

Ithaca Health Alliance Newsletter

Mobility 101

by Ken Kling

Worldwide, the symbol of a wheel chair is used to indicate that a parking space or building is accessible to people with mobility issues.

First, let's look at what constitutes a "mobility issue." Commonly, we think of people in a wheel chair as "handicapped." However, those with limited vision or someone with a broken leg on crutches or using a cane may have accessibility issues, too. The bottom line is that anyone at some time in his or her life may face concerns about accessible parking or buildings.

In response to such needs, the Federal government created the Americans with Disabilities Act in 1990. This Act, widely known as the ADA, has been updated and amended several times during the past two decades.

Specifically, the Act specifies what is legally required in- and outside of a building to make it truly "Handicapped Accessible." It should be noted that local jurisdictions, such as those within states or counties, have even more stringent requirements.

Without quoting the Act specifically, the following are just a few areas of consideration in the construction of buildings meant to meet the requirements:

- Doorway widths
- Handrail heights
- Corridor widths
- Ramp incline requirements
- Restroom measurements
- Restroom fixture requirements



In general, all newly built buildings are required to meet the ADA requirements. (Please note: residential buildings have their own ADA requirements and are not addressed here.) However, many buildings constructed prior to 2004 are exempted from meeting the ADA requirements. They are known to be "grandfathered," based on their construction date.

Older buildings can be required to be refashioned to meet the ADA requirements if certain conditions occur. An older building must meet the requirements if ownership changes hands and if the original purpose or use is to be changed. An example would be what transpires when a "house of worship" is sold. If the new owner will continue to use the building as a "house of worship," the new owner would not be required to meet ADA standards. However, if the "house of worship" is to be re-purposed as, say, a restaurant, the new owner would then be required to meet ADA standards.

In general, most of us focus on how to eliminate obstacles to getting into a building, but we seldom think about obstacles that could occur in exiting a

continued on page 2

IN THIS ISSUE:

Cultural Competency in Health Care	3
In Memoriam, the Blankinships	4
Volunteer of the Quarter	4
Hypertension • Complementary Medicine	5
Staff Updates • "We Can Work It Out"	6
Asparagus & Potato Recipe • Thanks!	7

The Ithaca Health Alliance

The IHA was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and under-insured of New York State.

Information about the IHA

is available through the Office Manager at office@ithacahealth.org, 607-330-1253; through the Executive Director at executivedirector@ithacahealth.org, 607-882-9060; or on our website at www.ithacahealth.org. Inquiries can also be made by mail: Ithaca Health Alliance, P.O. Box 362, Ithaca, NY 14851.

ITHACA FREE CLINIC Hours and Operations

Mondays: 2–6 p.m. (walk-ins to MDs, appointments for complementary or specialty providers)
 Tuesdays: 3–7 p.m. (by appointment only)
 Thursdays: 4–8 p.m. (walk-ins to MDs, appointments for complementary or specialty providers)
 Located at 521 West Seneca Street, Ithaca, NY. (607) 330-1254

The Ithaca Free Clinic is a project of the **Ithaca Health Alliance**. More than 80 percent of our work is completed with volunteer efforts. Whether you're interested in working with the Clinic or the Health Alliance, if you're looking for a volunteer opportunity, call the Office Manager at 607-330-1253 or fill out an application online, available at www.ithacahealth.org. Inquiries about volunteering for the Board can be made to Bethany Schroeder at executivedirector@ithacahealth.org. Appointed positions between election cycles are made at the discretion of the Board.

This quarterly newsletter is a production of the Ithaca Health Alliance.

Mobility 101

cont'd from page 1

building. This becomes especially important in the event of some type of emergency, such as a fire or power outage.

In the event of an emergency, accessibility methods, such as elevators, stair-o-laters, automatic doors, and other devices, may be rendered "Out of Order." Consider this: if someone uses a wheelchair and also uses an elevator to ascend to an upper floor, what happens if the elevator is unavailable due to a power outage? Ideally, the building should have a plan in place to handle this eventuality. Typically people with "mobility issues" must ascertain whether such a plan is in place. In the absence of a plan, it would be important to plan ahead and implement a "personal plan" for exit, including something as simple as identifying another person to provide assistance.

The bottom line regarding mobility issues is knowledge and awareness. We all need to become advocates regarding accessibility and not feel like alarmists or scolds, whether seeking or imparting information about mobility, accessibility, and ADA requirements.

The information contained here should not be construed as the final word on this matter. For specific information, use the ADA website, contact local Building Code or Fire Officials, or use the services of a design professional who specializes in Accessibility Design.

Finally, please note that the international symbol of the wheel chair carries with it much more meaning than just "this is a Handicapped Parking Space." It should mean that anyone, regardless of their mobility issues, can be assured that all can enter and use a building equitably and safely. ♣

Ken Kling is a local resident and an administrative volunteer with the Ithaca Health Alliance.

Renewed Efforts to Achieve Cultural Competency in Health Care

by Brooke Hansen

In addition to the many healthcare challenges we continue to face, recent efforts have raised awareness about the ever-present gulf in providing effective health care to ethnic and cultural minorities. The American College of Physicians has identified the disparities in health status, health access, and care delivery for minorities as among the most fundamental problems with the nation's healthcare system. With population projections indicating a substantial increase in ethnic and racial diversity, health care stands to fall even farther behind if issues of cultural competency are left unaddressed. Cultural competency includes being aware of how cultural difference affects health and how to be responsive in ways that facilitate positive outcomes at both the local and broader public health levels. This may require use of interpreter services and culturally and linguistically concordant staff and practitioners. Useful guides, definitions, and resources can be found at the Department of Health and Human Services Office of Minority Health.

In April, I took six Ithaca College students from my Medical Anthropology class to New York City to learn more about the current status of cultural competency training in non-profit organizations. We visited the Health Care Chaplaincy in Manhattan, which specializes in palliative care, multifaith and spiritual dimensions of health care, and cultural sensitivity. Of note are the free on-line resources and the organization's efforts to improve holistic care for veterans and survivors of disaster events (handbooks can be found on their website). The Health Care Chaplaincy also has strong connections to Ithaca through Walter J. Smith, the President of HCC and a Trustee of Ithaca College. Claire Haaga Altman, the host of the Medical Anthropology class visit, is the C.E.O. and Executive Vice President of HCC, and her daughter, Stefanie Mercado Altman, is an anthropol-

ogy major at Ithaca College and has been a volunteer with the Ithaca Health Alliance. The class also visited the Tanenbaum Center for Interreligious Understanding and reviewed the recently published *The Medical Manual for Religio-Cultural Competence: Caring for Religiously Diverse Populations* (available through the Center's website).

While the initiatives and programs these organizations have undertaken are commendable, much more needs to be done to promote and achieve cultural competency in health care. General manuals and workshops are helpful as guides, but each region in the country and even individual healthcare centers should have specific profiles of ethnic, religious, and cultural diversity for staff, patients, and caregivers. Bridging these gaps not only facilitates health, it also moves us as a society to a place of greater appreciation of diversity in our communities. ❖

Resources:

American College of Physicians. 2004. "Racial and Ethnic Disparities in Health Care." *Annals of Internal Medicine*, 141: 226-232.

Health Care Chaplaincy: <http://www.healthcarechaplaincy.org/>

Claire Haaga Altman, Executive Vice President: chaltman@healthcarechaplaincy.org; 212-644-1111, ext. 152.

Sodexo: Diversity Learning Course Descriptions: <http://www.sodexousa.com/usen/diversity/education.html>

Tanenbaum: <http://www.tanenbaum.org/>

Mark Fowler, Director of Programs: mfowler@tanenbaum.org; 212-967-7707.

U.S. Department of Health and Human Services: Office of Minority Health: <http://minorityhealth.hhs.gov/>

Brooke Hansen is associate professor of anthropology at Ithaca College and a long-time, ardent volunteer with the Ithaca Health Alliance.

In Memoriam, Byron and Mary Louise Blankinship

Since June, 2010, the Ithaca Health Alliance has received a number of donations in memory of Byron and Mary Louise (Sally) Blankinship. Through the remembrances of donors, we have learned of the Blankinships's lives of service and the commonalities between their values and the Alliance's mission to facilitate access to health care for all.

Born in Portland, Oregon, in 1913, Byron served as a career diplomat after earning his law degree from Columbia University in 1942. Posted in locations throughout the Americas, Europe, and Asia, he worked to build connections between people. In retirement, he volunteered in a number of capacities, including job trainings to help low-income community members become employed in public service, legal aid programs, and court mediation positions.

Sally was born in 1916 in Timber Lake, South Dakota. She eventually earned a nursing degree from the University of Oregon. She worked as a public health nurse in New York City from 1939 to 1942, supporting her husband's law studies, and subsequently joined him in the Foreign Service. After retirement, she took a refresher course in nursing and volunteered in hospice, in addition to her volunteer work at homeless shelters and in raising funds for charitable causes.

Both of the Blankinships were avid gardeners and were featured on the cover of *Sunset Magazine*, honored there with the Pacific Sunset Garden Award. They enjoyed their final days at their home in Ithaca, where Byron died on March 25, 2010, with Sally following him on August 11, 2010.

The Ithaca Health Alliance is deeply honored to have received gifts in memory of Byron and Sally Blankinship, and for the opportunity to learn of their lives. Thanks to the commitment to service such as theirs, the Ithaca Health Alliance is able in return to serve this community. ❖



Volunteer of the Quarter: Tamara Beardsley

Raised in the Ithaca area, Tamara Beardsley now lives in Danby, NY. Following college, she worked locally with a printing company and has been a freelance designer for the past three years.

Tamara began her volunteer work with the Ithaca Health Alliance more than a year ago, saying that giving something back to the community was her chief objective. Tamara has been a member of the Alliance for several years and was therefore able to express the mission and goals of the agency in illustrations and print design. Rather than a photograph, which is how we usually display our top volunteer, Tamara sent us a visual compendium of her work for the Alliance. Soon area residents will also be able to view her skills on most TCAT buses, where the Alliance and Free Clinic will have posters prominently displayed. Thank you, Tamara, for all your hard work in behalf of the region's un- and underinsured residents! ❖

by Julia Lapp and Bethany Schroeder

Hypertension and Young Adults in the U.S.

Think high blood pressure is only something you need to worry about when you're older? Think again. A recent National Institutes of Health (NIH) study, the National Longitudinal Study of Adolescent Health, looked at the blood pressure history of 14,000 men and women between the ages of 24 and 32. They found that approximately 20% of people (1 in 5) in this age group had blood pressure exceeding the cut-off for hypertension (high blood pressure), which is blood pressure above 140/90 millimeters of mercury (mm/Hg). Though public health researchers have believed that hypertension is a growing concern among younger Americans, as well as older Americans, they were surprised by the high percent revealed in the study. According to one of the researchers, "Nobody really knows or had known what the prevalence was of high blood pressure among young adults. This is the first estimate we have on this."

The results concern heart experts. "These statistics are certainly worrisome," says Chip Lavie, medical director of Cardiac Rehabilitation and Prevention at the John Ochsner Heart and Vascular Institute in New Orleans. Hypertension has lifestyle and hereditary causes, but researchers believe the high prevalence in younger adults may be due to high intakes of sodium-rich processed foods, and inadequate intakes of potassium-rich fresh fruits and vegetables. High sodium foods increase blood sodium, which pulls fluid into the blood vessels and increases pressure. Potassium counteracts that effect. High blood pressure is the number one risk factor for stroke, and stroke is the third leading cause of mortality in the United States. ❖

Source: Nguyen, Q.C., Tabor, J.W., Entzel, P. B., et al. [Discordance in national estimates of hypertension among young adults](#). *Journal of Epidemiology*, 2011, 22 (4), 532-541.

Complementary Medicine: Alternative or Mainstream Health Care?

The July/August issue of the *Atlantic Monthly* includes a 15-page discussion of the pros and cons of "new age medicine," or holistic health services such as acupuncture, homeopathy, and other alternative approaches to health care. In addition to reviewing the many challenges in educating people, lay and professional, about the use of alternative care, the researchers, clinicians, and others interviewed for the article describe their efforts to integrate holistic services into conventional medical choices. According to one researcher at the University of Maryland's Center for Integrative Medicine, "... some patients wait as long as two months to begin treatment there — referrals from physicians all across the medical center have grown beyond the staff's capacity."

Pointing out that research has yet to prove the efficacy of alternative medicine, those interviewed nonetheless repeatedly refer to the relief, whether or not scientifically measurable, of holistic therapies and practices. The article features a number of anecdotes from patients and practitioners alike, including from patients who had previously experienced unremitting pain, despite various medical and medicinal approaches, including narcotics.

Anyone interested in a PDF of this timely and inspiring article can contact Bethany Schroeder at executivedirector@ithacahealth.org. ❖

Source: Freedman, D.H. [The triumph of new-age medicine](#). *The Atlantic*, July/August, 2011.

Julia Lapp is assistant professor of nutrition at Ithaca College and Bethany Schroeder is the executive director of the Ithaca Health Alliance. Both are members of the Education Committee.

FREE CLINIC UPDATE

By Valarie FitzRandolph, Clinic Coordinator

During the first quarter of 2011, volunteers at the IFC saw 406 patients for a total of 554 visits. Thus, nearly 150 of these patients sought care on more than one occasion at the IFC.

The IFC is always looking for professionals who would like to join us in our mission to provide care to the un- and underinsured people of our community. The demand for some services, such as acupuncture, massage therapy, and chiropractic care, far exceeds our capacity. We welcome your inquiries regarding participation at the Ithaca Free Clinic; visit www.ithacahealth.org to complete your online application, or call 607-330-1253 for more information. ❖

HEALTH FUND UPDATE

By Rob Brown, Office Manager

From January through May, 2011, the Ithaca Health Fund awarded 60 healthcare grants totaling \$6,691. Over half (\$3,500) of the grants were for Emergency Room visits. Dental Exams and Complementary Care represent the majority of other grants.

In May, Alliance members approved bylaws that discontinue the membership program. Existing members can access Health Fund and discount options until the end of their membership period. Following a Board resolution, the Health Fund is being restructured to support financially qualified IFC patients; we anticipate that new Fund guidelines and grants will be available in 2012, once financial support and procedures have been confirmed. ❖

OUTREACH UPDATE

By Andrea Levine, Outreach Coordinator

We conducted outreach at the Ithaca Queer Fair; Prisons, Poetry, and Power; Women's Expo; Community Wellness Day; and Complementary Therapies for Cancer Support. Robert Cooper presented "Medical Travel," a presentation about affordable healthcare options available in other countries.

Thank you to Andy Adelewitz and members of several bands who raised \$2,100 at the Pink Floyd Benefit at the Castaways. Please stop by our table at the Scottish Games and Celtic Festival, Juneteenth, the Puerto Rican Festival, Congo Square Market, and Grassroots. We are hosting the Health and Wellness Tent at the Dragon Boat Races on July 9 at Cass Park and a Medicinal Plant Walk with 7Song on July 28 at Mulholland Wildflower Preserve. Call 607-330-1253 to reserve space during the walk, or check us out on Facebook at <http://www.facebook.com/ithacahealthalliance>. ❖

SAVE THE DATE!

We Can Work It Out: An Introduction to Compassionate Communication
(also known as Nonviolent Communication or NVC) with Becca Harber

Using NVC, misunderstandings, conflicts, differences, upsets, and stresses between people, young and old, and within oneself can be clarified and resolved in more satisfying ways for everyone. This practical method can be applied to various kinds of relationships: families, partners, friends, people giving and receiving services, co-workers, therapy, organizations, strangers, etc. With this technique, cooperation, collaboration, and understanding are fostered, rather than hostility and distance, with more people's needs more likely to be met, rather than a win/lose result. NVC is also used for emotional healing.

The goal of this presentation is to give people a taste of the spirit of Compassionate Communication, along with some practice. Inspired by how this approach has made a difference in her life and relationships, Becca Harber has been teaching NVC since 2005. She offers customized introductions and longer trainings for adults or children in schools, centers, agencies, and organizations.

Please call 607-330-1253 to reserve your seat for this presentation, scheduled for Wednesday, September 14, 6 to 8 pm at the Ithaca Health Alliance, 521 West Seneca Street. The presentation is free of charge, but pre-registration is required. ❖

Chilled Asparagus, Potato & Sesame Salad



Asparagus image adapted from photo by Muffet, CC BY 2.0; <http://www.flickr.com/photos/calliope/sets/1636821/>

1 lb. asparagus, cut into 1-inch pieces
(discard the bottom inch)

5 fingerling potatoes, cut into ¼-inch half moons
(or substitute ½ pound of any new potato)

Dressing:

4 tsp. soy sauce

2 tsp. sesame oil

1 tsp. honey

2 Tbsp. sesame seeds, toasted

Salt and pepper to taste

Put the cut potatoes into a large pot of boiling water. When potatoes are nearly tender, add the cut asparagus. When the asparagus is finished cooking (you will be able to stick a fork into the spears, and it'll still be bright green), drain thoroughly and then toss into a big bowl of ice water to stop the vegetables from cooking any more. Drain again and pat dry.

Mix all of the dressing ingredients listed above, pour over the vegetables, toss, then chill for 30 minutes prior to serving.

Enjoy!

From the Bay Area Box, a CSA serving Berkeley, Oakland, and the San Francisco Bay Area.



Thank You!

The staff and volunteers of the Ithaca Health Alliance thank the Plantsmen Nursery of Groton, NY for the donation of plants to landscape the Ithaca Free Clinic. This donation, which includes medicinal plant specimens, has helped us to develop a more uplifting and healthy atmosphere that complements the health services we provide. Thanks, Plantsmen!



Ithaca Health Alliance
PO Box 362
Ithaca, NY 14851

607-330-1253
Find us online at
www.ithacahealth.org



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Summer 2011

Mobility • Hypertension & Young Adults
Remembering the Blankinships
Cultural Competence in Health Care
Complementary Medicine • Work It Out