

# Brookdale Center for Healthy Aging & Longevity

## NEWSLETTER

Volume 2, Issue 2

Winter 2009

BROOKDALE CENTER FOR HEALTHY  
AGING AND LONGEVITY  
OF HUNTER COLLEGE  
425 EAST 25TH STREET  
13TH FLOOR NORTH  
NEW YORK, NY 10010-2590  
VOICE: (212) 481-3780  
FAX: (212) 481-3791  
GENERAL E-MAIL:  
[info@brookdale.org](mailto:info@brookdale.org)

### In this issue:

Geriatric Education Award	2
Hispanic Health Initiative	2
Dr. Mark Lachs Lecture to Brookdale Board of Advisors	3
Profile of Rachael Weiss	4

**Marianne C. Fahs, PhD, MPH**  
Professor of Urban Public Health  
Rose Dobrof Co-Director  
Research Director

**Dana Friedman, MPH**  
Editor  
Project Manager, Research Core

**HUNTER IS NY**

### Assessing the Programs That Help the Elderly With Money Matters

Programs that intervene to help vulnerable elderly manage their financial affairs have spread across the nation, and according to case reports, the programs make an enormous, positive difference in the lives of aging adults who suffer from confusion, memory loss and similar problems. Case reports alone are not scientific evidence, however, so how does one quantify what seems to be anecdotally and self-evidently true?

That is the challenge that the Brookdale Center for Healthy Aging & Longevity and the Sadin Institute on Law, Public Policy and Aging set out to meet in late 2007, supported by a 18-month, \$125,000 grant from the Altman and Jarvie Foundations and the Tuttle Fund.

The project was directed by Marianne C. Fahs, Brookdale's Rose Dobrof Co-Director, and co-directed by Debra Sacks, the Sadin Institute's Senior Staff Attorney. Together they have developed a state-of-the-art scientific method to assess the value of Daily Money Management programs for the elderly.

The project evaluates both the costs and the results when workers and volunteers step in to ensure that clients are in control of their finances and are taking care of essentials like paying bills and meeting mortgage payments or rents on time. The analysis of the case records will provide the most reliable

database ever assembled on the economic and social value of the money management programs.

Community-based Daily Money Management programs have been in existence for more than 20 years, responding to the needs of approximately 7 percent of the elderly who have trouble with their finances. Some programs are run through such major organizations as AARP, but most are operated by nonprofit care-management agencies.

The troubles that the elderly encounter vary from individual to individual, but the dangers that are incurred are almost invariably serious. Tax forms may go unfiled, bills may go unpaid and eviction notices may go unheeded until disaster strikes – financial penalties are assessed, utilities cut off, homes lost.

Still another form of trouble may come from seemingly helpful outsiders – the home-care worker who makes long distance calls from the client's house and runs up budget-busting phone bills, the "friend" who acquires power of attorney from a trusting senior and loots his or her savings account. And, recent news reports tell of predatory lenders who lure unwary seniors into mortgages with skyrocketing payments.

Such problems are of particular concern to Debra Sacks, who has devoted most of her career combating the abuse of the elderly.

*(Continued on page 4)*

## Brookdale Awarded Federal Grants for Geriatric Education

In late 2007 the Brookdale Center for Healthy Aging & Longevity was awarded a three-year, \$180,000 grant by the U.S. Department of Health and Human Services (HHS) to improve the ability of health professionals to diagnose and treat the elderly.

The award was part of a continuing federal program known as Geriatric Education Center Grants that is designed to increase the number of health care professionals who have been trained in the special requirements of geriatric medicine.

The grants are awarded annually by HHS's Health Resources and Services Administration and generally go to the nation's leading universities and medical schools. The most recent round of grants totaled \$16.2 million.

In pursuing the program, the Brookdale Center will build on the successful track record of the Consortium of New York Geriatric Education Centers by developing an ambitious new five-year initiative. The goals will be to:

- ◆ Improve the training of health professionals in geriatrics.
- ◆ Develop and distribute curricula specifically aimed at treating the health problems of the elderly.
- ◆ Train – or in some cases, retrain – faculty members in the unique requirements of geriatric education.
- ◆ Support the continuing education of health professionals who are already engaged in providing geriatric care.
- ◆ Provide students with clinical training in a range of geriatric health care settings,

The Consortium of New York Geriatric Education Centers – which is nationally recognized for its strong educational programs – is a collaborative effort of New York's two original Geriatric Education Centers and five academic partners.

---

## Hispanic Health Initiative

The Brookdale Center is serving as New York City's lead organization in a federally funded pilot program intended to improve the health and quality of life of Hispanic elders.

The program, which is funded by the Department of Health and Human Service's Agency for Healthcare Research and Quality (AHRQ), is called "Improving Hispanic Elders' Health: Community Partnerships for Evidence-Based Solutions."

Eight cities with large concentrations of Hispanics have been chosen to participate. According to HHS Secretary Mike Leavitt, the program "is designed to help communities work together to develop coordinated strategies for improving Hispanic elders' access to important benefits," such as the recently enacted Medicare prescription drug program.

The pilot initiative was launched after an AHRQ study conducted in 2006 found that "persistent and growing health disparities exist among Hispanic/Latino elders compared to the majority, non-Hispanic white elderly population."

Besides New York, the cities taking part in the program are Chicago, Houston, Los Angeles, McAllen (Texas), Miami, San Antonio and San Diego.

HHS Assistant Secretary for Aging Josefina G. Carbonell said of the eight cities, "Each brings a wealth of information and experience in addressing health disparities for elders in their communities and a strong desire to make a difference." Carbonell added: "What we learn through this partnership will be shared with other communities across the nation."

AHRQ Director Carolyn M. Clancy said, "Our ultimate goal is to eliminate health care discrepancies for Hispanic elders and other vulnerable populations."

## Dr. Mark Lachs Lecture to Brookdale Board of Advisors

There is a “fracture,” when it comes to treating the elderly, between the providers of medical care and the providers of social services, Dr. Mark Lachs told a November 2007 meeting of the Brookdale Board of Advisors. This split is one of the major challenges facing the field of geriatrics.

The good news, Lachs continued, is that the Brookdale Center for Healthy Aging & Longevity is in “exactly the right place” to bridge these two communities.

Lachs, who is himself a member of the Board of Advisors, and one of the nation’s foremost experts in the treatment of the elderly, explained that medical and social service providers exist “in separate silos and have different cultures.” Yet, their needs “are inextricable and cannot be disentangled.”

By way of illustration, Lachs offered the hypothetical example of a doctor who concludes he has solved an elderly patient’s problem by prescribing a proven drug, but fails to realize that the patient must now choose between paying for the prescription and buying food.

The same doctor may correctly diagnose another patient’s medical condition but have no awareness that the symptoms are the result of emotional or social problems. The patient may be suffering from isolation and depression or be the victim of family neglect, even family violence.

The elderly, Lachs noted, are often stoical and won’t cry or become emotional in the face of such

problems. Instead, these difficulties are manifested in the form of physical complaints. Thus, treating the symptoms does little good unless there is also collaboration with social service providers who can deal with the underlying causes of the medical condition.

Lachs’ long and impressive list of titles includes Director of Geriatrics for the New York Presbyterian Health System and Co-Chief of Geriatric Medicine and Gerontology at the Weill Cornell Medical Center. He spoke without notes, but his affable manner and relaxed delivery did not disguise the intensity of his commitment to improving the treatment of the elderly. It is a deeply personal commitment. He spent several minutes before the start of the board meeting making urgent cell phone calls about the condition of a patient in intensive care and rushed back to the hospital as soon as the question-and-answer session that followed his talk concluded.

He was candid in saying that despite years of experience in geriatrics, he is capable of making misjudgments himself. He told the board meeting, which was chaired by Hunter President Jennifer J. Raab in the president’s conference room, “I may spend 30 minutes or even an hour speaking with an elderly patient and feel very good the investment of time, but never realize that for the other 23 hours of the day that patient doesn’t talk with anyone else.”

This is why, he continued, the medical and social service communities need bridging. “We have interlocking problems. The medical profession has proven products – we know with a high degree of certainty what our drugs

are capable of achieving – but we have a poor delivery system. The social service community has an unproven product – interventions that feel good yet have no proof of production – but a very good delivery system.”

Solutions are beginning to emerge, Lachs said, many of them community-based. The National Institutes of Health now requires in its grant applications that “community groups have to be involved at every level.” Senior citizen centers are a particular focus of attention because, very simply, that is where so many of the elderly go. Obvious as this point is, it has so far been largely overlooked.

That is why the Brookdale Center is perfectly positioned to develop the needed cooperation between medical and social services providers, Lachs said. “You are trusted and loved in the communities. With us, there’s usually suspicion.”

Speaking directly to the members of the Brookdale Board of Advisors, he concluded, “There is no more exciting time to be engaged with aging in New York. And you are at the heart of it.”



Dr. Mark Lachs

## Assessing the Programs That Help the Elderly With Money Matters

(Continued from Cover Page)

Trained as a nurse as well as a lawyer, Sacks has more than 15 years of experience working with senior centers, neighborhood social service agencies, senior housing complexes and home care agencies to help set up money management programs.

In addition to serving as the Senior Staff Attorney at the Sadin Institute, Sacks is Director of the Reingold Institute on Elder Abuse where she works tirelessly against other forms of abuse, like family neglect and violence.

Once the analysis that Fahs and Sacks are conducting is completed, they will host a conference to disseminate the results among community-based organizations, policymakers and the media. In addition, they will present the results at two professional conferences, one national and one statewide, and produce a manuscript for publication in a respected peer-reviewed journal.

### Profile of Research Associate Rachael Weiss



Rachael Weiss

“Brookdale provides me with the opportunity to integrate what I learn in the classroom with real-world experience, and that is an invaluable benefit.” So says Rachael Weiss, award-winning Urban Public Health Department graduate student.

Weiss’s talents have been widely recognized. Most recently she won first prize in a poster contest sponsored by the Hunter School of Health Sciences. This was no ordinary poster of the kind used to advertise movies or sell shampoo, however. Its weighty title is “Neighborhood-Based Disparities in Diabetes and Obesity Prevalence Among Older Adults in New York City,” and it is a complex combination of color-coded maps, statistical charts and data-filled text.

The poster’s impressive contents draw on the research Weiss is currently conducting on how the incidence of diabetes is affected not only by each individual’s characteristics, but also socio-economic inequalities within neighborhoods.

Weiss, a graduate of Brown University whose title is Research Associate with the Brookdale Center for Healthy Aging and Longevity, has been recognized in many other ways, too. Most recently, she was awarded a James Felt Memorial Scholarship for Merit and an Eric Adler Fellowship.

Her abiding interest is community-based research. Her independent study is a model of its kind – a far-reaching study in which she is enlisting local volunteers, especially retirees, to collect personal data about health problems among residents who live along the badly polluted Newtown Creek in Greenpoint and East Williamsburg, Brooklyn, and Maspeth, Queens.

The narratives that are being collected, Weiss says, “will capture participants’ experience with illness and environmental pollution in their neighborhood” and “engage community members to tell their story of environmental injustice in their own words.”

How much energy and dedication does Weiss bring to Brookdale? She serves as the center’s Faculty Fellows Program Coordinator, and she is participating in a city-funded, two-year study that Brookdale is conducting on emergency preparedness in New York’s 63 Adult Care Facilities (see article on Page XX).

Weiss graduates from the MPH program this spring and plans to enter the Doctor of Public Health program of the Graduate Center/CUNY in the fall. Her research will focus on the intersection of social epidemiology and gerontology, particularly involving the study of neighborhoods.

Where does she see herself 20 years from now? She laughs when she’s asked that question, saying, “Too far off to tell.” But she’s sure she wants to be in New York. She hails originally from Connecticut and spent five years in Providence, R.I., after graduating from Brown, but considers the city “the place to be for what I love,” especially studying the impact of neighborhoods on health issues among immigrants and the elderly.

And she knows her Brookdale experience will always be a shaping influence in her career. “Brookdale has given me the chance to work on my own interests as well as its projects. I’m so grateful and glad I’m here.”