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Leaders in Patient Experience: Jamie Seagle, Rogerson Communities



By Barbara Sadick

Five years ago, 73-year-old Henry Jenkins, a union laborer, suffered a severe stroke that left him totally paralyzed on his right side. He had lived and worked in inner-city Boston for more than 30 years when his life fell apart. "I was so depressed," he says, "I didn't want to do anything except sit in a wheelchair and look out the window."

Jenkins was living in an apartment in Roslindale, a low-income neighborhood in Boston, in the home of his friend Shirley Winston, who heard him cry for help the night he had the stroke. "I went downstairs and found him on the floor, unable to move," she says. "I got him to a hospital. They operated and eventually sent him to rehab."

When he returned to his apartment, he was overcome with depression and fear. He had no family in the area, lived alone, and was afraid he would be sent to a nursing home. But Winston was there to help. "We've been friends for years," she says. "He was always there for me, and now he needed me. So I looked at a couple of day care facilities for him and did what I could."

What she found was the Rogerson Roslindale Adult Day Health Program, a place Jenkins initially resisted but now credits with giving him a renewed interest in life. He worked with the program's rehab staff and now walks with a cane. "I come here three days a week," Jenkins says. "I exercise with machines in the fitness program and then I walk. I walk for at least an hour every day. On Monday, Wednesday and Friday mornings a van picks me up. I love this place. I love coming here. This is my family. This saved my life."

Rogerson Communities was originally established in 1860 by Boston's ruling Protestant establishment as The Home for Aged Men. It was a residence for older, indigent Protestant men of "good character," funded by aristocrats named Grant, Ropes, and Fearing, and remained a rest home until the early 1970s.

In 1973, at the age of 26, Jamie Seagle came to Rogerson House as its manager. His only prior experience had been working with mentally impaired individuals, an experience he says taught him a clear lesson. "I learned that those who are impaired can do dramatically more than they are expected to do, and I took that lesson with me into the field of aging." He says he didn't know anyone or anything when he first arrived, so when making decisions he would ask the staff what they thought. Most employers rarely do that, and as a result, he became a hero.

Seagle rolled up his sleeves and worked to transform Rogerson House from a private, non-profit facility providing custodial and infirmary care into one that treats the aging process as a positive journey. "Negative expectations become a self-fulfilling prophecy, and ageism causes depression and chronic disease," says Seagle. His goal was to change that negative perception by doing whatever was possible to enhance the aging experience. He encouraged as much activity and mental stimulation as was possible and after three years and dramatic progress, Seagle found himself bored and ready to move on.

The board of directors wouldn't hear of it and agreed to let him do whatever he wanted to expand programs, build health enhancing facilities and change the experience of aging for low- and middle-income adults who need day care, residential care, have disabilities or suffer from dementia. He asked for a planning committee and began the task of creating what has become a cutting-edge model for senior health, housing and support services.

Seagle's timing was good. Aging had begun to emerge as a new area of study. The National Institute of Aging was founded in 1974 with the mission of improving the health and well-being of older Americans through research. In 1975, Louis Harris' *The Myth and Reality of Aging in America*, a broad-based significant landmark survey on attitudes on aging was published and showed that negative stereotypes on aging in the U.S. were pervasive.

In 1978, Seagle took the first step in expanding and improving Rogerson by taking the board to look at models of top-notch senior facilities to show them what could evolve out of single small residential homes for the elderly. Maple Knoll in Cincinnati was an especially poignant example of a facility that expanded and improved the aging experience by acquiring property and building an independent assisted living, continuing care and adult day care

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complex whose architecture, design, care and services encouraged healthy and happy aging.

One witness to Rogerson's transformation was John Cupples, a board member for more than 30 years, six of which he spent serving as chair. Under Seagle's tutelage, he helped turn a home for 54 aging men into 16 first-class private, non-profit facilities for elder day care, residential living and Alzheimer's care.

"Day care," says Cupples, "is less expensive and more effective than home care, because it not only frees up families and caregivers to become re-energized, it protects participants from isolation." Seventy percent of caregivers are family members, and studies show that the stress involved in caring for older people with disabilities leads to a 60-percent higher rate of death in caregivers than in non-caregivers.

Barbara Hicks is taking care of two aging family members. Her mother and sister have both moved from Alabama to Boston to live with her. "I love having them live with me," she says. "I call them my children. My sister Maxine spends three days a week at Roslindale House and loves it. My mother refuses to go, so with Maxine there three days a week I get a chance to spend more time with my mother." Hicks admits that there is always stress and her situation is full of challenges, but says she's not working any more, loves having her family together and gets a lot of support from her daughter. "Besides," she says "going to Roslindale House is good for Maxine. The staff there helps her with her motor skills, gives her meals and provides a social life she loves."

Located in a neighborhood called home by most of its residents and day care members, Roslindale House, which serves as both a residential and day care community, was purchased by Rogerson Communities for \$1 from the city of Boston in 1984. Built as a high school in 1926, the structure was renovated to preserve space, light and original period pieces. The oversized windows were saved to maximize positive effects of natural light and shared open community spaces encourage interaction and reduce isolation.

Light and space combined with room to socialize and move about freely are important components of successful aging. People who spend time in clean, uncluttered, bright environments naturally feel better. A recent renovation reinforced that. "The difference in people's spirits is immeasurable," reports a staff member. Participants say the rooms are brighter, which makes them happier, and the furniture is comfortable, which allows them to feel relaxed. "It's nice to come here and see how pretty everything looks. It makes the day better," remarks a day care participant.

Design and health go hand-in-hand. When Seagle realized early on that many elders attending day care were suffering from dementia, he applied to the Robert Wood Johnson Foundation's Partners in Caregiving for funding to develop a healthy model for dementia day care treatment. "They funded us and we were one of the first to design a state-of-the-art dementia day program with the help of Alzheimer expert consultants and the Alzheimer's Association of Massachusetts," says Seagle, who is now recognized as a pioneer in creating facilities geared toward health promotion for the aging and mentally impaired.

"Copious amounts of natural light helps to brighten moods and reduce anxiety and agitation," says Anne Morton-Smith, Rogerson's Vice President of Development and Community Relations. "And large windows allow for a clear view of what's outside or in the next room. That alleviates concern about who might be approaching or around the corner." Keeping people with dementia calm, relaxed and focused on things they can focus on helps them maintain cognitive functioning at its highest level. It gives those with Alzheimer's the most positive experience they can have. "Additionally," says Morton-Smith, "visual color cues reduce confusion when moving from room to room, reminding individuals of where they are."

Rogerson's primary mission is providing housing and day facilities for lower income people, a range that includes some whose sole source of income is social security and those who have incomes less than \$30,000. Medicaid pays for about two-thirds of the operating costs, while the rest comes from private donations and grants, but accommodating all who are in need is not possible. "We have a two-year waiting list," says Seagle. "And finding good facilities for people who don't have money is difficult because very few exist."

Most residents of Rogerson facilities are older than 70 and have incomes below 50 percent of the median income of those from low- to middle-income areas of inner-city Boston. Day care participants are required to have suffered a significant loss due to chronic disease and a need for help with two activities of daily living to be eligible for participation. All have to qualify for Medicaid. Because so many meet the criteria, selections are made partially by a community admissions committee and partially by lottery.

Members of Rogerson Communities are fortunate. Apartments provided for them are beautiful and well-maintained, the day fitness centers are a hub of activity, the facilities are immaculately clean and inviting and the staff is friendly, kind, and engaged.

Due to Seagle's own engagement, he's become a leader with immense political clout in Massachusetts. Last year, the state tried to eliminate adult day care programs, but with the help of a hired lobbyist, Seagle persuaded state legislators and administrators that adult day care is not only vital, but less costly than nursing home care.

"Rogerson has built a national reputation for excellence in elder care," says Cupples. "And Seagle is considered the top trendsetter in non-profit geriatric care." He has led the way in providing top-quality housing, fitness programs and centers, entertainment and nourishment for the aging. He has observed that when low-income individuals enter Rogerson facilities they feel they are stepping up, and when people feel that way they do better in every way.

In Massachusetts, as elsewhere, the aging population is growing rapidly. There will be increased demand and need for day and residential health care services, particularly for low- and middle-income Americans. Facilities like Rogerson save money for state government by keeping people out of nursing homes, but more such housing

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and day care is needed to serve the country's aging baby boomers and oldest old.

A boomer himself, Jamie Seagle takes ideas and turns them into viable programs. "The end of your life," he says, "should be as big an event as the beginning of your life." When he observes something that appears to work, he tries it and is always on the lookout for ideas to help make the aging experience more agreeable and stimulating. "We see the efficacy of old ladies pumping iron," he says, "and the joy in the faces of those who stay healthy, engaged, and are well treated and taken care of."

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The second article in this series has been written by Barbara Sadick, Association member and freelance health writer. Based in New York City, Barbara's clients include U.S. News & World Report, Healthline.com, The Commonwealth Fund, and Health Behavior News Service. In 2003, after the death of her brother from lymphoma, she began working as a freelance health advocate, researcher, and writer. Her personal experience has been supplemented with an MA in Health Advocacy from Sarah Lawrence College and an MS in Health and Behavior Studies from Columbia University. Available for freelance writing and research, Barbara can be reached at barbara.sadick@gmail.com.

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