



# **Genevieve N. Johnson Senior Day Care Center Advisory Council's Quarterly Newsletter™**

**Volume 1, Issue 2**

**January April 2017 Edition**

## **CHAIRPERSON'S MESSAGE**

Greetings Fellow Zionites in the name of Jesus Christ our Lord and Savior!

We are very pleased to share with you our second edition of the quarterly newsletter of the GNJ Senior Day Care Center's Advisory Council. Our purpose of printing this quarterly newsletter is to provide valuable news and information about the wonderful work that is being accomplished at the GNJ Senior Day Care Center and how you can take advantage of these services and programs. If you have a good story about your experience at the GNJ Senior Day Care Center please feel free to share it with us and thank you in advance for your continued support of the GNJ Senior Day Care Center.

*Elaine S. Saunders*

**Chair, GNJ Senior Day Care Advisory Council**

## **MISSION OF THE GNJSDC ADVISORY COUNCIL**

The mission of the Genevieve N. Johnson Senior Day Care Center Advisory Council is to provide advice and guidance to the staff of the GNJ Senior Day Care Center on ideas and initiatives that serve to enhance the awareness and utilization of a wide range of opportunities for the Center's participants and their family members as well as any interested members of Zion Baptist Church and/or the local community. In accordance with the DC Office on Aging's grant to the GNJ Senior Day Care Center an advisory group has been established by Zion Baptist Church and the current advisory council members are as follows:

- Sister Elaine S. Saunders (chair)
- Deacon Bertha Smoot
- Deacon Norma Hutcheson
- Deacon Lillian Cole
- Sister Jane Adams
- Trustee Althea Smith
- Trustee David J. Saunders
- Sister Regina Johnson (ex officio)

We are continuing to conduct a comprehensive outreach survey in order to better understand the demographic profile of eligible seniors at Zion Baptist Church so that we can not only improve upon the current services and programs but develop a strategy to market and offer additional services and programs. Accordingly, please feel free to offer any suggestions that you believe might be of interest and we will definitely do our best to consider if applicable. Also, if you would like to volunteer your knowledge, skills and abilities in support of our mission please let us know.

## **INSIDE THIS ISSUE**

- 1** Message from the Advisory Council Chairperson
- 2** Overview of the GNJ Senior Day Care Center
- 3** Important News and Information for Zion's Seniors
- 6** Health Alert for Seniors: Avoid Over Medication!

## OVERVIEW OF THE GNJ SENIOR DAY CARE CENTER

The Genevieve N. Johnson Senior Day Care Center Program (“Center”) is an Adult Day Care Center domiciled in Zion Baptist Church’s Family Life Center located at 4817 Blagden Avenue, N.W., Washington, D.C. 20011. The Center has been in operation for approximately thirty-five years and incorporates quality day care services for the frail elderly as well as the recreation/socialization for the reasonably healthy elderly persons. The Center is located in Ward Four of the District of Columbia and serves residents age sixty years and older throughout the Washington metropolitan area. The Center is a one-of-a-kind program that combines adult day care services and senior center services.

The overall goal of the Genevieve N. Johnson Senior Day Care Center’s Program is to provide an atmosphere designed to enable families to successfully manage the responsibility of quality care for an elderly or frail senior family member in their home environment. The Center provides various rehabilitative, social and recreational activities and services made possible to maintain a high quality of life and forestall early institutionalization. The participants at the Center enjoy recreation and friendship with their peers as well as receive health education, nutrition and family supportive services via counseling, comprehensive assessments and required resources and services after assessments as well as case management reviews and follow-ups.

The Center provides a very important outlet for family caregivers, as it offers socialization, activities, and necessary supervision to those individuals who are socially isolated or in need of essential care and assistance. Caregivers feel confident that their loved ones are in a safe environment and well cared for while they are at work or performing other necessary tasks. The Center offers a variety of programs and amenities, including medical screening, exercise programs, recreational activities, therapeutic services, and a diverse schedule of engaging activities as well as nutritious meals on a daily basis.

For many caregivers, the Center provides them with the adult day care services they need in order to adequately care for their aging relative or spouse. Whether they use the Center for respite services or for daily care so that they can work or tend to other responsibilities this is an important option for family caregivers.

Currently, through an annual grant awarded from the D.C. Office on Aging, the Center provides: (a) Adult Day Care Services, (b) Recreational/Socialization Activities, (c) Health Promotion, (d) Counseling, (e) Comprehensive Assessment, and (f) Case Management. These components are accomplished through the provision of: (a) Transportation and Escort Services, (b) Congregate Meals, (c) Therapeutic Arts, (e) Intergenerational Activities, (f) Alzheimer’s Support Group, (g) Music Therapy, and (h) Outreach to the Local Community.

The Center also makes referrals to other services offered to residents of the District of Columbia aged sixty years and older by the D.C. Office on Aging such as: (a) Caregiver Support, (b) Community and Home-Delivered Meals, (c) Information and Referral/Assistance, (d) Legal Assistance, (e) Long-Term Care Planning, (f) Medicaid Enrollment Assistance, (g) Nutrition Programs, and (h) Nursing Home to Community Living Transition. In addition, the Center collaborates with the D.C. Aging and Disability Resource Center (ADRC) for low-income seniors interested in receiving assistance in completing the necessary government forms for Medicaid benefits and the Supplemental Nutrition Assistance Program (SNAP)

Minimal admission criteria are as follows: self-toileting, self-feeding, able to make routine decisions alone, present no threat to self or others, sixty years of age or older and a District resident.

***For more information about the Genevieve N. Johnson Senior Day Care Center please contact Regina Johnson, the Director of the GNJ Senior Day Care Center at (202) 723-8527.***

## ***IMPORTANT NEWS AND INFORMATION FOR OUR SENIORS***

### **Men's Ministry (MMoZ) ATM Initiative (Assistance To Zion Members™)**

In cooperation with the GNJ Senior Day Care Center's Advisory Council and the Zion Baptist Church's Diaconate Sheepfold Ministry, the Men's Ministry of Zion Baptist Church (MMoZ) at least twice a year will schedule home visits to members of Zion Baptist Church for the following volunteer services:

- ▶ Replace or install smoke detectors (free from local fire station)
- ▶ Assistance with grocery shopping and storage of household purchases
- ▶ Assistance with emergency bill paying and budget
- ▶ Engage in talk and listen time (some seniors are just lonely and appreciate having someone visit them from time to time)
- ▶ Include seniors in Family Life Center activities as well as your own family outings when possible
- ▶ Perform small doable household repairs and maintenance
- ▶ Be an advocate for medical and dental appointments and if possible accompany the senior to these appointments.

For more information regarding if you are eligible for using the Assistance To Members™ program please contact Brother Brian J. Saunders at 202-288-3058.

**ZION BAPTIST CHURCH TRANSPORTATION MINISTRY:** The Mission of the Zion Baptist Church Transportation Ministry (ZBCTM) is to provide safe, reliable, convenient and affordable transportation services to members and guests of Zion Baptist Church for the purpose of attending scheduled worship services as well as any other approved church-sponsored activity or event authorized by the Board of Trustees and/or the Pastor of Zion Baptist Church. Members of Zion Baptist Church and their guests utilizing the transportation services should be seniors (above 65 years of age) and/or requiring "special need" assistance. Other Ministries of Zion Baptist Church may also request the use of the Transportation Ministry's services provided said requested usage has been approved by either the Pastor of Zion Baptist Church or another designated Official of Zion Baptist Church. For more information on if you are eligible for using the transportation service please contact Deacon Joseph Dyson at 301-821-3462.

**"SENIOR ASSISTED" PARKING AVAILABLE DURING SUNDAY MORNING WORSHIP SERVICES AT ZION BAPTIST CHURCH:** Did you know that eligible seniors can take advantage of "senior assistance" parking services while attending Zion Baptist Church's Sunday Morning Worship Services? This valuable service is offered in cooperation with Chatman's Army, Hospitality Ministry and Transportation Ministry (CHAT) and if you are interested please simply stop your car in front of the main entrance and ask for a CHAT member. Important Note: You must be certain that you know who is parking your car and let them know if you will be leaving immediately after morning worship service or if you plan to remain afterwards for any meeting/activity after the morning worship services has concluded. For more information about this particular service please contact Trustee David J. Saunders at 240-678-7009.

**GNJ SENIOR DAY CARE CENTER OUTREACH SURVEY.** Please assist us in collecting important demographic information about our Zion seniors so that we can enhance the capacity and resources available to the GNJ Senior Day Care Center. For more information about participating in this important outreach survey, please contact Sister Elaine S. Saunders at 202-285-3416.



## USEFUL HEALTH CARE INFORMATION DESIGNED TO ASSIST SENIORS

**What is Clinic-Based Palliative Care?** It is a special program that helps families to manage a serious illness in a holistic way. The program, held at your medical office, offers six visits with a licensed clinical social worker. During these visits, you and your family will be able to:

- Talk about the patient's physical, emotional and spiritual health,
- Find support on how to cope with changes and loss,
- Discuss the patient's care with your family and treatment team,
- Understand advanced health care planning, and
- Know what resources are available to the patient.

**What is the Difference Between Medicaid and Medicare?** Medicare is a federal program that provides health care if you are age sixty-five years or older, or have a severe disability no matter your income. With Medicare you can receive financial assistance with medical insurance and rehabilitation services. Medicaid is a state or federal program that provides health insurance if you have a very low income. With Medicaid you can receive financial assistance with room and board at a hospital or nursing home, assistance with transportation for medical appointments, financial assistance with medical care, assistance with placement and services in a rehabilitation facility, as well as long term care to include dialysis treatment. You can have both Medicare and Medicaid at the same time.

**What is Community-Based Medicaid?** Home and Community-Based Services (HCBS) provides opportunities for Medicaid beneficiaries in order to receive services in their own home or community rather than an institution or other isolated setting. This could include a health aide, a life alert device, and payment for social security co-pay. It is recommended that you start the application process sooner rather than later (now) for Community Based Medicaid.

**What is Home-Based Palliative Care?** Palliative Care is specialized medical care for people with serious, chronic illness. It focuses on providing a patient with relief from symptoms of the pain and stress of a serious illness – whatever the diagnosis. The goal is to improve the quality of life for both the patient and his family. Palliative Care is provided by a team of doctors, nurses, and

other specialists who work together with a patient's medical team in order to provide an extra layer of support. Unlike Hospice Care, it can be provided along with curative care services.

**Why is a Caregiver Support Group Important?** Caregiver Support Groups allow for the caregiver to receive "caring and advice" from other caregivers in a group session or one-on-one. Contact the District of Columbia's Office on Aging (DCOA) for recommendations on a list of Caregiver Support Groups in your local community.

**What is Hospice Care?** Hospice Care can be provided to a patient living in a nursing home facility, long term care facility or even in your own home. This can include special visits from hospice nurses, home health care aides, chaplains, social workers and other volunteers in addition to other care and services provided by the nursing facility or long term care facility. These services can include nurses, nurse aides, medical equipment, medications, social workers and respite care. Contact the District of Columbia's Office on Aging (DCOA) for recommendations on a list of Hospice Care services and programs in your local community.

**What is Respite Care?** Respite Care is planned or emergency temporary care provided to a caregiver of a child or an adult in order to provide planned short-term and time-limited breaks for families and care providers. Contact the District of Columbia's Office on Aging (DCOA) for recommendations on a list of Respite Care services and programs in your local community.

**What is Adult Day Care Assistance?** It is elder care services for frail seniors and adults with a physical impairment, mental impairment or dementia that cannot be left alone for the duration of a day (typically between 8am and 5pm). Adult Day Care Assistance strives to promote the social, emotional and physical well-being of an individual while helping to restore their essential functions and quality of life. Medicaid provides coverage for Adult Day Care Assistance. Please follow-up with the District of Columbia's Office on Aging (DCOA) on how you can take advantage of Adult Day Care Assistance.

**What is the Food and Friends Program?** Food and Friends provides Monday through Saturday, home delivery of nutritionally-balanced, delicious meals directly to a client's home. Each delivery includes foods for breakfast, lunch and dinner. To be eligible for this program, a person must have AIDS, cancer or be receiving hospice care, or a compromised nutritional condition and a limited ability to prepare their own meals. Food and Friends clients must be referred by a healthcare provider. For more information visit [www.info@foodandfriends.org](mailto:www.info@foodandfriends.org).

**How Do You Have A Person Placed In A Nursing Home Or Long-Term Care Facility?** The easiest way to get a person admitted to either a nursing home or a long-term care facility is to have them stay at a hospital for a duration of three consecutive days and then be discharged through a Medicare denial. Once that is done then you can apply for Long-Term Medicaid Assistance.

**What is Long-Term Care Insurance?** Long-Term Care Insurance is an insurance product that helps to pay for the cost associated with long-term care. Long-term care insurance covers care generally not covered by health insurance, Medicare or Medicaid.

**What is Social Security Disability Insurance?** Social Security Disability Insurance (SSDI) is a payroll tax-funded federal insurance program of the US government. It is managed by the Social Security Administration and is designed to provide income supplement to people who are physically restricted in their ability to be employed because of a notable disability, usually a severe physical disability. Social Security Disability Insurance can be supplied on either a temporary or permanent basis usually directly correlated to a person's disability condition.

## **HEALTH ALERT: CAUTIONS AGAINST SENIORS TAKING TOO MANY MEDICATIONS**

For decades, medical experts have warned that older Americans are taking too many unnecessary drugs, often prescribed by multiple doctors, for dubious or unknown reasons. Researchers estimate that twenty-five (25%) percent of people ages sixty-five years to sixty-nine years take at least five prescription drugs in order to treat chronic conditions, a figure that jumps to nearly forty-six (46%) percent for those between the ages of seventy and seventy-nine years. Doctors say that it is not uncommon to encounter patients taking more than twenty (20) drugs to treat acid reflux, heart disease, depression or insomnia or other health disorders.

Unlike the overuse of opioid painkillers, the polypharmacy problem has attracted little attention, even though it is well documented. But some doctors are working in order to reverse this trend. At least fifteen (15%) percent of seniors seeking medical care annually from doctors or hospitals have suffered a medication problem; and in half of these cases, the problem is believed to be potentially preventable. Studies have linked polypharmacy to unnecessary deaths. Older patients, who have greater difficulty metabolizing medicines, are more likely to suffer dizziness, confusion and falls. And the side effects of drugs are frequently misinterpreted as a new problem, triggering more prescriptions, a process known as a "prescribing cascade".

This gliding path to overuse can be gradual: a patient taking a drug to lower blood pressure develops swollen ankles, so a doctor prescribes a diuretic. The diuretic causes a potassium deficiency, resulting in a medicine to treat low potassium. But that triggers nausea, which is treated with another drug, which causes confusion, which in turn is treated with more medication. For many patients, problems arise when they are discharged from the hospital on a host of new medications, layered on top of old ones. This problem has gotten worse because the average American is on a lot more medications than fifteen (15) years ago.

Many doctors are trying to counter the onslaught of prescriptions through a grass-roots movement known as “deprescribing” – a process of systematically discontinuing medicines that are inappropriate, duplicative or unnecessary. Lots of different medications are given to seniors for reasons that are never supported by evidence. Unfortunately doctors are not taught how to take people off of medications. Persons who believe that they are being “overmedicated” should question their doctor and ask for a review of all medications that they are being given.

Although support is growing, deprescribing faces formidable obstacles. Among them experts say is a paucity of research about how best to do it, relentless advertising that encourages consumers to ask their doctors for new drugs to treat illnesses and/or pain, and a strong disinclination – based on the culture of medicine – to countermand what another physician has ordered. Time constraints also play a significant role. So do performance measures that are viewed as a mandate to prescribe drugs even when they make virtually no sense, such as giving statins to terminally ill patients.

Consequently, there is a reluctance to override or change a patient’s medication and this is labeled as “clinical inertia”. Basically what this means is that when a doctor inherits a new patient, doctors tend to assume that if a colleague prescribed a drug, there must be a very good reason for it – even if they do not know what it is. Far too often this reluctance can cause significant and potentially harmful side effects. This has become both a cultural problem and an awareness problem exacerbated by the fragmentation of care.

One way to facilitate deprescribing is to require doctors to record why a drug is being prescribed. Many doctors are beginning to pay more attention to overmedicating patients. It is recommended that patients cease only one medication at a time so that the doctor can detect any problem that arises from that change in medication. In most cases, a doctor might first recommend taking the drug only when needed and not continuously. Or the doctor might suggest a safer alternative, such as an over-the-counter medication in lieu of a prescription medication.

In conclusion, doctors should actively focus on the “big picture” and carefully weigh whether the benefits of a drug outweigh its risks. In treating an elderly patient, oftentimes “less is more”.

*Excerpted from the Washington Post Newspaper Tuesday, December 12, 2017 Health and Science.*

***The Best Doctors in the World are Doctor Diet, Doctor Quiet, and Doctor Merryman – Johnathan Swift.*** When you are not feeling your best, even a non-eventful day can get you down. And when the day is chockful of urgencies and emergencies? You are done for! You can deal with ordinary or not-so-ordinary days more effectively after a good night’s sleep, a healthy breakfast, and a few minutes’ timeout in order to focus your mind on your day’s tasks and activities. Not only will you feel better during the day, you will enjoy it more too!



## GNJ Senior Day Care Center “OPEN HOUSE”



### Zion Baptist Church Family Life Center

Join us on Sunday March 11, 2018 immediately after service in the Family Life Center for our Spring Open House



Come out to the Genevieve N. Johnson Senior Day Care Center and learn more about the various services and programs available to you and your loved ones while meeting the members of the Advisory Council.

*Sponsored by the GNJ Senior Day Care Center Advisory Council  
in partnership with Zion Community Enterprise, Inc.*