Process of Knowledge Transfer - Phases of Validation and Dissemination of the EASI tool in Israel

Prof. Ariela Lowenstein*, Director
Dafna Halperin, PhD(s)

The Center for Research & Study of Aging Univ. of Haifa
The Academic College of Emek-Yezreel
Israel

*Co-Chair NICE Elder Abuse Theme Team
EASI – Knowledge Transfer

• The EASI (Elder Abuse Suspicion Index), developed in Canada by Yaffe et al. (2006)

• For physicians’ and other health and social care professionals’ use to improve identification of EA and neglect

• The tool includes 6 questions: 5 of them the physician has to ask his patient and the last he/she has to answer him/herself

EASI – Knowledge Transfer

• As NICE international partners, our goal was to focus on knowledge transfer, to validate and adapt the EASI tool for use in Israel, by physicians and other health and social care professionals, in community health clinics and in hospital settings.
The process was divided into three phases:

- Translation from English to Hebrew and back, by two physicians.

- Activating two focus groups in Northern Israel: in a community health clinic; and in a hospital. Each group included 10-12 professionals (mostly physicians)

- Administering the tool by primary care physicians to older patients.
Knowledge Dissemination

• After completing validation a process of knowledge dissemination began

• It included: meetings with several groups of physicians and other professionals to present and outline the tool’s importance

• All were then asked to use it in their practice and report results

• Further discussions were conducted
Knowledge Dissemination

The tool and outcomes were presented in various forums:

• 4th World Elder Abuse Awareness Day, Paris, France 2009
• A workshop on EA at Haifa University - 2009
• The Bi-annual conference of the Israel Gerontological Ass. - 2010
• Research Fair, Yezreel Academic College - 2010
• Faculty Research Fair at Haifa University - 2010
• Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
  
  Yes  No  Did not answer

• If Yes: Have problems been common between those people and you?
  
  Yes  No  Did not answer

• Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical, or from being with people you wanted to be with?
  
  Yes  No  Did not answer

• If Yes: Has this happened more than once?
  
  Yes  No  Did not answer
• Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
  • Yes          No          Did not answer

  • If Yes: Has this happened more than once?
  • Yes          No          Did not answer

• Has anyone tried to force you to sign papers or to use your money against your will?
  • Yes          No          Did not answer

  • If Yes: Has this happened more than once?
  • Yes          No          Did not answer
Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

- Yes
- No
- Did not answer

If Yes: Has this happened more than once?

- Yes
- No
- Did not answer

**Doctor:**

6a. 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 within the last 12 months?

- Yes
- No
- Not sure

6b. Doctor: Aside from you and the patient, is anyone else in this room during this questioning?

- Yes
- No
Results

• Some physicians indicated that participating in this process increased their awareness to EA and helped them gain confidence about what to ask or look for.

• In contrast, we identified some barriers related to attitudes, ethics and reluctance to deal with EA issues.
Results

- A more critical issue was disagreement about the definition of elder abuse
- Some difficulties were encountered related to cultural differences between Canada and Israel and the discrepancies in the health systems
- Some encountered difficulties in asking about financial and emotional abuse
Examples of Problematic Issues

• It’s much more complicated…
• It takes so much time that we don’t have…
• What will I do with it? Where to go?
• Any way, no one will deal with it…
• You have to understand the culture…
• They don’t wash the ‘dirty linens’ outside
Examples of Problematic Issues

• I have to ask the questions at the patients’ natural environment… I can’t ask them just like that…

• They don’t agree to answer some questions especially regarding money…

• The signs are typical to ageing, How can I know?

• What about the patients’ privacy?
Results

• Most (60%) physicians reported that it takes about 2 minutes to complete the questionnaire, while some reported it took much more (15 min.)

• They indicated the importance of looking at “body language” of the patients

• Some of the physicians reported language problems
Conclusion

• The International Knowledge Transfer process is complicated but challenging.

• Cultural differences must be taken into account, as they might impact the process.
Future Steps

- Validating the tool in the Arab sector
- Validating it in the Russian community
- Widening dissemination activities
- Preparing a proposal for data collection
The EASI tool in Hebrew

 נơמה העד^©

”אזיו”® (EASI)

cלול ליזיהוי

השד לשיתוף

בcréים

ישראל

The National Initiative for the Care of the Elderly

The Center for Study & Research of Aging, University of Haifa, Mount Carmel, Haifa 31905, Israel

• Thanks for your attention!