Gerontology Professionals of Long Island

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PRIME LINES

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Next Meeting: Sept. 20

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To reach Geri Eisner: sosforseniors@optonline.net

GPLI Celebrates Another Year At Annual June Dinner

Something Old, Something New

On June 15, 2006, GPLI gathered at the Bonwit Inn for the annual dinner celebration. President **Geri Eisner** and Vice President **Darlene Jyringi**, along with Treasurer **Mikel Gorodess** planned the event, circulated the invitations, and hoped the Commack location would entice the membership.

Just one year ago, this same planning team pulled out all the stops for our gala Cruise on Long Island Sound. They knew it would be a hard act to follow, but for those members who attended that Thursday night, the Dinner was the perfect conclusion to a year filled with excellent programs.

What members might like best about these end-of-year social events is that it gives everyone a break to sit back and enjoy each other's company without the usual pressures of business.
In the early years of GPLI, these June dinners were held in honor of some outstanding leader in the field of gerontology on Long Island. Some of the early honorees were George Roach, Lori Bright-Long, Diane Dias, Hospice of the South Shore, and RSVP. But with each year, it became harder to fill the tables, and so GPLI took a break from honoring others, and decided to replace the Leadership Dinner, with a Celebration Dinner, a time for GPLI members to just relax and have fun.

As much fun as it was to bestow honor on others, it is also great fun to relax in each other's company. Although there isn't usually a theme, this year's could have been, *Something Old, Something New*. It was noted by President Eisner during the dinner that GPLI lost a number of members this past year to long distance moves, often related to retirement dreams, or the desire to be closer to grandchildren. **Bruce Okrant**, Executive Board member, moved off to Chicago, and **Ida Jean Schroy**, headed to Virginia Beach. **Ruth Tiemann**, recent Secretary of GPLI, has moved to Delaware, related to the flowering of a midlife romance.

If you look carefully at the new Directory, we have numerous members who have retired, undertaken new careers, become volunteers, etc. At the same time, there are some new members who are just starting out in the field, sharing new baby pictures, pursuing degrees, etc.

Continued on pg. 2.

Membership Directory published June. Renew Now for your Copy!

Assisted by **Darlene Jyringi, Carolyn Gallogly** got the Bi-Annual Directory to the printer in early July. Twenty-one pages long and counting, this Directory shows all the changes of the last two years in GPLI.

There are approximately 170 members listed, although some may have lapsed. Since the Directory is late in being published, names were included of those who had lapsed, hoping they were still in the same positions.

However, given the rapid and accelerating movement in jobs across the aging network, it is safe to say, there will be errors. We do not call to verify positions or titles, so please accept our honest mistakes. When you renew, please update your personal information. If something changes along the way, email the changes to Carolyn Gallogly, so that you will continue to receive our mailings.

In case you do not receive a Directory, it may be because your last renewal was in early 2004. When you renew, we will send you the Directory. A membership form is included in this newsletter.

When you change positions, we can publish that in "Member Items" in Prime Lines, if you email the news to us at cgallogly@sjcny.edu.

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.*

Welcome to New Board Member, Craig Marcott

With the departure of Bruce Okrant, due to his relocation to Chicago, the Executive Board has invited **Craig Marcott** to replace him.

Craig has been a Certified Financial Planner since 1991, specializing in creating financial and lifestyle plans for seniors, surviving spouses, and families who have children with special needs. Since he has been the guardian of his 45-year-old brother, who has Down Syndrome, and knows the challenges of that responsibility, he has focused on clients who must plan for the day when they will no longer be there to care for their special needs child or family member. His expertise includes Financial Planning, Special Needs Planning, Elder Care and Asset Management.

Craig's hobbies include social dancing, leading him to write a book about the subject entitled, *Three Minutes of Intimacy*. GPLI welcomes Craig, and hopes he will enjoy his new role.

Something Old, Something New . . . Continued from pg. 1.

One thing is for sure, members are always moving around. The Directory has a huge number of changes in it and some people may have gotten lost.

With the departure of Bruce Okrant, SIPCO decided to rejoin, in the person of **Neil Himmelstein,** Senior Vice President. **Barbara Wolford** of Davidow, Davidow, Siegel and Stern came to the dinner, after being away for a long while, along with **Sandi Gomes**, similarly missing from recent meetings. **Rosemarie Hoda,** another missing member, admitted that it was our evening schedule that kept her away from most of the meetings, due to her work hours. **Mary Ella Reutershan**, long time member, resides at Peconic Landing on the North Fork and always reminds us that she would come to meetings if we had them in Southold!

The Office for the Aging gals are loyal members for many years, and tell us that some new case managers are eager to become more active. And our Long Island Assisted Living communities are a steady source of new members who want to stay connected in the field.

Something New also includes the unveiling of the New Senior Living complexes, "soon to be called the Arbors" as **Christine Lonigro-Herting**, so charmingly told us. Truly, GPLI is growing older, but is always willing to celebrate that "something new!"

GPLI announces New Secretary Staci Rosenberg

Welcome to **Staci Rosenberg**, Director of Marketing and Community Relations at the **Gurwin Jewish Fay J. Lindner Residences,** who has replaced Ruth Tiemann, previous secretary. Ruth and Staci worked together at Gurwin, until Ruth's recent move.

In previous jobs, Staci had many clients who were seniors. Besides being Resident Relations Director at Atria in Kew Gardens, she was an Intensive Case Manager at Visiting Nurse Service- - providing care, advocacy, and services to a mentally ill, homeless population in Manhattan for 6 years. She was also the Clinical Supervisor in an SRO for mentally ill, formerly homeless adults at the Metropolitan Council on Jewish Poverty. "My senior clients did indeed exhibit situations and needs unique to their stage in life. Stepping into Assisted living from a mental health background, was more like climbing to another branch of a tree rather than jumping to a new one."

It is very interesting to follow the threads of Staci's commitment to this field. "What is most fulfilling about working in this field - I hope this doesn't sound trite but I feel like I am reclaiming the contact with my elders that I was cheated out of. Essentially, my family was pretty much decimated by the Holocaust and those who survived had little and acquired less. My family members who came to the U.S. died very young - my own father at 47. I knew but one grandparent in my life. Continued on pg. 12.

The Executive Board for GPLI:

Officers	Board
President: Geri Eisner	Ray Bordonaro
V-President: Darlene Jyringi	Martin Glass
Secretary: Staci Rosenberg	Craig Marcott
Treasurer: Mikel Gorodess	Ed Sher
Marketing: Angela Cammarata	Karen Solomon
Prime Lines: Carolyn Gallogly	

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

See Insert for an application.

Join today!

What's New ? Member information 2006

Toby Wiles has moved to Gurwin, and has assumed the position previously held by Ruth Tiemann. She is the new Director of Case Management at the Fay J. Lindner Residence.

To reach **Geri Eisner** concerning GPLI functions use her new email address, sosforseniors@optonline.net.

Geri also reminds readers that she will again be offering her Medicare Part D Seminar to any facility or community site interested. Call her at 631-399-0716 to book the seminar, weekdays, weeknights, or weekends. Those who heard her speak this past year were grateful for the opportunity.

Darlene Jyringi and **Geri Eisner** will both be teaching a course at St. Joseph's College in the fall. They will be joining **Angela Cammarata** and **Carolyn Gallogly**, GPLI members also teaching in the School of Adult and Professional Education at St. Joseph's College. Darlene will teach Alzheimer's Disease and Related Dementias, a new course first offered in Spring 2006. Geri will be teaching Introduction to Care Management. Email cgallogly@sjcny.edu for more information about gerontology courses at St. Joseph's College.

LETTER FROM THE PRESIDENT GERI EISNER

Dear GPLI Members,

There have been many changes, accomplishments, and new members during the past year, so please read Member's Updates and Welcome to GPLI columns in order to keep apprised of the latest happenings.

As the old adage states, "It is better late than never," I would like to thank the host sites and recognize the members' efforts who provided GPLI's 2006 meetings with a variety of delicious food, beverages, and lovely locales.

Since GPLI had to reschedule its February meeting to March, **SeniorCare Assisted Living Communities at Islandia** and host, **Arcadia Management Inc., Christine Lonigro**, Regional Director of Sales and Marketing and **staff** were very accommodating. A special thanks to **Kevin Kimmel,** Food Director, for the themed, complimentary buffet dinner which was artistically presented and scrumptious! This well intended meeting provided a dual educational program, *The Boomers are Coming! Are You Ready? and the Suffolk County Commission on Creative Retirement's Summary Findings,* was presented by **Paul Arfin**, President and CEO of Intergenerational Strategies and **Mike Drexel**, retired Professor of Business at Southampton College.

Once again, **Somerset Gardens Senior Living** and Hostess and GPLI's Treasurer, **Mikel Gorodess**, Case Manager, and **staff** provided GPLI members and guests with a wonderful site. We enjoyed the complimentary buffet dinner thanks to **Jorge Sanchez**, the Food Service Assistant. This final May meeting of the 2005 - 2006 schedule continued with GPLI's Third Annual *Ethnicity and Diversity in Aging Issues,* which is the theme in this Prime Lines issue and a must read! Much gratitude to **Mr. Sonny Three Mountains Campbell**, Veteran-Elder Advisor to the VHA Northport E.E.O., **Dr. Faroque Khan**, Professor of Medicine, S.U.N.Y. at Stony Brook, and **Dr. Angel Campos**, Associate Dean for Administration, S.U.N.Y. at Stony Brook for the very informative panel discussion that explored the Native American Indians', Muslims' and Hispanics' cultures and communities, respectively.

GPLI's 2005 - 2006 season was capped off with **GPLI's 16th Annual Dinner celebration** on June 15, 2006, which was attended by a very lively group of members and their guests! Dinner at the **Bonwit Inn** was plentiful, scrumptious, and pleased everyone's palates! While the ambience was warm and inviting, the wait staff were attentive to the attendees' requests. Everyone thoroughly enjoyed themselves thanks to **Jimmy Dunbar**, the manager and his **staff**!

On a final note, GPLI needs one more host site for the 2006 - 2007 schedule. If you would like to avail your facility or community for a meeting, then please contact me at 631.399.0716 or sosforseniors@optonline.net.

Have a wonderful, healthy and happy summer! See you in September!

Warmest regards,
Geri

New Advertising Rates for Prime Lines

Ad Size	Cost per Single Issue	Cost per Two Issues
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.

Commission on Creative Retirement Publishes Report

Written by: Paul Arfin, Chairperson of the Commission

In March 2004, County Executive Steve Levy appointed the Commission on Creative Retirement, with Paul Arfin as its Chairperson. The purpose of the Commission was to focus wide public attention on the importance of the changing face of aging and retirement within all segments of society, as well as to reflect the County Executive's commitment to the needs of retirees. Recognizing the significant impact older members have on society, the Commission was charged to:

To establish Suffolk County as the model for how to create a broad-based movement that results in innovative and widespread involvement of older adults in meaningful and measurable civic engagement and employment opportunities that benefit our economy.

From May 2004 through March 2005, the Commission met on a regular monthly basis as a whole and in three task forces. As part of its deliberations, Commission members reviewed demographic information, academic materials, books and periodicals, and media accounts. The Commission met with or heard testimony in public hearings from a number of County officials. In addition, two public hearings were held. A 32-page report with fourteen action recommendations was prepared and submitted to the County Executive in April 2005. What follows are the Commission's summary recommendations.

Private and Public Sector Employment

- *Expand and promote the Department of Labor's successful **one-stop employment service structure** to accommodate older adults seeking part-time work. A 1% increase in the number of part-time older adult workers could produce over $4M in new payroll.*
- *Establish guidelines for employers about how to effectively hire, retain, and train older adults; assist middle-age and older workers to develop life plans; and provide incentives to employers to hire and retrain older adults.*
- *Establish a pre-retirement planning orientation program to assist Suffolk employees to plan for the next phase of their lives and encourage their continued employment and community service.*

Volunteerism and Community Service

- *Organize an annual county-wide volunteerism recruitment campaign from the County Executive's Office encouraging employees and retirees in the public and private sectors to volunteer.*
- *Locate funding to establish a Volunteer Clearinghouse for volunteers of all ages. Placing 1,000 new volunteers in public service work could produce over $2M worth of human services to government and the not-for-profit sector.*
- *In addition to assessing how this growing aging population will impact programs and services provided by each department, departments should consider how to better utilize retired older adults both as volunteers and in part-time employment.*

Public Policy

- *Conduct a feasibility study regarding the establishment of a Home Sharing Program that matches older adult homeowners who are at-risk of losing their homes with those that need affordable rental housing thus stabilizing neighborhoods. It is believed that a home sharing program will reduce the relocation of older adult homeowners while providing reduced rental housing alternatives for younger workers.*
- *Explore the feasibility of establishing a Senior Property Tax Work-off Program for older adults who volunteer to work in County Departments doing work that otherwise would not get completed. These programs enable older homeowners, who are at-risk of selling their homes, to remain in them longer due to the property tax savings provided for their volunteerism. The small reduction in County property tax revenues from these programs will be more-than offset by the value of the services rendered to the County taxpayers.*
- *Encourage partnerships between local colleges and universities and long term care providers to recruit and train long term care workers, with salary incentives, career advancement, and affordable training as part of the package. A number of models exist for such partnerships and should be studied.*

Continued on. pg. 16.

Centering On:

This issue of Prime Lines returns to a topic addressed in earlier years, the topic of diversity in the field of aging. Twice we have visited this topic in our meeting programs and/or in Prime Lines. We covered cultural competency during one of our meetings, showing how Jewish and African American elders may differ in how they approach aging, retirement, and health concerns, dying and bereavement. In another meeting and in Prime Lines, we learned about the special concerns of the GLBT (Gay, Lesbian, Bisexual, and Trangendered) population of elders and how they view aging issues.

In both of those experiences, there was a lot of interest from members about the topic of cultural competency. Therefore, this year, in our final meeting we revisited the topic, and focused on Native American, Latino, and Muslim cultures, especially in the way that they view aging, dying, and bereavement. We had three guest speakers, Sonny Three Mountains Campbell, Angel Campos, Ph.D., and Faroque A. Khan, M.D., M.A.C.P. We will try to summarize a portion of what was shared at that meeting, held at Somerset Gardens in Plainview, but actually hearing these three men share beliefs so firmly rooted in their being, added tremendously to our growth in understanding, and hence in cultural competency. Enjoy the articles in this special section, and challenge yourself to see how these ideas relate to your realm of experience and expertise.

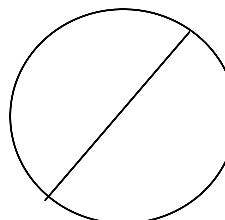
Centering On:

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

Research Shows Many Doctors Unprepared to Adequately Communicate with Those Culturally Different

A 2005 research project by Dr. Joel Weissman, of Massachussetts General Hospital in Boston, showed that half of the resident doctors surveyed (up and coming doctors who practice in the nation's teaching hospitals) had little or no training during their residency in providing culturally competent care. This included understanding how to address patients from different cultures, identify patient mistrust, and understand religious and cultural customs.
The nationally representative research study of 2000 resident physicians in their last year of training was published in the Journal of the American Medical Association in September of 2005. Immediately, local papers picked up on this sensitive issue, which showed that these resident doctors generally supported the importance of cross-cultural care, but had no meaningful education or mentoring on the subject. "If our goal is a health system that provides safe, effective, and patient-centered health care to all Americans, we must address these gaps in training," said Commonwealth Fund senior program officer, Anne Beal, M.D.

Partially underwritten by the Commonwealth Fund of New York, the report showed 20% of responding physicians were not well versed in addressing patients whose religious beliefs affected their care. One in four respondents said they felt ill prepared to cope with patients who had held health beliefs at odds with Western medicine.



Half of Medical Residents Receive Little Cross-Cultural Training.

Cultural Competency

A Glossary of Terms

Culture: UNESCO (2002) defined culture "as the set of distinctive spiritual, material, intellectual, and emotional features of society or a social group, and it encompasses art and literature, lifestyles, ways of living together, value systems, traditions and beliefs."

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of a culturally different group.

Cultural Awareness: Knowing about a culture and the beginnings of developing a sensitivity and understanding of the culture.

Cultural Sensitivity: Viewing a culture with openness and flexibility, without assigning values.

Cultural Competency: Being able to operate effectively in different cultural contexts.

Cultural Competency in the Provision of Aging Services: Integrating and transforming knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the goal of the organization. It involves attending to people's cultural values and sociocultural reality and implies ethnocultural knowledge and acceptance of the cultural values, beliefs and uniqueness of the groups being served.

Cultural Stereotyping: Viewing all members of a culture as the same, oversimplifying and overgeneralizing, and thus failing to recognize individual differences and degree of acculturation to dominant American culture.

Prejudice: Prematurely judging a person, or group of people. Usually a hostile, resentful feeling, an unfounded dislike, and an unfair blaming or degradation of another without objective facts.

Cultural Competency and the Department of Health and Human Services

Since the early nineties, the topic of cultural competency has become a standard term, especially within the field of physical and mental health. Therefore, the federal government has sought to referee the issue, through its Office of Minority Health in the Department of Health and Human Services. Founded in 1986, the mission of OMH is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs with the goal of eliminating health disparities.

First, can we agree that health disparities exist across the lifespan in the United States? "Health outcomes whether measured by relative incidence of death, disease, or disability, are disproportionately unfavorable among minority Elders." (Agency for Healthcare Research and quality, 2002) The likelihood of African American, male, high school graduates without disease at age 51, going on to develop hypertension by age 63, is 47.1% , as compared to 29.8% for white male high school graduates. For African American female high school graduates, it is 54.3% as opposed to 34% of white female high school graduates. Similar contrasting statistics exist for diabetes and stroke. Cancer, COPD, and heart disease are more similar for the two races.

"Gerontology is not yet a major agenda item in the Latino community, .. . It has not yet come of age. In ten years I hope it becomes trendy and mainstream within every ethnic, immigrant, racial group."
Fernando Torres-Gil, UCLA

For most minority groups, economic issues and health insurance disparity lie at the heart of the difference in health outcomes. However, clinical practice also plays a role in the disparities, as recognized by the publication, Physician Toolkit and Curriculum, prepared by University of Massachussetts Medical School, and distributed by the Office of Minority Health. (http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf)

Ethnic minorities experience a higher incidence and prevalence of chronic health conditions, preventable hospitalizations, and morbidity and mortality rates compared to Whites. Although approaches to addressing disparities has been aimed at changing patient behaviors, emerging studies suggest that disparities may also be linked to physician and institutional behaviors. Here are some examples drawn from the OMH website:

- A patient's race and gender have been shown to influence a physician's decision to refer for cardiac catheterization.
- Blacks are less likely to be referred for renal transplants and offered optimal treatment less frequently than whites.
- How physicians manage cancer based on a patient's race contributes to lapses in optimal cancer care that result in lower survival rates among blacks.
- Hispanics are twice as likely as non-Hispanic whites to receive no pain medication for long bone fractures. Studies suggest that differences in pain management and analgesic use relates to failure on the part of physicians to recognize presence of pain in patients who are culturally different from themselves.
- Physicians tend to perceive patients of other races more negatively than they perceive white patients.

Thus, the Office of Minority Health has published standards to aid hospitals and other health care providers to structure their commitment to cultural competency. These guidelines are show on the next page. The goal is to make medical practice both culturally and linguistically accessible.

Although the emphasis shown in the standards is clearly relevant to physical and mental health services, there are many other community and human service providers who would benefit from following these guidelines.

In addition to OMH, there are other organizations and groups dedicated to spreading cultural competency. *The National Center for Cultural Competency* is based at Georgetown University Center for Child and Human Development, and publishes tools and processes for self assessment. http://gucchd.georgetown.edu/nccc/selfassessment.html

The Dept. of Health and Human Services also operates *The National Health Service Corps,* under its Bureau of Health Professions. This organization, similar in structure to the Peace Corps, provides clinicians committed to improving the health of the Nation's underserved.

National Standards on Culturally and Linguistically Appropriate Services (Formulated March, 2001)

(For Human Services agencies, change “health care organizations” to simply “organizations.”)

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff members’ effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10
Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area. (Continued next page.)

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country.

GPLI Members Share Their Perspectives

"Black, Hispanic and Asian patients reported having more communication problems during doctors visits compared to whites, such as not fully understanding their doctor, feeling that their doctor did not listen to them, or having questions but not asking them during the visit."
--- Kaiser Foundation

Karen Solomon, Access Home Care

"Cultural differences affect the interactions between our caregivers and our clients daily. Generally speaking, I think the hardest one to overcome is the mind set of the population we service relevant to race, religion, etc. We try to be tolerant and understanding of the era in which they grew up; however, it makes it very difficult to provide staff to meet their daily needs. The clients are often condescending and disrespectful to our caregivers. We provide our staff with inservice training to help them understand and cope with the sometimes abusive behavior they sometimes endure. It is not easy!!!

Another issue we face as a result of cultural differences is in the preparation of meals. As a Home Care provider, our caregivers are often responsible for the food shopping and meal preparation. Many of our caregivers do not know how to prepare the foods that the clients are accustomed to and request. They tend to prepare foods that they themselves are familiar with and like. These foods are foreign in nature to our clients and often create negative interactions between the two.

Another issue that comes to mind is the language differences. A large majority of our caregivers come from countries where they speak English, but they have heavy accents and/or the dialect is different from what our clients are use to. It is sometimes difficult for the clients to understand what the caregivers are saying. The clients become frustrated and have no problem sharing their displeasure with the caregivers.

I think it is safe to say that my in-office staff (Nurses and Medical Coordinators) spend the majority of their time on the phone with clients, families and caregivers diffusing situations that occur daily. I feel that these situations often arise as a result of cultural differences. I think I should change their titles to Home Care Mediators because that is what they are. I think the key to success in the Home Care industry is having patience, compassion and whole lot of sensitivity training."

Paul Arfin, Intergenerational Strategies

"Cultural competency is increasingly important on Long Island as it continues to not only age but become more culturally diverse. It is important that we promote greater cultural sensitivity among people of all ages to understand one another. Whether we like it or not, we are going to have more and closer contact with one another whether it's by living in closer proximity to one another, in nursing homes, assisted living facilities, or with caregivers in our homes."

Continued from p. 9.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14
Health care organizations are encouraged to regularly make available to the public, information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

On Cultural Competency in Aging

Rita Porwick, Coram Health Ctr.

"Indeed, it has a profound impact on the delivery of Health Care. We have trained our staff to be aware of the differences of the patients that they encounter. Simple approaches are instituted to prevent misunderstanding on the part of the patient. It is not only language (we have a translating service and the staff has recently taken a Spanish for Professionals Course) but also mannerisms. I am the one who gets the patient complaints and many of them are due to the ignorance on the part of the staff member in regard to 'respect' as perceived by the patient.

We have a long way to go, but we are dealing with many different cultures, and the education process takes time. We try to follow the rule of being more sensitive than need be. Sometimes that works."

Paul Scillia, Administrative Internship

"Cultural competency and diversity have become key issues in the quality of life for the nursing home residents. With people living longer, sociological events have changed the nature of aging and caregiving. Cultures that did not normally access nursing care for their ill or aged are now doing so. In order to meet the needs of this population, long term care facilities need to become more culturally competent. Staff need to be aware of cultural differences through in-service training; facilities should have bilingual staff members; assessments need to be done for each resident to understand the role of cultural beliefs in his/her life.

The facility is obligated to provide an environment that offers the resident quality of life and protects resident rights. 'This includes the resident's rights to effective communication and the responsibility of the facility to provide written information which is appropriate to the age, understanding and language of the resident.' (JCAHO RI.2.100). RI.2.220 standard requires "residents receive care that respects their personal values, beliefs, cultural and spiritual preferences and lifelong patterns of living, including lifestyle choices related to sexual orientation." Being more aware of cultural customs, facilities have offered more activities appropriate to the residents culture, provide ethnic foods, observe holiday and religious events. Communication/language barriers do exist and misunderstandings of content/intent can occur. It is important to exercise some caution in interactions. Staff have experienced some issues with: comfort level with alternate gender caregivers, bathing, touching and eye contact, body language and family dynamics. To address these changes some facilities have incorporated different programs such as: the Eden Alternative and the Wellspring Program (involves staff in planning, decision-making and accountability)."

Matt Bessel, VAMC Northport

"As a clinician working with the aging, the goal of clinical and allied staff being culturally competent, remains a daily effort. In the late 1980's, studying for my Masters, the view then was that by 2040 the Caucasian racial dominance of the first world would likely no longer hold true. It is important to have cultural humility in considering how international cultures will affect those we care for and we as the staff who are the caregivers. The change in 'dominant Euro-Centric cultural norms' is here to stay.

Some instances of cultural difference I have experienced, have been the need to consider that when I meet a patient and ask if they are single, married, widowed or divorced that I would better serve the client by asking: 'Who has been important to you, as a friend, life partner, wife, husband over the last ten years? Are you still close to that person at this time?' It allows staff to sensitively welcome elders who are lesbian, gay, bisexual and transgendered, who when asked the standard, 'Are you widowed, married, divorced, single or separated?"' will often not have the courage to share who is important to them.

Continued on pg. 12.

"It comes back to issues of basic respect and practicality. People in general want frankness and politeness. . . . We need to spend time improving the art of communication—interpersonal communication including vcerbal and nonverbal cues—to develop trust and respect."
Harold Pincus, MD

More Multicultural Perspectives from GPLI Members

Continued from pg. 11.

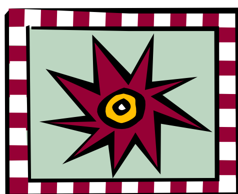
Working with Native American, Hispanic, African American, Asian and other cultures, it is wise to be 'respectfully curious' about our clients' and colleagues' ethnic and cultural heritages. More than once I have found that the best question to ask folks is: 'May I ask what your ethnic heritage is?' In other words, I'm English, Irish and German by history as well as being American. What culture did your family come from?'. We can often view a client and say they are Caucasian, African American, etc. by visual scan or hearing them state what state they come from and miss that they, too, have diverse ethnic backgrounds.

It is also important to remind clients that we understand we are all Americans, but it is important to remember that how we were raised and the cultural backgrounds and traditions we come from need to be respected. Asking what spiritual path or tradition they follow or religion in that order often allows people to be more forthcoming and expansive on their belief systems as compared to solely asking about religion."

Angela Cammarata, St. Joseph's Village

"I feel one of the biggest problems is the language barrier when residents move in who are Korean, Chinese, Hispanic. Many times they speak no English and more should be done to educate staff on the ability to interact with new residents. Tenants try to introduce themselves but it is difficult. This can cause the new residents to feel isolated. We make them feel welcome, and the new residents can sense this, however, they do not get involved in programs because they feel that they cannot contribute."

Trying to make your program more culturally competent? Consider your menu. Many senior centers and nutrition sites continue to serve the same meals they have always served, despite the fact that their potential population has grown increasingly Latino. A culturally competent menu will respect the traditions of the new population and try to incorporate foods that Latinos prefer and are accustomed to eating.



Staci Rosenberg Continued from pg. 3.

Of those who survived, Alzheimer's took their remaining years and changed the nature of out interactions. Working in this field makes me feel a part of something larger that I never got the chance to experience first hand - until now."

She also sees her residents as historians, who share the past that she could not otherwise visualize. "I feel that as providers we have a unique opportunity to help the families. We meet our clients/residents/patients at a point in their lives that prompts their families to say, 'You should have seen them then…' or the like...and they feel sadness at the loss of what they knew. We are able to see them as they are now and can share as well as validate for both the families, as well as the senior, all of the joy, beauty, and sweetness that they have to offer." It is easy to see why Staci has proven to be a good fit for Gurwin, and for GPLI. Knowing Ruth Tiemann, it is clear that their's is a special friendship. Staci says she and Ruth were friends right from the start of their working relationship at Gurwin. She admits to missing her at work, but is grateful that their friendship will span the miles between.

When asked about her other interests, Staci claims a love of history and music. "From my mom, I have a love of art and I actually do some art work of my own, though not as much as I would like to. I miss acting - I used to be involved in Community theatre in Manhattan and even worked my way up to off, off, off Broadway once…" That seems like a statement worth following up on!!

Besides these artistic aspirations, Staci also admits to a love of animals. "I should have said that first, last and foremost - I cannot imagine a home without my babies -2 cats, Isabel and Be-Bop-a-Lula—more commonly known as Isa & Lula." So, if you thought you knew Staci from her friendly demeanor at our meetings, clearly you only scratched the surface. And GPLI is proud to have her as our new Secretary!

Some thoughts Concerning Culture from May Meeting

On Wednesday, May 10, GPLI was treated to an interesting evening of multicultural presentations, hosted by Somerset Gardens Senior Living in Plainview. A panel of diverse cultural experts spoke on the topic of cultural competency, especially as it related to aging issues. Darlene Jyringi served as moderator and asked each panel member the same question, sequentially. In this way, the differences were obvious, but the similarities also stood out. In some ways, many of us left, thinking that perhaps we are much more alike than different.

Sonny Three Mountains Campbell, the Native American Indian Veteran/Elder Advisor to Northport VA, spoke first in response to the questions. Mr. Campbell described the "medicine bag" that many Native Americans carry, as a private or personal source of well being. He emphasized that there are certain body language guidelines to be employed when treating a Native person: do not be offended or misunderstand lack of eye contact for it is advised against; touching or holding a hand for comfort would be ok; and it is suggested that for elders, using a younger family member as an intermediary is showing respect, not disrespect.

Mr. Campbell also shared that Native Americans do not accept the practice of advance directives or organ donation. Spiritually, the living body is holy, but a dead body is loathsome. Mourning for someone who has died usually lasts one year, and it is the "clan" of the elder who supports him or her in old age. Long term institutional care would be highly unusual.

Representing Muslim beliefs was **Faroque A. Khan, professor of medicine at Stony Brook University**, and spokesperson for the Islamic Center of Long Island. In his dual role as physician and spokesperson for his culture, he often sees the conflict between belief and medical practice, and is in a unique position to help health professionals understand how to negotiate this gap. First he stressed that there were dietary rules which must be respected, and a copy of the Koran should be available to patients. Shoes are generally removed in the home. Prayer, especially "intersessional prayer," should not be underestimated or minimized by health providers, since it provides a basis for Muslim beliefs about health.

Many health professionals run into gender issues, and these too are very powerful. Disrespecting these guidelines may prevent compliance on the part of the patient. Dr. Khan urged sensitivity. Suicide and euthanasia are forbidden in Muslim belief, and there is no public viewing of the body. Rather, the dead body is wrapped in white cloth, and then buried. Muslims believe that the body and soul will be reunited after death. Advance planning for dying is permitted. "When scientifically evaluated treatment is obviously futile and holds no promise, it ceases to be mandatory." (Dr. Kahn has published a paper on this subject for the Fordham Urban Law Journal.)

Regarding long term care, this is again in the provenance of the family, but there is transition occurring today in the United States. (An example of this was recently shown in a New York Times article, "U.S. Muslims Confront Taboo on Nursing Homes," published 6/13/2006.)
Dr. Khan finished his comments by inviting the membership to visit the Islamic Center of Long Island in Westbury.

Our final guest was **Angel Campos**, Professor in the School of Social Welfare at Stony Brook University. Several GPLI members recognized him as their beloved professor from previous years. Dr. Campos addressed the cultural differences related to being Latino, but cautioned that there was more diversity in being Latino than similarity. Some of his general guidelines included

Continued on pg. 16.

New Ventures in Leadership, *created by the American Society on Aging, is trying to promote the leadership potential of professionals of color and their involvement in the national aging arena. For information on how to become an NVL Fellow, go to the ASA website, asaging.org/nvl*

GPLI Member Update

Carolyn Gallogly

GPLI welcomes many new members including Patricia Alvarez, Diane Amarosa, Barbara Chandler, Diane Freitag, Doreen Guma, Kathleen Gould, Laura Hummel, Annemarie Iannolo, Russ Lusak, Mary Mehmel, Pat O'Neill, Peg Rinaldi, Marty Robinson, Maura Sullivan, Elaine Thompson, Fran Vitale, and Earl Willoughby. ***This is not an exclusive list, so please check the new Directory for a complete listing of members.***

Because Prime Lines was not published during the fall or spring, all of our meetings passed by without coverage or comment. So to catch up, it is a good idea to share some of the flavor of those meetings. We began our programs with a presentation by the **Long Island Geriatric Education Center** from Stony Brook University. Spokesperson **Peter Kuemmel** explained the mission of the LIGEC and how its programs served not only Stony Brook, but also the greater Long Island community.

Since that time, the Long Island Geriatric Education Center, LIGEC, has run into some funding difficulties due to federal cutbacks affecting all GECs around the country. They have gotten temporary funding to hold them over this year, but will need the federal funding eventually. Contact them at their website: http://www.hsc.stonybrook.edu/centers/ligec/contact.cfm.

The second meeting was held November 9 at host site **Island Nursing and Rehabilitation Center,** just off the LIE at Exit 63. **David Fridkin and Doreen Guma** were generous hosts, once again treating us to a lovely dinner before the meeting began. The topic of that meeting, "Marketing Your Program Using DVDs" drew an interested audience.

Jacques Ditte and Jan Hanna of Black Sheep Television Ltd. shared their expertise with members, but the highlight of the meeting was viewing the promotional video made by Southampton Town under the direction of **Pam Giacoia** from the office of Senior Citizen Affairs. Black Sheep Television Ltd. had executed the video, and everyone was pleased how well the project turned out. (See photos on next page.)

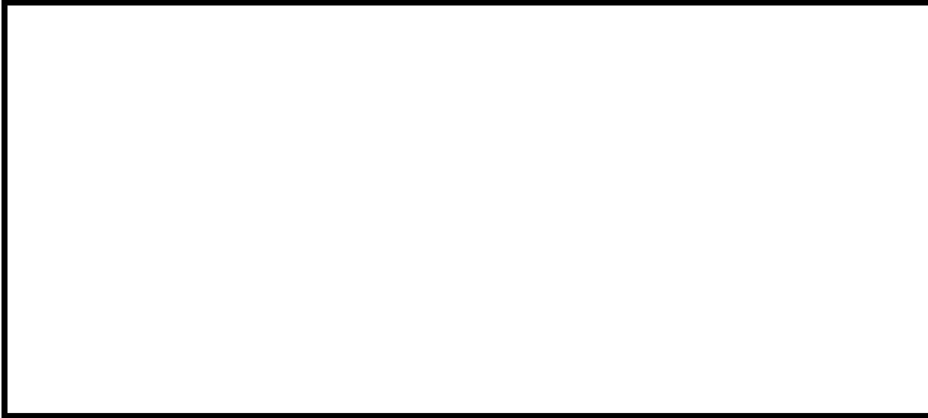
In February, **Senior Care at Islandia,** hosted GPLI and put out a huge banner welcoming us. A group of homes or communities, now known as **The Arbors**, but formerly Senior Care, is now managed by GPLI members **Ed Scher and Karen Solomon**, and they pulled out all the stops celebrating both our visit and their new identity. All of the homes or communities are being redone for their new identity, and there was clear evidence of the changes that night. We look forward to their new appearance in the months to come. The program that night was presented by **Paul Arfin** and encompassed a summary of the **Commission for Creative Retirement**. (See page 5 for more information.) The meeting was well attended and everyone was in a celebratory spirit.

The final meeting was held May 10 at **Somerset Gardens of Plainview** and with **Mikel Gorodess** welcoming our members, we once again enjoyed the bounty of good food in the Assisted Living environment. The program that night is well covered in our Centering On section, beginning page 6. **David Ochoa**, running for the Third State Senate District from Long Island, joined us that night, and shared some of his campaign initiatives with those of us who were there.

The final event of the year was our annual dinner held at the Bonwit Inn this year. There was a great turnout, and the next page includes a few photos from that event, as well as from a few of our other programs. Indeed, those members who are able to attend events had many joyous evenings this past year. The generosity of host sites cannot be overstated. Clearly, members do get a first hand view of various facilities, especially new ones, but our members also have lovely settings and bounteous tables from which to launch our meetings. We usually get informal tours, often from the administrators themselves, and leave with a much firmer grasp on the sites and their services.

It will be hard to come up with both topics and sites as appealing for the coming year, but during the summer, the Executive Board will address that task. Watch for your notice of meetings scheduled to arrive in early September. Then mark your calendars for another year of professional networking!

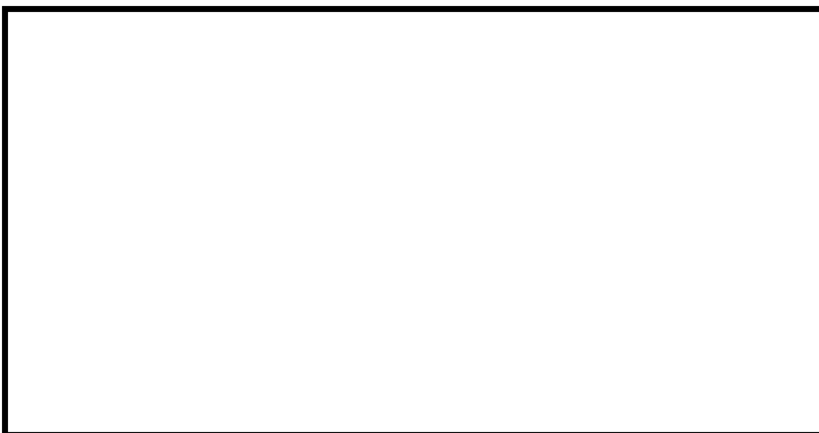
Some Movers and Shakers from 2005-2006



Pam Giacoia, Rita Porwick, Jan Hanna (guest speaker) , Mikel Gorodess, & Angela Cammarata enjoy the November meeting at Island Nursing and Rehabilitation Center.

Darlene Jyringi and David Fridkin.

Paul Arfin and Linda Costanza at February Meeting.



Sonny Three Mountains Campbell and Gerry Gentile at May meeting.

Cultural Competency

Continued from pg. 13.

once again, being careful about eye to eye contact, and calling the patient by their first name. Holding a hand is ok, culturally, but do not expect the patient to ask very many questions of the health provider. This is showing respect. Furthermore, be careful about asking the patient about alcohol and drugs, using sensitivity on this subject.

Some Latino peoples believe in spirits and their role in health and disease. Do not laugh these beliefs aside, for they are very powerful in the patient. Rather try to use these beliefs to help the patient become compliant about his/her treatment. Advance planning is forbidden, so don't expect much in the way of advance directives. When a patient dies, do not be surprised by the almost hysterical crying by the family members. Such crying is not an attack of hysteria, but rather a way to show love and as such, is expected.

Once again, Latino culture does not believe in long term institutional care, but rather in care provided by family members, especially the oldest daughter. However, as is true for most ethnic cultures in the United States, this belief is also under siege.

The presentations were well received by the audience as was the hospitality afforded by the delicious meal provided so generously by Somerset Gardens. It was a great conclusion to GPLI's informative programs during 2005-2006.

Commission on Creative Retirement

Continued from p. 5.

The Perception of Aging

- *Each County department should conduct an internal review of its priorities and programs in light of the significant demographic shift to an aging Suffolk County, using New York State's Project 2015 as a model. Establish a program to educate County departments on the "new face of aging" and appropriate terminology for contracts, the County's web site, promotional materials, etc.*

- *Establish an educational campaign to promote the new face of aging.*

- *Work with the educational community to educate youth regarding the aging process, one that reflects an understanding of the positive qualities of people of all ages and reduces age stereotyping.*

Since the issuance of the report, Commission members and twenty-five invited resource people, have met regularly to develop specific action plans around five of the above recommendations: To expand utilization of the Department of Labor's One-Stop Employment Service; to establish a central registry for volunteerism; to improve the perception of aging; to establish a program to provide educational and career advancement to direct care workers to the elderly; and to create pre-retirement seminars for County employees nearing retirement.

(*Paul Arfin is also the CEO of Intergenerational Strategies.)*

News and Announcements Related to Caregiving at Home

Day Haven Adult Day Services announces their new service for adults with early on-set Alzheimer's at their Ronkonkoma site. Elizabeth Geary informs us of a Supper Club, on Thursdays from 3:30-7:30 PM. Referrals can be made by calling Julie Wexler or Eleanor Rueb at 631-585-2020. Day Haven is a program of The Community Programs Center of Long Island, an affiliate of UCP.

Two local non-profit agencies, the **Family Service League**, and the **Jewish Agency for Services for the Aged** have set up programs of individual counseling for caregivers, utilizing a grant from **Suffolk County Office for the Aging.** Caregivers assisting seniors over 60 who reside in Islip, Huntington, Smithtown, Babylon, or northwestern Brookhaven should call JASA at 631-724-6300. Those living anywhere in southeastern Brookhaven or the Twin Forks, should call FSL at 631-369-0104. In both cases, the counseling takes the form of a support group.

South Nassau Home Care offers a new 24-hour home telemonitoring system, hoping to improve the health and quality of life for its home care patients. With this new system, changes in pre-existing medical conditions can be more quickly controlled and new conditions can be discovered and treated. Call 1-877-South Nassau.

Did You Know?

News from the Aging Network. . .

- The 14th Annual **Alzheimer's Association Dementia Care Conference** will be held in Atlanta this year, September 11-13 at the Westin Peachtree Plaza Hotel. The Conference is $500, and offers CEUs in most of the professional areas. This is the premiere conference for those working in the field of dementia care. Practice recommendations related to wandering, falls, and restraints will be launched during the conference.

- Johns Hopkins University Press has published a new text, targeting the topic of **Assisted Living for African American Elders.** Focusing on six facilities that have become models of long-term care for African Americans, this book explores both the institutional and personal characteristics of the facilities and the issues central to their residents. Call 1-800-537-5487 for information, or go on line to www.press.jhu.edu.

- The Arthritis Foundation has published a new pamphlet called, "Exercise and Your Arthritis." To order, call 1-800-207-8633. Topics include diet, managing pain, and osteoarthritis.

- Of all the research done on pain, only 1% of the studies specifically address the issue of pain and aging. The average age of chronic pain sufferers is 53. (Taken from August issue of AARP magazine.)

- Also seen in a recent issue of the AARP magazine, is the news about a Gallup Poll from last November that asked Americans which professionals they trusted the most. The answer by a huge margin, was, nurses, even more than doctors and police officers, more by far than journalists, and definitely way ahead of lawyers and politicians.

- "The Soul of Bioethics," an e-newsletter covering topics such as end-of-life care, dementia, family obligations, ethics and aging, and dilemmas of autonomy, is currently welcoming new subscribers. It is published by International Longevity Center, USA, headed by Dr. Robert Butler. For a free subscription, send a message to soulofbioethics@yahoo.com.

- For those seeking statistical data, bibliographies, training materials, audio/visual resources in aging, or readily accessible information about a wide variety of aging-related issues, AARP's AgeSource Worldwide can help locate appropriate resources in more than 25 countries. Visit it at www.aarp.org/research/agesource.

- As GPLI members are decidedly aware, the U.S. is unprepared to meet the health care challenges posed by its aging population. The latest research from the University at Albany's School of Public Health paints a disturbing picture. To see the full report, go to http://www.albany.edu/news/pdf_files/impact_of_aging_full.pdf.

- Joseph Anderson M.D., a gastroenterologist at the Long Island Cancer Center at Stony Brook University Hospital says detecting colorectal cancer at an early stage and minimizing major risk factors for development of the disease are sure ways to reduce the death rate from the disease. Obesity, smoking and consumption of beer or spirits are risk factors for this cancer. He says the colonoscopy is undergoing changes that will make the procedure much easier to perform for physicians and more comfortable for patients.

U.S. life expectancy has hit 77.6 years, and deaths from heart disease, cancer, and stroke continue to drop. Still, half of Americans in the 55-64 group have high blood pressure and two in five are obese.

National Center for Health Statistics

Remembrances of the Semester Past. . .

Carolyn Gallogly

If you had to choose an older adult to profile, who would you choose? This was the question I posed to a class of adult students at St. Joseph's College in the course, **Gerontology**, in Spring of 2006. Then I asked them to do such a profile. The person could be someone they knew, such as a close relative. And that made all the difference.

One student chose her father-in-law, a man born in 1930 to a Russian immigrant father, and a Polish immigrant mother. He quit school at 17, served in the army, worked for the Bulova Corporation, and eventually became a New York City police officer. When his daughter became divorced, he took out a second mortgage to convert his home into a two-family so his daughter and her children could live there. You might say he was a family man. When his wife developed Alzheimer's, he became her caregiver. Now that she is in a nursing home, he visits every day, always there to feed her lunch. This is a man who has his priorities.

Another student chose the grandfather of his partner, who was born in 1919. Another high school drop out, he left work during the depression, met his wife at the printers where he found a job, and then joined the army in 1942. He and his wife went on to have two children and always found the money to pay for Catholic education. What made him remarkable to my student was his tolerance. And his persistence in convincing the student to compete in a triathlon. This gentleman could not compete, having endured a "botched hip replacement." The hip replacement was faulty, so he had to undergo a second surgery, and if you can believe it, the second hip was from the same stock as the first faulty hip. The resulting lawsuit sufficed to make his later years more comfortable. His favorite books included The Phenomenon of Man and The Divine Milieu. Not bad for a drop out!

One of the women in the class chose to share a portrait of her grandmother, born in Italy. This woman married very young, and went on to have bear 15 children within 26 years. If this wasn't challenging enough, her husband left her, and she raised her children as a single mom. What my student loved were her stories, the ones you hear over and over. This lady attributes her longevity, 98 years, to "minding her own business." I think there might be a lesson there for the rest of us.

Another female student found her profile subject in her father's second wife's father, or as she describes him, her step-grandfather. At 88, he spent most of his life in Florida, and his tough, leathery, "alligator" skin "serves as a permanent reminder." This World War II veteran served in the Navy, and then went on to work on the NYC fireboats. When the City retired the boats, he moved his family to Florida, where he continued to work as captain on private charter vessels. Today, he has moved back to New York, to be closer to his daughter, who helps him care for his wife who has dementia.

One of the male students in the class chose his own mother to profile, and deservedly so. She worked as an RN while she raised her five children, who went on to become a social worker, police officer, nurse, occupational therapist, and special education teacher. In just this one little family, there is a microcosm of all those families growing up in Bethpage, after World War II. She retired from nursing at 67, and is keeping busy in retirement. One of her greatest successes was earning her bachelor's degree when she was in her 60's. How good a role model is that!

There were many more stories, but the one that touched me the most was written by a woman about her father, a man with nine lives, or so it seems. He worked as a New York City detective for 30 years, but developed a heart condition, experiencing many hospitalizations. My student describes him near death, when the family was told, "I'm sorry, we did all that we could do." But he came through. For the student, a "non-believer" in her own words for many years, the "miracle" meant even more. For she had spent that night praying to a God "I didn't even believe in." Of course she made promises, if he would pull through, and to this day she wears the cross around her neck, a testament to the change that came about in her. She says both she and her father were reborn at that time. His poor health still hinders him, but his love for his family serves as the support for him to lean on.

After hearing just a few of the stories I heard this spring, I imagine you can understand why teaching gerontology is just about the best job ever. Not only do I get to experience these every day heroes and goddesses, who overcome tremendous challenges and live long lives, but I also get to reflect on the strength of my own family and derive energy and inspiration from that as well.

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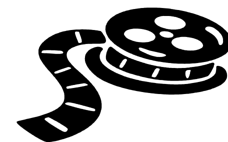
What GPLI Needs. . .

The publication of Prime Lines is the number one cost for the organization. Every time we publish a newsletter, the treasury gets hit for $600-$1000. Otherwise our costs are minimal, thanks to the generosity of :

> ****St. Joseph's College handling most of the postage costs;***
> ****The fantastic and welcoming host sites for the meetings and dinners;***
> ****The thousands of volunteer hours that go into planning the meetings and publishing Prime Lines;***
> ****The good will of the membership when Prime Lines is late!***

What we need is a corporate sponsor for each issue at a cost of $600. Can you help?

Time to Catch a Movie



There are a number of interesting summer movies available for rental from Netflix, or your movie source of choice, which focus on people growing older. For whatever reason, most of them are British or European, but don't let that stop you.

Mrs. Henderson Presents is another Judi Dench/Bob Hoskins partnership, written expressly for their characters. It concerns a wealthy British widow during World War II who invests some of her money in restoring a London theater, and turning it into a music hall, even adding a bit of nudity to help fill the house. Bob Hoskins takes on the role of Director, and so the expected, oh-so-British banter between the two of them provides most of the humor in the film. But given that it is wartime London, there are some serious, dramatic moments, serving as the counterpoint in this enjoyable portrait of English stamina at its highest point.

The World's Fastest Indian is the recent Anthony Hopkins film, about a New Zealander who set records in the 60's with his customized Indian Scout motorcycle at the Bonneville Salt Flats in Utah. More amazing than his jaw-dropping land speed of 183.586 mph was the fact that he was a 67-year-old grandfather. As a bit of a personal-best dream flick, sort of a reverse **Breaking Away** (age instead of youth; motorcycles instead of bicycles), it is sure to get you cheering.

My last recommendation is **Memory of a Killer**, a Dutch award-winning film about a hit man who is developing Alzheimer's Disease. Will he remember enough to help catch the villain? Now in most books, a hit man *would be the villain,* but this film got me past that, and may work for you too. The character is unforgettable, and the issues are intriguing. Highly recommended by yours truly, CG.

Gerontology Professionals of Long Island

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The next GPLI meeting will be September 20.

If any organization would like to host a meeting in 2006-2007, please contact Geri Eisner at sos-forseniors@optonline.net

NEWS ABOUT ELDERS PASSING...

In the past few issues, we have tried to profile here the passing of legends, some well known, and some known only to their families and communities. Each had a special life and certainly, one worth noting.

Locally, one can't go very far on Long Island without running into one of **Hans Gabali's** murals. During his 50 year career, he painted thousands of murals in homes and businesses all over the Island. Born in Hamburg Germany, 85 years ago, Gabali survived the Holocaust, but left Germany in 1950 and settled in Brooklyn. (One of his children was separated from the family during the Holocaust, and never found.) Although he started as a house painter, he switched to murals when the family relocated to Northport. He charged $250 per day, and could finish a 300 foot mural in 12 days. While driving around the Island this summer, remember Mr. Gabali as you pass one of his seascapes, or mountain scenes. The legacy endures.

Bettie Wilson, started life as the daughter of freed slaves, living her entire life in Mississippi, and dying at 115. According to longevity researcher, Robert Young, Mrs. Wilson was "amazing." "At 114, she was still able to read the newspaper and sign her name." Her first hospitalization for an illness was when she was 106 and had gall stones removed, returning home to the care of her great granddaughter. Her surviving daughter is 96. There are some genes in that family!

Our last profiled passing, is of **Emilie Muse**, 98, who spent her 20's and 30's as a daredevil. From wrestling alligators, to jumping out of airplanes, or being buried alive, Emilie liked a challenge. After following the path of "Alligator Jim" for a few exciting years, she especially liked the public display of being buried alive, once for a period of 97 hours. Then she met her true love, Friedrich Muse, and settled down into homemaking. She spent her last years in East Patchogue, where she died in January of complications of a stroke. She once said, "I'll try anything once. I'll taste it, I'll try it, I'll do it once."