

IHA Ithaca Health Alliance Newsletter

The Health Insurance Roller Coaster

by Rebecca Elgie

After more than a year of work to draft a bill and then pass it in each house of the legislature, we, as citizens, have seen the process unfold with its sweeping ups and downs. One of the most debated points was the “public option,” which started as an option to allow about 100 million people to buy into a public plan and ended with only 5–10 million people being included. It also provided little competition or cost savings. A second controversial issue was the Stupak amendment on abortion, which polarized many legislators as well as onlookers. The final bill had no public option or new abortion language. Both versions included individual mandates and regulations requiring insurance companies to sell policies to people with a pre-existing conditions. It also prevented the cancellation of a policy when a person becomes ill. However, older patients will be charged more and there is no control over increasing premium rates. The bill expands Medicaid to cover people with higher incomes and provides preventive services and prescription drug coverage for seniors. It will help to close the “donut hole” in Medicare, Part D (drug coverage for Medicare-eligible citizens). Yet the overall affect on Medicare is uncertain. All agree that this will need careful monitoring, since it is a key funding source for the bill.

Many of the provisions do not take effect for four years, causing concerns as prices for health care products and services continue to increase and people continue to lose their jobs and health coverage. Early

in the discussion, the language changed from “health care reform” to “health insurance reform.” Important to understand is that having an insurance policy does not necessarily mean you can access health care, despite language that protects people with a pre-existing condition.

Throughout the negotiation of the bill, various deals were made. Insurance companies insisted on an individual mandate, assuring about 20 million new customers for the companies, thus increasing their financial and political influence and position. As a result of agreements, the pharmaceutical companies are exempt from the power of Medicare authorities to negotiate the price of drugs, drug re-importation practices, and the speedier release of generics. Furthermore, the not-for-profit hospitals supported the bill on the condition that final legislation would not include a government-run health plan.

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ITHACA FREE CLINIC HOURS AND OPERATIONS

Mondays: 2–6 p.m. (walk-ins to MDs, appointments for complementary providers)
Tuesdays: 3–7 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

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.

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

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

Spring Asparagus and Leek Frittata

Created and contributed by Julia Lapp

Springtime means asparagus! This is a tasty, open-faced broiled egg and vegetable dish that makes a great meal for any time of the day. 3–4 servings.

Combine and whisk in a bowl:

4–6 large eggs
2 Tbsp. milk or half and half
¼ cup fresh parsley minced
1 tsp. dried dill
pepper

Cut and sauté in 2 Tbsp. olive or canola oil 5–7 minutes (add to pan in the following order):

1 medium leek sliced into thin rounds
1 medium red bell pepper chopped
½ pound fresh asparagus with tough stems taken off, cut into 1 inch length pieces
½ tsp. salt

Combine topping in a small bowl:

¼ grated parmesan or gruyere cheese
2 scallions thinly sliced

Add 2 Tbsp. olive oil to oven-proof skillet (preferably cast iron). Pour in the egg mixture and cook until it begins to become firm, but not quite cooked through. Add the sautéed vegetables on top, and sprinkle the cheese and scallion mixture on top of the vegetables. Place the skillet under the broiler for about 4–5 minutes, monitoring that it doesn't burn. The eggs will get puffy and slightly browned when done.

Slice and serve hot. ♣

Julia Lapp is assistant professor of nutrition at Ithaca College and a registered dietician.

© Photo adapted from: flickr.com/photos/calliope



Roller Coaster, *continued from pg. 1*

The debate over reconciling these two bills was delayed when the 60-vote majority in the Senate was lost during the special election to fill the late Senator Ted Kennedy's seat, which went to Scott Brown. Some people saw this as a mandate against health care reform, whereas others thought that the reforms in general did not go far enough. The proposed bills were very similar to the plan adopted in Massachusetts. However, residents in Massachusetts have voiced concerns about rising costs, increased emergency room visits, and the impact of over-working and overwhelming physicians. Many believe that the Massachusetts system is unsustainable at the state level, let alone in the replication of it nationwide. The cost of the overhaul is expected to total \$950 billion or more during the course of a decade. Costs would be covered by higher taxes on the wealthy, as well as on some health care providers, high-cost insurance plans, and cuts to existing programs like Medicare Advantage.

The crafting of this bill was flawed from the beginning and has resulted in a bill that takes us in the wrong direction. At best it can be expected to provide some help for about 32 million Americans, while leaving millions without any insurance coverage and millions more underinsured. It builds on our very shaky fragmented health insurance system and strengthens the for-profit insurance companies.

In his book, *The Healing of America*, T.R. Reid explained that in designing a health care system the primary decision is a moral decision. The first question is whether you believe that medical care is a basic right. If so, you design a system in which anybody who is sick can see a physician. On the other hand, if society considers medical care to be an economic commodity, then you set up a system that distributes health care based on ability to pay—and the poor are left out. The bills developed seem to reinforce the latter approach. I predict that this bill will not lower the cost of health care and will continue to inadequately serve millions of people. We must be diligent in continuing to work for reform that puts the needs of patients first.

A reformed system would include everybody, young and old, employed and unemployed sick and well.

In such a system, there would be three building blocks. First, it would use a not-for-profit financing plan. Second, it would be a unified system. In such a system health insurance plans would exist only to pay people's medical bills, not to make a profit. The third building block would be universal coverage, as a moral principle giving everybody access to a physician. This plan would have the pragmatic benefits of greater affordability and effectiveness. In short, we need to continue to work for "Improved Medicare for All," both at the state and national levels. ♣

Rebecca Elgie is affiliated with the Tompkins County Health Care Task Force and has worked for the past several years towards universal health coverage.



Members in the News

On April 12, Rob Brown, Ithaca Health Alliance Office Manager, and Bethany Schroeder, President of the Board of Directors, received the *Lucy J. Brown Leadership Award* from Ithaca Neighborhood Housing Services during its annual meeting. The award is given in honor of Lucy J. Brown, who has been a steadfast volunteer, exemplifying in her work the highest standards of leadership on behalf of the community. Rob and Bethany expressed mutual satisfaction in sharing the award together. ♣

Asthma: A Local Concern

by Sue Olmstead

Asthma continues to be a growing concern in Tompkins County. Recent data for the area identifies 2,162 children (18 years old and younger) with asthma, according to the New York State Department of Health. Asthma now affects approximately 1.5 million adults and children in New York State, or roughly 8% of the population.

Asthma is the third-ranking cause of hospitalization among children under 15 years of age in the U.S. and accounts for 13 million school days missed each year. This chronic disease costs us in many other ways: lost days at work, medical office visits, medications, emergency care and, sometimes, hospitalization. Nationally, expenditures related to asthma are estimated at nearly \$20 billion a year, according to the National Heart, Lung and Blood Institute.

Asthma is one of the most common chronic diseases. It is characterized by recurrent breathing problems and symptoms such as persistent cough, wheezing, chest tightness, and breathlessness. Symptoms vary over time and also from individual to individual. Asthma cannot be cured, but it can be managed. The goals of treating asthma include preventing symptoms without the need for quick-relief medication (i.e. albuterol) more than two times per week, maintaining normal lung function, and maintaining normal activities. Medical experts say that with proper treatment, most people will achieve good control of their disease.

An important part of asthma management is identification and avoidance of triggers. Factors that

can contribute to airway inflammation include tobacco smoke and other environmental factors, allergens, respiratory illness, and exercise. Many triggers can simply be avoided. There should be no smoking around a person with asthma. Allergies can often be controlled. To decrease illness, pro-active measures include yearly flu shots, frequent hand washing, good nutrition, and adequate rest.

Individuals with asthma should work with their health care provider to develop a plan of care.

He or she will determine the appropriate medications to control the disease and instructions related to all parts of an asthma regimen. Patients, or their parents, need to monitor asthma symptoms. Any increase in symptoms should be reported to their health care provider. Treatment may need to be adjusted if asthma symptoms occur more than twice each week.

Since the fall of 2008, Tompkins County has had an asthma action committee. It is comprised of nurses, respiratory therapists, health educators, tobacco cessation experts, and concerned citizens with physician guidance. These experts are working toward greater asthma awareness and improved asthma management for people of all ages.

Learn more about asthma at the Tompkins County Health Department web site, www.tompkinsco.org/health/asthma. In addition to asthma information, you will find resources and tools to help with asthma management. ❁

Sue Olmstead is a registered nurse and serves as the Asthma Project Coordinator for the Health Planning Council.



Ask Your Health Alliance

Q: Who is eligible to apply to the Community Grants program?

A: Non-profit organizations and entities engaged in non-profit activities are eligible for Community Grants through the Ithaca Health Alliance.

Recognizing that even a small amount of support has the potential for sealing the success of an educational event, Alliance members agreed that a portion of Health Funds should be dedicated to specific community efforts focused on health and wellness. As a result, the Board of Directors budgets \$200 a month to be used for the Community Grants program. The Finance Committee or a subset of that Committee reviews each application, before making a recommendation to the Board, which then votes on releasing the funds. Funds dedicated to Community Grants but unused during any given year are returned to the budget, so that no more than \$2400 is allocated to this program on an annual basis.

Activities considered for the Community Grants program include health services or projects, health education, efforts focused on increasing access to health wellness, and the purchase of supplies or professional services related to the development of health programs. Priority is given to entities applying for a Community Grant for the first time and, in the interests of supporting the local economy, the Alliance also gives preference to organizations that operate within 30 miles of Ithaca. Organizations interested in applying for a Community Grant can download an application from our website at www.ithacahealth.org. The Office Manager is available to answer questions about the process and can be reached at 607-330-1253 or office@ithacahealth.org.

Some examples of previous Community Grants projects include the Tioga Office of the Aging for its senior health fair; the Cayuga Nature Center for BLS training and first aid supplies for summer camp counselors; Cornell Cooperative Extension of Tompkins County for its subsidized community-supported agriculture shares for low-income families, includ-

ing free cooking and nutrition classes; a community discussion entitled “Sustainable Health Care for All,” sponsored by Sustainable Tompkins and other non-profit organizations; and a recent health fair called “Community Wellness Day.” ❖



Volunteer of the Quarter

Chris Lynch, Doctor of Chiropractic, began volunteering at the Ithaca Free Clinic in 2009, and has been a regular and enthusiastic contributor to our organization. In addition to volunteering eight hours a week during two clinic shifts, he has also taken significant initiative in developing an integrative pain reduction clinic on Tuesday nights. This clinic, which currently combines Chiropractic and Occupational Therapy, and will soon include herbal medicine and perhaps other modalities, uses standard evaluative tools to track outcomes. It also provides consistent and comprehensive care to patients with pain that is difficult to treat with medication alone.

Chris is currently working with clinic data to co-author an article about the IFC’s integrative model of treatment. Most importantly, patients who see Chris say things like “I paid over \$300 for chiropractic when I had insurance, and it never did what he did in just one treatment.” Chris’ skill as a practitioner, his warm rapport with our patients, and collaboration with other volunteers earn him our nomination for Volunteer of the Quarter. We would like to thank him for all of his hard work, and the energy he devotes to making the Ithaca Free Clinic a better place. ❖

Researched and compiled by Brooke Hansen and Bethany Schroeder

Green Skin Care: Better for Us and the Environment

Previously, we reported on studies documenting pharmaceuticals in our watersheds and water supplies. More recently, researchers are alerting us that the chemicals in our hair and skin care products, sunscreens, laundry soaps, and even residual pharmaceuticals are also washing down the drain to become part of the environment. As we move into the sun-filled months and get the sunscreen out for protection, be aware that the chemicals in commercial sunscreen can build up in the body and damage water ecosystems. Many eco-tourist destinations and natural preserves in places like Mexico's Yucatan, where people go into the water to snorkel and swim in delicate ecosystems, are now banning all but 100% biodegradable sunscreen. Commercial brands contain chemicals that are free radical generators and that act as hormone impostors. These include benzophenones (dixoybenzone, oxybenzone), PABA and PABA esters (ethyl dihydroxy propyl PAB, glyceryl PABA, p-aminobenzoic acid, padimate-O or octyl dimethyl PABA), and cinnamates (cinoxate, ethylhexyl p-methoxycinnamate, octocrylene, octyl methoxycinnamate). In caring for our children, who often get slathered with sunscreen, and our environment we should pressure companies to stop using these chemicals and explore healthier options. **Kiss My Face, Caribbean Sol, and Soleo Organics** all produce biodegradable sunscreens. ♣

Carroll, L. (2010, March 25). *Medicines washing down the shower: skin products can end up in drinking water, study suggests.* msnbc.com; updated 8:24 a.m. ET, Thurs., March. 25, 2010. Available at www.msnbc.msn.com/id/36020350/ns/health-skin_and_beauty/.

Brooke Hansen is associate professor of anthropology at Ithaca College and a long-time member and supporter of the Alliance. For more than four years, Bethany Schroeder has served in a number of volunteer capacities with the IHA.

To Test or Not to Test: The P.S.A.

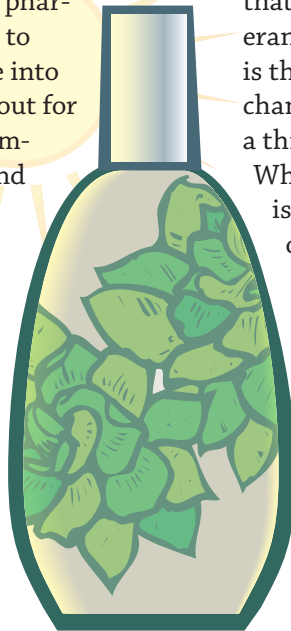
According to Richard Albin, the physician-researcher who discovered prostate-specific antigen (P.S.A), modern science has got this test all wrong.

Prostate screening across the U.S. with use of the P.S.A. costs as much as 3 billion dollars a year, costs that are largely borne by Medicare and the Veterans Administration. What's more compelling is that men in the U.S. have a 16 percent lifetime chance of a prostate cancer diagnosis, and only a three percent chance of dying of the condition. Why? Because this particular type of cancer is usually slow to develop, and any number of other diseases are more likely to be the eventual cause of death.

Furthermore, the test itself gets mixed marks. According to Albin, the P.S. A. can't tell the difference between fast- and slow-growing prostate cancer, or "the one that will kill you and the one that won't." Albin points out that many factors can affect the amount of P.S.A. in the bloodstream, thereby rendering the test results inconclusive at best. The danger is that physicians could recommend unnecessary surgery to their patients based on these results. Noteworthy is that prostate surgery typically ends in impotence and incontinence.

Albin and others recommend routine P.S.A. testing under three circumstances: for men 75 years and older, after the diagnosis and treatment of prostate cancer, or in cases of a family history of prostate cancer. ♣

Albin, R. J. (2010, March 9.) *The great prostate mistake.* The New York Times. Available at www.nytimes.com/2010/03/10/opinion/10Ablin.html.



Program Updates from Ithaca Health Alliance Staff

At a member's suggestion, the Ithaca Health Fund added a new grant category in January. Effective January 1, 2010, the Fund offers a \$150 grant for Dental Implants. We hope this new category will help members when a Dental Crown isn't feasible. Between January and March 2010 the Fund made 25 grants for members' medical and dental costs. We're updating our discount provider directory and inviting new providers to join the Alliance this spring.

—*Rob Brown, Office Manager*

Community Relations has worked with many different volunteers in an effort to update our databases. We have created new databases for Donor campaigns, Member-Provider Outreach and Business Outreach, in attempts to raise funds as well as increase membership and health care awareness. Link Crew, an Ithaca High School mentoring program for incoming freshmen, has worked with us to coordinate a 5K Walk for Health, to benefit the Ithaca Health Alliance. The Free Clinic Initiative at Cornell has also raised funds to help the Alliance produce a DVD detailing our several programs. As the spring approaches, our event season begins and we will be participating in upcoming fairs and festivals, so make sure to come by and say hello.

—*Betsy Caughey, Outreach Coordinator*

The Ithaca Free Clinic now offers annual exams and well-woman visits by appointment with a gynecologist and, soon, a certified nurse midwife. We are also developing clinical programs to care for chronic conditions. At this time, patients with chronic pain (pain lasting for more than 12 weeks) may be referred for weekly treatment in our new integrative pain reduction clinic. Providers interested in volunteering their services, or individuals suffering from chronic pain, should contact the Clinic Coordinator at 330-1254 for more information.

—*Sadie Hays, Clinic Coordinator*

Annual Elections on the Horizon

Remember that election of the directors begins in May and continues until ten percent of the Alliance members complete the vote. Contact Bethany Schroeder at nidus@pinax.com for information about Board activities and responsibilities. Six seats are available. Current directors include the following New York residents:

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

ANNUAL MEETING

May 7, 5:30 p.m. at the
Unitarian Church Parlor

Bring your family and your friends. Bring your kids. (You can contact Betsy Caughey at outreach@ithacahealth.org or 607-330-1253 to arrange for child care at the event.) Hear from Rebecca Elgie, activist and a leading member of Tompkins County Health Care Task Force, and Nathan Shinagawa of the Tompkins County Legislature, about health care reform, its effects and deficiencies. Alliance members and the community at-large are invited to this educational meeting and election kick-off.

The Church is located at 306 North Aurora Street. The meeting will be preceded by a light meal and conversation.



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Find us online at
www.ithacahealth.org



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