



The Hamaspik Gazette

News of Hamaspik Agencies and General Health

MARCH '21 • ISSUE NO. 188



GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOU OR ANY FAMILY MEMBER HAVE DIABETES?

A. NO; B. TYPE 1; C. TYPE 2

Respond to: survey@nyshainc.org • 845-655-0667



HEALTH STAT

PREDIABETES: AS COMMON AS UNHEARD OF

| | |
|--|------------------|
| No. Americans with prediabetes | 88 million |
| Percent with prediabetes and unaware of it | 84% (74 million) |

Source: U.S. Centers for Disease Control and Prevention (CDC)



HEALTH TIP

SIMPLE STEPS TO PREVENT PREDIABETES

Prediabetes is high blood sugar—but not high enough to be called Type 2. To prevent it, do this: don't eat sugar or other processed foods, exercise daily, lose weight, don't smoke, reduce carbs, and drink more water.

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Does America Need a "Diet"-orium? More U.S. Dieters Today Than Decade Ago: CDC

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NYSHA Inc.
Published and Copyrighted March, '21
1 Hamaspik Way
Monroe, NY 10950

Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

A supervised residence for individuals who need out-of-home placement.

INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

Site Based: Day Habilitation Service delivered in an OPWDD certified facility.

Without Walls: Day Habilitation Service delivered in a community-based setting.

Stars Day Program: Day Habilitation Service delivered in an OPWDD certified facility for higher-functioning individuals.

COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

RESPIRE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

At-Home: Respite services delivered in the home of the individual.

After School: Respite program provided every day after school hours.

Sundays: Respite program provided every Sunday.

Legal Holidays: Respite program provided on all legal holidays when school is not in session.

Summer Break/Camp Neshomah: Full day respite program during the summer break weeks.

Stars Night Program: Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

Weekend Getaway: A weekend retreat for individuals receiving respite services.

Hamasmid: After-School program for mainstreamed individuals engaging in recreational activities.

SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

Fiscal Intermediary (FI): Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

Brokerage: Assisting individuals or their advocate in creating and managing their budget.

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

DOH

EARLY INTERVENTION (EI)

Providing a range of services to help young children (ages birth-3) who have a specific delay in their development.

Group Development Model (GDM): Providing Early Intervention services in a group-setting.

Therapy: Providing OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

Evaluations: Providing full evaluations to assess child's skills and development.

NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

Vehicle Modification (VMODS): Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

Assistive Technology: Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization

Vehicle Modification (VMODS): Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

Assistive Technology: Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only).

HAMASPIK CHOICE

MLTCP:

Providing: A managed long-term care plan (MLTCP) approved by New York State.

HMO/INSURANCE

ABA

Behavior modification services for children with autism.

Social Group: ABA service delivered in a group setting.

One on One: ABA service delivered on a one-on-one basis in the child's home or community.

HAMASPIK HOMECARE

LHCSA

Licensed HomeCare Services Agency .

Personal Care Services

Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, and screened, and are supervised by RN.

Support Services

Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

Nursing Services

Providing: skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

Training

Providing: free PCA training and competency testing for those interested in a home care career.

CDPAS/CDPAP

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

NYC HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

NYSED SERVICES

ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment.

NYSHA

ARTICLE 16 CLINIC

Providing: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

TRAINING SESSIONS

Providing: SCIP · CPR and first aid · orientation · MSC CORE · AMAP · annual updates · Com Hab/ Respite · Family Care · Supported employment

CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspik services

THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news.

OMH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

Community Psychiatric Support and Treatment: Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

Family Support and Training: Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

Psychosocial Rehabilitation: Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

Empowerment Services-Peer Support: Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

Habilitation: Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

Intensive Supported Employment: Assists to obtain and keep competitive employment.

Prevocational Services: Prepares for employment, developing strengths and soft skills that contribute to employability.

Transitional Employment: Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

Ongoing Supported Employment: Ongoing follow-along support when holding down a job.

CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

Prevocational Services: Designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment.

Caregiver Family Support and Services: Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

Community Self Advocacy Training and Support: Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

Community Habilitation: Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

Supported Employment: Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

Planned Respite: Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

Day Habilitation: Provides assistance with learning social and daily living skills in a certified agency setting.

● ► TRI-COUNTY CARE NEWS

The Support Nobody's Been Waiting For

An Inside Look at Delay-Free Care at Tri-County Intake

Nobody likes waiting.

And that's doubly true when it's special-needs supports and services for which you're waiting.

Fortunately, for families making that initial call for help, Intake Specialists at Tri-County Care also don't like waiting.

"TCC prides itself on being an extremely responsive CCO, so families know they will receive a call back to any inquiry within 24 hours," declares Shira Jacobs, Tri-County's Director of Intake and Outreach. "When a family or advocate reaches out to Tri-County Care, an Intake Specialist is immediately assigned to the case and begins working on the enrollment expeditiously. Tri-County Care has absolutely no waitlist for Care Managers; every single call is treated as an urgent case and receives the attention and responsiveness that every individual deserves."

With actual enrollment for services a process that can take some time, Tri-County's Intake Specialists

serve as personal concierges of sorts, prepping newcomers with all paperwork and information needed to complete that enrollment.

"We also have good relationships with each regional OPWDD office," adds Moshe Gluck, Tri-County's Director of Business Development, "so we can make things happen quicker."

Once upon a time, if you needed special-needs services for a loved one, you applied at your local state OPWDD office or non-profit provider and waited for state approval. Today, you first apply at a Care Coordination Organization (CCO) like Tri-County. You get a Care Manager. The Care Manager then matches your loved one with the services-providing agencies that'll serve him or her best.

But to get to that Care Manager, you must first traverse intake. To traverse intake, you must first enter intake.

And at Tri-County Care's intake, as VP of Operations Nechama

Nissenbaum puts it, "The door is wide open"—with staff beyond it standing by, ready to help.

Some 20 Intake Specialists man phones and desks from Albany through the Bronx down to Staten Island. All are well-versed in local and regional "nuances," says Director Jacobs—which she defines as evaluation-providing clinics, regional OPWDD office contacts, or any other needed family resources and supports.

Applicants with all the considerable paperwork completed are immediately assigned a Care Manager, the next-step staffer who supports individuals as they officially apply for OPWDD services.

But quite a few others—especially those in dense urban areas and rural upstate regions accessing services for their first time—need the support of that first staffer reached just to get them through the front door. That's especially true when they're new to the world of OPWDD services and need someone to walk them through the paperwork process. At Tri-County,

there's no waiting for any of that.

What's more, "Intake staff takes a person-centered approach when receiving a referral, and will outline a specific roadmap for the Intake process depending on each individual's case," elaborates Director Jacobs.

So, how do people hear about Tri-County?

Mrs. Jacobs attributes some of it to the agency's sheer size; Tri-County connects to the disability population in 25 counties statewide. More of it is due to the agency's outreach efforts and word of mouth, which combine to give it a good name. But, "a lot of it comes from Google," she confesses, where overwhelmingly positive reviews drive more families looking for services. "That's how people find out about everything today!"

"The common message from all these referral sources to new families," she concludes, "is always, 'Call Tri-County Care today. They are a lifesaver!'" ★

● ► PUBLIC HEALTH AND POLICY NEWS

Updated Federal Rule Will Let U.S. States Import Canadian Drugs

Select Meds to be Allowed Under the "Section 804 Implementation Program" (SIP)

Washington, D.C. — Lowering the cost of prescription drugs has long been one of the few issues that politically unite the overwhelming majority of Americans nearly universally.

In fact, according to a 2019 poll by the Kaiser Family Foundation, 78 percent of Americans overall favor allowing the purchase of prescription drugs from licensed Canadian pharmacies—including a full 75 percent of self-identified Democrats and Republicans alike.

It's no surprise, then, that major U.S. advocacy non-profits are now generally supporting the federal government's latest move in that direction. These include the influential American



PRESCRIPTION FOR LOWER PRICES? "804" PROGRAMS MAY CUT DRUG COSTS

Association of Retired Persons (AARP), American Medical Association (AMA), and the National Federation of Independent Business (NFIB), as well as Patients for Affordable Drugs Now.

The move in question is the federal government's recent finalization of rules on importing prescription drugs from Canada. (Select drugs from America's northern neighbor are generally

25 percent lower in cost than their U.S. counterparts.)

Under the rules, finalized in fall 2020, U.S. states are authorized to implement time-limited importation programs known as Section 804 Implementation Programs (SIPs). Under the "804s," states could launch SIPs which would bring in prescription drugs from Canada only.

But earlier this year, Canada's government said it would be unable to meet the U.S. market's needs without impacting access for Canadians.

According to Ottawa, the new U.S. rule might generate drug shortages in Canada, possibly creating higher prices for Canadian consumers.

Current law allows for the importation of certain drugs from Canada under defined, limited circumstances, and only if the U.S. Dept. of Health and Human Services (HHS) certifies that such importation poses no threat to the health and safety of the American public. ★

Hamaspik Gazette

Published and Copyrighted March '21 by:
NYSHA, Inc., 58 Rt. 59, Suite 1, Monsey, NY 10952
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Postmaster: Return service requested
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Happening in Health Today

SLEEP BETTER—WITH A HEAVY BLANKET: STUDY

Stockholm, Sweden — Sleeping with a blanket that has weights or other forms of bulk sewn into it may not just make you feel warmer and more comfortable—it can also reduce the severity of your sleeplessness, too.

That's the conclusion of a study by Sweden's Karolinska Institutet, which found that weighted blankets are a safe and effective intervention in the treatment of insomnia.

Researchers at Karolinska found that, in a randomized trial, insomnia patients with psychiatric disorders experienced reduced insomnia severity, improved sleep and less daytime sleepiness when sleeping with a weighted chain blanket.

Participants in the weighted blanket group were almost 26 times more likely to experience a decrease of 50 percent or more in their insomnia severity compared with the control group.

The study of 120 adults was published recently in the *Journal of Clinical Sleep Medicine*.

EXPERIMENTAL "SMART CELLS" MAY TREAT ILLNESS AT CELLULAR LEVEL: RESEARCH

Edmonton, Alberta — Therapeutic artificial cells being developed at the University of Alberta may one day bring "precision health" up (or is that "down"?), to a whole new level.

Chemists based at the school are working on a new type of artificial cell that can communicate with other cells within the body—with potential applications in the field of smart pharmaceuticals.

The artificial cells could be engineered to synthesize and deliver specific therapeutic molecules for specific conditions or illnesses at some point in the future.

The artificial cells work by detecting changes in their environment within the body. In response, the artificial cell creates and releases a protein signal that influences the behavior of other cells.

Artificial cells are defined as man-made cells that can chemically

communicate with and influence the behavior of natural living cells.

STUDY FINDS LOSING A PET OFTEN HITS CHILDREN HARD

Boston, Massachusetts — Not that a study is needed to confirm it, but mental-health researchers now say that the loss of a beloved pet may strike children hard.

According to a recent study by Massachusetts General Hospital's Center for Genomic Medicine, losing a "furry friend" may be a child's first encounter with death. What's more, kids who lost a pet were more likely to have poor mental health, the research team found. That link held true even after researcher compensated for other factors like childhood financial hardship or abuse.

The study also found that boys seemed to be affected more deeply than girls.

Researchers suggest that being aware of a child's emotions regarding pets is important in the event of a pet's

decline and demise.

Other unrelated studies have linked greater empathy, self-esteem and social skills to having a pet animal during childhood.

LARGE STUDY SUPPORTS LOW-COST FOUR-IN-ONE "POLYPILL" TO LOWER HEART RISKS

Hamilton, Ontario — For over a decade, doctors have been testing whether a cheap, all-in-one combo pill could make it easier to prevent heart disease, the top killer worldwide.

But now, researchers say that a low-cost daily "polypill" combining four cholesterol and blood pressure medicines taken with low-dose aspirin can cut the risk of heart attacks, strokes, and heart-related deaths by nearly one third. The pill contains drugs atenolol, ramipril, hydrochlorothiazide, and a cholesterol-lowering statin.

In a large international study on over 5,700 middle-aged people, primarily in India and the Philippines, the polypill plus aspirin reduced heart-related

problems and deaths by 31 percent.

At least half a dozen companies sell polypills outside the U.S., including several in Europe.

The study was published in the *New England Journal of Medicine*.

NEW DISCOVERY ON HOW THE BRAIN FORMS SENSORY MEMORIES

Munich, Germany — A new study by the Max Planck Institute for Brain Research has identified a part of the brain called the *thalamus* as a key source of signals that record past experiences in another part of the brain called the *neocortex*.

The brain's neocortex records signals collected by our eyes, ears and other senses.

But to perceive and interact with our environment, the brain needs to interpret those sensory signals against the backdrop of our recorded previous experiences. This it does in the thalamus.

Using lab mouse experiments and tests, Max Planck researchers determined that inputs from the thalamus prominently encode the learned behavioral relevance of sensory signals.

Research also identified a previously unknown mechanism that can finely tune the information along this pathway, identifying a specialized type of neuron in the top-most layer of the neocortex as a gatekeeper of signals from the thalamus. ★

RESEARCH SUGGESTS THAT CHILI PEPPERS MIGHT LOWER RISKS OF CARDIOVASCULAR DISEASES, CANCER

Dallas, Texas — According to a new study, people who regularly eat chili peppers could have longer lifespans.

The study, carried out by the American Heart Association (AHA), reviewed over 570,000 individual health records from the U.S., Italy, China and even Iran. Those records were spread across several thousand studies from years past that scrutinized participants' diets and health.

Researchers believe that benefits may be due to the fruit's anti-inflammatory, antioxidant, anticancer and blood-glucose regulating properties—all of which play a role in reducing risk of dying from cardiovascular disease or cancer.

People who ate chili peppers



EAT THAT! RESEARCH NOW LINKS CHILI-PEPPER CONSUMPTION WITH LONGER LIFE

regularly had "a 26-percent relative reduction in cardiovascular mortality; a 23-percent relative reduction in

cancer mortality; and a 25-percent relative reduction in all-cause mortality," according to the AHA. ★

HAKTANIM, A GIANT LEAP FOR SMALL MANKIND!



HAKTANIM is dedicated to giving supportive care and entertainment to children (aged 2-6) with special needs.

With trained, Yiddish speaking, staff members for each child, a variety of enriching activities, and carefully planned group trips, Haktanim is sure to become each child's home away from home.

BOYS AND GIRLS: AGES 2-6

CALL US
718.387.8400 X 5250
for information and enrollment

A Project by Hamaspik Kings

Hamaspik Twilights™ is a full suite of after school and weekend programs, each distinctly designed for various age groups and life stages within the OPWDD community.



AFTER SCHOOL PROGRAMS

Powered By  Hamaspik

● ► HAMASPIK NEWS

A First Resort: NYSHA Gets Hotel of Its Own

Groundbreaking Purchase of Upstate Hotel Complex to Support Statewide Hamaspik Communities Year-Round



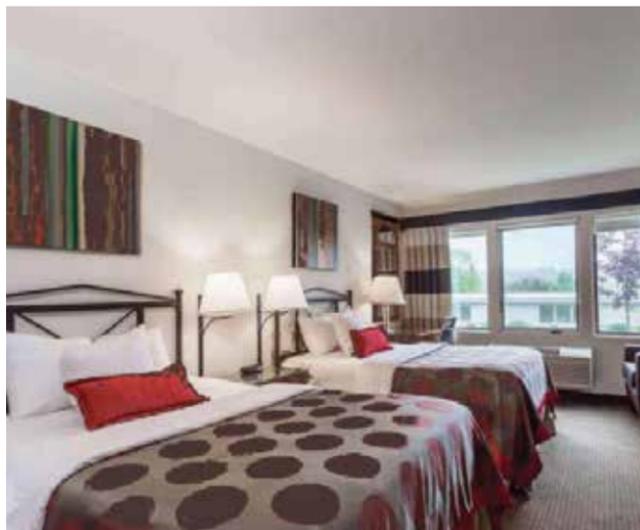
GRAND ENTRANCE: THE CENTER'S LUXURIOUS LOBBY



CHARGING STATION: INSPIRING TALKS WILL FILL THIS BALLROOM



WATERS OF REJUVENATION: A FULL-SIZE PRIVATE POOL ON SITE



SLEEPING ON IT: A SPACIOUS AND RELAXING TYPICAL GUEST ROOM

The New York State Hamaspik Association (NYSHA) can now boast another breakthrough in a long line of community firsts: A full private luxury hotel complex under its own ownership.

The sprawling resort facility in the heart of the bucolic Catskills, formerly The Sullivan Events Center and the Ramada Rock Hill, will be used by the NYSHA family of agencies in support of the communities they serve.

The hotel boasts spacious rooms available in several sizes, an indoor pool, a fully-outfitted fitness center, and, most significantly, a state-of-the-art kosher commercial kitchen courtesy of the two elegant restaurants formerly on site.

All combined, the features form the perfect retreat center that the communities supported by Hamaspik have long needed. (For its part, NYSHA

would never settle for anything less than perfect.)

A well-lit atrium comprises the hotel's airy front entrance, with a crescent front driveway leading guests straight to its sliding double doors. Once inside, a roomy lobby, crowned by a cozy corner fireplace, is headlined by a sizable front desk where guests can be expeditiously checked in.

Doors to the lobby's left open to the center's crown jewel—a cavernous ballroom perfectly capable of seating hundreds in luxury and elegance. That 5,250-square-foot chamber, boasting gilded lighting from its decorative 14-foot ceiling and walls, is rated for banquets up to 350 diners.

But beyond the banquet hall lies another primary draw: hallways flanked by dozens of fully-appointed and luxurious guest rooms all ready

for immediate occupancy. No major renovations are planned, a high-ranking NYSHA staffer tells the *Gazette*.

With the Hamaspik family of agencies now serving thousands of people statewide, NYSHA realized some time ago that it could use a hotel facility of its own.

For years, Hamaspik had been renting various hotels and retreat centers across the region—a fact fraught with considerable research, planning and scheduling.

The acquisition eliminates all those logistical hindrances, bringing together as it does availability, kosher catering, privacy and, most importantly, accessibility in one integral location. Ask anyone who's ever coordinated a retreat and they'll tell you: Like playing a

visiting team at your home field, there's nothing like hosting an event on your own grounds.

Now, Hamaspik's highly-sought-after weekend retreats for parents, which have inspired caregivers year after year, will be able to take it to yet another level—out of the comfort and flexibility of its own hotel home base.

What's more, it's been decades over which the Hamaspik family of agencies has shared positive, professional and mutually beneficial relationships with public servants at all levels—a fact it looks forward to replicating in working with Sullivan County officials in completing the new acquisition.



Hamaspik had always settled for nothing less than the best. But now, having hosted weekend getaways for its constituent communities for several years now at other facilities, the Hamaspik family has much more opportunity for said with one of its own.

With the facility having become the newest real estate to join the Hamaspik family, each of NYSHA's agency members—the Hamaspiks of Kings, Orange and Rockland Counties—are now free to apply for group events of their own.

Those retreat events will primarily be hosted over weekends, with guest groups to consist of individuals and event their devoted parents. Weekday getaways for individuals are also on the agenda,—with more to come!

The hotel may also be used on a per-case basis by other non-profit groups and agencies. However, with its mission now to service and support the communities served by Hamaspik across three populous New York Counties, the hotel will remain closed to the general public.

So what the most exciting thing about the new center?

Ask any Hamaspik employee, and they'll essentially tell you: Being able to serve our individuals in a different way and a better way.

And with those individuals now numbering in the thousands and constantly growing, that Hamaspik service now boasts yet another shining address. ★

We've got you. Covered.

The days of making dozens of calls are over. Tri-County Care will help you apply for Medicaid during the enrollment process.

We double down to get you enrolled, no matter what.



Tri-County Care

**Coordinating care for
individuals with special needs.**

Boro Park
3611 14th Ave

Williamsburg
295 Division Ave

Five Towns
700 Rockaway Tpke

Monsey
58 Route 59

Kiryas Joel
1 Hamaspik Way

Staten Island
260 Christopher Ln

Tri-County Care is a New York State Hamaspik Association (NYSHA) product.

TriCountyCare.org • 844.504.8400 Ext. 2

► HAMASPIK NEWS

Hamaspik Rockland's After-School Respite (ASR) Program Taking it Literally to Next Level

Additional Third Floor Built on Roof of Existing Day Hab Building; New Facility Allows Expanded Programming

A spanking-new facility, consisting of no less than an entire floor practically plopped down on the head of an existing two-story building, is brimming wall-to-wall with the latest and greatest in therapeutic technology. The new facility was recently formally inaugurated by Hamaspik founder Meyer Wertheimer, who came by to affix a mezuzah to its main entrance.

The program in question, After-School Respite (ASR) is one of Hamaspik's longest-running, most-successful and most-popular initiatives in the disability communities it serves across the Hudson Valley and downstate.

And now, Hamaspik of Rockland County has geared up to take all of that to the next level.

Designed from the get-go with Respite in mind, the floor features activity rooms and "classrooms" of



OPENING DOORS AT THE TOP: HAMASPIK FOUNDER MEYER WERTHEIMER PUTS UP THE FIRST MEZUZAH WITHIN THE NEW FACILITY'S FOUR WALLS

several sizes, the better to accommodate the daily post-school-day program.

Perhaps mirroring that expanded and enhanced facility, and from the ground up, is the building's basement "extreme makeover." That interior construction project transformed a

gloomy, unused and cold open space into a zone of warmth, color, growth and life—and one brimming with daily activity, too.

Rounding out that revamp is the complete overhaul of the building's backyard—turning what was once a narrow strip into a colorful outdoor stimulation area, complete with soft



EXEC. PLACEMENT: HAMASPIK ROCKLAND EXEC JOEL FREUND MOUNTS A MEZUZAH

outdoor artificial turf, a sand table, and even a relaxing waterfall.

Hamaspik of Rockland's "Respite Boys" now have something new to look up to. Literally. ★

For more information, please contact our Intake Department at 845-503-0200 or intake@hamaspikrockland.org.

Heating Those Cold Winter Nights With Post-Shabbos Warmth

Hamaspik Orange's ShabbaFun Respite Program Now Running Saturday Nights

It's Shabbos. It's fun. It's ShabbaFun! Although it's not summer now, when the long day lets you run a kids' afternoon program on Shabbos that's fun, Hamaspik of Orange County is still running ShabbaFun. Only now it's unfolding every long winter Saturday night.

Despite being eminently walkable, "K.J." (as it's locally called) is still enormous—necessitating post-Shabbos transportation. A scant 45 minutes after the nightfall Shabbos conclusion, buses collect gaggles of giggling kids demonstrably failing to contain excitement for the evening ahead. They're chauffeured to 5 Lizensk Blvd., where they'll be imbibing loads of socially-distanced and bemasked fun in a spacious multipurpose room rented by Hamaspik.

After a post-Shabbos Havdulah ("Separation") ceremony, the program segues straight into a campfire-like singalong, complete with free solos at the mic for all.

One of two interactive activities follows—either a clown show, science demo or the like, or a crafting activity like beading or candle-making. Next comes a sit-down dinner.

But most significant is parental feedback, reports Director Mrs. Loeb.

Parents report getting desperately-needed respite for common post-Shabbos activities like shopping—as well as Shabbos afternoon naps while their kids nap for ShabbaFun energy later!

But ShabbaFun also reports two miracles: One, a semi-nonverbal child now marking each Shabbos morning chattering about ShabbaFun; and two, another child building increasing tolerance to lights, music and socialization thanks to constant healthy exposure at ShabbaFun. ★

For more information, please contact Mrs. Loeb at tloeb@hamaspikorange.org or 845-774-0332.

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► HEALTH NEWS

Musical Kids Have Better Attention, Memory Than Kids who Don't Play Instruments

Study Uses Scans, Tests to Find Improved Brain Function in Serious Young Musicians

Santiago, Chile — If you need an excuse for your son to play trombone, here's just about the best one in a while. Ready?

A South American study now finds that kids who play musical instruments—and we're talking playing well, as in reading notes and performing classical compositions in groups—have markedly better attention skills than kids who don't. The comparison study also found that instrument-playing kids have better short-term memory than non-instrument-playing peers.

To come to those conclusions, researchers at the Santiago, Chile-based Centro Interdisciplinario de Neurociencias first recruited a group of 40 boys and girls ages ten through 13. Twenty were recruited from public schools and another 20 from various



HITTING THE RIGHT NOTES: FLUENCY IN THE LANGUAGE OF MUSIC MAKES KIDS SMARTER

youth orchestras.

For purposes of the study, "musician" was defined as having someone having

taken formal lessons for at least two years, practicing at least two hours a day, and playing in an orchestra. (Twelve of

the 20 played violin.) All 40 also had similar socio-economic and parental-education backgrounds and IQs.

The kids were then subjected to sound and visual response tests while inside MRI machines, with researchers to study their brains' live reactions.

While inside the machines (with mirrors supplied to allow them to see a screen outside), kids had to press a button either upon hearing a chord in a four-second melody or upon seeing a red line among flashing black lines—or to pay attention to both, or neither.

Upon later comparing all brain scans in great detail, researchers found that the musically trained children had: more correct responses; better memory-task performance; and higher activation in 15 different brain regions. ★

| HEALTHY EATING | | | |
|---|--|---|--|
|  <h2>EGGPLANT</h2> | <p>MEDIUM YIELDS: 4-6 SERVINGS</p> <p>READY IN: 0:45</p>  <h3>Mock Chopped Liver</h3> <p>THIS RECIPE IS GREAT FOR FILLING CREPES—PLUS, IT FREEZES GREAT, TOO!</p> <p>INGREDIENTS:</p> <ul style="list-style-type: none"> • 3 onions, diced • 1 eggplant, peeled and sliced • 6 hardboiled eggs • 1 tsp salt • 1 tsp black pepper <p>DIRECTIONS:</p> <ul style="list-style-type: none"> • Sauté diced onions and sliced eggplant • When cool, blend together sautéed onions, eggplant, and eggs • Season with salt and black pepper to taste | <p>EASY YIELDS: 1 QUART</p> <p>READY IN: 0:30</p>  <h3>Marinated Sautéed Eggplant</h3> <p>INGREDIENTS:</p> <ul style="list-style-type: none"> • 1 eggplant • 1 red pepper • 4 cloves garlic • 1/2 cup sugar • 1/2 cup vinegar • 1 tsp. salt • 1/2 cup oil <p>DIRECTIONS:</p> <ul style="list-style-type: none"> • Cube eggplant and red pepper • Heat oil in frying pan; sauté eggplant and red pepper • When cool, toss with rest of ingredients | <p>EASY YIELDS: 4-6 SERVINGS</p> <p>READY IN: 0:40</p>  <h3>Eggplant Ratatouille</h3> <p>PAIRS PERFECTLY WITH FISH OR ANY TYPE OF MEAT!</p> <p>INGREDIENTS:</p> <ul style="list-style-type: none"> • 1 onion, diced • 1 crushed garlic • 2 tsps. olive oil • 1 eggplant, cubed • 1 green squash, cubed • 1 red pepper, cubed • 1 tsp soy sauce • 1/2 tsp salt • 1/2 tsp black pepper • Sesame seeds <p>DIRECTIONS:</p> <ul style="list-style-type: none"> • Heat oil in a medium-sized saucepan • Sauté onions and garlic until translucent • Add eggplant, squash, and red peppers • Cover pan and simmer for 15 minutes • Stir in seasoning and soy sauce; cover and simmer for another 20 minutes • Garnish with sesame seeds |
| | <p>CHEF'S TIP:</p> <p>To remove the eggplant's bitter flavor, slice and sprinkle salt on both open faces. Let salt sit for 20 minutes, then rinse well.</p> | | |
| | <p>BENEFITS:</p> <p>Eggplant contains an impressive across-the-board array of minerals and vitamins, including copper, fiber, folate, magnesium, manganese, phosphorus and potassium, as well as vitamins C, K, and B6, thiamin, niacin, and pantothenic acid.</p> | | |
| | <p>© 2020 Recipes by Mrs. Chana G. Laufer</p> | | |

The Autism Update

News and developments from the world of research and advocacy

LANDMARK NEW YORK DISABILITY MUSEUM GOING OUT OF BUSINESS



HISTORY TAKES AN ADVERSE TURN: BUFFALO, NEW YORK'S MUSEUM OF DISABILITY HISTORY CLOSING DUE TO COVID-19

Buffalo, New York — Chalk up another grim casualty of the coronavirus. After 22 years of operation, the Museum of disABILITY History, located in Buffalo in Western New York, has sadly closed for good.

The closure was partially due to the financial strain caused by the COVID-19 pandemic—with the remaining cause

being lack of adequate dedicated funding.

The museum's mission was to improve the understanding, acceptance and independence of people with disabilities. Located in a former volunteer fire company building, the facility was believed to be the only brick-and-mortar museum nationally that featured

exhibits and artifacts highlighting the history of individuals with disabilities. It attracted about 2,000 visitors annually.

Currently, the museum is working with existing disability groups like the Self-Advocacy Association of New York State (SANYS), to adopt some of the museum's exhibits. ★

average of 16 percent within one year after implementation.

AUTISM IN NEWBORNS MAY BE DETECTED WITH COMMON HEARING TEST

Miami, Florida — The auditory brainstem response (ABR) test is a standard procedure performed in the hospital on millions of newborns each year. It checks for healthy hearing.

But now, researchers at the University of Miami are looking into whether the ABR test might be recalibrated to function as a test to detect autism in newborns.

Scientists have known for years that hearing and other sensory systems of adults and children with autism are different than those of typical children or adults. Here, researchers compared nearly 140,000 baby auditory recordings to public records on kids with autism—finding that newborns diagnosed later in life with autism had slower brain responses during their ABR tests.

If researchers' plans work out, the modified test would become a tool to reliably diagnose autism at a very early age.

STUDY FINDS TWO COMMON GENETIC TESTS MAKE MAJOR DIFFERENCE FOR KIDS WITH AUTISM

Dallas/Houston, Texas — A joint study by two Texas-based medical institutions finds that two common genetic tests lead to helpful medical information for kids with autism.

The study by the Dallas-based Baylor College of Medicine and the Houston-based Texas Children's Hospital found that CMA and Fragile X tests led to medical recommendations in 72 percent of children tested.

Positive results from chromosomal microarray (CMA) and Fragile X tests resulted in parents getting valuable medical recommendations. Those included managing potential seizures, or referrals to specialists in endocrinology, metabolism, sleep issues, ophthalmology and audiology.

The American Academy of Pediatrics (AAP) and other medical groups recommend the CMA and Fragile X tests for all individuals with autism.

STUDY: AUTISM RISK LINKED TO FREQUENT DOCTOR VISITS

Durham, South Carolina—According to a study in the journal *Scientific Reports*, one relatively simple way to spot young children at risk for autism is to just look closely at their medical records.

Research at Duke University now suggests that kids later diagnosed with autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) have notably more doctor and hospital visits during their first year of life compared to kids without those disorders.

The study was based on a review of ten years of electronic medical records for almost 30,000 kids, each of whom had at least two check-ups before age one.

The study found that kids ultimately diagnosed with autism, ADHD or both tended to have longer hospital stays at birth. Those with autism also had more procedures like intubation and ventilation, and kids with ADHD had a higher number of procedures like blood transfusions.

STATE ABA COVERAGE REQUIREMENT CREATES MORE ABA THERAPISTS

Boston, Massachusetts — A joint study by Harvard Medical School and the RAND Corp. think tanks confirms what has long been common sense: States that require private insurance companies to cover the expensive applied behavior analysis (ABA) therapy for children with autism have seen an increase in ABA providers.

Research also finds that states with the most-required coverage also have the greatest increase in ABA-providing board-certified behavioral analysts (BCBAs).

Most states, including New York, mandate at least some insurance coverage for ABA.

Researchers looked at public-health data for the 44 U.S. states in which an ABA insurance requirement was implemented between the years 2003 to 2017—comparing BCBA workforce sizes before and after each implementation year. They found that said workforce had grown by an

MID-RANGE IMMUNE RESPONSE IN NEWBORNS MAY PROTECT AGAINST AUTISM

Stockholm, Sweden — Autism research at Sweden's Karolinska Institutet shows that the lowest risk for autism spectrum disorder (ASD) is associated with mid-levels of an immune marker measured at birth. The study mainly found that too much or too little of that marker was linked to increased risk of autism.

The study hinges on the idea that the developing brain may be particularly vulnerable to disturbances in immune signaling and exposure to inflammation.

Researchers looked at *acute phase proteins*, the immune system's first line of defense against infections. These proteins constantly patrol and monitor the bloodstream for signs of invasion, increasing rapidly in number upon exposure to infection.

By comparing blood samples from 1,000 babies later diagnosed with ASD against those not, researchers found that those with high levels of *C-reactive protein* (CRP) were at highest risk for ASD. ★

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MY HUSBAND'S HEALTH IS DECLINING. I'M TOO BUSY WITH HIS WELLBEING

TO REMEMBER SHAINDY'S GRADUATION OR PLAN TULI'S BAR MITZVAH. WHO WILL BE OUR SHLIACH OUT OF THIS?

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Hamaspiik of Kings County Launching Early Intervention Division

They meet the expectation of exceeding expectations. Hamaspiik of Kings County is launching a new division centered solely around Early Intervention (EI), and is seeking to fill important positions.

“The earlier a child gets services, the better the chances of impact are,” says Mrs. Chana Baila Horowitz, Early Intervention Director at Hamaspiik of Kings County. “We need to have suitable professionals.”

“Good treatment is only as good as the evaluation,” explains Mrs. Horowitz. “If the assessment isn’t good, you don’t have clear goals. We are seeking good evaluators that have a good grasp on many aspects of child development,” she says. “In addition, we are actively filling the positions of therapists specializing in OT, PT, special instruction, vision and nutrition.”

Hamaspiik of Kings County is not just providing one service for parents. In typical Hamaspiik fashion, they’re combining Early Intervention Service Coordination with Care Management.

A Service Coordinator arranges

anything a child may need in relation to Early Intervention. A Care Manager, on the other hand, arranges everything a child may need in all aspects of their life. They coordinate all medical necessities like obtaining appointments, finding specialists, arranging transportation and more. With this combined service, parents can step back and receive complete assistance.

“Service coordinators with knowledge in Care Management are hard to come by. Anyone with the above requirements is encouraged to reach out to us,” says Mrs. Horowitz.

Hamaspiik is introducing a new level of comfort for parents, by offering this new service. Previously, when one’s child with special needs ceased to receive Early Intervention services, they had to enroll into a new program. Now, parents can enroll their child into Hamaspiik’s Early Intervention at birth and continue receiving services for the rest of their child’s life span.

For job opportunities, please reach out to CFriedman@hamaspikkings.org.

A Torah-Celebrating Family



MAKING THE TORAH AT HOME IN THEIR LIVES: CLOCKWISE FROM TOP LEFT, FORSHAY BRIDERHEIM RESIDENTS MOSHE, ARI, DAVID AND ELIEZER EXULT IN THEIR ACHIEVEMENT

Remembering a Friend’s Loved One Through the Torah’s Timelessness

For close to 20 years, Hamaspiik of Rockland County’s Forshay Briderheim IRA has been through a lot, good and otherwise.

Several years ago, those family bonds were tested when the father of Forshay’s very own Ari passed away. This past late fall, with in-house social-distancing regulations long the standard default and societal norm, those bonds came to the fore again for the best of reasons.

After weeks of study, the Forshay “boys” celebrated the mastery of a volume of the Mishnah, history’s first recorded interpretation of Torah (Jewish Bible) law. The specific volume, addressing the Sukkos holiday laws, invoked the memory of Ari’s father, who had died right after Sukkos. (Beloved late resident Moishy Sternberg was also mentioned; residents are currently studying another volume of Mishnah for his upcoming first yahrzeit.)

The event began in the dining room,

as the gentlemen—in formal Shabbos attire—studied the last paragraph of Tractate Sukkos, formally finishing the volume. Celebrants at the socially-distanced event, which was limited to the residence in keeping with current coronavirus regulations, then sat down to a festive meal.

Residents were addressed by a “keynote address” brimming with words of encouragement and inspiration. Each resident was also bestowed with a personal gift, too, honoring their academic and scholarly efforts and commemorating their achievements.

The program then turned to a few shared memories of Ari’s youth, further familiarizing the group with Ari’s childhood.

Upon conclusion of the uplifting and inspiring event, the “boys” retired for the night—joy-filled hearts recharging for another day at Forshay.

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A Peek Into Achosainu Academy

Building Skills, Confidence and a Future, One Individual at a Time

Balancing fun and education is an art. Achosainu Academy truly mastered it. Hamaspik of Kings County's academy for individuals with special needs provides their girls entertainment while building their life skills. They prepare them properly for the future.

At Achosainu, every activity, trip and specialty course, has a deeper purpose and end goal that spurs the girls to reach higher. They accomplish multiple goals at once, forever believing in the ability of the individuals. While learning computers, the girls create a complete recipe book, integrating their typing, cooking, photography, and graphic design skills. Upon completion, they will master four skills simultaneously, and can be proud of their beautiful masterpiece, their very own recipe book!

They don't ever have specialty courses purely for entertainment, although that is a goal in of itself. They learn hands-on important skills that really prepare them for their future, like guiding them for job sites while they're out on trips, and teaching them practical solutions during math class.

Specialty courses like table setting, gift wrapping, party planning, and playing on the keyboard are just a fraction of what Achosainu members have completed and enjoyed. They were taught important skills like first aid and CPR, that have taught the girls how to respond in emergency situations. Achosainu members learn daily skills too, like home economics, computers, sewing, social skills, job site skills, community integration and more.

"Everything we do is with variety and with an end goal in mind," says Mrs. Esty Taub, Program Director of Achosainu. "If it's cooking class, we'll do one week Fleishig, one week Milchig, and one week Pareve. We don't do it to merely fill time!" She exclaims passionately, "We want the girls to really have the cooking skills necessary to cook on their own."

Achieving what no one thought possible is the norm at Achosainu. Previously, finding a job was the biggest challenge for the individuals. Achosainu didn't only arrange a job for each individual; they sought to understand what their passion and dream job was and provided one accordingly. Whether they liked working with children or in a store, they coordinated it all. Achosainu is the place where these girls actually shine and succeed.

"Our only goal is that they should be happy, young and productive adults," says Mrs. Esty Sperber, Assistant Program Manager.

When Mrs. Esty Taub, Program Director, was asked what is the main driving factor behind their amazing success, she stated simply, "We believe in them."

To further prove her point, she related, "Whenever I sign up our girls to specialty programs, the course creators are all very skeptical. As the course progresses though, they see first-hand the capabilities of the individuals, and are blown away. We did makeup, music, and photography courses to name a few, and the course creators couldn't believe that the girls can do such a great job. If you believe in them, and push them beyond their limitations, they accomplish a lot!"

Mrs. Esty Sperber, assistant program manager adds that because the individuals get the proper guidance how to process their emotions, they can achieve so much. Achosainu molds them into happy, functional young adults. One of the ways they accomplish that is through Social Circle, a time when all individuals get a chance to share and process their emotions.

"I love Social Circle, because I give out my feelings," says Chavie (name changed for privacy), an Achosainu member, when asked what her favorite part of the day is.

"Social circle calms me down," adds Chumy (name changed for privacy), another individual.

Indeed, the girls have come far since joining Achosainu. Their growth and accomplishments are incredible!

"When most of the individuals joined us, they couldn't sit still for more than a half a minute," Mrs. Esty Taub recalls. "Today, they can sit for a half an hour without any issues at all, and groan when they have to stop their lesson. Girls that didn't know basic math, have now amassed a tremendous amount of knowledge and can use it practically in daily life."

With the constant good cheer, warmth and encouragement, it is no wonder that they have attained so much! The positive and motivating atmosphere in Achosainu is evident in their achievements. The staff's compassion and devotion to each individual, helps the girls strive for their goals and then thrive upon successfully meeting them. ★

Enabling Prayer



INCLUSION: HAMASPIK KINGS "DAY HABBERS" LEAD LOCAL SYNAGOGUE SERVICES (L) AND—DECKED OUT IN TEFILLIN (PHYLACTERIES)—HOLD THE REVERED TORAH SCROLL

Labors of Their Fruits



CUTTING IT: RESIDENTS AT HAMASPIK KINGS' SOUTH 9TH IRA BOAST FINE FRUIT ARTISTRY

Hop and (Possibly) Bear It



STUFFED WITH JOY: AFTER A SOCIALLY-DISTANCED OUTING, KINGS "DAY HABBERS" GO HOME FROM BUILD-A-BEAR WITH (L) A BUNNY AND (R) A HARD-TO-IDENTIFY SPECIES

Public Health and Policy News

imagining things if it seems to you that more and more people are on diets today than they were a decade ago.

According to the U.S. Centers for Disease Control and Prevention (CDC), a higher percentage of Americans in 2017-2018 say they're on diets designed to reduce weight or improve health reasons than they did in 2007-2008.

The new CDC survey found that 17 percent of Americans reported being on diets, while only 14 percent ten years prior reported the same.

But over the same period, U.S. obesity rates rose from 34 to 42 percent.

What's more, the report notes that about half of American adults have diet-related chronic conditions, like diabetes and heart disease, which some try to manage by watching what they eat.

The report also found more women on diets than men, more whites on diets than blacks, and more people age 40 and up on diets than those ages 20 to 39.



WHEN FOREIGN IS GOOD: MEDICARE MAY NOW MATCH OVERSEAS DRUGS PRICES

the vaccines administered in doctors' offices or other care centers. Under Part B, Medicare normally reimbursed providers roughly four percent on top of the average sales price of the drug(s) in question.

However, now "Medicare will test paying based a formula that phases in the lowest adjusted international price" instead of "paying based on price manufacturers charge in the U.S.," according to an official government statement.

Providers and industry groups are adamantly opposed to the change.

LYMEX: MT. SINAI, HHS LAUNCH LARGEST-EVER LYME RESEARCH, TREATMENT EFFORT

New York, New York — Meet LymeX: a sweeping partnership between New York's Mount Sinai Hospital and the federal U.S. Dept. of Health and Human Services (HHS).

Funded by a \$25 million private grant by the Steven & Alexandra Cohen Foundation, LymeX will operate out of Mt. Sinai's Icahn School of Medicine.

Primarily functioning as an "Innovation Accelerator," the mission of LymeX is "to strategically advance Lyme and tickborne disease solutions in direct collaboration with Lyme patients, patient advocates, and diverse stakeholders across academia, nonprofits, industry, and government," reads an official HHS statement. "The partner-

ship will be a force multiplier to expedite progress and catalyze change faster than government or other sectors can do on their own."

Lyme disease affects more than 300,000 people in the United States each year.

STRANGER PAYS BULK OF PATIENT'S \$10,000 HOSPITAL BILL

Taylor Mill, Kentucky — Matthew Fentress, 31, is a professional cook at the Atria Senior Living community in this small Kentucky town. He's also been a heart-disease patient since age 25.

It was then that he suddenly passed out at work. Doctors shortly diagnosed him with *viral cardiomyopathy*, a heart disease that developed after a bout of the flu.

In his six years of grappling with that chronic condition, he had already been sued by the Louisville-based Baptist Health hospital after missing a payment and declared bankruptcy.

Even with his insurance, Mr. Fentress faced a medical bill of over \$10,000 after a heart operation.

However, after media publicized his plight nationwide, retired college professor Karen Fritz of Las Vegas, Nevada donated \$5,000 toward the young man's bill. After an insurance adjustment, the remaining \$2,900 was paid by the hospital's financial aid program.

UNDER COVID-19-DRIVEN RULE CHANGES, CAREGIVERS PROVIDING TELEHEALTH ACROSS STATE LINES

Washington, D.C. — If there is anything good to come out of the coronavirus pandemic, it just may be this: Doctors and therapists in one state are now legally permitted to treat patients in pretty much every other state via telehealth.

Also known as telemedicine, the practice involves seeing a patient live via audio-video connection—even if that patient is on the next block or in the next city or state over.

In a little-reported and ongoing industry change in direct response to COVID-19, the federal government early on permitted states to in turn let doctors, mental-health therapists and other caregivers who are licensed to practice in other states to practice—via telehealth—in their state.

In other words, the old problem of crossing state lines to see patients has effectively been eliminated across most of the country. ★

MOODY'S ISSUES YEAR 2021 NEGATIVE OUTLOOK FOR SOME U.S. HOSPITALS

New York, New York — For hospitals as places from which come forth medical diagnoses, the authoritative Moody's financial-services company has issued a diagnosis of a different sort, and it isn't the best.

According to Moody's analysis, U.S. non-profit and government-operated hospitals will have a negative Year 2021—primarily due to persistent fallout from the COVID-19 pandemic. The current situation is expected to last for many months into 2021.

The Moody's estimate says that operating cash flows for the segment will drop from ten to 15 percent next year—also noting that hospitals could be hit even further by more people losing commercial health insurance.

The U.S. hospital sector has been hard hit by the COVID-19 pandemic, though federal aid has sheltered health systems from the worst of it.

MORE AMERICANS ON DIETS TODAY THAN TEN YEARS AGO: CDC

Atlanta, Georgia — You're not

NEW FEDERAL MEDICARE RULE TIES PART B PRICES TO FOREIGN COUNTRIES

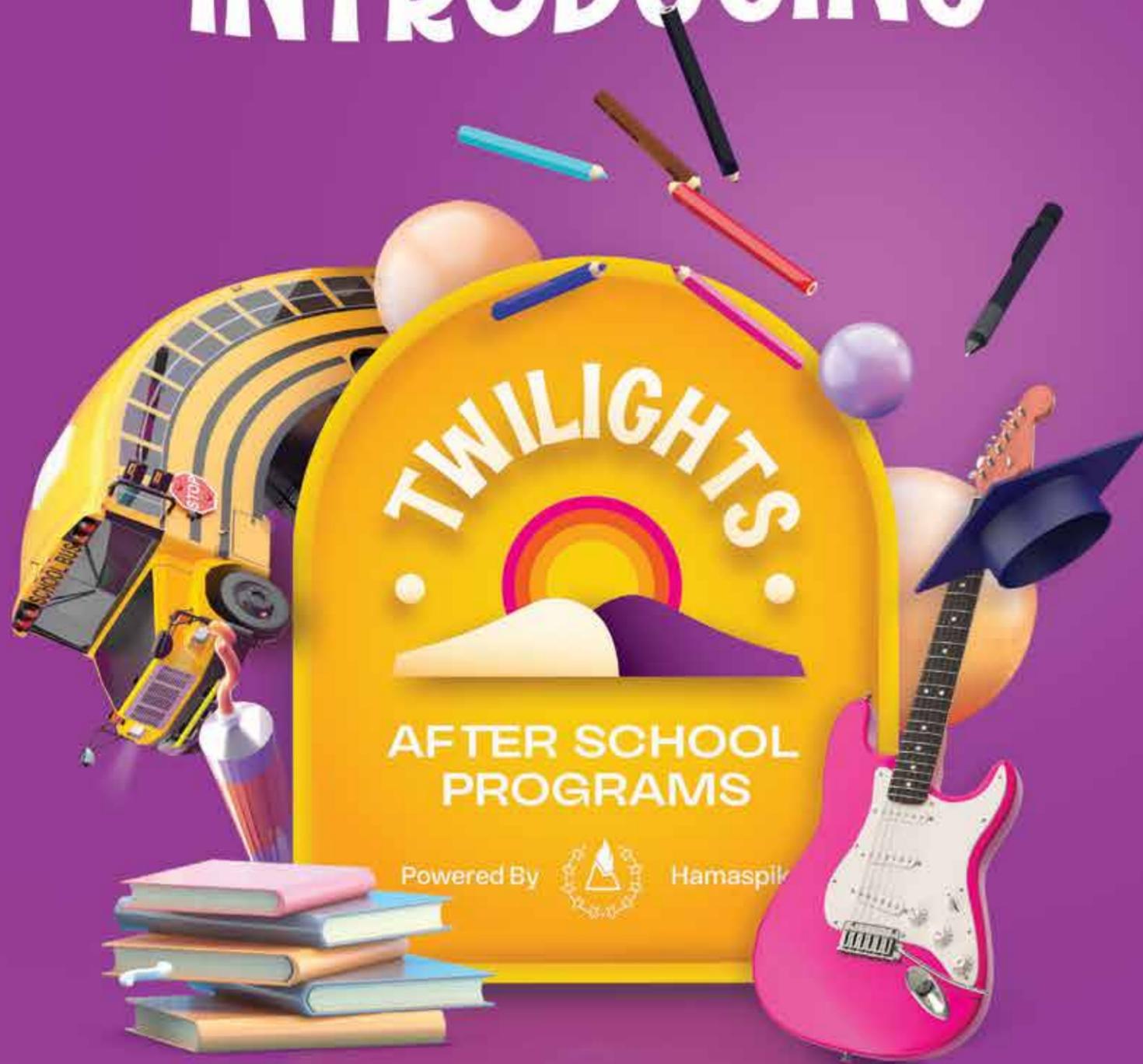
Washington, D.C. — A new rule by the U.S. Dept. of Health and Human Services (HHS), which went into effect January 1, 2021, has implemented major changes in how healthcare providers get reimbursed for storing and administering Part B drugs. (Under Medicare, while *Part A* covers hospital costs, *Part B* covers doctor expenses and *Part D* covers prescriptions; *Part C* is a combination of all the above.)

Part B drugs are typically pharmaceuticals like chemotherapy, or



AMERICA THE DIET-FULL: MORE PEOPLE TODAY ARE TRYING TO LOSE WEIGHT, SAYS CDC

INTRODUCING



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Kings County: 718.387.8400 / hamaspikkings.org

In the Know

ALL ABOUT... CHRONIC FATIGUE SYNDROME

Sources: Harvard Medical School, Mayo Clinic, U.S. Centers for Disease Control (CDC)

“Doc, I don’t know... I get tired all the time!”

“Have you noticed any pattern?”

“Yes! I get tired every night!”

Yes, getting tired is another way of saying fatigue, and getting tired on a regular basis makes it chronic. But getting tired every night at bedtime, as the body naturally does, does not constitute chronic fatigue—and for those who have chronic fatigue syndrome (CFS), it’s no joke.

DEFINITION

According to the Mayo Clinic, chronic fatigue syndrome (CFS) is a complicated disorder characterized by extreme fatigue that can’t be explained by any underlying medical condition; people with CFS appear to be hypersensitive to even normal amounts of exercise and activity. Why this occurs in some people and not others is still unknown.

Medically speaking, the condition is known as systemic exertion intolerance disease (SEID) or myalgic encephalomyelitis (ME). Sometimes it’s abbreviated as ME/CFS.

According to Harvard Medical School, CFS is characterized by at least six months of extreme fatigue that is not relieved by rest, and a group of additional symptoms that also are constant for at least six months—typically lasting for many months or years, with only a small percentage of people recovering full health.

Harvard also maintains that in many patients, the disorder begins suddenly—often following a flu-like infection or an episode of physical or psychological trauma, such as surgery, a traumatic accident or the death of a loved one.

The CDC reports that, according to a 2015 Institute of Medicine (IOM) study, an estimated 836,000 to 2.5 million Americans suffer from ME/CFS, but most of them have not been diagnosed.

What’s more, according to Harvard, federal health authorities estimate that CFS affects one to eight of every 1,000 Americans older than age 18—with women affected about twice as often as men. Harvard says that CFS appears to be more common in African-Americans and Latinos, and in people in lower socioeconomic groups, and appears to be less common in Asian-Americans.

The fatigue of CFS may worsen with physical or mental activity, but doesn’t improve with rest.

SYMPTOMS

According to Harvard, symptoms



tend to be worst in the first one to two years, and most people’s level of functioning gradually improves over time—although few patients regain full function.

The Mayo Clinic lists the following as the primary descriptors of CFS:

- Fatigue
- Loss of memory or concentration
- Sore throat
- Enlarged lymph nodes in the neck or armpits
- Unexplained muscle or joint pain
- Headaches
- Unrefreshing sleep
- Extreme exhaustion lasting more than 24 hours after physical or mental exercise

Harvard fills in some detail:

- Not all of the abnormalities affect every patient with CFS
- With some, symptoms develop gradually
- The most prominent symptom being an unexplained feeling of fatigue, not relieved by rest, and which is severe enough to decrease a person’s activity level at home, work or school by 50 percent or more
- Many of the abnormalities of the immune system, energy metabolism, and the nervous system seem to come and go
- Joint pain is typically accompanied with no redness or swelling
- Exertion is commonly followed by an extreme reaction: feeling sick after exercise or strenuous activity, often not starting until the next day
- People with CFS often have other symptoms not part of its official definition, like nausea and difficulty tolerating medicines that act on the brain
- Many also have allergies like hay fever (allergic rhinitis) or recurring sinus problems
- About half of people with CFS develop depression in the months and years after it starts. But

available evidence indicates that it is not a psychiatric illness but rather, appears to be a physical illness that leads to depression in some people

DIAGNOSIS

Although there is a lot of evidence that chronic fatigue syndrome is caused by a physical problem involving the immune system, energy metabolism and the nervous system, there’s no single lab test or procedure to confirm a diagnosis of CFS, which is one of the several reasons the condition is so elusive. After all, fatigue can be a symptom of many illnesses, from infections to psychological disorders. Many people feel tired a lot of the time, and many seek help from their doctors. Most people who experience chronic (long-lasting) fatigue are not suffering from CFS. Depression and overwork are much more common causes of chronic fatigue.

In general, see a doctor in case of persistent or excessive fatigue.

To begin the process of ultimately arriving at a CFS diagnosis, the patient may need a variety of medical tests to rule out other health problems with similar symptoms—along with quite a bit of patience.

Diagnoses for which a patient may require additional tests before getting a CFS diagnosis include:

- Sleep disorders. Chronic fatigue can be caused by sleep disorders. A sleep study can determine if rest is being disturbed by disorders like narcolepsy, obstructive sleep apnea, restless legs syndrome or insomnia
- Medical problems. Fatigue is a common symptom in several medical conditions, including anemia, diabetes and underactive thyroid (hypothyroidism). Lab

tests can test the blood for evidence of some of the top suspects

- Adrenal insufficiency (underactive adrenal gland)
- Heart and lung disorders. Problems with heart or lungs can make one feel more fatigued. An exercise stress test can assess heart and lung function
- Mental health issues. Fatigue is also a symptom of a variety of mental health problems, including depression, anxiety, bipolar disorder and schizophrenia. A counselor can help determine if one of those problems is causing the fatigue in question
- Side effects of medications
- Anorexia or bulimia
- Hepatitis B or hepatitis C

CAUSES

Although there are many theories ranging from viral infections to psychological stress, the cause of CFS is unknown, says the Mayo Clinic. Some experts believe that the syndrome might be triggered by a combination of factors—particularly for those who may be born with a predisposition for the disorder that is triggered by that combination of factors.

According to Harvard Medical School, the illness can follow a number of common infectious illnesses, such as Lyme disease or infectious mononucleosis, but not all cases are tied to infections. Testing has found that people with CFS have abnormalities in the brain, particularly in the hypothalamus (a part of the brain that regulates hormones and vital functions) and the pituitary gland. Testing also has found that patients have abnormalities in the part of the nervous system called the *autonomic nervous system*, which controls blood pressure, heart rate, body temperature and other vital body functions.

Harvard also reports that patients with CFS have defects in the ability of cells in their bodies to make energy—and that some studies indicate that certain genes are built differently, with the activity of genes in white blood cells being different in patients who have CFS.

According to the Mayo Clinic, potential triggers of CFS include:

- Viral infections. Because some people develop chronic fatigue syndrome after having a viral infection, researchers question whether some viruses might trigger the disorder. Suspicious viruses include Epstein-Barr virus, human herpes virus 6 and mouse leukemia viruses. No conclusive

link has yet been found

- Immune system problems. The immune systems of people who have chronic fatigue syndrome appear to be impaired slightly, but it's unclear if this impairment is enough to actually cause the disorder. (According to Harvard, several parts of the immune system remain activated for long periods in people with CFS—with evidence growing that some patients have an autoimmune condition)

Risk factors

The Mayo Clinic reports that factors possibly increasing risk of CFS include:

- Age. While CFS can occur at any age, it most commonly affects people in their 40s and 50s
- Gender. Women are diagnosed much more often than men, but it may be that women are simply more likely to report symptoms to a doctor
- Stress. Difficulty managing stress may contribute to the development of CFS

Complications

Possible complications of CFS include:

- Depression
- Social isolation
- Lifestyle restrictions
- Increased work absences

At the end of the day, notes Harvard, the exact cause of chronic fatigue syndrome remains a mystery.

TREATMENT AND PREVENTION

Unfortunately, according to the Mayo Clinic, there is no cure for chronic fatigue syndrome—treatment focuses on symptom relief.

The most effective treatment for chronic fatigue syndrome, says the Clinic, appears to be a two-pronged approach that combines cognitive training with a gentle exercise program.

Cognitive training involves regular sessions with a mental-health professional to help the patient figure out options to work around some of the limitations that CFS imposes; feeling more in control of life can improve outlook dramatically. At the same time, a long-term regimen of graded exercise guided by a professional physical therapist (PT) can help determine what exercises are best for the individual patient. Inactive people in the throes of CFS often begin this part of treatment with simple, basic range-of-motion and stretching exercises for just a few minutes a day. They then gradu-

ally increase the intensity of exercise over time—which may help reduce hypersensitivity to exercise, just like allergy shots gradually reduce a person's hypersensitivity to a particular allergen.

According to Harvard, patients with a similar condition called *fibromyalgia* showed improved symptoms after getting low doses of tricyclic drugs—probably by improving a sleep disorder that is part of the fibromyalgia. No one approach is best for everyone with chronic fatigue syndrome, and the condition rarely is cured.

Additional options for treatment include:

Medications

Many people who have CFS are also depressed. In fact, according to Harvard, approximately 50 to 60 percent of people with CFS develop depression. Treating that depression can make it easier for them to cope with the condition's associated problems. Low doses of some antidepressants also can help improve sleep and relieve pain.

Other options, according to the Mayo Clinic, include acupuncture, massage therapy and psychotherapy.

As for alternative medicine, says the Clinic, while many such therapies have been promoted for CFS, it's difficult to determine whether they actually work, partly because the symptoms of CFS often respond to placebos. According to Harvard, however, some studies indicate that

high doses of omega-3 fatty acids (such as fish oil capsules) may be helpful.

Coping and support

The experience of living with CFS varies with each individual patient. Emotional support and counseling may help patients and their loved ones deal with the uncertainties and restrictions of the disorder.

It may be therapeutic to join a support group and meet others with CFS. Support groups may not be for everyone, according to the Mayo Clinic, because one may find that a support group adds to stress rather than relieving it.

Because the cause of CFS remains unknown, notes Harvard, there is no way to prevent it.

PROGNOSIS

People with chronic fatigue syndrome usually experience their most severe symptoms in the first one to two years of illness. After that time, a small number of people recover totally, and a smaller number become totally incapacitated.

For most people with CFS, though, there is gradual improvement, although they usually do not achieve the level of activity they were capable of before becoming ill. Recovery tends to be less likely among people who have symptoms for a longer time; have long-standing depression; are older than 40 when symptoms start; and/or have multiple physical symptoms. ★





Status Report

Happening In Hospitals Today

NEW YORK HOSPITAL SOFTWARE TO GIVE PATIENTS MORE WAKEUP-FREE NIGHTS

Manhasset, New York — Waking up overnight patients to give them their medications may be a necessity, even if they suffer disrupted sleep over the night hours.

But what if their medications could wait till the morning—meaning, what if they could sleep without harm through the night?

Now, an artificial intelligence (AI) computer software program called Let Sleeping Patients Lie is being designed to do just that.

Being developed by the Feinstein Institutes for Medical Research, a division of the Northwell Health system, the AI tool will gauge when hospitalized patients need to be woken up during the night.

According to the Institutes, by letting patients sleep, the health system can speed up patients' recovery and discharge them faster. Plus, it can also help avoid causing delirium in patients.

The program will first be tested at Huntington Hospital, part of the Northwell hospital system.

MEDICARE FINES HALF OF HOSPITALS FOR READMITTING TOO MANY PATIENTS

Bethesda, Maryland — According to current records from the federal Centers for Medicare and Medicaid Services (CMS), almost half the nation's hospitals will get lower payments for all Medicare patients because of their history of readmitting patients.

The penalties are based on readmissions of patients who came to the hospital with diagnoses of heart issues, pneumonia, chronic obstructive pulmonary disease, hip or knee replacement or coronary artery bypass graft surgery. Medicare counts as a readmission any of those patients who ended up back in any hospital within 30 days of discharge. A hospital is penalized if its readmission rate is higher than expected given the national trends in any one of those categories.

Those penalties are the ninth annual round of the Hospital Readmissions Reduction Program— itself created as part of the Affordable Care Act's broader effort to improve quality and lower costs.

The latest penalties are based on hospital case histories ranging from July 2016 to June 2019.

The data show that, retroactive to the federal fiscal year that began Oct. 1, Medicare will lower a year's worth of payments to 2,545 hospitals. The average reduction is 0.69 percent.

But out of 5,267 hospitals in the country, Congress has exempted 2,176 from penalties because they are critical access hospitals or specialty hospitals.

NURSE PRACTITIONERS (NPS) FASTEST-GROWING HEALTHCARE CAREER: BLS

Washington, D.C. — In more good news for the healthcare industry, among the 20 occupations predicted to see the most robust growth and explosive expansion through 2029 are seven healthcare-related careers.

Topping that list is the nurse practitioner (NP), a highly-trained registered nurse (RN) with extensive additional specialty education—who is also board-certified to write prescriptions and otherwise provide doctor-like direct care.

According to the most recent U.S. Bureau of Labor Statistics (BLS) report, the nurse practitioner job field is projected to grow at a whopping rate of 52 percent within the decade—with a median annual wage of nearly \$110,000.

Occupational therapy assistants follow NPs on the list with a projected 2029 growth rate of 35 percent— followed by home health aides (HHAs) and personal care aides (PCAs) at 34 percent.

VOTING FROM HOSPITAL BEDS ALLOWED IN MOST OF U.S.

Los Angeles, California — An informative human-interest piece by the Kaiser Family Foundation

(KFF) recently highlighted the not-uncommon question faced by hospital patients during election seasons: How do I vote if I'm in the hospital?

In the majority of states, voters who are confined to the hospital or even at home—and thus essentially have their voting rights threatened—may request, receive and then cast an emergency ballot.

In New York, hospital employees and volunteers can help a patient complete an emergency ballot application—from pickup and return to election office.

According to the National Conference of State Legislatures as cited by the article, at least 37 states allow such emergency voting for medical reasons. However, in some states, only family members can assist hospitalized patients with voting from the hospital.

MEDICAL-SCHOOL STUDENTS WRITING MODERN VERSIONS OF AGE-OLD HIPPOCRATIC OATH



HIPPOCRATES, TAKE TWO: NEW MED GRADS ARE INCLUDING NEW VALUES

Pittsburgh, Pennsylvania — In recent decades, it turns out, medical schools churning out tomorrow's doctors have been tweaking and chiseling the age-old Hippocratic Oath—the pledge of ethics taken by centuries of students as they formally became doctors.

Recently, the University of Pittsburgh School of Medicine's Class of 2024 wrote their own chapter in that relatively new tradition. Their version of the physician's code of ethics contains references to social justice for minorities, the coronavirus pandemic, inclusivity and diversity, sensitivity to people with disabilities, holistic medicine, and current medicine's systemic failures in serving the most vulnerable communities.

The Oath is generally built around its most famous phrase, "First, do no harm" (despite it not appearing in the Oath's original ancient text). ★



ARTIFICIAL INTELLIGENCE, REAL REST: AI DEVELOPED HERE WILL HELP PATIENTS SLEEP



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Preventing Dehydration in Seniors—With Hydration, Sensitivity and Discretion by Caregivers

Understanding, Supporting and Treating Depression in Seniors

On its face, *dehydration*—not having enough water in the body—is a simple problem with a simple solution: Drink more water! But for seniors, it's not so simple.

Seniors sometimes avoid drinking enough (and then getting dehydrated) because they want to avoid frequent trips to the restroom. In turn, that could be for several reasons: Back and joint pain making it painful to get up and down; fear of falling (especially at night); or weak pelvic muscles. Also, in seniors, the body's thirst mechanism is often diminished, leaving them just not feeling thirsty.

As such, family caregivers and aides must approach dehydration in seniors with sensitivity and discretion.

While “water is the source of life” may sound poetic, it's still true. Regular intake of water is vital for most of the body's functions, including temperature regulation, waste elimination, blood oxygen circulation, and cognitive function.

Dehydration happens when the body doesn't have enough water to sustain those functions—and in seniors, it can be worse because the body naturally holds less water with age, and because seniors commonly take medications with urine-increasing side effects. Fever or diabetes can also cause fluid loss.

Symptoms can be generally divided into mild and severe.

Mild symptoms include: Cracked lips, dry mouth, dry skin (particularly

in the armpits), and less-frequent restroom visits. Severe symptoms include: Dizziness, increased heart rate, dark-colored urine, muscle cramps, tearless crying, confusion, irritability, fatigue, headaches, and fainting.

Because dehydration in seniors can progress quickly, it's important to be aware of its symptoms so we can act fast when it's suspected.

Here's one simple strategy: If a senior has any symptoms, have him or her simply drink some water and look for improvement within 15 minutes. If not, go to the ER—*especially if the senior is confused, irritable or sleepy!*

Finally, here's the most important—and trickiest—part: Prevention. Encourage your loved one to regularly

drink every hour or two; have a glass of water nearby to remind them to drink. For some seniors who don't like water, try other liquids like iced tea or lemonade—being mindful at the same time to watch sugar intake.

Dehydration in seniors can be easily prevented. Our challenge as caregivers, however, is to diplomatically ensure our seniors are safe—by ensuring they get adequate hydration. ★

Call Hamaspik HomeCare's Intake Department at 845-503-1700 to see if you or your loved one is eligible for a home health aide (HHA). Having an aide available several hours a day can help prevent dehydration by watching and encouraging adequate fluid intake.

Giving Seniors a Fair Hearing Working with Hearing Loss in Later Years

Seniors are all too often stereotyped with deafness. Perhaps you or a loved one has had to contend with hearing difficulties as the years march on.

But while gradual aged-related loss of hearing may have always been part of life throughout history, it turns out that in most modern societies, deafness among seniors may very well be a result not just of natural aging but of a lifetime filled with noise pollution. Citizens of modern life have long been plagued by a constant acoustic fog that doesn't just diminish the quality of life but also causes long-term hearing loss.

WORKING WITH SENIORS WITH HEARING LOSS

Here are the basics for communicating with hearing-impaired seniors:

- In a group, include people with hearing loss in the conversation.
- Find a quiet place to talk to help reduce background noise, especially in restaurants and at social gatherings.
- Stand in good lighting and use facial expressions or gestures to give clues.

- Face the person and speak clearly. Maintain eye contact.
- Speak a little more loudly than normal, but don't shout. Try to speak slowly, but naturally.
- Speak at a reasonable speed.
- Do not hide your mouth, eat, or chew gum while speaking.
- Repeat yourself if necessary, using different words.
- Try to make sure only one person talks at a time.
- Be patient. Stay positive and relaxed.
- Ask how you can help.

HEARING AIDS

As for treating age-related hearing loss itself, there's not much that medicine can do. However, hearing aids are constantly getting better (and smaller). Here's a review:

Hearing aids are electronic, battery-run devices that make sounds louder. There are many types of hearing aids. Before buying a hearing aid, find out if health insurance will cover the cost. Also ask about a trial period. When you finally select one, an audiologist or hearing aid

specialist will show you how to use it.

ASSISTIVE DEVICES

Beside hearing aids, modern technology gives us alerting devices and systems that connect to doorbells, smoke detectors, alarm clocks and other household staples to give residents visual signals or vibrations whenever they sound. For example, a flashing light can let you know someone is at the door or

the phone is ringing.

Life with hearing loss can be frustrating. But with the right technology and supports, you can still live a fulfilling life surrounded by the people and places you love to see and, yes, hear! ★

Call Hamaspik HomeCare's Intake Department at 845-503-1700 to see if you or your loved one is eligible for a home health aide (HHA). Having an aide available several hours a day can significantly help and support people with hearing loss by watching out for their safety—and listening out for anything they should be hearing.

**WHY STRUGGLE ALONE
WITH CARING FOR YOUR
ELDERLY LOVED ONES?**

Call today to see if they qualify
for home care!

Call Hamaspik HomeCare's
Intake Dept. directly at

845-503-0700

