

Health Care

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A SPECIAL REPORT

Section B



Bob Gligione

BEYOND THE GOLDEN YEARS: Cella Strow, administrator of Grace Plaza Comprehensive Care Center, said residents are coming in older, sicker and frailer.

Aging pop challenges elder care system

By NATALIE CANAVOR and
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Guess what: we're getting older – not just individually, but as a region. Thanks to affluence and quality health care, we're living longer and staying healthier. Moreover, fewer Long Islanders are retiring to sunnier climes and some who've done so in earlier years are actually coming back.

These factors make today's Long Island home to about one quarter of a million people over the age of 65, with the fastest growing segment of the population in the over-85 range.

Nassau County, in fact, is already among the most densely senior citizen-populated counties in suburban America. Per square mile, Nassau has 300 people who are 75 or over, compared with 70 people for Palm Beach, 80 for Phoenix and 128 for Suffolk – as tracked by Sterling Glen Communities, which builds housing for seniors and likes to know exactly where they live.

While elderly individuals are living active, productive lives everywhere, challenging our concept of old age, the human clock must inevitably wind

down. Given the growing number of elderly, that means an escalating need for services.

So how are our senior housing and service industries responding?

New options such as home health care, assisted living communities and daycare "models" have burgeoned. And in response to marketplace pressures, the traditional nursing home is morphing into more attractive shapes and venturing into new service areas.

Options with varying levels of care are available which may not be used sequentially – we age so differently that a 90-year-old may require less support than frail an 80-year-old. In some areas, competition for business is brewing among the alternative living choices.

A driving force of eldercare today is the senior citizen's determination to live as independently as possible for as long as possible. The government wants this too, since less care requires fewer tax dollars, but doesn't always act in support of this principle.

For those who want to "age in place" in their own homes, an array of community agencies provide

meals, help with housekeeping, transportation, and in some cases health care support.

However, most agencies are short-handed and have waiting lists. "The network of senior services, medical care and government benefits is so fragmented it's almost impossible to navigate," notes gerontologist Dr. Ilene Nathanson, director of the Center for Aging at C. W. Post College. In fact, new elder care advisory services are springing up to help with this.

A large measure of relief is offered by day care facilities variously connected with hospitals, nursing homes and churches. "Social model" day care centers offer opportunities for social interaction, communal meals and entertainment. The more expensive "medical model," explains Sandra Butler, who directs the John Jay Foley Adult Day Health Care Program in Yaphank, provides "a health care monitoring safety net that prevents some hospitalizations, as well as premature residential placement."

But what happens when such services and available family support are not enough?

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Elder care business heating up

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A growing and popular option is the ALF - assisted living facility - for those who can afford to pay out-of-pocket expenses that start at about \$3,000 per month (not many long-term care insurance policies currently cover it).

Built by private, market-driven regional and national companies, these complexes began sprouting up about 20 years ago and the pace has recently accelerated. Though slowed down by overbuilding elsewhere, the industry's local outlook is strong.

Most ALFs consist of attractively designed modern buildings that offer private apartments within a communal setting. They boast dining rooms, walking paths, computer and arts/crafts rooms, and amenities like discussion groups, cultural outings and entertainment.

Many residents come after selling their homes, along with a substantial number who have "come home" from Florida - the manager of one complex reported that an astonishing 50 percent of its residents are returnees.

Residents usually come with some physical limitations and their independence is supported by round-the-clock monitoring and emergency alert systems. They can also access help with the "activities of daily living" as the needs develop - bathing, grooming, eating - at a higher service level or at additional cost. Medication is supervised, and doctors can make "house calls" that the resident pays for.

ALFs for the long haul?

How long can people with growing debilitation stay in an ALF? This is an evolving issue. In general, residents want to age in place indefinitely, and that's fine with the ALFs.

"They want to keep residents and can respond to changing needs," says Wayne Kaplan, an early ALF developer who now practices healthcare law as counsel to Ruskin, Moscou, Evans & Faltiscek. "They can provide more care according to their licensing, and some are adding Alzheimer wings."

Currently a third of the residents in Sterling Glen's Chestnut Grove, only open since September, are over 90, reports the facility's executive director, Rita Porwick. What if a resident's needs outstrip Chestnut Grove's capacities? "Our case manager helps the families to find an appropriate setting."

Enter the nursing home, now more often called a health care center, skilled nursing facility, long-term care community or other variant. The new names do reflect an environment substantially different from those of "grandma's day," as well as their operators' desire to create a new image to counter our collective memories of negative media and past scandal.

Because healthier seniors are filtering themselves into more favored options, the clientele is radically different than a decade or two ago. "Our residents are coming to us older, sicker and frailer," notes Celia Strow, administrator of the Grace Plaza Com-

prehensive Care Center and president of the Intercounty Health Facilities Association. "They're people who would have been called 'patients' in earlier times.

"The nature of our population means physicians are playing a larger role," Strow says. "And the equipment is more high-tech all the time, requiring more staff and better training. With things like feeding tubes, breathing machines, sophisticated adaptive equipment, and complicated medications we especially need more RNs." A hiring challenge indeed when health care workers and therapists are in such short supply, driving salaries up.

Even recreational therapy is more intensive. At United Presbyterian Residence in Woodbury - one of the area's largest nursing homes with 627 beds - the recreational therapy staff numbers 20, needed to serve current residents, reports director of therapy and volunteer services Robin DiGregorio.

"Because they're older and more debilitated, many can't come together for clubs and groups any more - we need to go from room to room, often concentrating just on sensory stimulation."

Further, nursing homes today face a competitive market because not all the beds are full (and families comparison shop).

"We need to make the facility look and feel and smell attractive," sums up Joe Carillo, administrator of the family-owned Carillon Nursing and Rehabilitation Center in Huntington, "and we run it like a hotel. We've made our buildings cheerful and airy, the food is good and offers choices, we have a beauty shop, the staff is trained to smile and handle stressed families tactfully."

People are expected to walk through the facility to see "how the residents are groomed and dressed, how the staff treats them, what's going on, do the people look happy."

A new face for nursing homes

"Happy" was probably not a criterion for nursing home success 25 years ago, but it is a big fact of life today, says Edith Shapiro, director of therapeutic recreation for Parker Jewish Institute for HealthCare and Rehabilitation.

"In the past, too many people were made to feel their life was over when they came to a nursing home. Now we try to make them feel they have choices and independence and self-autonomy. We ask them, how do you want to spend this unstructured time?" The choices extend from ceramics to computers, dancing, participating in a governing council, and attending lectures.

If all this sounds terrifically expensive, nursing home administrators agree wholeheartedly. Most of their revenue is via Medicaid, with 80 percent of residents dependent on it. Amounts are based on complex formulas that have not been changed since the 1980s and industry association materials say most nursing

homes are losing money on Medicaid residents, even without periodically threatened cuts.

How is the long-term care industry reacting to such pressures?

Like so many businesses, nursing homes are diversifying and specializing. A number have created separate Alzheimer/dementia wings or units (like the ALFs); adult day care services, both in "social" and "medical" models; and family respite and hospice services.

Most significantly, there is growing business in short-term rehabilitation programs for adults of every age in need of intensive therapy after an accident, surgery, or other life disruption.

Patients can be adults of any age who will stay perhaps three weeks and then return to their personal living situation, often an assisted living facility. This helps the nursing home because this service is largely paid for with Medicare and private insurance, broadening their financial base as well as filling their beds. Short-term rehabilitation at nursing facilities is less expensive than extended hospital stays, so it's a win-win situation.

Plus, these quick turnover patients usually discover a facility unlike what they expected. "We're already finding that our short-term people have a good experience here and communicate that," says Nesconset Nursing Center spokeswoman Stephanie Pacchiano. "Some even decide to stay. It's helping people understand what we're doing here."

But nursing homes are using more aggressive marketing tools as well to improve their image and recruit staff. They are advertising, developing community relations programs, hiring public relations people. Lobbying through local, state and national associations is intensive. This month, the New York State Health Facilities Association is airing the first flight of a \$750,000 television commercial campaign on the metro area's three major networks.

Shot mostly on Long Island, the 30-second spots reflect the nursing home industry's three major concerns.

One depicts nursing home resi-

dents talking about their enjoyable lives, the second features a successfully rehabilitated short-term young patient, and the third is staff-recruitment centered with two caregivers talking about the satisfaction of their work.

"The intent is to inform and educate the public," says NYSHFA spokeswoman Amy Melino.

And in truth, the public needs a much more profound understanding of the myriad issues surrounding old age and our options for living it. As Celia Strow notes, "We don't like to think about nursing homes till we need them, or that stage of our lives for that matter - but we all get old."

We have tough questions to answer: What role should government and judicial systems play in regulating the eldercare industries and impacting personal decisions about where to live? How can government spending on the greater numbers of older, sicker, people be balanced against other priorities? How is long-term care best financed? Should the infinitely expanding array of tools to keep people alive be universally available and deployed? Should companies provide eldercare insurance, caregiver leave, and even on-site elder day care?

According to the Partnership for Eldercare, a New York nonprofit agency, it's estimated that \$11.4 billion is lost yearly due to absenteeism, lowered productivity, and workday disruptions all the way up the line.

The industry will of course continue to evolve in response to market needs. Opening this month is Long Island's first "continuous care community." Affiliated with the Mather-St. Charles Health Alliance, Jefferson's Ferry in South Setauket integrates discrete residences for young seniors 62 and over, assisted living units, short-term rehabilitation and on-site long-term care - so people can truly age in place. Such experiments are being watched with interest.

As they should be: the boomers are coming. In 1995 we had 3.6 million Americans 85 and over. In 2010 we'll have 5.7 million. And in 2030, the prediction is for 8.5 million.

Don't even ask about the year 2050.

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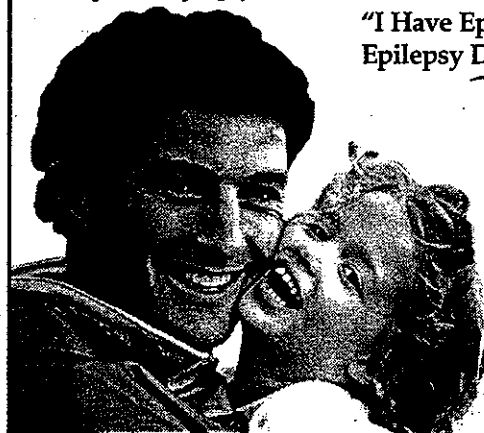
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