



September 2009

Caring Times

TTN's Caring Collaborative Newsletter

"I was hospitalized for a week a few years ago and had to hire someone to bring me home and take me to appointments! What a boon this project is."

Debbie Harkins, CC member

To get help from the Caring Collaborative, email or call Laura Traynor

laura@thetransitionnetwork.org

(646) 823-6321

A Note for NYC Chapter Members from Charlotte Frank, Project Director, and Laura Traynor, Program Manager:

We would like to thank you for making this program so extraordinary, and appreciate your being the laboratory for this extremely important health support innovation.

Tell Us What You Think: CC Needs Your Feedback

We are approaching the final months of the TTN-CC demonstration project; grant funding concludes in December. We want to transition the pilot to a self-sustaining program. Since the CC was developed by and for TTN members, we are asking for your input to guide its future.

The TTN-CC has been a tremendous success. In less than one year we've grown and expanded in ways we did not imagine! More than 225 members from the NYC TTN chapter have joined and recorded 300+ hours of health service exchanges. There has also been a spillover effect - with more members talking about health concerns, coaching each other and

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pitching in to help one another - even outside the bounds of the formal Caring Collaborative.

Thanks to a grant from the New York State Health Foundation we were able to offer these services free of charge as part of the pilot program. But starting in 2010 the CC will have to stand on its own two feet. We have sought additional grant money to sustain and build the program but in these recessionary times this is especially challenging. We must look within the CC to keep the program operational.

Please take a few minutes to click on the link below to answer a very short survey to give us your thoughts about the value of TTN CC. If you have suggestions that are not captured in the survey, please forward them to laura@ttncaringcollaborative.org. Thank you for your time and consideration.

[Click here](#) for the Survey Link.

Haven't Attended an Orientation? Here's Your Chance!



Caring Collaborative Orientation session at the Federation of Protestant Welfare Agencies.

Two **Orientation** sessions are scheduled in September, one in the morning and one in the afternoon:

September 14th, an evening session at 6:00 pm;
September 21st, an afternoon session at noon.

Both sessions will be at the Federation of

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**Get a Free Alzheimer's
Screening**

Protestant Welfare Agencies on Park Avenue South, between 21st and 22nd Streets (Lexington Ave. #6 to 23rd Street).

Members must participate in an orientation session before they can join the Service Corps.

Click below to register for either of the two dates:

[Sept. 14 Orientation](#)

or

[Sept. 21 Orientation](#)

What's New in the CC Neighborhoods

We've had overflow meetings, with limited space that's not always been able to accommodate all our members who wanted to attend. Our coordinators make every effort to see that members who want to participate can join in the meetings. But we continue to need volunteers who will offer their homes for meetings.

If you would be willing to host a neighborhood group please contact Nora Bleich at london28nyc@yahoo.com or Anita Kane at kanes@nyc.rr.com. It's an easy way to help the Caring Collaborative thrive. Members arrive with food and drink and the conversation is always lively.



(Photo: Members of the Service Corps planning team for neighborhood groups. From left to right, group coordinators Anita Kane and Nora Bleich, Joan Riegel, Program Manager Laura Traynor and the host for our meetings, Livia Yanowicz.)

Neighborhood Meetings This Fall

Downtown - Wednesday, September 9 at 7:00 pm

Upper West Side - Wednesday, September 30 at 7:00 pm

Upper East Side - Monday, September 14 at 7:00 pm

The Downtown group will be discussing issues of balance. To reserve your space email Nora Bleich at london28nyc@yahoo.com.

The Upper West Side group will be looking at Attitudes Toward Wellness. To reserve your space email Anita Kane at kanes@nyc.rr.com.

To reserve space for the Upper East meeting, email Claire Harmon at claireharmon@gmail.com.

Our Own Dr. Diana Killip Speaks Out on Healthy Aging

Diana (right) has been an important part of the Caring Collaborative from its beginning. A graduate of the NYU School of Medicine, her career focused on internal medicine, cardiology and adolescent medicine. Now retired, she volunteers her time and expertise to such valued groups as the Citizens Committee for Children and Reach Out and Read. Diana lives on the Upper East Side with her husband, Tom, a cardiologist. She is the grandmother of twins.



Diana Killip, MD takes a no-nonsense approach to aging. As she sees it, the goal is to shorten the time between the onset of illness and death, a concept called the "compression of morbidity." Put another way, have as many healthy years as possible; prolong life and then die quickly. This means doing everything possible to combat frailty and disability. Diana recently discussed aging at a joint CC meeting with the Visiting Nurse Association when we announced our partnership with the agency.

Diana notes the lack of benchmarks for older people. Parents are told what to expect from their infants and children; teens are aware of developmental changes they are experiencing; we all had lots of advice through pregnancy and menopause. Then we drop off a cliff. As Diana says, "you're on your own after 50."

Over a lifetime, Diana notes, we are constantly adapting our identities to new circumstances, going from being a dependent child, moving to more independence as a student, then on to being a youthful careerist, and then full-fledged professional; adapting again from being a free-wheeling single to being a committed partner, to motherhood and then perhaps to being a grandmother. But when it comes to the later stage of life many of us are reluctant to make the necessary adaptations. For instance we see our identity being threatened when retirement takes away our professional standing and we no longer have the collegiality, satisfactions and the ego boosts that successful careers have fostered. None of the stops along the continuum fully prepares us for being without the identification markers of work and family. So it is essential

that a new identity be forged. Of course, groups such as The Transition Network can play a vital role in helping us create new patterns of living and promoting new colleagues who focus on the future.

She promotes the concept of "Anticipatory Guidance", that focuses on the ways we change as we grow older. This is particularly important for women. As Diana points out, statistics show that while women live longer than men, women as they age are much more likely to experience muscular and skeletal disabilities. Anticipatory guidance involves acknowledging that our reserves, our extra capacity, diminish with age. It may take longer to recover from a fall or other accident so steps should be taken to minimize the chances of these occurrences.

Diana engages the concept of being "metastable" that she first encountered in medical school to explain the state we're in. She characterizes it as being a penny-on-edge. As long as all conditions are stable we can be active and engaged, but any shift, can tip the balance. And since we are not as resilient as when we were younger we must focus on prevention. In the prevention mode we should seek to avoid accidents, and watch for early signs of illness and disease.

Finally, in line with the Caring Collaborative's mission, Diana insists that living a healthy independent life does not encompass a stubborn refusal to ask for help. "When stuff happens learn to get over it quickly and ask for the help you need." Diana's approach to growing older is just what the doctor ordered and it's what the Caring Collaborative is all about.

Diana's suggestions for ways to stave off frailty and disability:

- Walk, walk, walk -- with a goal of 10,000 steps a day (5 miles). And try walking down stairs, which is good for your bones.
- Wear shoes with good traction and that resemble the sole of a foot if you look at the bottom.
- Work on exercises that improve balance.
- Get on your bike and pedal for as many years as you can.
- Reduce sun exposure; this is not the time to get a glorious tan.
- Be sure you're not being over-medicated. Our tolerance for medication decreases with age. Overly medicated people are more likely to fall. Try reducing the dose of over-the-counter meds and ask your doctor about drug doses that seem high.
- Be careful when adjusting to a new eyeglass prescription that can affect depth perception and balance.
- Arrange storage so you don't have to crawl under the sink or get up on a ladder to get common supplies.
- When renovating your home think out a decade or more. Add support bars in the bathroom, the most dangerous place in the home. Install good lighting, remove loose rugs and look for ways to make your home accessible for those with impaired movement.

And if you are feeling useless or depressed try to turn the question around. Instead of asking what you are getting from life, ask what life needs from you. If this were your second time around would you still do the dumb thing you are

thinking of doing? No matter what your state there are things only you can do to fulfill what life needs. Get to it.

How to Make the Most of Your Doctor's Appointment

Time is short. We are under pressure to get as much information as possible out of our fleeting visits with doctors. To help us achieve this goal, the *New York Times'* personal health columnist **Jane E. Brody**, in a recent article, has some useful tips. She suggests that we write down our most pressing questions so we won't leave the office with our most vital questions unanswered. But pare down the questions to the essentials. A CC member presented a long list of questions to her doctor and was taken aback when the doctor's unfriendly response was "I have time for only five of these, so you pick." So, limit yourself to the most important questions, any don't show the list to your doctor.



Brody suggests that we do some internet research on the disease or condition in question and alternative treatments, although she cautions about the perils of "oversearching" since each case is different and it is our doctor's expertise that we are seeking.

The **Caring Collaborative** is right on target when it comes to Brody's suggestion that we bring along a friend or relative who can make notes and perhaps ask pertinent questions. As we've seen among our members it is commonplace for patients under stress to not fully understand what the doctor is saying and in some cases to draw completely unwarranted conclusions. Having a companion present helps ensure that the message is getting through.

Brody believes it's important for patients to initiate the conversation. She cited a specialist in doctor-patient communication, **Larry Mauksch** at the University of Washington, who suggests that patients set the agenda by starting the conversation with "I need you to know what I'm going through and what my questions are." This sidesteps a sometime professional tendency to focus on medical data that often goes over the head of the patient and fails address her concerns.

At the conclusion of the appointment, the patient should have a clear understanding of the proposed treatment and the instructions for her care. She should also know how to contact her doctor if side effects occur or if questions arise. Perhaps the doctor is available by email or questions can be referred to a nurse or other medical practitioner.

Finally, Brody emphasizes the importance of the patient being completely honest and forthcoming, even when the truth is embarrassing. If she hasn't followed the regime or medication plan her doctor must be told.

As a valuable addendum, CC member **Irene Porges** suggests that the patient write down the diagnosis, with the correct spelling, so that further research can be done. This seems to be one more reason for bringing a friend along to the appointment.

Our New Partnership with the VNSNY



Visiting Nurse Service of New York's Clinical Director Michael Soccio details partnership services available for TTN Caring Collaborative members.

In June we formally announced our partnership with the Visiting Nurse Service of New York with a new education series, Health Strategies for Women. CC member **Dr. Diana Killip** discussed new ways of thinking about women and aging. (More from Diana can be found in the interview with her in this issue.) **Michael Soccio, RN, MS** from VNSNY described the agency's home care services and explained how TTN members can tap into the VNSNY network. VNSNY has set up a special MD Hotline for TTN members to call when they are hospitalized to get assistance on discharge planning and after care services. The toll-free number is 1-866-MD-Calls.)

Our new VNS partnership envisions quarterly meetings where medical experts discuss with us such timely topics as Memory, How to Navigate a Hospital Experience, and Complementary Health Strategies.

For more information and updates on the VNSNY, [click here](#).

***The Visiting Nurse Service and the Caring Collaborative:
A Partnership for Healthy Aging.***

Tapping the CC Network: Dena Aubin Relates Her Experience

Dena Aubin has had two successful interactions with the Caring Collaborative. She relates her experiences this way:

I'm particularly interested in alternative sources of health care and was considering acupuncture for a painful problem. I called **Laura Traynor** and asked her to put me in touch with someone who'd had a good experience with it. She suggested **Karol Stonger** and although I'd never met her, Karol was very friendly, stayed on the phone with me for a while and answered all my questions. She helped me to relax about trying a new form of treatment.

Discussing a second interaction, Dena related that there was a procedure she'd been putting off for years. "When I went to the Caring Collaborative orientation, I found out that one of the things offered was people to pick you up after a medical or surgical procedure. That was the little push I needed. I called Laura and asked her to choose a week when someone could pick me up. She said, 'It's my job to get a volunteer when you need one. Just let me know when you get an appointment.' After I got a date, I let Laura know and I thought it would take a while for her to find someone, but she got back to me right away with the name of a Caring Collaborative volunteer who lives nearby - and everything went smoothly. The volunteer was friendly and supportive, met me promptly at the hospital and found me a cab for the trip home."



Karol Stonger shared her experience with acupuncture with Dena.

Answer Woman: Questions from Members

Answer Woman welcomes your questions. Please send them to the editor, Jane McCarthy at janebyemail@earthlink.net.

How do I join the Caring Collaborative?

All TTN members in New York City are eligible to join. We now have more than 200 Caring Collaborative participants. Basic information is on our Web site at [thetransitionnetwork.org/Caring Collaborative](http://thetransitionnetwork.org/Caring%20Collaborative).

Do I have to join a neighborhood group to belong to the Caring Collaborative?

No, it's an option for members who want to get to know Caring Collaborative members who live in their area.

What neighborhoods have local groups?

In Manhattan we have three neighborhood groups: Upper West Side, Upper East Side and Downtown. Groups in Brooklyn and Queens are in the process of formation. All Caring Collaborative members are welcome to attend any of the groups without reference to location. Groups generally meet quarterly.

How do I join a neighborhood group?

Send an email to Nora Bleich at london28nyc@yahoo.com or Anita Kane at kanes@nyc.rr.com to request being put on the membership list of one of the groups. Then you will be informed by email the date and location of the next meeting.

Why is attendance at an orientation session required before I can give or receive the Caring Collaborative services?

At the orientation members learn and discuss some of the critical aspects of providing service and giving services to others. Members discuss such issues as the need for confidentiality and the limits on services we can provide and the parameters for interactions among members. At the conclusion of the orientation members sign a member's agreement and they are set to provide services and receive help when needed.

Get a Free Alzheimer's Screening

The Alzheimer's Foundation of America will conduct memory screens on November 17 to promote early detection of Alzheimer's disease and related illnesses. Health care professionals provide confidential screenings; they are not a diagnosis but can indicate if another examination seems indicated. For details, go to www.nationalmemoryscreening.org.

Make the Caring Collaborative Your First Line of Defense.

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