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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.
Witnessing the Dynamics of Aging in Our Communities

A few weeks ago I participated as a panelist at a community forum sponsored by the League of Women Voters that was held at The College of St. Rose. It was about the future of long term care in Albany County and whether or not Albany County should construct a new nursing home. After a very thorough introductory segment by Courtney Burke of the Rockefeller Institute, the panelists were asked to offer their remarks.

I was the first to speak and decided to use a story to deliver my message. I explained that my first real job after college was working for the Genesee County Department of Social Services as an Eligibility Caseworker. Early on it was clear that this was not my calling and I told the Commissioner of Social Services, a wonderful person by the name of Beverly Crabb, that maybe I should be seeking an alternate career path. She was an extraordinary individual with a great understanding of what makes people tick. She said that perhaps, rather than leave the agency, I should consider helping out on a long term care project. The county was building a new facility in Batavia and was closing the old County Home in Bethany. The Commissioner suggested I help with the closing, stay awhile to help the new administrator, and then feel free to seek my fame and fortune wherever I wished.

In February of 1974, we closed the old County Home (one building dated back to 1828) and moved about 114 residents to a new, state-of-the-art facility located in Batavia. It was quite a place by the standards of the day and we were all very proud of our new nursing home. The afternoon of the move I noticed one of our residents, sitting in a wheelchair and accompanied by her daughter, looking out a window toward a retention pond that actually looked like a little lake. It really was a pleasant view from that window. The resident was very depressed and the daughter was doing her best to cheer her up. The daughter, gesturing toward the body of water, said, “Mom, how could you be sad? Compared to where you are coming from, this place is like a resort.” The elderly mother slowly picked her head up and said, “You’re right—it is like a resort—the last resort!”

I didn’t understand why this resident wasn’t as jubilant as most of us were. What’s not to like? The new place was beautiful. What she was telling her daughter was that it didn’t matter that she was now in a new facility. She wanted to be home. That incident happened thirty-five years ago and I can remember it like it was yesterday.

I told this story at the forum because it helped frame the debate. There is little doubt, Albany County’s current facility has seen its better days. And, there’s little doubt, many loving and attentive family and friends would much prefer to see their loved ones residing in a more modern facility. Yet I knew that the resident’s remark thirty-five years ago still rang true. Many people would prefer to be home. This is the dilemma facing Albany County. Constructing a new facility would be welcomed by many, but would commit millions of current and future dollars. And it would still be a place that many residents would rank number two, just behind their first choice: home.
I always remind myself that the cover of this publication contains our sub-title: “The Dynamics of Aging and Our Communities.” This Albany County dilemma is exactly about those dynamics. Albany County could construct a new nursing home or develop a robust home and community-based long term care system. Both are challenging, but constrained resources at every level mean that building the nursing home most likely precludes having sufficient resources to invest in the next generation of home and community-based services.

As our population ages, we are forced to make decisions that involve how resources are to be used. While some want the new nursing home and others wish for the expansion of home and community-based services, I guarantee you there’s another family somewhere who feels the elderly are our past, the children are our future, and therefore, we should do neither of the long term care projects and put the money into schools, libraries, and other services that would benefit children. Patrons of the arts wish for more cultural attractions and the guy with the boat wants a new boat ramp.

The forum at St. Rose had several other speakers. A gentleman representing the disability community stated that nursing homes are where many disabled individuals end up because there are insufficient community options. He was concerned that building a new nursing home would commit future generations of individuals with disabilities to a path toward nursing home placement. A woman from the family council at the facility argued for a new facility, reminding us of our obligation to care for our seniors. Another speaker presented a financial argument opposing construction of a new nursing home. I was impressed with the size of the audience and I came away with the feeling that each speaker truly believed in his or her position and embraced it out of great respect for senior citizens and people with disabilities. Each panelist took an honorable position. What it means to you, reader of this column, is that you have an obligation to consider these dynamics. You need to understand how your community will express its desire to help older citizens and citizens of all ages with disabilities.

A few weeks ago I was back in Batavia accompanying my ninety-two year old mother to a follow-up visit to her doctor following cataract surgery. His office was in a relatively new building adjacent to the community hospital and also next to that county nursing home we opened in 1974. We were in a waiting room with the window blinds closed. I was a bit restless and decided to peek out the window. I separated the blinds to look out and found I was staring directly at the wing where that resident and her daughter sat thirty-five years ago. The wing was still there, but that little lake she looked down on was now gone. The building we were now in was positioned just about where the pond used to be. The building was alive with activity, filled with seniors who were receiving services, and I’m certain that after receiving those services, they went home.

Rick Iannello  
Executive Director  
Albany Guardian Society
Editor's Column

Feature Organizations, Service Versus Solutions, and a Valuable Clinic

My publisher asked me when I was going to run out of feature organizations to highlight in CCQ. Feature organizations are nonprofit organizations that protect our region’s scenic, open space, cultural, and natural resources. Some readers have asked me why a journal like CCQ has a feature on environmental, cultural, and historic preservation entities.

I told the publisher that I am happy to say we have an almost endless number of organizations engaged in preservation and fostering beneficial enjoyment of special places and the landscape around us. The reason for this is simple; we live in a wonderfully rich historic and naturally diverse area.

For those of you who wonder why these organizations have a place in a publication about aging, there are a couple of reasons. First, seniors as volunteers, audience and users, donors and advocates, play a major role in allowing preservation, cultural, and environmental organizations to exist and flourish. Readers of CCQ who participate in featured organizations get pleasure from seeing their interests recognized. Other readers will hopefully become interested in participating and supporting, for example, the Hudson River Valley Greenway after reading about it in this issue.

The other reason has to do with CCQ’s mission, which links the dynamics of aging with our communities. We care about our communities having a healthy environment and being an interesting place that recognizes and enjoys our historic and recreational assets.

If you were fortunate enough to see the exhibit on Albany’s State Street at UAlbany a couple of years ago, you would have seen the street as a path with a Native American walking back from the river. From centuries of the presence of Native Americans in this region to being part of almost every epoch of American history, from colonization, the Revolutionary War, the opening of the west with the Erie Canal, supplying the Northern army in the Civil War, and onward to today when a nanotech economy may be taking shape on Fuller Road in Albany, this region has been part of the action. This makes for a place that seniors can enjoy as well as contribute to the quality of life.

Service versus solution
When I read Bill Foley’s article on service as a solution for aging, I immediately thought about when my father moved into an assisted living facility. He was in his nineties, sprightly, but with dementia. The facility was going from having a solution oriented care director to a service person. Solution oriented care meant that the director got to know each of the residents and looked for what was special about them and their needs. She gave her notes to the new director who threw them away. Not needed she said. We now have one size fits all service for the residents.
The resulting service was good and well-intended but did not work well for my father. Maintaining his dignity was critically important to him. His dementia left him confused, and as a result, embarrassed over simple things like which food on his plate he should eat first. The solution was easy. He would ask staff simple questions, and if, for example, he was told to eat the chicken first and then the vegetables, all was well. Yet, the service approach, especially when staff members are told not to “spoil the residents,” did not always allow for even simple solutions that would have protected my father’s sense of dignity.

How we deliver care is becoming more challenging, technically complicated, and costly. It is good we have far-sighted and humane people like Bill Foley concerned about the human dimension.

Valuable clinic
I learned about the Schenectady Free Clinic from a retired physician who lives in Columbia County and at the time of our meeting would come to the Clinic in Schenectady each week to volunteer his time. He was enthusiastic about the service to those in need provided by the Clinic.

Just before I received the article on the Clinic, I heard the disappointing news on TV that the future of the Clinic was in jeopardy because an expected state legislative member item for $300,000 was not appropriated in the state budget this year. On the TV report, a retired physician, Dr. Clifford Tepper who volunteers at the Clinic, explained how the Clinic was able to help patients without health insurance to manage their chronic diseases, such as diabetes, and how much of the cost of the Clinic’s operation went to paying for drugs.

Let us hope our leaders in Washington, fashioning a new approach to health care costing billions of dollars, do not lose sight of the valuable role of volunteer supported local clinics like we are fortunate to have in Schenectady.

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Hudson River Valley Greenway Connects Communities to the River and to Each Other

By Mark Castiglione

Greenways come in all shapes and sizes from rail trails to river corridors to comprehensive systems encompassing whole landscapes like the Hudson River Valley landscape.

The Hudson River Valley Greenway was established by the state to do it all, from developing traditional trails to facilitating the development of a regional strategy for preserving the scenic, natural, historic, cultural, and recreational resources of the Valley, while encouraging compatible economic development initiatives.

The Hudson River Valley Greenway geographic area, from Saratoga and Washington Counties in the north to the city of New York, includes 321 municipalities in 14 counties. The Greenway also serves as the management entity for the congressionally-designated Hudson River Valley National Heritage Area.

A regional vision

Now more than ever, Hudson Valley communities are approaching a consensus surrounding the issues of intermunicipal cooperation and the need to take proactive steps to balance growth and development with preservation of natural and cultural resources. Over 80 percent of the communities within the designated Greenway area have passed resolutions in support of being a part of the formation of a voluntary regional compact.

The Greenway legislation establishes a “bottom-up” approach that facilitates grass-roots cooperation among municipalities through a self-determined course of action. The Greenway Compact process strikes a balance between regional coordination and the traditional local land use control powers that New York State communities enjoy. While participation in the Greenway Compact is voluntary, it provides the mechanism for communities to share common values and serves as the conduit for dialogue, not only between local governments, but also between local, county, and state governments.

In order to implement the Compact, the Greenway provides technical assistance and grants to encourage municipalities to make regional connections through projects that
reinforce the five Greenway Criteria of: Natural and Cultural Resource Protection; Heritage and Environmental Education; Regional Planning; Economic Development; and Public Access.

Dutchess County developed the first model Greenway Compact in 2000, which serves as the benchmark for compact planning. Dutchess County’s Compact, Greenway Connections, has translated into numerous intermunicipal partnerships and projects, and has served as a guide for the coordination of county and local government priorities. All of the communities in Dutchess County have adopted the Compact and more than half have undertaken Greenway-related revisions of comprehensive plans and zoning ordinances. See if your Greenway community is participating in this planning program.

A trail system
Complementing its regional planning focus, the Greenway was also established to create a Greenway Trail System that runs along both sides of the Hudson River from the Capital District to New York City. This diverse network of trails links important cultural and historic sites, parks, open spaces, and community “downtowns” and also provides public access to the Hudson River. The Greenway Trail includes over 250 miles of designated Riverside Trails.

In addition to the land trail system, the Greenway also works to further develop an innovative Hudson River Greenway Water Trail. Water trails are recreational waterways that contain access points, campsites, and day use sites. The Greenway Water Trail program seeks to designate canoe/kayak access points at least every ten miles on each bank of the Hudson River. Stretching from Saratoga County to Manhattan, the 256-mile-long Greenway Water Trail today includes 91 public access sites.

A National Heritage Area
The Hudson River Valley Greenway is also the management entity for the Hudson River Valley National Heritage Area. Designated by Congress in 1996, the Hudson River Valley National Heritage Area (HRVNHA) was created to recognize the importance of the significant historic, cultural, and natural resources of the Hudson River Valley to the nation. A National Heritage Area is a region designated by the United States Congress in which residents, businesses, nonprofit organizations, and governments join together to preserve and promote their heritage, culture, and natural resources for the benefit of current and future generations.
The primary themes of the HRVNHA are Freedom and Dignity, Nature and Culture, and Corridor of Commerce. Currently, some of the HRVNHA heritage programs include Revolutionary War Trails; trails through the landscapes painted by the artists of the Hudson River School; and sites interpreting technological and industrial innovation such as steamboats, foundries, mills, and lighthouses. Over 90 “Heritage Sites” are affiliated partners of the HRVNHA. These sites include State Historic Sites, National Historic Landmarks, National Park Service Sites, and many not-for-profit managed sites. For more information about the National Heritage Area, visit www.hudsonrivervalley.com.

A valley with resources to celebrate and enjoy
To promote awareness and enjoyment of the resources of the Hudson River Valley, the Greenway, with the HRVNHA, sponsor an array of events and programs each year including:

- **The Hudson River Valley Ramble**, scheduled for September 2009, highlights the scenic, natural, cultural, and historic resources that earned the region its designation as a National Heritage Area. The event series, listed on www.hudsonrivervalley.com/ramble, offers more than 200 guided outdoor experiences that allow for exploration of the vast riches of the National Heritage Area.

- **The Great Champlain-Hudson Paddle** is an annual 14-day event celebrating the Hudson River Greenway Water Trail, the improvement of public access to the Hudson River, and the diversity and heritage of the riverside communities of the Hudson River Valley. The celebration includes a 194-mile paddle from Fort Edward to Manhattan and a series of festivals showcasing local cultural demonstrations, kayaking skills, information booths, and natural resource programs. For additional information, go to www.hudsongreenway.state.ny.us/ghrp.

The Hudson River Valley Greenway and National Heritage Area provide an awesome opportunity to recognize the unique values of the great River and its landscape, including that portion that was the focus of the internationally known Hudson River School of Art in the 19th century, and make these values a greater part of the communities and lives of the people lucky enough to reside therein. Check it out this year of the 400th anniversary of Henry Hudson’s pioneering 1609 voyage and you will find many
opportunities to become part of a public effort to preserve and enjoy a special America and New York landscape.
Solution and Service Are Not Equal

By William J. Foley, Ph.D., P.E.

In a recent group conversation with a new resident of a local assisted living facility who moved from a senior independent living apartment six months prior, the resident praised the staff and the facility but raised strong concern about the changes she made moving to a living and service model that imposed a schedule regimen on her.

The independence she had enjoyed for 75-plus adult years, the independence of defining her own regimen and adjusting it when opportunity presented, was compromised. The change, considered by the professionals and her family to be in her best interest and viewed as being inevitable because of age related threats to her independence, was not ideal from her perspective. Getting service with the required imposed regimen was not her ideal solution. The professionals’ assessment that needs could and should be met with services gave comfort to family and to the professionals. But whose solution was it?

Services for aging

Services as the solution for aging imposed needs has been a model followed for centuries. The formal organization and definition of service models was prompted by both the growth of aging population and the growth of funding mechanisms including personal income to pay for the services. While the term “services” is thought to be generally understood, turning back to the definition and descriptors, as illustrated in a sidebar to this article, is a good starting point when critically looking at services as solution.

Service oriented architecture (SOA)

Now, let me draw back the curtain, beginning with how systems are designed, so you can see the hidden forces that work against independence-enabling opportunities for the aging.

In the world of Information Technology, one way of organizing and designing a system is known as Service Oriented Architecture (SOA). The Organization for the
Advancement of Structured Information Standards, a not-for-profit consortium that drives the development, convergence, and adoption of open standards for the global information society, defines SOA as “A paradigm for organizing and utilizing distributed capabilities that may be under the control of different ownership domains. It provides a uniform means to offer, discover, interact with and use capabilities to produce desired effects consistent with measurable preconditions and expectations.” A major application of the SOA approach is developing new capabilities by providing a dynamic relationship between well-proven functionality already in place in an organization.

SOA allows legacy applications (functionality) to take on new life and provides an efficient mechanism for rapid development of new systems. One incentive in SOA designed applications is to expand applications by linking together strong legacy parts. A second incentive is to improve a wide range of applications by improving a component providing a required functionality across a range of applications.

SOA is described because it appears to apply to the way society now organizes services to meet the solution needs and desires of seniors brought on by aging. The solutions offered are service models (applications) that organize legacy services in new, dynamic relationships yet leave the legacy functionality in static form. By doing so, the beneficiary is forced into a tradeoff-rich decision situation when the ideal is a solution that involves no tradeoffs. Society establishes new bricks and mortar displaying a variation on a theme involving which services are included. Society also provides an à la carte purchase of services delivered to the beneficiary’s living arrangement, which is often his or her principal residence.

Merriam–Webster defines solution as “1 a: an action or process of solving a problem b: an answer to a problem.” The definition includes both the action and the outcome of problem. The outcome portion is where the beneficiary considers the role the service plays in their condition. The two principal roles are coping and enabling with enabling the preferred role by the beneficiary. Coping imposes a regimen and requires change by the beneficiary and unless the beneficiary has already accepted the change, is the least favored role in their condition.

So while the “interface” might change, the result from a human beneficiary view is that the interface is a mix of dependent coping services rather than independence.

“The customer wants, but isn’t getting, independence rather than regimentation.”
enabling. The user still sees and feels a regimentation that forces change on them where the real desire is to be independent and not change.

The SOA innovation approach does lead to options in the decision situation, but only the first SOA incentive is being followed, expanding applications. The second possible option of improving the components by designing them as independence enabling solutions is not followed. This reliance on legacy functionality and services is strong for many reasons. There is safety and comfort from all parties (payers, regulators, providers) through reliance on longstanding experiences because the known is better than the unknown. Further, all training and education are service oriented requiring mastery of technical skills. And the inertia behind a “service orientation” is very strong. After the first tradeoff by a person seeking a solution becomes reliance on a coping service, the next tradeoff is easier for the individual and for others because it is ‘inevitable’ with aging.

In the long term (which grows closer each day), the system is forcing tradeoffs that the beneficiary accedes to over time, but these are far from optimal for them and for society as a whole. The reliance on coping services instead of independence enabling solutions is expensive for the individual, expensive for the public, and is labor force unsustainable.

The customer wants, but isn’t getting, independence rather than regimentation. The customer will accept dependence on a service if it is viewed as enabling requiring little or no adaptation by the customer and if it definitely avoids the regimentation that is viewed as dependence. There are examples of independence enabling solutions.

**Successes from independence enabling solutions**

Two examples of success and the promise of future success from independence enabling solutions stand out. The first is the technology introduced for self-management of diabetes through self-administered testing, dosing calculation, and dosage administration. While not yet the disease cure wanted by all of us, these technologies have greatly increased the independence of people with diabetes and let them adapt the regimen of disease management to their problem and situation.

The second is the introduction of technology to prosthetics. This is a rapidly changing area that involves materials, mechanical technologies, and computer intelligence and control.
the current focus is on limb replacement, the research leaders have already identified application in limb movement augmentation.

The use of computer control over prosthetic knees is highlighted on several Web sites including a site created by The Amputee Resource Team. Computer control of the knee joint range of motion and motion resistance simulates the resistance the human knee provides when in motion resulting in a more natural gait and easier sustained movement. Curtis Grimsley, a worker in the World Trade Center on September 11, 2001, credits his computerized leg with his survival as he walked down 70 flights of stairs using a normal gait of one step per stair tread instead of two steps on each stair tread required with a regular prosthesis.

At the Biomechatronics Group located in the Media Labs at Massachusetts Institute of Technology, research on computer controlled motorized limbs has resulted in a “motorized ankle-foot prosthesis, called MIT Powered Ankle-Foot Prosthesis. Unlike conventional passive-elastic ankle-foot prostheses, this prosthesis can provide active mechanical power or net positive work during the stance period of walking.” In the late prototype stage, commercial application is coming shortly. Other work in progress announced on the Group’s Web page includes extension to the knee joint and incorporation of the mechanisms developed to an exoskeleton application.

**Challenge**
The challenge is simple. *The customer/beneficiary needs to stand strong in their perseverance in demanding solutions and not compromise their demands to the current limitation that service is the only solution.*

Knowing that the customer will change, social scientists need to study the tradeoffs made now by seniors seeking solutions and establish baseline knowledge of the decisions made. By doing so, the beneficiary’s optimal states or outcomes can be identified and become part of solution design by professionals. In all likelihood, there will be different ideal or optimal states for different segments of society.
Scientists need to exploit how technology can supplant and/or replace legacy models of service and challenge the assumptions that currently bind/force services to the legacy that is so commonly accepted. Every legacy service needs to make itself obsolete by embracing the goal of becoming a solution, an enabling solution versus a coping “service.”

“SOA is described because it appears to apply to the way society now organizes services to meet the solution needs and desires of seniors brought on by aging.”

In the 1976 movie *Network* written by Paddy Chavefsky, Howard Beale, played by Peter Finch in what was supposed to be his final broadcast, admonished his viewers to “Go to the window and shout as loud as you can: ‘I’m mad as hell and I’m not going to take it anymore!’” This line launched a new career for Howard as “The Mad Prophet of the Airwaves.” This sentiment should be the rant of all and especially those aging into conditions where independence becomes ever more challenging and services are promoted as the solution.

In the publication “Services Thinking: A smart new approach to business execution,” Deloitte Consulting LLP states that approach leads to the situation where “The big payoff comes when leadership is in the enviable position of being able to ask what should we do—not simply what can we do.” In the situation of senior solutions, the leadership should be in the hands of the customer, the solution seeker, the beneficiary. The senior service provider community, soon to be the solution provider community, needs to follow the leadership by first understanding what the leaders are really saying about what is optimal and then act quickly on this knowledge.
NOTES:

7. http://biomech.media.mit.edu/research/PoweredAnkle.htm

William J. Foley, Ph.D., P.E., is a Clinical Associate Professor of Decision Sciences and Engineering Systems at Rensselaer Polytechnic Institute. His research has included contributing roles in development of the Medicaid RUG-II and the Medicare RUG-III classification systems. He currently is a member of the Board at Northeast Health.
The Schenectady Free Health Clinic

By Bill Spolyer

The Bureau of Health Statistics lists the absence of health insurance as the sixth leading cause of death in the United States. Long-term studies have further verified that persons without health insurance do not seek preventive medical care and lack access to appropriate drug therapy to treat chronic illnesses such as diabetes, hypertension, and asthma. Consequently, these untreated illnesses eventually become more severe, debilitating, and costly to treat.

Free health clinics

The Schenectady Free Health Clinic is one of an increasing number of free health clinics nationwide established by volunteer health providers to help improve upon this situation. The Clinic was born in 1999 of an idea of two Schenectady seniors, Mandy Moore, former Niskayuna Town Supervisor, and Dr. Robert Pletman. You can find Dr. Pletman today volunteering his services at the Clinic. Staffed through volunteers, the Volunteer Physicians Project of Schenectady, Inc. (VPPS), also known as the Schenectady Free Health Clinic, provides free, comprehensive health care to low-income, uninsured adults in Schenectady County of New York who have no other source of medical care. It is estimated that there are 16,000 uninsured persons in Schenectady County.

"The Clinic relies on the volunteer services of 95 physicians, RNs, and other professionals who volunteer their services to see patients at the Clinic, and another 35 volunteer physicians who provide specialty care services from their offices."

The community benefit and value of this project include:

1. An increase in capacity of community safety net medical services for low-income, uninsured Schenectady County residents.
2. Continuity of care for low-income, uninsured residents to treat chronic conditions before they result in debilitating and costly treatments, the bulk of which will be borne by the county through increased Medicaid costs.
3. Collaboration with mainstream providers across public and private entities to strengthen and coordinate access to care throughout the Schenectady community.
4. Narrowing of access to care gaps in primary and specialty care for low income, uninsured Schenectady residents.
5. Improved health status of the uninsured population being served by providing essential medical, medications, and health education services.
6. A reduction in the unnecessary use of emergency rooms.
The Schenectady Free Health Clinic began seeing patients in August 2003 at Bethesda House in downtown Schenectady, New York. In December 2004, it moved to its current location at 600 Franklin Street, Suite 205, also in downtown Schenectady. Since this time, over 8,000 patients have been seen totaling over 23,000 patient visits. The Clinic serves patients who live in Schenectady County. Seventy-six percent of the patients seen in the Clinic live in the City of Schenectady. They are generally between the ages of twenty and sixty years (85%), unemployed (47%), with no source of primary health insurance (98%).

The Clinic relies on the volunteer services of 95 physicians, RNs, and other professionals who volunteer their services to see patients at the Clinic, and another 35 volunteer physicians who provide specialty care services from their offices. Most of the volunteers are retired seniors. For example, retired physicians Dr. Clifford Tepper and Dr. Arnold Ritterband serve as co-medical directors for the Clinic. Ellis, St. Clare’s (the former), and Sunnyview Hospitals provide diagnostic and lab work free of charge for Schenectady Free Health Clinic patients.

The Clinic is open Monday and Thursday from 2 p.m. to 5 p.m. Currently, the Clinic has 55 to 80 patients a session. In January 2007, sessions were added on Monday morning, Thursday morning, and Friday afternoon for appointments with specialists at the Clinic. The Clinic is now averaging 130 to 160 patients per week.

Patients are assisted with the public entitlement program process and paperwork moving individuals who qualify into these established programs. This allows the Clinic to provide services to those individuals who do not qualify for these entitlement programs, essentially, the working poor, individuals waiting for Medicaid approval, and low income individuals without prescription drug coverage who otherwise could not afford essential medications.

During the last three years, the Clinic provided free pre-employment physicals for those seeking employment. Last year it completed over 350 physicals and it can be documented that 280 or more individuals have secured employment. This service helps to make people productive and tax paying citizens.
The Volunteer Physicians Project of Schenectady, Inc., sees as its greatest successes: (a) achieving the continued goal of providing a total continuum of patient care from general to specialty care needs, and (b) impacting the community with healthier citizens.

The Project utilizes a combination of factors both within the organization and in the broader community enabling the Clinic to make the most of available funding and sustain viability. These factors include state and local health department support; strong community support, especially from seniors giving back to their community; collaboration among key community health care providers and other organizations; as well as a capable Board of Directors and project manager practicing effective business strategies. The Clinic reflects the fact that Schenectady has a dynamic and community engaged aging population.

Information on the Clinic is available by calling (518) 344-7067 or writing the Clinic at 600 Franklin Street, Suite 205, Schenectady, NY 12305.

Bill Spolyer has been Executive Director of The Schenectady Free Health Clinic since 2004. He has forty years of experience in healthcare management and is the former CEO and President of a 300-plus-bed general teaching hospital.
New Life Line in Greater Capital Region

By Ann DiSarro

Help has arrived in the Greater Capital Region for those who need information and perhaps a referral to non-emergency health and human services—United Way 2-1-1. This three digit dialing code can now be used by the 1.2 million residents in the 12 counties of the Greater Capital Region: Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington. The service operates Monday through Friday from 9 a.m. to 5 p.m., and plans call for it to be available twenty-four hours a day, seven days a week in the future.

To access the 2-1-1 call center, all you need to do is dial 2-1-1 on a land line phone or a cell phone. The call will be answered by operators who are trained to evaluate a caller’s needs and access information from a database of more than 1,000 agencies offering services in this region. Even the most knowledgeable people find it challenging to navigate the complex web of health and human services in our region, but 2-1-1 is there to help.

This service not only helps community members get answers and connect to health and human services, but has also proven valuable to the community in times of crisis or disaster. For example, during the ice storm in our region in December 2008, if United Way 2-1-1 had been operational, it could have been the number to call to find out where shelters were available in the community and to access other resource information.

United Way 2-1-1 also results in efficiencies and effectiveness in the human services delivery system because a great deal of information is gathered about what assistance people are seeking and where that assistance is and is not available. The primary reason people call the service nationally is for basic needs, amounting to nearly 43 percent of the calls. But since the fall of 2008, there has been a remarkable increase in the calls for income support and assistance. By knowing what the community needs, government and other funders can support that need.

United Way 2-1-1 is a national initiative; 75 percent of people in the United States have access
to the 2-1-1 service. The dialing code was approved by the FCC in 2000. In New York State, the initiative has been developing regionally for the past five years and now 93 percent of the state’s residents have access to the 2-1-1 service.

How it works
In the Northeast Region, United Way 2-1-1 operates out of a call center at Family and Children’s Services of the Capital Region, which is located in Albany and is supported by funding from the United Way of the Greater Capital Region and some funding from New York State, particularly to support the development of the system. The call center employs knowledgeable staff for database development and call operators. But United Way 2-1-1 is operated with the assistance of volunteers, a tradition that Family and Children’s Services has used since offering the Samaritan Hotline, which is totally staffed by volunteers.

In order to coordinate with existing services in the community, United Way 2-1-1 Northeast Region has created relationships with specialized services such as the Child Care Coordinating Councils, the NY Connects services operated by county Departments of Aging, and 9-1-1 services. The role of 2-1-1 is not to make systems more fragmented but to make the service system more connected. Many professionals working in health, human services, and government have found 2-1-1 services helpful for that reason.

“This service not only helps community members get answers and connect to health and human services, but has also proven valuable to the community in times of crisis or disaster.”

United Way 2-1-1 helps elderly and caregivers
Throughout the country, among the most common questions are those requesting information to help with problems encountered by the elderly and their caregivers. Because 2-1-1 offers the opportunity to talk to a professional operator who knows the services in the community, it can be a great support to the elder person or his or her caregiver. It is complementary to community directories and information obtained on the Internet. There is a great deal of “translation” that is often needed as well as advocacy.

Recent calls to United Way 2-1-1 Northeast Region illustrate the connection to service for those in need. A sixty-two year old woman, who has custody of her grandchildren, was having difficulty getting them to school, as she has COPD and asthma and required the use of an oxygen tank. She had contacted the school several times to get assistance without results. The 2-1-1 call specialist provided her with the phone numbers for the superintendent’s office and the transportation department and the grandmother was able to arrange a bus for them within a day.
One of the unique aspects of United Way 2-1-1 is that it operates in a call center that also runs the Samaritan Hotline. Because call operators have been trained to answer both call lines, a unique perspective can be given to calls such as a recent call from a caregiver for her parents. A woman had been taking care of her mother and father for years. Her mother passed away in 2006 and she called United Way 2-1-1 because she needed someone to talk with. Because of the long duration of her caregiving, family and friends had ceased being a help for her. She felt alone and trapped in her house. She also is an alcoholic. United Way 2-1-1 was able to listen to her emotional pain with non-judgment and compassion, and in the process, she felt less overwhelmed. By the end of the call, the caller agreed to practice some self-care such as preparing a good meal for herself and reaching out to her therapist the next day.

**Volunteers are needed**

Volunteers are needed to ensure that this service continues. United Way 2-1-1 Northeast Region has developed a strategy of using volunteers to supplement the 2-1-1 call specialists. The volunteers are given training and are supported by professional staff. In addition, United Way 2-1-1 is working with the community to gain the financial support necessary to ensure the future of the service in our region. Volunteering with the United Way of the Greater Capital Region during its community campaign can help increase the community’s support of this service. Interest in either of these volunteer efforts can be communicated by calling 2-1-1; another way 2-1-1 can connect the community—by connecting volunteers to a community need!

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Ann DiSarro was formerly Executive Director of Senior Services of Albany and is serving as a consultant on the United Way 2-1-1 Project.
Rooms
By Mary Armao McCarthy

These days my thoughts are full of rooms and homes and spaces, of how we define them and they define us, especially as time changes our needs and circumstances impact choices.

One favorite space in my life was Boston’s Four Seasons Hotel where my room overlooked the green depths of the city’s famous Public Garden. There for a business conference, I stayed an extra day because the travel brought on a vertigo attack. My son Mike, who lived nearby, stopped in to check on me. I assured him I was feeling better after resting, admitting, “I’ve spent the day going back and forth from reading in a chair to reading in bed.” Mike took in the room with its lush bedding and a wing chair angled in the bay window to look out on the park. “Mom,” he said, “if I had a room like this, I would never leave.”

“I watch a growing number of relatives and friends struggle with their own living choices while at the same time working to help parents who can no longer live independently.”

Sometimes when I travel, it seems I could stay on forever in a new room, a new place. I could just let the details of home recede and pick up a new, uncluttered life. When I got married, that’s basically what I did; leaving my old room behind at my parents’ house and moving on. It was the only time I was so blissfully unencumbered. Mom and Dad are still reminding me of some unclaimed items in their attic, even as time has somehow shifted and I am now asking my own grown children about things stored in my basement.

Choices
My husband and I are at the age where our house has unused rooms and our vocabulary includes such words as Empty Nesters and Downsizing. Some of our married friends have bravely taken the plunge and sold the homes where they raised their children to move into the convenience of apartments or condos. Others who are single or recently widowed have also relocated to more simple living. One friend used to startle us with her seemingly ruthless calculations of how long she could stay in her treasured house and when she will move. Her practical nature suddenly seems very appropriate as she juggles her needs and makes plans to meet them. My former next door neighbor passed away recently just short of her 100th birthday. When she was only in her eighties, Marion carefully chose a multi-tiered retirement community, auctioned the antiques she or her family were not keeping, and moved on.
All those homes, all those rooms, all those choices. It is so much easier when thinking about what others have done or should do. We bought a single floor ranch house twenty-five years ago. It is a good house, comfortable for raising children and now kinder to our aging knees and backs. Yet in conversations that flow with our rakes and gardening tools into corners of our yard, we marvel at how much maintenance there is, despite lawn service. As more housing options become available for retirees and seniors, we speculate on what choices might be best for us. Will we anticipate needs and plan early or fall into decisions as we go along? What will our finances allow? What will prevent our needs from creating hardships for our children? As one of the smartest people I know says, you research and implement best plans, but realize that part of life is always chance—or as he sums up unknown factors, “It’s a crapshoot.”

We helped care for an older friend of ours, Vera, in her final years when she transitioned from her own house to an assisted care apartment and then a nursing home. As is often the case for elderly seniors, a fall and hospitalization forced Vera to give up her house.

Vera never returned to her home, like a traveler who gave in to that impulse to stay on in a new place. I think it was easier that way. She didn’t have to hold each object from her past and make a decision about keeping or parting with it. We moved favorite pieces of furniture, books, and some keepsakes, and her attorney handled the sale of her home. On occasion, Vera would mention Freeman Road, and in her mind it was always a shadowy but friendly presence, waiting for her.

“All those homes, all those rooms, all those choices.”

I watch a growing number of relatives and friends struggle with their own living choices while at the same time working to help parents who can no longer live independently. My family and I attempt to coax my parents, who are in their nineties, into trying senior housing instead of their two-story house. And I wish it could be easier, that we could just turn the key into a new room, with new windows to bring in sunshine and breeze and views of new seasons. If only it could be that easy.

Mary Armao McCarthy of Albany has worked in education, state government, and public policy. She is a writer and past president of the Hudson Valley Writers Guild.
New York State—A Great Place to Grow Up and Grow Older

By Michael J. Burgess, Director, New York State Office for the Aging

When my kids were younger, we played a game in the car to see who could identify the most out-of-state license plates. In the summertime, you can probably see plates from thirty to forty states in a three-hour car ride. People often talk down the state of New York, but why is it that the parking lots in Lake Placid, Cooperstown, Niagara Falls, Chautauqua, Saratoga, the Finger Lakes, and Catskills are filled with cars from all over the country? The answer is that New York is one of the most beautiful states, with awe-inspiring mountains and hills, lakes big and small, and ocean beaches. Yes, the weather can be rough in the winter, but most of the year, New York exemplifies the beauty and variety of living with the four seasons.

This natural beauty is well-appreciated, but it only provides a backdrop to our lives here. When my grandparents came from a small town in Italy almost a century ago, they were looking for work and settled in Massena on the Canadian border. They also went there because many relatives and members of their community in southern Italy had emigrated to Massena. There was a large community of social support for them. They formed the Sons of Italy Club to stay connected, an organization that still exists today.

I have lived in New York State all of my life. Why do I stay? When I was younger I thought about moving to New England, but I didn’t want to be that far away from my parents and where I grew up. As I grow older, I am not intending to leave behind the place where I now live and have friends. Isn’t that the story for most of us? What is more important than the relationships in the community where we live, our families and friends?

New York State has so many small towns and cities where people are invested in the quality of life. Sometimes, people get frustrated with the loss of the community, buildings, and lifestyle we knew, but I see a lot of people working to make their communities better. Even though the buildings change, the connection to a network of caring, concerned people is most important.

Our Office has examined the demographics, and like other states, a growing part of the population is in their later years, particularly as we see the Baby Boomers become the Silver Boomers.
While the state has lost population among younger retirees, New York continues to experience an in-migration trend among the oldest population, beginning at the age of eighty. Many are coming back to their roots. They may return because they need the support of family members to remain living independently. They also may recognize the value of New York’s medical and community services and aging programs.

Older New Yorkers say clearly that they want to live independently and age with dignity in the community. I draw inspiration from so many older persons who are helping each other through organized volunteer efforts such as RSVP; the various volunteer efforts at the County, City and Town Senior Services programs; and the caregiver supports through County Offices for Aging and volunteer organizations such as Community Caregivers, Care Links, and Mercy Care of the Adirondacks.

“What is more important than the relationships in the community where we live, our families and friends?”

Spirit of innovation
We have aging in community innovations to be applauded in our state and here in the Greater Capital District. Many new ideas have been presented to the community by the active members of the Capital District Senior Issues Forum. The Albany Neighborhood Naturally Occurring Retirement Community (NNORC) is a model of collaboration and commitment. Our state is the birthplace of the NORC movement, where residents in suburban and urban areas who have aged in place come together to guide the development of services needed to remain living in their own homes.

Now we have to extend that spirit of innovation to plan and promote livable communities for older adults and residents of all ages and abilities and to build neighborhoods and communities of greater cooperation and interdependence. With the support of Governor Paterson, we have a multi-pronged strategy called NY@HOME which includes:

- **Supporting caregivers** to reduce the stresses of caring for a spouse, parent, friend, or grandchild. There are over 2.2 million family caregivers in the state who provide more than 80 percent of the long term care needs to residents. Over 140,000 households in the state are headed by a grandparent caring for grandchildren.
- **Home and community-based care services**, including respite and social adult day care, to provide help for families taking care of loved ones.
- **Economic security programs** like HEAP assistance with the costs of home heating, EPIC drug coverage, and real property tax relief.
• Health and wellness programs using evidence based interventions for those with chronic illnesses and increased use of screening programs available through Medicare.

• Civic engagement and volunteerism to tap the mushrooming older population as a resource to address social needs and problems. We estimate over 680,000 older New Yorkers are volunteering in the community; 31,000 serve in Americorps/Senior Corps programs like RSVP and Foster Grandparents.

Over 70 organizations across the state recently responded to our Office’s request for proposals for community empowerment projects. That response is a reflection of the collaboration occurring at the local level to plan for how our communities are eager to address the needs of older adults. New York’s network of caregivers, faith-based communities, health and social services agencies, and local governments are important partners with the Office for Aging to provide community-based security for aging in place.

It’s clear that it’s up to all of us to take control of the future in our communities. New York State has always been an innovator and a leader, blessed by natural beauty, but also by the diversity and innovation of our people, our most important resource.

Michael J. Burgess is Director of the New York State Office for the Aging.
The Great Hudson River Paddle, Albany

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IMAGES. This issue of CCQ uses images of features that make the Capital Region itself, as part of the historic and scenic Hudson River Valley Greenway, a special place. The cover has an image of the NYS Department of Environmental Conservation Five Rivers Environmental Education Center in Delmar, New York, which has many public education programs; an image of the Great Hudson River Paddle at Albany; and the 18th century Johnson Map.

CREDITS. The cover photograph of the Great Hudson River Paddle is by John Dennehey. The cover photo of Five Rivers Environmental Education Center is by Susan L. Shafer. The photograph by Dennehey and the following photographs of sites within the Greenway have been provided by the Hudson River Valley Greenway. The photographs of the Escarpment Trail on p.4, the Kaaterskill Clove on p.5, West Point and Storm King on p.6, Kaaterskill Falls on p.7, the Hudson River view on p.8, the Hudson River Palisades on p.11, the Escarpment Trail on p.12, the Old Dutch Church in Kingston on p.17, and the Gardens at Cranamoor, Katonah on p. 25 are by James Bleeker. The photograph of the Black Creek Trail on p.16 is from the Greenway staff. The photograph of Slide Mountain in the Catskill Park on p.18 is by Ognian Doytchinov. The photograph of the View from Black Head Mountain in the Catskill Park on p.20 is by Mark Castiglione. The photograph of the Artist at Washington Irving’s Sunnyside on p.23 is from Historic Hudson Valley. The photograph of the Great Hudson River Paddle at Albany on p.26 is by Robert Campbell.

This and past issues of CCQ are available in pdf format on http://www.albanyguardiansociety.org.
Organizations and their web sites that may be of interest to CCQ readers

Albany County Department for Aging
http://www.albanycounty.com/departments/aging

Albany Roundtable
http://www.albanyroundtable.com

American Library Council
http://www.lla.org/about

Capital District Regional Planning Commission
http://www.cdrrc.org

Center for Economic Growth
http://www.ceg.org

Civic Ventures
http://www.civicventures.org

Community Foundation for the Greater Capital Region
http://www.cfgcr.org

Federal Reserve Bank of New York, Buffalo Branch
http://www.newyorkfed.org/AboutTheFed/buffalo_branch.html

Fulton County Office for the Aging
http://www.fcoca.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.gia.org

Greene County Office for the Aging
http://www.greenegovernment.com/department/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_family_services.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/index.html

Schenectady County Department of Senior and Long Term Care Services
http://www.schenectadycounty.com

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.