



State Society on Aging of New York

SSA BULLETIN

WINTER 2010

PRESIDENT'S MESSAGE

It is with great pleasure that I greet you as President of the State Society on Aging of New York (SSA) as we enter the second decade of the 21st Century. As a long-time member of SSA and the Board of Directors, it is a particular honor and privilege for me to serve SSA in this capacity for the coming year. Recent years have seen a rebirth and a renewal of our organization, with many new members from increasingly diverse backgrounds and disciplines. These are trends that the Board and I hope to see continue and grow in 2010.

My work in the field of aging has largely been in the area of applied research, trying to better understand how older adults cope and profit from the changes and challenges of our later years. One of the messages that arose from the Town Hall meeting at last year's conference in Rochester was the desire of many of our older citizens to age in place in the surroundings that provide them with comfort and support in later life. Thus, I am pleased to announce that the theme for our **2010 SSA 38th Annual Conference will be, "Aging in Place: Services and Supports for Older New Yorkers."** These services and supports to cover a wide range of activities; from senior

transportation, health and long-term care, as well those that enhance quality-of-life such as art or volunteer programs. This year's conference will be held from **Wednesday, October 27th through Friday October 29th**. Our 2010 SSA Conference will be held at the **Ritz-Carlton Westchester** conveniently located in downtown White Plains, NY. This is the first time the conference will be held close to New York City. The Ritz-Carlton has worked very hard with SSA to bring you an affordable conference with all the amenities this hotel has to offer, and has extended the conference room rate to 3 days before and 3 days after the conference. Plan on attending our Thursday evening **Halloween Party and Costume Ball** and have some fun with your SSA colleagues! Check out our website at <http://ssany.org> frequently for updates. The call for papers should be available in late March.

In addition to our Annual Conference, SSA also holds two student conferences each spring. The first will be held in Rochester, NY on Thursday March 25th entitled, "**Sex and Intimacy in Later Life,**" and a second student conference will be held downstate theme and location to be announced shortly.

But SSA is more than our annual conference events. We have worked closely with the New York State Office

for the Aging (NYSOFA) on a variety of issues facing older New Yorkers, including **Project 2015**, as well as workshops and “listening sessions” to address workforce issues in the field of aging (“**Working with Older Adults: Charting the Future of Workforce Training and Education in New York**”). We look forward to our continued collaboration with NYSOFA in the coming year on emerging issues, including our Town Hall Meeting at the Annual Conference.

There are two new initiatives that I am pleased to announce this year. A number of SSA members expressed concerns about the diversity of SSA as an organization, and I share those concerns. It is important that SSA reflect the diversity of those working in the field of aging in New York State in terms of gender, race/ethnicity and sexual orientation. As a result, I have convened a **Minority Task Force** as an ad-hoc Board committee, to address how SSA can become more diverse in our membership and in our governance. Corinda Crossdale (Monroe Co. Office for the Aging) and Luz Martinez (Institute for Community Living, Inc, Brooklyn) have agreed to provide leadership on this effort. If you are interested in taking part, please contact us through our web site, <http://ssany.org>. Secondly, gerontology education has been historically one of SSA’s major interests. Jurgis Karuza (Chair, Education Committee) has begun a survey of current gerontology programs in New York State. This survey will provide us with the up-to-date information on these programs, and serve as a first step in reaching out to these institutions to become more

involved with SSA. In addition, we will be adding a **Gerontology Education Resource Page** to our web site in the coming year, with useful tools and information.

Finally, all of us in the field of aging are well aware of the challenges that lie ahead. These stem both from the burgeoning of the older adult population as well as economic constraints on the part of both the public and private sectors due to the current economic downturn. These challenges are going to require all of us to come up with creative solutions to address the needs of our older population and assist the professionals, volunteers, and informal helpers who provide needed services and supports. My sincere wish is that SSA can be part of this solution, through fostering networking, resource sharing and collaboration among our members and supporters. I look forward to working with all of you in the coming year.



Mark Brennan, PhD
SSA President

**BEHAVIORAL HEALTH IS
KEY TO LONG-TERM CARE
REFORM**

By

By Kimberly A. Williams, LMSW and
Michael B. Friedman, LMSW

Over the last few years, there has been a lot of rhetoric about, and some movement towards, reforming the long-term care system at both the state and national levels. The thrust of reform is to improve the quality of life for people with disabilities and their families by helping people to live where they prefer – most often in the community. The expectation is that the proposed reforms will reduce costs. Unfortunately, the various reform initiatives neglect the vital role behavioral disorders play in institutional placement, and how critical addressing these disorders is to long-term care reform efforts.

But why is behavioral health so essential to long-term care reform? It's key for a number of reasons:

1. ***A significant percentage of individuals in the long-term care system have behavioral disorders, and many do not get appropriate assessment and treatment services, if at all.***

In home health care, about 19% of individuals have dementia, 14% have major depression and 11% have minor depression. Only 22% of those with major depression are getting treatment. More than half of the

population in adult medical day programs are people with serious and persistent mental illness. In fact, some of these programs are recruiting for this population because most of these individuals have co-occurring physical disabilities and/or dementia, and virtually all of them are Medicaid eligible. In assisted living facilities, about 68% of residents have dementia, 19% have mood disorders, 13% have anxiety, and 12% have psychotic disorders. Only 50% of these individuals are getting complete treatment, and there are indications of the overuse of psychiatric medications. Over half of individuals in nursing homes have behavioral disorders. According to CMS, 50% have dementia, 21% have depression, 12% have anxiety, and 6% have schizophrenia. Other studies have found that fewer than half of individuals with serious mental illness in nursing homes get appropriate pre-admission screening. In addition, only 35% of providers follow recommendations for mental health treatment, and less than one-fifth of residents needing services are getting treatment.

2. ***Mental and behavioral problems are major contributors to placement in nursing and adult homes.***

In fact, mental illness is often the decisive factor in admission to a nursing home. Paid caregivers and service providers report that the people they are least able to serve in the home are those with mental disorders and behavioral problems

such as hoarding, wandering, abusiveness, dangerous conduct, non-compliance, and annoying behavior. Caregivers also report difficulty getting access to needed alternative services, such as housing for people with co-occurring mental and physical disabilities.

3. ***Remaining in the community usually depends on families, but they are at high risk for depression, anxiety, and physical illness which can lead to “burn out”.***

With very little caregiver support available, families are often forced to turn to institutional settings. One study found that nearly half of caregivers cite behavior problems as a major reason for placement often because of the impact the behaviors have on them. However, effective caregiver support models can reduce depression and/or anxiety in family caregivers and delay placement in nursing homes about 18 months.

4. ***A shortage of housing and of community and home-based services for people with co-occurring physical and serious mental disorders means there are no alternatives to institutional care.***

As people with serious and persistent mental illness age and develop physical disabilities, they often shift into the long-term care system due to lack of appropriate services in the mental health system. One study found 500,000 people with serious mental illness in nursing homes in the U.S. According to CMS data, the percentage of nursing home residents

aged 22-64 with serious mental illness has increased from 6% to 9% between 2002 and 2008. Nursing home personnel have confirmed this trend of serving more people with serious mental illness.

5. ***The prevalence of mental illness in nursing homes is increasing.***

From 1999 to 2005, the number of people admitted to nursing homes with mental illnesses, especially depression, grew to exceed admissions of people with only dementia by 50%. Another study shows that from 1999-2004 there was an increase of people with mental disorders in nursing homes from 27% to 34%. Why is this increase occurring? One reason is there are fewer beds in state psychiatric centers. According to Bartels, nearly 90% of older adults with serious and persistent mental illness in institutions are in nursing homes. Another reason is the growth of alternatives, such as assisted living, except for those who are most behaviorally challenging. In addition, the use of nursing homes for physical rehabilitation is resulting in the silting up of people with serious mental illness and perhaps substance abuse due to lack of appropriate housing in the community. And finally, there has been a movement to develop neuro-behavioral units in nursing homes for placement of individuals with challenging behaviors.

The evidence is clear. To reduce rates of institutionalization, we must address the behavioral health needs of people at risk of placement or already in institutions and family caregivers at risk of “burn-out”.

Therefore, as we continue to reform long-term care, we must have goals to address behavioral health needs. They should include:

- **Housing alternatives** to institutions for people with co-occurring physical and mental disabilities
- **Support for family caregivers**
- **Greater availability of behavioral health services**, especially in home and community settings for people needing long-term care
- **Improved quality of services** for people with co-occurring mental and physical disabilities requiring long-term care
- **Integration of behavioral health, physical health, and aging services**
- **Workforce improvements**, including better basic training regarding behavioral health for long-term care staff in the community and in institutions and cadres of behavioral health specialists in long-term care services
- **Restructuring financing mechanisms** to promote integrated home and community-based long-term care

Given our current economic climate, it will be challenging to reach these goals in the next few years. That is why the Geriatric Mental Health Alliance of New York is pursuing legislation that would require the state to begin to pay attention to these needs now. The legislation, entitled *The Behavioral Health and Long-term Care Act*, calls for the state to conduct a study of behavioral disorders in long-term care and to develop a plan for the expansion of services to address the behavioral health needs of individuals currently in, or eligible for, long-term care and the needs of their family caregivers. The Act is an important next step as a policy initiative to elevate the pivotal role of behavioral health in long-term care. We hope you will support it.



Kimberly Williams

Kimberly A. Williams, LMSW is Director of the Geriatric Mental Health Alliance of New York. Michael B. Friedman, LMSW is Chair of the Alliance. They can be reached at center@mhaonyc.org. For further information about the Alliance and geriatric mental health, visit www.mhaofnyc.org/gmhany.

Memories of Marjorie Cantor

By

Mark Brennan and Pat Brownell

As many of you know, our friend and colleague, Marjorie Cantor, passed away last fall at the age of 88. Marjorie was a member of the State Society on Aging of New York for many years, and was the recipient of our Society's Walter M. Beatty Award for distinguished service to the field of aging and SSA. Marjorie's accomplishments were many, including founding the Research Unit at the New York City Department for the Aging and Past-President of the Gerontological Society of America. However, when we were asked to write an article about Marge for the newsletter, we were struck by the fact that so many of us currently involved with SSA had been Marge's students or protégés. In fact, we became acquainted while we were both graduate students working with her. Having Marge as a mentor was special, and she was so dedicated and involved with her students. So rather than repeat the many other recountings of her professional work, we decided to take a more personal approach and ask some current SSA members to share a special memory about Marjorie, who touched so many of our lives.

Pat Brownell: Marge Cantor was an important influence in my professional life, as well as a dear colleague, friend

and neighbor. It was because of her that I joined the State Society on Aging of New York (SSANY). In 1990, she suggested I submit a paper I wrote for a doctoral course at Fordham University for the doctoral paper award program at SSANY. To do so, I was required to join SSANY and attend the annual conference that year at the Desmond in Albany. My paper, which focused on gaps in research on elder abuse, won the best doctoral paper award and I presented a synopsis of it at the conference. This was my first experience with recognition of this kind, and my first exposure to New York State gerontologists as a community of scholars. Marge was also honored at this conference with the most prestigious of all SSANY awards: the Walter M. Beatty Award. This was also the conference with the famous Halloween party featuring Marge and other prominent gerontologists, some of whom were my professors in my doctoral program, dressed as grapes and dancing in a Congo line to Marvin Gaye's "I heard it on the Grape Vine". I was hooked. I thought the NYS gerontologists were the most fun group of colleagues I had ever met. Thanks to Marge, I am still hanging out with them. Marge also served as the gerontologist on my dissertation committee and my dissertation was also published as a book - Family Crimes against the Elderly: Elder Abuse and the Criminal Justice System. It addressed a gap in the research I had identified in my paper presented at the 1990 SSANY conference with Marge's encouragement. Like Marge, I entered

academia later in life, and she used to talk about some of the barriers she faced in her own experience with ageism in academic settings. She was a tireless and nurturing mentor and advocate for me and for so many of us who were fortunate to have worked with her. I miss her but feel so privileged to have known her.

Mark Brennan: One of my favorite recollections of Marge is from the time I was working with her at the Graduate School of Social Services (GSSS) at Fordham on the *Growing Older in New York City* study in the early 1990s. At that time, there was a Matisse exhibition at the Met. Many of you may not know this but Marge was an aspiring artist in her earlier days. So I went with Marjorie and her daughter-in-law Andrea Lilienthal to the exhibit (Andrea is also an artist). I was fascinated by their discussion of the artist and his works as I followed them from gallery to gallery. I've always enjoyed art but never had much training or education on the subject. This was like taking a 3-credit art history class in the course of an afternoon. As we got to the end of the exhibit Marge, always the gerontologist, noted how Matisse had changed from paint to collage as he got older and his eyesight was failing, but still managed to create wonderful works of art. This is an afternoon that I'll cherish for the rest of my life.

Beverly Horowitz: I had the pleasure of first meeting Marjorie Cantor when I enrolled for a graduate research course in 1992 as a doctoral student in the

Graduate School of Social Services at Fordham University. I later had the good fortune of having Marge accept my request to serve on my dissertation committee. From the very beginning our relationship moved from one of usual faculty-student formality to a collegial relationship. However this never meant that Marge would not provide critical advice. Collegiality never precluded expectations of excellence or revisions of sections of my dissertation. As a graduate student and after receiving my doctorate we would meet for lunch and at receptions at gerontology conferences. I was often invited to join Marge, other Fordham alums, and current graduate students to events that Marge identified as "important" to advance my knowledge of a particular issue or to introduce me to colleagues in the aging network and gerontology community. After earning my doctorate it was particularly important for me to keep in touch. I valued Marge's expertise and wisdom and her uncanny ability to ask questions about my career and offer guidance, particularly when I fell into uncharted waters as an occupational therapist among colleagues from the disciplines of social work and psychology.

Marjorie Cantor generously shared her knowledge, skills, and expertise with me as she did with so many other students. But more importantly she supported me as a novice gerontologist, helped guide my professional development, and served as a steadfast mentor as my career progressed. As a college

professor with 20 years of experience in several academic institutions, I often reflect on my relationship with Marge when advising students, guiding research, or providing support to students coping with academic and personal pressures. Marge was an exemplar professor, researcher, and mentor, and she continues to sit on my shoulder serving as a role model for me in my relationships with my students and colleagues.

Eileen Chichin: I had the privilege of working with Marge, as well as having been her doctoral student. She was a wonderful mentor throughout my student career and dissertation. Perhaps my most favorite memory of Marge was my first presentation at GSA the year I received my doctorate. Although I had presented at smaller venues prior to this one, there was something about presenting at GSA that was like reaching the mountaintop. I remember standing at the podium for my paper presentation, and the room looked huge. This, very likely, was a similar phenomenon to when you are a child and everything looked so big, and you go back to the same place many years later and it's all so small. Anyway, I was about to begin my presentation, and I looked down, and my hands were shaking. Then I began to speak, and looked at the audience, and Marge was sitting alone in the first row. As I progressed through the talk, periodically I would look at Marge. Each and every time, she caught my eye, and lifted her hand from her lap with her thumb and index fingers touching, giving me the

“okay” sign. It was so supportive and so validating, and to this day, some twenty years later, I remember it and her with great fondness.

Martha Bial: Although Marge was only a second reader on my dissertation committee, she invited me to her home for a long day of editing on my first draft. She also introduced me to several key people with connections to the gerontological community in Japan when I was initiating a Japanese and American program in gerontology. She was a most warm and gracious mentor.

Joann Reinhardt: One night at one of the many GSA conferences we attended over the years, a group of about 8 of went out to dinner, Marge included. One of our group members who loves lobster decided to order a whole lobster for dinner that night. Several more of the group decided to join in the fun and also ordered the lobster. Marge, never one to be left out of the fun, also ordered a whole lobster. A few of us, thinking of the difficulties inherent in extracting the meat from a whole lobster (with various picks and metal tools provided) advised Marge against this, but she forged ahead. When the meals arrived, she glanced down at the steaming, red lobster sitting on her plate and remarked, "Oh my, what will I do with that...?" When she ordered, I think she was imagining a lobster tail or perhaps a pile or artfully arranged lobster meat. True to form, within a minute or so, Marge had the waiter dutifully taking apart her lobster and preparing it for her. She then gracefully

dipped the lobster meat in butter and that was that (she could have done without the bib). Marge was a wonderful mentor, a brilliant scholar, and a true friend who provided a lifetime of stories for us to share that are filled with humor and remind us how lucky we were to have shared these times with her.

Beverly Lyons: I first encountered Professor Marjorie Cantor as my research professor in the early 1990's. Initially, I perceived the encounter to be somewhat challenging because we had slightly different interpretations of the health behaviors of U.S.-born blacks and West Indian-born blacks. She was a seasoned gerontology researcher born and raised in the U.S. with a matching research vernacular. In contrast, I was a research novice, seasoned healthcare clinician, administrator and educator, with dual citizenships of Jamaica, West Indies and the U.S., specifically New York City home to the largest population of West Indian immigrants. Professor Cantor and I had several meetings outside the classroom. At such meetings, we learned a lot about each other's work and came to appreciate our differences of opinions. She learned about how my years of experience in social services in the classroom, in acute health/long term care institutions and in the community both in Jamaica and in N.Y.C. shaped my perception about behaviors and of events.

At some point, I shared with Professor Cantor the conceptual framework of my dissertation proposal comparing the differences in the use of

health and social services between U.S.-born blacks and West Indian-born blacks. She invited me to use a subset of data consisting of U.S.-born and West Indian-born blacks extracted from a large scale study of older people in New York City—"Growing older in New York in the 1990" (M. Cantor and B. Gurland, Principal Investigators). As such, Marge became my mentor particularly since my mentor had suddenly died. Professor Cantor always set aside time to meet with me and gave me her undivided attention during such meetings. I successfully defended my dissertation within months and filed it with UMI Dissertation Services.

About a year following the filing of my dissertation abstract with UMI Dissertation Services, I received a publisher's letter, which was redirected to me from Fordham University. The letter requested that I convert my dissertation to a monograph as it was the first of its kind to analyze sociocultural differences between African-Americans and Caribbean-Americans. The publisher was working on a series highlighting culture and ethnicity. I discussed the matter with Marjorie, who was very open to this idea although she needed to receive clearance from Dr. Gurland at Columbia University. The result was positive and Professor Cantor wrote the forward to the monograph "Sociocultural differences between American-born and West Indian-born elderly: A comparative study of health and social service use. In summary, an initially perceived challenge became a win-win situation in the long run all because

Professor Marjorie Cantor was open-minded and trusted me to work with her on primary data about which nothing had been published as of that date. I am forever grateful for her confidence in me and for her willingness to take a risk with me in pursuing a subject that was essentially uncharted territory. Needless to say, Marge and I had a good relationship. I felt that I could call on her to share her opinions on research and career matters as needed. The relationship has served me well. Thank you Professor Cantor.

viewer). Marge would simply not be left out and we had the most fun stuffing each other. But with Marge's relatively slender legs, the paper kept falling out of the bottom of the sack and some fast sewing was needed to keep her from being an anorexic raisin. With our sunglasses in place, and to the music of "I Heard it Through the Grapevine," we made our grand entrance to dinner, with 5'2" Marge following 6'5" Rick Machemer, with grapes on his head to add a couple of more inches, and dancing up a storm!!.

Amy Horowitz: Marge was nothing if not a good sport. In the good old days of SSA conferences we always had a Halloween Party on the second night and most attendees came in some sort of costume to the dinner and dance that followed. The year that Marge won the Beatty award, I had brought in eight sets of purple satin sacks with a rim of leaves (from another party) that were to be worn over black tights and a black tee-shirt and then stuffed with newspaper to become a raisin (of course, with a little imagination from the

Marjorie H. Cantor

1921-2009



SAVE THE DATE

“Aging in Place: Services and Supports for Older New Yorkers”

October 27th to 29th, 2010
The Ritz Carlton Westchester
White Plains, NY



**38TH ANNUAL
CONFERENCE OF
THE
STATE SOCIETY
ON AGING OF
NEW YORK**

**For SSA Abstract Submission
Information:**

<http://ssany.org>

**Abstract Submission Deadline:
July 1, 2010**

To become a member of the SSANY visit our website <http://ssany.org> and fill out an application. Please send all applications to:

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