

VETERANS AND SENIORS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A meeting of the Veterans and Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on May 22, 2014.

Members Present:

Legislator Stern - Chairman
Legislator Barraga - Vice-Chair
Legislator Anker
Legislator Krupski

Also In Attendance:

Lora Gellerstein - Chief Deputy Clerk
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant counsel to the Legislature
Massiel Fuentes - Budget Review Office
Debbie Harris - Aide to Legislator Stern
Catherine Stark - Aide to Legislator Krupski
Tom Ronayne - Director of Veteran's Services
Holly Rhodes-Teague - Director of Office for the Aging
Rick Brand - Newsday
All Other Interested Parties

Minutes Taken and Transcribed By:

Gabrielle Severs - Court Stenographer

*(*The meeting was called to order at 1:43 p.m. *)*

CHAIRMAN STERN:

Good afternoon, everyone. Welcome to the committee on Veterans and Seniors. I'm going to ask everyone to please rise and join us in the Pledge of Allegiance led by Legislator Barraga.

*(*Salutation*)*

I'm going to ask everyone to please remain standing. As myself and my colleagues are wearing the poppy, we keep all of our brave men and women fighting for our freedoms overseas in our thoughts and prayers, particularly as we come into this Memorial Day observance. Thank you.

*(*Moment of Silence Observed*)*

Please note for the record that Legislator Muratore will not be joining us today. He has an excused absence.

Holly.

MS. RHODES-TEAGUE:

I know a lot of you know that May is Older Americans Month, and our office has been busy at a number of events around the county, and we had our own vent last week. We had about 600 people at it. We did give out the senior of the year award to Sally Cotomo (ph), who is a retired senior volunteer program volunteer. She was well-deserving of that, and she was also the person we put forth for the state's senior citizen event that they had in May, so we're very happy with the way that all worked out. Just been busy with the different events and we still have a few more to go because May is not over yet.

The other thing, I know you're going to hear from the health department on their falls prevention program, but I thought another program that you might want to know a little bit about, which I think they've been here before, but the retired senior volunteer program does the chronic disease health management program, which dovetails nicely into some of the programs that you're going to hear about in a few minutes. It's a program to help residents really manage chronic diseases, and there's quite a few things that are considered chronic diseases. It's anywhere from diabetes onto depression onto just -- you know, maybe they have some issues with cholesterol, high blood pressure, things like that; but it's been proven by Stamford University, because that's where it started originally -- the program's nationally known -- to help people have better quality of lives if they go through this program. It's a six-week program. We are doing that program with the retired senior volunteer program around the county. They usually need a certain amount of people to do the program, and they've been at a lot of senior centers and they've tried to do it at libraries as well. But all the programs that you're hearing about today are really to keep people -- give them quality of life and keep them at home as long as they can, so I just want to make that little pitch that there's quite a number of programs that we do for people who don't need day-to-day assistance from us, but it really is a quality of life issue that we're trying to help with, so I just thought I'd make that pitch for it.

We are trying to provide more funding to the retired senior program for that chronic disease. I'm just waiting for the state to approve our plan so I can get the money in the budget. You'll hear about that in a few months whenever that comes through.

LEG. ANKER:

Do you need us to write a letter?

MS. RHODES-TEAGUE:

No. The state -- the way we receive our funding is we have to do an annual plan to the state; and that plan, we submit in December, and they are still reviewing plans, and it's almost June. They're just a little slow on the uptake for this. But it keeps us from, if it's new money or if it's additional money, I can't put that in the county budget until I receive the notification of grant award, so I'm just waiting on those from the state at this point.

CHAIRMAN STERN:

Holly, while we have you, maybe you could just spend just a little bit -- just give us the summary on your department's capital budget.

MS. RHODES-TEAGUE:

Sure. What time -- did you guys ever get out of here yesterday?

CHAIRMAN STERN:

Everybody is still here from yesterday.

(*Laughter*)

MS. RHODES-TEAGUE:

Thank you for letting me loose.

CHAIRMAN STERN:

We're still going.

MS. RHODES-TEAGUE:

Just our project is a very small project. We run the nutrition programs here. We get the funding for the programs, but the piece that the county has put in for many years is the actual cost of vehicles for that nutrition program. You can't have a program without being able to drive people to sites or to provide -- to deliver meals out. So we have, I believe, there's 57 vehicles that we have in our capital project. Those vehicles are -- we don't increase the size of our capital project, so those vehicles are on the road until they're not really usable anymore, and we lease them out to all our contractors and they use them. When they're not usable, they give them back to use and they get sold by DPW under the -- however they get rid of vehicles. This year, the capital that we're requesting for 2015, it was two vehicles, I think, for this year, three vehicles for '16 and three vehicles for '17, but we look at it every year because if we don't need the vehicle, we won't ask for one, and we go by the mileage and condition. Sometimes you have low mileage, but it's 11 other vehicles, so they just don't last. We generally -- we have gone to center aisle vehicles, 15 passenger so that they're more usable for the seniors. Years ago, we used to do just the long Econoline vans, but they're very difficult for the elderly to get into, so we've gone to the center aisle. They're much more useable. They're handicapped accessible. And then we also do -- if they're just delivering meals, then we'll do like a van or a station wagon type vehicle. I hope that you all support my capital project. Thank you very much.

CHAIRMAN STERN:

Anyone else for Holly? All right. Very good. Thank you.

MS. RHODES-TEAGUE:

Thanks.

MR. DURNEY:

Good afternoon.

CHAIRMAN STERN:

Welcome.

MR. DURNEY:

Thank you, actually, for inviting the health department to discuss our falls prevention programs. I appreciate being here, actually. Now I don't have to follow the clock. I get to speak a little bit longer. So my name is Owen Durney. I'm with the Suffolk County Department of Health, Division of Preventive Medicine. Just to fill you in a little bit on the Division of Preventive Medicine, we have a number of different programs that focus on preventing chronic disease in Suffolk County. We have the Bureau of Public Health Nursing as well as the Office of Health Education, which includes the tobacco enforcement unit and the tobacco cessation unit, and school-based health education programs. So our division, which is part of the health department, is focused on the, obviously, the prevention of chronic disease, falls for senior citizens being a chronic problem. We also have that program, which I'm here to speak about today.

So in the case of falls, and the scope of the problem, among older adults, falls are the leading cause of injury-related deaths. It actually used to be automobile accidents. Now that has changed. Falls has taken that particular category over. Falls-related injuries are largely preventable and each year, more than one-third of adults aged 65 and older sustain a fall, and more than one-half of those over the age of 80 sustain a fall. In many cases, senior citizens suffer one or more falls before they realize that they actually have a problem and they need to seek help. Falls can result in death, disability, nursing home admission, home health care services, and how that relates to us in the government is that it results in significant healthcare costs that are funded by the taxpayer on all levels of government.

Not mentioned in this PowerPoint, though, it also results in significant costs to the family and to the victim themselves, so there's costs all around that are shared. And types of injuries that can happen are lacerations, fractures, and traumatic brain injuries. Those are your most common injuries. Interesting thing, before I came involved in this program, I never really thought or cared to think that falls was a problem, and yet I myself, both my grandfathers died when they were younger, not related to falls, but both my grandmothers on both sides, one fell and fractured her hip; the other one fell and she -- my grandmother who fractured her hip, she died within a month of that fall, and my other grandmother who suffered a brain injury lacerated her forehead, she died within six weeks. So it's a very real thing, and I think that most of us know somebody who, whether it's a family member or friend or an in-law, somebody who has suffered death as a result of a fall. And oftentimes what happens is these injuries bring on other comorbidities and bring on other factors that actually factored into the death of the individual. So 16 percent of the older U.S. population have fallen at least one time in the past three months, and 31 percent have sustained an injury that resulted in a visit to a primary care provider or restricted that persons's activity for one or more days.

Women tend to suffer more than men, woman older than 85, and have an 83 annual risk of falling -- 83 percent annual risk of falling, and women have more fall-related injuries than men. Women also tend to live longer than men, so I think that that's one of the reasons why that statistic falls out that way. As I just pointed out, both my grandfathers passed away much earlier than their spouses.

So what does that mean for Suffolk County, and how does all this relate to us? Suffolk County has one of the fastest growing senior citizen population rates in New York States, so just to show you, between 2000 and 2010, there was a 20.5 percent increase in people over the age of 65. In the next two years, however, between 2010 and 2012, there was a 7.5 percent increase, so in the last 12 years, almost a thirty percent -- a 28 percent increase in the population in 12 years. That's

faster than any other age demographic in the county, and I think it's no mystery as to what's going on. We're now facing -- my own parents are a part of this demographic. We're now facing the baby boom population that is now starting to age into the senior citizen population. The other thing to keep in mind is we're all living longer too, so this is a chronic problem that somebody who's living into their 80s and their 90s maybe didn't exist as if it were 10 or 15 years ago.

Different types of factors that relate to falls, these are physical factors -- internal, I should say, personal; so things like gait and balance; muscle strength; reflexes; decreased reflex time; decreased reaction time; vision is a major factor; cardiovascular status; infections. As we age, our immune system is not as strong as it is when we're younger, so we are more prone -- senior citizens tend to be more prone to infections. Neurological -- so for example, just overall dizziness; proprioception, which is the sense of body, how your body relates to space and how it relates to, you know, body parts relates to itself; postural hypotension, which I don't think anybody's experienced this. When you get up quickly a lot of times, your blood rushes to the bottom of your body and you tend to get dizzy because you get low blood pressure. These are all things that can factor in that people may not be aware of when it comes to falls; decreased memory and dementia, of course, your overall medical history, how you care for yourself.

Then there's -- I think these are the factors that we're mostly familiar with and you hear a lot of about, which is things like clutter, you know, external environments, the home mostly, so that would be things like clutter, loose rugs, slippery surfaces, icy steps. We just had a brutal winter, as I'm sure you'll all aware, and I happened to be at Brookhaven Hospital, actually, in Patchogue. I happened to be at a falls prevention program that they were talking about, and they said that in a two-hour period after one of the ice storms they had, there was over 200 people, senior citizens, admitted into the E.R. because of falls. So the weather, cords, dim lights, bathroom injuries. I'm going to ask a question just to make sure everybody is paying attention here. So what room in the home do you think is the most common place for a senior citizen to experience falls?

PANEL:

(Various answers)

MR. DURNEY:

Who said that? It's the bedroom. I'm so glad that I actually got involved in this program, because I never would've known that, but it is the bedroom, and the reason for that actually has to do with the fact that that's actually the area -- well, let me ask you why you think it's the bedroom.

MS. HARRIS:

It's dark. The light might not be good. Rugs.

MR. DURNEY:

You're getting out of bed -- that's certainly -- yes. It's where you spend a lot of your time, number one, and it's also you feel the most comfortable there, so you think, Oh, nothing's going to happen to me in the bedroom. So we spend all this time putting -- and I have -- oh, by the way, I should introduce Nelly Zoeller, who's one of our falls prevention -- if I'm wrong, just let me know. Am I wrong?

MS. ZOELLER:

No.

MR. DURNEY:

I went to her class, so I -- but so yes. You become comfortable and again don't think that this couldn't happen to me or it's not going to happen to me in the bedroom, this is where I -- you know,

I'm very familiar here; but yes, it's the bedroom, believe it or not. And then there's environmental and situational factors, things like the kind of footwear that you have on, the kind of equipment, whether it's a cane or a walker, assisted technology that you may or may not use; overall unsafe, risky behavior, which could be anything from taking risks in terms -- I was talking to my mom the other day about changing a light bulb in the garage, and she said that my dad would do it by standing on a chair and I got all freaked out and I ran -- I said, Do you have a light bulb? She says, No, we don't have it. I went out and got one and changed it for them because the last thing I wanted my dad to do was stand on -- you know, he's in his late 60s. So that kind of unsafe, risky behavior; also things like using substances, smoking, alcohol, other types of substance abuse, not using assistive device because of a stigma, and just overall family and caregiver relationships. People may not have that son that's going to check in on 'em every so often, make sure that everything's okay or that kind of thing; socioeconomic, which relates to diet; other resources for care an exercise; community safety, and this is one I didn't think about. Even just, like, the way the sidewalk is paved, if there's a safe place for people to walk around to get where they need to go; transportation and safe transportation; and even work/life balance. More senior citizens are working later in life. All of these things can have a factor, and then there's educational factors. People who are on the lower end of the educational scale tend to, for various reasons, have other factors, such as risky behavior and so forth, or just not being able to fully relate these kinds of issues to themselves; literacy and comprehension, understanding the risks associated with it. All of these situational and environmental factors are all -- all relate to the overall health of senior citizens.

So that brings us again to Suffolk County. What are we doing about the problem? What have we decided to do? So we've been working very hard over the last couple of years with community organizations as well as providers. Actually, we're working more now currently to get more involved with provider relations -- you know, providers and talk to them about the issue of falls prevention. What we've done is the county has coordinated what we call at the health department "the falls prevention continuum." So it's basically with that goal, and Holly Rhodes-Teague had mentioned it before, of keeping people health, keeping people in their homes, not just because of the fiscal factors that we discussed, but also overall, it's good practice, it's good for our residents.

So what that means is developing a comprehensive falls prevention education program, and what we've done is we've developed research-based programs that serve this population and have the following goals that focus on positive behavior change. And so we want seniors to understand that these are preventive mesh that is are relevant to their own quality of life. People don't like to be lectured to. You know, You must stop, be safe. My mom even says when I talk about falls prevention, she says, I don't want to go to these programs; they're just going to tell me to get rid of the dog and put bars in my bathroom, and that kind of thing and it's not about that. We have to break through that perception.

But we also need to address these issues in a positive way that help people understand what the risks are that are associated with falls and also how they -- you know, what it means to them individually and then focus on life enhancing interventions and develop strategies relevant to the unique circumstances in order to remain independent, and I think we can all appreciate that. You all represent very different communities, east end, west end, north shore, south shore. What may work in Mattituck or -- may not necessarily be what works in Dix Hills. You know, what's important to somebody in Mount Sinai may not necessarily be the same thing that's important to somebody in Patchogue or in Islip.

We need to also reach out and differentiate between communities and between populations so that they embrace these behavior changes. So what we did is over the years, we've developed community partnerships with our Suffolk County hospitals as well as with various groups, the AARP. We have pharmacists that we work with that are guest speakers in our programs. Our colleges, we

have a partnership with Saint Joseph's College nursing program. We work with home health agencies. We just partnered with the YMCA, and, of course, Suffolk County office for the Ageing, which has been a great partner of ours, and we've worked very closely over the last couple of years. At one time, we had an injury prevention committee that focused on these things and had achieved its mission, so we are now focusing on taking these relationships to the next level and implementing these programs that I'm about to tell you about.

So what is the falls prevention continuum? We have three different programs that we offer county residents: Staying Independent For Life, Stepping On, and we just started with tai chi, which I'll get to in a minute. So Staying Independent For Life, it's a county-developed program. We actually developed this on our own. It's a two-hour session. It's a concise overview of falls and how they can be prevented, and we cover those factors that I just described, the internal, external, and environmental factors. We focus on home and community safety, and we also demonstrate exercises. The senior citizens do not participate in them, but we do demonstrate them. We offer these at libraries, nutrition centers, senior centers, senior living complexes, and centers of faith; and I'm looking around here and I know that we've been in every single one of your communities as well as every community in Suffolk County. I'd like to actually -- this is where I'm going to say we have wonderful staff, and we're doing this with two people, so we're able to reach just about every part of Suffolk. So it's designed to create awareness about the problems related to falls.

The next program that we offer is a little more comprehensive -- or it's actually much more comprehensive. It's a two hour -- it's called "Stepping On," and it's a two-hour session over seven weeks, and it's designed to educate senior citizens to learn about and incorporate healthy behaviors and reduce fall risks. So the previous program I just described, the one that we developed, is modelled very closely after this program, called "Stepping on". Participants learn and practice exercise. They actually participate in the exercises in this one because it's over a period of seven weeks, and they incorporate community experts to address fall dangers so we bring in ophthalmologists to discuss visions. We bring vision problems. We bring pharmacists to discuss medications, and we bring physical therapists from the community from the areas that we're in; so for example, if we're at Mattituck, these people are on the North Fork; if we're in the Huntington area, these people are from the Huntington area in order to address these issues related to those factors that I described earlier.

And this is the curriculum. Like I said, it's a seven-week program. So the first one -- and it's a group. It's about 20 people, and it's a group that they come in every week, and, I have to say, I was observing at one of them a couple weeks ago, and it's just a joy to watch. They really engage and they get involved. The first week is about group dynamics and building trusts. They focus on exercise, how to get up after a fall. That's covered in the two-hour program, but they actually practice it in the seven-week one because you wouldn't believe that there's actually a strategy for getting up after you fall. If you look at each of one of these sessions, it focuses on a lot of the factors that I had just discussed earlier.

This here, this picture is actually one of our classes. It was held at the Rose Caracappa Center in Mount Sinai a couple weeks ago, and at the end of the session, you could see they're holding up their certificates. We actually -- one of the -- the person who runs the program, that's her in the middle there. She's our Stepping On coordinator; and the person who does a lot of our Staying Independent For Life programs, her name is Mindy Giambalvo. She can't be here today because she's in Babylon doing a falls prevention program, a Staying Independent For Life. Just to see, like you say, group dynamics, you can really see. These people are engaged. They're embracing it. They're very proud of their certificates. We actually have graduation ceremonies at the end. We make it at lot of fun and festive. This is a group of people that are going to continue to be engaged, and they're going to continue to work with, talk to each other, be friendly with each other.

And so the next one is tai chi, which is actually Suffolk County YMCA or Long Island YMCA in Suffolk County offers the tai chi classes. We have instructors. We have, through our grant with New York State -- we have a grant with them -- we actually have tai chi classes, and it's a one-hour session over 12 weeks, focuses on exercises, core balance exercises that are practiced by participants, and individuals can perform exercises at their own level of ability. So it's -- when I first heard tai chi, I thought it was like, you know, kung fu or martial arts, I, again, not knowing too much until I got involved, but it's actually very -- it's research-based and it's -- it's determined -- the program is research-based. It's determined where it actually builds strength in your core, and the CDC has actually determined it has improved individuals in their ability to keep balance and to avoid falls.

So the continuum, just to go back -- I'm not going to -- Staying Independent For Life, Stepping On, and tai chi, the reason why we call it "the continuum" is because we're focussing on behavior change, and oftentimes, it's very difficult to get people to embrace that this is relevant to them. What we do is we have strategically put in place -- this is the continuum -- a two-hour program in the beginning that people go to. They will -- we then schedule the Stepping on program in the same area, in the same site, and a lot of the same people will sign up for that program because they've been made aware of the importance of this problem. So then they go from the two-hour program to the seven-week program and then we follow up -- they now have the opportunity to schedule -- we've scheduled tai chi in a lot of these communities to follow the Stepping on program, so it actually goes from one to the other to the other. So that group that you saw, the strategy is because they've already gone through this for seven weeks, they've already gone through the two-hour program. They're going to stay healthy. They're going to reduce their risks for falls.

That is it. If you want any more information, you can contact anyone of these -- anyone of us on that last slide of the presentation. We also have on our website, you can go there, and we have a lot of information about the programs, about the schedule if you want to see if there's something specific in your area, if anybody is calling your office looking for information, you can direct them to that website, or you can direct them to any one of these numbers. So again, thanks for having us. We're very passionate about this issue. If you have any questions, I'd be more than --

CHAIRMAN KRUPSKI:

Thank you. Just briefly, because we've got a committee meeting starting at 2:00, if you have -- and these programs -- I see the seniors holding these certificates, they went through the program; and I really, having parents and in-laws, I understand this is very important. Is there any way -- but having said, having parents and in-laws who will never go to a program like that. So is there any way to get the information to other family members who can help them with some of this, you know, on their own time, people who are not going to go there?

MS. ZOELLER:

(Inaudible)

CHAIRMAN KRUPSKI:

Come on up.

MS. ZOELLER:

I speak real loud. I have seven children. Nelida Zoeller. We've had caregivers in situations like that we've had them contact me and ask if they can attend the classes, the Stepping On program, to learn more how to take care, so that's also a possibility.

MR. DURNEY:

Also, again, the strategy is to try to get them to at least -- if they attend the two-hour program, that at least is a start, and I understand -- I'm in the same situation. Both my parents are in their late

60s and I'm having the same -- "Come on, check it out, it's not going to kill ya." Eventually, what usually happens is, this is -- and I've done a number of focus groups on this where we've met after the programs. My question is, Why did you decide to come today; and usually it's, Because I fell three times already, and I knew that something happened, I know that I need to learn more about this. So unfortunately, that sometimes is what may have to -- I mean, I'm not speaking specific to your circumstance, but we try to get them in before that, but sometimes that's the issue too.

The other part that, when I talked about community relationships and provider relationships, we get more providers involved, that's really what the focus of the department is right now is to really start working with hospitals and providers, and there's a lot of changes associated with the Affordable Care Act that actually require focus on this kind of, that what you're talking about, care coordination, assessing for falls risk at the beginning and trying to steer people -- you're right. If they hear it from their kid, they're not going to respond. If they hear it from their doctor, on the other hand, that might be a step, so that's another strategy that we're working towards.

MS. ZOELLER:

And that's really working well. When I ask, How did you hear about the program, they will say, Through my doctor, he referred me here, so which is a good thing. Also we are reaching out to the churches because that's another way of reaching people that would not normally come to a program like this through their churches and their pastors; you know, they recommend the program. I just finished a program in Riverhead Baptist Church, and half of -- more than half of those people normally attend a program like this, but because we did it through the -- their center of faith, then that was a way of reaching them also.

CHAIRMAN STERN:

Legislator Barraga.

LEG. BARRAGA:

It certainly seems like an excellent program, and, you know, it's an interesting thing, especially with males as they get older, it's very difficult to convince an older male that he shouldn't be doing certain things that he did 10 or 15 years ago. And you indicated your father is in his late 60s, and so I want you go to give me your phone number so when I need a light bulb changed in my house, I could call you.

(*Laughter*)

MR. DURNEY:

Legislator Barraga, to follow up on that, you brought up -- that's another thing that we're looking very closely at is how do we get more men to these classes. When we look at our data, what we're finding is -- and this is not just in Suffolk. This is across the country. These are CDC programs. There's been a lot of data collection. What we're finding is that it's predominantly 88 percent Caucasian women are the people we're getting to, and the men that show up are being brought by their wives. So again, by developing stronger provider relationships, we're hoping to change the demographics of the people that we see and also developing stronger relationships with certain communities, like faith-based organizations. The baptist church, for example, in Riverhead; that was one place we went to. The Office of Minority Health and the County Exec's Human Services division, they have an Office of Minority Affairs. We've been working with them as well to try to figure out how can we -- not just the gender -- not just the minorities, but also the gender difference as well. But, yeah, any time. Next time I'm in your neck of the woods, I'll certainly --

LEG. BARRAGA:

Stay by the phone.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

Well, I can give you a little bit of a hint: Just serve food. If you have food there, if you have something, they will come. I have 47 private communities in my district, and the majority of them are senior communities, so, you know, again, feel free -- I'd love to help promote what you've doing. This is great information.

Approximately how many people are in each class?

MS. ZOELLER:

Well, with the Stepping On program, there's a maximum of 20.

MR. DURNEY:

And with the two-hour program, there is no maximum. I mean, we don't normally have 100, but we can -- I don't know, 40; is it unusual to see 40?

MS. ZOELLER:

Oh, yeah.

MR. DURNEY:

We've seen 40 to 50. One of the other -- again, developing stronger relationships with some of the other communities and community organizations and providers is to train more people who do Stepping On so that, for example -- I'm trying to think of a hospital. Maybe Good Samaritan, because we've been in touch with them. We would like to get more people in Good Samaritan involved and then they can actually move on and do their own Stepping on programs. So our role -- they are closer to that community, and what we've done is we've kind of passed on the knowledge and we've worked with that particular facility. We can still continue to do our program, our two-hour program and then plant it. We have trained staff from other facilities throughout the county so that nobody gets left behind. We only have Nelly right now doing Stepping on, so we can only do, at this point, 12 a year. We do 12 every year.

MS. ZOELLER:

Even just with Nelly and Mindy, that's doing the Stay Independent For Life, in the last four years, we've reached over 6,000 seniors, so I'm really excited about the possibility, the opportunity to train next year because we could train, like, say another 15, 20 leaders to do this; then we are going to be tripling those numbers.

LEG. ANKER:

I know quite a few nurses that need services like this to graduate, so again, have you worked in the hospital community or the schools? I'm chair of education, so I have a number of graduating nurses who have to interview an elected official as part of their graduating curriculum, and they're always looking for services to do, and this sounds like a nice connection here.

MR. DURNEY:

We actually -- we have a -- I've mentioned Saint Joseph's College has a nursing program. We've been working with them. They've been great partners, and what they do is they actually go out and they do the two-hour program. It's part of their requirement. It's part of their curriculum. It counts towards their in-service credits or some, you know --

LEG. ANKER:

Exactly.

MR. DURNEY:

And it's a great experience. So they -- we meet with them in the beginning of the semester. We schedule a number of programs for them and then -- in fact, we just had them last week. They come and they meet with us and they give us feedback as to what worked and what we can improve. It's a really great. Yeah, I mean, we love working with students.

LEG. ANKER:

I have, you know, Saint Charles, Mather, Stony Brook, Malloy. Malloy was in with about 15 nurses about a month ago. So I get -- I see quite a few of these kids, young adults. And also, I was thinking, you know, maybe have the hospitals sponsor these programs, because it seems like you do get a lot of word through the doctors.

MS. ZOELLER:

Well, the hospitals are partners with us. The way that we -- the experts that come are from the hospitals where whatever venue -- whatever hospital is closest to the venue where I'm at, that's where the experts are coming, so they are aware of this program and have partnered with us for that.

LEG. ANKER:

And again, the idea with food, I know a farmer or two that might be able to sponsor with some healthy food. There are people like Jay King -- I don't know if you're familiar with Jay King -- or Joe Casa who really might want to participate. You know, we can reach out to them. But again there's always -- you want to get especially the men involved. The women seem to fall a little bit easier, or fall into the program a little bit easier, no pun intended. But, you know, again to incentivize them to come I think is really, really important.

MS. ZOELLER:

So you're saying the men follow the food and the women, I would think, but the food mainly.

(*Laughter*)

But thank you so much, though, for your work.

CHAIRMAN STERN:

Very good. All right. Any questions? Well, again, thank you both for being with us. Congratulations on what was clearly a successful and very important program particularly as demographics throughout Suffolk County continue to require this type of program and the growth and continued success of this kind of program. Thank you.

MR. DURNEY:

If anybody has any questions, please let us know.

CHAIRMAN STERN:

Very good. Okay. All right. There being no other business before the committee, we are adjourned. Thank you.

(*The meeting was adjourned at 2:21 p.m. *)