

# The Hamaspik Cazette

News of Hamaspik Agencies and General Health

**JULY '18** • ISSUE NO. 160

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# **GAZETTE SURVEY**

The GAZETTE asks YOU:

WHAT DO YOU DRINK THE MOST EVERY DAY? A: SOFT DRINKS; B: JUICE; C: WATER

Respond to: survey@hamaspik.org

R

### **HEALTH STAT**

"60% OF THOSE AT LESS THAN 150%-400%
OF THE FEDERAL POVERTY LEVEL HAVE LIQUID
ASSETS LESS THAN THEIR DEDUCTIBLE."

tation by CVS Health Exec. VP Troy Brennan, HLTH 2018 conference

<u>.0.</u>

## **HEALTH TIP**

**Avoid mosquitoes? Naturally!** Citronella or lemon eucalyptus-based products will put those annoying biting bugs a healthy distance away.

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# HEALTH

O For his

For lung cancers, immunotherapy still the next big thing

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Most prescriptions delivered today electronically: report

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Districts nationwide still winning most special-ed lawsuits: analysis

◆ ► HAMASPIK NEWS

# YOU'VE GOT TO HAND IT TO HIM

RAMAPO TOWN SUPERVISOR ALLEN SPECHT AND HAMASPIK OF ROCKLAND COUNTY'S VERY OWN ELIEZER "LAZER" FRIEDRICH ARE FAST FRIENDS IN THIS PHOTO TAKEN RECENTLY AT TOWN HALL.



● ► HEALTH NEWS

# U.S.-based Universal Influenza Vaccine Clinical Trial Begins

SEE PAGE E4 >>

# NYSHA Inc.

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# **● ► HAMASPIK NEWS**



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# Services Provided by **NYSHA AGENCIES**

# **OPWDD**

# **COMMUNITY HABILITATION (COM HAB)**

Providing: One-on-one personal aides to help individuals achieve valued outcomes by means of helping them improve their activities of daily daily living (ADL) skills and long-term life goals

# **HOME-BASED RESPITE**

Providing: Relief for parents of individuals with

# **AFTER-SCHOOL RESPITE**

Providing: A respite program for after school hours and school vacations

#### **DAY HAB PROGRAM**

Providing: A day program for adults with

#### **SUPPLEMENTAL DAY HAB PROGRAM** Providing: An extended day program for adults

with disability

#### **CAMP NESHOMAH**

Providing: A day program for children with disability over summer and winter school breaks

### INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

## INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

# **ENVIRONMENTAL MODIFICATIONS**

Providing: Home accessibility addition

# **SUPPORTED EMPLOYMENT (SEMP)**

Providing: Coaching and support for people with disabilities to get and keep suitable jobs

# **ENHANCED SUPPORTED EMPLOYMENT**

Providing: Job developing and coaching for people with any type of disability

# **COMMUNITY PRE-VOC PROGRAM**

Providing: One-on-one employment preparation day program for high-functioning individuals

# **PATHWAY TO EMPLOYMENT**

Providing: One-on-one employment discovery program for high-functioning individuals

# **MEDICAID SERVICE COORDINATION**

 $Providing: An \ advocate for \ the \ individual \ to$ 

# access and coordinate available benefits

**FAMILY CARE PROGRAM** Providing: A family to care for an individual with special needs

# **INTERMEDIATE CARE FACILITY (ICF)**

Providing: A facility for medically involve

# individuals who have developmental disabilty

**INTENSIVE BEHAVIOR SERVICES (IBS)** Providing: Interventional services for people with behavioral issues and their family members

# **PLAN OF CARE SUPPORT SERVICES**

Providing: Support for families of individuals with special needs

# **FAMILY SUPPORT SERVICES**

Providing: Reimbursement for qualifying items or services not covered by Medicaid

# **PARENTAL RETREATS**

Providing: Getaways and retreats for parents of individuals with disabilities

# **SELF DIRECTION**

Fiscal Intermediary (FI) — providing: Accounting and billing for vendors supporting individuals who self-direct their own supports

**Broker** — providing: One-on-one, independent brokering of all necessary services and supports to individuals who self-direct their own supports

# **DOH**

# **CARE AT HOME**

Providing: nursing · personal care aides ·therapy · respite · medical supplies · adaptive technology · service coordination

# **EARLY INTERVENTION (EI)**

Providing: Full evaluations · home-based, community-based and center-based services  $\cdot$  parent/child groups  $\cdot$  ongoing service coordination · therapy (PT, OT, SLP, vision, nutrition, play, etc.) · special ed · social work ·  $family\ training/counse ling\cdot bilingual\ providers$ 

# NURSING HOME TRANSITION AND DIVERSION (NHTD) PROGRAM

Providing: Service Coordination · assistive  $technology \cdot moving \ assistance \cdot community$ transitional services · home/community support services · E-mods · independent living skills · positive  $behavioral\ interventions \cdot structured\ day\ program$ 

### TRAUMATIC BRAIN INJURY PROGRAM

Providing: Service Coordination · independent living skills training · day programs · rent subsidies · medical equipment · E-mods · transportation · community transitional services · home/community support services

# **CHILD AND ADULT CARE FOOD PROGRAM**

Providing: Breakfast · lunch · supper · snacl

#### **HEALTH HOME SERVING CHILDREN** (HHSC)

Providing: Intensive, comprehensive care management and family/community support services for children with chronic condition(s) and/ or mental health issues at greater risk for relapse and/or lack of care

#### SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

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

# **APPLIED BEHAVIOR ANALYSIS (ABA)**

Providing: Behavior modification for children with autism covered by private insurance

# **LHCSA - HAMASPIKCARE**

# PERSONAL CARE AND SUPPORT SERVICES

Providing: Home health aides · personal care aides  $housekeepers \cdot HCSS$  aides

# **COUNSELING SERVICES**

Providing: Diet/nutrition counselors · social workers

# **REHABILITATION SERVICES**

occupational therapy

Providing: Personal care aides for people in need

# **SOCIAL AND ENVIRONMENTAL SUPPORTS**

Providing: Minor maintenance for those qualifying

#### **SOCIAL MODEL**

Providing: A social day program for senior patients

# **NURSING SERVICES**

Providing: Skilled observation and assessment ·  $care\ planning \cdot paraprofessional\ supervision \cdot$ clinical monitoring and coordination medication management · physician · ordered nursing intervention and skill treatments

# **HAMASPIK CHOICE**

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

# **HCR**

# **ACCESS TO HOME**

Providing: Home modifications for people with physical disabilities

# HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

# **NYSED**

# **VOCATIONAL REHABILITATION SERVICES**

Providing: Employment planning ∙ Job development

# **JOB COACHING**

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

# **NYSHA**

ARTICLE 16 CLINIC Providing: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nursing ·

# 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

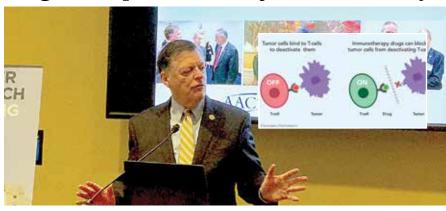
Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news

# **HEALTH AND RECOVERY PLAN (HARP)**

Providing: long-term social, emotional employment, peer-support and other mental-illness recovery supports

# ● ► HEALTH NEWS

# Major Lung Cancer Immunotherapy Progress Reported at Conference, in Study



PROGRESS: CHAIRMAN TOM COLE AT THE AACR'S APR. 24 'CAPITOL HILL DAY'

Chicago, IL — According to the American Cancer Society, about 234,030 new cases of lung cancer will be diagnosed in the U.S. in 2018, and about 154,050 Americans will die from it.

But thanks to heartening news from several studies presented recently at the annual American Association for Cancer Research (AACR) conference in Chicago, it seems that the latest advances in immunotherapy may be able to extend or even save the lives of many of them.

Immunotherapy, a relatively stillnew discipline, involves harnessing the body's immune system to seek out, attack and destroy targeted cancer cells.

were presented showing significant benefits of combining various new immunotherapy drugs with existing cancer treatments like chemotherapy.

One study found that pre-treating lung cancer patients with immune therapy drugs before they have surgery can help melt away the tumor and at the same time limit or even stop its spread.

Also, combinations of certain immunotherapy drugs were found to help other lung cancer patients get off more toxic standard chemotherapy while also extending their lives.

However, these front-line new immunotherapy drugs can cost over \$100,000 for a single course of treat-



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**► NYSHA NEWS** 

# Tri-County Care Passes Daylong Stringent Readiness Review on May 24 with Flying Colors

# Transition to 'Conflict-Free' Disability Services Coordination to Launch Statewide in July



On Thursday, May 24, Tri-County Care, a new Care Coordination Organization/Health Home (CCO/HH), passed a critical step in its path to full operations. And in passing a joint Readiness Review by the New York State Dept. of Health (DOH) and the Office for People With Developmental Disabilities (OPWDD), the new CCO/HH is all but cleared for liftoff.

The thorough review was held from 9:00 a.m. to 3:30 p.m. in the contemporary conference room of Hamaspik of Kings County's Borough Park hub at 4102 14th Avenue.

In attendance were six officials with the New York State Office for People With Developmental Disabilities (OPWDD). They were accompanied by four counterparts with the state Health Dept. (DOH), as well as staff from MediSked, LLC, the company whose software CCO/HHs will be using.

Representing Tri-County Care at the ultimately successful full-day review were close to 20 leaders with Tri-County.

The NYSHA contingent arrived thoroughly prepared, and delivered throughout. Documentation was perused, plans were probed, and questions were posed, with the team responding proactively and displaying the commanding authority required to helm such a mammoth undertaking.

Drawing heavily on its strong expertise in Managed Long Term Care (MLTC), not to mention its decades of supporting the disability population, Tri-County Care emerged ready to support individuals in New York State's Capital Region, Taconic Region, Hudson Valley, New York City and Long Island.

# THE NEXT BIG THING

But what is a CCO/HH, you ask?

Until July 2018, people getting disability supports from Hamaspik (or any non-profit) also got a Medicaid Service Coordinator (MSC) to coordinate those ongoing services from Hamaspik.

But now, people getting disability supports from Hamaspik (or any non-profit) will get their MSCs from "conflict-free" independent entities outside of Hamaspik. They will also get medical and behaviorial-health supports under a coordination model called a Health Home.

All existing services will remain the same; only who your existing MSC works for will change.

The CCO/HH is a major positive change for how the New York State Office for People With Developmental Disabilities (OPWDD), and community partners like Hamaspik, deliver supports and services for people with disabilities.

The CCO/HHs are new companies approved by the OPWDD. There are seven CCO/HHs now slated for operations statewide to serve New York's entire OPWDD beneficiary population.

Among them is Tri-County Care, a cutting-edge CCO/HH under the auspices of the New York State Hamaspik Association (NYSHA) that is set up to serve close to 10,000

individuals in 25 counties statewide.

This coming July, Medicaid Service Coordinators (MSCs) with all OPWDD-affiliated disability non-profits will be transferred into CCO/HHs.

With several well-established and respected community non-profits joining Hamaspik in shifting their Medicaid Service Coordinators (MSCs) to Tri-County Care, the new CCO/HH hosted a family information session on May 1. That session was presented by Tri-County Care's leadership to a number of parents and caregivers of individuals with disabilities—bringing them up to speed about what is happening to their loved ones' MSCs, what a CCO/HH is, and how it will improve services and supports.

Also, Tri-County is taking proactive steps to secure the consents of all individuals slated to benefit from the watershed transition. Those steps, requiring quite a bit of paperwork and logistics, are being handled by Tri-County's capable administrative team.

And in preparing for the dawn of independent and "conflict free" care coordination, Tri-County is in high gear on several fronts.

PUBLIC HEALTH AND POLICY NEWS

# **Top Ten Worst U.S. Cities for Spring Allergies, 2018** *New York Cities Take Third, Tenth Spot on Annual List*

Hey, no one can argue that New York State is #1 for so many things—but things we want, not *don't* want.

Unless, of course, you actually enjoy the sneezing and watery eyes of allergies—in which case you'll be happy to be living in upstate Syracuse or Buffalo, New York.

Those two cities have now respectively taken the No. 3 and No. 10 spots on *WebMD*'s annual list of the ten worst U.S. cities for springtime allergies.

The city known as the Crossroads of New York State jumped from last year's 20th-place ranking to this year's 3rd due to "super-high" pollen scores, according to WebMD. The Syracuse region is home to tons of hardwood trees, many used to make furniture, WebMD reports—with pollen from oak and elm leading to seasonal sniffles and itchy, watery eyes.

Bringing up the list's rear is Buffalo,



**FOR ALLERGIES, NOT SUCH SMOOTH SAILING:** THE SOLDIERS AND SAILORS MONUMENT IN SYRACUSE, NEW YORK

the Empire State's second-largest city. While it took 36th place in 2015, WebMD says that Buffalo has the sunniest and driest springs in the Northeast—meaning that pollen sticks around longer and has more time to make your eyes water.

As for the rest of the list? No. 1: Jackson, Miss.; No. 2: Memphis, Tenn.; No. 4: Louisville, Ken.; No. 5: McAllen, Tex.; No. 6: Wichita, Kan.; No. 7: Oklahoma City, Okla.; No. 8: Providence, R.I.; and No. 9: Knoxville, Tenn.

# **Hamaspik Gazette**

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# Happening in Health Today

# U.S.-BASED UNIVERSAL FLU VACCINE TRIAL BEGINS

**Houston, TX** — First, six previous clinical trials abroad, involving a total of 698 participants, were conducted.

But now, Baylor College of Medicine is spearheading the first U.S.-based clinical trial of M-OO1, an experimental universal flu vaccine developed by biopharma firm BiondVax Pharmaceuticals.

The trial will enroll up to 120 healthy volunteers ages 18 to 49 in Cincinnati, Houston, Iowa City and St. Louis. Participants will be injected with M-001 or a placebo and then monitored for about seven months to evaluate their immune responses.

A universal flu vaccine, which would not have to be administered anew each year, has long been the dream of epidemiologists. With the several major strains of the flu virus mutating with each new season, determining which antiviruses to put in each new season's flu vaccine is a vexing—and very costly—exercise in hit-or-miss science and guesswork. A universal vaccine, whose antibodies would target unchanging parts of the flu virus, would eliminate that.

An ideal universal flu vaccine would provide durable protection for all age groups against multiple influenza strains, including those that might cause a pandemic, according to the National Institute of Allergy and Infectious Diseases (NIAID), which is funding the trial.

# STUDY: GENETIC TEST MARKET EXPLODING WITH TEN NEW TESTS DAILY

Washington, D.C. — According to new research by industry analyst Health Affairs, about ten new tests enter the genetic test market a day—a market that has grown rapidly in the 15 years since the human genome was mapped.

There are about 75,000 different tests today, according to Health Affairs.

To better understand how genetic tests are used and paid for, Health



# INDUSTRY LEADER: NEAR-80 PERCENT OF PRESCRIPTIONS DELIVERED ELECTRONICALLY

Arlington, VA — Electronic prescriptions industry leader Surescripts fielded 13.7 billion secure health data transactions in 2017, according to a new company report.

That figure is a 26-percent increase over the previous year.

According to Surecripts, the share of prescriptions delivered electronically rose to 77 percent, up from 73 percent in 2016.

Meanwhile, electronic prior authorizations shot up 350 percent, with 64 percent of approvals returned within one minute. Prior authorizations were enabled for more than 100,000 prescribers and nearly 7,000 care sites across the U.S.

The Surescripts report also

touts a 26% increase in accuracy of prescriptions. Nearly all e-prescriptions (95%) met quality standards for potency unit code, 56% for drug description, 49% for representative national drug code and 43% for RxNorm (a drug-names catalog system), the company says.

Oncologists leadine-prescribing, at 84%, followed by sports medicine specialists (82%), nephrologists (80%), cardiologists (80%) and family practitioners (79%).

Surescripts also reported the exchange of 16 million clinical documents and 65 million documents listing patients' prior care locations in 2017. In addition, 197,000 alerts were sent to the point of care highlighting medication adherence issues.

Affairs researchers reviewed data on test availability and private insurer spending from 2014 through 2017. They found that nearly 40 percent of genetic test spending consists of prenatal tests, followed by hereditary cancer tests at 30 percent, and just over ten percent on tests related to cancer diagnostics and treatment.

# BATH POWDERS DON'T HELP KIDS' ECZEMA: STUDY

Southampton, England — If you're considering using therapeutic bath powders to help your children if they have the skin condition called *eczema*, a new study says you should reconsider.

A University of Southampton comparison study had a total of 482 kids ages 1 through 11 regularly use one of three popular bathwater additives—Aveeno, Balneum or Oilatum—or none at all over a 12-month period.

The study, recently published in the *British Medical Journal* (BMJ), found that there was no clinical benefit when additives were added to bathwater.

# BALDNESS CURE COULD BE FOUND IN OSTEOPOROSIS DRUG: STUDY

Manchester, England — A drug originally designed as a treatment for osteoporosis, the bone-thinning disease, is being considered as a possible breakthrough treatment for baldness.

A project by The University of Manchester's Centre for Dermatology Research had been examining an immunosuppressive drug long known for its side effect of stimulating the growth of hair.

The drug, cyclosporine A (CsA), has been used since the 1980s to suppress transplant rejection and autoimmune diseases. Researchers discovered that CsA restricts a protein that when otherwise left alone, slows the growth of hair follicles. But CsA's other side effects prompted researchers to seek other hair-growth solutions.

Researchers then found a separate drug that had been developed to tackle osteoporosis—which also suppressed the bald-causing protein but which, they now believe, can be administered without serious side effects.

Currently only two drugs, minoxidil and finasteride, are available for treatment of male-pattern balding (androgenetic alopecia).

# ● ► HAMASPIK NEWS

# Ahavas Golda and Hamaspik of Kings County Join Forces to Further Benefit Community

# Volunteer-driven Popular After-School Program Relocates to Brooklyn Hamaspik HQ



COMPLETING THE PUZZLE: THIS SCENE'S PARALLEL ENTERS THE GIRLS DISABILITY PICTURE

Two organizations. One soul. What could be a better match?

When it comes to embracing and loving high-functioning peers with special needs, few match the altruism and sincerity, energy and enthusiasm, innocence and joy of the volunteers of Ahavas Golda.

When it comes to organization and efficiency, training and compliance, few hold a candle to the superlative diligence and professionalism of

Hamaspik.

That's why, when the flame that is Ahavas Golda faced a dousing financially, logistically and otherwise—the Brooklyn-based teenvolunteer-fired nonprofit turned to the

community address that is universally synonymous with special-needs support: Hamaspik.

The partnership was made in heaven from the get-go.

Working with Ahavas Golda's amazing founders, Hamaspik of Kings County Director of Day Services Yehuda Spangelet all but rescued the thriving young organization from the brink of permanent closure, giving the daily program the space and funding that it needed to stay thriving.

Among the New York State OPWDD's suite of disability supports is After-School Respite (ASR), for which a good number of Ahavas Golda's participants with special needs qualify. Hamaspik has provided ASR to the community in upstate Monsey and Kiryas Joel for years, and opened an After-School

program in Brooklyn's Williamsburg neighborhood last year.

It was that authoritative experience that Hamaspik brought to the table this past April 17, when *Ahavas Golda: a Project of Hamaspik* proudly inaugurated its first day of operations.

With the culmination of a year-long process, Hamaspik beneficiaries now count Ahavas Golda's high-functioning beneficiaries among their ranks—

and Ahavas Golda's duly-fingerprinted volunteers are now support providers under the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspik's publicsector partner.

Ahavas Golda: a Project of Hamaspik is the best of both worlds.

With Ahavas Golda's burdensome overhead now covered, its sincere founding directors are free to pour their passion into their beloved friends with special needs, free of financial fear, logistical worry or transportation troubles.

For Ahavas Golda's beloved beneficiaries, that means afternoons sevendays a week marked by warm meals and even warmer volunteer staff—all forming the backdrop for careful and patient completion of homework, fun and stimulating activities and crafts, and no shortage of love.

And with three sizable, state-ofthe-art activity rooms at Hamaspik's Borough Park hub now its secure headquarters, the caring and support



CALM BEFORE A STORM OF ACTIVITY: ONE OF AHAVAS GOLDA'S NEW COMMUNITY SPACES

for community girls with disabilities that is Ahavas Golda has a new home. \*

For more information or to apply for

your high-functioning daughter to attend Ahavas Golda: a Project of Hamaspik, please contact our Project Director at 347-598-3149 or suriag@optonline.net.



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● **HAMASPIK NEWS** | HAPPENINGS AROUND HAMASPIK



# **CIRCULAR CONVERSATION**



MAKING SOCIAL ROUNDS: "DAY HABBERS" HONE CONVERSATIONAL SKILLS HERE

# **LOOKING UP**



**NEW HORIZONS:** WATCHING A DEPARTURE, DOVID CASTS A HOPEFUL EYE TO THE SKY

# Going to Shul, Like Everyone Else

Walk into Wesley Hills' Congregation Shaar Hashomayim (Gates of Heaven) synagogue led by Rabbi Yosef Viener anytime, and you'll find a professionally printed giant seating chart on a lobby wall.

Members of the congregation are listed clearly in rows of boxes. Each printed name on the chart represents a seat under Shaar Hashomayim's soaring ceiling.

At the top of the sheet, then, you'll find reserved places for the Rabbi and his sons up front. Row after row of neatly boxed surnames follow, all roughly following the shul's floor plan.

And, comprising the bulk of the bottom right box-row, you'll spy a line of spaces all reserved for the individuals of

Hamaspik.

The individuals granted those seats are not last because they're least. The back-row placement, reserved for the young men with considerable disabilities who reside at the nearby Arcadian Briderheim IRA, is deliberate for the simple reason of proximity to the sanctuary's main doors—plus the fact that rear-row seating grants the boys ample room for wheelchairs to maneuver free of another row behind them.

They've been coming here for years with nothing but love, reports Home Manager Shlomo Lebowitz.

Because at this community synagogue, like every other community synagogue, everybody has a place. Including Hamaspik.

# Conversation Skills? Let's Talk About It!

Step into the Women's Division of Hamaspik of Rockland County's Day Habilitation program any day now, and chances are you'll find that social skills are the talk of the town.

And that's quite the literal statement. That's because, since their inception two months ago, regular social-skills and communication groups have been part of the weekly regimen.

Under the watchful eye of proactive director Mrs. Esty Schonfeld and staff, the young women supported by Day Hab are increasingly learning the art of the spoken word—how to better verbally communicate, how to articulate complex feelings, and how

to effectively share.

Reticence, hesitance, awkwardness and other forms of loss for words are a universal challenge—and all the more so for people with developmental disabilities, contending as they must not just with this typical problem, but with their own self-awareness, too.

Enter Day Hab's conversation-skills groups.

Sitting in a large circle for each session, each is granted the full attention of the rest as they deliver timed free-flowing comments on a targeted subject.

"The session is to prompt them to talk," says Mrs. Schonfeld. "The aim is to bring them to the next level."

# Flying Sky-High in Westchester

Everything Pinchos Knopfler and his superlative staff do is positively stratospheric in terms of keeping the people they support, proactively supported.

Thus, the Men's Division of the Hamaspik of Rockland County Day Habilitation (Day Hab) Program, which Mr. Knopfler has run for years now, found itself paying a heady visit to Westchester County Airport.

The two dozen-plus young men were accompanied by a team of their capable Direct Support Professionals (DSPs) for their first-ever visit to the facility.

With the sprawling municipal airfield now serving seven passenger airlines in addition to private and commercial air traffic, Westchester Airport is a hub of constant take-offs and landings that had the gentlemen thrilled.

For close to two hours, the "Day Habbers" watched aircraft of all sizes take to the skies or return to earth, a thrill brought literally all the more up close and personal what with the airport's small-town size and feel.

They may not have been going anywhere. But in terms of expanding their horizons and getting out of their zones of routine, the gentlemen of Hamaspik of Rockland County's Day Hab were flying high.

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

# On the Table Lag B'Omer to Shavuos, Kings to Rockland

Hamaspik of Kings County's South 9th Shvesterheim IRA put it on the table with food. Hamaspik of Rockland County's Concord Briderheim IRA put it on the table with flowers.

But both put the holiday spirit on the table—the former, the fun-filled, outdoors-oriented festival of Lag B'Omer and the latter, the foliagethemed Biblical holiday of Shavuos (Pentecost).

Lag B'Omer, or the 33rd day of the Omer period between Passover and Shavuos, is typically celebrated with bonfires, barbeques, bow-and-arrow games and other outdoor fun. Shavuos marks the Giving of the Torah on Mt. Sinai, said to miraculously sprout with verdant vegetation prior.

To celebrate Lag B'Omer, which fell this year on a May 3 Thursday, South 9th Manager Mrs. Cziment, Assistant Manager Mrs. Walter and staff served up a storm of freshly-grilled goods. Burgers, hot dogs and fresh vegetables were prepared on South 9th's state-of-the-art outdoor grill and laid out on a table most primly set for the occasion.

To prepare for the Shavuos holiday theme—itself perhaps a symbol of personal growth—Concord's residents worked their fingers as they worked paper maché into flowers under the watchful eye and helpful hand of Manager Mrs. Goldberger.

And at both IRAs, it was community-centric, faith-based and person-centered living at its best.

# **Key to the Future:**

# Hamaspik of Orange County Men's Day Hab Bakes Traditional Key-Shaped "Shlissel" Challah

In ancient tradition, and beyond the scope of this article, there are a number of reasons a specific springtime Shabbos is associated with abundance.

And a number of practices and customs from centuries past are kept to this day that symbolize that embrace of abundance.

Among them is the baking of challah with the theme of a key baked right in—commonly involving molding the raw dough to result in an edible object very much the shape of a key.

But however you do it, the message—really a prayer—is the same: *May the* 

 $coming \, months \, open \, doors \, of \, prosperity.$ 

And opening doors of prosperity—personal and otherwise—was a hope and prayer that the gentlemen of Hamaspik of Orange County's Day Hab program evoked this past April, as they engaged in baking their own "shlissel" (Yiddish for key) challah.

Sifting flour, mixing dough, then rolling, shaping and egg-brushing that dough, followed by baking it onsite was the order of the day—as the gentlemen eagerly awaited the opening of the oven doors... and the ushering in of good days to come.

# Homing in on Caring for Seniors in Borough Park

When Hamaspik of Kings County (or any Hamaspik agency, for that matter), says that it cares for the entire community, it means it!

Building on its trendsetting community mandate of effective supports across the age spectrum, Hamaspik—in this case, Hamaspik of Kings County—recently secured designation of a private residence in Brooklyn's Borough Park as an Individualized Residential Alternative (IRA).

The designation makes the husbandand-wife home an official group residence under the New York State OPWDD, Hamaspik's public-sector partner in running its existing dozenplus IRAs across three counties. The senior couple had long been on Hamaspik's radar.

With their independence and self-care abilities a growing challenge, Hamaspik probed several avenues over the past year for securing the couple the regular support and oversight that they now needed. Various government programs were looked at, but none were suitable due to the husband and wife not meeting those program's qualifications.

With becoming an OPWDD group home, though, it was a natural and long-overdue match.

Thanks to Hamaspik of Kings County's efforts, the senior couple can feel right at home, right in their own home.

# THE RIGHT SETTINGS





ON IT: A BUDDING ARTIST AT CONCORD; SOUTH 9TH'S LAG B'OMER BBQ SETUP



PLANTING AN IMPRESSION: CONCORD'S WALL-TO-TABLE PAPER HOLIDAY DISPLAY



FLOWERING SKILLS: CONCORD RESIDENTS TURN PAPER INTO COLORFUL ART

# IRA SWEET IRA



WHERE HAMASPIK IS: THIS BOROUGH PARK RESIDENCE IS NOW AN AGENCY HOME

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# The Autism Update

# News and developments from the world of research and advocacy

# EYE'S PUPILLARY REFLEX MAY PREDICT AUTISM

**Uppsala, Sweden** — According to recent research at Uppsala University, the *pupillary light reflex*—or how the eye's *pupil* responds to light—in infants might be an early sign of autism.

Since autism can be quite difficult to diagnose in the first years of a child's life, researchers have been looking for new ways to spot it. A recently developed blood test, for instance, may be able to detect the condition with up to 92 percent accuracy, while other researchers have turned to the sensory symptoms of the condition to aid diagnosis.

Because autism is known for sometimes being accompanied by either over- or under-sensitivity to certain stimuli, some researchers believe that the more basic blocks of brain development and sensory processing might hold the key to an earlier and more accurate diagnosis of autism.

In that vein, Uppsala researchers

compared 147 infants who had an older sibling with autism with 40 typical infants. All participants had their eyes' pupillary responses to light first measured at ten months of age; they were then regularly followed until age three, at which point they were evaluated for autism.

The study found that the children who eventually met autism criteria also showed a stronger pupillary response than those who did not. Also, the amount of pupil constriction in infancy was associated with the strength of autism symptoms at three years old.

The study was published recently in *Nature Communications*.

# DISAGREEMENT, PROGRESS ON FIVE YEARS SINCE DSM-5

**Washington, D.C.** — It was five years ago that the American Psychiatric Association released the current edition of its authoritative, industry-dominating reference on all things mental-health related—including autism.

The 2013 publication of the fifth

edition of the Diagnostic and Statistical Manual (DSM-5) brought with it several critical changes to the diagnostic and treatment of autism. Those include the birthing of the phrase "autism spectrum disorder" (ASD), and the absorption-elimination of Asperger's as a standalone diagnosis.

Some believe, however, that the growing prevalence of autism is simply because of the DSM-5's more expansive definition of ASD—meaning that more children are being diagnosed as being on the spectrum when what they have is not actually autism.

# DESPITE LANDMARK 2017 SUPREME COURT RULING, SCHOOL DISTRICTS STILL WINNING MOST SPECIAL-ED DISPUTES

**Bethlehem, PA** — In March 2017, the U.S. Supreme Court found for the plaintiff in the landmark *Endrew F. v. Douglas County School District* case.

The court ruled 8-0 that publicschool children with disabilities must be provided with special-ed services that do more than meet minimal educational standards.

At the time, the decision was hailed by disability advocates who saw it as ushering in a new era of significantly more supports and services for students with disabilities in public schools.

But in the year since the landmark verdict, school districts are still winning most disputes over individualized education programs for students with disabilities, a new analysis finds.

To see if *Endrew F. v. Douglas County School District* had changed legal outcomes in the ruling's aftermath, Lehigh University's Prof. Perry Zirkel looked at 49 appeals of hearing officer decisions nationwide which had been predominantly in favor of school districts.

Prof. Zirkel found that in cases where a school district had won before the high court ruling, 90 percent of those decisions were upheld in the 12 months after the high court ruling. The analysis was published recently in West's Education Law Reporter.



AUTISM COMES TO TOWN: THE ORNATE HISTORIC CITY HALL IN ROTTERDAM, HOST OF THIS YEAR'S INTERNATIONAL SOCIETY FOR AUTISM RESEARCH CONFERENCE

# ADULT, TEEN RESEARCH DOMINATES GLOBAL AUTISM CONFERENCE

Rotterdam, Netherlands — The 2018 annual meeting of the International Society for Autism Research (INSAR), held in this Dutch port city this past May, was dominated by several key themes. Among them were: adults and teenagers on the spectrum; gender in autism; the search for autism

biomarkers (99 genes, not 65, per newest research); and genetics of autism and co-occurring conditions.

Involving people on the spectrum and their families as partners in setting research agendas was also a common (and recurring) theme.

The event's keynote address, by MIT's Prof.

Rosalind Picard, detailed the use of electrodermal activity to predict certain behaviors in people with autism.

The meeting brought together autism researchers from across the field and all over the world to present their latest findings and exchange ideas.

**► HAMASPIK NEWS** 

# Community Integration, Good Behavior and Quality Entertainment at Play

# Hamaspik Day Programs Coordinate Live Performance with Local School



A PLAYER WITH A HAMASPIK FAN

Velvel Zieg is a name many teachers at Monsey's cheders (boys' schools) know.

That's because the effervescent Director of Hamaspik of Rockland County's After-School Respite (ASR) Program, with Hamaspik for several years now, is also a talented local storyteller and youth leader of repute.

And with that level of trusted and personal networking, it was a veritable shoe-in when one Rabbi Joel Teitelbaum, an excellent Eighth Grade teacher at the local Imrei Shefer private school, approached Mr. Zieg for a joint project of an unprecedented kind.

The year before, Zieg's boys at ASR had planned and executed a mini-stage production depicting the Purim saga on their own. It was performed in-house—by ASR, for ASR.

This year, Mr. Zieg tells the *Gazette*, they wanted something "upscale." And how they got it!

On a recent Sunday morning, the Hamaspik Terrace social hall at Hamaspik of Rockland County's hub was a hubbub of activity.

A corner of the room was walled off by the facility's tall rolling partitions. Behind it, Imrei Shefer Eighth Graders presided over tables laden with costumes, small props and even a keyboard, sound effects at the ready.

Beyond the partitioned corner, several rows of chairs filled up most of the room. These were shortly taken by a sizable audience consisting of four Hamaspik day programs.

Besides the excited After-School Respite boys, also in attendance were gentlemen from Hamaspik of Rockland County's two Day Habilitation (Day



MAJOR PLAYERS: THE ACTORS PROUDLY BEAR A WHIMSICALLY-WORDED SIGN



A MOMENT OF DRAMA



VELVEL ZIEG (R) SHARES A PLAY-GOER'S EXCITEMENT



**BACKSTAGE MAKEUP AND COSTUMES** 

Hab) programs for men, as well as "Day Habbers" from Hamaspik of Orange County.

For the next few hours, the audience sat enthralled as the Imrei Shefer boys put on an exciting play that drove home the moral lesson of always listening to your father—how "you can't go wrong" in doing so, Director Zieg adds.

The message was conveyed in no less than six dramatic scenes, interspersed with explanatory narration by ASR participants—and accentuated with mood-setting sound delivered by the visitors' keyboardist.

Making the play even more exciting was the fact that—thanks to preplay coordination between Mr. Zieg and Rabbi Teitelbaum—several of Hamaspik's ASR boys with acting abilities literally got in on the act.

Having coordinated their roles and lines with Rabbi Teitelbaum, the Hamaspik players and their beloved Mr. Zieg had spent a good two days at Respite practicing before their big day. Their Imrei Shefer counterparts, for their part, carrying the bulk of the roles, had rehearsed for well over a week.

With the play's climactic end, a robust round of applause erupted. But the exhilaration and energy lingered—and, like lightning, needed grounding. A raucous round of spontaneous singing and dancing took care of that, with Hamaspik guests and performers alike, and their new Imrei Shefer friends, pounding the floor in gleeful dancing accompanied by upbeat music courtesy of the keyboardist.

Quite literally topping off the excitement was the heady headgear distributed by Mr. Zieg across the noggins of excited participants, who were only too happy to don colorful eclectic hats and have even more fun.

Betzalel Rosenberg, DSP and all the other hardworking Hamaspik Direct Support Professionals were on hand throughout, ensuring that everyone had a great time.

But who enjoyed the play more; the boys performing the play, or those watching?

The Respite kids enjoyed it the most, Mr. Zieg sagely intones. "They worked for it," he says. But he then declares that in truth, it was in fact Velvel Zieg who enjoyed it the most. "I like this sort of stuff," he declares.

And his impressive resume, which brought him to Hamaspik, would indicate as much.

Still, there was much more than recreation to the production, he notes, what with participants and spectators alike going home with three takeaways.

The first, says he, is the "lesson in good behavior" that the play broadcast. The second was community activity—getting them involved with other schools and otherwise practicing integration. And third, naturally, was the sheer fun.

Would he do it again? Velvel Zieg doesn't miss a beat. "Sure!"

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requirement that is part of the Affordable Care Act's numerous rules.

These rules, among the final parts of the 2010 law to be implemented, require restaurants to list calories on all menus and menu boards. They will also have to provide on-site additional nutritional information, such as fat and sodium levels

But the law only applies to chain restaurants that have 20 or more locations. Your favorite neighborhood pizza shop won't be affected.

Still, at the end of the day, knowinghowmany calories are in that steaming slice is probably good for your health—even if pizza isn't.



New York,
NY — On May
8, the Associated
Press reported
that two cases of
Ebola virus infection
were confirmed in
a rural section of the
Democratic Republic of
the Congo, the African nation
where the illness first emerged.

Workers from the World Health Organization (WHO) went to the region over that weekend, the *AP* reported. This is the country's ninth outbreak since Ebola was first noticed in 1976, the *AP* report noted. The last was a year ago, with eight people infected and four fatalities.

The WHO issued a statement promising a "strong response" to the new outbreak, and said it was releasing \$1 million to cover a multifaceted response over the next three months. And on May 11, the WHO announced that efforts were underway to deploy some 4,300 doses of Merck's experimental V920 Ebola vaccine from Geneva to Congo.



**ADDRESSING RURAL HEALTH:** A NEW FEDERAL INITIATIVE SEEKS TO UP ACCESS

# UNCLE SAM LAUNCHES RURAL HEALTH STRATEGY

Washington, D.C. — If you're on Medicaid or Medicare and live in the big city (or even the burbs), it's fairly easy to see a doctor or specialist—even a good one. But what if you live out in the boondocks?

To address that disparity, the federal Centers for Medicare, Medicaid and CHIP Services (CMS) launched its first Rural Health Strategy this past May 8.

Among the problems the strategy intends to tackle are a fragmented healthcare delivery system, stretched and diminishing rural health workforce, unaffordability of insurance, and lack of access to specialty services and providers.

Among the Rural Health Strategy's five objectives are supporting rural hospitals and advancing telehealth and telemedicine.

Approximately 60 million people, or nearly one in five members of the population, live in rural areas, according to CMS—including millions of Medicare and Medicaid beneficiaries.

# HEALTHY HABITS LENGTHEN LIFE: STUDY

**Boston, MA** — An analysis of existing public-health data finds that

Americans who adhere to five healthylifestyle factors live an average of ten years longer than those who don't.

The factors, looked at in a study by the Harvard T.H. Chan School of Public Health, are: healthy eating; not smoking; at least 3.5 hours of physical activity a week; moderate alcohol drinking; and normal body weight.

At age 50, women who didn't adopt any of the five healthy habits were estimated to live to an average of 79 and men until 75.5. In contrast, women who adopted all five healthy lifestyle habits live to an estimated average of 93.1 years and men, 87.6.

The study ran April 30 in Circulation.

# GOVERNMENT RELEASES LONG-TOUTED DRUG PRICING PLAN

**Washington, D.C.** — A long-awaited plan to reduce the prices Americans pay for prescription drugs was officially released this past May 11.

The "American Patients First" blueprint, whose release was delayed twice, was touted by senior officials as "the most comprehensive plan to tackle prescription drug affordability."

But the 50-point plan largely consists of proposals already included in the February 2018 federal budget request, or hinted at in other regulations.

Its primary offerings include reducing the role that pharmacy benefit managers (PBMs), play in the healthcare system; PBMs are the middlemen between massive retailers like CVS and big drugmakers like Novartis who negotiate drug prices.

The plan is also looking into the possibility of listing prices of brand-name drugs in advertising.

However, the plan was widely graded poorly by industry experts and analysts as lacking sufficient substance to make an immediate real difference at the checkout counter.

And noticeably absent from the plan was a proposal with considerable universal support: having Medicare directly negotiate lower drug prices with drug companies.



Indianapolis, IN—In what she titles "a bold solution to America's soaring drug prices," academic Fran Quigley of Indiana University's Health and Human Rights Clinic opines that astronomical drug prices can be drastically reined in by simply not granting drugmakers decades-long—and exorbitantly lucrative—exclusive patents.

Public Health and Poli

Instead, Prof. Quigley argues in a May 10 *New Republic* editorial, federal authorities should simply put up bids for private-sector contracts for drugs that meet specific medical needs, akin to how the government puts up bids for private-sector contracts for military aircraft or NASA spacecraft that meet specific technical needs.

The approach will drastically cut the costs of prescription medications, which one in five Americans skip because they can't afford them, according to Quigley. "A NASA for drug research is worth considering," she writes.

# AFFORDABLE CARE ACT'S MENU LABELING RULES GO LIVE

**Washington, D.C.** — At many of your local eateries, there's a new item on the menu as of this May 7: the calorie labeling



KEY TO LONG LIFE? A PUBLIC-HEALTH STUDY LINKS LONGEVITY TO FIVE HABITS

**►** HEALTH NEWS

# Clock's "Tick"-ing: Sen. Schumer Calls for CDC Funds for New York Bug Battle

**Woodbury, NY** — At a May 1 press conference at Trail View State Park on Long Island, U.S. Sen. Chuck Schumer said that the Centers for Disease Control (CDC) could cover New York State's looming seasonal battle against Lyme disease.

According to Sen. Schumer, the federal agency has an additional \$900 million in its budget thanks to a \$1.3 trillion omnibus spending package approved earlier this year. A portion of that money is desperately needed by New York health authorities for Lyme disease surveillance, treatment and prevention, he said.

New York is the state most impacted by the eight-

legged creatures and Long Island is ground zero for Lyme disease, the No. 1 tick-transmitted infection worldwide, scientists have found.

The Senators aid that the funding is needed to combat ticks and monitor their movements, to better educate the public about protection when in tick-infested areas, and to improve medical education so doctors can more precisely diagnose tick-borne illnesses.

The funding request dovetails with a new CDC report stating that illnesses caused by ticks and other disease-transmitting insects more than tripled nationwide from 2004 to 2016.



SIGN OF THE TIMES: TINY TICKS, LIKE THE ONE IN THIS ENLARGED PHOTO, FILL SOME STATE FORESTS



**HEALTHY EATING** 

# Corn



PREP TIME: 0:10

# Simple Corn Salad

INGREDIENTS:

1 Can corn

3 sour pickles - cut in small cubes

Box grape tomatoes - halved sliced

1/4 cup slices olives

1 red pepper - cut in small cubed

# DIRECTIONS:

- Add all salad ingredients in a container
- Add dressing ingredients and toss well

DRESSING:

2 tablespoon mayo

Salt to taste

1/2 teaspoon sugar

Dash of black pepper

# PREP TIME: 0:10 READY IN: 1:10

# Grilled Corn On The Cob

SIMPLE AND DELICIOUS

INGREDIENTS:

Fresh Corn on the cob

Olive oil

Salt

Black pepper

Garlic powder

# DIRECTIONS:

- Lay each cob on a large piece of foil.
- Drizzle with olive oil, and season with salt and pepper and garlic
- Roll up in the foil.
- Place on the grill on about medium heat for 20 minutes turning occasionally.



# Corn

HEART-WARMING DELICIOUS, NOT YOUR TYPICAL SOUP

# INGREDIENTS:

- 2 tablespoon oil
- 1 large onion diced
- 4 cloves garlic
- 2 potatoes cubed
- 4 15oz can corn
- 1 tablespoon consommé soup mix

Salt to taste

Dash of black peppers

6-8 cups water

Parsley flakes for garnish

# DIRECTIONS:

- Sauté onion and garlic
- Add potatoes and sauté for 5 more minutes
- Add corn
- Season with soup mix, salt, black pepper
- Add water
- Bring to boil, lower flame and simmer for 1 hour
- Blend soup till smooth

# CHEF'S TIP:

To store corn, leave the corn in the husk and refrigerate as soon as possible. If corn has been husked, place it in a plastic bag and store in the refrigerator. It is best to eat it as soon as possible. Corn cut off the cob can be frozen for 6 months to a year.

# BENEFITS:

Corn is nutritious, providing fiber, which aids in digestion, plus folate, thiamin, phosphorus, vitamin C, and magnesium. Just for fun, before you bite into that cob at your next barbecue, take a closer look: The average ear has 800 kernels, arranged in 16 rows, with one strand of silk for each kernel.

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# Know

# ALL ABOUT... GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Information sources:
Mayo Clinic, WebMD,
MedlinePlus, U.S. Centers
for Disease Control and
Prevention (CDC)

Gastroesophageal reflux disease (GERD) occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash can irritate the lining of your esophagus.

While many people experience acid reflux from time to time, GERD is mild acid reflux that occurs at least twice a week, or moderate to severe acid reflux that occurs at least once a week.

Most people can manage the discomfort of GERD with lifestyle changes and over-the-counter medications. But some people with GERD may need stronger medications or surgery to ease symptoms.

# **SYMPTOMS**

Common signs and symptoms of GERD include:

- A burning sensation in your chest (heartburn), usually after eating, which might be worse at night
- Chest pain
- Difficulty swallowing
- Regurgitation of food or sour liquid
- Sensation of a lump in your throat In cases of nighttime acid reflux, one might also experience:
- Chronic cough
- Laryngitis
- New or worsening asthma
- Disrupted sleep

Seek immediate medical care in the case of chest pain, especially if shortness of breath, jaw or arm pain is also present. These may be signs and symptoms of a heart attack.

Make an appointment with your doctor if you experience severe or frequent GERD symptoms, or take overthe-counter medications for heartburn more than twice a week.

# CAUSES

GERD is caused by frequent acid reflux.

When you swallow, a circular band of muscle around the bottom of your *esophagus* (lower esophageal sphincter) relaxes to allow food and liquid to flow into your stomach. Then the sphincter closes again.

If the sphincter relaxes abnormally or weakens, stomach acid can flow back up into your esophagus. This constant backwash of acid irritates the lining of your esophagus, often causing it to become inflamed.

# Risk factors

Conditions that can increase your risk of GERD include:

- Obesity
- Bulging of the top of the stomach up into the diaphragm (hiatal hernia)
- Expectancy

- Connective tissue disorders, such as scleroderma
- Delayed stomach emptying

# Factors that can aggravate acid reflux include:

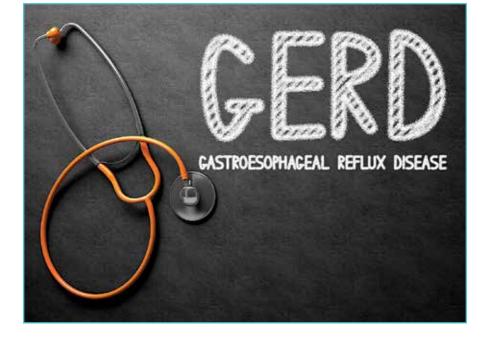
- Smoking
- Eating large meals or eating late at night
- Eating certain foods (triggers) such as fatty or fried foods
- Drinking certain beverages, such as alcohol or coffee
- Taking certain medications, such as aspirin

# **Complications**

Over time, chronic inflammation in the esophagus can cause:

- Narrowing of the esophagus (esophageal stricture). Damage to the lower esophagus from stomach acid causes scar tissue to form. The scartissue narrows the food pathway, leading to problems with swallowing
- An open sore in the esophagus (esophageal ulcer). Stomach acid can wear away tissue in the esophagus, causing an open sore to form. An esophageal ulcer can bleed, cause pain and make swallowing difficult
- Precancerous changes to the esophagus (Barrett's esophagus). Damage from acid can cause changes in the tissue lining the lower esophagus. These changes are associated with an increased risk of esophageal cancer

- down your throat, to examine the inside of your esophagus and stomach. Test results can often be normal when reflux is present, but an endoscopy may detect inflammation of the esophagus (esophagitis) or other complications. An endoscopy can also be used to collect a sample of tissue (biopsy) to be tested for complications such as Barrett's esophagus
- Ambulatory acid (pH) probe test. A monitor is placed in your esophagus to identify when, and for how long, stomach acid regurgitates there. The monitor connects to a small computer that you wear around your waist or with a strap over your shoulder. The monitor might be a thin, flexible tube (catheter) that's threaded through the nose into your esophagus, or a clip that's placed in the esophagus during an endoscopy and that gets passed from the body after about two days
- Esophageal manometry. This test measures the rhythmic muscle contractions in your esophagus when you swallow. Esophageal manometry also measures the coordination and force exerted by the muscles of your esophagus.
- X-ray of your upper digestive system.
   X-rays are taken after you drink a chalky liquid that coats and fills the inside lining of your digestive tract.
   The coating allows your doctor to see a silhouette of your esophagus,



# **DIAGNOSIS**

Your doctor might be able to diagnose GERD based on a physical examination and history of your signs and symptoms.

To confirm a diagnosis of GERD, or to check for complications, your doctor might recommend:

 Upper endoscopy. Your doctor inserts a thin, flexible tube equipped with a light and camera (endoscope) stomach and upper intestine. You may also be asked to swallow a barium pill that can help diagnose a narrowing of the esophagus that may interfere with swallowing.

# TREATMENT

Your doctor is likely to recommend that you first try lifestyle modifications and over-the-counter GERD medications, many of which you can

buy without a prescription. All GERD medicines work in different ways. You may need a combination of GERD medicines to control your symptoms.

If you don't experience relief within a few weeks and your symptoms don't go away, your doctor might recommend prescription medication or surgery.

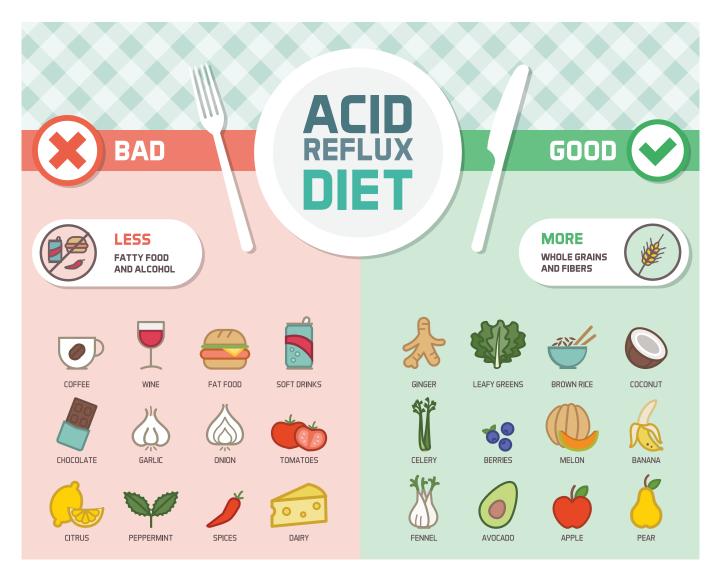
Over-the-counter medication options include:

- Antacids that neutralize stomach acid. Antacids such as Maalox, Mylanta, Riopan, Rolaids and Tums may provide quick relief. But antacids alone won't heal an inflamed esophagus damaged by stomach acid. Overuse of some antacids can cause side effects such as diarrhea, constipation or sometimes kidney problems.
- H2 blocker medications to reduce acid production. These medications include cimetidine (Tagamet HB), famotidine (Pepcid AC), nizatidine (Axid AR) and ranitidine (Zantac). H2 blockers don't act as quickly as antacids, but they provide longer relief and may decrease acid production from the stomach for up to 12 hours. They can also help heal the esophagus, although not as well as other medicines. Stronger versions are available by prescription.
- Proton pump inhibitor (PPI) medications block acid production and heal the esophagus. These medications are stronger acid blockers than H2 blockers and allow time for damaged esophageal tissue to heal. Over-the-counter PPIs include lansoprazole (Prevacid 24 HR) and omeprazole (Prilosec OTC, Zegerid OTC). PPIs are better at treating GERD symptoms than H2 blockers, but studies show that people who take PPIs for a long time or in high doses are more likely to have hip, wrist, and spinal fractures. You need to take these medicines on an empty stomach so that your stomach acid can make them work.
- Prokinetics, which your stomach empty faster. Prescription prokinetics include bethanechol (Urecholine) and metoclopramide (Reglan). Both of these medicines have side effects, including nausea, diarrhea, fatigue, depression, or delayed or abnormal physical movement. Prokinetics can cause problems if you mix them with other medicines, so tell your doctor about all the medicines you're taking.

# **Prescription medications**

Prescription-strength treatments for GERD include:

Prescription-strength H2 blockers.
 These include prescription-strength famotidine (Pepcid), nizatidine and ranitidine (Zantac). These



medications are generally well-tolerated but long-term use may be associated with a slight increase in risk of vitamin B-12 deficiency and bone fractures.

- Prescription-strength PPIs. These include esomeprazole (Nexium), lansoprazole(Prevacid), omeprazole (Prilosec, Zegerid), pantoprazole (Protonix), rabeprazole (Aciphex) and dexlansoprazole (Dexilant). Although generally well-tolerated, these medications might cause diarrhea, headache, nausea and vitamin B-12 deficiency. Chronic use might increase risk of hip fracture.
- Medication to strengthen the lower esophageal sphincter. Baclofen may ease GERD by decreasing the frequency of relaxations of the lower esophageal sphincter. Side effects might include fatigue or nausea.
- Antibiotics, including erythromycin, can help your stomach empty faster. Erythromycin has fewer side effects than prokinetics; however, it can cause diarrhea.

# Surgery and other procedures

The symptoms and causes of GERD can usually be controlled with medication. But if medications don't help or you wish to avoid long-term medication use, your doctor might recommend:

 Fundoplication. The surgeon wraps the top of your stomach around the lower esophageal sphincter, to tighten the muscle and prevent reflux. Fundoplication is usually done with a minimally invasive (laparoscopic) procedure. The wrapping of the top part of the stomach can be partial or complete.

The LINX device. A ring of tiny magnetic beads is wrapped around the junction of the stomach and esophagus. The magnetic attraction between the beads is strong enough to keep the junction closed to refluxing acid, but weak enough to allow food to pass through. The LINX device can be implanted using minimally invasive surgery.

# Lifestyle and home remedies

Lifestyle changes may help reduce the frequency of acid reflux. Try to:

- Maintain a healthy weight. Excess pounds put pressure on your abdomen, pushing up your stomach and causing acid to reflux into your esophagus.
- Stop smoking. Smoking decreases the lower esophageal sphincter's ability to function properly.
- e Elevate the head of your bed. If you regularly experience heartburn while trying to sleep, place wood or cement blocks under the feet of your bed so that the head end is raised by 6 to 9 inches. If you can't elevate your bed, you can insert a wedge between your mattress and box spring to elevate your body from the waist up. Raising your head with additional pillows isn't effective.
- Don't lie down after a meal. Wait at least three hours after eating before lying down or going to bed.

- Eat food slowly and chew thoroughly.
   Put down your fork after every bite and pick it up again once you have chewed and swallowed that bite.
- Avoid foods and drinks that trigger reflux. Common triggers include fatty or fried foods, tomato sauce, alcohol, chocolate, mint, garlic, onion, and caffeine.
- Avoid tight-fitting clothing. Clothes that fit tightly around your waist put pressure on your abdomen and the lower esophageal sphincter.

# Alternative medicine

No alternative medicine therapies have been proved to treat GERD or reverse damage to the esophagus. Some complementary and alternative therapies may provide some relief, when combined with your doctor's care.

Talk to your doctor about what alternative GERD treatments may be safe for you.

The options might include:

- Herbal remedies. Licorice and chamomile are sometimes used to ease GERD. However, herbal remedies are known to occasionally have serious side effects and might interfere with medications. Ask your doctor about a safe dosage before beginning any herbal remedy.
- Relaxation therapies. Techniques to calm stress and anxiety may reduce signs and symptoms of GERD.
   Ask your doctor about relaxation techniques, such as progressive muscle relaxation or guided imagery.

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THINK OUT OF THE HOSPITAL: HHS CHIEF AZAR CALLS FOR MORE NON-HOSPITAL CARE

# WITH BUILDING BOOM, TEXAS **HOSPITAL BUILDS CONSTRUCTION-INJURY TEAM**

**Plano, TX** — Responding to a stillunfolding construction boom involving cranes and heavy machinery, Medical City Plano Hospital in this Dallas suburb last year assembled a team of paramedics, EMTs and trauma surgeons to perform emergency extraction surgeries at the scenes of construction accidents.

According to a recent report in FierceHealthcare, the new field response team saw its first patient this past February, with a Medical City surgeon arriving by air ambulance with all needed equipment to rescue a trapped worker at a building site.

Dr. Mark Gamber, Medical City's ICU director, told FierceHealthcare that the new team, believed to be the first of its kind in the country, allows for a quicker trip to the hospital, as trauma patients fare best when treated in the "golden hour" after an accident.

The approach is very similar to treatments for a soldier in the field who is injured by an explosive device, according to Dr. Gamber, with techniques adapted from military protocols.

# **NYACK HOSPITAL JOINS** MONTEFIORE NETWORK

Nanuet, NY — As of this May, Rockland County medical mainstay Nyack Hospital is officially part of the Montefiore system of hospitals across the greater metro New York region. While the switch legally took place early in 2018, public rebranding is underway with the hospital now called Montefiore Nyack.

# **AZAR URGES ACCELERATION OF NON-HOSPITAL CARE**

Washington, D.C. — In a May 9 speech at the American Hospital Association (AHA)'s Annual Membership Meeting, U.S. Secretary of Health and Human Services Alex Azar urged hospital executives to speed the shift of services from hospitals to other settings. Doing

so would save money and produce better

results, the HHS chief said.

However, in related news, a recent joint investigation by Kaiser Health News and the USA Today Network found that over 260 patients have died since 2013 after in-and-out procedures at surgery centers across the country. According to the report, surgery centers nationwide—over 5,600—outnumber hospitals. Most of the deaths occurred because patients suffered adverse incidents after surgery and didn't get to the nearest hospitals in time.

# **TELEMEDICINE: A QUICK GUIDE**

Washington, D.C. — With telemedicine-or live audio-video consultation with a medical professional via broadband Internet—a growing part of healthcare, Kaiser Health News' Steven Findlay penned a brief guide online on May 9. In short: So-called "e-visits" will be mainstream within ten years, are increasingly covered by Medicaid, Medicare and private insurance for a growing number of visit types, and are even being tested on public ambulance services by some cities.

# **GEISINGER MAINSTREAMING PREVENTIVE DNA TESTS**

Danville, PA — On May 6, the Geisinger hospital/insurance system of Pennsylvania and southern New Jersey



PART OF A BIGGER PICTURE: MONTEFIORE NYACK HOSPITAL (CREDIT: DR. DANIEL SPITZER)

announced that it would be making preventive DNA tests a routine part of health screenings in healthy patients. Preventive DNA tests can sometimes nip genetic diseases in the bud before they become major problem or even develop.

According to Geisinger President and CEO David Feinberg, M.D., the time and cost is finally right. "We didn't want to wait," he said.

The company will be starting with a pilot of about 1,000 patients within the next six months before scaling the service to all patients in its facilities.

Geisinger will pay for the tests, which its per-patient cost is estimated at \$300 to \$500.

According to Dr. Feinberg, DNA testing could identify medically actionable findings in about 3.5 percent of patients before they fall ill-with up to 15 percent of patients to eventually benefit.

# **NEW YORK LEADS DESPITE LOW PATIENT-SAFETY REPORT**

New York, NY — In the Leapfrog Group's 2018 national hospital patient safety rating report, 155 New York hospitals statewide were ranked "A" through "F"—with a mere eight making the coveted "A" grade. Of the remaining 147 graded "B" through "F," the bulk of those—109 facilities—scored a "C," with 14 getting a "B," 19 a "D" and five an "F."

Broken down by the Big Apple's two most prominent boroughs, Manhattan's 13 "Leapfrogged" hospitals only produced one "A," which went to the Metropolitan campus of the NYC Health + Hospitals system. The remainder got "C"s except for Mount Sinai Beth Israel, which got a "D."

Brooklyn's 13 rated hospitals produced no "A"s in this year's report, with a single "B" going to the Brooklyn Hospital Center, followed by three "C"s, six "D"s, and three "F"s.

Nationally, Hawaii tops the hospital patient safety list for 2018, with 72.7 percent of its hospitals earning "A"s followed by Idaho at 70 percent and Rhode Island (2017's top-ranked) at 62.5 percent. New York, for all of its top hospitals and specialists, takes 48th place, with only 5.8 percent of its hospitals scoring "A"s—and Minnesota, home of the famed Mayo Clinic generally ranked as the nation's top hospital overall, takes 18th place.

So does that mean that New York's hospitals are unsafe for patients? Hardly. A number of complex variables go into the rankings, including patient population, caregiver population, number of hospitals, and number (and category) of reported safety incidents. Although New York's 2018 Leapfrog rating is low, its leading doctors and hospitals keep its positive patient outcomes high.

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News from the World of HamaspikCare and Senior Health

# **Baltimore Using Big Data to Reduce Senior Falls**

Baltimore, MD — A data surveillance system used by the City of Baltimore pinpoints precise city areas down to specific city blocks or even addresses—where seniors have suffered slips and falls, then passes that info to community partners to address the spike in falls in a timely manner.

The program is seeing fall risks being addressed within a month (and often within a week), as opposed to 18 or more months. Its goal is to reduce the rate of falls by 20 percent over the next decade. Here's how it works.

First, Baltimore hospitals treating seniors for fall-related injuries pass data onto the Chesapeake Regional Information System for our Patients, or CRISP. Data is then passed on to the city health department.

The health department then reaches out to community groups like the Baltimore-based Green & Healthy Homes Initiative, for example.

By reaching out to such entities—which also include the city's housing department, social-services providers



TAKING A STAND: BALTIMORE'S NEW SYSTEM AIMS TO KEEP SENIORS ON THEIR FEET

and even the city's 3-1-1 hotline—interventions can be executed, with personnel installing grab bars or railings or repairing staircases at known fall sites.

The system, which is updated automatically, is an extension of a 2016 project that began with \$200,000 in grant funding from the Robert Wood Johnson Foundation. According to a recent review of the system, four pinpointed city locations accounted for 72.6 percent

of all older adult falls, particularly the Hampden neighborhood.

Baltimore's health department says that falls sent nearly 5,000 older adults in Baltimore to the emergency department in 2017, to the tune of an estimated \$60 million in hospital bills. According to a study recently published in the *Journal of the American Geriatrics Society*, Medicare and Medicaid shoulder about 75 percent of the bill for nonfatal older adult falls.

The Baltimore initiative, which also includes public education efforts on how to prevent falls, could save \$14 million in medical costs annually.

The mere act of falling down leads to tens of thousands of deaths among adults 65 and over every year in the U.S., and even more hospitalizations. And once an older person falls, they are twice as likely to fall again, according to the CDC.

# May 30: National Senior Health and Fitness Day!

Washington, D.C. — On Wednesday, May 30, 2018, over 100,000 older adults at over 1,000 locations nationwide marked the 25th National Senior Health & Fitness Day. Always held the last Wednesday in May, National Senior Health & Fitness Day is

the nation's largest annual health and wellness event for older adults. Participating locations included banks, health clubs, houses of worship, hospitals, malls and shopping centers, and local park/recreation departments.

# Widowed, Underweight, Sleepless:

New Dementia Risk Factors Uncovered



OLD DATA, NEW FINDINGS: ANALYSIS AT BU FINDS NEW DEMENTIA CORRELATIONS

Boston, MA — Some 5.7 million people in the U.S. alone live with Alzheimer's, the most common form of dementia. That figure is predicted to rise to 14 million by 2050.

But now, Boston University School of Medicine researchers had a computer analyze data from the Framingham Heart Study to find dementia factors that human analysis might have missed.

The so-called *machine learning* software was given 1979-1983 data from the famous ongoing study, which

# HamaspikCare Expanding Pro Relationships with Nursing Homes and Referral Agencies

It's been several months now that Joel Nojovits has been making the rounds of King and Rockland Counties, not just upstate Orange County where he started his job.

But the HamaspikCare Outreach Coordinator and staff have their hands full nowadays—and for the best of reasons.

On a foundation of exactitude and sincere care, HamaspikCare is increasingly the go-to address of choice for a growing number of nursing homes and referral agencies needing its services.

Most recently, these include a major nursing home and several respected non-profits.

In providing care services to seniors transitioning home, HamaspikCare works hand-in-glove with discharge departments to efficiently complete the often-extensive transfer paperwork—a professional touch that's an appreciated extra for them, but par for the course for HamaspikCare.

It's a touch made all the better with HamaspikCare's Consumer-Directed Personal Aide Program (CDPAP), which benefits community seniors needing less-involved home care. (And throughout it all, notes Mr. Nojovitz, Hamaspik has not lost its compassionate one-on-one touch!)

"Everyone is being judged by the readmission rate," Nojovits points out. And with HamaspikCare's clients well cared for, its return rate to nursing homes or hospitals is virtually nil.

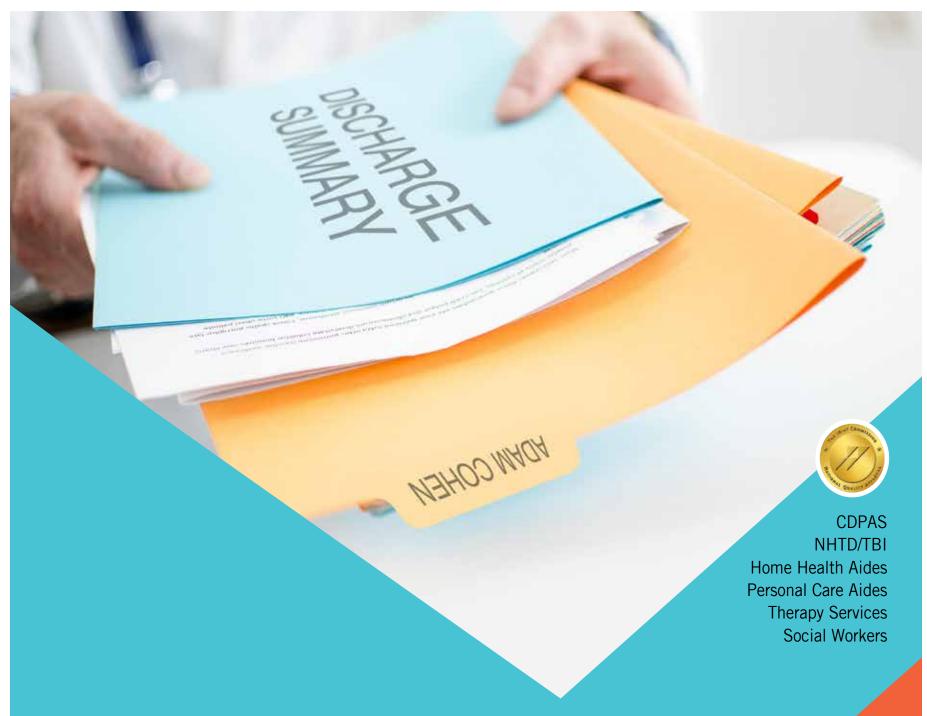
Got questions on HamaspikCare helping your loved one? Call Joel Nojovits directly at 845-503-0850.

has been following the heart and general health of its participants since 1948.

The computer analysis identified marital status of "widowed," lower body mass index (BMI), and less sleep at midlife as risk factors for dementia.

The results were published recently in the *Journal of Alzheimer's Disease*.  $\bigstar$ 

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# DISCHARGED. **NEED HOMECARE?**

Heading home should be a happy experience. To take the bewilderment out of the transition to quality home care, our expert discharge planners provide a FREE Discharge Concierge service.

So don't worry. We'll get you home in no time!



**HamaspikCare** Legendary Support, Extraordinary Care