

Issue No. 3 • Vol. 1 • October 2007



☒ Opportunity

☒ Experience

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RiverSpark is the State's first heritage area. It encompasses all or part of seven communities at the confluence of the Hudson and Mohawk Rivers. The Hudson Mohawk Industrial Gateway is the nonprofit heritage organization that helped establish RiverSpark 30 years ago and manages it today. Images from RiverSpark appear throughout this issue.

09. Preparing the Next Generation for Life in an Aging Society

by William C. Lane, Ph.D.

Young people are likely to work with older people across the entire range of occupations and professions. Dr. Lane discusses how school curriculum is needed and can be utilized to counter ageist attitudes and prepare young people for life in an aging society.

12. Making Transit More Attractive for Seniors

by Kristina Younger

Transitioning seniors from using their auto for transportation to transit is a challenge and public entities like the Capital District Transportation Authority (CDTA) are facing the challenge. Planner Kristina Younger is on the front lines of this issue both personally with her parents and as Director of Strategic Planning at CDTA. She shares lessons she is learning and how those lessons are being applied.

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The Dynamics of Aging and Our Communities

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Mission Statement

CCQ is an electronic and print public policy quarterly dedicated to looking at the aging segment of our society and region as it redefines itself and intersects with a wide cross section of demographic, social, cultural and economic features of society. In this light, we will consider subjects such as city and town planning, environmental advocacy, economic development, housing, work force, education, mobility, regionalism, governance, marketing, recreation, health care, social services, creativity, demographics, emerging technologies and the roles of nonprofit organizations. Our audience is public and private decision makers and all others seeking to understand a changing society. We will offer concise, thoughtful and interesting articles. Comments, including letters to the editor and recommendations from our readers, are welcome.

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Richard Iannello

The apple of my eye

In 2002, Albany Guardian Society partnered with WMHT Educational Telecommunications to produce "It's An Age Thing," a 13-part television series about aging. Appearing throughout the series was George E. Vaillant, M.D., Director of the Study of Adult Development at the Harvard University Health Service. On camera and off, Dr. Vaillant spoke about the things that seem to help people age well and, in fact, he had just written his renowned book, *Aging Well*.

In this book, he describes how gardening is such a wonderful activity. It is instructional and gives us good things to eat. As we age, gardening fits nicely into our cycle of life. It gives us something to look forward to with each season: preparation, work, harvest and rest. Dr. Vaillant came to the Capital Region in 2003 to speak at one of our public forums and listening to him describe how we can care for ourselves throughout our lifetime reminded me that the answers we seek to life's great questions are always the simplest ideas; never complicated but rather straight forward.

"As we age, gardening fits nicely into our cycle of life. It gives us something to look forward to with each season: preparation, work, harvest and rest."

In 2007, Albany Guardian Society and WMHT once again partnered to co-produce "It's An Age Thing: Our Communities." This series is about how our towns and neighborhoods are responding to a growing population of older citizens. It also showcases the wonderful projects and activities of individuals and organizations that make things better for people of all ages.

One segment of the series focused on the Capital District Community Gardens. Viewers were able to share the pleasures experienced by a number of gardeners. We saw that cycle of life once again: preparation, work, harvest and rest. The treasures to come from these community gardens feed us both nutritionally and spiritually. While taping that segment, Amy Klein, Executive Director of Capital District Community Gardens, told us about their newest project: a Veggie Mobile. I knew immediately that we had to include the Veggie Mobile in our series and Episode Nine contained a wonderful piece on this unique and inspirational activity.

In preparing for the segment, I learned about food deserts. First described in Great Britain, the term refers to geographic areas, usually urban, where access to fresh fruits, vegetables and other nutritious foods is limited as there are fewer supermarkets being built in inner cities.

As suburbs grow (or sprawl), services follow and often a vacuum is left behind. Reduced access to full service vendors usually means more fast foods and more prepackaged, heavily processed foods and reduced access to fresh fruits and vegetables.

This is where the Veggie Mobile comes in. It travels to a number of inner city neighborhoods and senior housing sites bringing fresh produce at fair prices to people who might otherwise go without. Even though our local supermarkets offer some shopping assistance via courtesy vans, managing fairly heavy produce can be a challenge for older people, especially if they use an assistive device such as a cane or walker.



The Veggie Mobile

I share this story with you because I cannot think about it without smiling. The thought of a brightly colored, eco-friendly van (powered by bio-diesel and using solar panels on its roof) bringing fresh produce to our neighborhoods is terrific. It's basic, simple, and an excellent example of how creative people and organizations are making the Capital Region a better place to live.

Think about it: a Veggie Mobile. How cool is that? 🌱

*Rick Iannello
Executive Director
Albany Guardian Society*



Paul M. Bray

Connecting with my own experience

One of the pleasures of editing CCQ is seeing how often the journal writers connect with my own experiences.

Transit planner Kristina Younger's experience with her elderly parents brought forth memories both of my youth and getting my father to stop driving.

In the '50s when I grew up in Albany, I felt no limit on my mobility even before I was old enough to drive. I lived at the far end of the city from downtown at a time when downtown hummed with movies, department and other stores and a variety of restaurants. It was before soccer moms. My mother didn't work, but neither of my parents drove me to the movies, dances or places throughout Albany where my school friends and I hung out. I got around by foot, bike, bus and, in the evening, often by taxi.

Fast-forward 50 years to when my father was in his late 80s. He was living in attractive senior accommodations set in a suburban green field. He was a danger to himself and others when behind the wheel. Of course, it was not something he would admit to others and not to himself either. "I can drive" and "someone hit my car when parked," he would exclaim when asked about the latest dents and scratches on his Oldsmobile. I understood his freedom was at stake but it was necessary to get the car away from him no matter how painful. He grew up and was educated in Albany and worked his way up to be the Albany superintendent of schools in the '70s. He loved his city and wanted to be out and about every day whether to walk through a mall or drive around downtown and the neighborhoods where he once lived.

Without a car my father did not have the mobility I had as a youth. He was not living someplace where he could walk to a store and watch the hubbub of people. Van service from his senior residence was limited and usually only for doctor visits and a weekly trip to the supermarket. There was no public transportation nearby, and when I encouraged him to take a taxi to places like Colonie Center mall, the response was, "Oh no, I won't take a taxi." Thankfully, we found a solution through a wonderful aide who would take my father out for lunch and drive around Albany with him for about three hours a day. That was my father's joy during his last half-dozen years.

Dedicated planners like Kristina are working hard to create the conditions and opportunities for mobility beyond the automobile for all of us: young, middle age and elderly. Some of the solutions are physical like repatterning our suburbs to mix residential and commercial uses near each other and fostering density for transit to function efficiently. These solutions need to be supported, but changes are also needed in the attitudes and culture in a society

dependent on the automobile after World War II. There certainly are pleasures and convenience in driving your own car but as was recently reported in New York Magazine with regard to increased longevity of New York City residents who do a lot of walking, there are many benefits that come in places where the auto is an option and other forms of mobility are accepted and used.


Bill Lane's thoughtful article about "preparing young people to live in an aging society" got me thinking about education beyond the classroom and how to expand students' horizons by directly engaging them in their community.


Former Missoula, Montana, Mayor Daniel Kemmis addressed the way youth relate to their cities in his book *The Good City and the Good Life*. "A good city has always been one that teaches citizenship, in the deepest sense of the word," Kemmis believes, "and such cities are not only teachers, but are themselves learning how to be better cities."

Allowing the physical fabric of cities to disintegrate teaches young people a lesson that nobody cares about the deteriorating neighborhood or city. By effectively walling off young people from engaging and exploring their cities for fear of "stranger danger" as one mother I know calls it, we have lost what I had as a youth with my mobility to make Albany my world and having real connections with a living city.

Kemmis praises programs like KidsPlace in St. Louis and Networking in Eugene, Oregon, for their awareness "that youth programs must be seen and nurtured in a much broader context, one that finally becomes the context of the living city itself."

In this issue, CCQ explores important community issues like mobility and education, offers Diane Koenig's personal thoughts on the threads of communities that enriched her life and is privileged to have a provocative Guest Column by Craig Duncan based on his personal and professional experience with the dysfunction of our medical information system.

Readers of this issue may personally relate to the subject matter as I have. We would enjoy sharing your reactions and thoughts through letters to the editor. Please don't hesitate to send us your comments by e-mail or U.S. mail. 

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Feature Organization

RiverSpark: A living park

By P. Thomas Carroll

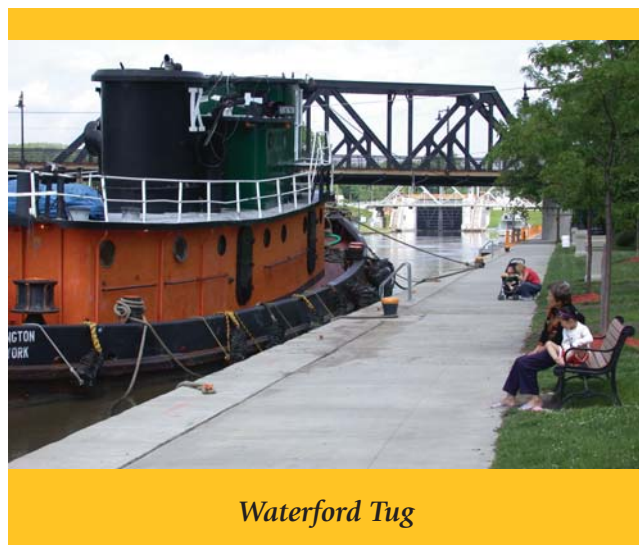
If you want to learn what turned New York into the Empire State, visit *RiverSpark*. New York State's first Heritage Area earned its name because the Hudson and Mohawk Rivers ignited the industrial revolution. It encompasses Troy, Waterford, Cohoes, Green Island, Watervliet and a portion of Colonie.

These rivers, augmented by the artificial rivers known as the Erie and Champlain Canals, made this location a natural spot for water-based trade and migration. In many respects, it was the O'Hare Airport of 1830. The rivers were only minutes on foot from bustling commercial centers.

"Originally named the Hudson Mohawk Urban Cultural Park (HMUCP), the RiverSpark Heritage Area celebrates its 30th anniversary in 2007."

The breathtaking Cohoes Falls on the Mohawk River and the Poestenkill and Wynantskill falls in Troy provided power for some of the most impressive early factories in the nation. That combination helped make the region the prototype for the urban-industrial society that rural America would become by the 20th century. Indeed, it was the Silicon Valley of the 19th century. And in many ways, the attractions of today—architectural gems, museums of labor and industry, social and cultural sites and recreational features—derive from those nationally significant beginnings.

Originally named the Hudson Mohawk Urban Cultural Park (HMUCP), the *RiverSpark* Heritage Area celebrates its 30th anniversary in 2007. It has been called a "live-in, learn-in park" and a "partnership park" because it is a living urban setting. Its natural and cultural features are associated with the story of industrialization and of the American worker, including the conflicts that spawned the American labor movement in the 19th century. It also speaks of the subsequent deindustrialization of America



Waterford Tug

followed by the ongoing revival of “Tech Valley.”

Plans for *RiverSpark* began in the early 1970s when a local nonprofit preservation organization, the Hudson Mohawk Industrial Gateway, conducted studies and sponsored lectures and tours to bring to light the area’s rich 19th century industrial heritage. In 1977, Ronald Canestrari, then mayor of Cohoes and now majority leader of the state Assembly, forged a partnership with three other mayors, a town supervisor and a city manager to establish the HMUCP Commission. It used a novel concept that designated the overall grouping of communities an “urban cultural park.” Its sources were the work of the Gateway, developments in Lowell, Massachusetts, and trends in the environmental and historic preservation fields. State Senator Joseph Bruno sponsored a law in 1977 recognizing the HMUCP and funding the heritage trail that connects important sites. In 1987, *RiverSpark* became a state-designated local public authority, and representatives from Albany, Rensselaer and Saratoga counties joined the Commission. A seventh municipality, the town of Colonie, joined in 1989.



Green Island Park

Former Mayor Canestrari set in motion a process of recognizing, celebrating and capitalizing on a unique American cultural treasure. He began the building of a circle of partnerships that continues to grow. In 1982, *RiverSpark* became the model for a statewide Heritage Area System that today has 19 components. Today, *RiverSpark* represents three decades of park- and partnership-making.

Former Mayor Canestrari set in motion a process of recognizing, celebrating and capitalizing on a unique American cultural treasure. He began the building of a circle of partnerships that continues to grow. In 1982, *RiverSpark* became the model for a statewide Heritage Area System that today has 19 components. Today, *RiverSpark* represents three decades of park- and partnership-making.

RiverSpark adopted a state-approved management plan that includes a 26-mile heritage trail linking most of its resources, a natural and cultural resource inventory, interpretive and recreational elements, a preservation strategy and theme attractions like the Burden Iron Works Museum, the Watervliet Arsenal Museum, the Kate Mullany House and the Erie Canal Lock 2 Park. Significant historic sites and districts are protected by local preservation ordinances. Visitor centers have opened in Cohoes, Troy and Waterford. The Commission is the planning and programming arm while the member communities and private entities are responsible for individual *RiverSpark* facilities.

RiverSpark partners include both corporations, which help underwrite the cost of *RiverSpark* festivals like the annual CanalFest, and the nonprofit museums and preservation organizations

for which *RiverSpark* has obtained state grants. Early on, the Gateway became *RiverSpark's* tour organizer, and in 2002 it assumed the role of *RiverSpark's* "management entity." A shared vision and well thought out plans connect many diverse partners with *RiverSpark's* intersecting goals of preservation, education, recreation and economic development.

Through partnerships with entities like the New York State AFL-CIO, the Commission has undertaken a long-term effort to commemorate, celebrate and encourage the story of working life in the *RiverSpark* communities. The transition from an agrarian to an industrial society in those communities produced dramatically different relationships between workers and employers. On the east shore of the Hudson River, the city of Troy was a breeding ground of union activity. The Troy union of iron molders was the largest local in America on the eve of the Civil War, and in 1864 Troy's laundry workers organized the first truly all-female union in the nation. In 1866, William Sylvis, president of the National Labor Union, declared Troy to be "the banner city of Americans upon the trade union sentiment."



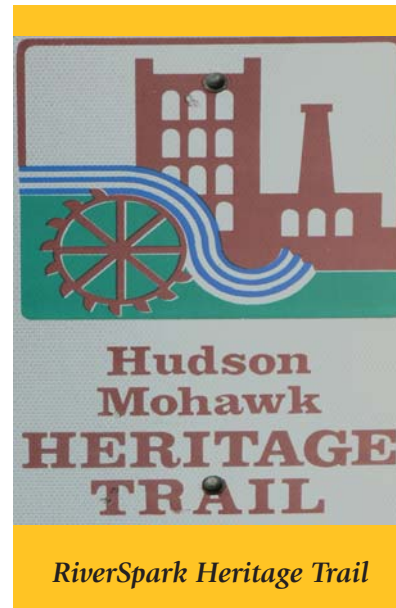
Canal Fest, Waterford

A short distance to the north, on the west shore of the Hudson River, the Harmony Mills Company operated America's largest complete cotton mill and made the city of Cohoes a company town. In *Worker City, Company Town*, his book on the contrasting stories of Troy and Cohoes, historian Daniel Walkowitz points out, "Harmony Mills' paternalism was distinguished by its thoroughness pervading almost every aspect of working-class life." The company employed all 4,808 cotton workers in Cohoes in 1880 and owned 800 tenements available for mill workers at reduced rents as well as boarding houses and a company store. Its managers doubled as bank directors and elected municipal officials. Its control over its workers unraveled in the decades preceding a major strike in 1880. The strike was possible after Irish and French Canadian workers developed associations on the job and in the community that were necessary to sustain an extended strike.

The evolution into the Tech Valley of today can be seen on many fronts. The Watervliet Arsenal, for example, produced ordinance, cannon and other weapons for the U.S. Army in every national conflict except the Revolutionary War. An 1859 cast iron building at the still-functioning Arsenal is now a museum. Meanwhile, much of the rest of the Arsenal is home

to a number of high tech firms like Vistec. Similarly, Rensselaer Polytechnic Institute was founded in 1824 in Troy for the “application of science to the common purposes of life.” This first degree-granting engineering school in the English-speaking world continues its tradition of providing leadership and technical expertise for industries at the local and national level.

RPI is now incubating new high technology firms in the *RiverSpark* region. In an excellent application of the concept of adaptive reuse, the largest of the Harmony Mills factories in Cohoes has recently been converted into 96 loft-style apartments, with more to come. That renewed urban vigor has inspired such attractions as Troy’s Waterfront Farmers Market, designated by Hudson Valley Magazine as the “best food festival” in the entire Hudson Valley.



Much of the 19th century physical fabric of *RiverSpark* has survived in remarkably well-preserved condition. Its visitor centers are jumping-off points to discover a rich urban landscape and a natural river setting. The Gateway and many other organizations offer a variety of tours and lectures to enrich the experience of visitors. Volunteers of all ages assist *RiverSpark* to serve the public. 🐉

🐉 *P. Thomas Carroll, Ph.D., is the executive director of the Hudson Mohawk Industrial Gateway and the RiverSpark Heritage Area.*

Preparing the next generation for life in an aging society

By William C. Lane, Ph.D.

For over 40 years gerontologists have documented that many children from kindergarten through high school express negative attitudes about older people that can only be described as ageist. Yet, as adults, these young people are more likely than any previous cohorts to work with older people across the entire range of occupations and professions. One strategy to counter such negative attitudes, and prepare young people for life in an aging society, is to infuse aging content into the school curriculum. Providing students with correct and realistic information about the aging process and older people offers our best opportunity for increasing the chances that the young students of today will feel comfortable working with older people in the aging society of tomorrow.

"Researchers have noted that young people today will make many more age-related decisions than previous generations."

Why Infuse Aging into the Curriculum?

Beyond the impact of the well-publicized *aging of the baby boom generation*, the first question we must address is the most basic one: "Why infuse aging into the elementary and secondary curriculum?"

Given all the emerging social, economic, political and technological issues that we face, why place additional stress on an already over-burdened curriculum? There are at least four reasons that make such an effort imperative if we are to build strong and responsive communities in an aging society.

- **Social policy issues.** Aging issues, such as those related to pensions, retirement and Medicare, are now front page news throughout the world. Yet such issues receive scant attention in the high school classroom. How can we expect the social contract that has sustained Social Security to continue if young people have no understanding of its importance both today and in the future?
- **The longevity revolution.** Increased longevity not only means that the population is getting older but that young people themselves must be prepared to navigate a longer life course. Researchers have noted that young people today will make many more age-related decisions than previous generations.
- **Ageism.** Ageism, or discrimination on the basis of age, has been a well-supported construct since it was introduced by Dr. Robert Butler, author of *Why Survive? Being Old*

in America. While the research findings are somewhat mixed, it is generally accepted that many children and young people hold negative views about both aging and older people based on incorrect ideas and information. How can we expect young people to enter occupations that support older people if they hold ageist views?

- **Educational interventions work.** Based on a growing body of research, the good news is that educational interventions do work to create more positive and realistic views of older people and aging. Inter-generational programs have been especially successful in combating ageist attitudes.

Barriers to infusing aging issues into the curriculum

To many it seems logical and easy to include aging content into the school curriculum. Such a change has the potential to dramatically improve the lives of older people by creating communities populated by citizens who understand aging issues and are more supportive of older people. However, a number of barriers exist to implementing this strategy.

“There are many successful local programs in New York State that can be replicated in our communities.”

First, while teaching materials are available, they are not readily accessible in teachers’ centers and on internet sites. Second, elementary and secondary teachers almost never receive any training on aging issues in college. Also, a perception exists that the curriculum is too crowded and there is no room for material on aging. Finally, the No Child Left Behind initiative has resulted in an emphasis on “report cards” and rating schools based on standardized tests. If it is not on the test, it probably will not be taught. Given this list of barriers, one might be tempted to assume that change will be impossible.

Opportunities remain

While the task may be a difficult one, the educational climate does offer some opportunities for change. First, studies have found that many teachers are receptive to aging education and training. In part, this may be because teachers are beginning to see aging issues reflected in their own experiences as caregivers to their aging parents.

Second, since curriculum changes are occurring across New York and the nation, this creates opportunities to make a case for the infusion of aging content into the curriculum. As syllabi are being rewritten, there is always an opportunity for new curricular initiatives. In New York, the *Educational Elements of a Comprehensive State Policy on Aging*, which called for the infusion of aging content into the areas of biology, social studies, home and career

studies and health, was adopted by the Board of Regents in 1986. While never fully acted upon, this policy could be updated, revised and implemented.

Finally, the constant discussion in the news media of aging issues gives us a very strong argument for revisiting the curriculum to encompass relevant topics including: increasing longevity, Social Security, Medicare, the importance of active life styles and life-long learning. The emerging importance of the relationship between lifestyle, diet, exercise and quality of life in the later years alone should be sufficient to justify infusing aging content into the curriculum.



Marching at Canal Fest, Waterford

The place to start is the local community

The development of a state-wide policy, while important, is not the sole answer. There are many successful local programs in New York State that can be replicated in our communities. One excellent programmatic example is the Seniors Teaching and Reaching Out to Students (STARS) Program, a highly-effective intergenerational program operating in the Capital District. In addition to programs, relatively simple changes are also possible, such as making suggestions to teachers about good books that depict older people in a more realistic way. Children must read books, especially in the elementary grades, and having good, non-ageist books available does not require any change in the curriculum.

If we are to create a work force in our communities that is prepared for an increasingly aging population, we need to see that all students at both the elementary and secondary levels are exposed to accurate information about both the aging process and older people. 🌿

🌿 *William C. Lane, Ph.D., is Vice President of GoldenLane Associates, Inc., a gerontological consulting firm located in Delmar, NY. He is an Associate Professor Emeritus in Sociology from SUNY Cortland where he directed the social gerontology program and founded the Center for Aging and Human Services. He can be reached at lanewc@verizon.net.*

Making transit more attractive for seniors

By Kristina Younger

My mom had a stroke about three years ago. Her (thankfully) temporary loss of vision provided insight into the difficulties of what her, and my dad's, life would be if she lost her ability to drive. My dad has given up his license in favor of a handicapped-parking permit as a concession to Parkinson's so mom is the sole driver in the household. My parents have made what is a common decision among their generation of World War II veterans—to "age in place" in suburbia. They are not ready to give up the home they own, where they raised six kids, know the neighbors and have lived for more than 40 years. Their desire to remain independent and continue "as is" affects the way they get around to conduct their daily routines.

"Services offered by the Office of the Aging where they live were shunned as well—those were for others who needed them more."

Public transit rejected

For the duration of my mother's convalescence, despite my encouragement and provision of schedules, fare information and an offer to ride together for the first time, neither of my parents tried the public transit available one short block from their home. They preferred to rely on their family to bring them to essential medical appointments and to limit and consolidate errands to be accomplished while being accompanied to those appointments. Services offered by the Office of the Aging where they live were shunned as well—those were for others who needed them more. As soon as she could drive again, my mother did, although she now voluntarily limits her driving to daylight hours, non-freeways and familiar territory. What I learned from this experience of dealing with my own parents' negative reaction to the notion that public transit could be an option for them—an option that would help them maintain their independence and stay in their home—is that public transit needs to have certain characteristics if it is going to be used by seniors.

- Independence: Transportation is critical to maintaining control over daily life functions. Having grown up with the freedom of the automobile, the expectation is for the ability to choose departure times, to be delivered close to one's destination in a single conveyance and to travel without advance reservations.
- Simple: Fear of the unknown is fed when faced with something that is not only new but also complicated. Simplicity in schedule and route design—nice even intervals between trips on routes that travel in straight lines—makes transit less scary. The appropriate use of technology shouldn't intimidate. It should inform and make using public transportation easier.

- Supportive land use: Proximity to transit service should be a criterion in locating facilities for the elderly so that the critical “one seat ride” can easily be accomplished. The suburbs require redesign for transit to work, particularly improvements in the environment for pedestrians. Beyond the provision of sidewalks and other pedestrian amenities, traffic calming and an emphasis on safety and security are needed to provide a comfort level in that essential journey from the front door to the bus stop.
- Dignity, not charity: Needing a ride is not a cause for pity. Customers must be treated with dignity or they will find another travel option.
- Friendly: Smiling and helpful drivers and fellow passengers create an enjoyable ride—one that will be repeated.
- Reliable: It only takes being stranded once for transit to be abandoned as a choice.

“Beyond the provision of sidewalks and other pedestrian amenities, traffic calming and an emphasis on safety and security are needed to provide a comfort level in that essential journey from the front door to the bus stop.”

Transit development plan

The Capital District Transportation Authority (CDTA) recognizes that these characteristics are desired by people of all ages—not just seniors—and need to be considered to encourage more ridership. To that end, we have recently completed and begun to implement a Transit Development Plan. We have simplified the way we provide service and developed consistent schedules and route patterns for more reliable delivery. We are also simplifying the way we provide information, including creating easy to understand and use schedules, Web site and system maps. Providing frequent service on our trunk lines increases the available travel choices for everyone. Reliability—as measured by on-time performance and preventive maintenance milestones—is a key indicator that our policy board and management team review every month.




*“Age of Innocence”
Filming in Troy, NY*

To promote our services and attract new riders, we have developed a brand identity complete with new blue iRide™ buses. We are investing in our work force, spending time on customer service training, disability awareness and diversity appreciation, and rewarding our best operators with recognition of a job well-done. And as we update and revise our routes, we work with local planners to understand the demographics of their communities, to influence land use decisions, and to encourage the provision of pedestrian infrastructure to support transit service. CDTA is working with human service providers to increase the transportation options available to seniors and special needs populations, under the umbrella of the Regional Transportation Coordinating Committee hosted by the metropolitan planning organization for the Capital District.

Initiatives like these help to make public transportation more attractive. CDTA is poised to welcome more riders in the future. The incentive to remain independent longer makes it even more enticing. If my mom lived in the Capital District, I'd like to think that she would ride CDTA. 🌿



St. Paul's Church, Troy

 *Kristina Younger is director of strategic planning for the Capital District Transportation Authority.*

My personal tapestry

By Diane Koenig

Much has been written about the cycles of life, but I've always thought of my life as a continuum. It is a tapestry woven of many different threads, all of which are absolutely necessary for the beauty of the picture to shine.

The threads that give my tapestry its marvelous colors are my family and the friends made, kept and cherished from one life cycle to the next. I've realized my tapestry is a series of shared experiences from which many small communities have resulted. They differ in some ways, but all were lit by love.

"The threads that give my tapestry its marvelous colors are my family and the friends made, kept and cherished from one life cycle to the next."

I was born in the small town of Hudson, New York, surrounded by my father's family and many friends. In those days, my friends and I had the run of Hudson. We walked from house to house, and I only called my mom to tell her where I was after school and to hear her daily admonition, "Just don't get dirty."

Linda and I lived around the corner from each other and played out back all the time. Often we walked to Barbara's or Ellen's home. It was a sad day when Linda moved away, but when I was ten my folks bought a house next door to my aunt, uncle and two cousins. We shared one huge back yard and were together constantly. We had the run of Warren Street, the main street in Hudson, as we walked to and from school, or we would walk down the street for a soda or ice cream. In winter we skated on Oakdale Lake. In summer we swam in it.

Best of all, we lived almost around the corner from our grandparents. Our homes were on streets separated by the Hudson Hospital, and since Uncle Joe was chief of staff there, we felt justified cutting through from the front door and out the ER door and over to Gram's, especially for spaghetti.

My childhood was sprinkled with visits to Lynbrook, Long Island, and my mother's family. I had a large variety of aunts, uncles and cousins with whom to play and most fun of all were the days we all packed up the car and went to Jones Beach or Atlantic Beach.

The summers I spent on Schroon Lake in the Adirondack Mountains at Camp Cayuga, owned by Ruth and Bill Fineman of Albany, were the very best part of my childhood. It was a camp based on Mohawk Indian traditions. For 56 days, I had a sense of freedom and pure joy. I still remember with great fondness the Sunday evenings when Chief Swift Eagle would

come to camp, light the campfire with his magic arrow, and softly chant Indian songs. Only one week in all those years was the peace broken, and that was when Hollywood chose to use Cayuga as the children’s camp and Schroom Manor as the adult resort in the movie “Marjorie Morningstar.” We all met Natalie Wood.



Burden Museum, Troy

Cayuga lives so deeply in so many of us that the weekend of May 4, 2007, over 50 former campers, one from as far away as France, gathered in San Diego to help Aunt Ruth celebrate her 93rd birthday.

As I think back, the thing I remember best about my childhood was my freedom and independence. I tried not to get dirty.

My teenage years were full of friends—boys and girls. We would hang out at the Jewish Community Center because the director was our history teacher and all the girls were a little in love with him. Some of us had to take confirmation class and the other kids played pool or ping pong and waited for us. We went to square dances in the high school and basketball and football games and were generally on our own. Graduation was a little sad, but to this day we still call each other by those teenage nicknames that we had hoped to outgrow.

“As I think back, the thing I remember best about my childhood was my freedom and independence.”

I went to college at the University of Rochester and for the first time felt some boundaries. This was a serious time because I had to prepare myself for life. Luckily, I fell in love with teaching, the English Department was superior, and so I majored in English. I still have three very dear friends from my U of R days, and in fact, Sue is the one friend I would call at 3 a.m. if I had a problem. Following graduation I went to Columbia University Teacher’s College for a master’s and that was a really serious society.

Then I met my husband who was a teacher in Hudson, and I was able to come home. I got a job at Germantown Central School, a very small school, more like a large extended family, and I loved it. Friends I made there are still very much a part of my life today.

Ed and I joined a social circle of young married couples and we went out together. We thought the world was ours. We girls played tennis and mah jong and had our babies together. This did not last too long. In 1971 my 31-year-old husband was diagnosed with cancer and passed away six months later, leaving me with a three-year-old son to raise. But in 1967 Ed had talked me into applying for a position at a new community college being founded in our county. I got the job, and then, thanks to the support of my remarkable family and the college community, I got through a most horrific time.

“The tapestry that I so freely and joyously wove for myself is now being woven for me, creating an entirely different pattern and probably an entirely new me.”

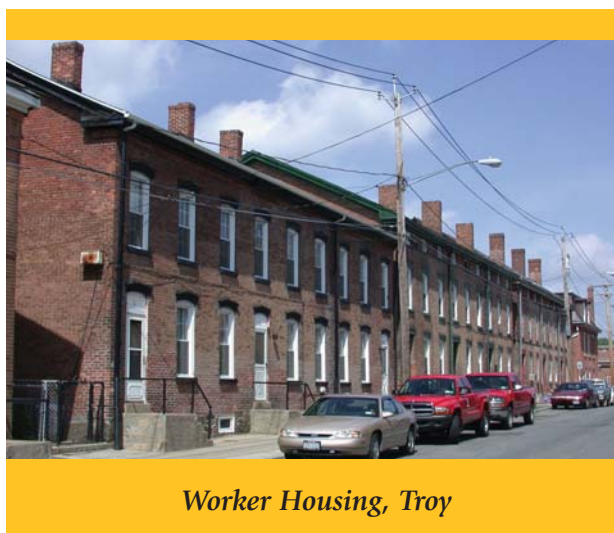
I am a founding faculty member of Columbia-Greene Community College and I have been associated with the college for 40 years. I never intended to leave, but fate had other plans in store. In 2002 I was diagnosed with a non-malignant brain tumor. Suffice it to say there followed surgery, and then 14 months of a deep sleep, treatment, rehab and horror, none of which I remember.

I finally woke up in a nursing home in Columbia County, totally unaware of what had happened. I was of age to retire so the college retired me, my house had been sold and I was moved to Daughters of Sarah in September 2003. I graduated to the Massry Assisted Living Facility that December.

This is different from any place I’ve ever known. It is a transitional community, and none of us is here by choice so we have very little in common. It takes work to build a community.

This is a rather unique situation for me since I am much younger than most of the residents and friends have been a little hard for me. I do resent my loss of freedom and the restrictions my illness has forced on me. But I have had the opportunity to meet some wonderful, remarkable people but have also suffered some painful losses. The staff, younger than I, is very warm and friendly and supportive.

The Massry does offer assistance in daily living. Our days are bound by the three meals and then morning, afternoon and evening activities. Some




Worker Housing, Troy

of the activities, especially the entertainers, are very good. On a weekly basis we go out either shopping or for dinner or to a movie or concert. The tapestry that I so freely and joyously wove for myself is now being woven for me, creating an entirely different pattern and probably an entirely new me.

I was given the greatest gift imaginable in January of this year when my son, Michael, an attorney, told me that he was coming back to Albany from Washington, D.C., to practice law, bringing his wife and their three children. Now I can be grandma whenever I want. Let me tell you about my grandchildren

However, the threads which are Columbia-Greene still shine brightly. This past May, to celebrate the 40th anniversary of the college, I was the commencement speaker, and I had the chance to say thank you to a community I love with my whole heart.

Just as every other stage of my life has been woven into my tapestry, the Massry, too, with the help of my family, is finding its place. 

 *Diane Koenig is a founding faculty member of Columbia-Greene Community College and was associated with the college for 40 years.*

The game of medical gossip

By Craig Duncan

Remember the party game of Gossip? The game was played by passing a piece of gossip along from one person to another. The game finished when the tidbit was passed on to the last person. The result was always some distortion of the facts as it was handed off from one to another. The more grotesque the distortion, the more fun the game.

In our health care system, handoffs between caregivers parallel the game of Gossip. Ineffective written or verbal medical communications follow the same Gossip rules of omission or commission.

The game is the same, the distortions frequent, the stakes ever so much higher.

“ In our health care system, handoffs between caregivers parallel the game of Gossip.”

Medical services are organized within silos around settings and professions. We are treated within these silos by physicians and an endless array of clinicians, specialists and institutions. The silos remain as vestiges of how medical services are paid for and how they are regulated. The game of medical Gossip routinely occurs as patients are handed off from one setting (silo) to another. Failure to properly communicate treatment and medication in a readable, rational form results in untold harm, misery and cost.

The national Institute of Medicine has identified “adverse drug events” as a major, yet preventable consequence of treatment in the United States. Estimates place the number of these preventable adverse drug events at over 380,000 in hospitals, in excess of 800,000 in long-term care facilities and at 530,000 among Medicare outpatients. The cost of these events is thought to range in the billions of dollars each year. The quality of life cost to patients and families remains incalculable.

The Institute of Medicine’s report has done much to energize the medical community to embrace a nationwide quality movement.



Unneeded, duplicative diagnostic procedures and failures in care follow-through are commonplace.

We have a long way to go.

Recovery filled with potholes

I want to share a personal story with you. The story has a happy ending. It illustrates how far we've come in the sophisticated treatment of people well into their senior years. Yet it shows that the road to recovery is still filled with potholes.

My mother-in-law was an active, fiercely independent 84-year-old living in the suburbs of a small town in New York's Southern Tier. She routinely drove her car, was active in her church, had lots of friends and, believe it or not, roller-skated every Thursday. Not the typical picture of an 84-year-old. She was not without health problems. She has type 2 diabetes, some respiratory problems, and underwent successful cataract surgery last year in September.

On a Wednesday in early October, her son arrived from North Carolina for a casual three-day visit. On her way to bed she started down the hall and, feeling faint, uttered a call for help from her son, fell and lost consciousness.

So now it starts! A 911 call, an ambulance ride to a Triple Cities hospital, admission and a one-week stay to complete a medical workup. Specialists, high technology diagnostics, a caring, effective staff, a diagnosis of type 2 diabetes out of control and serious cardiac problems that would require double bypass and valve replacement surgery.

She was sent home with the cardiac diagnosis and the message that resonated. "With the surgery you'll live another 10 years. Without, well, probably not three." Not a difficult decision for her—schedule the surgery.

Surgery was performed on Halloween (should have known). The surgery went well. But she suffered a minor stroke immediately afterward. Again, competent physicians and a warm and caring staff had her ready for discharge within one week. A discharge planner, ever concerned with the hospital's



Frear Staircase, Troy

Medicare reimbursement, pushed the discharge. She was sent from the hospital's coronary care unit directly to a nursing home 30 miles away but in a town closer to her home.

Within two days she was in crisis. She gained more than 30 pounds of fluid. She couldn't breathe. She was in respiratory distress. She was taken from the nursing home to the emergency room of a nearby hospital. Tests revealed that her blood sugar level was dangerously low. She was treated aggressively for her fluid retention and remained in the hospital under observation for 24 hours.

*"Omissions caused serious, life-threatening handoff errors
that could easily have been avoided."*

She was sent back to the nursing home with orders for an IV diuretic and continuous monitoring of her blood sugar. She entered an aggressive physical therapy regimen to regain her ambulation and strength in her arm.

Medical gossip game - Handoff No. 1

So now it starts! The nursing home was not aware that she was on a diuretic. The hospital that had performed the cardiac surgery had not included a diuretic in its discharge orders. This routine post-surgical discharge order was not communicated. The nursing home was not aware of her brittle diabetic condition. This also was not communicated at the time of discharge. Both omissions caused serious, life-threatening handoff errors that could easily have been avoided.

After one week her condition worsened. She was scheduled for a routine post-operative appointment with her cardiologist and was taken to the appointment by her daughter. As soon as the cardiologist walked into the examination room, he started to assign blame for her terrible condition, noting the swelling of her arms and legs and labored breathing. He placed a call to the doctor at the nursing home and after a lengthy discussion came back into the examination room and ordered her readmission to the operating hospital. This physician blamed her poor physical condition on the medical treatment she had received in the nursing home. The reality was that her hospital discharge orders omitted needed critical treatments.

Medical gossip game - Handoff No. 2

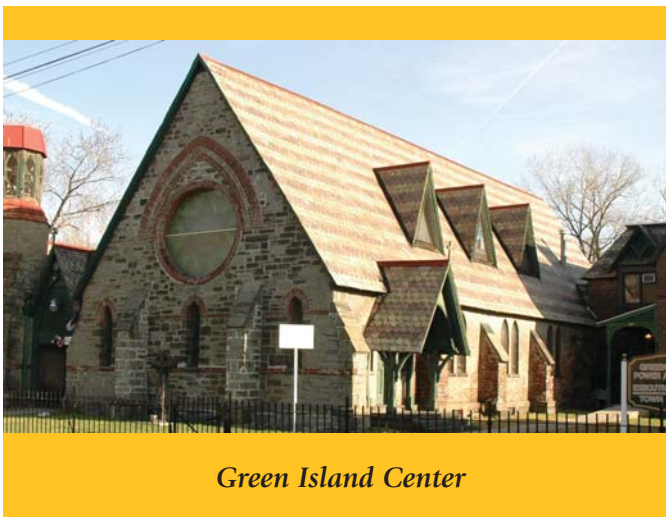
She was readmitted to the coronary care unit. It was comforting to see that the nurses remembered her on a personal level. When she was being settled, a nurse asked the accompanying family member for the medical information provided by the nursing home.

The nurse was told that the medical information sent by the nursing home had been handed to the cardiologist. (It should be noted that the cardiologist’s office is directly across the street from the hospital, a two-minute walk.) When it was suggested that the physician be called to request the information be forwarded to the hospital, we were told, “Lots of luck, we’ll never see that!” The hospital created a new medical record.

My mother-in-law, now disoriented and seriously depressed, remained in the hospital through the Christmas holidays. Her condition was followed by the admitting cardiologist, the cardiac surgeon, a kidney specialist, a lung specialist and an endocrinologist.

Medical gossip game - Handoff No.3

She was readmitted to the nursing home. She was lethargic. Her diabetes had not been brought under control. She remained for six days in the nursing home and was discharged home under the care of her daughter and a public health nurse. She went home with 16 prescriptions. The nursing service had only two nurses to cover the entire rural county. Home visits were limited to two per week. Interim care was provided by her daughter. The public health nurse, after many



Green Island Center

calls to the hospital, nursing home and consulting physicians, was successful in working with her local primary care physician in perfecting a medication and treatment plan.

Her condition deteriorated.

Medical gossip game - Handoff No. 4

After intervention by the public health nurse, in concert with the patient, her daughter and her primary care physician, it was determined that she was not safe at home and was in serious condition. Her daughter took her to the operating hospital’s emergency room. The hospital did not have any available inpatient beds. She remained in the emergency room for 24 hours. She was then readmitted to the coronary care unit and remained for another seven days.

Her condition improved.

Medical gossip game - Handoff No. 5

She was discharged to her home under the care of her daughter. Her primary care physician examined her every two days. After several weeks, she was able to transport herself to her primary care physician and to her many doctor appointments in the Southern Tier.

Happy ending. Her condition continues to improve.

She has regained her independence. She drove herself to attend her great-granddaughter's graduation party (more than 160 miles), turned around and drove more than 150 miles the next weekend to attend her great-grandson's high school graduation party. Her sense of humor has returned. She eats like a Marine.

"The reality is that we all get our medical care from non-related providers across the community. The electronic medical record is only effective among a group of participating providers."

Looking back, she must live another 10 years. She's earned it!

Her active, acute treatment spanned six months, cost tens of thousands of dollars more than necessary, disrupted the lives of family members living far from her and put her through hell. She was the very real victim of a benign, individually competent yet dysfunctional health care system.

This medical game of Gossip is repeated in handoffs between providers thousands of times a day across the United States.

We continue to spend millions of dollars on medical handoff errors. We continue to put people through the hell of a disorganized medical delivery system. The underlying structural principles needed for effective care have been known for decades. The benefits are obvious.

Fixing the problem

OK now, can this be fixed? You bet! I was fortunate enough to have spent the last decade of my career with Northeast Health, an organization whose services spanned the continuum of care. Northeast Health provided physician services, acute care, behavioral health, long-term care, home care and an array of non-institutional services.

Northeast Health was largely successful in bridging these silos in two significant ways. First, through the development of an electronic medical record that follows the patient across the different levels of care. The patient’s condition, diagnosis, medication and treatment are contained in a continuous record. Medical records are readable, errors are minimized. Professionals understand the results (both good and bad) of individual treatments.

“We are, after all, a capitalistic society. Form follows finance.”

The second way the silos were bridged was through a concept called care management, or disease management. The concept is not new. Many diagnoses and conditions follow predictable patterns and, with standardized interventions, have predictable outcomes. Care management coordinates the care around the needs of the patient, blind to the barriers of each care function. Northeast implemented care protocols for diagnoses such as congestive heart failure and diabetes. Care is provided within traditional settings or remotely through the use of technology in the patient’s home. The key factor is that the care is coordinated. Northeast was able to demonstrate a dramatic increase in quality, diminished errors, better outcomes, fewer hospitalizations, increased patient satisfaction, and significant cost reductions.

All commendable, but the reality is that we all get our medical care from non-related providers across the community. The electronic medical record is only effective among a group of participating providers.

My mother-in-law’s situation would have been avoided if a continuous electronic medical record had been used in her care.

If we know the problem, why isn’t it being fixed? To overly simplify a complex question, the main reasons are financial. First, the cost of adopting an electronic medical record is substantial. Health information technology needed to support a hospital’s entry into “e-health records” can run into the millions of dollars. Systems require ongoing maintenance and technical support as well. Physicians and other



*Troy's RiverSpark
Visitor Center*

providers face significant adoption costs, which are not reimbursed.

Next, there is no financial incentive for a provider to adopt an electronic medical record. Providers still are paid independently for services. Payment does not reward the provider for quality. Reimbursement is not related to outcome, either good or bad.

The electronic medical record also carries complex privacy concerns. This remains a barrier to be worked through before universal adoption is realistic.

The medical field and those that pay for health care all recognize the enormous problems that exist with handoffs in the present system. I am encouraged by the tremendous amount of activity throughout the country to correct this problem.

Improvements in quality and the reduction in the cost of errors would seem sufficient to warrant the investment.

I remain convinced that the only way that the needed system transformation changes will be made is to change the health care reimbursement system, rewarding those adopting electronic medical records and penalizing those who do not.

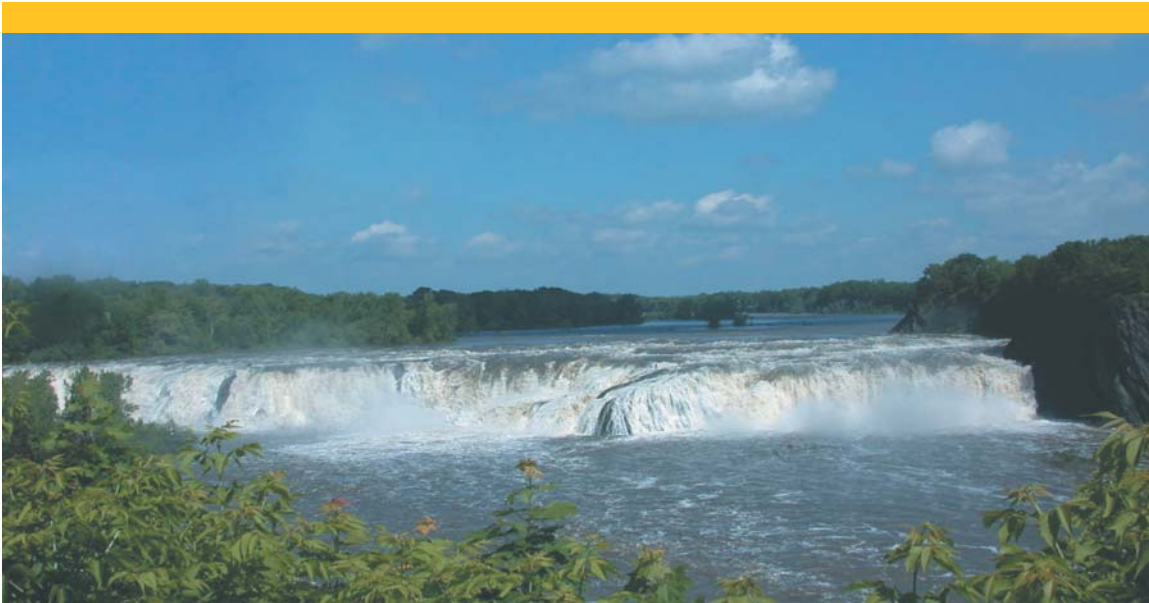
We are, after all, a capitalistic society. Form follows finance!

Now I offer one last piece of advice. When the patient is handed off from one provider to another, errors will occur until the electronic medical record is universally adopted. You need to be your patient's advocate. 🌿



St. Paul's Church, Troy

🌿 *Craig Duncan is former president and chief executive officer of Northeast Health, a comprehensive provider of health services spanning 15 counties. He has served on the State Hospital Review and Planning Council and as chair of the Iroquois Healthcare Alliance.*



Cohoes Falls, Cohoes

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IMAGES. Each issue of CCQ will use images of people, architecture and natural features that make the Capital Region special. The cover for this issue has an image of the Tower of SUNY Plaza in downtown Albany, a Tiffany window in St. Joseph's Roman Catholic Church in Troy and the 18th century Johnson Map. This issue highlights images from RiverSpark.

CREDITS. The middle picture on the cover of a Tiffany window in St. Joseph's Roman Catholic Church is by Sloane Bullough. The other photograph by Sloane Bullough is "Frear Staircase, Troy". The photograph of "The Veggie Mobile" is courtesy of Amy Klein. Photographs by William Gill are the "Waterford Tug", "Green Island Park" and "Worker Housing, Cohoes". The photograph of "Canal Fest" is courtesy of the Canal Corporation. The "Heritage Trail" sign is by Thomas P. Carroll. "Marching at Canal Fest" is by Sarah Cappelletti. "Age of Innocence Filming in Troy" is by David Saehrig. The "Green Island Center" is by Richard O'Donnell. The "Burden Museum, Troy" and "Troy's RiverSpark Visitor Center are by Sid Brown. The "Harmony Mills, Cohoes" is by Jane Smith. The "St. Paul's Church, Troy" is by Denise Scammell (page 14). The "St. Paul's Church, Troy" is by Ned Pratt (page 25). Cohoes Falls by Sarah F. Cappelletti.

CCQ is available in pdf format on [Http://www.albanyguardiansociety.org](http://www.albanyguardiansociety.org)

Organizations and their web sites that may be of interest to CCQ readers

Albany County Department of Aging

<http://www.albanycounty.com/departments/aging>

Albany Roundtable

<http://www.albanyroundtable.com>

American Library Council

<http://www.lff.org/about>

Capital District Regional Planning Commission

<http://www.cdrpc.org>

Civic Ventures

<http://www.civicventures.org>

Community Foundation for the Capital Region

<http://www.cfcrr.org>

Elder Network of the Capital Region

<http://www.albany.edu/aging/ENCR>

Federal Reserve Bank of New York, Buffalo Branch

http://www.newyorkfed.org/aboutthefed/buffalo_branch.html

Fulton County Office for the Aging

<http://www.fcfa.org>

Generations United

<http://www.gu.org>

Global Action on Aging

<http://www.globalaging.org>

Government Law Center at Albany Law School

http://www.albanylaw.edu/sub.php?navigation_id=668

Grantmakers in Aging

<http://www.giaging.org>

Greene County Office for the Aging

<http://www.greenegovernment.com/departments/aging/index.htm>

New York State Office for the Aging

<http://www.aging.state.ny.us>

Osher Lifelong Learning Institute

<http://www.usm.maine.edu/olli/national>

Rensselaer County Department for the Aging

http://www.rensco.com/departments_familyservices.asp

Rensselaer Polytechnic Institute

<http://www.rpi.edu>

Rockefeller Institute

<http://www.rockinst.org>

Sage Colleges

<http://www.sage.edu>

Saratoga County Office for the Aging

<http://www.co.saratoga.ny.us/aindex.html>

Schenectady County Department of Senior and Long Term Care Services

www.schenectadycounty.com

Schoharie County Office for the Aging

<http://www.schohariecounty-ny.gov/CountyWebSite/OfficefortheAging/ofaservices.jsp>

Schuyler Center for Analysis and Advocacy

<http://www.scaany.org>

Town of Colonie

<http://www.colonie.org>

U.S. Environmental Protection Agency Aging Initiative

<http://epa.gov/aging>

University Albany School of Public Health

<http://www.albany.edu/sph>

University Albany School of Social Welfare

<http://www.albany.edu/ssw>

United Way of the Greater Capital Region

<http://www.unitedwaygcr.org>

Warren County Office for the Aging

<http://www.co.warren.ny.us/ofa>

Washington County Office for the Aging

<http://www.co.washington.ny.us/Departments/Ofa/ofa1.htm>

§ Our Mission §

Albany Guardian Society continues to seek opportunities to improve the quality of life for seniors as we carry out our Mission.

- The mission of Albany Guardian Society is to engage in a broad spectrum of endeavors that will improve the quality of life for seniors.
- We will devote funding to develop and support services for seniors.
- We will create an environment that will maintain the growth of creative and innovative ideas.
- We will fund the exchange of information to enable interested parties to learn how to create a better standard of living for our elders.
- We will attract additional resources to increase the impact we can make as we remain mindful of our mission to serve the elderly.