



Your Ally in Community Health
Winter 2010

Ithaca Health Alliance Newsletter

O.T. Makes It Possible

By Anna Winders, OTS, Amy Wiesenberg, OTS, and Catherine Haines, OTR/L

When you think of a synonym for the word “occupation,” what comes to mind? Is it “work,” “job,” or “employment?” Ask an occupational therapist, and she will likely say “activity” or “task.” The definition and significance of occupation has been studied and debated extensively in the field of occupational therapy, and understanding it speaks to the heart of the profession. From birth to the end of life, occupations are how we fill our time; they give our lives structure and meaning; they encompass our habits, routines, roles, and rituals. They can be sorted into categories such as activities of daily living—tasks that enable basic survival and well-being such as eating and dressing; instrumental activities of daily living—more complex activities within the home and community such as raising children, managing finances, cooking, and transportation; rest and sleep; education; work; play; leisure; and social participation. Through the therapeutic use of activities (occupations), occupational therapists promote health and wellness for those who have, or are at risk for developing, an illness, injury, disease, condition, or disability.

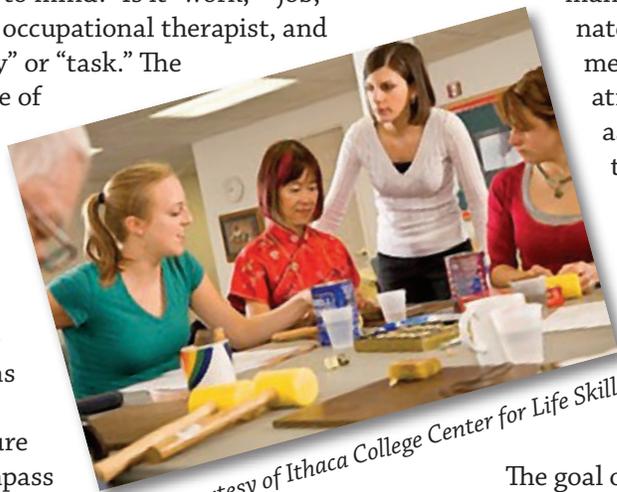


Photo courtesy of Ithaca College Center for Life Skills.

many years. Occupational therapy originated from the mental health movement to help individuals with psychiatric problems live as independently as possible. However, occupational therapy only became established as a formal profession in 1917, when services were needed to help returning soldiers regain function after World War I. The stereotype of occupational therapists teaching basket weaving originates from this time in history.

The goal of occupational therapy is to help individuals live independent, productive, and satisfying lives. This is achieved by helping people who have experienced an injury or illness improve their daily functioning in meaningful activities. Occupational therapists not only work with individuals with physical limitations, but also those with cognitive

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The importance of activity as a means of regaining health and well-being has been recognized for

ITHACA FREE CLINIC HOURS AND OPERATIONS

Mondays: 2–6 p.m. (walk-ins to MDs, appointments for complementary providers)
Tuesdays: 4–7 p.m. (by appointment only)
Thursdays: 4–8 p.m. (walk-ins to MDs, appointments for complementary providers)

Located at 225 South Fulton Street, Suite B (upstairs), 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 done through 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 Clinic Coordinator at 607-330-1254.

The Ithaca Health Alliance

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.

Become a member of the IHA!

IHA members receive discounts from participating health providers and are eligible through the Ithaca Health Fund for grants and loans that pay for emergency and preventive care. To learn more about membership, call 607-330-1253 and ask to speak to the Office Manager.

Information about the IHA

PO Box 362, Ithaca, NY 14851

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Web site: www.ithacahealth.org

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

Announcing a New Member of the Board

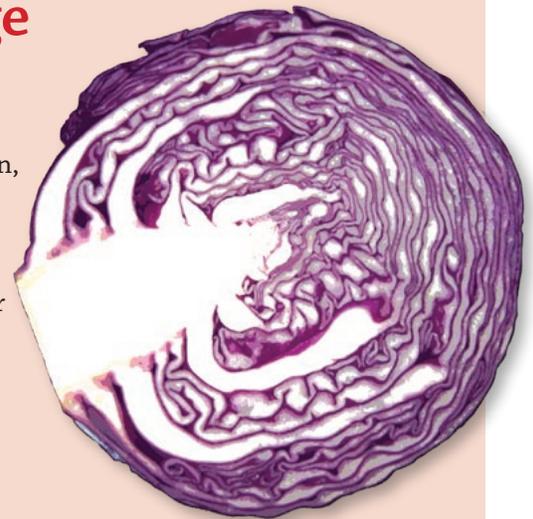
Clint Scott was approved by a unanimous vote of all Directors for a vacant spot on the Board. Clint is a second-year law student at Cornell and is a veteran of the Iraq war. Welcome to Clint Scott!

Feel free to contact any member of the Board for information about ways to serve the Ithaca Health Alliance.

Bethany Schroeder, President
Deirdre Silverman, Vice-President
Barbara Alden, Treasurer
Govind Acharya, Secretary
Bob Hest, Director
Fran Spadafora Manzella, Director
Scott McCasland, Director
Clint Scott, Director ❖

Cooked German Red Cabbage

4 cups sliced red cabbage
1 small red onion, sliced
1 tart apple, cubed
2 Tbsp. butter or olive oil
1 Tbsp. apple cider vinegar
½ cup water
2 tsp. sugar
⅛ tsp. salt



Sauté apples and onion in butter or olive oil, add cabbage and sauté for 2 minutes. Add water, vinegar, and sugar. Simmer on low until cabbage softens, about 20 minutes. Add more vinegar to taste, if desired. Serves two. ❖

From the kitchen of Julia Lapp.

Image from photo by Rick Heath ©

OT, *continued from pg. 1*

and psychosocial issues. Individuals with orthopedic, neurological, or mental health diagnoses may benefit from occupational therapy services. Supporting health and participation in life through engagement in occupation is the broad, overarching objective of occupational therapy intervention. Using a client-centered approach, the occupational therapist gathers information to find out what is most important and meaningful to the client. Clients collaborate in



Occupational therapy. Toy making in psychiatric hospital. World War 1 era. *Courtesy of Otis Historical Archives National Museum of Health and Medicine.*

setting goals for treatment. Occupational therapy interventions may consist of the therapeutic use of activities, consultation, patient education, or a combination of all of these. Many types of interventions can be used, including restoring skills, finding new ways of doing things or adapting the environment, or maintaining or preventing the further loss of function. Health promotion is yet another intervention that is currently being developed at the Ithaca Free Clinic to address health and lifestyle behaviors in people with chronic conditions.

In the fall of 2008, the Ithaca Health Alliance and Ithaca College Occupational Therapy Department collaborated to begin offering Occupational Therapy services at the Ithaca Free Clinic. Services are provided by O.T. students under the supervision of licensed occupational therapists from Ithaca College. Since then, Free Clinic clients have received O.T. intervention for a variety of conditions, including upper extremity nerve damage secondary to gunshot injury, hemiplegia, chronic back pain, and repetitive

strain injuries. The Free Clinic presents a challenging setting for delivering services, and working there requires a high level of independence, creativity, and “thinking on your feet.” The program continues to evolve in order to anticipate and address the unique needs of the population. For example, a new program entitled “Heart-healthy Living” is currently being developed. Participants are being recruited for this support and educational group designed for clients with chronic cardiac and cardiovascular conditions. Focus will be on increasing participants’ knowledge about their diagnoses, and on identifying associated lifestyle and occupational habits. In collaboration with other health care professionals, such as a nutritionist, occupational therapy providers will assist participants in modifying behaviors to enhance quality of life. In the future, additional group therapy sessions addressing lifestyle/routine, personal management, and mental health issues will be developed.

Weekly individual and group O.T. appointments are available for adults, by prescription from a Free Clinic or community physician, physician’s assistant, or nurse practitioner. If you have questions, would like an appointment, or are interested in finding out more about occupational therapy at the Ithaca Free Clinic, please feel free to contact the Free Clinic Coordinator at 607-330-1254 or clinic@ithacahealth.org. ❀

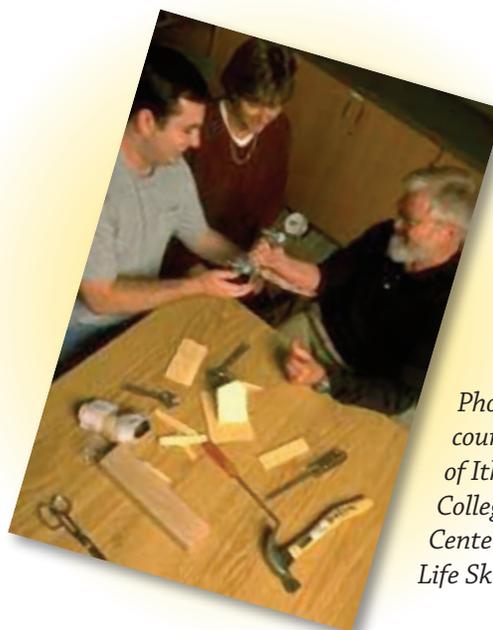


Photo courtesy of Ithaca College Center for Life Skills.

Vitamin D and Health: What's the Story?

By Julia Lapp

In recent years, the fat-soluble “sunshine” vitamin, vitamin D, has been getting a lot of attention from the public health community. Many consider this vitamin to be more of a hormone, because our bodies synthesize it in response to ultraviolet (UV) light exposure.¹ We also get vitamin D from oily fish and fortified foods like milk. Over the past decade, health professionals have found many individuals the world around to have poor vitamin D status, which is linked to several health conditions such as osteoporosis, rickets in children, some cancers, heart diseases, multiple sclerosis, and depression. Certain populations are at higher risk, primarily anyone who doesn't get outside in the sunshine for extended periods of time (i.e., living north of 40 degrees N latitude, elderly people who don't go outside, or people with darker skin color in which increased skin melanin reduces vitamin D synthesis).

Your physician can do a simple blood test to assess vitamin D status. Currently, inadequate serum levels are believed to be those less than 30 ng/mL.¹⁻³ Increasing exposure to UV sunlight or supplementing can often bring serum levels to above this cut-off. Adequate dietary intake recommendations are now set at between 200–600 IU/day (5–15 micrograms/day), with an upper limit of 2000 IU/day. However, as with many supplements, more may not always be better. Though most supplementation trials have shown few risks with supplementation up to 2000 International Units (IU) per day of D3, several studies have shown significant U-shaped curves for increased disease risk at low and high serum levels, particularly for some cancers and heart disease.² Currently, the Institute of Medicine (IOM) is reviewing the research evidence to determine best practice recommendations for dietary and supplemental intakes. Their report is due in May 2010.

Given the unanswered question of long-term risk with intakes of vitamin D above 2000 IU/day, the National Institutes of Health Office of Dietary Supplements (NIH-ODS) recommends that at risk

individuals, including breastfed infants, adults with less than 5–30 minutes of twice weekly sun exposure between 10 AM and 3 PM to the face, arms, legs, or back without sunscreen, and people with dark skin living at northern latitudes, should consider increasing dietary sources or taking a supplement of 400-1500 IU/day. If you believe you may be at risk of vitamin D insufficiency, contact your physician or registered dietitian.

For more information about dietary sources and supplementation, see the NIH ODS webpage at <http://www.ods.od.nih.gov/factsheets/vitamind.asp>.

1. Lapp J.L. Vitamin D: bone health and beyond. *Am J Lifestyle Med.* 2009;3: 386-393.
2. Davis, C.D. Vitamin D and health: can too much be harmful? *Am J Lifestyle Med.* 2009;3: 407-408.
3. National Institutes of Health Office of Dietary Supplements Vitamin D factsheets webpage. Available at: <http://www.ods.od.nih.gov/factsheets/vitamind.asp>. Accessed January 11, 2010. ❖

Along with being a founding member of the Health Alliance newsletter team, Julia Lapp is a registered dietitian and assistant professor of nutrition at Ithaca College.



Many Thanks to Grass-Roots!

Organizers of the Finger Lakes GrassRoots Festival of Music & Dance presented the Health Alliance with \$10,000 in support of the Free Clinic following the festival in 2009. This generous donation will be used to upgrade Clinic services and improve upon space and equipment. ❖

Program Updates from Ithaca Health Alliance Staff

The Ithaca Health Fund has continued its success in helping members with emergency medical expenses in 2009. Throughout the recession, many people have reported difficulties paying annual renewals, and applications for our donated membership program increased six times over historical trends. The Fund has been able to meet this demand, while continuing to be fully sustained by member donations. The Fund approved more than eighty grant requests, paying over \$15,000 in members' medical bills this year. — *Rob Brown, IHA Office Manager*

This quarter has been busy, with the Health Alliance participating in multiple events all around town, including the Ithaca Alternative Gift Fair. In addition, we were fortunate to receive two community grants. The first came through the Cornell group, the Free Clinic Initiative, for the purpose of producing a professional DVD describing the story and the history of the Alliance for future funders. We also received a \$10,000 grant from the United Way Youth and Philanthropy group, which allocated all of the funds for use at the Free Clinic. How gratifying to have so many young people in the community willing to help out and be involved with social justice! At the same time their efforts go a long way toward fulfilling the Alliance's mission, so a huge thank you to everyone involved! — *Betsy Caughey, Outreach Coordinator*

The Ithaca Free Clinic received a number of helpful donations this summer and fall from community and non-profit partners. Finger Lakes Re-Use in Triphammer Mall donated a much-needed 4-drawer file cabinet to provide more room for our 3400 (and growing!) patient charts. Musicians On Call, a non-profit organization based in New York City, donated a "CD Pharmacy" to the Ithaca Free Clinic in October, 2009. The CD Pharmacy contains 60 CDs in a variety of genres that create a pleasant environment in the waiting room of the Free Clinic. We count groups and businesses like these among our many blessings!

— *Sadie Hays, Clinic Coordinator*



Ask Your Health Alliance:

What is the status of the Alliance's federal tax-exempt application?

The Alliance began its application for 501(c) (3) status in 2005. After a couple of years of failed efforts, the Alliance filed a refreshed application in 2007 under the aegis of a local tax attorney with expertise in health care. Our attorney developed an updated argument for tax-exempt worthiness, an argument that has so far fallen on deaf ears, despite the written support of local leaders and legislators.

The IRS has on a number of occasions since 2007 asked for additional information, which we've provided without fail. We thought we were making good progress until this summer, when we began to get mixed messages from our agent at the IRS. Since late summer, our attorney has been unable to get any response from the IRS about our case. Finally, in mid-January the Board of Directors filed a complaint with the Taxpayer Advocacy Center. As a result, the Alliance now has a new agent at the Center working to discover what can be done about the IRS's treatment of our application.

We continue to work with our attorney, who is managing the case at this time pro bono. The Board of Directors has been advised that the Alliance's complaint will be expedited and that a clear statement of intent should be available to the Board and all Health Alliance members before the end of February. Members will be notified via the listserv regarding developments. As always, the Board and staff thank the membership for support and encouragement. ❖



Ithaca Health Alliance
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www.ithacahealth.org



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