

IHA Ithaca Health Alliance Newsletter

Light Up Your Winter!

by Suki Montgomery Hall

During our cold Ithaca winter days and nights, many of us dream of long summer days when the sun stays up well into the evening. Our bright summer moods are in many ways tied to the amount of sunlight we receive. Winter, for some, brings a considerable downshift in mood. Triggered by the onset of winter with shorter days and less sunlight, some people can develop what is called seasonal depression or *Seasonal Affective Disorder (SAD)*.

According to the National Institute of Mental Health (NIMH), about six% of Americans are affected by seasonal depression, especially those living in the northern latitudes. Described as “Seasonal Affective Disorder” (SAD) first in 1984,¹ seasonal depression is a type of Major Depression caused by changes in light in the environment when fall turns to winter. With less natural light, our circadian rhythms can be delayed, which may also impact melatonin production in our bodies.² Melatonin helps to regulate our sleep/wake cycles in response to the light in our environment.

Women and younger people are affected significantly more than others, with women accounting for 60% to 90% of those with SAD.³ Symptoms of SAD are increased sleep and appetite, craving carbohydrates, lack of interest in social and pleasurable activities, decreased energy, difficulty concentrating, weight gain and, in more severe cases, feelings of hopelessness and thoughts about suicide. These symptoms tend to improve once spring returns with longer days and more sunlight. Do you suffer from

these symptoms? Do they seem to happen yearly around this time? In order to diagnose Seasonal Affective Disorder, a clinician would need evidence of a seasonal pattern over at least two years.

What is the treatment for SAD? Most initial treatments use “light therapy.” Light therapy simulates exposure to sunlight, which is decreased during the winter months. Using bright lights called light boxes, treatment includes sitting 12 to 16 inches away from 10,000 lux of diffused, white fluorescent light. American Psychological Association SAD researchers recommend 30 minutes of light therapy per day, usually in the morning, during the months you experience symptoms. Once you notice SAD symptoms beginning — for most in November and December — starting light therapy daily as soon as possible may even help prevent an episode of seasonal depression. Most research has found that if light therapy is stopped, the symptoms of seasonal depression will likely return.⁴ It is important to continue light therapy once you start if you see improvement in your mood and energy.

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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 and specialty providers)
Tuesdays: 3–7 p.m. (by appointment only)
Thursdays: 4–8 p.m. (walk-ins to MDs, appointments for complementary and 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 through volunteer efforts. Whether you're interested in working with the Clinic or the Health Alliance, call the Office Manager at 607-330-1253 or fill out an application online, available at www.ithacahealth.org.

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



Photo: Francesca Nocella via Flickr/Sprixi. Licensed via CC BY-SA 2.0. <http://www.sprixi.com/i/9068672652?link=direct&size=4>

Creamy Celery and Bulgur Bake

submitted by Clara Bosak-Schroeder

Sauté 2 cups celery and 1 cup medium-grind bulgur (other grinds will work, too) in $\frac{1}{4}$ cup oil with $\frac{1}{2}$ teaspoon salt and (optional) $\frac{1}{2}$ teaspoon celery seed for a few minutes. Don't let the bulgur burn! Add $1\frac{1}{2}$ cup each of water and milk and simmer 15–20 minutes, until the liquid is absorbed. Add 1 cup cheese. Top with breadcrumbs and more cheese, as desired. Bake at 350° for 10–15 minutes.

Enjoy! ❀

Available at <http://writtenkitten.net>

SAD

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Light therapy only appears to successfully treat about 50% of SAD sufferers. As impressive as the findings are with light therapy, the latest research shows that combining it with psychotherapy may be the best treatment for preventing future episodes of SAD.⁵ SAD is thought to be both a biological and a psychological condition. Exploring negative thoughts and self-destructive patterns in psychotherapy can help greatly with the psychological and emotional symptoms of seasonal depression.

Ithaca has many good psychologists and therapists who can help you to determine if your symptoms are related to SAD, another form of depression, or even another medical concern. Ask a medical doctor for help with referrals, call the local community counseling centers, such as Family & Children's Services (607-273-7494) and the Tompkins County Mental Health Clinic (607-273-9250), or check the Mental Health Association of Tompkins County website (www.mhaedu.org). This website includes a "Guide To Mental Health Professionals" where you can search for local, private psychotherapists.

Light therapy may also benefit those people who do not meet the criteria for SAD but do notice a mild shift in mood and energy during the winter months. Light therapy can help regulate your sleep and wake cycles as the season changes. As with those who experience SAD, many people would benefit from an increase in both physical and social activity, especially if you can get outside, even on the gray, winter days.

For more information about Seasonal Affective Disorder visit the website of the Center for Environmental Therapeutics (www.cet.org). CET is a nonprofit organization of leading researchers on Seasonal Affective Disorder. They offer free online screenings for SAD, as well as information about the best treatment strategies, including light therapy.

If you or someone you know is struggling with the symptoms of SAD, please reach out for help. There are medical and mental health professionals here in Ithaca who can help. Start with the Ithaca Free Clinic, try their in-clinic, free light box, and speak to

The Ithaca Free Clinic now has a light box.

Ask at reception or discharge for a brief introduction to the light box. Start sitting in front of the light box for 30 minutes each day for a couple of days and notice how you feel. Literature is available with the light box for you to review while you are receiving the beneficial treatment. Please note that there are a few reasons why someone might not be a good candidate for light therapy, such as people with eye problems and people who take certain medications. Please consult with a medical professional and check out the self-assessments by SAD leading researchers at www.cet.org for more information.

a medical or mental health professional about your concerns. Living in Ithaca can be full of light! ❀

Suki Montgomery Hall is the assistant director and a psychologist at the Ithaca College Office of Counseling & Psychological Services (CAPS). She also has a small, private practice in Ithaca and works with adults who struggle with relationships, identity, anxiety, and depression.

References:

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Volunteers of the Quarter

This quarter the Ithaca Health Alliance recognizes the entire practice of Ira Kamp, DDS. In the past year, staff members together have provided free dental services, outreach, and education to over 16 Ithaca Free Clinic (IFC) patients.

In 1998, as one of the original Ithaca Health

Alliance provider-members, Dr. Kamp offered discounts to hundreds of residents who participated in Ithaca Health Fund grants. In the past three years, Dr. Kamp, his partners, and his employees have given many, many hours of service toward the dental and oral care of un- and under-insured patients at the IFC. Thank you to all! ♣



Left to right, front: Mary Schwartz, Maren Hall, Denise Huff, Joyce Moon; back: René Davis; Thea Merkel, Ira Kamp, Vladamir Bobkoff, Marguerite Hart, Laura Hudson. Photo: Jon Bosak.

Sticks and Stones: Taking Bullying Seriously

by Ashley Ludwinski

Recently, NPR's *This American Life* took the advice of a teenage listener and dedicated an entire show to life in American middle schools, compiling memoirs, recording student interviews, and documenting school dances. Across each of the different segments, the underlying theme of the show was clear: fear. Almost every child shared concern about wearing the "wrong" clothes, saying something "stupid," or acting like a "fool." As a middle school teacher, I observed similar dynamics and believe that this sense of fear extends to most middle school students in the US, including not only those who play the role of victim, but also bystander and even perpetrator. Fear is both an underlying cause and an effect of bullying. According to the CDC and the National Center for Educational

Statistics, as many as 1 in 3 students are affected by bullying each year.

The stereotypical picture of a bully is a physically larger kid threatening violence to steal some unfortunate, smaller child's lunch money. However, this Hollywood picture only narrowly portrays the CDC's definition of bullying, which includes an individual with perceived power assaulting another person, emotionally and/or verbally, due to their differences. Currently, bullying often extends beyond physical face-to-face interactions, occurring over the phone, through text, and on social networks ("cyber bullying"). Regardless of the medium, incidents of bullying often result in emotional scarring and perpetuate fear.

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Bullying, *cont'd from page 4*

In 2005, the Ithaca School District was sued due to its failure to protect against racially charged physical and verbal abuse, making bullying a local issue and one that cannot be ignored. Whether bullying is racially charged or based on any other characteristic, schools and teachers undoubtedly have a responsibility to address, confront, and ultimately prevent such occurrences. In 2010, the Ithaca School District established the Equity Mentor program, enlisting “staff developers” to create a monthly curriculum aimed at addressing diversity issues and eliminating race, class, gender, and disability as success predictors. The program is a small step toward actually addressing the fear of difference that underlies bullying, however it is also hindered by the national push for specific academic performance goals. These priorities often prevent schools from introducing social/emotional learning or even diversity-driven academic curricula,

which challenge biases due to race, ethnicity, class, gender, and ability. Even with this new program, parents also need to remember how much children absorb and realize that an additional hour of curriculum alone will make little difference in a student’s level of respect and tolerance. Children are aware of social dynamics and accompanying subliminal biases from an early age, making it essential that parents and guardians help prevent the development of bullying by continually and actively addressing the fear and ostracization of difference. Parents need to be reminded of the significant part they play to address these issues, whether their child is experiencing or inflicting verbal or emotional assault.

I have provided a few basic goals, strategies, and resources for parents to empower them to begin to prevent and communicate issues that often lead to bullying:

Preventative Goal	Strategies	Resources
Open Communication	<ul style="list-style-type: none"> • Have at least one face-to-face conversation each day. • Encourage children to share their feelings about peer situations and validate these feelings. • Try not to shut down or shy away from conversations that may make you uncomfortable (e.g. “Why does Julie have two mommies?” or “Why is Tim’s skin white?”). • Return to conversations and revisit situations if you are not comfortable with your first reaction or think of more to share. 	Skippingstones.org National Association for the Education of Young Children (naeyc.org)
Develop Advocates	<ul style="list-style-type: none"> • Calmly address biases and intolerance you hear around you, whether with friends, family, children, or media. • Use “I” statements to share how biases and intolerance affect you, and encourage your kids to do the same. 	Tolerance.org Bullying.org
Internet/Cell Phone Safety	<ul style="list-style-type: none"> • Learn how your children communicate and interact with others including: Facebook, Twitter, and YouTube. • Establish and communicate appropriate guidelines, restrictions, and consequences around internet and cell phone use/abuse – and follow through. • Talk about the concept of cyber bullying before it happens. • Consider creating family rules, such as limiting use of computers to shared spaces, charging phones in the kitchen at night, and one hour a night being “unplugged.” 	Commonsensemedia.org

Ashley Ludwinski recently moved to Ithaca with her husband and 15-month-old. She previously taught middle school science and health in San Francisco but is now focused on raising her daughter.

Are You What You Eat? Part 2

Diet, Inflammation, and Cardiovascular Disease

by Julia Lapp

This is the second installment in a three-part discussion about the role of diet in cardiovascular disease (CVD), the leading killer of all adults in the United States. In the previous installment, I discussed the history of nutritional understanding of the role of dietary fats in the risk of CVD. As nutrition scientists now know, not all fats are equal with regard to the effects they have on health. Even within one class of fats, for example the saturated fats, there are many different types (chemical structures) of saturated fats — some occurring in animal foods (meat, dairy, eggs), and some occurring naturally in plant-based foods (peanuts, coconut, palm oil). Researchers now recognize that these different types of saturated fat have different effects on human physiology and, hence, risks to health, specifically, the risk of CVD.

Another component of risk for CVD that has more recently been understood is what is being called the “inflammatory response.” Inflammation is the body’s normal mechanism for healing from injury or from the invasion of foreign pathogens or allergens. Most of us have experienced or seen inflammation in some form in our lifetime — the swelling of a sprained ankle, inflammation from an infected wound, or the swollen nasal passages or bronchial tubes that some experience with allergies or asthma. In all of these cases, the classic signs of inflammation occur — swelling, redness, heat, and often pain. This natural response by the body is mediated by a very complex network of immune and tissue cells that communicate via numerous chemical messengers called cytokines. Like hormones, cytokines are another way that the cells of our bodies talk to each other and, depending on which ones are produced more or less, they can play an important part in the health of an organism. Some types of cytokines promote inflammation, while others reduce it.

In the past 10 years, researchers have begun to understand that the cytokines that regulate inflammation are produced, not only in situations of acute,

overt inflammation, like the sprained ankle, but also on a mitigated and chronic level in response to otherwise undetectable injuries and stresses to body organs, like blood vessels. Understanding the action of these cytokines has resulted in something of a turning point in how medical science approaches several diseases — CVD, diabetes, and possibly even some cancers. Cytokines provide the “black box” connections between several CVD risk factors, like smoking, stress, or high blood pressure, and the occurrence of a heart attack due to blocked coronary arteries. For example, prolonged high blood pressure can result in damage to blood vessels, such as micro-tears. These small injuries trigger the cytokine response to recruit immune cells (leukocytes) to the injured area. Just like having a wound on the skin surface, this healing process results in some inflammation and swelling. With ongoing high blood pressure and recurrent injury to vessels, this process results in chronically inflamed vessels that reduce blood flow and can become more easily blocked.

So, where does diet enter in to this scenario? There are two primary ways; the types of fats that are consumed can contribute to synthesis of different types of cytokines, certain plant foods (herbs, spices) have been found to contain natural components that can affect cytokine production. First, the dietary fats. It’s quite straightforward actually, two different forms of polyunsaturated fats appear to have opposing influence on the production of pro-inflammatory cytokines. Many of us have heard of omega-3 polyunsaturated fats, found naturally in cold water fish; meat, eggs and dairy from grass fed animals; walnuts; and flax, and now (thanks to the power of marketing) also added to an array of food products including cereals, breads, even yogurt. Omega 3 fats stimulate the production of cytokines that reduce inflammation in the body, which is one way that they are believed to reduce CVD risk. They also help to keep blood vessels pliable, and promote vasoconstriction, which can reduce pressure on blood vessels.

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**Heart Disease,
Hypertension and Stroke
with Martin Ginsburg, MD
Wednesday, February 15, 3-5 pm**

This health education workshop is for patients who want a better understanding of heart problems, so that they can participate in their treatment. Dr. Ginsburg will offer an informal talk with plenty of time for questions. The workshop is free of charge and open to the public. Light refreshments will be served. Please call 607-330-1253 or send email to outreach@ithacahealth.org to reserve your seat. ❖

**A Sale to Benefit the IHA
at 15 STEPS
Saturday and Sunday, April 6 and 7**

This sale will last through the first weekend of April. Come one, come all! The Alliance and Free Clinic are especially proud to be included among the “adopted” non-profits by 15 STEPS. Consider shopping for that special something on April 6 or April 7, and know that your purchase will not only delight a loved one, but will also support un- and under-insured residents of Tompkins County. 15 STEPS is located at 171 East State Street on The Commons in downtown Ithaca, where you will find a selection of jewelry, ceramics, glass, wood, metal, and fiber made by American artists. Please consider supporting the Ithaca Health Alliance and Free Clinic during the sale event. Call 607-272-4902 for additional sale information. ❖

**Compassionate
Communication* for
Healthcare Providers:**

**An Introduction, with Becca Harber
Wednesday, April 11, 6-8 pm**

The deeper understanding, connectedness, openness, and trust Compassionate Communication fosters will benefit the work you do, whether as a nurse, health aide, physician, holistic practitioner, counselor, advocate, receptionist, or other health professional. Compassionate Communication cultivates a culture of greater respect, kindness, and cooperation among the people sharing a workplace, and provides tools to resolve disagreements and difficulties so that everyone’s needs are considered.

Nonviolent Communication is used by therapists, healthcare workers, teachers, and others providing personalized support world-wide. This is a free event, but pre-registration is required. Call 607-330-1253 or send email to outreach@ithacahealth.org. ❖

*Becca Harber has been teaching NVC since 2004. She teaches 10-week series and offers customized trainings to non-profits, businesses, schools, and other organizations. *Also known as Non-Violent Communication or NVC*

Local Artists

are encouraged to email outreach@ithacahealth.org if you’re interested in hanging your work at the Ithaca Health Alliance and Free Clinic. ❖

What You Eat, *cont’d from page 6*

Another type of polyunsaturated fat found in plant oils, such as corn, sunflower, soybean and cottonseed oils is omega 6. Omega 6 fats are believed to promote the production of pro-inflammatory cytokines, thereby increasing risk of CVD. Many of these oils are used in refined and processed (packaged and prepared) foods. Hence, in addition to the blood pressure raising sodium that these foods often contain, consumption of high amounts of these foods can contribute to inflammation in blood vessels; double the trouble. Finally,

certain herbs and spices, such as rosemary, turmeric, cumin seed, garlic, cayenne (capsaicin), and ginger have been found to act like COX-2 inhibiting drugs (the non-steroidal anti-inflammatory drugs like aspirin and ibuprofen), but in a milder fashion.

Including the anti-inflammatory foods in your diet and reducing the processed foods could prove to have significant effects on your health. ❖
Julia Lapp teaches nutrition at Ithaca College and is a regular contributor to the Health Alliance newsletter. Next: Sugars, starches, and CVD.

FREE CLINIC UPDATE

by Valarie FitzRandolph, Clinic Coordinator

After having been able to do so for almost a year, as of January 31 the Ithaca Free Clinic was no longer able to offer chiropractic services. Pressing needs in the practice of our volunteer chiropractor have required him to suspend his volunteer hours with us for the time being. As a result, we were forced to contact current patients to cancel their appointments and also to let those on our wait list know that the list just got longer. We have not yet located another provider in the community.

If you are or know of a good chiropractor with a big heart and just a little time to help ease the pain and infirmities of our patients, please contact me at 607-330-1254. We have a welcoming work environment and flexible hours. Our patients, volunteers, and staff make the volunteer experience rewarding for all of our health providers. Please consider supporting chiropractic services at the Ithaca Free Clinic, so that our patients can continue to enjoy the benefits of this vital health-promoting care. ❖

HEALTH FUND UPDATE

by Rob Brown, Office Manager

When someone without health insurance contacts the Ithaca Health Alliance about healthcare resources, they always ask, "What's available if I have an emergency?" It's an important question. Medical emergencies are frequently expensive. That's why the Alliance launched the Ithaca Health Fund as its signature program in 1998. Originally financed cooperatively through member donations, the Fund provides grants for certain emergency healthcare costs. Health Fund grants have paid almost a quarter million dollars in medical expenses since the program's inception.

As readers of this newsletter are aware, the Health Alliance no longer has a membership, but the Health Fund needs community support as much as ever. We plan to relaunch a restructured Ithaca Health Fund this year, with grants available to people based on financial hardship. We need \$10,000 in donations to finance these grants for the year.

To donate to this important and unique program, you can go to our website or send a check by mail. Tell us that the donation is for the Ithaca Health Fund. ❖

OUTREACH UPDATE

by Andrea Levine, Outreach Coordinator

The Ithaca Health Alliance participated in the Ithaca Alternative Gift Fair, an opportunity for holiday shoppers to give charitable donations as gifts to friends and relatives. Sixty local organizations were represented at the fair, which started in 2004 and has grown each year. Gifts came with a free greeting card and insert about the organization. We offered gifts to support Ithaca Free Clinic patients by providing herbal medicine, bus passes, diagnostic tests, and medications not covered by other free programs.

The fair is a wonderful way to learn about our community and give gifts that have less impact on the environment while supporting local agencies. The fair is sponsored by the Center for Transformative Action and the Tompkins County Public Library, with financial support from Alternatives Federal Credit Union.

Next holiday season, remember to check out the Ithaca Alternative Gift Fair on December 1, 2012 or visit ithacaaltgiftfair.org to purchase your gifts. ❖



Photo: Jon Bosak

A Fond Farewell!

Bethany Schroeder, who has been the editor of this newsletter for six years, has resigned from her position as Executive Director of the Ithaca Health Alliance and Free Clinic, effective early March. This issue of the newsletter is one of many final experiences for Bethany at the Alliance. Those who will carry on the work say "go well" to her; and she says "stay well" in return.

by Brooke Hansen



Flexible Spending Health Accounts: Another Option for Affordable Health Care in Decline

In recent years, flexible spending accounts (FSAs) for health costs have assisted people in paying for medical expenses and health promotion, especially for out-of-pocket expenses not covered by most insurance plans. Nutritional supplements, vitamins, over-the-counter (OTC) medicines, and a myriad of health care products and services were covered if you had a designated amount of money set aside in an FSA (usually set up via employers, but also available through banks and the federal government). A major drawback of the system was that you had to estimate when enrolling for the following year how much money you would spend, with limits on the amount designated by the IRS. FSAs operated under a “use it or lose it” system and any money not spent by December 31 you lost, usually to your employer. The major benefit was that the money was pre-tax and could help with lowering your tax bracket. Up until 2011, if you could learn this system and guess correctly how much to put in, it could help to substantially lower your health care costs.

However, 2011 ushered in a new era in the FSA system and now it is so burdensome to manage with restrictions and paperwork, it is more of a hindrance to health care than a help. As part of the Patient Protection and Affordable Care Act in January 2011 major restrictions in the program were introduced. It remains a “use it or lose it” system, requiring you to see into the future and calculate health expenses with additional hurdles put in place. Almost all OTCs, including allergy relief, cold and flu medicines, mouthwash, analgesics, wart removers, and more, now require a prescription from your physician. In the past, letters of medical necessity were sometimes required for certain services, but your physician could write one and have it on file for the year. Now, prescriptions for OTCs must be dated before the purchase of the item, they must have the exact name of

the product, the dosage requirement (and the potency of the item purchased must match the prescribed amount), the number of refills, and the provider’s address and license. If the prescription does not have a specific number of refills listed, you must submit a new prescription each time you purchase the item. For chronic conditions, a physician may prescribe an OTC “P.R.N.” (as needed).

It is hard to fathom how prescriptions for Levitra and Viagra are covered — no problem, but if you are trying to maintain your health with nutritional supplements, probiotics, vitamins, and seeing a nutritionist, it is not covered. In the words of the IRS, products and services that are “merely beneficial for general health” are not eligible. However, if you have already been diagnosed with a disease and you have a prescription for a supplement or vitamin, it might be covered (remember exact dosages and product names must be included). The categories and the coverage are somewhat illogical, as preventative health measures are grossly underrepresented or not covered at all, such as stress relieving products and services, but sunscreen with an SPF of 30 or higher is covered. So are diaper rash creams and hand sanitizers. With dedication, mastering a series of bureaucratic gymnastics, and lots of extra time, people can make health FSAs work for them, but this hardly seems like the sensible and humane direction the US should be moving toward in its efforts to provide affordable health care for all.

Resources are available at www.healthcare.gov. ❖

Brooke Hansen is professor of anthropology at Ithaca College. She has long been affiliated with the Ithaca Health Alliance as a former board member, a regular newsletter contributor and committee member, and a spokesperson for the Ithaca Free Clinic.



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Ithaca Health Alliance Newsletter

Winter 2012

**Dealing with Seasonal Affective Disorder
Celery & Bulgur Bake • Ira Kamp & Staff
Taking Bullying Seriously
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News & Events • Flexible Savings Accounts**