

# PRIME LINES

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## SPECIAL ISSUE CELEBRATING 25+ YEARS OF SENIOR ADULT DAY SERVICES ON LONG ISLAND

GPLI has always been supportive of the “adult day care” movement which began in earnest on Long Island in the 1980’s, and today is represented by successful models of medical and social design. To showcase this program, designed for those too frail for other senior services, **Prime Lines** is using Adult Day Services as its topic for the “Centering On” middle section of this newsletter. A survey was

sent to all medical and social models during February, and the results have been compiled and printed in this issue as a kind of mini-directory of adult day services options. Diane Dias has created for **Prime Lines** a historic look at her first venture into medical model day care 22 years ago. Other GPLI members have offered their observations and hopes for adult day services in 2007 and beyond.

### 2006-2007 Schedule of GPLI Programs Showcased Diverse Interests of Membership

The five major events of the past year in GPLI reflected the broad interests of the membership, from Driving and Dementia last September to Asian Diversity in May. In November, GPLI offered its members an opportunity to extend their professional development as managers with a special program on human resources topics. Sometimes members need to polish skills for the workplace, such as being tuned into liability issues related to personnel.

In the depths of February, over 50 members turned out for the horticultural presentation showing how plants and gardening can become part of the therapeutic environment for long term care and assisted living facilities. To round out the year, members and friends gathered once again in Port Jefferson for an evening cruise on the Martha Jefferson in the harbor. June seems to bring out the stargazer in us, renewing our energies for 2007-2008.

**Next Meeting: Sept. 18**

**For Information Concerning Prime Lines:  
Contact Carolyn Gallogly at:  
cgallogly@sjcnj.edu**

**To reach Geri Eisner:  
sosforseniors@aol.com**



Join us for the first meeting of GPLI for 2007-2008!  
The Hamptons Center for Rehabilitation and Nursing  
64 County Road 39 Southampton, NY 11968  
6:30 PM, September 18, Tuesday Evening

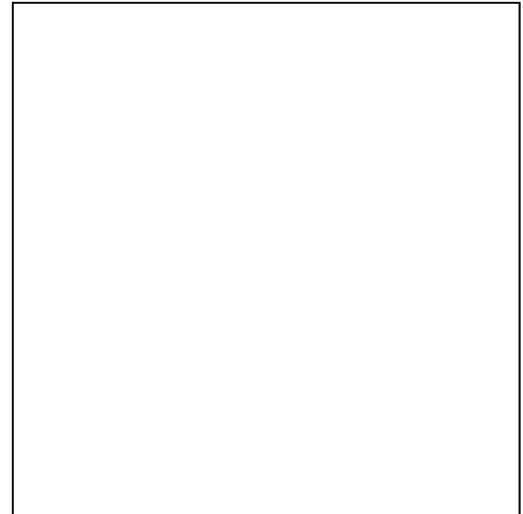
**Program: *Emergency Planning on Long Island: Meeting the Challenge of Aging Residents***

**Call Geri Eisner at 631-399-0716, to RSVP and reserve a spot for dinner.**

## GIVING UP THE CAR KEYS 2006 SEPTEMBER MEETING FOR GPLI @SJC

Darlene Jyringi, GPLI's Vice President, and Program Director for the Alzheimer's Disease Assistance Center at Stony Brook, was the lead speaker for the first meeting last year, on the very important topic of Driving and Aging. She was joined by Dan Berger, psychologist, who specializes in geriatric issues.

Anyone who has worked with persons with dementia knows how volatile a topic this can be. When is the right moment to ask for the care keys, and how do we fill in the transportation gaps left by older adults who can no longer drive? There aren't easy answers to these questions, but there are sources of support for caregivers confronting this issue.



### Membership Drive

*This is the time of year when GPLI urges members to renew **if their membership is ending.**\**

*1 Year: \$25*

*Organizational Membership is \$40.*

*Please use the form inserted into this issue of Prime Lines. \*Check the date on your mailing label showing when your membership expires.*

### FOCUSING ON KOREAN, PAKISTANI, INDIAN CULTURES

The Gerontology Professionals of Long Island (GPLI) ended the 2006 – 2007 season with their “4<sup>th</sup> Annual Ethnicity & Diversity in Aging” panel discussion. This year's guest speakers represented three Asian cultures: **Meera Joseph, M.D., Department of Psychiatry and Behavioral Science, SUNY Stony Brook; Younghee J. Limb, M.D., Northport V.A.; and Fr. Francis Peter Rashid, Catholic Chaplain, Northport V.A.**, representing Indian, Korean, and Pakistani cultures, respectively.

Each panelist was asked to address the same question from their particular culture's perspective. Communication, end of

life issues, intergenerational conflicts, death and mourning, were among the topics of discussion. The panel was moderated by Darlene Jyringi, M.P.S., Vice-President of G.P.L.I.

Staci Rosenberg, Gurwin Jewish Fay J. Lindner Residences and G.P.L.I.'s secretary, hosted more than 40 members and guests with a lovely dinner. We are also grateful to board member, Matt Bessell, L.C.S.W., Northport V.A., who was instrumental in helping to secure two of our distinguished panelists. President Geri Eisner conducted the meeting.

*Darlene Jyringi*

### Legislator Stern Creates Senior Citizens Task Force for Suffolk

During Spring, 2007, Suffolk County Legislator Steven Stern of Huntington formed a Task Force to investigate those matters most pressing to Suffolk County Seniors. There were four hearings held: Hauppauge, Riverhead, Selden, and West Islip.

The Task Force heard from government officials in the towns and county, from service providers, from advocates, and especially from senior citizens themselves.

The key issues that need to be addressed to improve the life of Seniors in Suffolk County include transportation, affordable housing, tax abatement, and expanded mental health services, including support for caregivers.

Subcommittees of the Task Force are meeting during August and early September to make recommendations. Watch for news from Legislator Stern's office.

## GETTING TO KNOW ANGELA CAMMARATA MARKETING MANAGER FOR GPLI

*Angela, how did you first start working with older people?*

I initially volunteered at St. Joseph's Village to meet a course requirement. I was so impressed with the facility that I continued to volunteer, so that when I graduated, I was hired as the social service coordinator, part time, so that I could complete my MSW. I started in September of 1983 and next year will be 25 years, and now it is a full time position.

*What is a typical day like at St. Joseph's Village?*

Every day is a new experience. You meet the needs of the residents, and then fill in with your own plans. I provide concrete services, crisis intervention, program development, activities, and parties.

*What is the most unforgettable incident in your years at St. Joseph's Village?*

I think it was when we were having a Halloween Party, and one of the residents collapsed on the floor in the community room. I had just started the job, and called 911. After the emergency

personnel took her away, the residents said, "Ok, start up the music again and let's get on with the party." I learned from them that life goes on, regardless of adverse conditions.

*Would you consider living in a retirement complex like St. Joseph's Village?*

I would! It is maintained beautifully, and services are either available on site, or referrals are made. Rents are affordable and residents are treated with dignity and respect. *(For two photos of Angela, go to pg. 21.)*

### The Executive Board for GPLI:

#### Officers

President: Geri Eisner  
V-President: Darlene Jyringi  
Secretary: Staci Rosenberg  
Treasurer: Mikel Gorodess  
Marketing: Angela Cammarata  
Prime Lines: Carolyn Gallogly

#### Board

Matt Bessel  
Peggy Purchase  
Ed Sher  
Michael Thompson



### **ADVICE FOR THOSE EXPECTING TO ACCESS SOCIAL SECURITY WHEN THEY RETIRE. . .**

The May 12 edition of the New York Times carried an article by Damon Darlin, under the heading of "Your Money." Laurence Kotlikoff, an economics professor at Boston University, suggests that retirees hold off applying for their social security until 66 or even 70. Mr. Kotlikoff has "annoyed the financial planning industry with his research that suggests that the calculators used to forecast retirement needs overstate the amount that must be saved."

According to the Fidelity Research Institute, a person who delays getting Social Security, and makes \$75,000 a year, will earn \$15,888 at 62,

but if she waits until 70, the annual benefit would be \$29,436. Sure, if you know you will die young, collect as soon as possible. But most of us don't have that kind of crystal ball. In fact, we tend to underestimate our longevity.

Yes, collecting earlier may make sense for some people, but for women, who have a greater chance of living long, often without the income from a spouse, there is common sense in waiting till 70 if possible. That extra income each year after 70 might make a real difference in a widow's quality of life. \$29,436 versus \$15,888. Which would you rather have?

*Your annual dues of \$25 help pay for the publication of this newsletter and your Membership Directory.*

*See Insert for an application.*

***Join today!***

# LETTER FROM THE PRESIDENT      GERI EISNER

Dear GPLI Members,

I hope you are having an enjoyable summer! GPLI had four very informative meetings during the 2006 - 2007 season and capped it off with celebrating GPLI's 17th Anniversary celebration on the Martha Jefferson Paddle Cruise. Upon behalf of GPLI's Executive Board, I would like to express our gratitude to the following hosts and hostesses and their respective sites, which all provided delicious dinners and wonderful ambience!

**Carolyn Gallogly, Assistant Professor and Director of Weekend College at St. Joseph's College; Christine Coppola, Administrator of The Arbors at Bohemia; David Fridkin, Administrator of Island Rehabilitation and Nursing; and Staci Rosenberg, Director of Marketing and Community Relations of Gurwin Jewish Fay J. Lindner Residences.**

In the beginning of August, GPLI's Executive Board had its annual planning meeting, which was graciously hosted by **The Arbors at Hauppauge**. Please **Save the Dates** for the 2007 - 2008 schedule:

**Tuesday, Sept. 18, 2007: Emergency Preparedness** at The Hamptons Center for Rehabilitation and Nursing, Southampton. Carolyn Gallogly is offering to "Go Green" by organizing carpooling from St. Joseph's College, Patchogue. Please contact her at [cgallogly@sjcny.edu](mailto:cgallogly@sjcny.edu) or consider organizing carpooling from your own sites.

**Thursday, Nov. 8, 2007: Aging and Suicide.**

**Tuesday, Feb. 12, 2008: Aging in the Media.**

**Wednesday, April 9, 2008: Fifth Annual Ethnicity and Diversity in Religious Aging Issues: Sikh, Orthodox Jews, and Mormons.**

**Wednesday, June 18, 2008: GPLI's 18th Anniversary Dinner.**

In order to equitably rotate host sites, please contact me at [sosforseniors@aol.com](mailto:sosforseniors@aol.com) or 631.399.0716 if you are interested in hosting either the November, February, or April meetings

Upon behalf of GPLI's Executive Board, I would like to thank **Craig Marcott, Karen Solomon, and Tracy Procino** for their prior participation on the Board, while welcoming new member **Michael Thompson**, Assistant Administrator/Case Manager at Gurwin Jewish Fay J. Lindner Residences and long time member **Peggy Purchase**, Registered Nurse at North Shore Hospital/Plainview. If anyone is interested in participating on GPLI's Executive Board, then please contact a Board member.

As you can see, GPLI's Executive Board has arranged for another diversified season of educational and networking opportunities! See you in September!

Warmest regards, *Geri*



### *New Advertising Rates for Prime Lines*

<u>Ad Size</u>	<u>Cost per Single Issue</u>	<u>Cost per Two Issues</u>
Business Card Size	\$25	\$40
Quarter Page	\$50	\$75
Half Page	\$100	\$150
Full Page	\$200	\$300

Send Ads to Carolyn Gallogly, @St. Joseph's College, 155 West Roe Blvd., Patchogue, NY 11772.

Make checks payable to GPLI and send to Mikel Gorodess, 31 Saber Dr., Kings Park, NY 11754.

**GPLI** gratefully acknowledges the generosity of

**Access Home Care, Inc.**

and

**Home Companion Services**

for their sponsorship of this issue of Prime Lines. Their contribution of \$600 helps make the publication of this sizable news letter possible.

## ***Disaster Preparedness for Long Island Seniors*** ***(Remember to attend our first meeting, Sept. 18, for more on this topic.)***

In the wake of all the natural disasters this year, those of us who work with Seniors are constantly challenged to prepare for events like these as well as the normal challenges of aging. We all know that Long Island is long overdue for a major hurricane. The development of all of the shorelines on both the North and South shores has created an urgency to create a plan to allow for the evacuation of many should such an event occur. We now have early detection of major storms and probable targets but as we learned that year in New Orleans, many people do not heed the warnings, make preparations for relocation, or prepare for the needs that they may have if they ride out the storm in their own homes without power or other essential services.

Although this information relates to all populations, the Senior population comprised of mostly women, are affected more severely. As professionals in the field of aging, we must educate our clients and colleagues on how to safeguard this population and how to prevent as much damage to them as possible.

Long Island is not well prepared for the relocation of so many people. Those living south of Montauk Highway are particularly at risk, but those living south of Sunrise Highway (should a storm surge arrive during high tide) might also need evacuation. Many of the places where people would be evacuated to are also within these areas (Hospitals, Schools, Health Centers, Churches, Synagogues, etc), so a multi-level plan should exist to handle whatever emergency presents itself. For those Seniors living in these areas, much could be done to enable the swift evacuation with all of the needs of the individuals taken into consideration. Seniors do not like change and sometimes they have to be removed from their surroundings and moved to safer ground. If they have pets, this

can also be of concern to them. So providing for their pets can be comforting to them and may enable them to accept the need to evacuate. This also translates into a plan for all people who need to prepare for a disaster.

The following items can be gathered in advance and need to be updated and rotated as necessary:

- A list of all medical conditions, medications taken for these conditions and at least a one week supply of the medications on hand at all times.
- Physicians names - addresses, telephone numbers,
- Batteries and flashlights.
- Ice packs in freezer to store medications that need refrigeration.
- Emergency supply kit containing band-aids, spray antiseptic, toothbrush, toothpaste, denture adhesive, hand wipes for hand washing, bottled water for tooth brushing, mouthwash, comb, deodorant, tissues, and any other items that would provide necessary comfort.
- Packet of important papers that are then placed in a ziploc bag to keep water tight – birth certificate, insurance papers, health insurance cards and phone numbers, licenses, passport, bank information – statement containing account numbers and phone numbers, and any other paperwork that would be difficult to replace.

A stocked pantry of non perishable products can be kept to insure that anyone who is isolated can at least have nourishment. This includes the following: candles for light or battery operated light source, a non-electric can opener, clean water stored in a clean container or bottled water, canned soups, vegetables, stews, fish, meat, condiments, crackers, peanut butter, beans, juices, etc.

*Rita Porwick*

### **Psychological Issues to Consider When Helping Elders During Disasters**

Issued by the U.S. Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA) the publication, "Psychosocial Issues for Older Adults in Disasters: A Guide for Health and Mental Health Professionals," provides practical information on health, housing, social services and other needs during natural disasters or those like fires that are caused by people.

This 68-page booklet reminds professionals that elders not only may have special psychological as well as physical needs dur-

ing disasters, but they have special resources as well to bring to the disaster setting. "65% of American Red Cross disaster volunteer workers are age 55 and above." In addition, it says, "Older persons are likely to have experienced major disruptions during their lifetimes. They can be a convincing voice in reassuring that this too will pass."

The booklet can be obtained online from the Center for Mental Health Services. <http://mentalhealth.samhsa.gov/publications/> It can be downloaded free. Great resource for our times.

## Centering On:

### Centering On:

*This is Prime Lines centerfold format. Every issue has an in-depth special topic explored from different perspectives.*



The 1970's were a time of great change for long term care on Long Island. Many of the current long term care facilities that now exist were built during that time. Long Island was also beginning to see the birth of a new interest in the field of aging, now called Gerontology. Both counties had Offices for the Aging, and there was a steady flow of money into developing programs that would help older adults stay in their homes. Nutrition programs, Chore programs, Senior Centers, Transportation services became part of the Senior Services Landscape, not just on Long Island but all across the United States.

Still, there was a new population of elders developing that could not use most of these new services because of their frailty. Yet they were aging at home, not wanting nor really needing a long term care facility, supported to some extent by their families. Fortunately, for those folks, there were some creative thinkers on Long Island who knew that this was just the beginning of an ever increasing demand for long term care services outside of the traditional nursing facility.

One of the first programs to appear for this population of frail elderly, many of them showing signs of dementia, was the program offered by the Lutheran Church in St. James, under the direction of Carol Hanson, wife of the pastor. As an RN, Carol had already pioneered a therapeutic program for Parkinson's patients in Smithtown, which met once a week. Her new "social day care" program met daily, in the church, in a protected, supportive environment, with recreational programs, group discussions, and a healthy lunches. This program lasted many years, until Carol's retirement, but by the time it closed, there were many other social day care programs all over Long Island.

The St. James program may not have been the first, but it was certainly one of the best. Most of these programs were run either by churches or town governments. The Towns were interested because some of their senior participants in the Senior Centers and Clubs were aging out of those services, and needed a more suppor-

tive, therapeutic environment. Building on the "social model," these new "adult day cares" were community based, often including some form of transportation, and a nutritious meal. A significant development was the introduction of intergenerational programming with the Community Programs Center in Deer Park.

Each of these social day care programs was especially good at providing moderate stimulation in a protected setting for frail elders, especially those experiencing dementia. However, there were many medically ill frail elders, who faced isolation at home when they were discharged from a hospital unless they went into a nursing home. These older adults fit a different kind of model, which we now call the "medical model" for their day programs. There was one such program operating on Long Island in the early 1980s, the Adult Day Care Medical Model at Jewish Institute for Geriatric Care. Today, we call this Parker Jewish Institute for Health Care and Rehabilitation.

It didn't take long for Diane Dias, a nurse employed by Nesconset Nursing Center in Suffolk county to bring that model to Smithtown. (*See her article on pg. 14.*) Many senior leaders in Suffolk County, as well as GPLI members and gerontology students were first introduced to this medical model of day health services by the Nesconset program. That program grew to include two stand-alone sites in Central Islip and Middle Island. What makes the medical model of adult day services different, is its emphasis on medical and rehabilitation services.

Often these programs are attached to long term care facilities, as in most of the models on Long Island. In this way, the resources of the facility can be shared with the day center. Physical therapy, occupational therapy, and speech therapy can all be costly therapies if offered in the hospital setting or as part of home care. The adult day health services model provides the same therapy at a lesser cost, utilizing the personnel and sometimes the equipment of the long term care facility.

*cont. pg. 18*

# Adult Day Services

## Some Facts about Adult Day Services

The **National Association of Adult Day Services** is a national organization supporting the growth and development of adult day care, and it is based in Washington D.C. Their website, <http://nadsa.org>, is a good information source for professionals interested in knowing more about adult day care. These are some facts taken from that website, which was derived from a Robert Wood Johnson grant to study adult day services, conducted by Wake Forest University's School of Medicine in 2000.

- More than 3,500 adult day centers are currently operating in the United States providing care for 150,000 older Americans each day.
- Nearly 78 percent of adult day centers are operated on a nonprofit or public basis and the remaining 22 percent are for profit.
- The average age of the adult day consumer is 72, and two-thirds of all participants are women. One quarter of the participants live alone and three-quarters live with a spouse, adult children, or other family and friends.
- Fifty percent of the participants using adult day services centers nationwide have some cognitive impairment and one third require nursing services at least weekly.
- The current number of adult day centers — about 3,500— falls far short of what is needed to serve the needs of the population of adults with chronic, debilitating illnesses and their family caregivers. The study estimates that the U.S. population base can support 8,520 adult day centers, with 5,415 more centers needed.
- Average overall enrollment in adult day centers was 42; average daily attendance was 25. The average length of stay was two years.
- The top three problems of adult day centers were maintaining adequate funding, recruiting /retaining staff and maintaining census/attendance.

### **Adult Day Care...Adult Day Services...Adult Day Program...ADHS...???????**

One of the goals of this focus on “adult day care” was to discover what it is called today, since everyone but government and academia, admits that it needs a better name. In the survey, those managing the current group of Adult Day    ?   , were asked for their ideas. Those day programs based on the medical model have mostly done away with the term day care, and the most popular term for their programs is Adult Day Health Services, followed by Adult Day Health Care. Social model providers have less homogeneity, but the most popular titles were: Adult Day Services, Adult Day Program, Adult Day Center, as well as the shortened term, The Club. It will be the policy of Prime Lines to encourage this change of terminology, and we will adopt the terms Adult Day Services, and Adult Day Health Services. The National Adult Day Services Association uses “Adult Day Services,” and we will too!

## 2007 Survey of Adult Day Services Programs on Long Island

*All adult day care programs on Long Island were queried with a GPLI questionnaire in February of 2007. These are the programs that returned the questionnaire.*

### Social Day Services Programs in Nassau and Suffolk

#### Alzheimer's Day Program @ Herricks Community Center

999 Herricks Rd., New Hyde Park, NY 11040  
516-742-0851 Fax: 516-746-7662  
Coordinator: Ann Tountas RN, BSN  
Suggested Contribution: \$25  
Daily Census: 15-20 Participants

Target Population: Early to moderate dementia who would benefit from socialization and recreation; 60 yrs. or older; Nassau resident.

Typical Activities: Exercise, live music w/ singing and dancing, word games, puzzles, current events, trivia, reminiscence, pet therapy, intergenerational activities, and arts and crafts.

Special Offerings: Intergenerational activities with Harbor Day Care partner. Affordable.

Services for Family Caregivers: Case assistance, case management, day and evening support groups. Counseling.

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#### Broadlawn Manor Social Adult Day Center

397 Countyline Rd., Amityville, NY 11701  
631-608-5651 Email: [Kbehan@broadlawn.org](mailto:Kbehan@broadlawn.org)  
Director: Kathleen Behan, RN, BC  
Website: [www.broadlawn.org](http://www.broadlawn.org)  
Daily Fee: \$74  
Daily Census: 28-35 Participants  
Open 6 days per week.

Target Population: Frail elderly; ambulatory; Alzheimer's or dementia.

Typical Activities: Pet, art, & music therapies, exercise, field trips, reminiscence groups, walking groups, men's group, entertainment.

Special Offerings: Full day, 2 meals per day; access to outpatient rehabilitation on site, psychiatrist, psychologist, & social worker on staff, transportation for added fee; Aromatherapy.

Services for Family Caregivers: Support, access to resources with referrals given, long-term planning.

#### Day Haven Adult Day Services/Ronkonkoma

2210 Smithtown Ave., Ronkonkoma, NY 11779  
631-585-2020 Email: [jwexlercpc@aol.com](mailto:jwexlercpc@aol.com)  
Director: Julie Wexler  
Daily Fee Based on full time enrollment, 6 hrs./day: \$64  
Daily Census: 22

Target Population: Frail elderly, mild to moderate dementia

Typical Activities: Recreation including exercise; two meals plus snack; transportation; intergenerational programs; activities.

Special Offerings: Extended hours (8-5); incontinence care; intergenerational programs, aromatherapy, laugh therapy, horticultural therapy. Registered Red Hat Society site; Free Respite Care Days, & hourly respite care if needed. Special programs for Early Onset Dementia persons; weekly activities for people with Multiple Sclerosis.

Services for Family Caregivers: Monthly support group meetings including free onsite care for dementia person; special seminars; info/referral services; Workplace based "lunch and learn" workshops; occasional respite care.

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#### Day Haven Adult Day Services/Port Jefferson

400 Sheep Pasture Rd, Port Jefferson, NY 11777  
631-476-9698 Email: [egearycpc@aol.com](mailto:egearycpc@aol.com)  
Director: Elizabeth Geary Site Manager: Ethel Thomas  
Daily Fee: \$67  
Daily Census: 24-30 Participants

Target Population: Frail elders, especially those with primary diagnosis of dementia. Special program, Chez Nous, for those with late stage dementia.

Typical Activities: Intergenerational activities, cooking activities, humor therapy, parties, entertainment. Cognitively and physically stimulating activities.

Special Offerings: The intergenerational setting, and extended day service (8-5PM), as well as Saturday programming (9-3 PM).

Services for Family Caregivers: Monthly meetings, seminars, one-to-one support.

**Doubleday Babcock Senior Center**

45 East Main St. Oyster Bay, NY 11771  
516-922-1770 Website: DBSONLINE.org  
Director: Adrienne O’Neil  
Daily Fee: \$65  
Daily Census: 10 Participants

Target Population: Early Dementia

Typical Activities: Word, dice, card, board games;  
Tai Chi; Yoga; outings; musical entertainment.

Special Offerings: Personal care aid on staff.  
Accommodate all needs and give assistance.

Services for Family Caregivers: Twice monthly  
support meetings, with speakers. Social Worker full  
time on staff. Advises on all elder care issues.

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**Farmingdale Adult Day Care Center**

407 Main St., Farmingdale, NY 11735  
516-293-8928 Email: [fadc@optonline.net](mailto:fadc@optonline.net)  
Website: [www.farmingdaleaduldaycare.com](http://www.farmingdaleaduldaycare.com)  
Director: Brandi Fromm  
Daily Fee: \$37  
Daily Census: 15-25 Participants

Target Population: Frail elderly; Early to middle  
stages dementia/Alzheimer’s.

Typical Activities: Exercise, Brunch and Lunch;  
limited transportation; music and recreational activities.

Special Offerings: Non profit center, supported by  
volunteers. Interfaith program offered by Farmingdale  
United Methodist Church, St. Kilian’s RC Church;  
St. Luke’s Lutheran Church, and St. Thomas’s Episcopal  
Church.

Services for Family Caregivers: Support Group.



**Town of Huntington Adult Day Care**

423 Park Ave., Huntington, NY 11743  
631-351-3293  
Email: [ageist@town.huntington.ny.us](mailto:ageist@town.huntington.ny.us)  
Director: Amy Geist  
Daily Fee: \$40  
Daily Census: 25

Target Population: Frail elders who would benefit  
from social interaction and cognitive stimulation.  
Must be continent, and able to feed self.

Typical Activities: Current events discussions;  
gentle exercises; cognitive games; arts and crafts;  
yoga, computer lessons; sensory room;  
meditation garden, member support group meetings.

Special Offerings: Opportunities for sensory  
stimulation or meditation. One-to-one activities.  
Monthly member support group with social worker.  
Summer trips to Centerport Beach House.

Services for Family Caregivers: Twice monthly  
support groups. Referrals to a social worker.

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**Sandel Senior Center Care Club**

50 S. Park Ave. Rockville Centre, NY 11571  
516-678-9245  
Director: Carol MacBride  
Daily Fee: \$10  
Daily Census: 8 Participants

Target Population: Alert, social seniors with  
physical limitations.

Typical Activities: Exercise; word games;  
crafts; singing; reminiscence; bingo; ball games;  
trips to restaurants, parks, performances; pet visits,  
painting.

Special Offerings: Led by certified Therapeutic  
Recreation therapist. Small, close knit.  
All are encouraged to participate to their fullest  
ability with staff facilitation.

Services for Family Caregivers: Weekly support  
group for nurse companions.

**Sid Jacobson JCC**

300 Forest Drive, East Hills, NY 11548  
516-484-1545 x135  
Director: Connie Wasserman  
Daily Fee: \$50  
Daily Census: 30-35 Participants

Target Population: Frail elderly, and/or persons with dementia, including Alzheimer's.

Typical Activities: discussions; word games; senior aerobics; art music therapies; intergenerational activities, games. Younger adults participation in a vocational program, and gym activities.

Special Offerings: Three levels of programs, related to functional levels. Separate program specially designed for younger adults diagnosed with dementia.

Services for Family Caregivers: Support Groups. Sunday CARE days and ongoing counseling.

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**Town of Southampton Adult Day Care**

25 Ponquogue Ave., Hampton Bays, NY 11946  
631-728-3125  
Director: Pam Giacoia  
Daily Fee: \$25 (Includes transportation and meal)  
Daily Census: 25 Participants

Target Population: Mentally confused, socially and/or physically impaired aging, in need of assistance and personal care, and limited in their ability to function independently in the community.

Typical Activities: Current events, exercise program, games, lecture of the day, reminiscence, arts and crafts, baking, music, singing, pet therapy, intergenerational activities, gardening and guest entertainers.

Special Offerings: Beautiful setting, nurturing staff, safe environment. We maintain continuous contact with family members.

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**Westbury Senior Center**

360 Post Ave., Westbury, NY 11590  
516-334-5886  
Director: Jean Silverman  
No Fee.

Adult Social Day Care Program offered one day per week, 11am-2 pm.

Typical Activities: Exercise; hot lunch; recreational activities; crafts; some outings. Transportation.

No services to Family Caregivers.

**The Club – Peninsula Counseling Center**

Mailing address: 124 Franklin Place, Woodmere, NY 11598 Location: St. Joseph's School, Hewlett.  
516-374-9253  
Director: Ellen Tolle RN, MPS  
Voluntary Contribution: \$40  
Daily Census: 12-15 Participants

Target Population: Persons with dementia.

Typical Activities: Discussion groups; word games; singing; exercise; sports activities; dancing; crafts, grooming; cooking; creative writing; holiday celebrations; pool, chess.

Special Offerings: Separate groups for men and women. Men only on Tuesdays and Thursdays; Women only on Monday and Wednesdays.

Services for Family Caregivers: Support Group meetings monthly. Individual counseling from beginning with short and long term planning, behavior management training. Phone Counseling with adult children out of area. Home visits.

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**Yours Ours Mine Community Center, Inc.**

148 Center Lane, Levittown, NY 11756  
516-796-6633 x 276  
Email: [seniorcenter@yoursoursmine.org](mailto:seniorcenter@yoursoursmine.org)  
Director: Sarah Fitzpatrick  
Daily Fee: Sliding Scale  
Daily Census: 20 Participants

Target Population: Easy going friendly seniors who enjoy recreation and need stimulation.

Typical Activities: Exercise; pet, music therapies; arts and crafts, trivia, painting, nail salon.

Special Offerings: Caring volunteers and staff. Located in residential home making seniors feel comfortable.

Services for Family Caregivers: Monthly support group, during morning, run by CSW.



## Medical Adult Day Health Services Programs in Nassau and Suffolk

### **Bellhaven Adult Daycare**

110 Beaverdam Rd., Brookhaven, NY 11719  
 631-286-8100 Email: [info@bellhavennursing.com](mailto:info@bellhavennursing.com)  
 Director: Jodie Kopf RN  
 Daily Fee: \$125 or Medicaid  
 Daily Census: 30-33 Participants

Target Population: Clients who need help with their medical needs and require medical supervision and oversight.

Typical Activities: Medical services and major therapies. Recreational activities including arts and crafts; bingo; cooking exercise, mental activities; day trips, entertainment, karaoke, and current events.

Special Offerings: Smaller program, more personalized. Recreation program for various levels.

Services for Family Caregivers: Schedules medical appointments and transportation arrangements for client; includes family caregiver in care plan meetings; medication support.

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### **Broadlawn Manor Adult Day Health Center**

399 Countyline Rd., Amityville, NY 11701  
 631-608-5650 Email: [kbehan@broadlawn.org](mailto:kbehan@broadlawn.org)  
 Website: [www.broadlawn.org](http://www.broadlawn.org)  
 Director: Kathleen Behan RN BC  
 Daily Fee: \$188 or Medicaid  
 Daily Census: 55-60 Participants

Target Population: Frail elder, dementia, psychiatric needs, MR/DD, younger adult 18 and above who is physically challenged.

Typical Activities: Medical services and major therapies. Field trips, men's club, walking groups, health education, bingo, crafts, cooking activities.

Special Offerings: Open seven days per week; Pain management program; aromatherapy; psychiatrist on site.

Services for Family Caregivers: Support, access, referral to resources; long term planning.

### **Carillon Adult Day Health Care Services**

830 Park Ave., Huntington, NY 11743  
 631-271-5800 x351  
 Director: Ann Crocco RN  
 Daily Fee: Carillon did not submit.  
 Daily Census: Up to 60.

Target Population: Adults with physical, psychological, or mental impairments who require assistance and supervision.

Typical Activities: Medical services and major therapies. Arts and crafts; exercise; guest speakers and entertainers.

Special Offerings: Large bright environment. Many younger clients. Adopt-a-friend program. Cooking as therapy.

Services for Family Caregivers: Respite, Medicaid application and assistance. Overnight respite.

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### **Cold Spring Hills Center for Nursing and Rehabilitation Adult Day Health Care Program**

378 Syosset-Woodbury Rd., Woodbury, NY 11797  
 516-622-7771  
 Director: Sandra Butler RNC MS  
 Daily Fee \$186 or Medicaid.  
 Daily Census: M-F 50-55; S-Su 15-25

Target Population: Clients needing structure, supervision and medical monitoring, as well as socialization. We assist with ADLs and medication management or rehabilitation.

Typical Activities: Medical services and major therapies. Activities that maximize abilities. Weekly outings and pet therapy.

Special Offerings: Behavior management for dementia person. Mental health services on site. Open seven days per week.

Services for Family Caregivers: Monthly support group; ongoing case management services; Invitation to quarterly care plan meetings.

**Gurwin Jewish Geriatric Center Adult Day Care**

68 Hauppauge Rd., PO Box 9017, Commack, NY 11725  
631-715-2520 Email: [jflynn@gurwin.org](mailto:jflynn@gurwin.org)  
Director: Joyce Flynn RN, BSN, MPS  
Daily Fee: Gurwin did not submit. Medicaid.  
Daily Census: 120 Participants.

Target Population: Physically or cognitively challenged adults, 20 years and older.

Typical Activities: Medical services and major therapies. Therapeutic activities including arts and crafts, music, computer classes, men’s and women’s groups; field trips, entertainers, creative writing and other educational programs.

Special Offerings: Bilingual program. Flexible hours. Staff of 50.

Services for Family Caregivers: Monthly support group; assistance with entitlements.

**Adult Day Care Long Island State Veterans Home**

100 Patriots Rd., Stony Brook, NY 11790  
631-444-8530 Email: [jbrand@notes.cc.sunysb.edu](mailto:jbrand@notes.cc.sunysb.edu)  
Director: Jean Brand  
Daily Fee: Veteran-\$155.08 NonVeteran-\$195.56  
Medicaid.  
Daily Census: 35-40 Participants up to 50 max.

Target Population: Frail elderly; dementia, chronically ill or disabled adults; veterans and their families.

Typical Activities: Medical services and major therapies. Therapeutic exercise, theme parties, crafts, music, entertainment, cooking programs, games, cognitive stimulation, reminiscence, pet therapy, health education, field trips, intergenerational programs.

Special Offerings: Serve veterans, spouses of veterans, and gold star parents.

Services for Family Caregivers: Counseling, health education, referral services, entitlement assistance; long term planning, care coordination.

**John J. Foley Skilled Nursing Facility Adult Day Health Care Program**

14 Glover Dr. hyaphank, NY 119080  
631-852-5421 Email:  
[jean.friedman@suffolkcountyny.gov](mailto:jean.friedman@suffolkcountyny.gov)  
Director: Jean Friedman  
Daily Fee: Foley did not submit.  
Daily Census: 35-40, up to 60 max.

Target Population: Adults needing physical or psychological services and supervision.

Typical Activities: Medical services and major therapies. Exercise activities; adult education classes; trivia, word games; support/discussion groups; music, holiday parties; entertainment; intergenerational programs; religious services; arts and crafts, crocheting, gardenng.

Special Offerings: Aqua Therapy at local YMCA; Handicapped accessible transportation; wound care; psychological services.

Services for Family Caregivers: Ongoing counseling and crisis intervention. A support group is planned.

**Nassau Extended Care Adult Day Health Care Program**

One Greenwich St., Hempstead, NY 11550  
516-565-4800 x3118 Email: [LJohnson@nassauecf.com](mailto:LJohnson@nassauecf.com)  
Director: Lynwana Johnson  
Daily Fee: Did not submit.  
Daily Census: 33

Target Population: Those with chronic health conditions or disability, requiring assistance with ADLs.

Typical Activities: Medical services and major therapies. Educational lectures; field trips; bingo, arts & crafts, medication distribution, wound care.

Special Offerings: Breakfast club aimed at those with memory loss from dementia.

Services for Family Caregivers: Supportive counseling, referrals to community services.

*September 21 is World Alzheimer's Day*

**Islip Adult Day Health Services**

**Nesconset Nursing Center**  
575 Clayton St., Central Islip, NY 11722

**Middle Island Adult Day Health Services**

**Nesconset Nursing Center**  
45 Rocky Point Rd, Middle Island, NY 11953  
631-234-0550 (CI) & 631-924-7000 (MI)  
Email: [sherwi@nesconsetnursingcenter.com](mailto:sherwi@nesconsetnursingcenter.com)  
Community Relations: Sheryl Williams  
Daily Fee: \$280 or Medicaid; LTC Ins. /VA contract.  
Daily Census: 70-90 Participants; 100 max.

Target Population: Frail elderly, or anyone needing medical support or psychological support.

Typical Activities: Medical services and major therapies. Recreational activities such as bingo; pokeno; arts and crafts; music; bible study; cognitive stimulation through games; walking program; entertainers; pet therapy; picnics; field trips; movies; parties.

Special Offerings: Open seven days per week. Program director serves on New York State Council of Medical Model Adult Day Health Services. Transportation offered.

Services to Family Caregivers: Informal support and respite; referrals to community resources; assistance with entitlements; packed cold suppers for participants to take home.

**Franklin Hospital Adult Day Health Care**

900 Franklin Ave., Valley Stream, NY 11580  
516-256-6630 Email: [GNorton@NSHS.edu](mailto:GNorton@NSHS.edu)  
Director: Grazia Norton  
Daily Fee: No fee submitted.  
Daily Census: 35 Participants

Target Population: Frail, chronically ill, or disabled adults of Nassau and Western Queens.

Typical Activities: Medical services and major therapies. Chair exercise to cognitive games, spiritual gatherings, yoga, pet therapy, music, discussion groups, health education classes, etc.

Special offerings: Nothing specified.

Services to Family Caregivers: Support and respite.

**Park Avenue Extended Care Facility  
Medical Model Adult Day Care**

425 National Blvd., Lido Beach, NY 11561  
516-431-2600 Email: [lschneider@paecf.com](mailto:lschneider@paecf.com)  
Director: Linda Schneider  
Daily Fee: Did not submit.  
Daily Census: 18

Target Population: Chronically ill adults; mild to moderate dementia persons, frail aging, and disabled adults.

Typical Activities: Mind enhancing problems solving puzzles and games. Dancing, music, pet therapy, game shows with coupon awards to be used at general store.

Special Offerings: Nothing specified.

Services to Family Caregivers: Personal support for families. Guidance regarding care.

**Parker Jewish Institute**

1 Delaware Dr., Lake Success, NY 11040  
516-586-1623  
Email: [mschneider@parkerinstitute.org](mailto:mschneider@parkerinstitute.org)  
Director: Maureen Schneider  
Daily Fee: Did not submit.  
Daily Census: 92 Participants

Target Population: Frail elderly with dementia. Adults needing medical care or supervision. Asian adults will be very comfortable in this program.

Typical Activities: Medical services and major therapies. Tai Chi, current events discussions, exercises, dancing, singing, cooking.

Special Offerings: Beautiful bright, airy facility, located in a rural setting.

Services to Family Caregivers: Telephone triage. Family meetings. Referrals from Social Worker.



**St. Johnland Nursing Center, Inc.**

395 Sunken Meadow Rd., Kings Park, NY 11754  
 631-269-5800  
 Director: Maureen Rizzo RN  
 Daily Fee: Did not submit.  
 Daily Census: 50 Max.

Target Population: Frail, chronically ill adults. Spanish-speaking persons will be comfortable in this bilingual setting.

Typical Activities: Medical services and major therapies. Offer all programs requested. Internet based activities. Ongoing education activities.

Special Offerings: Offers companion social model day care as well. Flexible hours in Medical model program.

Services for Family Caregivers: Support group. Community outreach and referral. Special workshops for caregivers, open to all.

*These then are the Adult Day Services programs who submitted the survey last winter. If you forgot, but would like to be listed in the next issue of Prime Lines, please send C. Gallogly the pertinent information this fall.*

**News from Day Haven:**

Latebreaking news from Julie Wexler at Day Haven Adult Day Service: They received an Alzheimer’s Community Services Program grant from New York State Department of Health, for a second year of funding. This year Day Haven will offer educational events in the community for family caregivers of those with Alzheimer’s or a related dementia. Day Haven is also partnering with home care agencies to offer training to home health aides on caring for those with Alzheimer’s.

This grant will also permit Day Haven to offer free respite care for overburdened family members not regularly enrolled in the adult day services program. In addition, caregiver support groups as well as one-on-one caregiver support are available at no cost to families. For more information, call Julie Wexler at 631-585-2020.

**The Best of Times. . . Remembering when Adult Day Health Care Came to Suffolk County** **Diane Dias RN MPS**

Getting the medical model adult day care program going on Long Island in 1985 was a very exciting and rewarding experience both professionally and personally. From the first time I learned of adult day health care I believed in it’s goal to prevent early institutionalization of frail elderly or disabled adults.

It was 1985, health care was very different than it is today. Hospitals were forced to keep patients for lengthy stays-at times up to a year or more because there was a moratorium on expanding nursing home beds. The philosophy prior to and in the 80s was an individual either went home after a hospitalization or to a nursing home. Home care was not utilized as readily as it is today, and there was no Assisted Living. Adult Day Health Care was not known on Long Island and there were very few Social Model Adult Day Programs. Yet, there was a growing number of frail elderly that needed care and services. Therefore, New York State ruled it would approve new nursing home beds only if the applicant would propose to open a community based program as well as long term care beds.

I was fortunate to have been selected by Nesconset Nursing Center to open its medical model adult day care

program. Nesconset Nursing Center was the first nursing home to open after a 12 year moratorium imposed by the State. In order to open the Adult Day Health Care Program, the nursing center was required to be at 100% occupancy and be deficiency free. Nesconset Nursing Center opened in August of 1984, and in August of 1985 the Center opened the first medical model adult day health care program on Long Island; the 24<sup>th</sup> such program in the State.

The Adult Day Health Program was planned according to the needs of the surrounding communities. The facility was approved to serve 50 registrants a day in the nursing home. The policy and procedures were developed, a full compliment of interdisciplinary staff was hired, as required by the State, to open the program. The certified nurses aides/program aides were also the drivers of the facility’s ambulettes. The Program Aides were given a group of registrants to pick up in the morning and a second shift of Program Aides drove the registrants home in the afternoon.

Prior to opening the program everyone we presented the program to, professionals, consumers, legislators, regulators—all were very positive about beginning this pro-

gram. It was very encouraging and we anticipated filling our enrollment quickly. However, we soon learned all the obstacles of opening a new program that no one ever heard of before that time.

We had a lot to learn! Fifty registrants per day didn't seem like it would be difficult to achieve. Wrong.....we had all this staff in place and were serving 2-3 registrants a day for a long time. Since not all registrants would be attending the program five (5) days a week we learned we would need to register 150 enrolled.

Potential consumers and referral sources had difficulty understanding the program. Often the feedback we received was the program sounded "too good to be true". They were right it did! Imagine being told that we would pick you or your loved one up at your home and actually come into the house and assist you to the van. Then when you arrive at our the facility which looked more like a hotel than what people envisioned a nursing home looked like at that time, you would then enjoy a continental breakfast followed by a schedule of activities. The activities are based on individual needs including nursing care such as medications, treatments, disease management and personal care. Imagine a bath in a whirlpool tub after years of only being able to sponge bath at the bathroom sink! Plus, rehabilitation therapy (PT, OT, Speech), social services, leisure time activities, a hot lunch, entertainment and trips were all part of the program. Then the applicant was told "you get to return home to your family in the late afternoon or early evening." Plus, a registrant could attend the program Monday through Friday for two to five days a week depending on his/her needs and the needs of, yes-the family caregiver(s). There was always a question as to what was the down side of joining the program. I was not aware of any then, nor am I now.

Since the program took place in the nursing home, many applicants were concerned that they would not be taken home, caregivers and referral sources were not certain the program would provide the care and services as advertised since the program was new and untested. To overcome these concerns, we were very transparent in our daily operations. The program offered trial visits to ease applicants' fears. Visitors, whether professionals or the public, came at any time of the day to observe the program. In addition, we had family nights so the families could meet the staff, understand the program and enjoy a strong level of comfort in the program.

Before an applicant was enrolled in the program an assessment was completed. Applicants and their family

caregivers were asked to come to the facility to see the program and meet the staff. If the applicant could not come to the facility I would go to their home and carry with me a huge slide projector to present the program to them. I think my right arm is longer than my left arm from lugging the projector around!

The program worked hard, and the team provided more than our marketing promised we would. The interdisciplinary team truly helped families keep their loved ones at home while they were able to work and have peace of mind that their spouse, parent or adult child was not only being taken of but also forming relationships. The team always knew when a registrant had truly adjusted. He/she would inquire about another member if he/she was absent; or they would observe registrants trading their phone numbers. I remember the registrants called it the club or camp or their job. The program provided a sense of purpose and routine even for those who suffered from dementia. Caregivers, as well, got to know each other through family meetings and support groups and informal support networks were formed.

Initially, the program struggled toward achieving the enrollment necessary for the program to sustain itself financially. Enrollment was very slow the first eighteen months of the program's opening. Fortunately, the program's efforts were recognized by the owners and the administration of the nursing center. The Suffolk County Department of Social Services Home Care Department gained confidence in the program and provided referrals. That confidence led to other community programs sending the program referrals. The program grew and became well known to all referral sources for the high quality care the registrants receive and the support given to their caregivers.

It was the best of times.....times that continue today throughout LI and the State. *(Diane Dias was honored by GPLI for Leadership in Gerontology in the early 1990s. Today she is Program Coordinator for Advanced MS and Related Disorders, The Hamptons Center for Rehabilitation & Nursing.)*

Note: A call to Ron Ranieri of the Nesconset Nursing Center (as well as the Islip Adult Day Health Services Center in Central Islip and the Middle Island Adult Day Health Services Center in Middle Island) told us of the high regard Nesconset and the Ranieri family has for the pioneering efforts of Diane, not only locally but also at the State level. In order to insure the financial health of the new entity, Diane and others in the field have had to lobby New York State regularly for the adult day care dollars, especially the Medicaid monies. Thanks to those lobbying efforts, the model is healthy in New York. And thanks to you too, Ron!

**Adult Day Services and Adult Day Health Services Directors Share Their Perspectives on the Future of Adult Day Services**  
*(These quotes are taken from the returned surveys.)*

*“The program is as good as the personnel running it. I believe Adult Day Services will play a major role in the years to come as the baby boomers age. It offers stimulation and socialization for those not ready for skilled nursing, and allows them to stay in their homes.”*  
*Dolores Szigethy, St. Joseph’s College, Senior*

“With an increasing emphasis on community based services, Adult Day Services will continue to thrive and grow, if reimbursement to the sponsoring facilities is not threatened.”  
*Sandra Butler, Cold Spring Hills*

“If the state continues to decrease Medicaid funding to people in need, Adult Day Services will not be able to continue serving the public.”  
*Ann Crocco, Carillon Adult Day Health Care Services*

“We will have a much needier registrant requiring diversified services that are comprehensive in scope to meet their needs and enable them to remain in the community.”  
*Joyce Flynn, Gurwin Jewish Geriatric Care*

“We see an increasing need for the services to meet the needs of an aging population. We anticipate increased government regulation and state mandated cost controls. We anticipate Adult Day Health services being utilized as an efficient, reliable alternative to home care.”  
*Jean Friedman, Foley Adult Day Health Care Program*

“I see an expansion of service availability and Medicare coverage for adult day health care.”  
*Jean Brand, LI State Veterans Home*

“With increased public knowledge of our unique program, adult day health care programs will continue to serve the elderly population and their families by providing much needed health care services.”  
*Lynwana Johnson, Nassau Extended Care*

“As the aging population continues to live longer, I believe that the need for Adult Day Care will increase and you will see more facilities in the community as the public is educated about this great resource. Hopefully, government will not cut funding to support these programs as they remain an integral part of so many individuals’ lives, both registrants and caregivers.”  
*Sheryl Williams, Middle Island Adult Day Health Services*

“As long term care resources look to be diminished, as people live longer, as caregivers become stressed at the need to care for their failing parents/loved ones, the role of medical model Adult Day Health Care programs will continue to be crucial in the continuum of care. The respite provided for families continues to be of extreme importance to local industries.”  
*Grazia Norton, Franklin Hospital Adult Day Health Care*

*cont. on the next page.*

**Money Follows the Person: Medicaid Demonstration Program**

Money Follows the Person is a federal demonstration program that encourages states to shift the balance of funding for long-term care from institutional to community-based settings. Launched in 2005, the five-year initiative is the largest such demonstration in the history of Medicaid. “States that developed nursing-facility transition programs have found lack of affordable housing with supportive services to be one of their biggest challenges. In addition, some people enter nursing homes or fail to leave them because they don’t know about available community-based supports or because programs to support them in the community are insufficient.” This report is from Debra J. Lipson, the principal researcher evaluating the demonstration project.

The Centers for Medicare and Medicaid Services (CMS), which manages the MFP program, has awarded over \$1.4 billion in grants to 30 states and the District of Columbia since January 2007. In New York, this program is called New York Federal-State Health Reform Partnership (FSHRP). New York is investing up to \$300 million each year for the initiative, which has four major goals.  
*cont. page 18*

“(I foresee) educating the public through the media about the programs and their existence.”

*Linda Schneider, Park Avenue Extended Care Facility*

“The numbers will increase because less people will be admitted to nursing homes.”

*Maureen Schneider, Parker Jewish Institute*

“The need for these programs will increase and funding will be ever more critical to insure their operations.”

*Anne Tountas, Herricks Comm. Ctr.*

“(Day Services) will be expanding due to state and federal shift to community services.”

*Kathleen Behan, Broadlawn Manor*

“More will be needed to provide added quality of life to our longer living population. We have grown to a 5 day a week program in two years!”

*Adrienne O’Neal, Doubleday Babcock Senior Center*

“Hopefully health insurance will start to pay!”

*Brandi Fromm, Farmingdale Adult Day Care Center*

“I see the need and those wishing to be served, greatly increasing.”

*Carol MacBride, Sandel Senior Center Care Club*

“It will explode. Government funding and private funding cannot afford to place all frail and dementia elders in nursing homes. Adult day programming is the best way to keep them socially, physically, and cognitively stimulated in a safe environment allowing them to remain in the community longer.”

*Connie Wasserman, Sid Jacobsen JCC*

“The population will go up. Senior centers will be catering to a younger and healthier population. Adult day services needs to provide challenging “adult” programs for those needing more assistance than senior centers can provide.

*Ellen Tolle, Peninsula Counseling Ctr.*

“Growing in leaps...”

*Sarah Fitzpatrick, Yours, Ours, Mine Community Center, Inc.*

“As our population ages and more and more of us live into our 70s, 80s, 90s, 100s, Adult Day Services will become a more important part of the continuum of care for frail elderly and those with dementia. ADS will become as important in our communities as child care in supporting the economy and providing high quality care and services to working families caring for their aging loved ones. A dedicated funding stream is needed on the state level to support programs in the community and to lessen the financial burden on families.”

*Julie Wexler, Day Haven Adult Day Services*

“Due to the baby boomer population aging, there will be an increased need for services and qualified, trained staff oriented to the therapeutic value of Adult Day Services.”

*Amy Geist, Huntington Adult Day Care*

“Here we’d like to focus on expanding the daily hours, and expanding services to weekends.”

*Pam Giacoia, Town of Southampton*

“I think (and hope!) that we will be able to broaden the range of services available so that individuals can remain at home in the community for as long as possible. Current NYS regulations create a system whereby the payer-source frequently determines what type of program (social or medical) an individual can access. There are demonstration projects currently under consideration at the state level that would allow social model programs to partner with either homecare agencies or medical models to provide the full range of services required by individual participants. Given the dramatic increase in the senior population in the next decade, it will be imperative that community-based opportunities for support/assistance will be available at affordable rates for individuals/families.”

*Elizabeth Geary, Day Haven Adult Day Services*



**Adult Day Services on Long Island** *cont. from pg. 6*

There is always a nurse present who oversees the medical assessment and treatment of participants, as well the dispensing of medications. The recreational and social therapies of the social model day centers are also provided, as well as the nutritious meals and transportation. Because some of the participants reside independently or in group homes, many of the medical model programs will do laundry and give showers. Finally, social work services are part of every program.

If you are trying to picture a medical model, think of a nursing home, without geri-chairs and beds, where all the participants go home during the afternoon. And “going home” is what both models are all about. The goal of the day care centers, whether medical or social in design, is to help maintain the frail elderly person, often experiencing dementia as well, in the community for as long as possible. The caregiver is afforded respite during the time the person is in the center, and the frail elder has a chance to be with peers, enjoy entertainment, participate in activities, all within the sheltering structure of a specialized program.

GPLI’s membership ranks are full of adult day care pioneers: **Elizabeth Geary, Jean Brand, Sandra Butler, Virginia Muller, Betty Gilmartin, Joyce Flynn, Cynthia**

**Hernley, and Barbara Malave.** There are other current members newer to adult day care, but just as creative and invested: **Kathleen Gould, Jean DeLorme, Amy Geist, Marie Nolan, Anne Marie Burke, Jean Friedman, Martin Robinson.**

Fortunately, both the social and medical models of care have managed to survive many economic cycles because the population that needs this level of care is growing daily and funding streams continue to remain open. Medicare is currently experimenting with subsidizing social day cares in other areas of the country, as a way of forestalling institutionalization at a much higher cost. Medical models have already benefited from their reputation of a being a more affordable alternative for Medicaid dollars. As long term care facilities prepare for the boomer waves to come, many are trying to build in adult day health centers, utilizing grant money when it appears.

How fortunate we have all been that so many good models of care have been on Long Island for 25 years or more! This issue of Prime Lines not only looks at specific centers in both Nassau and Suffolk counties, but also asks gerontology experts for their views as to the direction adult day services will take in the years to come.

*Carolyn Gallogly*

A Malone, N.Y. couple described as inseparable during their 57 years of marriage died almost simultaneously. Lillian Casey, 74, suffered a stroke and had been hospitalized. Her spouse, Hugh, 78, was at the nursing home.

The family was on the phone, part at the hospital and part in the nursing home. “Suddenly, they said she passed. And he passed at the same time. They took their last breaths together. . .They just never wanted to be separated from each other.” The official death certificates are five minutes apart.



*Cont. from page 16*

The New York plan includes these four targets:

- 1. reducing excess capacity in its acute care hospital industry;**
- 2. shifting emphasis in long term health care services from an institutional to a community based setting;**
- 3. investing in health information technology initiatives, including e-prescribing, electronic medical records, and regional health information organizations;**
- 4. reorienting New York’s health care system away from inpatient facilities to outpatient and primary care focused delivery systems, including pay for performance initiatives.**

As can be seen, the second and fourth targets work well with adult day service designs. Keep checking the CMS (Centers for Medicare and Medicaid Services, Department of Health and Human Services) website: <http://www.cms.hhs.gov/>

## Seeing Green in February: Therapeutic Landscaping

On February 28, close to 50 GPLI members and friends attended the meeting hosted by Island Nursing and Rehabilitation Center in Medford. The topic that evening was "Therapeutic Landscape Architecture" presented by Jack Carman, a landscape architect who designs and develops therapeutic gardens in senior communities in all regions of the country.

Fortunately, the weather cooperated with our February plans, allowing Mr. Carman to make the trip from Philadelphia up to Long Island. Not only did we learn about gardens for facilities and centers, but we picked up tips for our own gardens. Jack brought a sampling of herbs, available through groceries, which can be added to our home landscapes, providing some of the positive benefits of aromatherapy, and contributing to our cooking experiments. How many of you remember in Act IV Scene V of Hamlet, Ophelia says to Hamlet,

‘There’s rosemary, that’s for remembrance, pray you, love, remember’.

If it were more than just a sentiment, we should all be growing rosemary, for ourselves and all our aging friends.

Jack Carman went on to show a photographic display of slides of his creations, as utilized by various long term care facilities, hospices, assisted living sites, and day services centers. He emphasized that there are two goals for special needs gardens in these locations: first, they should be beautiful outdoor environments, and secondly, they should be safe to use and be enjoyed by all, especially those whose senses have declined. He advocated for tinting the concrete, so that it doesn't send off so much glare, making ambulation more difficult for those with cataracts. Sunlight, as beneficial as it is for Vitamin D, is often something older adults tend to avoid, mostly due to vision issues.

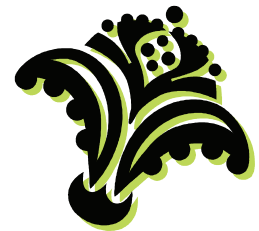
He showed us several shots of designs using awnings, which also help shade the sunrooms located in adjoining areas to the outdoor spaces. Since many of the senior facilities are located off busy highways or streets, he urged the use of fencing to screen out the noise and visual distraction. The landscaping should then play off of the fencing, making it beautiful to view.

According to Carman, "Daily or frequent use of the garden will help regulate and balance an individual's circadian body rhythms so they sleep and wake more naturally." Research has actually proven what most of us know from personal experience. "A pleasant view of nature, even through a window, can have a positive effect on recovery from an illness."

For those facilities and centers that already have an outdoor garden, Carman recommends creating a garden activity calendar that highlights all activities, programs, and entertainment enjoyed by the residents in the community. Numerous day services centers on Long Island have created outdoor garden areas, where barbecues are often scheduled during the warmer months. With sensitive awareness, a few sites have included wheelchair gardens as a way to help elders with limited mobility enjoy "digging in the dirt." Given the large variety of ethnic groups in long term care, it just makes sense to encourage their gardening interests, and the pleasant memories that may be revived. What Italian can resist a tomato plant, or a sprig of basil?

Jack's final recommendation was for facilities to make planning an outdoor garden space, i.e. a therapeutic space, the project for the whole facility - administration, staff, and residents or participants. Even in its planning stages, it can become a vehicle for caring and commitment, healing and unity. So, what are you waiting for...only seven months till a March planting!

*Carolyn Gallogly*



Jack Carman's  
website is:  
[designforgenerations.com](http://designforgenerations.com)

His phone is: 609-  
953-5881.

# ***GPLI Member Update***

*Summer 2007*

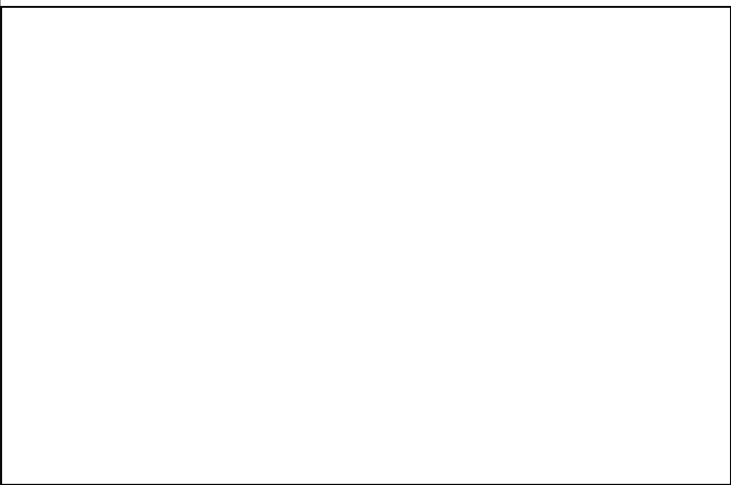
One would think that in one year's time, that many people would have sent in updates about their lives, jobs, moves, etc. But sad to say, not the case. Here are a few items we can share.

**Ginnie Muller**, a long time member of GPLI, was recently honored for her service to the Alzheimer's disease community by The Long Island Alzheimer's Foundation. Ginnie works at Day Haven Adult Day Services in Ronkonkoma. **Adele Flicker** retired this past year from the Town of Huntington. She looked great on the Cruise, showing all of us just how great retirement can be!

**Mary Jeanne Corea**, long time member and Director of Community Relations for Broadlawn Manor Nursing and Rehabilitation Center, reminded us that this center has been part of the Long Island health delivery system for 125 years! Their annual Tapestry Ball is scheduled for November 2. Sadly, we lost two members this past year, as both **Terry Ing** and **Paul Scillia** died, well before their time.

New member **Ethel Thomas**, of Day Haven in Port Jefferson, was recognized by United Cerebral Palsy of Suffolk with the Quality is Excellence Award.

Since February, **Mikel Gorodess**, GPLI Treasurer, has been the Case Manager for the Arbors in Bohemia. Here is a photo of Mikel with her husband, Artie, at the June GPLI Harbor Cruise.



**Linda Costanza** has had to show a lot of patience this last year. Her name was inadvertently left out of last year's GPLI directory, and she was hoping we would print an addition to the Directory. Well, since this is our first issue since then, here is her listing:

Linda A. Costanza, LCSW, RCSW, ACSW, CEAP, CSW-G  
368 Veterans Memorial Highway  
Main Level, Suite 1  
Commack, NY 11725  
Phone: 631-269-5392

She also informs us that the CSW-G is her most recent certification, Advanced Clinical Social Worker in Gerontology. Sounds like a good certification to have! Her services include psychotherapy, workshop leader, eldercare planner, consultant, Internationally Certified Employee Assistance Professional. Linda specializes in caregiver issues, mental health needs, relationship concerns, and bereavement.

Finally, I want to extend my apologies to all members because **Prime Lines** has not been much of a presence these past two years. As editor, my excuse is good, but that doesn't make it easier for those of you who have come to expect a quality publication from GPLI. As many of you know, I am in the last stages of my doctoral work, and in fact, am currently writing the chapters of my dissertation. This journey has been 7 years in the making, and I should reach my degree in May. Many of you have helped me along the way, especially with the task of locating 40 spousal caregivers of people with dementia. It has been wonderful, but hasn't left much time for anything besides my regular job and family life. Hopefully, next year will find me back to regular status, as editor. But please, oh please, do send me more articles and news. I can't write the whole issue myself! Stay well, and thanks for hanging in there when Prime Lines grew invisible.

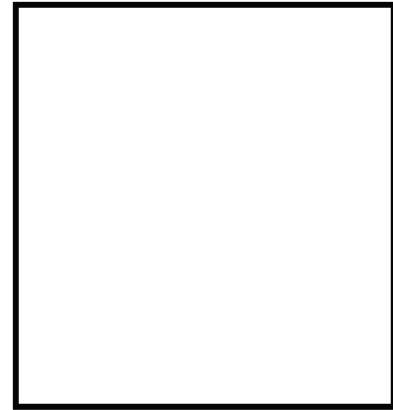
*Carolyn Gallogly*

*2007 Dinner Cruise Aboard the Martha Jefferson*

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Heather Johnson, Geri Eisner, and Angela Cammarata



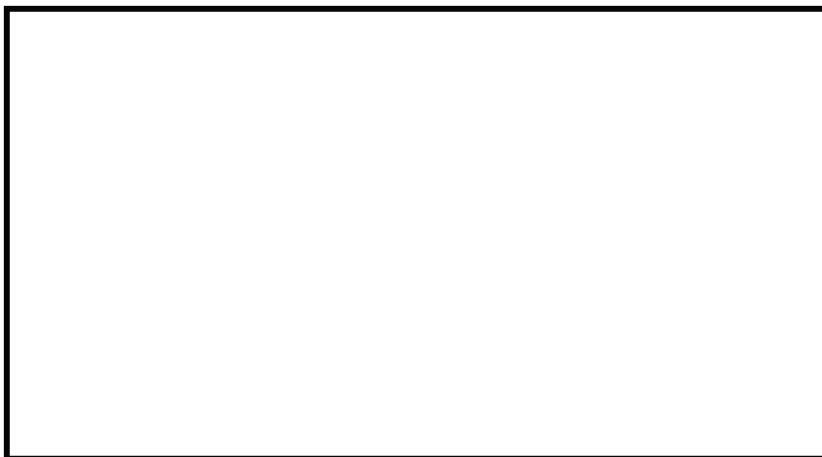
Arlene Sapoff and Spouse



Sandy Gomes and Spouse



Ed Sher with staff members from Home Companions.



Carolyn Gallogly, Adele Flicker, Friend, Angela Cammarata, Peggy Purchase, Friend

## Did You Know?

### News from the Aging Network. . .

- Stony Brook University Hospital has a new CEO? Steven L. Strongwater, MD is the man, most recently hailing from the University of Connecticut John Dempsey Hospital. His most immediate plans for the hospital include establishing a Patient Safety and Quality Council.
- Stony Brook also announces the opening of their new state-of-the-art outpatient services center. The building includes a Pediatric Hematology/Oncology suite; an Outpatient Imaging Center; the Carol M. Baldwin Breast Care Center; and the Pain Management Center.
- What is AHRQ? This branch of Health and Human Services is the Agency for Healthcare Research and Quality. Visiting their website, <http://www.ahrq.gov/>, makes practical, science-based health care information available in one convenient location. You can tap into the latest information about health related research findings, including funding opportunities and job vacancies. For example, one in four hospital patients is admitted with a mental health or substance abuse disorder. That is 7.6 million hospital stays, related primarily to depression, bipolar disorder, schizophrenia, other mental disorders and substance abuse.
- In Memoriam: Janet Sainer, who died on June 3 at the age of 88. She was New York City's Commissioner for the Department of Aging between 1978 and 1990. She also created the pilot for the Retired Senior Volunteer Program, RSVP, during the 1960's.

- A new report from the Corporation for National and Community Service shows that older American who volunteer receive significant health benefits for their charitable efforts, including added years to their lives.
- Health promotion programs for older people can improve health, prevent disability, delay mortality, improve quality of life, and save Medicare money by reducing the need for medical services, according to a new study sponsored by the Centers for Medicare and Medicare Services.
- The Center for Medicare Advocacy and the National Senior Citizens Law Center announce a new affiliation called the Justice Partnership. The two groups are planning a major conference to focus advocates and policy-makers on the challenges facing lower income older people and people with disabilities. The conference will be held at the Kaiser Family Foundation in Washington, DC on October 19th, 2007. The website is: [www.medicareadvocacy.org](http://www.medicareadvocacy.org) or [www.nslc.org](http://www.nslc.org).
- The warning signs of a heart attack for women? We don't always have the crushing chest pains that men do. Rather, we have chest discomfort, mild or severe that lasts more than a few minutes and may come and go. It feels like pressure or fullness right in the center of the chest. We may also feel discomfort in the arms, back, neck, jaw or stomach. We may have shortness of breath, with or without chest discomfort. There may be nausea, lightheadedness or a sudden cold sweat. Finally, extreme fatigue.
- The Gerontological Society Meeting will be in San Francisco this November 16-19. The keynote address will be by Robert Butler.

**Gerontology Professionals of  
Long Island**

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Fax: 631-447-1734  
Email: cgallogly@sjcny.edu



*The next GPLI  
meeting will be  
September 18.*

*If any organization  
would like to host a  
meeting in 2007-  
2008, please contact  
Geri Eisner at sos-  
forseniors@aol.com*

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### **It Takes a Village**

On November 12, a special conference on “Intergenerational Strategies That Work” will be presented at the Charles B. Wang Center, Stony Brook University, from 9 AM-4 PM.

Paul Arfin of Intergenerational Strategies, and Donna Butts of Generations United, will be the opening speakers. Ms. Butts, director of the largest national organization dedicated to intergenerational policies, will discuss model programs in the arts, environment, education, healthcare, and housing. Dana Friedman and Martin Cantor will present responses to the keynote address, giving a Long Island perspective.

The advance registration fee is \$55, but \$75 at the door. Full time highschool or college students can attend for \$20. For registration information, contact Paul Arfin at [info@igstrats.org](mailto:info@igstrats.org).

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### **SAGE-LI Arrives with Funding**

**Services and Advocacy for GLBT Elders** or **SAGE** now has a Long Island home. Thanks to the support of three New York State Assembly persons, SAGE-LI began to offer services to GLBT elders this summer. The Assembly persons are: Patricia Eddington (D-Patchogue), Ginny Fields (D-Oakdale), and Charles Lavine (D-Glen Cove). They secured \$80,000 to launch SAGE-LI. .

Both Nassau and Suffolk Counties will be served by this organization, under the umbrella of services from LIGALY. New York City was the place where SAGE began, in 1977, providing services to elders in the Gay, Lesbian, Bisexual, Transgendered Community. These elders tend to be single, without children, and often live alone. Traditional supports are not always in place, so the need for specialized services directed to this population is great.

Website: [ligaly.org](http://ligaly.org)