

Village Care of New York

# New Horizons



## Pieces OF THE Puzzle

Individualizing Alzheimer's Care

VILLAGE CARE OF NEW YORK  
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## Person-Centered Care

By **ARTHUR Y. WEBB**, PRESIDENT AND CEO

### Working with older adults who have dementia is challenging.

In 2006, at Village Nursing Home, we structured a person-centered therapeutic recreation program for persons with dementia, which has been fully implemented for the past year and a half.

Inside this issue of New Horizons, you'll find an article that talks about the efforts that were undertaken to improve the training and competence of staff up and down the line who work with dementia patients. And you'll read about how this has impacted the lives of persons who reside on Village Nursing Home's third floor, which is dedicated exclusively to those with dementia.

This kind of effort underscores what we want to do to improve the quality of life of those we serve.

It is important that we have caring and dedicated people working with seniors in our programs, but it is also imperative that we have an excellent system in place that promotes, supports and encourages quality.

Clearly, a fundamental way of improving quality care is by making investments in staff training and in enhancing staff capabilities. This is as much about empowering staff as it is making sure they are properly prepared to do their jobs.

By training staff in the principles of "person-centered care" and having direct-care staff involved in decision-making, we can create an environment where workers get a greater understanding of patient needs and as a result are able to be more responsive.

Staff members learn to interact with each other and to cooperate, leading to the development of ways to improve care and to enhance the lives of patients and clients.

This is all a part of how Village Care and many other providers are engaged in a dramatic shift in long-term care.

We want care to take into account each individual's needs and to build around that person the services he or she needs to live as independently as possible, preferably in the home or in another community setting such as assisted living. And no matter what the setting – from the nursing home to home care – dignity and respect are paramount.

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# In the News



## Chelsea Center Celebrations

Over the summer, participants at Village Care's Adult Day Health Center celebrated in grand fashion with a calendar full of activities that included both festive and informative events.

Events included the annual Caribbean Day Party, a center favorite that featured Caribbean foods and authentic steel drum music performed live, and a diabetes awareness day, that offered program participants and guests education about diabetes prevention and management.

The approaching end of summer was celebrated at a Labor Day party with a live performance by Linwood Peel, a former member of The Drifters, who performed hits such as "Under the Boardwalk" and "Up on the Roof."



CHELSEA ADULT DAY STAFF JOIN ORIGINAL DRIFTER LINWOOD PEEL "ON STAGE" TO ENTERTAIN PROGRAM PARTICIPANTS AT THE "END OF SUMMER" PARTY.

## Walking Neighborhoods May Fend Off Depression, Study Says

Older men who can walk in their neighborhood have a lower risk of depression than those in less pedestrian-friendly areas, a new study finds.

Researchers studied 740 older adults in the Seattle area. Men who lived in walkable areas had lower scores on a standard measure of depression even when other factors, such as overall health, income and exercise habits, were taken into account. Findings appeared

in the Journal of American Geriatrics Society.

One explanation is these neighborhoods allow older adults to feel more connected to their communities and less socially isolated, the lead researcher said.

Walkable neighborhoods had sidewalks, streets with safe intersections, and stores, restaurants and other destinations within a short distance.

## Finding a Medicare Drug Plan for Next Year

Until December 31, everyone with Medicare can sign up for the Medicare prescription drug benefit (Part D) for 2008 or switch Medicare private drug plans. Now is the time to review your current drug coverage and make changes because after December 31, most people will be locked into their Medicare private drug plan until 2009. For most people, buying a Medicare drug plan is voluntary. People with both Medicare and Medicaid are required to have a Medicare private drug plan.

Even if you like the Medicare drug plan that you have in 2007, do not assume that it will work the same way next year. Many Medicare private drug plans change the drugs they cover and the cost. Plans are required by law to send you a letter by the end of October to explain these changes. If you didn't receive a letter, call and ask for one.

Whether you are reviewing your current coverage or shopping around for a plan, there are several things you should keep in mind. Different Medicare drug plans cover different prescriptions at different costs and are accepted at different pharmacies. Before you sign up for a drug plan, call the plan and make sure that it covers your prescriptions and is accepted at your pharmacy. Also, ask whether the plan places any restrictions on the drugs you take (such as requiring "prior authorization" – special permission – before it will cover certain prescriptions). Find out how much you will have to pay for your medications.

Many plans have a gap in coverage known as the "doughnut hole," during which you must pay the full cost of your prescriptions. With most plans in 2008, the gap will begin when your total drug costs (what you pay plus what your plan pays) reach \$2,510. In all plans the coverage gap ends and catastrophic coverage begins after you have spent \$4,050 out of pocket; you then pay no more than five percent of the cost of each drug. In most states you can buy a plan that offers some coverage through the gap; these plans generally have higher monthly premiums and most cover only generic drugs in the gap.

People with low incomes may be eligible for Extra Help, a federal program

that will help pay for some or most of the costs of prescription drugs. You can apply through the Social Security Administration by using their print or online application or at your local Medicaid office.

If you have drug coverage from another source—such as from an employer or retiree plan—and are considering the Medicare drug benefit, first find out if your coverage is as good as Medicare's ("creditable"). If it is and you like it, you can keep it without paying a penalty later if you decide to get drug coverage through Medicare.

If you have health or drug coverage, and also want Medicare drug coverage, make sure your current coverage will work with the Medicare drug benefit. Some health and drug plans don't allow you to also have Medicare drug coverage or only work with certain types.

If you are considering a Medicare drug plan for the first time, be aware that you have to pick a plan that works with your Medicare health coverage. If you

want to stick with Original Medicare, you must buy a stand-alone private drug plan (PDP). If you prefer to get your health care from a Medicare private health plan like an HMO, your Medicare drug coverage will most likely be part of your private health plan's benefit package. If you are enrolled in a private fee-for-service plan without drug coverage, or a Medicare Medical Savings Account, you can get a stand-alone private drug plan.

If you do not enroll in the Medicare drug benefit when you are first eligible, and have not had drug coverage that is as good, you may have to pay a premium penalty for postponing enrollment. To learn more about when and how you can change your Medicare drug coverage, tips on how to find the right Medicare drug plan for you, how Medicare drug coverage works with EPIC or how to get "Extra Help," log on to Medicare Interactive at the Medicare Rights Center's website at [www.medicarerights.org/help.html](http://www.medicarerights.org/help.html).

— From the Medicare Rights Center

## Sidwell Replaces Persell as Chair

At its recent meeting, Village Care of New York's board of directors honored Charles B. Persell, who served as board chairman for the organization since 1996.

Persell, who first joined the board in the mid-1980s, was chair during a period that saw the maturation of Village Care's pioneering AIDS care and through the development and growth of new community-focused services for seniors. He was a part of the early planning to respond to AIDS when he joined the board as the organization began one of the most ambitious and caring responses to HIV infection.

David H. Sidwell has succeeded Persell as board chairman. Sidwell, who retired this fall as chief financial officer at Morgan Stanley, has most recently chaired the board's Finance Committee.

He said in announcing his retirement that he wanted to spend more time volunteering and giving back to the community.



NEW BOARD CHAIR DAVID H. SIDWELL, LEFT, AND CHARLES B. PERSSELL, WHO STEPPED DOWN AS CHAIRMAN IN LATE SEPTEMBER AFTER TEN YEARS.

# International Report on the Health of Aging Women

The New York Academy of Medicine marked the release of a new report, “Women, Health, and Aging: A Framework for Action” with an intriguing panel discussion among international experts regarding the health of older women in developed and developing countries worldwide and the action steps needed to improve their quality of life as they age.

The report was prepared by the World Health Organization (WHO) and United Nations Population Fund.

Academy President Jo Ivey Boufford, MD, who is also a member of Village Care’s board of directors, said in opening remarks that the institution is committed to helping older adults live in age-friendly environments that offer the care and services they need and deserve. The Academy is leading a national, years-long effort to reform social work education and attract more professionals to careers caring for older adults, and is also pursuing policy changes that will make cities more conducive places to live for aging Americans.

“Our special concern is addressing the needs of vulnerable populations and achieving health equity,” Boufford told the audience.

Women of the world are particularly vulnerable to health concerns as they age as compared to their male counterparts, according to the new report. The number

of women age 60 and over will increase to just over 1 billion by 2050 from about 340 million today. Many older women continue to face inequities related to health, security and participation.

Women can achieve a better quality of life by optimizing opportunities for health, participation and security as they age in accordance with WHO’s definition of “active aging,” said Alexandre Kalache, MD, PhD, director of WHO’s Ageing and Life Course Programme in Geneva, Switzerland, told the audience. Optimal health can be achieved by minimizing risk factors for disease and functional decline while keeping protective factors high, Kalache said. Seniors can become active participants in society if education, employment, health and social policies support their needs and preferences. Security is possible for older adults in their later years if health and social policies address their needs as they age.

The goal is not to attempt to prevent aging. Rather, it is to ensure we age in the best fashion possible and don’t decline unnecessarily before our time, Kalache said. “We don’t want to run around the block at age 50; we just want to remain independent and above the disability threshold,” he said. “Aging is here to stay and we better embrace it with vigor and determination.”

Political will is needed to address the inequities, Boufford said, pointing out that

the UN is creating a new women’s agency, and now is the time for interested parties to help shape its agenda. Seniors must wield their political clout to force change. They comprise a sizeable percentage of the voting population and can be extremely influential, she said. “The issue for us is raising the consciousness on aging” and to view it through a gender-specific lens, she said.

Panelists who shared their unique insights during the discussion were: Rogelio Fernandez-Castilla, PhD, director of the Technical Support Division of the U.N. Population Fund; Irene Hoskins, president of the International Federation of Ageing, and Denise Eldemire-Shearer, MD, professor and head of Community Health and Psychiatry, University of the West Indies. In their discussion, they focused on these points:

- Discrimination against female children leads to inequitable access to food and care, and restrictions on education, compared to male children, for example.

- Pregnant women lack adequate health care and support. The care-giving responsibilities associated with motherhood and with looking after an older relative restrict working for an income and limit access to an employee-based pension.

- Gender-discrimination in the work force leads to low incomes and inequitable access to decent work for women.

- Domestic violence, which may begin in childhood, continues in marriage and is a common form of elder abuse.

- Widowhood commonly leads to a loss of income and may lead to social isolation.

- Cultural traditions and attitudes may limit access to health care in older age: for example, older women are much less likely than older men to receive cataract surgery in many countries.

The greatest threat by far to aging women’s health is poverty, the experts said. Poverty compromises older women’s access to food, shelter, health care, social inclusion and dignity. Women of all ages make up 70 percent of the world’s 1.3 billion very poor — those who live on the equivalent of less than \$1 per day — and poverty is often worsened in old age. The vast majority of these women live in the developing world where rapid aging has not been accompanied by the increase in wealth experienced by industrialized countries.



VILLAGE NURSING HOME CELEBRATED “NURSING HOME WEEK” WITH A VARIETY OF EVENTS AND ACTIVITIES FOR SENIORS. CULMINATING THE WEEK WAS A SPECIAL “CENTENARIAN CELEBRATION” FOR THOSE RESIDENTS OF VILLAGE NURSING HOME THAT ARE OVER 100 YEARS OLD. PICTURED LEFT TO RIGHT IN FOREGROUND ARE, DOMENICA RECCA (101 YEARS), WEE LIM (100 YEARS) AND EDITH MATTELLA (100 YEARS); ALSO, SARAH FERGUSON (101 YEARS) IS IN BACKGROUND BEHIND RECCA. NEIL POLLACK, ADMINISTRATOR AT VILLAGE NURSING HOME, RECOUNTED MANY OF THE ACCOMPLISHMENTS THAT FILLED THE CHAPTERS OF THE CENTENARIANS’ LIVES. “THESE SPECIAL INDIVIDUALS HAVE EXPERIENCED SO MANY MEMORIES, TODAY WE HONOR THEM AND SALUTE THEIR ACCOMPLISHMENTS.”

# How have computers affected your life and the way you perform certain daily tasks?

**PAT DILLARD, Greenwich Village** My career was in advertising before the dawn of computers. We would have to actually create with our hands (can you imagine that?). Our workday was incredibly long and tiresome. Computers have definitely made the creative industry a lot easier and flexible. While I will admit that the introduction of computers nearly knocked me out of my career, I am now embracing this phenomenon. I have taken classes for some time now, and consider myself at an intermediate level. I enjoy e-mailing, searching for information and re-designing some of my early works on the computer. They {computers} have made our lives so much more exciting, I can spend hours surfing the net—I'm completely hooked!



**MARIA JOSEFFER, Greenwich Village** Computers have not entered my life at all. I am computer illiterate. I write my own letters, take my own money to the bank and pay all my bills through the mail with actual checks. Am I the only person left in this world that still appreciates face-to-face exchange? It seems computers have made a positive impact for most of our society. The Internet is a great resource for information and literature. I am thinking about taking lessons to see what all the hype is about.

**ANNE DESIMONE, Greenwich Village** I really have no experience using a computer. Sometimes I feel left out, as everyone around me uses them. I feel that it is a shame how everything has become computerized. I used to be able to call a company on the phone with questions and concerns, now the package tells me to type in an address somewhere. While most people feel computers have made our lives easier, I think, to a certain degree, they made our lives more complicated and down right dangerous. There are too many undesirable things accessible now for our kids to look at on the Internet. For now, I think I am going to steer clear of computers; I'm not ready to take on another challenge.

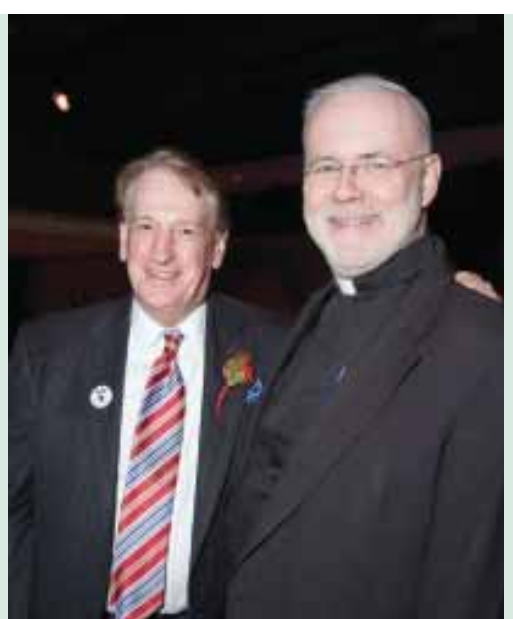
**VERNE MICHAELS, East Village** Working at the stock exchange, I used some of the first computers invented—the kind that took up an entire room and didn't have keyboards to input but used punch cards. Computers have definitely made quite an impact on our society. Without them our entire economy would crumble. For me, I use computers to get information about my health, world news and finances. I'm now learning to e-mail so I can keep up with my family and friends.



**BARBARA GORDON, West Village** Computers are wonderful! I do all my banking online, as well as online shopping. I started taking classes back in 1996 when the Internet was just getting popular. I now research investments, as well as buy/sell stocks online. I am now going to start taking classes in digital photography—what an exciting hobby that is going to be. Computers have definitely made our lives easier. Unfortunately they have also made it easier for hackers, scammers and spy agencies. I guess they are sort of a mixed blessing.



NEW VILLAGE CARE BOARD CHAIRMAN DAVID H. SIDWELL, LEFT, PRESENTED THE LENORE ZOLA AWARD TO CHARLES B. PERSELL, WHO STEPPED DOWN AS CHAIR THIS SEPTEMBER AFTER TEN YEARS.



VILLAGE CARE PRESIDENT AND CEO ARTHUR WEBB WITH AIDS COMMITTEE CHAIRMAN REV. JAMES GARDINER.



BARRY KUSHELOWICZ, MARC RODRIGUEZ AND DANA MINGO.



2008 CALENDAR LEGEND DR. CHARLES P. VIALOTTI (CENTER) WITH CHARLES, JR., AND ROSE VIALOTTI.



FROM LEFT, DR. EVELYN REDLICH AND CHARLES B. PERSELL, BOTH VILLAGE CARE BOARD MEMBERS, AND ANN WYATT, A MEMBER OF THE ORIGINAL COMMUNITY GROUP THAT "SAVED" VILLAGE NURSING HOME 30 YEARS AGO.



FROM LEFT, JIMMY AND ROCIO SANZ AND BOB AND MARY JO RINAOLO.



FRIENDS OF VILLAGE CARE LUCY CECERE AND PETER DELUCA.



TONY AWARD-WINNING ACTRESS LACHANZE PERFORMS AT THE 2007 LEGENDS OF THE VILLAGE FUNDRAISER HELD AT NEW YORK UNIVERSITY'S KIMMEL CENTER.

The 2007 edition of the Legends of the Village gala was another successful gathering of friends of Village Care of New York, celebrating the organization's 30th anniversary.

Held this year at New York University's Kimmel Hall, Legends helps raise funds for Village Care's SeniorChoices programs.

More than 300 supporters got together to mingle with friends and to honor this year's awardees – and were treated to a concert performance by Tony Award-winning actress LaChanze.

In addition, Broadway musical legend Daphne Rubin-Vega, recipient of this year's William F. Passannante award, also surprised the audience with an impromptu performance of the song "Rainbow Connection."

Also honored during the evening with the Lenore Zola Award was Charles B. Persell, who stepped down in September as chairman of Village Care's board of directors. A board member since the mid-1980s, he served as chair since 1996. He will continue as a board member.

Among the many supporters who attended this year's event were Assemblymember Deborah Glick, Brad Hoylman of Community Board 2, Sam Burneson and Rita Lee.

The annual gala also marks the release of Village Care's annual Legends of the Village Calendar, which features individuals – the well known and those who have made contributions to society out of the spotlight – with a connection to Greenwich Village and its spirit of creativity and service.

Among current and past calendar "legends" who attended this year's event were Madeline Lee Gilford, Joanne Beretta, Anthony Heilbut, Dr. Charles Vialotti, Elizabeth Kendall and Art D'Lugoff.

# A Night of Legends



MARIA PASSANNANTE DERR, LEFT, PRESENTED THIS YEAR'S WILLIAM F. PASSANNANTE AWARD TO BROADWAY STAR DAPHNE RUBIN-VEGA.



VILLAGE CARE COO EMMA DEVITO, LEFT, WITH LACHANZE AND DAPHNE RUBIN-VEGA.



GUESTS AT VILLAGE CARE'S 30TH ANNIVERSARY GALA.



# The World Is an Apple

By Rob Goldman



Alberto Florentino, a resident of The Village at 46th & Ten, was honored by President Gloria Macapagal-Arroyo of the Philippines with that nation's Presidential Medal of Merit in recognition of his contributions to Filipino art and culture.

The ceremony took place at New York's Waldorf Astoria, to which Florentino and his wife, Eve, were whisked from the Philippine Center Kalayaan Hall on Fifth Avenue where a tribute was held the evening of September 26.

Florentino is a playwright whose reputation is almost legendary in his native Philippines where his works are held in high esteem.

Alberto and Eve Florentino were among the first to move into Village Care's senior living residence after it opened in 2001.

"It is truly an honor to be awarded by President Macapagal-Arroyo for writing my plays," Florentino said. "To be able to contribute my life's experiences through art has been invigorating for me since I started it over 50 years ago."

The Florentinos are planning a trip back to the Philippines as part of their 50th wedding anniversary. Their two daughters, who live on the West Coast, are expected to join them during the trip.

The September 26 tribute sponsored by the Philippine Consulate General featured a special reading presentation of Florentino's poignant tale, "Oli Impan" (Holy Infant), which is a play set in 1958 about two children, living in a squatter area, who are caught in the middle of eviction five days before Christmas.

When asked if there was anything from the ceremony that he will always particularly remember, he replied that President Macapagal-Arroyo "is only 5-feet tall and could not reach around my neck to present me the medal, the security guard had to do it."

At the Waldorf Astoria event, Philippine Consulate General Cecilia B. Rebong, presented Florentino with the Dakilang Pilipino Award.

"The World is an Apple" was the first of many plays by Florentino. A tale about the struggling but surviving residents of Manila slums, it is a play voted the most popular and most performed in the Philippines.

The realism of the play was derived sim-

ply: "I was attracted to the theme," says Florentino, "because I lived the life that my characters live."

Florentino was born on July 28, 1931, in Nueva Ecija, a town outside Manila in the Philippines. Both of his parents were teachers and he was the second of seven brothers and sisters. He attributes his playwriting career to a "clanky Royal typewriter" and his father's career as a drama teacher. "It began when my father, a teacher, gave me an assignment to type the scripts he needed for the school plays he was writing and directing," Florentino recalled. From his father's writing technique, he learned what a combination of carefully selected words, delineated in creative and fanciful ways, could do to produce an image, emotion or reaction.

In 1960, when he was 29, Florentino was named one of the Ten Outstanding Young Men of the Philippines, described as those "whose selfless dedication to their profession or vocation has resulted in significant contributions to the welfare of their countrymen and our country at large." Among past honorees were young Filipinos who became pillars of politics, the arts, medicine, finance, sports, science, law and other fields; Florentino's award was in literature. Another awardee that year, for public service, was Benigno Aquino, Jr., who was to become an outspoken senator years later, and whose assassination was the catalyst that brought the overthrow of the Marcos administration.

Florentino is also a five-time winner of the prestigious Carlos Palanca Award. When the annual competition for the Carlos Palanca Memorial Awards came, he entered "The World is an Apple," together with another called "Cadaver," hoping to win three hundred pesos so that he could buy a coveted portable typewriter. He not only won a cash prize but also the distinction of taking the top place for "The World is an Apple" as well as the runner-up spot for "Cadaver." In quick succession, "The World is an Apple" was published in the Sunday edition of the Manila Times, premiered at the Manila Civic Theater and was adapted for television.

Florentino said he is looking forward to returning to Manila and the Philippines. He has plans to meet with Cecile Guidote-Alvarez, presidential assistant for culture and executive director of the National Commission for Culture and Arts. They

are scheduled to discuss plans to continue his participation with Radyo Balintataw, a top-rated, award-winning radio drama hosted by Alvarez and aired daily in the Philippines. Florentino is expecting to authorize the release of 250 scripts for another season on Radyo Balintataw.

In 1983, at the height of political upheaval in the Philippines, Florentino and his family sold all their possessions, and migrated to New York. He said that had they stayed he and his family "would have gone hungry because life was really difficult" in his homeland in those days. In a twist on his first play, "The World is an Apple," the Big Apple became the Florentino's world as they became bona fide New Yorkers, settling in to enjoy all that their now-adopted city has to offer socially and culturally.

"The World is an Apple" is now over 50 years old, and is one of the most translated, adapted and produced plays written by a Filipino playwright. This play and the others he has written have been the subject of dissertations, analyses and theses and have been part of numerous play anthologies.

A Filipino scholar has written his master thesis on the subject, "A Comparative Study of the Characterization and Theme of Alberto Florentino's 'The World is an Apple' and Henrik Ibsen's 'A Doll's House,'" another distinction to add to the long list.

In the Philippines, Florentino's name appears at the top of the list of the most celebrated contemporary playwrights. In his six decades as a writer, he has earned acclaim as a scriptwriter for television, literary manager, publisher, editor, columnist and anthropologist. His plays speak of social issues – of poverty and resilience – and how innocent and beautiful thoughts can survive an impoverished world.

Florentino thinks of himself, like his characters, as "marginalized," in many ways. He has yet to publish his works here in the United States, the exorbitant printing cost being one factor; the other factor is that he feels his theme of poor people struggling for their livelihood does not resonate with U.S. audiences. But he is working on it by networking and making his work available through his website.

"We cannot do much to change the future but the future can change us," he says.

# Peter Neufeld

## Happily Drowning in Those Lights of Broadway

BY JESS ESPINOSA



“I’m sure there is a place for you in the theater, but I’m afraid acting isn’t it.”

These words were addressed to Peter Neufeld by Althea Hunt, the director of the theater department at the College of William & Mary in his junior year.

These words would have been enough to break the heart of someone with a strong acting ambition, but as Neufeld recalled, it took him 25 seconds to get over it. “I didn’t want to be an actor badly, but I wanted to be in the theater badly,” he said.

Undaunted, Neufeld said those words merely changed the direction of his life – leading to one of the most successful business partnerships on Broadway and the winning of a Tony award.

Neufeld, a former resident at The Village at 46th & Ten, was born in Brooklyn on December 12, 1936. His interest in the theater began in 1943 when his mother took him to see

*Oklahoma*. He thought they were going to watch a movie, and when the curtain rose he saw an actress named Betty Garde, playing the role of Aunt Ella, singing and talking...live! The young boy was mesmerized by the lighting, the colors, the music and the real people performing on the stage. "I almost had a heart attack," he said. (Years later, he met Betty Garde. He mentioned that she was the first actor he ever saw on stage, and she was touched.)

When he was 15, Neufeld enrolled in a six-week summer session in theater at the Adelphi College in Long Island. *Once in a Lifetime* and *The Philadelphia Story* were some of the productions presented. He did scenery, lighting, sound and all the magical things needed to make a show come alive. He was hooked, and he spent four summers there.

"It was perfection for me. I had a group I could call my theater family, and it was the most glorious time of my life," he said. He was the youngest member of the stage crew.

By this time, he was consumed with theater, and for his next level of education, he chose the College of William & Mary in Virginia for its renowned theater department. "It was the smartest decision I have made in my life," Neufeld said. At William & Mary, Neufeld said he "drowned in theater, and felt happy while drowning."

When he graduated with a bachelor of fine arts degree, he joined an illustrious list of alumni, including four presidents of the United States - George Washington, Thomas Jefferson, James Monroe and John Tyler - as well as many entertainment personalities, among them Scott Glenn, Linda Lavin, Dylan Baker and Glenn Close.

His first job in a Broadway office was with Wolsk & Azenberg, an organization engaged in the side of theater production that is relatively obscure to most theatergoers - the general management part. In the nitty-gritty business world of Broadway stage, general managers handle the non-creative functions such as production and operating budgets, contracting actors, designers, directors and choreographers, setting up publicity interviews, advertising schedules and, sometimes, casting and rehearsals. He found his niche.

In 1968, when Wolsk & Azenberg went out of business, he teamed up with another

employee there, Tyler Gatchell, at the suggestion of friends, and they formed their own general management business, Gatchell & Neufeld, Ltd. Their partnership continued for 25 years until the death of Gatchell in 1993, and was considered one of the most successful partnerships on Broadway. They managed a string of hits, including long-running shows like *No, No, Nanette*, *Jesus Christ Superstar*, *Annie*, *Sweeney Todd*, *Evita* and *Cats*.

But they had a couple of duds, too. In 1975, they produced their own show called *Murder Among Friends* with Janet Leigh and Jack Cassidy. Neufeld thought it was a very funny thriller comedy but critics and audiences thought otherwise - it closed after 12 weeks. In 1986, they managed a drama, *Precious Sons*, with Ed Harris and Judith Ivey, about family relationships. Neufeld loved it and watched every performance, willing the show to be a hit, willing the audience to applaud, and willing them to get their friends to see it, but to no avail. The curtains came down after only 60 performances.

Having been involved in many memorable Broadway shows, Neufeld met many memorable Broadway stars. But for him, Alfred Drake ranks above all the rest. "He was very quiet, very private and sensitive, and he had style." Neufeld has an indelible recollection of Alfred Drake's dramatic entrance when he played the role made famous by Maurice Chevalier in the musical *Gigi*. In the dark stage, only his gloved hands were spotlighted, and then slowly, the light revealed him, all alone on the stage. Without a word, he folded his hands and crossed his legs, and the audience went crazy. "He was the best definition of a star," said Neufeld.

Another of his Broadway memories was when a somewhat disheveled Ethel Merman came into his office to complain about her uncomfortably hot dressing room. "I am 55 years old," she said, "and I can't take this kind of treatment. If you can't fix this room, get yourself another girl singer." Neufeld, the good manager that he was, went into action by asking the electricians to fill the room with electric fans. That placated the singer, and the next day, she sent a note that said, "Peter, you can keep your job."

After Tyler Gatchell's death, Neufeld closed the office and he found a new focus

"It was perfection for me, I had a group I could call my theater family, and it was the most glorious time of my life,"

CONTINUED ON PAGE 12

– AIDS. He had friends who died from it and he almost lost one friend to it. “Like an itinerant farm worker,” he worked with various AIDS-related organizations wherever help was needed, such as the New York AIDS Coalition, Miracle House, Gay Men’s Health Crisis and St. Vincent’s Hospital. He answered phones, organized files, moved furniture and did whatever was needed to be done.

Not forgetting his Broadway roots, he participated in organizing the yearly Broadway Flea Market for the benefit of Broadway Cares/Equity Fights AIDS, the nation’s leading industry-based HIV/AIDS fundraising and grant-making organization. It started as a modest event in 1987, when the cast and crew of *A Chorus Line* set up tables outside the stage door on Shubert Alley and auctioned off souvenir items. This first effort raised \$7,000; in 2005, the event brought in \$544,000, as bigger and bigger crowds gathered to bid on costume pieces, original scripts and rare photographs.

A popular feature of the flea market is the celebrity table, where stars of ongoing shows sign autographs and chat and get photographed with their fans. Neufeld had the daunting task of inviting the stars and scheduling their stint at the table. It was common to see celebrities such as Dorothy Loudon, Kitty Carlisle Hart, Len Cariou, Gloria de Haven, Betty Comden and Adolph Green sitting side by side giving their fans memory-making moments. Neufeld remembers the recently departed Betty Comden as “a warm and wonderful lady.”

The flea market is held in September, and in 2001, it was scheduled during the week of 9/11. During those chaotic days, Neufeld thought there was no chance of having a celebrity table, until he got a call from Cherry Jones, who volunteered to sign autographs all day. She showed up and gave a warm reception to the die-hard fans that came. “She was wonderful, endearing, responsible,” said Neufeld. Ruth Warwick, then in her 80s, likewise showed up, fully made up and groomed, ready to sign autographs.

Neufeld was also active in Broadway Bares, described as “a combination of the naughtiness of burlesque and the razzle-dazzle of Broadway,” and Broadway Bears, an auction of one-of-a-kind teddy bears

## “I didn’t want to be an actor badly,



ABOVE: PETER NEUFELD WITH ANGELA LANSBURY IN A RECENT PHOTO.

RIGHT, NEUFELD WITH LONGTIME COLLABORATOR TYLER GATCHELL IN 1984.

BELOW, NEUFELD WITH BROADWAY ACTORS GREGORY JBARA AND VICTOR GARBER AT A ROAST HONORING NEUFELD IN 1997.



but I wanted to be in the theater badly,”



wearing a replica of costumes from plays and musicals and signed by the stars. These two annual events raise funds for Broadway Cares/Equity Fights AIDS.

Neufeld is a lifetime Tony voter and a member of the Tony awards nominating committee.

For his professional achievements and dedication to volunteer works, Neufeld has been a recipient of many awards and honors. In 2005, he received a Tony award for excellence in theater. The College of William & Mary awarded Neufeld its Alumni Medallion in 2002, the highest award the school gives to a graduate, recognizing him for his professional accomplishments, leadership, dedication to community and commitment to his alma mater. The Theatre Development Fund “roasted” him in 1997, with 300 of his colleagues in attendance. Dorothy Loudon was the emcee and among the roasters were Tom Viola, his boss at Broadway Cares/EFA, Karen Morrow, Judith Ivey, Peter Lawrence and Karen Mason.

Eight years ago, while busy multi-tasking at Broadway Cares, Neufeld noticed that his fingers were running around the keyboard while he was using the computer, his arms were getting inflexible, and one hand kept rising up involuntarily to his face. He thought he had carpal tunnel syndrome but the doctor’s diagnosis was Parkinson’s disease. Medication helped and he did not get worried because “nothing was happening to change my personality.” About three years ago, he got nervous when he noticed that his concentration was flagging, he was feeling tired and exhausted and he could not move his legs out of the bed in the morning.

His friends and co-workers worried about him and suggested finding an assisted living facility where he could be cared for. Tamar Shapiro, the social worker at the Actors Fund, suggested The Village at 46th & Ten, and on September 18, 2006, he left his apartment two blocks away and moved in.

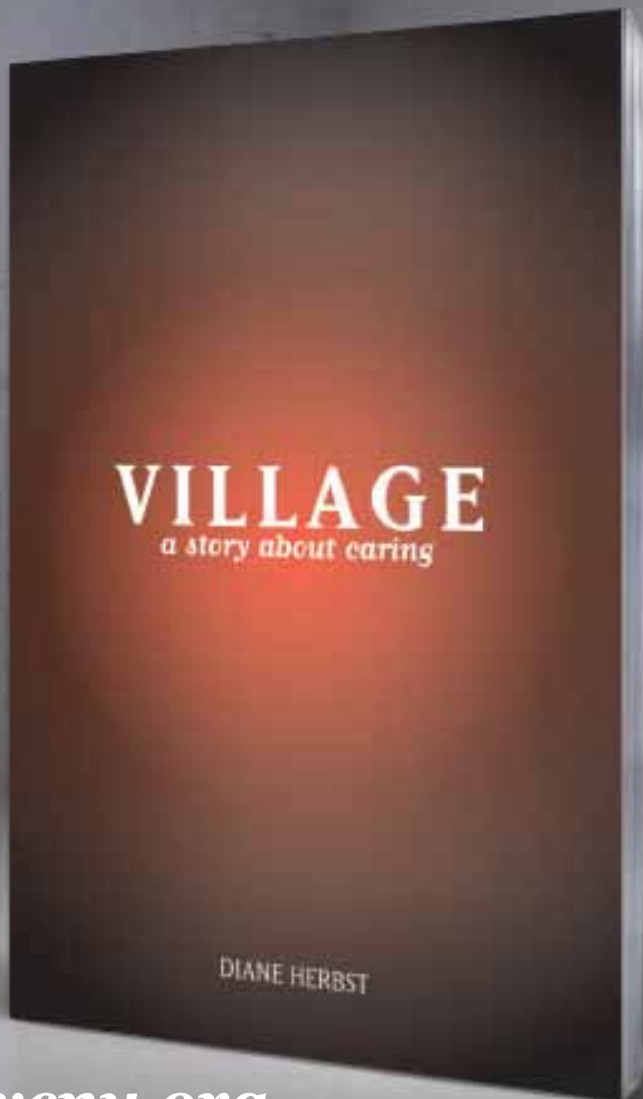
He became very fond of the people there and appreciated the every day socialization. He said his place was the best apartment he ever had, and he compared the atmosphere to a small college town.

Neufeld is writing his memoir, now in its ninth draft. His life, like the MGM musicals of old, has been star-studded, and his book promises to be the same. ❀

Recently, Neufeld moved to a nursing

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# And Back Again

*Forget Sunny  
Florida,  
the Streets  
of Manhattan  
Are Where It's At*

**BY ROBB MURRAY**

After Hurricane Wilma rumbled across Florida in 2006 — hammering the coast with 140 mph winds and torrential rains, ripping roofs off buildings and generally leaving everything in southern Florida a mess — Ruth and Jerry Selman had had enough.

“When Wilma struck, my son and niece helped us get on the last plane out of West Palm beach,” Ruth said, “and we never returned back.”

The Selmans, at the time, had been New Yorkers who’d relocated to Florida. They made the move for the same reasons countless others before them made it — the promise of never-ending summers, palm trees, lower cost of living. But after several years of being thousands of miles from family (not to mention a handful of hurricanes), they made a move that more and more seniors are making ever year: They returned to New York.

A recent *New York Times* analysis of U.S. Census Bureau data found that, for the first time since the Depression, more Americans are heading out of Florida than heading in. To a large degree, the analysis found, people who left cooler climes such as New York’s are heading back, many returning to the families they left when they moved away from what had been their homes for most of their lives. Many

**CONTINUED ON PAGE 16**

PHOTO BY BRETT C VERMILYEA

**RUTH SILVERMAN BACK IN NEW YORK  
AFTER TRYING RETIREMENT IN FLORIDA**

find that quality of life concerns also enter the picture. And some say the things that made New York dear to them have proven to be, as time passed, increasingly harder to live without.

Jim Tift, director of the Gerontology Department and the Center on Aging at Minnesota State University, said the phenomenon's history is difficult to trace.

"I don't know if you can put a finger on when it started," Tift said. "I think it's more noticeable now because of the numbers."

The most likely reason people are coming back north is health. As people get further into their golden years, they crave more support — both physical and emotional — from their children. Tift has firsthand experience in that area.

His parents moved to Arizona in their fifties. But after his father died, his mother decided she wanted to move back north to be closer to family. When she did, he and his brothers were happy to have her closer, but Tift said he also had some apprehension. Having mom back was nice, but there were issues with dealing with her needs. His mother moved nearest to him, which left him to carry most of the burden of driving mom to doctor appointments and to the grocery store, which he didn't mind. It's an issue that families face, however, and Tift said that the workload of helping aging parents needs to be spread around among family members and not become a burden on a single person.

In a mildly ironic twist, Tift said that right about the time his mother moved back north, one of his brothers relocated to Arizona.

Ruth Silverman and her husband are another example of people who'd left for warmer climes as they headed into retirement, but traded it in years later.

They began making the annual trek south with three-month stints in Florida. Gradually, their time south lengthened. Eventually, they were spending up to eight months in Florida, until they finally broke down and purchased a home. They did so because Ruth's husband had suffered a heart attack, and was having a difficult time enduring the often harsh New York winters.

They lived in that home for three years until her husband died. Soon friends moved away. Others passed away. And Silverman's isolation grew, and so did the burden of maintaining a home by herself. She also had two cats, which made it difficult to find a condo in Florida as, she says, most condos

she checked on did not allow pets of any kind.

While visiting upstate in the summer of 2002, she saw an advertisement for The Village at 46th & Ten. She jotted down the contact information and sent an e-mail off as soon as she could. Her main question: "Can I bring my pets?" Getting the answer she wanted, she and her daughter visited the Village Care operated senior residence. She liked what she saw, and made the decision to sell the house in Florida.

"For me, this location was perfect," Silverman said. "My daughter lives upstate and the Port Authority is just four blocks away and the Theater District is right here, and the proximity to everything and the transportation is fantastic. People asked me if I looked anywhere else, and I said, 'No, I wasn't interested in anywhere else.'"

Silverman, who spends summers upstate with her daughter, says the cost of living is one of New York's disadvantages. For example, she says she pays double for groceries.

"I took the cost difference into account when considering moving back, but my house in Florida was free and clear, didn't have a mortgage," Silverman said. "And I, being very good at budgeting, figured out that I made enough on the sale of the house to cover the higher costs here in New York."

"I don't miss the warmer weather at all, as a matter of fact, when I was contemplating coming here, my daughter asked me 'what would you do if the weather's so cold, you can't go out?' and I replied 'what I did in Florida when it was too hot to go out, I stay indoors. It's a lot easier to stay indoors here than Florida because you're not alone, there are so many activities here that I participate in with many of the other residents."

"The main factor that led me into looking at a senior residence rather than a private residence is that I was 83 years old, and I knew eventually I would have to go into a facility, and I would rather be able to choose a facility while I still had my wits."

Like the Silvermans, the Selmans started out going to Florida for a few months out of the year and maintaining a permanent residence in New York. Gradually, their time in Florida got longer every year, and they eventually went all the way with a move to Florida.

"It was a painful decision because it meant saying goodbye to New York which we were avid lovers of," Ruth Selman, whose husband recently passed away, said. "I have other roots here in New York as well. I am a member of the American Montessori Society, which requires that I attend confer-

ences and lectures at the United Nations, so I found myself trekking back and forth from Florida to attend these events."

Florida was nice. But the good life of tropical weather comes with an occasional dose of Mother Nature's wrath. The roof of their building was ripped off during one hurricane. Another caused extensive damage to their car. Hurricanes scared her so much, in fact, that she'd find herself hiding under the covers, she says, "like a baby." Hurricane Wilma was the last straw.

"When Wilma struck, my son and niece helped us get on the last plane out of West Palm Beach, and we never returned back," Selman said. "When we were ready to go back, my son recalled seeing an ad for 46th and Ten and felt it would be better for us, especially because it was so close. I loved the idea because I would be back in New York, the place that I love more than anywhere else in the world."


Minnesota State's Tift says adult children generally welcome their parents who come back to live closer to them, but he said that children have to be careful about not committing their lives to caring for aging parents.

"You hear about Boomers quitting their jobs (to care for a parent)," he said. "Don't quit your job. You still need something else to focus on."

Oftentimes, Tift said, those seniors returning home come back because they are older, maybe already in their eighties, and already with medical needs that can be acute.

Adult children need to look at alternative living arrangements that include home care and assisted living rather than having a parent move in with them. This reverse population shift is a unique one. The Census Bureau said that not since the Depression have more people moved out of the South than moved in.

The fastest-growing segment of the population, Tift says, is made up of those 80 and older. Census estimates show there are about 10.7 million Americans 80 and older. By the year 2025, they expect that number to jump to 15.6 million.

The number of older adults in general is also swelling. By 2040, the Census Bureau estimates there'll be 80 million seniors. What remains to be seen is whether retirement communities, home care, senior living arrangements and others will be able to keep up with demand, and whether new businesses offering services to seniors will be created as seniors and their families demand resources to help them, Tift said. 

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A photograph of a hospital room. In the foreground, a doctor in a white coat with a stethoscope is partially visible. In the background, a patient is lying in a hospital bed. The room has wood-paneled walls and a window with blinds.

# A Strategy for Successful Aging

BY LUCAS MANN

The office of Dr. Joyce Fogel is nestled into the 12th floor of St. Vincent's Hospital, almost impossible to notice walking down the corridor. The door greets patients and visitors with kind words: "Cherish yesterday, love tomorrow, live today." Inside, her office is decorated with similar warmth.

A piece of paper taped to a wooden dresser displays "The Physician's Daily Prayer," reminding Dr. Fogel about the humanitarian qualities that make one want to go into medicine. Rosie the Riveter flexes on a poster on the opposite wall, and a row of Gary Larson cartoons speaks to Fogel's easy smile and sense of humor. The office decorum reflects the many attributes that Dr. Fogel needs daily, as the Section Chief of the Eileen E. Anderson Geriatric Section of St. Vincent's Hospital.

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CONTINUED ON PAGE 20

“It’s unique because you don’t do a lot of cure [with geriatric care],” Dr. Fogel said. “You do a lot of prevention, a lot of maintenance. You are providing education. And people do better when they understand their illness, as well as their medications.”

And as the Baby Boom generation starts to enter the golden years, the need for education on aging is more important than ever.

“Nationally, 12 percent of the population is over 65 and by 2030, that number is projected to be 22 percent,” she said, rattling off statistics at a breakneck pace. “And only five percent of elderly people are in nursing homes. That means that they are out there in the communities and need service. Right now the fastest growing portion of our population is the 85 and over group.”

The task of educating and treating this growing senior population is a bit more challenging than a typical doctor’s in that it requires more of a holistic approach, with an emphasis on complete care, not simply treating one specific illness. There are so many problems that can arise in the aging process — arthritis, heart disease, hearing loss, vision loss, memory loss, etc. — that Dr. Fogel has to approach each patient as a unique whole.

“This is an interdisciplinary program in every way,” Fogel explained. “As patients age, there is the common idea that one provider can’t care for them alone. We try to provide preventative care as well as dealing with specific problems that arise, whether it’s dementia or falling down. There are a lot of components — physicians, social workers, community resources. We provide a link for our patients to get whatever it is they need.”

And the old way of doing things just won’t do. “The ‘well what do you want — you are old’ approach is not acceptable,” she said. “Medical providers need to be tuned in to issues of aging” and treat a senior’s ailment as seriously as they would a thirtysomething’s because even if there is no cure for a specific condition, not treating it has a good chance of making things worse.

Plain and simple, for the aging senior it’s a quality of life issue.

“As life expectancy increases, people

are not only living longer but they are living longer with their chronic illnesses and functional losses. I see accommodating to those losses and the loss of independence as a great challenge,” Dr. Fogel said. “One quarter of people over the age of 65 consider their health poor or have some kind of functional disability.”

Some of the more common forms of functional disability are hearing loss, vision loss and memory loss. Hearing loss and vision loss are usually easily treatable with hearing aids and glasses. And while memory loss isn’t quite so easily treatable, she said “there have been some studies that suggest remaining mentally challenged — like doing the crossword puzzle — may keep older folks a little sharper.”

Besides staying mentally active, “it is important to remain as physically active as possible to prevent deconditioning, loss of strength and muscle mass,” she said. When a person is sedentary, muscles weaken, which introduces a whole host of problems, one of which is an increased chance of falling. “Exercise is valuable both in prevention and treatment,” Dr. Fogel said. “Regular exercise can lower blood pressure, help in weight loss, improve muscle strength. Specific programs like Tai Chi have been found to be beneficial for gait and balance.”

It is also important that a person eat healthy.

“Proper diet is so important in treating so many diseases — diabetes, heart disease, high cholesterol,” she said. “It may, in fact, allow for less medication use in some people. And the intake of calcium, either as supplements or in the diet, is important in treatment and prevention of osteoporosis.”

Regular doctor visits are also important in a successful aging strategy as a doctor can help tailor a plan for a patient’s specific needs and provide education as to the best diet, exercise and medication regimen. Regular visits also help detect diseases early, as do regular cancer screenings.

Dr. Fogel says that there’s much more to healthy aging than individual tasks. Seniors must also take a look at their surroundings.

“As people age they need to develop a network in the community — day programs, meals-on-wheels-type programs, etc.,” Dr. Fogel said. Seniors need to find

“medical providers who are tuned in to issues of aging and services for hearing aids, low vision and physical therapy.” Older adults need to know what assistive devices are available. Do they need a personal emergency response system? What kind of personal help is needed within the home? What’s available?

Of course, family is invaluable in making these decisions. Dr. Fogel said they can help by “being understanding and encouraging seniors to get help when needed.”

“Sometimes families are in denial about their loved one’s losses as well and the need for help,” she said. “Family involvement is crucial to keep a handle on what’s going on. They can interface with health care providers and provide additional information.”

“Families also need to encourage independence as long as it is safe,” she added. “It is sometimes hard to find the right balance.”

Families can also help in one of the more unexpected challenges of aging: loss of decision-making abilities.

“An individual may not anticipate that they may become too ill to make a medical decision and don’t appoint a health care proxy or make their wishes known for care in advanced illnesses or end of life,” Dr. Fogel said. This can create major problems when there is no clear-cut course of action and family members squabble among themselves deciding on the course to take, possibly delaying treatment or even denying it altogether.

“[A patient with] advanced Alzheimer’s, is the same as having a terminal cancer patient,” Dr. Fogel emphasized. “The difference is that maybe they cannot speak for themselves. We always want to know their wishes before they reach that point. It’s our responsibility to meet their wishes as best as possible.”

Fogel noted that one of the most challenging yet rewarding parts of geriatric care comes with these patients that are incurable, but still have the rest of their lives to live out as well as possible.

“We do a lot of work with end-of-life patients,” she said. “We are always trying to find the best environment for each person. Can they stay at home? What are their last wishes? It’s about optimizing aging. It’s very rewarding to help people fill their own goals for aging.” ❁

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**N**ewswise — Not only does exercise make most people feel better and perform physical tasks better, it now appears that exercise — specifically, resistance training — actually rejuvenates muscle tissue in healthy senior citizens.

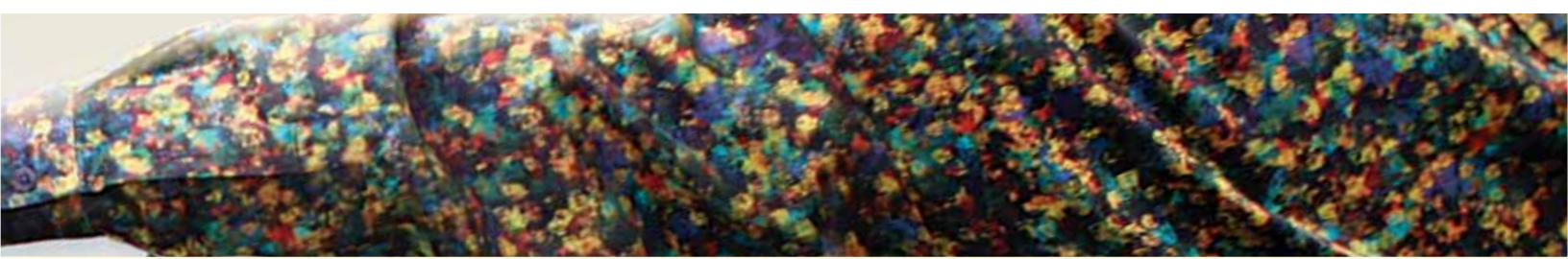
A recent study, co-led by Buck Institute faculty member Simon Melov, PhD, and Mark Tarnopolsky, MD, PhD, of McMaster University Medical Center in Hamilton, Ontario, involved before-and-after analysis of gene expression profiles in tissue samples taken from 25 healthy older men and women who underwent six months of twice weekly resistance training, compared to a similar analysis of tissue samples taken from younger healthy men and women.

Results showed that in the older adults, there was a decline in mitochondrial function with age. However, exercise resulted in a remarkable reversal of the genetic fingerprint back to levels similar to those seen in the younger adults. The study also measured muscle strength. Before exercise training, the

# Reversing Aging

CONTINUED ON PAGE 24





# And Ten Things You Can Do About It

By Lucas Mann

It can be difficult for anybody to motivate themselves to get up and exercise. Sure, going for a jog may be good for you, but sitting around and watching television is just way more easy. And it only becomes more difficult to work out as you grow older. That is why there is the ever-growing need to find alternative, stimulating ways to exercise. Breaking a sweat isn't so bad if you are doing something fun, at a manageable pace, sharing the experience with friends. Here are a few exercise alternatives that have what it takes to make exercise exciting.

## **TAI CHI**

There is no rush with Tai Chi – in fact, each movement is done at an intentionally slow and deliberate pace. These consistent series of motions, each referred to as a “form,” help tone each and every muscle as the body gently puts itself through its paces. It also educates its practitioners on how to control your body and to move gracefully. With these skills comes a greatly decreased risk of falling down or of hurting a muscle in a sudden movement. Tai Chi has been working for people in China for centuries and

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older adults were 59 percent weaker than the younger adults, but after the training the strength of the older adults improved by about 50 percent, such that they were only 38 percent weaker than the young adults.

“We were very surprised by the results of the study,” said Melov. “We expected to see gene expressions that stayed fairly steady in the older adults. The fact that their ‘genetic fingerprints’ so dramatically reversed course gives credence to the value of exercise, not only as a means of improving health, but of reversing the aging process itself, which is an additional incentive to exercise as you get older.”

The study participants were recruited at McMaster University. The younger (20 to 35 with an average age of 26) and older (older than 65 with an average age of 70) adults were matched in terms of diet and exercise; none of them took medication or had diseases that can alter mitochondrial function. Tissue samples were taken from the thigh muscle. The six month resistance training was done on standard gym equipment. The twice-weekly sessions ran an hour in length and involved 30 contractions of each muscle group involved, similar to training sessions available at most fitness centers. The strength test was based on knee flexion.

The older participants, while generally active, had never participated in formal weight training said co-first author Tarnopolsky, who directs the Neuromuscular and Neurometabolic Clinic at McMaster University. In a four month follow-up after the study was complete, he said most of the older adults were no longer doing formal exercise in a gym, but most were doing resistance exercises at home, lifting soup cans or using elastic bands.

“They were still as strong, they still had the same muscle mass,” said Tarnopolsky. “This shows that it’s never too late to start exercising and that you don’t have to spend your life pumping iron in a gym to reap benefits. It’s particularly rewarding to be able to scientifically validate something practical that people can do now to improve their health and the quality of their lives, as well as knowing that they are doing something which is actually reversing aspects of the aging process.”

its benefits are being seen more and more in New York City. In Chinatown, seniors can often be seen in public parks in the morning, practicing the discipline in large groups.

It is a mesmerizing display to watch and inspiring to see the impeccable body control that people can have at an advanced age. The motions not only provide physical health, but also ground the participant mentally to face the day ahead and, in the tranquility that it creates, is said to fight depression. Also, unlike running or lifting weights, Tai Chi does not create soreness in its working of the muscles. In fact, it alleviates pain as it slowly stretches out achy bodies. Tai Chi is growing quickly in popularity and finding a place to learn is easy. Many public parks and recreation centers all over New York City have scheduled classes. Call your local recreation center and you will probably find a community of seniors already benefiting from this ancient discipline.

### BALLROOM DANCING

Anybody who has danced the night away before knows that it can be a pretty invigorating activity. Ballroom dancing is a great way to have fun, feel young again, and get a lot of exercise. Studies have shown that ballroom dancing, at just a moderate pace, burns between 250 and 300 calories per hour. Your leg muscles get a workout, your balance is tested, and constant memorization and repetition of different dance steps helps to keep coordination sharp. That quality to the activity is also thought to possibly help prevent dementia.

Then, of course, there is the undeniably fun aspect of ballroom dancing in the evening. It is a way for couples to exercise together and remember all of the different times they went out and cut a rug. Ballroom classes are held where couples can go have fun interacting with other people and where singles can get a workout and make a few dancing acquaintances. Good music, socializing and perhaps a little romance all thrown one into activity.

While ballroom dancing might not be the first thing you think of as an alternative to the gym, it is a way to get exercise that you might find enticing. Dance Manhattan, at 39 W. 19th St., offers both individual and group classes.

### YOGA

Yoga is becoming widely popular due to its emphasis on total body health. Instead of forcing one sort of physical change upon somebody, it adapts to what a person needs to feel healthy and pain free. Mentally and physically, it stretches you out and conditions you to be more relaxed and flexible. The benefits of yoga are perfectly suited to the needs of seniors. It teaches you how to stretch and avoid stiffness and it increases good posture and muscle stamina. If your head and shoulders have slumped slightly, yoga works against that, pulling and elongating the body gently. While it’s not supposed to be a cardiovascular activity, yoga still presents a good workout as well as a good stretch. Holding the poses isn’t easy and an hour of yoga burns a significant amount of calories. At this point, a yoga studio is about as easy to find in New York City as a pizza place.

### WATER AEROBICS

Water aerobics takes tried and true exercises and brings them to an easier, safer realm. Every movement is cushioned by the water. No matter what you do in the water, the possibility of falling is eliminated, as well as the likelihood of overheating on a sultry day. However, a swimming pool also adds an element of difficulty to everyday activities and makes them good cardiovascular workouts. Jogging or even walking builds extra strength because of the water resistance. In fact, the AARP website states that water walking for an hour can burn 500 calories.

The exercise possibilities extend beyond just walking. Weightlifting can also be done in the water, with small Styrofoam weights. Kickboxing is another activity that can be adapted

into water aerobics, with less harsh strain on the muscles than the boxing would create on land. Paddling with kickboards is great exercise and even tossing a beach ball while treading water will burn a lot of calories. And a thread connecting these water-aerobic activities is that they're both fun and social. Water aerobics classes give you plenty of physical strain, but next to friends, and at a pace where you can socialize during the activities. It isn't hard to find water aerobics classes in New York, but one venue to check out is the McBurney YMCA on 14th St.

### **CHAIR AEROBICS**

Chair aerobics bring exercises usually done at a gym right into whatever room you happen to be in and center them around a simple folding chair. A chair aerobics class can be completed sometimes in 20-30 minutes, which go at a steadily challenging, but not exhausting pace. In terms of the short time and the limited resources needed to do the exercises, chair aerobics is just about as economical as an exercise regimen can be. Oftentimes there are some additions to the program, beyond the chair, that help work muscles, but they're still very simple. One popular tool is the resistance band, a long piece of elastic that, when positioned at different places around the chair, resists muscle movement at a very consistent pace and gently strengthens the muscles.

You will have a familiarity with almost every basic motion that chair aerobics puts you through, which will help in how quickly you pick up on a program and become comfortable with it. The movements aren't designed to wear you out, but even subtly using your own body weight against you in many of the exercises helps condition your body to face your daily routine with a significantly increased level of fitness and balance. Because of its simplicity, chair aerobics is a fixture at most local YMCA's.

### **PILATES**

Pilates is an exercise that requires hardly any space or equipment but still manages to provide a very good work-

out. Pilates focuses on strengthening the core muscles, in the torso, which are very important in overall strength and health. Movements are very controlled and that actually puts added pressure on muscles because participants need to support their own weight in various motions, but still keep a good posture and body alignment. By the end of a pilates workout, your muscles are definitely telling you that you have accomplished something that day.

Pilates also brings a focus on breathing during exercise, making sure that breaths are constant and relaxed, even when the body is going through strain. Training like this extends beyond the gym mat to stressful physical and emotional situations in life. Your personal fitness is improved in every way, from strength to range of motion, to stamina, to basic coordination. The New York Pilates Studio, on 311 W. 43rd St., is one of many good locations to pick up this healthy hobby.

### **JUDO**

While it is a contact sport, judo mixes fierce competition with the preaching of balance and fluid movements. People of all ages can spar against one another because the discipline focuses less on physical strength and more on steady balance and technique. While judo participants crash to the mat quite a bit, they do it with a special style and turn physicality into smooth, painless falls. The cardio workout is plentiful and every muscle is involved in the full body grappling and throwing. Yet almost as important as the exertion is the conditioning of the body to achieve better balance and to fall safely. The art of positioning one's body to fall safely to a judo mat extends to helping safety in every day slips. Find a local judo house and encounter an exercise that, while not geared specifically toward seniors, is accessible to all ages and you may even spot a 75-year-old tossing his juniors around with ease.

### **KAYAKING**

There's a reason why rowers are in such good shape. Rowing conditions the whole torso and some of your legs as

well. Pulling against the water creates a challenging but smooth resistance to all of the muscles in your arms and chest. It is also, like swimming and bicycle riding, a non-impact activity and your knees don't take the forceful pounding that running produces. Kayaking may not seem like a city activity, but the Hudson River is becoming an increasingly popular venue for it. Why sweat away on land when you can be exercising in a river breeze and also having the unique experience of seeing New York City from the water. The New York City Downtown Boathouse is on Pier 40, at Houston St. and kayaks are free upon walking up to the dock in nice weather. They provide the boat and the life jackets, and some tips if you need them, and then the river is yours.

### **TENNIS**

Tennis is a sport for all ages. While youth programs are popular and we watch athletes in their twenties play on television, it's also very common to see seniors playing all day long on courts all over America. Tennis is a great way to stay in shape for those who were athletes all their lives. It can be difficult to find motivation to push yourself when there isn't a game or some incentive involved. Tennis is the solution to that problem. Whether you're playing competitively or simply rallying with friends, you are concentrating on improving your shots instead of how tired you are. And, while you're not thinking about the exercise, an hour of singles tennis burns 600 calories. Doubles presents a slightly less strenuous workout, but still forces a sweat.

One common misconception about tennis is that it's a suburban hobby and an expensive one. Neither of these is true. There are places to play tennis all over New York City and many of them are Parks Department public courts. A yearly membership for any of New York City's public courts is \$11. There are also, for additional money, pros at different city courts that give lessons to all levels of player. Tennis is one of those activities that the better you get, the more you want to play, so your exercise will increase along with your experience.



WRITTEN BY **Lucas Mann**  
PHOTOGRAPHED BY **Brett C Vermilyea**

The process of treating people with dementia is an arduous and, in many ways, unique one.

Considering the varied ways that dementia affects people and the constantly changing nature of the condition, it takes a particular kind of person to care for dementia patients well.

Village Nursing Home took all of these factors into account when structuring the “Person-Centered Therapeutic Recreation Dementia Program” a year and a half ago.

“We went through a whole process in selecting nurses,” said Aimee Wilson, who is director of therapeutic recreation, volunteer services and pastoral care at Village Nursing Home. “First we did an internal posting explaining the program and what kind of characteristics were needed. Then there was an application and interview process. We put people in different scenarios to see how they would react.”

Once selected, the staff of the dementia unit was put through a training process in May of 2006, run by Linda Buettner and Suzanne Fitzsimmons, who co-authored the book *Dementia Practice Guidelines*. Everyone who was to work hands-on with residents in the new program was trained, from the certified nursing assistants (CNA) to supervising staff to social workers and recreational therapists. All of the training was geared to the specifics of dementia and the staff came to know the types, history and process of the condition.

The results achieved by the dementia-specific training was in evidence on a recent afternoon on the third floor of the Village Nursing Home. This floor is dedicated exclusively to dementia patients and all of the sights and sounds are distinct and vastly different from the rest of the building. From one resident’s room came the soft sound of trumpet playing — the tune a 1940’s standard. Many of the residents were out of their rooms sitting in the hallways, quietly handling an old piece of memorabilia or, in one woman’s case, a stuffed cat that she pet softly.

The walls are a fresh and lively bright yellow and are adorned with all sorts of art pieces containing movable locks and latches.

“That’s touchable art,” Wilson said, pointing to a wooden frame with some knobs and buttons on it. “Residents can interact with them, it’s a diversional

technique.”

Walking through the floor, Wilson pointed out various adornments, all period appropriate, seeking to match the youthful days of the unit’s residents. There are old movie posters and recognizable artwork from various eras.

“Every resident has one of these,” Wilson said, pointing to a small box, with personal photos framed inside. She used one as an example, with its photographs showing a resident when she was in her twenties, along with a more recent picture. “She probably won’t recognize what she looks like now,” Wilson said of the resident, “but she will see herself in the older picture and be able to identify herself. There’s a nostalgia component. It increases their comfort level for the floor to feel homey and recognizable.”

That emphasis on comfort and flexibility is the centerpiece of Village Nursing Home’s philosophy on dementia care. The idea is not to force residents into anything rigid, but to acknowledge the uniqueness of each case and then tailor each person’s daily activities to make sure the resident is at ease in his or her surroundings. The option to interact with others is always available, but staff also have residents perform small tasks by themselves, tasks they remember how to do, with the idea being that this bit of remembering will help residents cope with their condition.

“The activity program is completely individualized,” Wilson explained. “People read sometimes or draw or fold laundry. Every resident has a personal CD player and headphones to listen to their favorite old songs.”

Evidence of the very open structure of a resident’s day was everywhere. One woman was knitting by herself, a few other people were sitting quietly in a common room looking out the windows onto the street. Also in the common room was a sight you don’t see that often: A member of staff and a resident were holding each other gently in the middle of the room and dancing a waltz to a classic song. They swayed back and forth, both smiling, with other residents occasionally looking up to observe them. Dancing was what that particular resident wanted to do that afternoon and so it became her activity.

This tableau served as a perfect explanation for

CONTINUED ON PAGE 28



As **Unique** as a  
**Finger Print**

*Painting, Dancing,  
Knitting:  
Tailor-made  
Dementia Therapy*



## CONTINUED FROM PAGE 26

why the screening process to work with dementia residents had to be so heightened and specific. The largest part of the caring responsibility falls on the shoulders of the CNAs who, to make their residents happy, will dance or do whatever it is that triggers a positive response. They get to know their patients in an incredibly detailed way.

“All dementia patients have different needs, so it’s up to us to cater to them in different ways,” said Cynthia Burke, a rehabilitation aide. “You need patience, understanding and compassion to work in this field.”

Burke has worked as a CNA for Village Care for 34 years and has experienced just about anything there is to experience in the field. It might seem to be a bit late in her career for her to try out for the dementia program. Instead, she said she saw it as an opportunity, where she felt she could put to use all of the skills that she had learned in her career.

“It was a big change, but I’m happy with it,” she said with a smile.

She spoke along with two of her colleagues as they set out an afternoon snack for the residents in the common room. All agreed that the work they do in the dementia unit brought with it a higher level of community. Five CNAs usually work the day shift together and it’s up to them to work as a team and make the day go smoothly. All of them were certainly in agreement on one thing, that there were special qualities that a person simply could not do this job without.

“I’m a very patient person,” said Marie Casseus, another CNA on duty. “If they fight me, I accept it and try and change things to make them happy. I think that I learn a lot from them, too. Like with Millie [she pointed to a resident waiting for her snack.] When she doesn’t want to wake up in the morning, I have a little song that I always sing for her and then she wakes up and she laughs.”

As a demonstration, Casseus unabashedly broke out into the first few bars of the tune and residents slowly looked up and smiled around her, recognizing the sound and enjoying it. Casseus and her colleagues are the people that these dementia residents see most in their world and they interact with a level of ease that comes from knowing one

another and earning trust.

“We do build a camaraderie,” said Charmaine Jackson, another CNA who has been at Village Nursing Home for five years. “It’s challenging, sometimes, when they’re asking for their mother. Sometimes they get depressed, sometimes they cry. You just need to find the right words to say to them. Because everybody is different, you get to know and understand them. I think this is a good program. People need that special care. They need love and attention.”

Each of these CNAs spoke of a personal connection that they felt to the residents they work with. That seemed to be much of what their job was about, building relationships that are as strong as possible. They are also encouraged to work together with the rest of the staff and the nursing home supervisors. Instead of just taking their instructions and going to do the job, the dementia CNAs report bi-weekly to each other and their supervisors, going over how they can tweak and adjust their approaches to make their work as successful as possible.

“We meet as a team to discuss anything,” said Jackson. “We talk about changes in residents, how we feel about different things that have been happening, what we need to change.”

“It’s nice to have [the meetings],” Casseus added. “People listen to our opinions and we all work together. You get to share the battle.”

That sense of teamwork and leadership can also be attributed to the training and preparation that Village Nursing Home gave to the staff before embarking on the dementia unit.

“Our staff all received training on how to coach one another and problem solving skills,” Wilson said. “The enhancement of the team feeling is very important. Nurses have to become more effective as coaches, not micro-managers. What we want is to have discussion and cooperation where it’s not ‘don’t do it this way,’ and instead it’s ‘let’s see how we can make this better.’”

Wilson went on to talk about how she has seen a consistent improvement as the dementia unit grew into its own and that the staff continues to display more and more of the effects of their training.

“What we continue to see is more preparedness,” she said. “They all have a certain level of patience and tolerance.

Their training dealt with apathy and agitation and how to work around that, so our staff really know how to motivate.”

All of this training was made possible by a state grant, which is what makes the dementia program at Village Nursing Home so distinct. The grant was for “Developing a Person-Centered Therapeutic Recreation Dementia Program.” The name of the grant holds in it a certain set of guidelines for the forward-thinking program that has been created. The program has to be manageable enough in space and population to really be able to center the treatment around each individual. While the 40 residents that the dementia unit has is not small by any means, the floor feels very contained and the ratio of 5 CNAs to those 40 residents makes personalizing the day very possible.

“One component of the grant was that all of the residents in our program needed to have a diagnosis of dementia and be able to benefit from an on-going program of activities,” Wilson explained. “A person with end-stage Alzheimer’s, perhaps bed-bound, may not be appropriate for this program, and would be a better fit for a palliative care program. We encourage independence and choice, therefore, residents can go to the main dining room if they wish to participate in larger groups or have their meals there.”

The dementia unit is, in many ways, built around straddling lines. They encourage interaction and activity, but do not force it. They treat dementia patients with knowledge and techniques specific to the nature of the condition, but they also foster as much of a connection as possible between the world of their dementia residents and the larger world of the nursing home.

Obviously, running a dementia unit will present constant challenges, but Wilson sees only positives in the way the program has developed so far and is proud of the philosophy of her program.

“When working with people with dementia, we’re not necessarily focused on the end product,” she said. “It’s about taking their daily activities, engaging them in the process and creating moments of joy and acceptance throughout their day. If somebody wants to sit and watch people, then they should be able to have that activity be a comfortable and pleasant experience.” 🌸



# The First Cut is the Deepest

Medicare is touted by some as the model for national health care.

But Medicare itself is in trouble. Oh, not because it doesn't work. It works, and it works well, assuring that those over 65, along with those with disabilities, get medical care. Medicare pays for doctors and for hospital care.

The troubles, though, come from several directions.

The current president, for an ideological reason that plays to his "base," wants to privatize it, and has achieved that to a certain extent, first by creating and encouraging Medicare Advantage plans that are run by insurance companies. He arranged it so that Advantage plans get more money than traditional Medicare lays out directly for services. So the "privatized" plans cost taxpayers more.

He also pushed for a Medicare prescription drug plan that's now in place, which is run, again, by insurers. It's costly, uneven, has a huge gap in coverage, familiarly called a "doughnut hole," but it's done one thing – most seniors now have at least some type of prescription coverage. Of course, more than 60 percent had coverage through retiree health plans before Part D, a Wall Street Journal survey had revealed a few years ago. The Medicare Advantage folks usually have drug coverage in their plans too.

The promise of Medicare Advantage plans is that enrollees generally can pay less and get more than those in traditional fee-for-service Medicare. That doesn't always seem to be the case. Federal audits of privatized Medicare Advantage plans and prescription drug plans have shown that tens of thousands of recipients were victims of deceptive tactics and had claims improperly denied, according to *The New York Times* recently. The audits further revealed "improper terminations of coverage for those living with HIV/AIDS, huge backlogs of claims

and complaints, and a failure to answer telephone calls from consumers, doctors and drugstores," *The Times* reported. Companies involved include some the largest and well-known of health insurers.

Through expensive privatization schemes, which have been dubiously run, we've been adding services to Medicare at a time when there are ever-louder voices crying out about the huge costs facing the nation as the Baby Boom population bursts into eligibility. It seems pretty

It seems pretty clear  
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clear that the current administration in Washington wants to achieve privatization at any cost.

If you Google "Medicare spending," you'll quickly find links that lay out the financial woes that need to be addressed in some meaningful way. Of course, one of those solutions would be new revenues through payroll or other taxes (gasp!).

Mostly, though, you hear folks wanting to cut Medicare. They're led by Alan Greenspan, former longtime (and mostly silent) chairman of the Federal Reserve, who in the waning days of his tenure warned about the costs of Medicare

(and Medicaid and Social Security). In October, the retired and now talkative Greenspan told a gathering of members of a senior housing financing organization to expect cuts in Medicare.

Medicare isn't the "third rail" of national politics that Social Security is.

The current president (the same one who added all those costs in his privatized Medicare Advantage and prescription drug plans) has also proposed significant cuts to Medicare during his term in office.

It was troubling recently to witness the House of Representatives pass legislation extending and expanding the State Children's Health Insurance Program at the expense of seniors by including massive cuts to Medicare that would help pay for the increases in SCHIP. This bill was particularly disturbing because it was largely the work of Democrats, long the defenders of entitlements, who somehow thought of their five-year "freeze" on market-basket increases to home care programs and nursing homes as not a cut.

Had this legislation survived (it didn't), it would have eliminated Medicare payments to providers for inflation-driven cost increases. Some estimated this to amount to \$3 billion in lost reimbursements nationwide over five years. New York nursing homes and home care would have lost nearly \$200 million. A tidy sum that would be taken from the very care providers that older adults and their families turn to when they need help.

It would do well to remember that Medicare was created to assure our older citizens that they would have access to medical and hospital care. Federal health insurance for persons 65 and older went into effect 49 years ago, and since then the U.S. government has been the primary financier of health care for older adults.

Medicare is not perfect, but has succeeded in its basic mission.

# It's Time to Coordinate Care

BY TODD SEMLA

The American Geriatrics Society strongly supports the Geriatric Assessment and Chronic Care Coordination Act, because it will create a patient-based approach to health care under Medicare that will benefit patients and lower their health care utilization rates.

We believe that the geriatric assessment and care coordination benefits this legislation would establish will not only dramatically improve the care received by the sickest and most vulnerable patients in the Medicare population, but it will also impact the lives of their loved ones who are their caregivers by providing them the resources to better care for their parents, grandparents, brothers and sisters.

Simply put, care coordination puts the patient at the center of care. The emphasis shifts from disconnected management of illness by multiple professionals to coordinated, comprehensive management of the patient's health. The Medicare Payment Advisory Commission (MedPAC) — an independent group established to advise Congress on issues impacting Medicare — has stated that “care coordination has the potential to improve value in the Medicare program. Even if individual providers deliver high quality, efficient care, overall care for a beneficiary may be sub-optimal if providers do not coordinate across settings or assist beneficiaries in managing their conditions between visits.”

As life expectancy increases due to the improving quality of health care and the achievements in modern medicine, the number of older Americans living with chronic disease also expands. Partnership for Solutions, a Robert Wood Johnson funded initiative of which we are a partner, has found that about 78 percent of the Medicare population has at least one chronic condition, while almost 63 percent have two or more. Of this group with two or more conditions, almost one-third (20 percent of the

total Medicare population) has five or more chronic conditions, or co-morbidities. It is no surprise that the prevalence of chronic conditions increases with age.

But Americans are no longer dying from the same diseases as they did in previous generations, now they are living with them.

In terms of physician visits, the average Medicare beneficiary has just over 15 physician visits annually and sees six-to-seven different physicians in a year. There is almost a fourfold increase in visits by people with five chronic conditions compared to visits by people with one chronic condition. The number of different physicians seen is nearly two and half times greater for people with five or more chronic conditions relative to those with just one chronic condition.

The average community-dwelling Medicare beneficiary 65 years and older takes on average between four and five different prescription and non-prescription medications regularly.

These patients with multiple chronic conditions are at very high risk for hospitalization, medication interactions, and poor health outcomes related to their chronic conditions as well as their use of medications.

Chronic care coordination avoids negative medication interactions and prevents hospital stays, because the chronic care team holistically manages and treats illness — before it worsens to the point where it requires hospitalization.

Care coordination lays the foundation for a patient-centered, consistent care approach across multiple illnesses. As many of us know, coordinating a chronically ill patient's care creates a bond among the chronically ill patient, and their caregivers and family members. Many geriatricians provide care coordination services to frail elderly patients based on their need for extensive family and patient communications, multiple prescription and nonprescription medications, and extensive transitional care

as these patients move through different settings in the health care system.

In a 2006 survey by *USA Today*, The Kaiser Family Foundation and the Harvard School of Public Health, half of patients and their household members reported problems coordinating care. But at the present time, Medicare does not reimburse caregivers for providing these services and, in fact, most geriatricians are unable, for many of their patients, to use the team approach I just described, because they can not afford to develop the infrastructure and hire the staff needed to perform care coordination.

The inability to provide a team approach to care for these patients results in fragmented care offered by many providers who do not communicate with each other, who duplicate tests and treatments, and who prescribe medication without knowing what medicines the patient is on, thereby increasing the risk for hospitalizations, drug interactions and adverse events.

When large numbers of doctors and caregivers treat multiple health conditions, the clashing treatments may unwittingly lead to new illness, or the need for multiple hospital visits. We believe the data on care of the elderly show that a lot of the care provided to beneficiaries with chronic conditions is not well-coordinated and that this lack of coordination may result in avoidable adverse events and poor health outcomes.

We are convinced that a new system is required — one that moves the patient to the center of care. A new Medicare benefit for geriatric assessment and chronic care coordination services is an essential element of this patient-centered approach. The health of the Medicare beneficiary is foremost, and the delivery of these coordinated services is vital to the health and well being of those elderly patients with complex and multiple chronic conditions

*(Todd Semla is president of the American Geriatrics Society. This article is taken from remarks he made before the U.S. Senate's Special Committee on Aging.)*

## Geezers? Not! And Please Pass the Doughnuts

Flipping through the newspaper the other day, I noticed these headlines: “Getting older has never been so fashionable.”

“How old are you? As old as your skills.”

“The graying of the web – New social sites cater to people of a certain age.”

It seems that old is “in” these days, especially in the newspaper business.

If you’re older and having sex, that’s apparently noteworthy, as this headline attests: “Survey: Seniors have sex into seventies, eighties.”

Or, if you’re a senior and you happen to be locked up, the media find that significant too: “Aging inmates clogging nation’s prisons.”

Another headline: “Four doctors receive honors for innovation.” The youngest doc was 64...the oldest, 81.

You can’t pick up a paper any day it seems without reading some new finding, some revelation or some angst about those over, what? ...55? ...65? ...older?

I’m sure many of you read these items, and if you do, maybe like me you get a sense of, well, condescension isn’t exactly the right word. And maybe ageism is a bit harsh. But there’s this tone to the way some of these stories are written.

The AP story about sex, for example, starts out saying that many older people “are surprisingly frisky – willing to do, and talk about, intimate acts that would make their grandchildren blush...that may be too much information for some folks...”

Would the writer talk that way if she were talking about fortysomethings? Not likely. The implication is that kind of behavior is “normal” for people under a certain age. Somehow, it takes on some sense of “not normal” for those who are older.

The story about the fashionability of getting older comes from *The Washington Post*, which talks about the rise of “a new American icon: the frisky geezer.” Uh-oh,

there’s that “frisky” word again. I don’t know about you, but as I get older, I’m not sure I like the idea of someone calling me “frisky.” Might they have called me “frisky” at 40 for doing the things that now qualify for that term at 62? I doubt it.

Now let’s look at that word “geezer,” which the writer at *The Post* brought up.

Why is it that because those in today’s older population suddenly find themselves in fairly good health, longer-lived and with resources to be active and unrelenting about life, their actions aren’t necessarily applauded, but made fun of, if not ridiculed. Why use the word “geezer?” Are we supposed to be amused that an aging generation isn’t interested so much in kicking back and doing nothing? The word is used a lot in articles about seniors that I’ve seen, and I read it this way: “Hey, look at what these old geezers are up to now.”

Sure, many of these articles generally talk about positives, but they can’t seem to do it without the use of pejoratives.

Not every writer is guilty, of course. The article about your age and your skills appeared in *The Wall Street Journal*, which examined the challenges older workers face in the job market and did so without once using a term that might be considered belittling. Same with “The graying of the web” from *The New York Times*.

The article about the physician awards struck me mostly because it mentioned each doctor’s age. I wondered about that and don’t recall that it’s common practice to give out the ages of people who win awards. So why in this case? Was somebody wanting to make a “good” statement about how older doctors can still be on the cutting edge?

Maybe I’m overreacting, but the issue here is about how we treat people as they age.

And then there’s that doughnut thing.

In Putnam County, up until a few months back, several senior centers used

to put out a spread of donated day-old baked goods, including doughnuts and muffins. The county Office for the Aging, which operates the centers, took the freebies away, saying that it was bad nutritionally for the seniors. The director of the Aging office said he’d banned the baked goods because he and his staff were concerned people might be overdoing it with the snacks. Seniors objected – sending a petition with 250 signatures to the county executive.

There have been a lot of well-meaning people who’ve applauded the county’s action, by the way, but this ban really shouldn’t sit well with us. Isn’t it a bit like treating these adults like children? Maybe not a little bit, maybe a lot. At what age, exactly, is it when we lose our ability to make decisions about things as simple as whether we should have a doughnut?

OK, maybe having that jelly doughnut or two every day isn’t necessarily a good idea. Isn’t there a better way, though, to deal with that than by someone stepping in and saying, “I’ll make that decision for you?”

I can almost hear my dad saying that to me when I was seven: “That’s enough — no more doughnuts for you young man!” Am I going to have to listen to that message again when I’m 70?

Apparently so.

This is about treating people with dignity.

It’s about giving people a say in their lives, no matter how old they are.

Joe Hajkowski, who is 75 and a former labor union official and one of those protesting the ban, told an Associated Press reporter that the county is implying that seniors were gorging themselves on doughnuts and are too senile to make the choice for themselves.

He put the matter succinctly to the reporter: “Lack of respect is what it’s all about.”

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