

**National Adult Protective Services Resource Center  
NAPSA/NCPEA Research Committee  
Research to Practice Brief  
Research Summary**

**Title** - Healthcare costs and utilization of vulnerable elderly people reported to Adult Protective Services for self-neglect

**Authors** - Luisa Franzini and Carmel Bitondo Dyer

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### Summary of Research

Self-neglecting older adults typically have a variety of unaddressed health and mental health problems due to the documented levels of depression and dementia. However, the costs of providing health care to this population are unknown. This study examined the hypothesis that the health care utilization and costs of providing health care to individuals who were referred to an urban APS agency for self-neglect and subsequently referred to an interdisciplinary geriatrics team would be higher than for non-self-neglecting individuals.

Using medical records as their source of data, the study retrospectively examined the costs of providing care to self-neglecting individuals before APS intervention and subsequent to their referral to the team. A matched control group was composed of individuals who received care from the same geriatrics team. The researchers examined diagnoses, health care utilization (e.g., clinic visits and hospital stays), intensity of care, and cost data, with Medicare reimbursement used as the measure of cost. They ranked the most frequent primary diagnoses per medical encounter and the most frequent disease classifications for each group.

The self-neglect group had higher rates of diagnoses of depression and neuropsychiatric diseases including Alzheimer's disease and other dementias. Before referral to the team, the self-neglect group used health care services at a lower rate, with fewer clinic visits, house calls, and hospital stays. After referral to the team, the self-neglect group used health care services at about the same rate and costs as the control group. The self-neglecters did have more house calls than the controls once they were in the care system.

### Practice and Policy Implications

Alzheimer's disease and other forms of dementia can lead to executive dysfunction, which interferes with a person's ability to manage the cognitive processes necessary to carry out self-care and other activities of daily living. In the case of self-neglecting older adults, executive dysfunction can lead to refusals to accept help or obtain needed medical care. This study supports the need to develop and provide services that will stop or slow the development of self-neglect in vulnerable individuals. The study also shows that ensuring that self-neglecting older adults are accessing health care will not contribute disproportionately to higher healthcare costs.

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Prepared by:

**Joy Swanson  
Ernst, PhD, MSW**  
Associate Professor  
of Social Work  
Hood College  
Frederick, MD