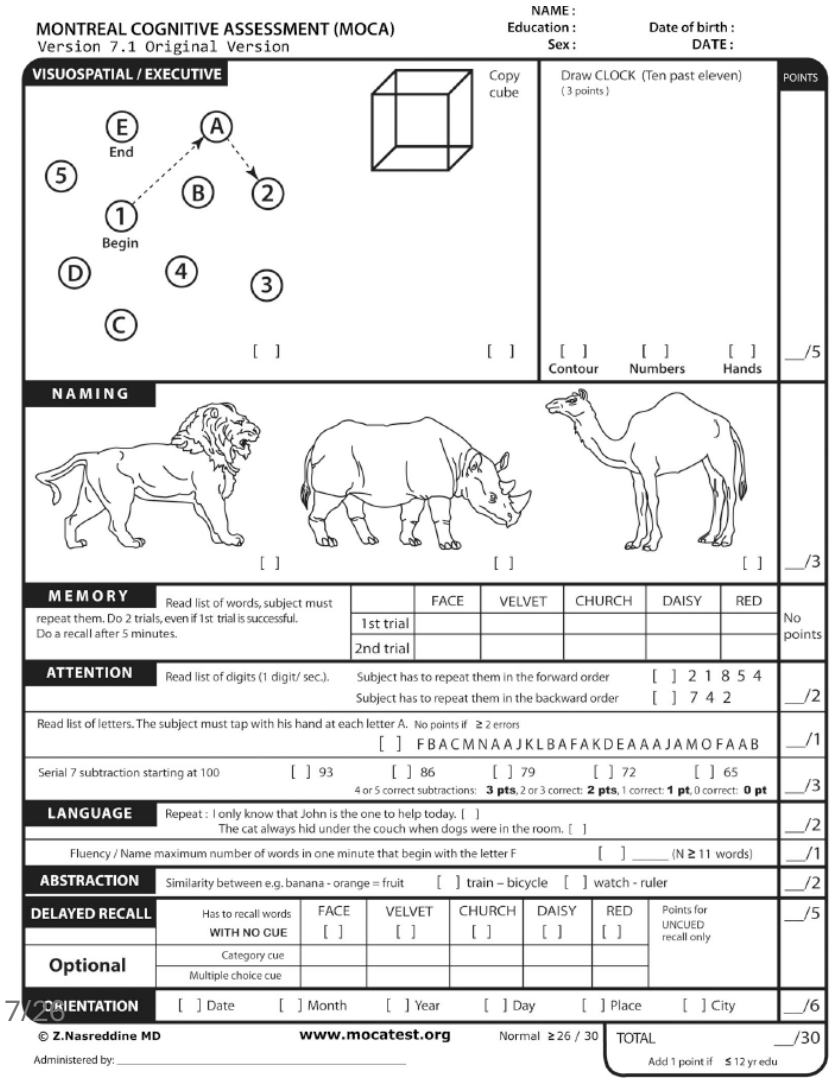
Screening for Dementia: Mini Cog



Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Diagnosing Dementia: MoCA and SLUMS



MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME :
Education : Date of birth :
Sex : DATE :

VISUOSPATIAL / EXECUTIVE — POINTS

Copy cube

Draw CLOCK (Ten past eleven) (3 points)

[ ] Contour [ ] Numbers [ ] Hands

__/5

NAMING

[ ] [ ] [ ]

__/3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

__/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

__/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

__/3

LANGUAGE Repeat : I only know that John is the one to help today. [ ]
The cat always hid under the couch when dogs were in the room. [ ]

__/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] ____ (N ≥ 11 words)

__/1

ABSTRACTION Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

__/2

DELAYED RECALL

	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
		[ ]	[ ]	[ ]	[ ]	[ ]	
Optional	Category cue						
	Multiple choice cue						

__/5

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

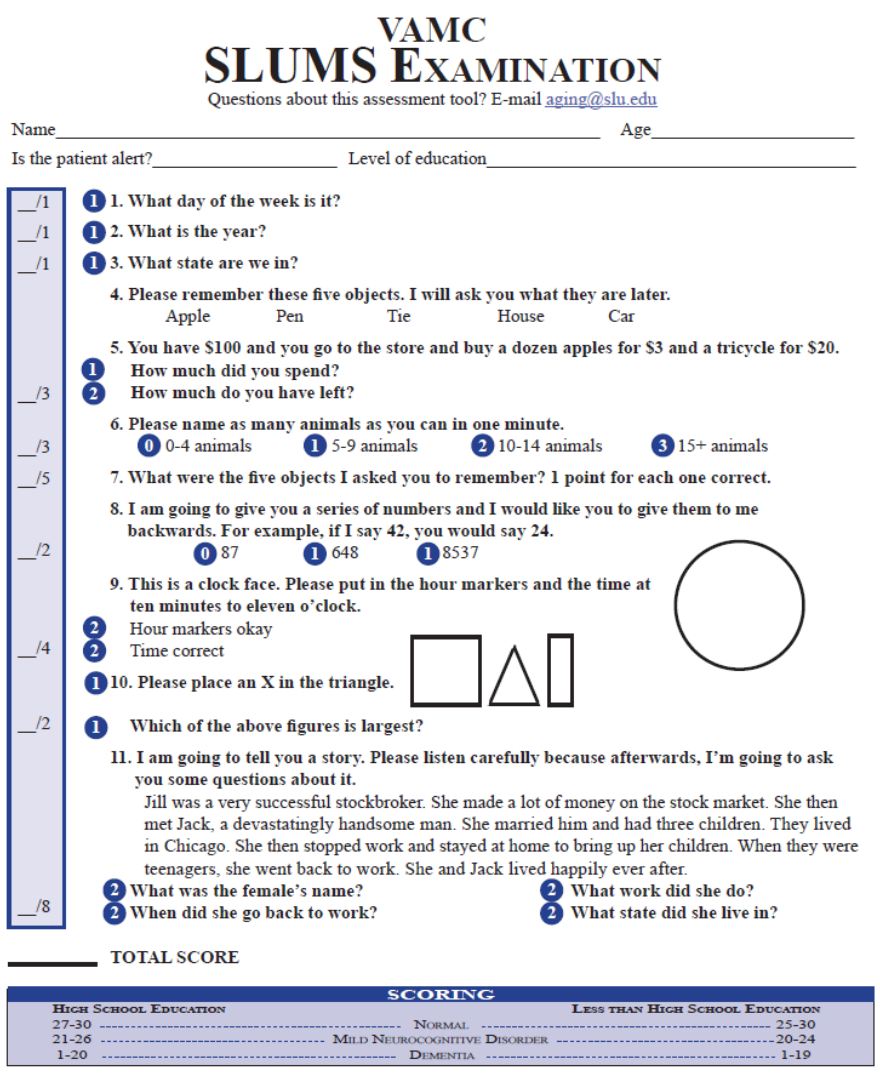
__/6

© Z.Nasreddine MD www.mocatest.org Normal ≥ 26 / 30

TOTAL __/30

Add 1 point if ≤ 12 yr edu

Administered by: _____



VAMC
SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name_____ Age_____

Is the patient alert?_____ Level of education_____

__/1 (1) 1. What day of the week is it?

__/1 (1) 2. What is the year?

__/1 (1) 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
(1) How much did you spend?
__/3 (2) How much do you have left?

6. Please name as many animals as you can in one minute.
__/3 (0) 0-4 animals (1) 5-9 animals (2) 10-14 animals (3) 15+ animals

__/5 7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
__/2 (0) 87 (1) 648 (1) 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
__/4 (2) Hour markers okay
(2) Time correct

(1) 10. Please place an X in the triangle.

__/2 (1) Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
__/8 (2) What was the female's name? (2) What work did she do?
(2) When did she go back to work? (2) What state did she live in?

_____ TOTAL SCORE

SCORING

High School Education		Less than High School Education
27-30	Normal	25-30
21-26	Mild Neurocognitive Disorder	20-24
1-20	Dementia	1-19

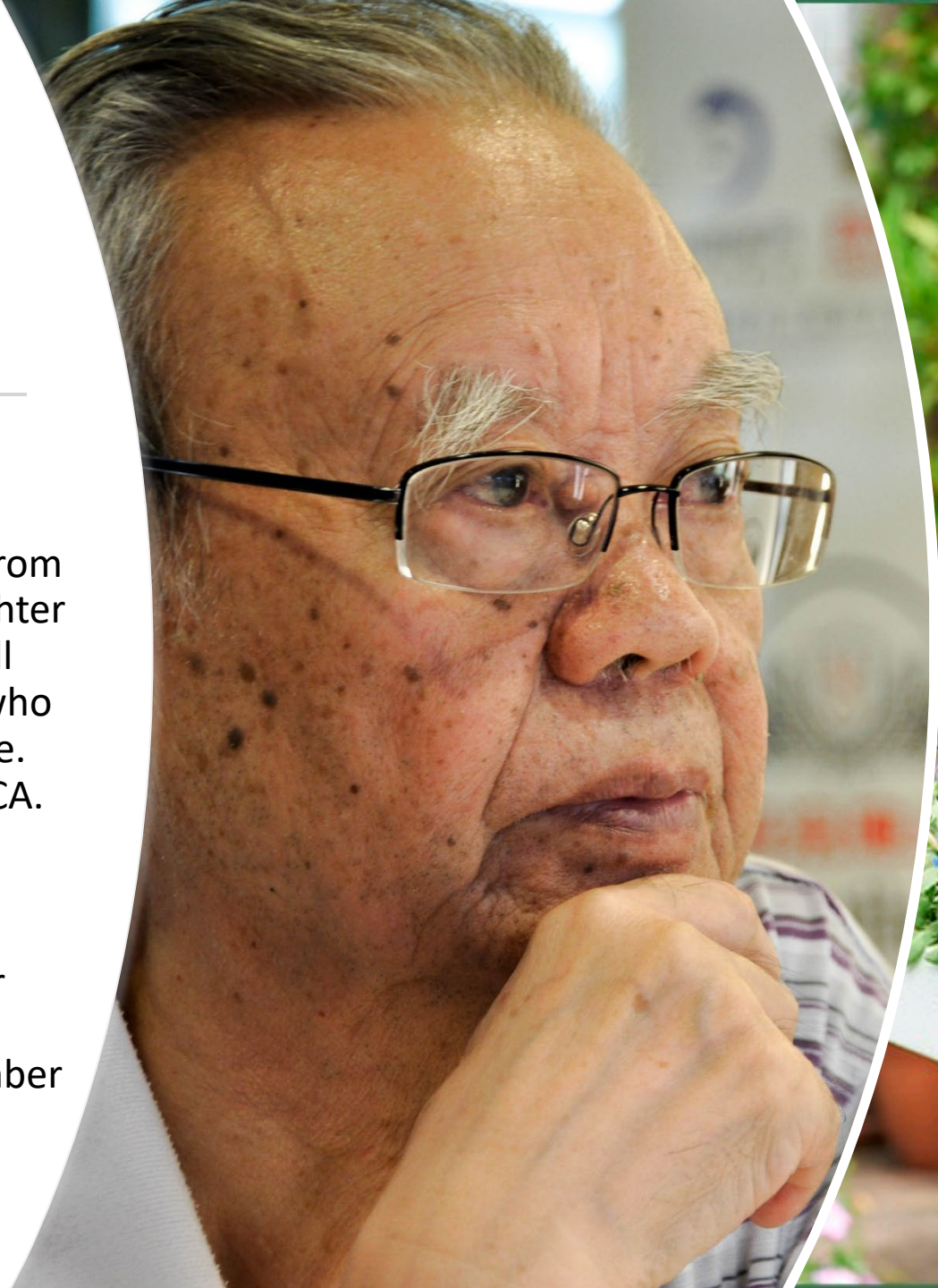
- *Both out of 30 points*
- *Scores in low-20s and below are concerning*

Is it dementia?

Examples:

Jeff gets lost driving home from clinic while visiting his daughter in a new city. He uses his cell phone to call his daughter who helps guide him to her home. He scores a 23/30 on a MOCA.

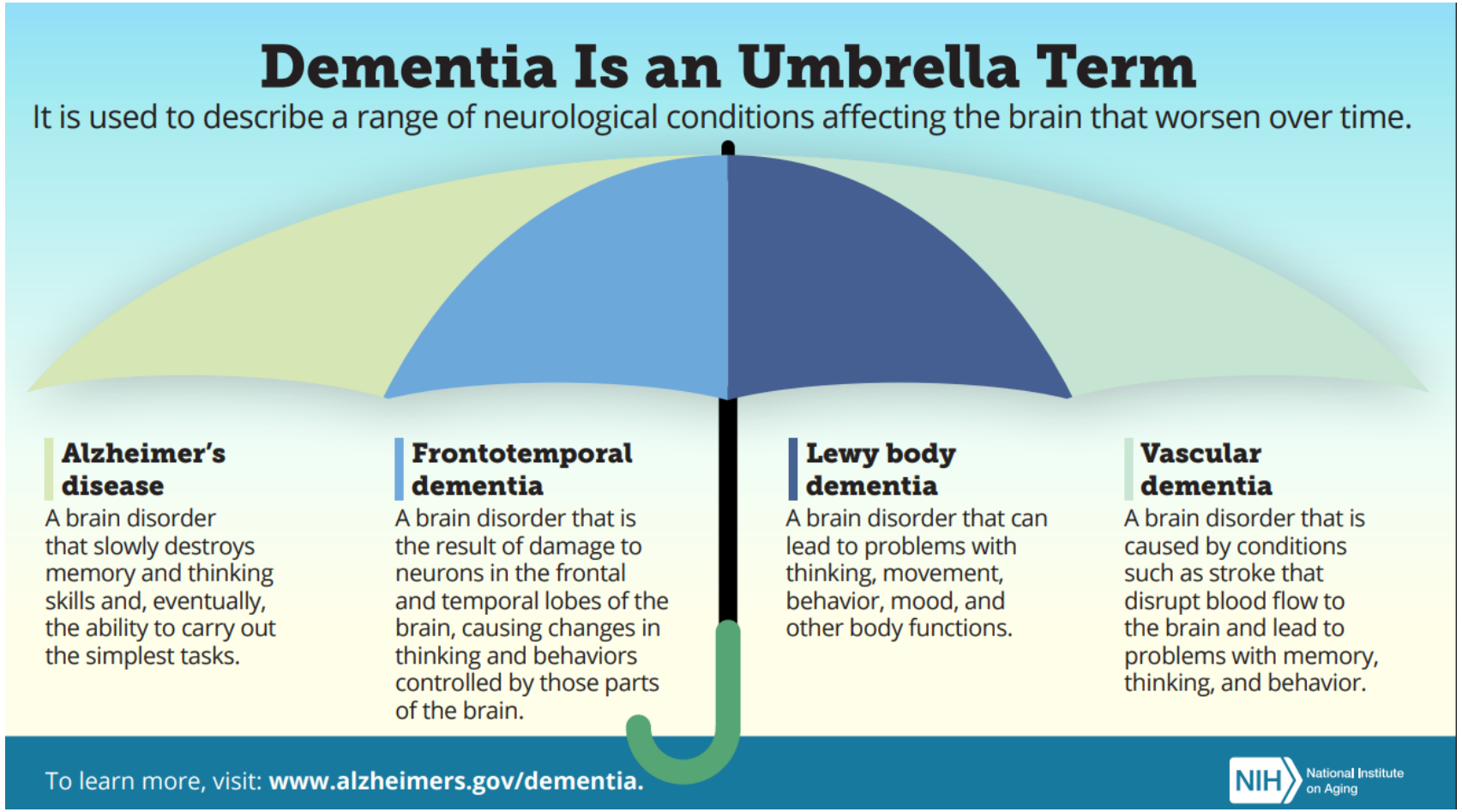
Mary's daughter discovers Mary hasn't been taking her medications for a month because she doesn't remember what to take. Her SLUMS is 18/30.



The Dementia “Umbrella”

Not all that’s dementia is Alzheimer’s disease

Types of Dementia



Prevalence of Dementia Subtypes

Alzheimer's Disease: 60-70%

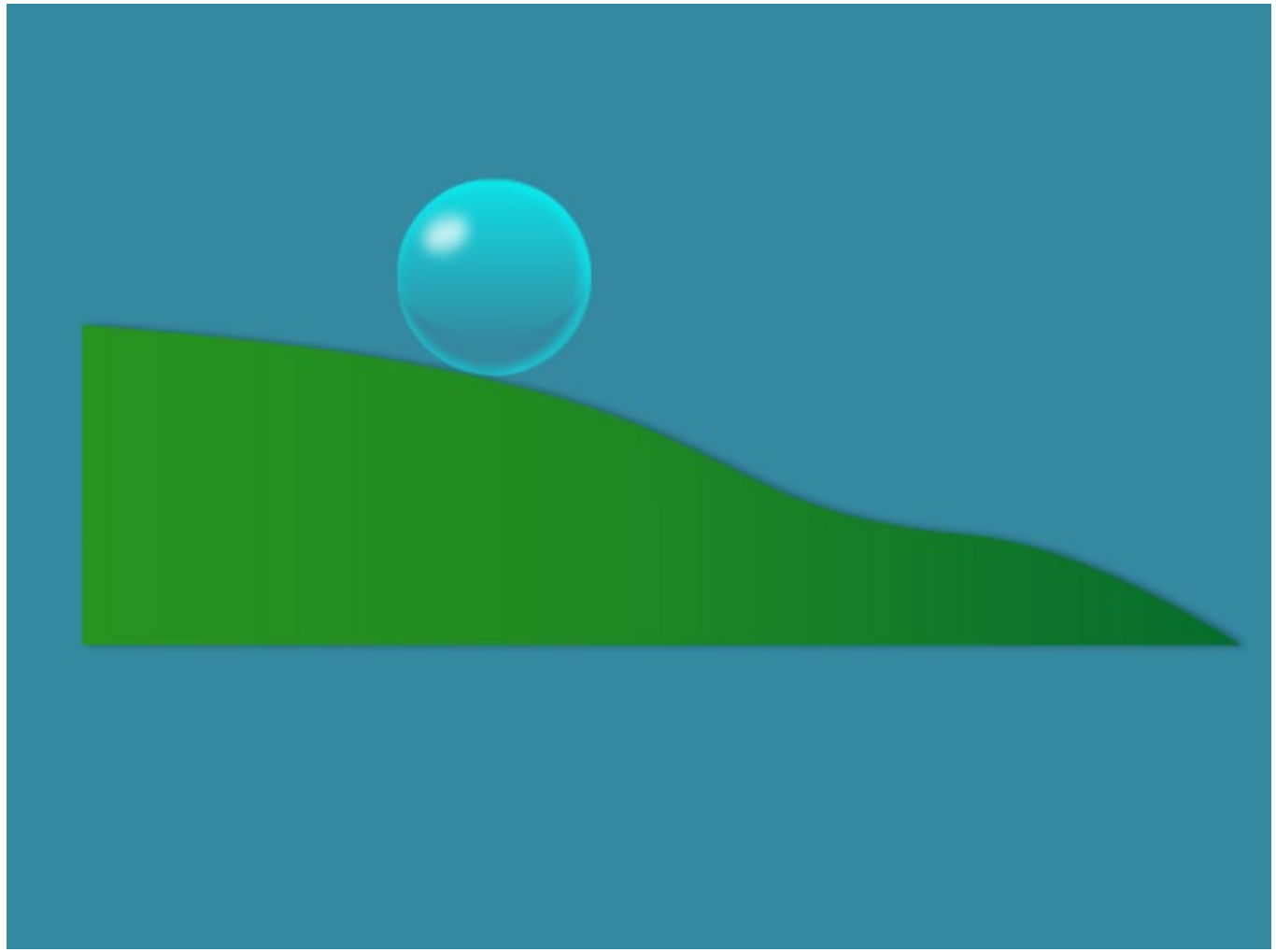
Vascular Dementia: 17-30%

Lewy-Body Dementia: 10-15%

Frontotemporal Dementia: ~5-10%

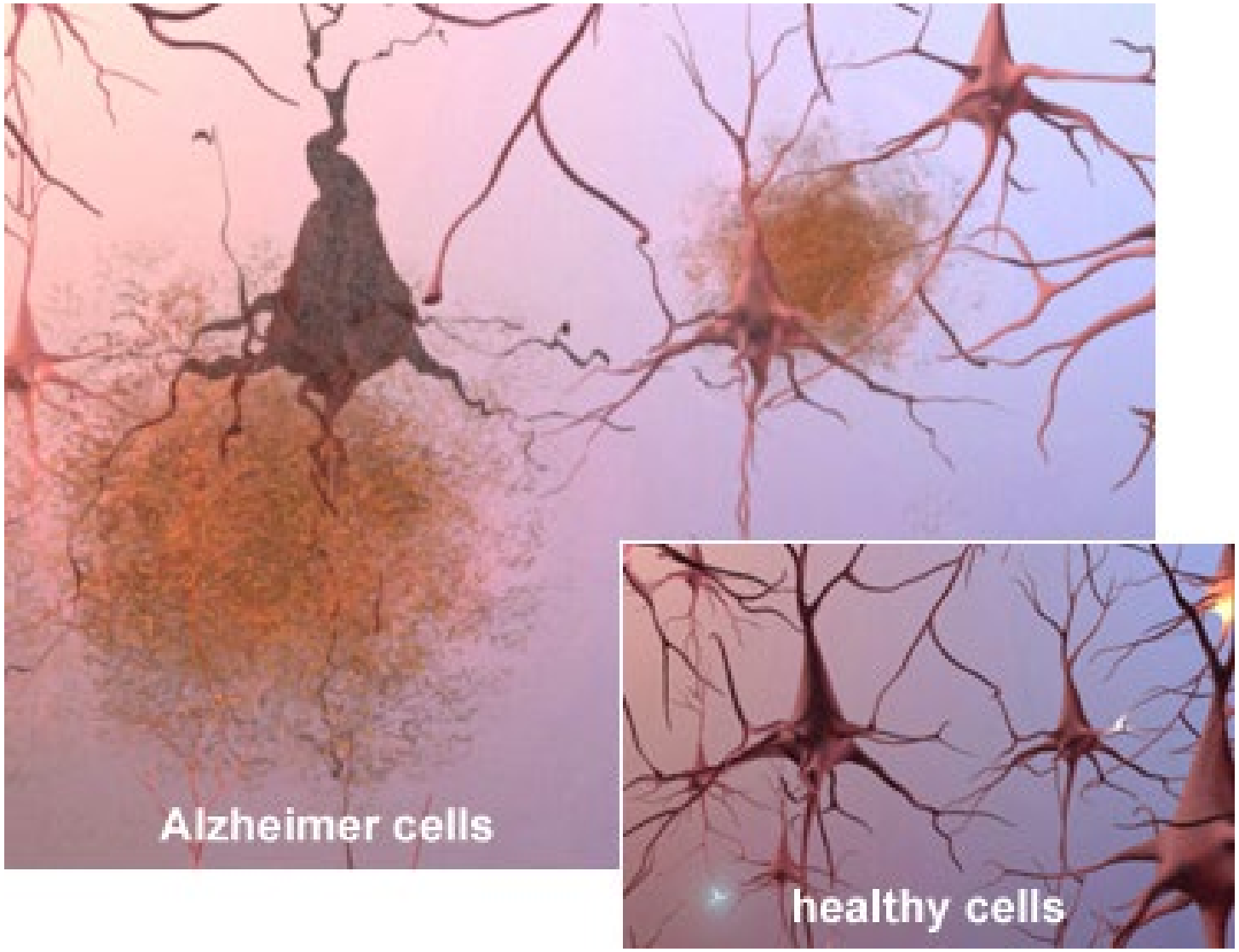
Alzheimer's Disease (AD)

- Most common type
- Typically affects adults >65
- Age is the #1 risk factor
- **SLOW progression** of memory loss
- Short-term recall
- Names of people/places



Physiological Changes of AD

Plaques (abnormal clusters of a sticky protein called beta-amyloid) and tangles (twisted strands of another protein) cause cell death.



https://www.alz.org/alzheimers-dementia/what-is-alzheimers/brain_tour_part_2

AD Notable Features – “4 A’s”

- **A**mnesia: Loss of memory (short term first), difficulty learning and retaining information
- **A**praxia: Inability to complete previously learned movements (such as ADLs)
- **A**phasia: Disturbance in the comprehension or formulation of language
- **A**gnosia: Inability to recognize, interpret, name, identify based on sensory information

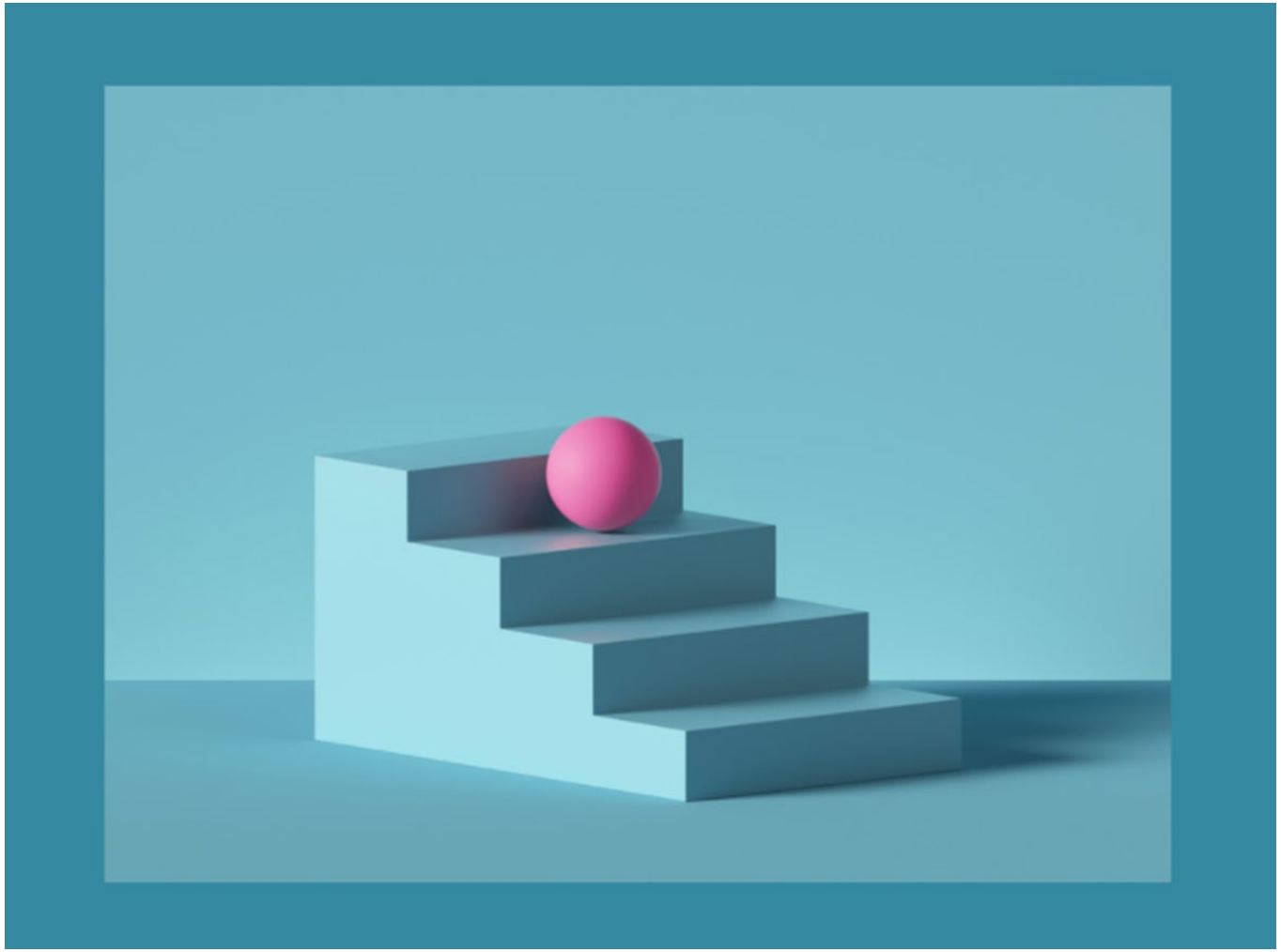
Behavior and Personality Changes in AD

- Common in **moderate to later** stages
  - Apathy
  - Isolation
  - Irritability
  - Aggression
  - Wandering
  - Hallucinations
- ****Personality changes** are often the most challenging for families to manage**

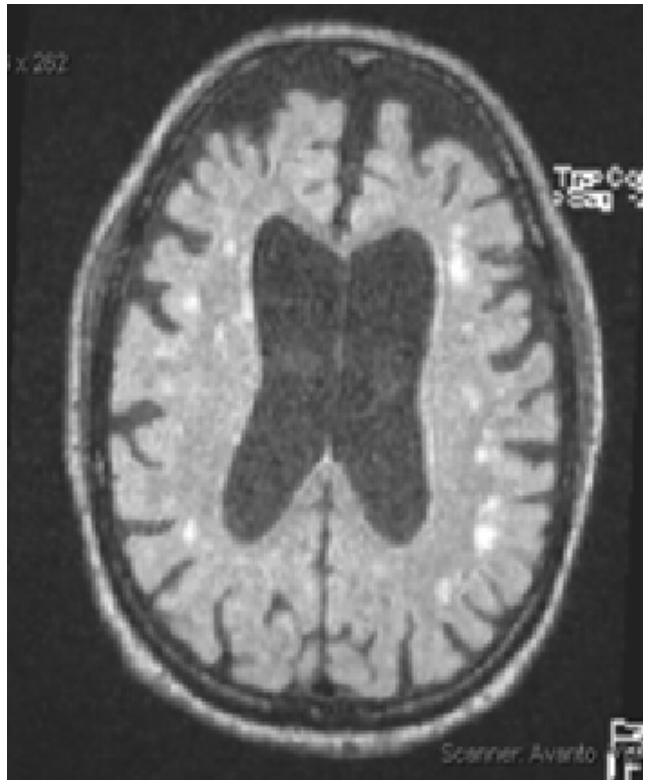
Symptom	Mild (%)	Mod (%)	Severe (%)	Total (%)
Delusions	**12**	**25**	**31**	**22**
Hallucinations	**12**	**15**	**8**	**10**
Agitation	**47**	**55**	**85**	**60**
Dysphoria	**12**	**45**	**62**	**38**
Anxiety	**24**	**65**	**54**	**48**
Euphoria	**18**	**0**	**8**	**8**
Apathy	**47**	**80**	**92**	**72**
Disinhibition	**35**	**40**	**31**	**36**
Irritability	**35**	**40**	**54**	**42**
Restlessness	**12**	**30**	**84**	**38**

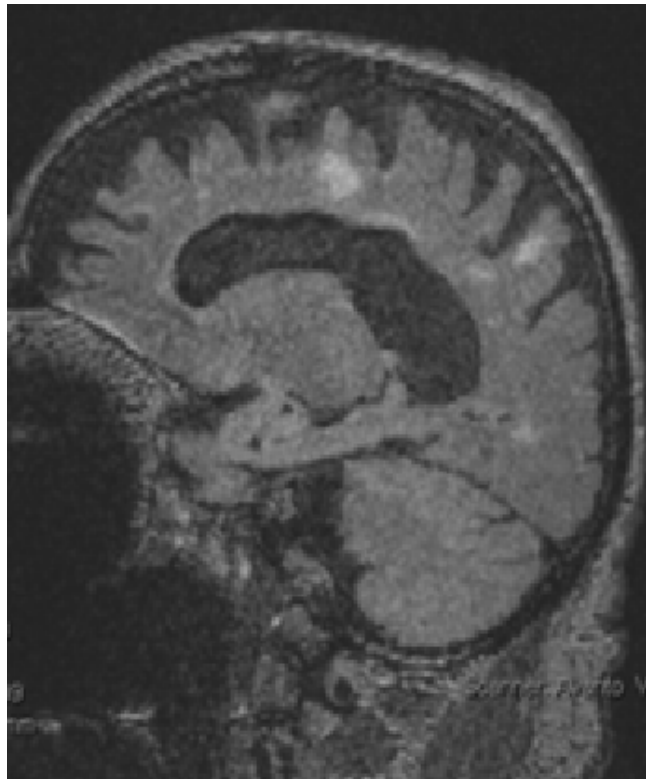
Vascular Dementia (VD)

- High variability of presentation
- Executive function + word finding difficulties
- **Step-wise changes**
- History of head trauma, stroke, or significant cardiovascular disease
- Risk factors:
  - Hypertension
  - Hyperlipidemia
  - Diabetes
  - Cardiac disorders



Physiological Changes of VD





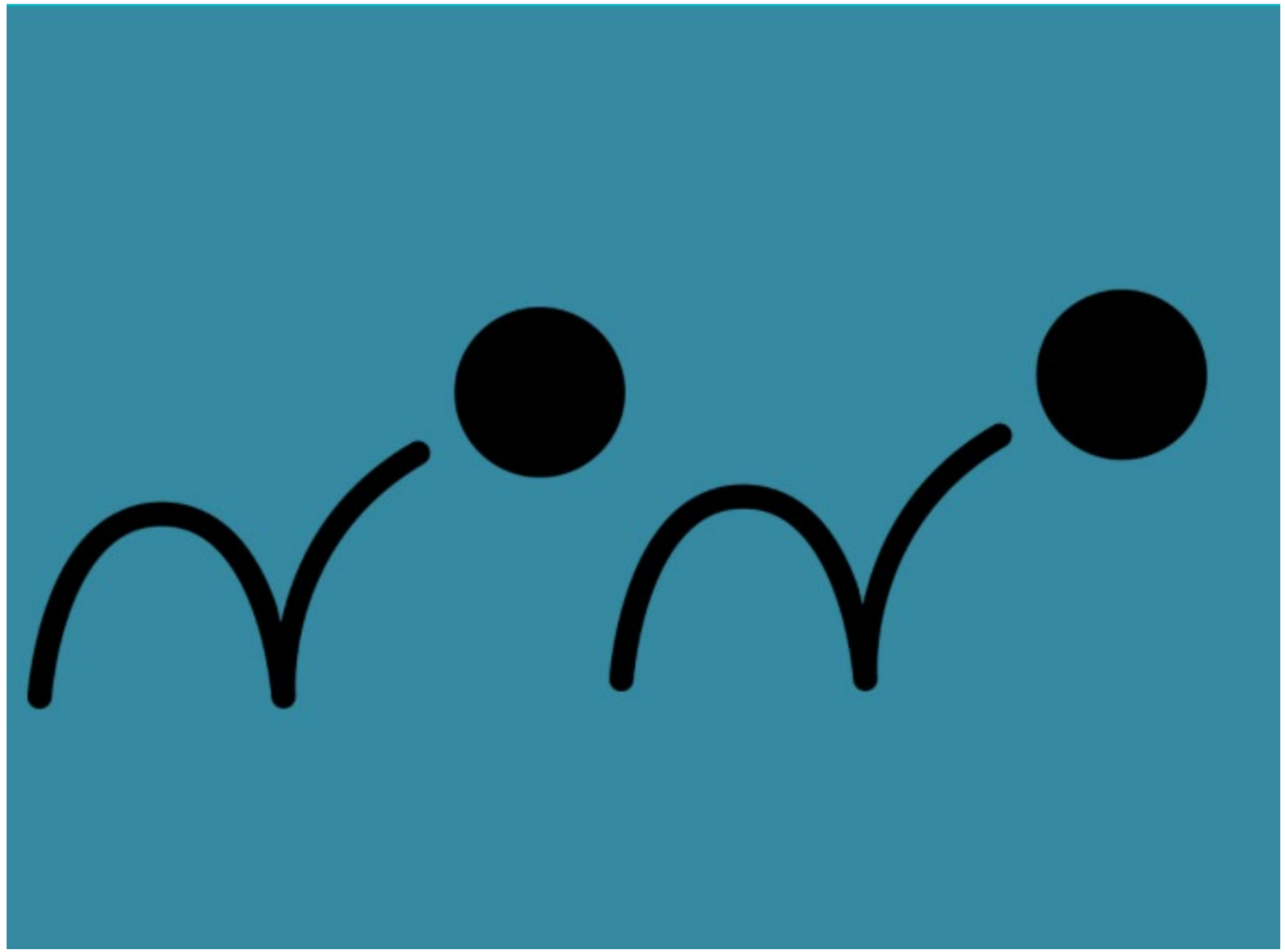
- Acute or chronic white matter (brain matter) disease
- Decrease in blood flow (stroke, TIA) to brain
- Bleeding in brain from bursting blood vessels

VD Notable Features

- Physical signs consistent with stroke
  - Hemiparesis (unable to move parts of the body), swallowing difficulties
- Early presence of gait (walking) disturbance
- Early urinary frequency, urgency, and other urinary symptoms not explained by urologic disease
- Personality and mood changes: depression or emotional lability

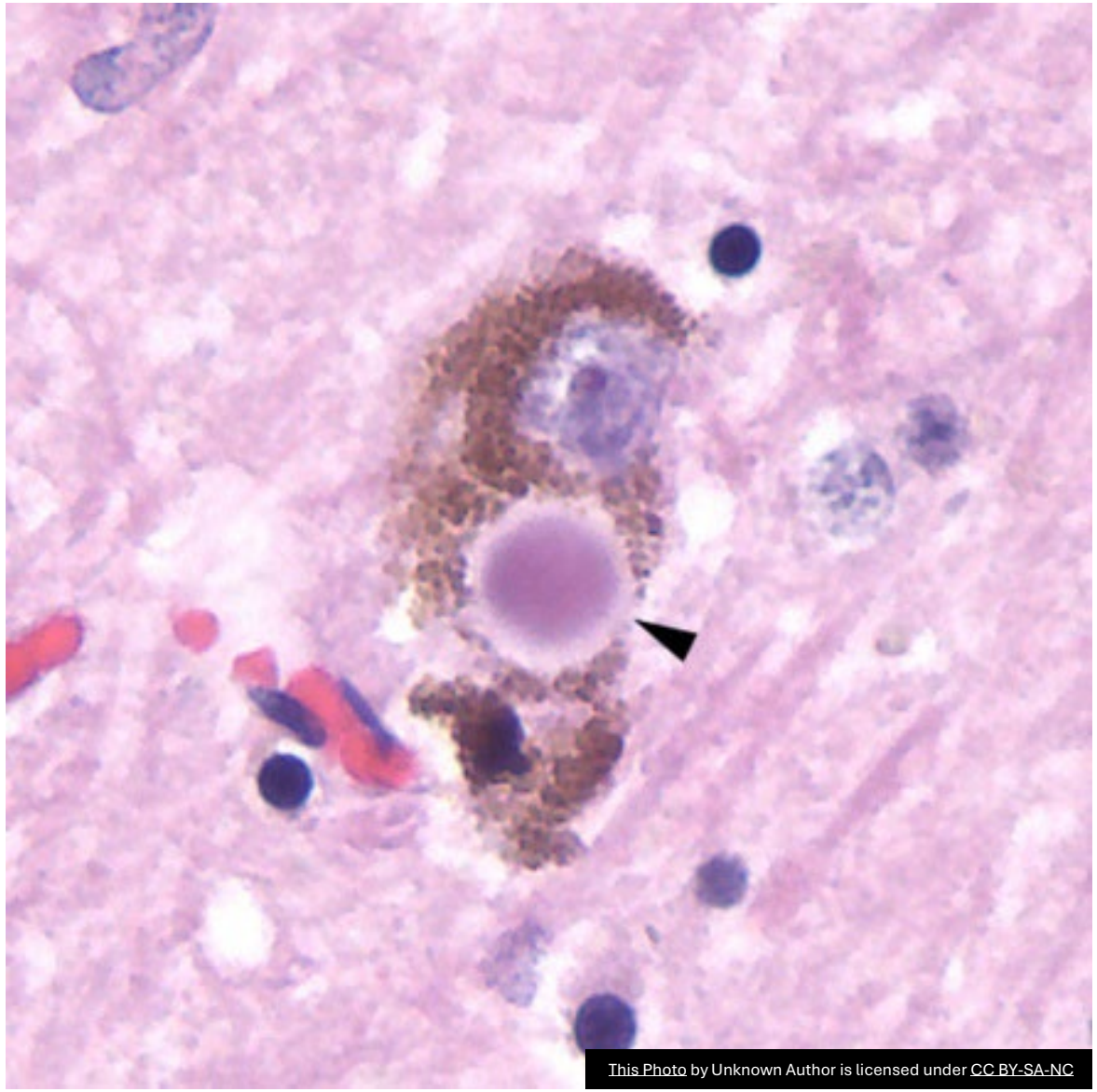
Lewy Body Dementia (LBD)

- 2nd most common neurodegenerative dementia
- Dementia + at least one of the following:
- **Visual hallucinations** (66%)
- **Parkinsonism** signs (70-90%)
- Changes in alertness or attention (60-80%)
- Symptoms often **fluctuate**



Physiological Changes of LBD

- Collections of abnormal alpha-synuclein proteins called “Lewy Bodies”
- Lewy bodies found in the brain stem deplete dopamine
- Lewy bodies found throughout brain disrupting brain function



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LBD Notable Features

Presenting Symptoms

- Sleep disorders
  - Acting out dreams
  - Ask partner or care team
- Autonomic dysfunction
  - Orthostasis (fluctuating blood pressure), bladder/bowel incontinence
- Depression

Very sensitive to antipsychotics

- Exacerbate confusion/dysautonomia
- Don’t give Haldol or other “agitation” medications!
- Will make them “Parkinsonian” and hard to move body

Deficits in attention, executive function, visuospatial ability

- Memory issues NOT always first concern
- Diagnosis may be missed
- Frequently struggle with clock drawing, trails
- Ups and downs/good days and bad days

Lewy Body Hallucinations

Parkinson's Disease Dementia (PDD)

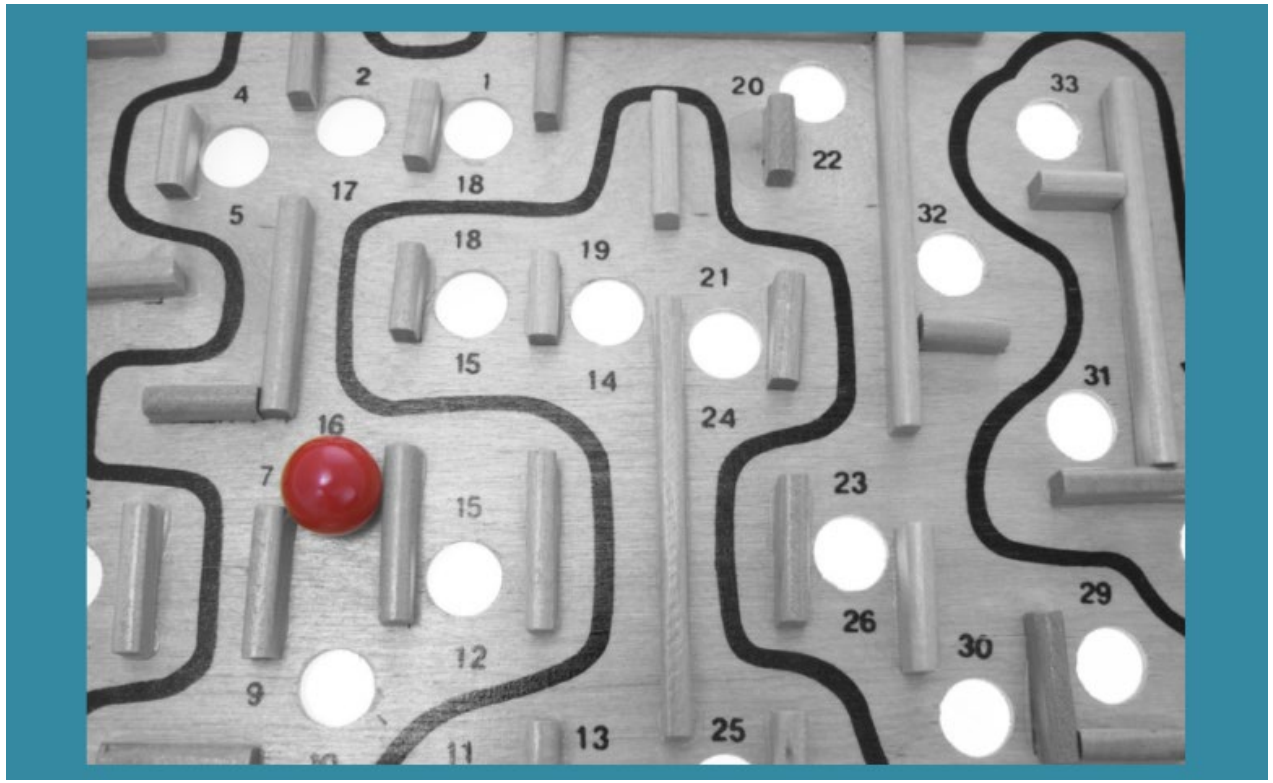
PARKINSON'S DISEASE >1-2 YEARS BEFORE COGNITIVE SYMPTOMS

EXECUTIVE FUNCTION AND VISUOSPATIAL DEFICITS

LESS PROMINENT LANGUAGE DEFICITS

SIMILAR TO LBD WITH VISUAL HALLUCINATIONS, REM SLEEP DISORDERS, AND PSYCHIATRIC SYNDROMES

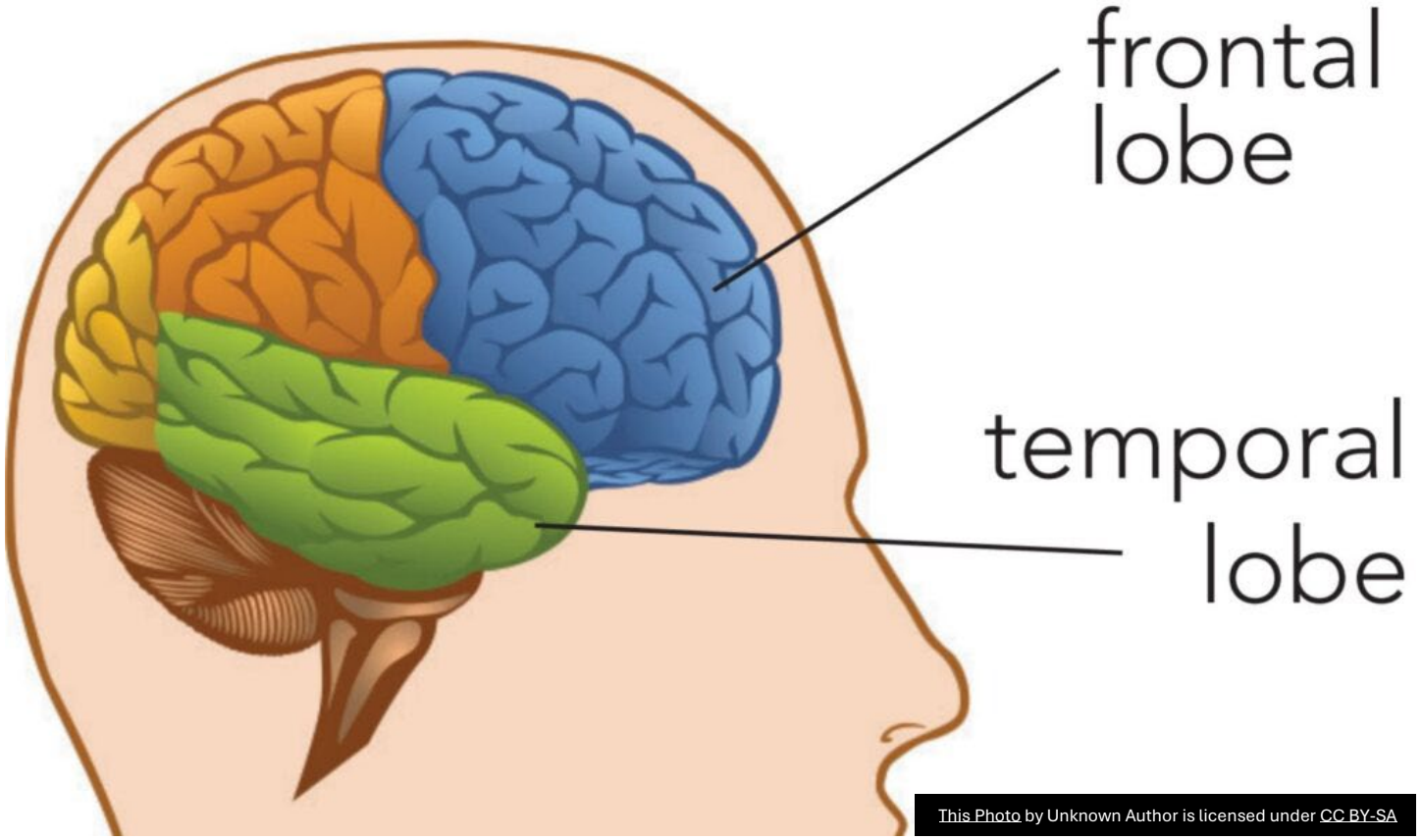
Frontotemporal Dementia (FTD)



- **Younger onset** - 2nd most common dementia in those UNDER 65
- **Behavior** Variant vs Non-Behavioral (**language**) Variants
- **Unpredictability** is key

Physiological Changes of FTD

Degeneration of frontal and temporal lobes of brain



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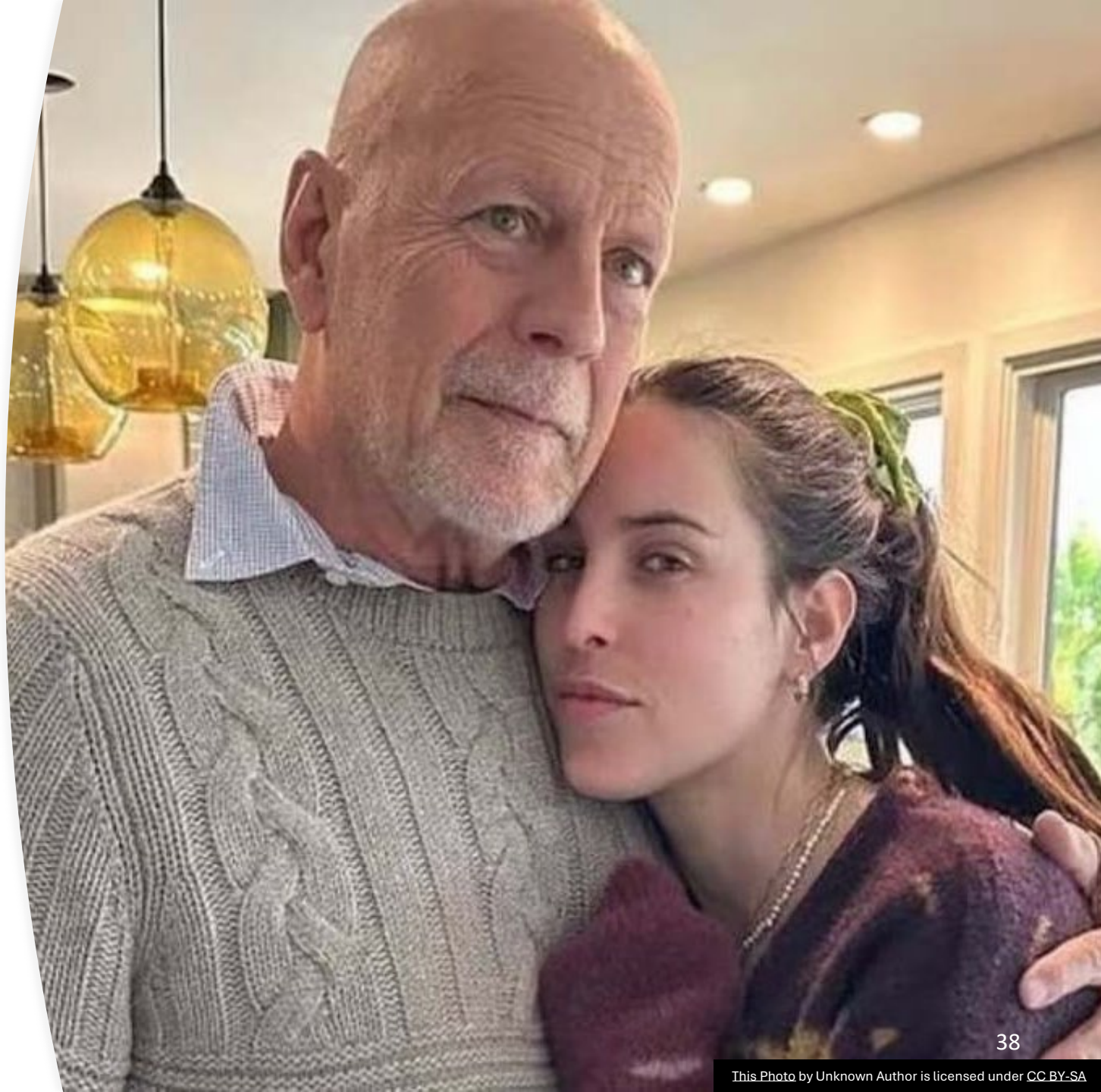
FTD Notable Features

- Decline in **interpersonal conduct**
- Loss of empathy, personal warmth
- Disinhibition
- **Socially inappropriate** behaviors
- Mental rigidity, inflexibility in relationships or severe apathy
- **Language abnormalities**
- Impaired executive function and language not proportional to impairments in memory, visuospatial skills



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FTD Subtypes

Behavior variant FTD – most common subtype

Hallmark: changes in personality/behavior

Diminished social interest, personal warmth

Hyperorality (binge eating, inedible objects, alcohol abuse)

Compulsive behaviors

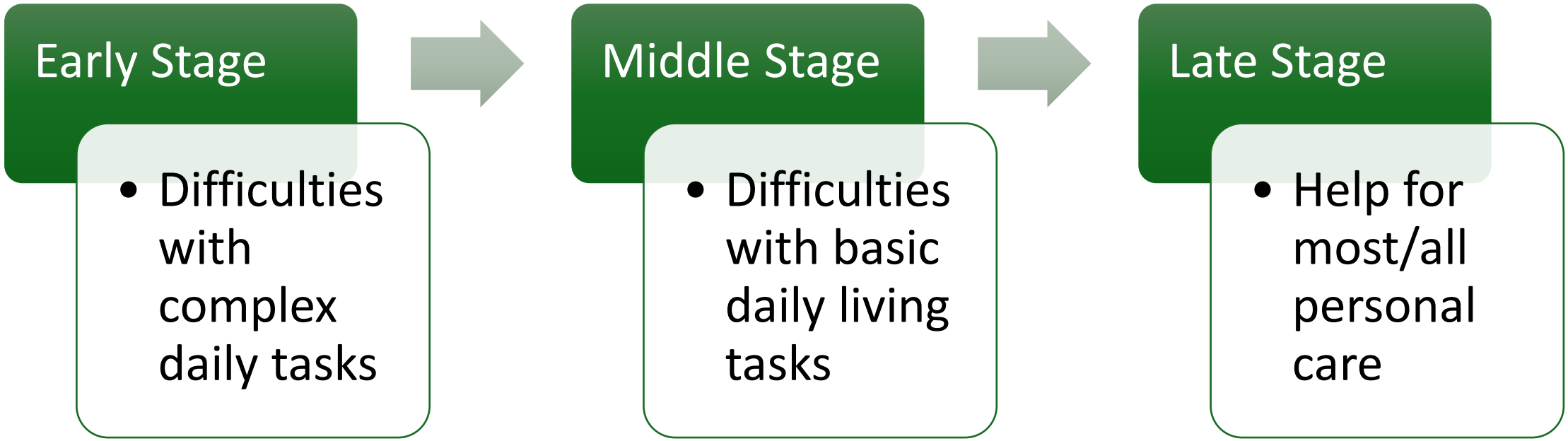
Primary Progressive Aphasia

Hallmark: loss of language

Impairment is prominent in a single domain (language) sparing other domains early on (e.g., memory)

Trouble recalling or pronouncing words, trouble with writing, difficulty understanding what you read or hear

Stages of Dementia



Identifying Dementia is a Team Sport!

Key Takeaways

- Dementia is an increasing challenge in our communities.
- Dementia is not a normal part of aging.
- There are many types of dementia with slightly different presentations.
- You can help your clients and patients connect to their providers if there are warning signs of dementia!

Part 2: Caring for At-Risk Elders

The prevalence of mistreatment

Elder mistreatment

- No standard definition exists
- Definition proposed by 2014 Elder Justice Roadmap:

  "Physical, sexual, or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity that occurs in any setting (eg, home, community, or facility) either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability."

Types of Elder Mistreatment

Tables from the GRS11 Teaching Slides

Type	Definition	Examples
Physical abuse	Intentional use of physical force that may result in **bodily injury, physical pain**, or impairment	• Slapping, hitting, kicking, pushing, pulling hair • Use of physical restraints • Force-feeding • Burning, use of household objects as weapons, use of firearms or knives
Sexual abuse	Any type of sexual contact with an older adult that is **not consensual**, or sexual contact with any person **incapable of giving consent**	• Sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing • Unwanted touching, verbal sexual advances • Indecent exposure
Emotional/ psychological abuse and Isolation	Intentional infliction of anguish, pain, or distress through **verbal or nonverbal acts**	• Verbal berating, harassment, or intimidation • Threats of punishment or deprivation • Treating the older adult like an infant • Isolating them from others

Types of Elder Mistreatment

Tables from the GRS11 Teaching Slides

Type	Definition	Examples
Neglect/Abandonment	**Refusal or failure to fulfill** any part of a person's obligations or duties to an older adult that may result in harm (intentional or unintentional)	• Withholding of food, water, clothing, shelter, medications • Failure to ensure older adult's personal hygiene or to provide physical aids • Failure to ensure the older adult's personal safety and/or appropriate medical follow-up
Self-neglect	An older adult's health or safety is threatened because **he or she does not perform essential self-care or refuses assistance** with it	• Not eating or not taking necessary medications • Not attending to personal hygiene • Not maintaining a safe home environment • Hoarding
Financial/ material exploitation	Illegal or **improper use of an older adult's money**, property, or assets	• Stealing money or belongings • Cashing checks without permission and/or forging signatures • Coercing an older adult into signing contracts, changing a will, or assigning durable power of attorney against their wishes or when they do **not possess the mental capacity to do so**

Scope of Elder Mistreatment

- Prevalence:
  - **Up to 10%** of community-dwelling older adults
  - ≥20% of nursing home residents
  - Near **50% of low-income older adults** (because of fewer resources to meet caregiving demands)
- **As few as 1 in 24 cases are reported to authorities**
- More common in Black, Latinx, and Chinese communities
- Mistreatment exacerbates chronic illness and depression and is associated with significantly higher mortality

Risk Factors for Elder Mistreatment

Tables from the GRS11 Teaching Slides

For becoming a victim	For becoming a perpetrator
• Functional **dependence or disability*** • **Cognitive impairment/dementia*** particularly with disturbing behaviors • Poor physical health • Poor mental health • **Low income**/socioeconomic status • Social isolation/**low social support** • Previous history of family violence • Previous traumatic event exposure • Substance abuse	• Mental illness • Substance abuse • **Caregiver stress** • Previous history of family violence • **Financial dependence** on older adult *Up to 60% of abuse is committed by family members*

Elder Mistreatment in Tribal Communities

Higher incidence of **risk factors**

- Impaired SDoH
- Higher incidence of Adverse Childhood Experiences (ACEs)
- Historical trauma and experiences of violence

Prevalence: **4.3-45.9%** (reporting data is variable)

- Lower prevalence of abuse *reporting* (<5%)
- Higher incidence in older women

Financial exploitation and neglect

- Most commonly reported

Cultural Perceptions and Norms

- Core value: Respect for elders within community
- However:
  - Acculturation and forced assimilation
  - Financial dependence
  - Increased caregiving needs and fewer caregivers
  - Increased substance use
  - Perception of “victim” vs “source of strength”

Screening for Elder Mistreatment

ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Questions Q.1-Q.5 asked of patient; Q.6 answered by doctor *(Within the last 12 months)*			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) **Doctor:** Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

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A response of YES on one or more of questions 2-6 should raise concern about mistreatment

Increasing your awareness

Spot elder mistreatment

“Spidey Sense” Signs

Red Flag Warnings with Caregivers

Older adult and caregiver provide **conflicting accounts** of events

Caregiver interrupts/answers for the older adult

Older adult seems **fearful of or hostile** toward caregiver

Caregiver appears **unengaged/inattentive** in caring for older adult

Caregiver appears **frustrated, tired, angry**, or burdened by older adult

Caregiver appears **overwhelmed** by older adult

Caregiver appears to **lack knowledge of older adult's care needs**

Evidence that caregiver and/or older adult may be abusing **alcohol or illicit drugs**

Worrisome injuries

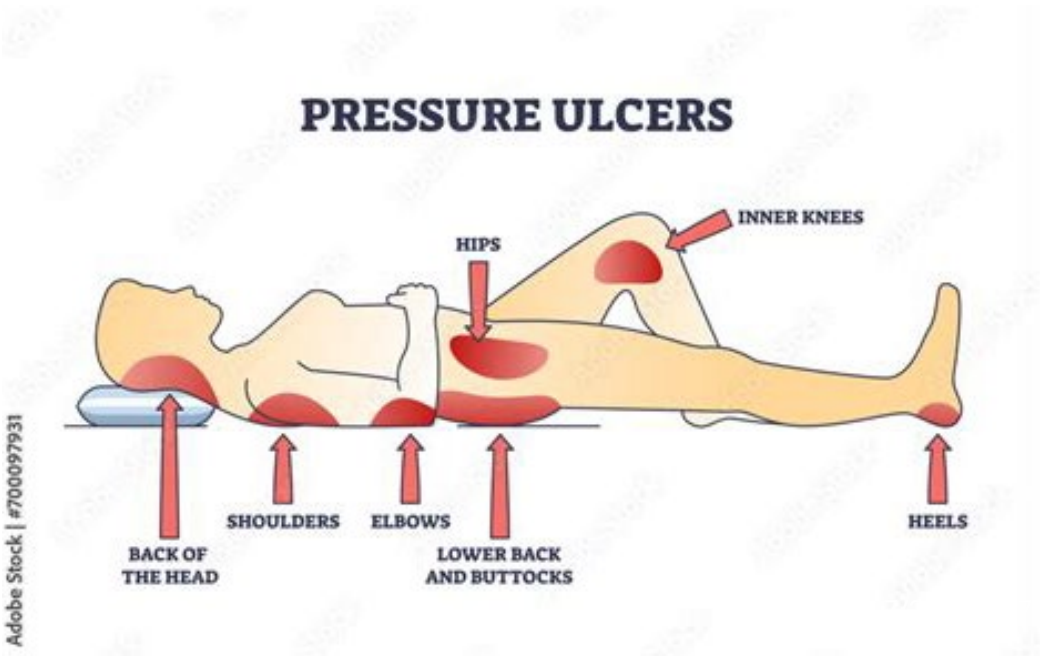
- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- Multiple fractures or bruises of different ages
- Traumatic alopecia or scalp hematomas
- Intraoral soft-tissue injuries

Could it be an accident?

- In one study, bruises from physical abuse were **often large (>5 cm)** and on the **face, lateral right arm, or posterior torso**
- In other studies, abuse-related injuries were most common on the **head, neck, and upper extremities**
- Injuries to the left cheek/zygoma, neck, and **ulnar forearm** may be much more common in abuse than accidents

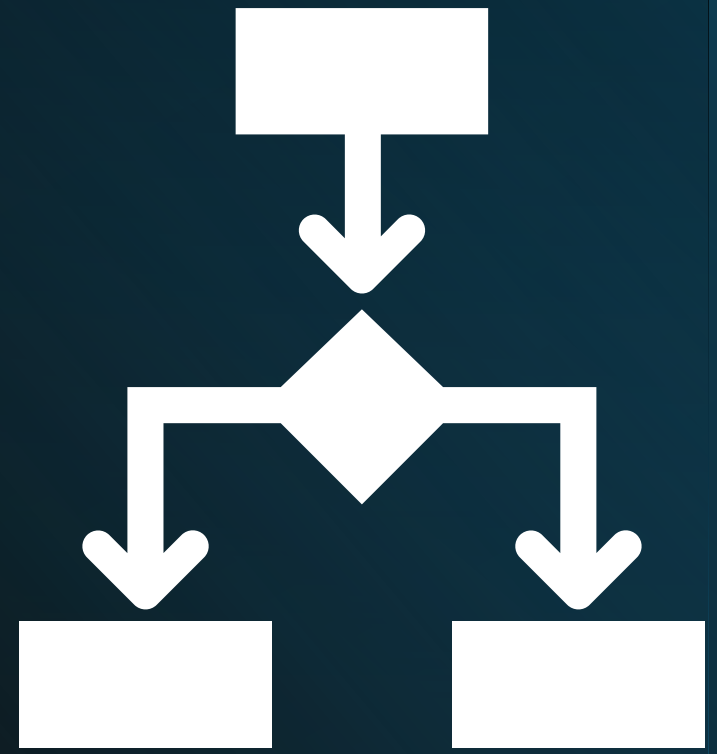
Signs of Elder Neglect

- Cachexia/malnutrition
- Dehydration
- Pressure injuries/ulcers
- Poor body hygiene, unchanged brief
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene



Approaching self-neglect

- **Self-neglecting older adults may not appreciate that their health and safety are at risk**
- Dementia, depression, psychosis/delusions
- Do they have the capacity to **choose an unsafe environment**?
- **Autonomy** is paramount
  - People have the right to make choices we disagree with
  - Unless they don't….



Example case: What would you do?

- 83-year-old with heart disease, uncontrolled diabetes, vascular disease with a below-knee-amputation, and mild cognitive impairment.
- Lives alone and estranged from sister and brother.
- Not taking diabetes or heart medications.
- Their home is cluttered; they rely on takeout delivery for all meals; clothes are soiled and ripped (cannot do laundry).
- They no longer drive and cannot attend office appointments.
- *“You’ll take me out of this house when I’m dead.”*

Resources for At-Risk Elders

Next steps for help

Mandatory reporting

- Physicians and healthcare team members, psychologists
- Peace officers, firefighters, EMS
- Clergy members
- Any residential care staff or volunteer
- Stockbrokers, financial advisors
- Confidential unless goes to court
- Protected from liability

STATE	STATUTE	Financial Institutions (Y/N)	REPORTERS	PROTECTED INDIVIDUALS
Oregon	Or. Rev. Stat. Ann. § 124.060 (West 2013) Or. Rev. Stat.Ann. §124.050(9) (West 2013)	No	Any public or private official…while acting in an official capacity... Or. Rev. Stat. Ann. § 124.060 (West 2013). Public or private official: a physician, naturopathic physician, osteopathic physician, chiropractor, physician assistant or podiatric physician and surgeon, including any intern or resident; licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service; employee of the Department of Human Services or community developmental disabilities program; employee of the Oregon Health Authority, county health department or community mental health program; peace officer; member of the clergy; regulated social worker; physical, speech or occupational therapist; senior center employee; information and referral or outreach worker; licensed professional counselor or licensed marriage and family therapist; Member of the Legislative Assembly; firefighter or emergency medical services provider; psychologist; provider of adult foster care or an employee of the provider; audiologist; speech-language pathologist; attorney; dentist; optometrist; chiropractor. Or. Rev. Stat.Ann. §124.050(9) (West 2013).	Any person 65 years of age or older.

https://www.napsa-now.org/wp-content/uploads/2014/11/Mandatory-Reporting-Chart-Updated-FINAL.pdf

Reporting to Adult Protective Services in Oregon

- Pendleton Aging and People with Disabilities (541-278-4161)
- Hermiston Aging and People with Disabilities (541-567-2274)
- Local law enforcement
- **Call 855-503-SAFE (7233)**

What happens with APS?

Obligated to respond only to cases in which it judges that an **older adult is functionally or cognitively impaired**

- **ODHS gets 35,000 calls → investigates 16,000 (as of 2018)**

APS in Oregon

1. Evaluates the appropriate next steps and agencies that would be most appropriate to respond;
2. Reviews and investigate the report of suspected abuse;
3. Determines if abuse or neglect occurred; and
4. Works with law enforcement if a crime was committed

APS is not a police force; *it identifies older adults needing services and implements appropriate services*

Resources on Elder Mistreatment

- Helpful websites:
  - National Adult Protective Services Association (www.napsa-now.org)
  - National Center on Elder Abuse (https://acl.gov/programs/protecting-rights-and-preventing-abuse/elder-justice)
  - Elder Justice Roadmap (https://www.justice.gov/elderjustice/file/829266/dl)

Key Takeaways

- Elder mistreatment has serious medical and social consequences, but it is **dramatically underrecognized**
- Warning signs for mistreatment include new injuries, strained caregiver or caregiver-patient relationship, and financial status changes
- It is better to OVER report than UNDER report to APS

Thank you for letting me be here today!

Presenter: Laura Byerly

Title: Dementia Awareness and Caring for At-Risk Elders

Session Date: 3/17/26

Resources