



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

APRIL '19 • ISSUE NO. 168



GAZETTE SURVEY

The GAZETTE asks YOU:

WHAT DO YOU USE TO READ?

A: GLASSES; B: CONTACT LENSES; C: LASIK; D: NONE OF THE ABOVE

Respond to: survey@nyshainc.org



HEALTH STAT

U.S. FLU SEASON (ESTIMATED), OCT. 1, 2018-FEB. 2, 2019

INDIVIDUAL CASES

13.2-15.2 million

MEDICAL VISITS

6.2-7.2 million

HOSPITAL STAYS

155,000-186,000

Source: 2018-2019 U.S. Flu Season: Preliminary Burden Estimates, CDC



HEALTH TIP

GET IN REAL SHAPE—DO THE “JOMO” WORKOUT

Call it an anti-trend trend. But in recent years, an ever-exploding media and fitness industry have hand-in-hand pressured everyone to pursue the latest fitness trends. The result has been the “joy of missing out” (JOMO) trend, defined as reclaiming your life, your time, and your workout, peer pressure-free!

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GETTING A HANDS-ON HANDLE ON PUBLIC SERVICE

U.S. REP. ELIOT ENGEL OF NEW YORK PERSONALLY GREETS HAMASPIK OF ORANGE COUNTY VISITORS DURING THEIR RECENT THREE-DAY VISIT AND TOUR OF WASHINGTON, D.C. THE GROUP ALSO VISITED THE WHITE HOUSE, THE U.S. MINT AND THE U.S. HOLOCAUST MEMORIAL MUSEUM



COMMUNITY HEALTH AND WELLBEING, A HAMASPIK VALUE, HAVE BEEN A FOCAL POINT OF ELIOT ENGEL’S CAREER AS A PUBLIC SERVANT, FIRST AS A NEW YORK STATE ASSEMBLYMAN (1977-1988) AND MEMBER OF CONGRESS EVER SINCE

SEE PAGE E5 >>

► PUBLIC HEALTH AND POLICY NEWS

Seven of Top 50 Jobs in America are Now Healthcare-related

SEE PAGE E10 >>

► OPWDD NEWS

Dr. Theodore Kastner Congratulations

Congratulations and best wishes to newly-appointed OPWDD Acting Commissioner Dr. Theodore Kastner, MD, MS.

Hamaspik looks forward to working with the Commissioner to fulfill his agenda!

WE LOOK FORWARD TO A MISSION-FURTHERING PARTNERSHIP!

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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 living (ADL) skills and long-term life goals

HOME-BASED RESPITE

Providing: Relief for parents of individuals with special needs

AFTER-SCHOOL RESPITE

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

DAY HAB PROGRAM

Providing: A day program for adults with disability

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 additions

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

CARE 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 involved individuals who have developmental disability

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 · parent/child groups · ongoing service coordination · therapy (PT, OT, SLP, vision, nutrition, play, etc.) · special ed · social work · family training/counseling · bilingual providers

NURSING HOME TRANSITION AND DIVERSION (NHTD) PROGRAM

Providing: Service Coordination · assistive technology · moving assistance · community transitional services · home/community support services · E-mods · independent living skills · positive behavioral interventions · 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 · snack

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 County only)

APPLIED BEHAVIOR ANALYSIS (ABA)

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

LHCSA - HAMASPIK HOMECARE

PERSONAL CARE AND SUPPORT SERVICES

Providing: Home health aides · personal care aides · housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Diet/nutrition counselors · social workers

REHABILITATION SERVICES

Providing: Physical therapy · speech therapy · occupational therapy

PACE-CDPAS

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 · paraprofessional supervision · 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 placement

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 · 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

HEALTH AND RECOVERY PLAN (HARP)

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

HEALTH NEWS

Getting into the Guts of Gastrointestinal Disease New Microbiome Transplant Study at Emory Univ. Getting Underway

Atlanta, GA — There are transplants for a lot of body parts. But did you ever think they could transplant the gut—or at least the good bacteria inside every body’s gut?

The concept is not a new one. It revolves around the microbiome—the thousands of colonies of “good” bacteria residing throughout the human body.

Modern medicine doesn’t fully know their health function. What is known, however, is that they have health functions—making the field of *bacteriotherapy*, or using human microbiota for treatments, a new and promising area of research.

In 2008, University of Minnesota gastroenterologist Dr. Alexander Khoruts saved a patient’s life by transplanting a bacteria sample from

her husband’s gut. A *Clostridium difficile* (C. diff) bacterial infection had wiped out her gut’s healthy bacteria, but the transplant repopulated her gut with healthy bacteria and wiped out the infection.

Dr. Khoruts’ treatment made medical history for having analyzed the DNA of that patient’s gut bacteria before and after the transplant to prove that it had worked.

People with *Clostridium difficile*-associated disease (CDAD) usually are treated with antibiotics—but the infection returns in about 20 percent of people getting such treatment.

But now, a government-funded clinical trial led by Emory University is recruiting 162 patients to see if microbiota transplantation can prevent recurrent CDAD. ★



NYSHA

Article 16

THERAPY CLINIC

SERVING INDIVIDUALS WITH SPECIAL NEEDS

Certified by



NYSHA's Article 16 Clinic provides clinical services to individuals who are developmentally disabled. Following a comprehensive evaluation, we offer a full range of clinical services. Our professional service team develops specialized treatment planning based on each individual's needs.



Counseling



Psychiatry



Speech Therapy



Psychological Evaluations



Nutrition Services



Physical Therapy



Occupational Therapy



We accept Medicaid

For evaluations, appointments and to schedule a visit to the clinic call

718.26.NYSHA

6 9 7 4 2

NYSHA Clinic locations:

293 Division Ave. Brooklyn, NY 11211
1Hamaspik Way. Monroe, NY 10950



●► NYSHA NEWS

With In-house Electronic Bulletin Board, Tri-County Employees “Share and Care”

Custom software allows for real-time sharing of tips, experience agency-wide

With Tri-County Care’s hundreds of employees statewide, you’ve got thousands of years of collective experience right there.

So why not share it with everyone?

That idea came up at a recent roundtable event—one of Tri-County Care’s regular meetings between management and front-line employees.

Through those roundtables, the Tri-County family constantly works to strategically maximize some 10,000 estimated years of total employee experience.

And with that very unique employee body, representing the diverse face of contemporary New York, the direct result is an in-house app dubbed



“Share and Care” by Tri-County’s tech team.

Share and Care is an electronic bulletin board

on the computer of every Tri-County employee—one on which any employee can post requests for information of any work-related sort.

For example, say a Tri-County Care Coordinator in Queens needs a nephrologist in the Bronx with experience working with special-needs patients. Through the Share and Care “grapevine,” the Coordinator puts it out there for all to see—and any fellow Tri-County employee can respond with any valuable information.

Share and Care launched in early February.

One attendee at its originating roundtable recalls reacting with, “That’s a great idea!” And, as everyone knows, sometimes the simplest ideas are the best. ★

●► PUBLIC HEALTH AND POLICY NEWS

American Cancer Society: Cancer Death Rate Drops 27 Percent from 1991 to 2016

Atlanta, Georgia — According to the American Cancer Society’s newest annual report, *Cancer Statistics 2019*, the death rate from cancer in the U.S. has declined steadily over the past 25 years.

“The overall cancer death rate dropped continuously from 1991 to 2016 by a total of 27 percent,” reads the report, “translating into approximately 2,629,200 fewer cancer deaths.”

The report says that the 1991-2016 decline translates to about 1.5 percent less cancer cases per year.

Steady reductions in smoking, and advances in early detection and treatment, are the primary reason for the drop, according to the report.

The most common cancers diagnosed in men are prostate, lung, and colorectal. Together, they account for 42 percent of all male cases, with prostate cancer alone accounting for nearly one in five.

The report also says that for 2019, a total of 1,762,450 new U.S. cases and 606,880 deaths are expected. But that still remains a proportionately lower percentage of the population than in previous years.

In fact, according to the report, the rate of new cancer diagnoses decreased by about two percent per



WHEN DOWN IS UP: ACCORDING TO THE AMERICAN CANCER SOCIETY’S NEWEST STATS, NATIONWIDE RATES ARE DROPPING

year in men and stayed about the same in women between the years

2006 and 2015—while the death rate between 2007 and 2016 declined by

1.8 percent per year in men and 1.4 percent per year in women. ★

Hamaspiik Gazette

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Happening in Health Today

REPORT: AMAZON'S PILLPACK GETTING MORE STATE LICENSES, MAY BE LAUNCHING NATIONWIDE

Manchester, New Hampshire — According to a report in industry observer *Healthcare Dive*, Amazon-owned pharmacy PillPack has secured approval in recent months from nine additional state pharmaceutical boards (and is seeking more) to expand its distribution capabilities.

The moves have led to more speculation about the retail giant's intentions.

The company's Amazon Business wing currently sells some medical equipment to hospitals.

In April of 2018, Amazon ended months of speculation by dropping plans to break into the entrenched business of distributing drugs to hospitals. Analysts at the time said Amazon's decision may have been due to the difficulty of transporting temperature-sensitive pharmaceuticals.

In late 2018, Amazon bought out PillPack, another industry-disrupting company that delivers individualized rolls of pre-sorted medicines to people who manage multiple daily medications. The corporate buyout rattled the multi-billion-dollar retail prescription drug industry.

And now, with PillPack's newest state licenses, some analysts believe a national rollout of an Amazon-driven national online pharmacy of some sort is almost certain.

STUDY FINDS DOCTORS' WORDS HAVE APPARENT LITERAL HEALING POWER

Stanford, California — According to Stanford University social psychologists Lauren Howe and Kari Leibowitz, patient health outcomes may improve significantly when doctors are reassuring and warm.

Writing recently in *The New York Times*, the mental-health professionals say that a brief reassurance a physician makes to



MANY SMALL KIDS USE TOO MUCH TOOTHPASTE: CDC

Atlanta, Georgia — According to a newly released government survey, too many little kids are using too much toothpaste, increasing their risk of streaky or splotchy teeth as they age.

The survey, conducted by the U.S. Centers for Disease Control and Prevention (CDC), found that about 40 percent of kids ages three to six used a brush that was full or half-full of toothpaste, even though experts recommend no more than a pea-sized amount.

While health experts recommend that everyone should drink fluoridated water, and that everyone age two or older should brush twice a day with fluoride toothpaste, the amount of toothpaste used at each brushing is significant, too.

Children under three should only use a smear of toothpaste the size of a grain of rice—while kids three to six should keep it to a pea-sized amount.

Fluoride is a mineral found in water and soil. Over seven decades ago, scientists discovered that people whose drinking water naturally had more fluoride also had fewer cavities. That led to efforts to add fluoride to tap water, toothpaste, mouthwash and other products. Experts say fluoride had helped drive down rates of tooth decay in U.S. teens and adults.

But too much fluoride when teeth are forming can lead to *dental fluorosis*, or tooth streaking or spottiness.

In extreme cases, teeth can be pitted by the mineral, though many cases are so mild that only dentists notice it.

Past studies have suggested that fluorosis has been increasing for at least three decades, and can affect as many as two out of five adolescents.

The CDC's findings were based on a survey of parents of over 5,000 children ages three to 15. ★

a patient may relieve the patient's symptoms faster.

According to a recent study conducted by one of the authors,

researchers recruited 76 participants to receive a skin prick allergy assessment test. The provider in the study pricked participants' forearms

with histamine, which makes skin itchy and red.

The doctor then looked at the patients' allergic reactions. In some cases, the doctor examined the patient without saying much. But with other patients, the doctor spoke encouraging words.

One specific sentence was crafted and used: "From this point forward, your allergic reaction will start to diminish, and your rash and irritation will go away."

Researchers found that that one sentence of assurance resulted in patients saying that their reactions were less itchy—even though the doctor provided no medication or treatment.

"Words alone from the provider relieved patients' symptoms," the Stanford researchers wrote in the *Times*. "This tells us that a physician's words might be more powerful than we normally realize."

GLOBAL CANCER RESEARCH COMMUNITY REACTS WITH GREAT CAUTION TO CANCER-CURE CLAIM

New York, New York — After the chairman of a small foreign biotech company announced this late January that "We believe we will offer in a year's time a complete cure for cancer," the global cancer research and treatment community reacted strongly, from fierce outright dismissal of the claims to carefully chosen words of hesitance and caution.

The approach being developed by Accelerated Evolution Biotechnologies (AEBi), according to the company, involves something called *phage display*, a relatively new field of cancer-treatment research. In plain English, the treatment consists of flagging cancer cells for targeted destruction at the microscopic level.

However, cancer treatment and research leaders in the U.S. and elsewhere expressed significant skepticism of the bold claims.

A number of medical articles written by cancer authorities in the media explained how the company's explanations of their intended treatment—or at least some of them—were factually iffy, if not outright false.

Others took a kinder approach, explaining that while the claims of an imminent permanent cancer cure are exciting, especially with cancer's emotional weight, it's better to wait for expanded scientific human trials of the treatment before embracing the news. ★

● ► HAMASPIK NEWS

With Person-Centered D.C. Tour, Hamaspiik Group's Interests in American History and Democracy Never Shut Down!

Individuals and Staff Spend Three Exciting Days Hopping About Nation's Capital City

It was on a recent Sunday morning when a group of seven young men supported by Hamaspiik of Orange County began seeing another one of their dreams come true.

The high-functioning gentlemen, long interested in America's institutions of power, had long wanted to visit Washington, D.C. This past late January, they got to do just that.

That afternoon, a Hamaspiik van was loaded with fully-packed and well-prepared suitcases, along with four Direct Support Professionals (DSPs) and seven very excited tourists.

Community activist and volunteer EMT Moshe Landau took the time to take the wheel, and the group soon found itself en route to Arlington, Virginia—a six-hour haul in total.

Some five non-stop hours later, the Hamaspiik group pulled off at the Biden Welcome Center in Newark, Delaware, where they enjoyed hot prepared suppers out of heat-retaining food crates.

One hour later, the contingent pulled up at the Crystal Plaza Apartments in Arlington, the complex outside D.C. where they'd be staying. After unpacking, snacks, and nighttime *Maariv* prayers, they retired for the next—excited about an action-packed schedule for the next day.

Fully booked

The next morning, the group hit the road for the world's largest single library collection: the Library of Congress!

Boasting over 16 million books alone, the site is a veritable feast for the eyes of bibliophiles, tourists and proud Americans alike.

The Hamaspiik group made it for an 11:00 a.m. tour, enjoying a welcome table where a guide was happily waiting. They then embarked on a walking tour of the grand facility, gazing in awe at the ornate wooden walls and shelves and the looming marble rotunda.

Driving home the Library's historic nature, the group posed under the original portrait of Gen. George Washington leading his troops during the American Revolution.

But one good tour deserved another, and the Hamaspiik group next headed over to the Visitor Center of the United States Capitol for a 1:20 p.m. guided tour.



MY NEW BUDDY: WITH U.S. REP. BUDDY CARTER OF GEORGIA'S 1ST DISTRICT



FEELING RIGHT AT HOME: NEW YORK'S VERY OWN REP. ELIOT ENGEL SAYS HI



DEFINITELY OUTSIDE THE BELTWAY: ABOUT TO DEPART KIRYAS JOEL



LENDING AIDE: AT THE OFFICES OF U.S. REP. HAKEEM JEFFRIES OF NEW YORK



DOWN TO THE (BLUE)GRASS ROOTS: WITH KENTUCKY'S U.S. REP. ANDY BARR



HAMASPIK MAKES HISTORY: WITH AN OUTSTANDING U.S. CAPITOL GUIDE

Touring the “monument, a working office building, and one of the most recognizable symbols of representative democracy in the world,” as officially described, the gentlemen took in the U.S. Senate chamber while in actual use as a U.S. Senator spoke from the Senate floor.

The group next found itself posing for “equal justice under the law” before the imposing columns of the United States Supreme Court Building.

Back at their apartments for an early dinner, the gentlemen ate and rested up—then headed back out to ride the Capital Wheel, a giant Ferris wheel located in nearby National Harbor, Maryland. It was then back “home” to sleep—recharging for another exciting day to come.

In the House

A good night's sleep and a good breakfast led right into a Monday-morning visit to the U.S. Mint, where the gentlemen almost literally got right on the money—or at least the production of paper money.

That fascinating visit to the workings of our economy was followed by something far more somber—the United States Holocaust Memorial Museum, where the memory of the Nazis' six million Jewish victims was especially significant to the Hamaspiik visitors.

While those two venues were supposed to both fill their day and wrap up their D.C. trip, late-breaking visitor changes at the White House prompted a one-day extension.

It was thus on Tuesday afternoon that the group visited U.S. Representative Eliot Engel of New York in person. That visit was arranged by the good offices of Rockland County Legislator and NYSHA PR Director Aron Wieder, a longtime acquaintance of Rep. Engel. Rep. Engel greeted the group warmly, chatted with each individual, and posed for a group photo. The group was also greeted by an aide while visiting the offices of New York Rep. Hakeem Jeffries.

The Hamaspiik contingent was likewise honored to personally encounter Reps. Andy Barr of Kentucky

and Buddy Carter of Georgia in the halls of the Rayburn House Office Building. Both public servants were graciously accommodating.

But the highlight of the trip was the group's visit to the actual White House later that same day. The gentlemen took in the People's House in person, seeing in action some of the 400 officials and press members who work there daily. (They didn't get to see the President, though.)

Late that same afternoon, the group met up with celebrity White House journalist Avraham “Turx” Turkeltaub, who hails from their same Chasidic background. With that common ground, the gentlemen first posed with him outside the White House, then enjoyed an amusing one-hour conversation with him at a local kosher café.

The next morning, after another good night's sleep, the group loaded up and headed back to New York.

It had only been three days away from home—but the memories from the home of our nation are sure to last a lifetime. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Caring is Still in the House



DAYS PAST STILL PRESENT: ARCADIAN'S VERY OWN JOEL FRIED, DSP, HERE WITH HIS "BOYS" AT A PARTY YEARS AGO, HASN'T LOST THAT SMILE IN 12 YEARS OF DEVOTION

Concord Purim Colors



A TABLE FIT FOR KINGS: LAST YEAR'S IN-HOUSE PURIM FEAST AT CONCORD



PURIM-HEADED: CONCORD RESIDENTS AND STAFF IN SILLY HOLIDAY HEADGEAR

Arcadian Briderheim's Joel Fried, DSP Marks 12 Years with Hamaspik

Mr. Joel Fried first heard about the job opening from a professional acquaintance.

Mr. Fried had left his job at the time and was looking for something else when Shaya Werberger, Hamaspik of Rockland County's Director of Residential Services at the time, informed him of a new group home soon to be opened.

Hamaspik was looking for what today are called Direct Support Professionals (DSPs). Would he be interested? Mr. Fried most certainly was.

And today, a decade-plus later, Joel Fried, DSP is still at it.

Joel Fried says that while the Arcadian Briderheim, and Hamaspik, have maintained the same level of quality and professionalism since he became an employee, he has not. And that's a good thing.

Asked how he's changed for the better over the years, Mr. Fried opines

that he's not just long since learned how to care for individuals with special needs, but how to understand them, too.

He also says that he's learned enough to be able to train others—lending the authority of experience to newcomers fresh to the complex world of disability.

The job does have its challenges, though, he lets on. Various shifts are required at the home, even when most employed people in the community are off for various Jewish holidays. Mr. Fried cites working on the Chol Hamoed "Intermediate Days" of Sukkos and Passover, as well as hours required on the eves of such significant holidays as Rosh Hashanah and Yom Kippur. Regular day shifts also end at 8:00 p.m.

But the odd hours and the holiday (and pre-holiday) work reflect not just the fact that special needs never take a vacation, but that the devotion of Mr. Fried—for a good 12 years—has not, either. ★

Getting Ready for Purim, Concord-style

Group Home Prepares for "Funniest" Holiday

You don't have to be told that Purim is coming when you walk into the Concord Briderheim these days: the writing—make that, the festive decorations—are on the wall.

At the long-running Hamaspik of Rockland County Individualized Residential Alternative (IRA), run deftly since its inception by energetic Manager Mrs. Shaindel Goldberger, Purim is in the air practically the second the Jewish month of Adar begins.

Shopping for costumes, traditionally worn on Purim to symbolize God's hidden presence, takes Mrs. Goldberger and/or Direct Support Professionals (DSPs) to local retailers. Goodies such as candies, fruits and the ubiquitous three-cornered hamantaschen pastries that are the very symbol of Purim (or one of them) are stocked up on.

Then, of course, are the baskets, boxes and containers that are hot commodities at every Jewish grocery store come Purim time.

What with the distribution of "Shalach Manos"—the age-old customary and community-reinforcing food packages

distributed to family and friends on Purim—a pillar of the holiday, the gentleman at Concord never want to feel left out. And at Purim at Concord, they sure don't!

Each resident sits down with staff before the holiday to compile a list of loved ones and even neighbors to whom to deliver Shalach Manos of their choosing. (Of course, they also select those packages' contents, and containers, in the days and weeks before Purim.)

And once that individualized list is compiled—and later, packages neatly prepared and even inscribed—the gentlemen will spend a good part of Purim day being driven about town to personally deliver their food gifts of choice to individual family members and friends of choice.

If anything, given its colorful, exuberant and more-than-a-little-silly atmosphere, Purim is the "funniest" holiday on the Jewish calendar—and one that, thanks to Mrs. Goldberger and crew, doesn't leave any Concord resident feeling left out. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

From One Family to Another, New Manager Gearing Up to Help Individuals Move Up

If there's one thing (and there are many) that may be said about Mrs. Chaya Gross, it's, "Been there, done that"—and, one may add, "still loving it!"

Mrs. Gross is the newly-hired Manager of the 49th St. Shvesterheim, the Individualized Residential Alternative (IRA) in the heart of Brooklyn's Borough Park that will soon be home to a group of young women in desperate need of residential placement.

The Manager is also richly experienced in the world of special needs, having provided the critical Family Care program in her own home to two individuals with disabilities for the past 15 years.

"With her love and care, both girls blossomed to become the productive, responsible, and independent people they had the potential to be," wrote Hamaspik of Kings County Executive Director Hershel Wertheimer in his in-house announcement letter of Mrs. Gross' hire.

And that same love and care is sure

to stand the near-future residents of the 49th St. Shvesterheim in good stead as soon as they move in.

In the meantime, Mrs. Gross has been spending several hours each day at a temporary workspace at Hamaspik of Kings' 41st St. hub (her main office will be located at the new IRA), tending to the e-mails, phone calls and paperwork involved in wrapping up the hiring of entire DSP team.

Currently, the individuals slated for relocation are living locally with their parents and are on tap to move in within the month, reports Mrs. Gross.

According to the new Manager, supporting them as they adjust to the totally new environment of group-home living will be the hard part.

But asked about personalizing that experience per each individual's accommodations—insisting on a favorite color of blanket, for example—Mrs. Gross responds with what can only come from experience and love: "Oh, that's going to be the easy part!" ★

Sensing, and Proactively Responding to, Special Needs

Brooklyn Center's New Sensory Room Calms, Stimulates

The newly-revamped room is a study in contrasts.

At once overwhelming and relaxing, it is whatever is needed by its current user or beneficiary, depending on what that need is.

It's the brand-new "sensory room" on the premises of Hamaspik of Kings County's Brooklyn hub in the heart of the Borough Park neighborhood. And it's yet another proactive response by Hamaspik to the ever-growing needs of the community.

The idea for the room initially came up at a staff meeting on expanding activities for individuals with low function. A Direct Support Professional (DSP) mentioned the benefits of sensory rooms, and Day Habilitation (Day Hab) manager Simcha Einhorn got right on it.

After thoroughly researching the subject and securing a budget from upper management, he repurposed one room with all the accessories and accoutrements that define a sensory room—a space filled with sights and sounds designed to help expand

and acclimate tolerance for visual or audio stimulation in individuals with disabilities, or to simply help them relax.

For some, the plethora of moving wall projections in the darkened room helps them attain a semi-meditative state, long known for its mental health benefits. For others, the giant bean bags, lightning globes and other features placed about the room help them grow accustomed to stimulation—sensory input that would otherwise trigger adverse and even potentially dangerous behaviors.

Sensory rooms have been popular among disability clinics and non-profits alike for years now. Developed initially for individuals with autism spectrum disorder (ASD), they have been found to be measurably beneficial for individuals with other intellectual disabilities, too.

And now, in yet another responsive step toward several supported individuals in particular, and the community in general, Hamaspik of Kings County has a sensory room of its own as well. ★

Where Management Lives



THE MANAGER IS IN: THE SOON-OPENING 49TH ST. IRA NOW HAS MRS. CHAYA GROSS

Getting Down to Earth



"JEWISH ARBOR DAY": COLORFUL FRUITS MARK TU B'SHVAT AT HAMASPIK OF KINGS

Room for Stimulation



GETTING A FEEL FOR IT: THE NEW SENSORY ROOM AT HAMASPIK OF KINGS COUNTY'S DAY HABILITATION (DAY HAB) PROGRAM BOASTS A WIDE ARRAY OF SENSORY TOOLS

The Autism Update

News and developments from the world of research and advocacy

AUTISM SPEAKS RELEASES 'TOP TEN' 2018 STUDIES LIST

New York, New York — Prominent autism advocacy group Autism Speaks recently released its annual Top Ten Autism Studies list for Year 2018. The selected studies “most powerfully advance” the group’s mission of “enhancing lives today and accelerating a spectrum of solutions for tomorrow,” according to Autism Speaks.

Among them are: an Arkansas Children’s Hospital double-blind trial that found that folinic acid improves verbal communication in children with autism and language impairment; a study finding that little kids with autism have more cerebrospinal fluid around their brains than typical kids; and three reports on autism prevalence that now establish the U.S. rate as 1 in 59 kids.

Autism Speaks’ science leadership and Medical and Scientific Advisory Committees made the selections from more than 2,000 autism research reports published in scientific journals last year.

BRAIN’S CEREBELLUM INFLUENCES SOCIAL BEHAVIOR: STUDY

Bronx, New York — A new study in rodents has shown that the brain’s *cerebellum*—a fist-sized area known to play a role in motor coordination—also helps control the brain’s reward circuitry.

Albert Einstein College of Medicine researchers found a direct neural connection from the cerebellum to the brain’s *ventral tegmental area* (VTA), an area long known to be involved in reward processing and encoding.

The findings, published recently

in *Science*, demonstrate for the first time that the brain’s cerebellum plays a role in controlling reward and social preference behavior. It also sheds light on the brain circuits critical to the affective and social dysfunction seen across multiple psychiatric disorders, including autism.

ENGLISH WRITER DECRIES AUTISM STEREOTYPES IN MODERN LITERATURE

New York, New York — In a notably polished opinion piece, English writer and autism parent Marie Myung-Ok Lee critiques modern writing for essentially equating autism with emotional numbness, frigidity and emptiness, whether personally or societally—or even as “a metaphor for higher human understanding, a transcendent plane beyond language.”

“I ask myself why using autism the

way these books do feels wrong,” she writes in *The New York Times*.

“I am acutely aware of the importance of feeling represented in literature,” she continues. “And yet, when it comes to autism appearing in literary fiction, I instinctively feel a need to protect my son from these portrayals. He’s not an Ojibwe curse, a savant or an alien. Nor is he an emotionless cipher with no inner life.”

“The crux of the issue is that with autism there is often, not metaphorically but literally, a lack of voice, which renders the person a tabula rasa on which a writer can inscribe and project almost anything: Autism is a gift, a curse, super intelligence, mental retardation, mystical, repellent, morally edifying, a parent’s worst nightmare,” she concludes. “As a writer, I say go ahead and write what you want. As a parent, I find this terrifying.” ★

BOOT CAMP FOR AUTISM-HIRING BUSINESSES

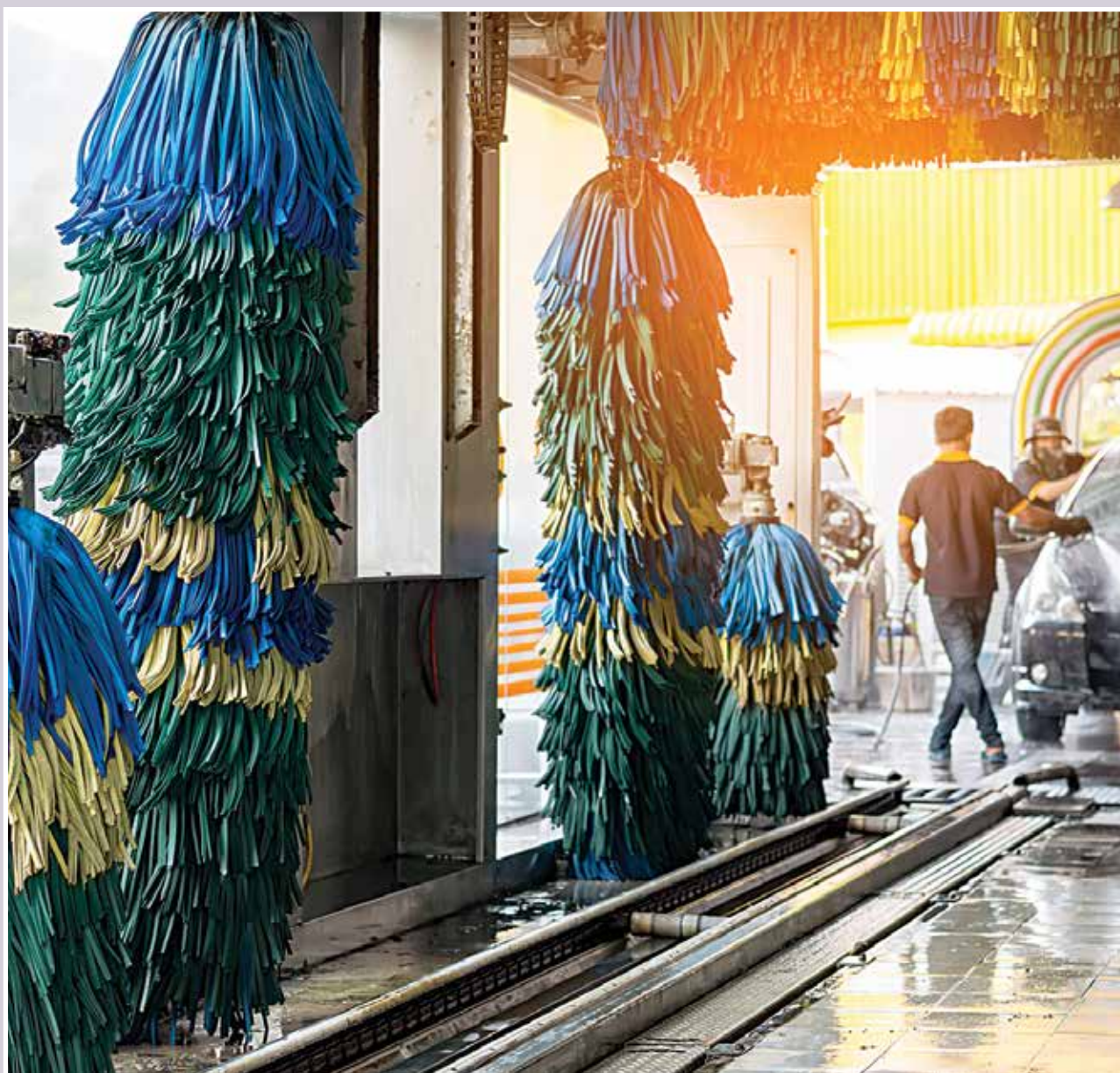
Miami, Florida — The *Miami Herald* recently profiled the Miami-based Rising Tide University, a trailblazing training program for businesses seeking to hire employees who have autism.

The name comes from Rising Tide Car Wash, which was opened by John D’Eri and son Tom in Parkland, Florida in 2013 as a way to help find employment for individuals with developmental disabilities like Tom’s brother Andrew, who has autism.

That successful enterprise now has two locations, both employing several individuals with autism or other developmental disabilities, and has won several awards.

For its part, Rising Tide University offers a seven-part online “bootcamp” training course that helps entrepreneurs create profitable business opportunities that also employ individuals with developmental disabilities.

To date, Rising Tide U has helped kick-start 16 different enterprises nationwide that now employ 115 individuals, according to the *Herald* report. ★



● ► HAMASPIK NEWS

With Transition to Managed Care Slated for August 2019, Next Big Thing Coming for New York State's Developmental Disabilities Community

So, New York's entire disability services and supports system is slated to change to a "managed care" system by this summer.

But what does that practically mean for people getting services from the New York State Office for People with Developmental Disabilities (OPWDD)? What will change?

In plain English, the OPWDD is switching to a better system.

But first, what exactly is "managed care"?

"Managed care is a payment system in which a Managed Care Organization receives money which is paid to providers of services to make sure all your needs are met," begins the OPWDD's Managed Care transition website.

"The Managed Care Organization is responsible for coordinating and providing care, monitoring care quality, and paying for care," it goes on. "It is a way to look at what your specific needs are as an individual, determine the best way to support those needs, and ensure that those needs are met to your satisfaction."

What that simply means is that all your services will remain the same. You will get them from the same organizations that currently provide them.

But now, there will be new organizations (or new divisions of existing organizations) that will handle all the providers of your services—and payments to those providers for those services.

The idea is that the new organizations will do so more efficiently and cost-effectively—not only saving money for Medicaid, but providing more holistic and organic supports, services and care.

Put otherwise, managed care intends to answer this question: How can government subcontract to private entities to manage Medicaid dollars better?

The concept dates back over a decade. It found itself a home in Gov. Andrew Cuomo's Medicaid Redesign Team (MRT) effort, which launched in 2011.

"In January of 2019, what we call the 'early adopters' will begin providing managed care of only medical and behavioral health needs for people with developmental disabilities," the OPWDD text continues.

"Early adopters," the OPWDD explains, "are provider-led managed care plans that provide non-OPWDD long term support services today. At the



CHANGE: NEW YORK STATE'S DISABILITY SERVICES ARE GOING TO MANAGED CARE

same time, each early adopter is also "going through the application process to become a certified mainstream managed care plan."

According to published OPWDD materials, there will initially be only two or three such early adopters in the New York City and Hudson Valley region—including our very own Hamaspiik Choice, a member organization of the New York State Hamaspiik Association (NYSHA).

And with early adopters on the immediate horizon, the special-needs community needs to make sure that their providers are part of those organizations as soon as they go live.

People with disabilities, and their caregivers and loved ones, should ensure that their services providers are affiliated with early adopters of the new managed care system.

But you can't just have any new or existing organization with no direct experience in providing disability supports and services now managing those very supports and services. For example, the Community Habilitation (Com Hab) program can't be run by an organization that's never done Com Hab.

Enter the Article 44.

The so-called Article 44s (named for the section of state law that allows for them) will become the early adopters of managed care for people with developmental disabilities (DD), and will bring to the table proven experience in both the direct-care and financial aspects of disability supports and services.

Early adopter Article 44s will essentially be insurance companies

that pay for developmental disability supports and services.

"We are beginning the process of establishing the Specialized IDD Plans-Provider Led (SIPs-PL) which will provide comprehensive and coordinated care," official OPWDD text reads.

And with SIPs-PL licenses granted by

New York State, these new organizations will offer to their members networks of hospitals, doctors, specialists—and developmental disability services providers.

As such, healthcare entities in New York State will soon be opening that serve both the mainstream and the DD population, where members will get both primary care and DD care.

To summarize: managed care means taking control of the flow of dollars to support and coordinate the health care benefits for low-income and Medicare-eligible individuals, giving it to Article 44s who have experience delivering services.

"As we continue to evolve, the introduction of managed care will help drive quality supports in our system, challenging providers to deliver outcomes by helping people achieve their goals," states OPWDD literature. "These positive outcomes will come through integrated, quality services supported by networks of high performing providers with the flexibility to meet people's needs." ★

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Public Health and Policy News

In ascending order, they are: radiologic technologist (#41); physical therapist (#37); nurse practitioner (#32); dental hygienist (#30); and physician assistant (#12).

Of particular note is the fact that two of the top ten are healthcare-related: occupational therapist (#4), and—at the impressive runner-up spot—nursing manager (#2).

For curiosity's sake, the #1 job for 2019 America is: data scientist.

Glassdoor weighs three factors to rank each occupation with an overall Glassdoor Job Score. These factors are: earning potential, overall job satisfaction and number of job openings. To be considered, each job must have received at least 100 salary reports and at least 100 job satisfaction ratings by U.S. employees during the past year.

MEDICAL STUDENTS WANT MORE EDUCATION IN HEALTH-CARE POLICY

Medical schools are increasingly including health policy in students' education, according to a recent article in *Bloomberg Law*.

Christopher Scott, the associate director of health policy at the Baylor College of Medicine's Center for Medical Ethics and Health Policy, told the publication that the goal in doing so is to "give students tools



HEALTHIER POLICIES: MEDICAL STUDENTS WANT MORE PUBLIC-HEALTH EDUCATION

that can help move the everyday decisions in their practice and at their institutions."

And according to Lisa Howley, senior director of strategic initiatives and partnerships in medical education at the Association of American Medical Colleges (AAMC), medical schools are increasingly including health policy in students' medical education.

Current medical students have been demanding a greater understanding of how healthcare policy will affect their patients and practices, according to the article.

Factors driving that demand include the additional 20 million people added to the rolls of the insured by the Affordable Care Act, ongoing efforts to expand the state/federal Medicaid programs, and the overall ongoing evolution of the industry as a whole.

RESEARCH FINDS SHORT-TERM HEALTH PLANS INADEQUATELY MARKETING

Washington, D.C. — In 2018, in the hopes of increasing competition, heightening health insurance coverage rates and lowering insurance costs, the federal government allowed for the marketing and sales of short-term limited-duration insurance (STLDI) plans as full-year substitute coverage for traditional health insurance plans.

That allowance was accomplished by a new rule that changed the definition of STLDI plans.

The changed definition allowed private health insurance companies to market and sell STLDI plans as year-long plans.

But according to recent research by Georgetown University, many people purchase these short-term plans believing they are as comprehensive

as ACA-compliant plans.

Georgetown research into insurers' STLDI marketing tactics under the new rules, and interviews with insurance officials in eight states, found that the plans generally pose several risks, including coverage denials because of health status.

GOOGLE WORKING ON 'INTELLIGENT' HEALTH RECORDS THAT PREDICT PATIENT OUTCOMES

Alexandria, Virginia — Using artificial intelligence (AI) and so-called "deep learning" or "machine learning" by high-powered computer software to produce medical decisions has a checkered history.

Most recently, IBM's Watson Oncology program, software using company's powerful Watson supercomputer to suggest diagnoses and treatment plans for cancer patients, was found to be profoundly mistaken in several of its suggestions.

In turn, those results suggest the limits—and dangers—of using non-human AI for life-changing medical decisions for humans.

Still, if a newly-publicized patent with the U.S. Patent and Trademark Office is any indication, information giant Google is apparently working on a new electronic health record (EHR) system.

The new system will apparently not only make handling patient data more efficient, but will also analyze millions of EHRs in its database to predict patient outcomes.

According to reports, the 40-page patent application was actually filed in August 2017.

It describes a new computer system, with a healthcare provider-facing interface, that predicts and summarizes medical events from EHRs.

SEVEN OF 2019'S "50 BEST JOBS IN AMERICA" ARE HEALTHCARE-RELATED

Mill Valley, California — According to the recently-released "50 Best Jobs in America" list by employment marketplace Glassdoor, seven of the 50 best jobs for 2019 are in healthcare.



HEALTH IS GOOD FOR WORK: SEVEN TOP U.S. JOBS ARE NOW IN HEALTHCARE

● ► PUBLIC HEALTH AND POLICY NEWS

Calif. Cancer Patient Becomes First Person to Use “Right to Try” Law

Irvine, California — In 2016, U.S. Sen. Ron Johnson (R-Wis.) spearheaded the Trickett Wendler Right to Try Law, known for short as “Right to Try.”

The bipartisan legislation, signed into law May 2018, grants patients with terminal illness the right to try experimental treatments not yet approved by the FDA, despite any potential life-threatening side effects of such untested treatments.

This January, it was reported that

a patient with recurrent glioblastoma (GBM), the most aggressive form of brain cancer, became the first person in the U.S. to access experimental treatment under Right to Try. Beginning Nov. 2018, the patient underwent treatment at the University of California, Irvine with an investigational compound called ERC-1671.

The experimental drug, known in Europe as Gliovac, is a product of the Belgium-based biomedical firm


Epitopoietic Research Corporation (ERC). While it is currently in a Phase 2 clinical trial in the U.S., it remains unapproved by the FDA for usage in treating cancer.

In addition to Right to Try, the FDA already operates its Expanded Access program, in which physicians are granted case-by-case approvals to use various treatments for “off-label purposes.”

Such requests are approved nearly 100 percent of the time. ★



CHAMPION OF THE RIGHT: WISCONSIN'S SEN. RON JOHNSON LED “RIGHT TO TRY”




Zucchini

EASY

YIELDS: 8-10 SERVINGS

PREP TIME: 0:15

READY IN: 1:00



Easy Zucchini Soup

A DELICIOUS AND HEALTHY SIDE DISH

INGREDIENTS:

- 4 onions - diced
- 5 cloves garlic
- 6 unpeeled green zucchinis - cubed
- 4 peeled potatoes - cubed
- Water
- Salt to taste
- 1/4 teaspoon black pepper
- 1 teaspoon garlic powder
- 1 tablespoon consommé soup mix (optional)
- Parsley flakes

DIRECTIONS:

- Sauté onion until translucent
- Add garlic, potatoes, zucchini
- Sauté for additional 10 minutes, stirring every few minutes
- Fill pot with water, enough to cover the vegetables
- Add spices to taste
- Bring to boil, simmer for 1 hour
- Blend with an immersion blender
- Garnish with parsley flakes

CHEF'S TIP:

Raw zucchini freezes great. Prepare in advance, store in a Ziploc bag, freeze and use when needed.

BENEFITS:


Zucchini is rich in B-complex vitamins, folate, B6, B1, B2, B3, and choline, as well as minerals like zinc and magnesium, which are all valuable in ensuring healthy blood sugar regulation—a definite advantage for people with diabetes. It also contains essential minerals such as iron, manganese, and phosphorus.

EASY

YIELDS: 4-6 SERVINGS

PREP TIME: 0:10

READY IN: 0:40



Tasty Zucchini Side Dish

A SIDE DISH WITH A TWIST

INGREDIENTS:

- 1 onion
- 4 zucchinis
- 1 small box grape tomatoes
- 15oz can tomato sauce
- 1 tablespoon sugar
- Salt to taste
- Dash black pepper
- 1 teaspoon garlic powder
- 1 teaspoon consommé soup mix
- 1 teaspoon basil
- 1 cup shredded cheese (optional)

DIRECTIONS:


- Preheat oven to 400°
- Slice onions
- Slice zucchinis
- Slice grape tomatoes in half
- In a oven-save baking dish, combine all ingredients, except for the cheese
- Bake covered for 20 minutes
- Uncover, sprinkle shredded cheese and bake for additional 10 minutes

MEDIUM

YIELDS: 4-6 SERVINGS

PREP TIME: 0:10

READY IN: 0:30



Zucchini Chips

COLORFUL SALAD

INGREDIENTS:

- 4 zucchinis, sliced into 1/4-inch to 1/2-inch rounds
- 2 eggs - beaten
- Salt to taste
- 1 teaspoon garlic powder
- Black pepper to taste
- 1 teaspoon parsley flakes
- 1 cup corn flake crumbs
- Cooking spray

DIRECTIONS:

- Preheat oven to 450°
- Line baking sheets with parchment paper, and set aside
- In mixing bowl, mix eggs with zucchini well
- In a separate bowl, combine corn flake crumbs, salt, black peppers garlic powder, parsley flakes
- Dip slices of zucchini in crumbs mixture and coat both sides, pressing on the coating to stick.
- Place the zucchini in a single layer on the previously prepared baking sheet
- Lightly spray each slice with cooking spray.
- Bake for 10 minutes uncovered
- Remove from oven; gently flip over all slices, lightly spray with cooking oil and bake for 8 more minutes, or until chips are golden brown.

© 2018 Recipes by Mrs. Chana G. Laufer

For all your personal cooking and catering needs, contact chanagitty@gmail.com

In the Know

ALL ABOUT... TOURETTE SYNDROME

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

“Yeah, I know what Tourette’s is. That’s where people blurt out crazy things, isn’t it?”

The involuntary twitches, movements or spoken words of Tourette syndrome are probably the one medical condition drawing the most misunderstanding and mockery—not unlike the insensitivities endured by people who speak with a stutter or walk with a limp.

But as it turns out, a maximum of 15 percent of people with Tourette's actually have the severe, rare and much-maligned type that drives involuntary verbal outbursts—most often, the condition is actually a lot more tame. Read on for a full review of Tourette's—including the facts behind the myths.

Tourette (too-RET) syndrome, also known as “Tourette’s,” is a condition of the nervous system. It causes people to have *tics*.

Tics are sudden twitches, movements, or sounds that people do repeatedly. They are Tourette's hallmark symptoms. They range from barely noticeable or mild to severe or otherwise debilitating.

Tics typically show up between the ages of two and 15, with the average age of appearance being around age six. The most severe period is typically around the age of ten.

Symptoms usually begin when a child is five to ten years of age. The first symptoms often are motor tics that occur in the head and neck area. Tics usually are worse during times that are stressful or exciting. Conversely, they tend to improve when a person is calm or focused on an activity.

Before the onset of motor or vocal tics, a person with Tourette's will likely experience an uncomfortable bodily sensation (premonitory urge) such as

an itch, tingle or tension. Expression of the tic relieves that itch, tingle or tension. Some people with Tourette's can temporarily stop or hold back a tic with great effort.

People who have tics cannot stop their body from doing these things. For example, a person might keep blinking over and over again. Or, a person might repeatedly make a grunting sound.

Having tics is a little bit like having hiccups. Even though you might not want to hiccup, your body does it anyway. Sometimes people can stop themselves from doing a certain tic for awhile, but it's hard. Eventually the person has to do the tic.

While the spectrum of tics people experience is diverse, there are two types of tics—*motor* and *vocal*.

Motor tics are movements of the body. Examples of motor tics include blinking, shrugging the shoulders, or jerking an arm. Motor tics usually begin before vocal tics do.

Vocal tics are sounds that a person makes with the voice. Examples of vocal tics include humming, clearing the throat, or yelling out a word or phrase.

Both types can be either *simple* or *complex*.

Simple tics involve just a few parts of the body. Examples of simple tics are: blinking, squinting, or darting of the eye; nose sniffing or twitching; head jerking; shoulder shrugging; mouth movements; grunting, coughing, making a barking sound, or clearing the throat.

Complex tics usually involve several different parts of the body and can have a pattern. One example of a complex tic would be: bobbing the head while jerking an arm, and then jumping up. Other examples are repeating one's own words or phrases, or repeating others' words or phrases.

About 100,000 Americans have full-blown Tourette's syndrome.

According to some recent studies, about one out of every 360 U.S. children ages six through 17 have been diagnosed

with Tourette's. Other studies on the subject have also included children with undiagnosed Tourette's, estimating that one out of every 162 children have Tourette's. Those studies suggest that about half of American kids with Tourette's go undiagnosed.

While Tourette's equally affects individuals of all racial and ethnic groups, boys are affected three to five times more often than girls.

The type and frequency of tics changes a lot over time. Even if tics appear, disappear, and then reappear, the patient is considered to have Tourette's.

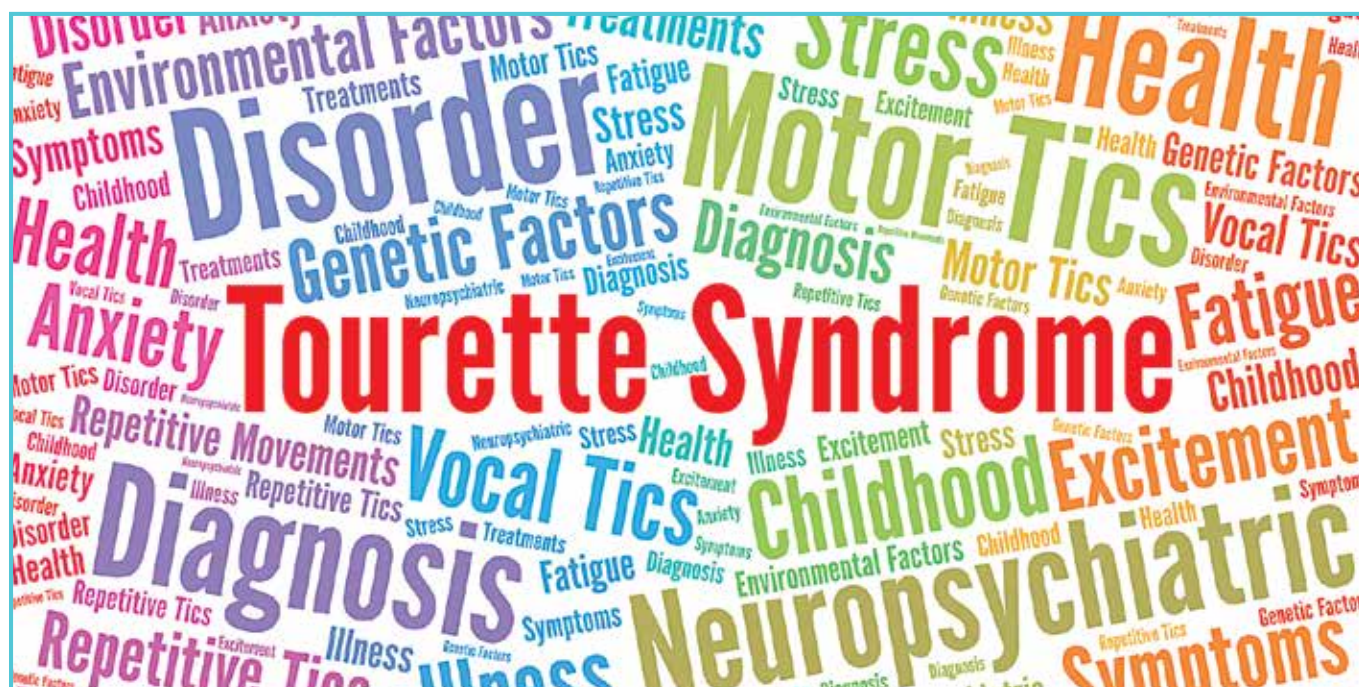
In most cases of Tourette's, tics decrease during adolescence and early adulthood, and sometimes disappear entirely. However, many people with Tourette's carry tics into adulthood; in some cases, they are known to worsen through adulthood.

People with Tourette's are often mocked or otherwise negatively portray as involuntarily shouting out inappropriate words (called coprolalia) or constantly repeating other people's words (called echolalia). However, such symptoms are rare and not required for a Tourette's diagnosis.

There is no single test, like a blood test, to diagnose Tourette's. To diagnose Tourette's and other tic disorders, a pediatrician or doctor will typically refer the patient to a neurologist. In turn, the neurologist will first look at the patient's symptoms.

The doctor or neurologist may order allergy tests, blood tests and MRIs to rule out other conditions before making a definitive diagnosis.

Tic disorders differ from one another in type (motor, vocal, or combination) and duration. Tourette's is generally diagnosed if the patient has both motor and vocal tics, and has had symptoms for at least one consecutive year.



It's important to note that while Tourette's is defined by tics, tics do not always mean your child has Tourette's. Many children develop tics that go away on their own after a few weeks or months. But whenever a child shows non-typical behavior, it's important to identify any cause(s) and rule out any serious health problem(s).

Tourette's typically also occurs with other conditions (called co-occurring conditions).

Some 86 percent of children with Tourette's also have at least one more mental, behavioral, or developmental condition. The two most common of those are attention-deficit/hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD).

Other conditions commonly associated with Tourette's include: Autism spectrum disorder (ASD), learning disabilities, sleep disorders, depression, anxiety disorders, pain related to tics (especially headaches), and anger-management problems.

So, see your child's pediatrician if you notice that your child is displaying involuntary movements or sounds—and for optimal and “big picture” treatment of Tourette's, it's important to check for, diagnose, and treat any other co-occurring conditions, too.

CAUSE

Modern medicine does not yet know the exact cause of Tourette's, although research suggests it's a genetic condition passed from parent to child.

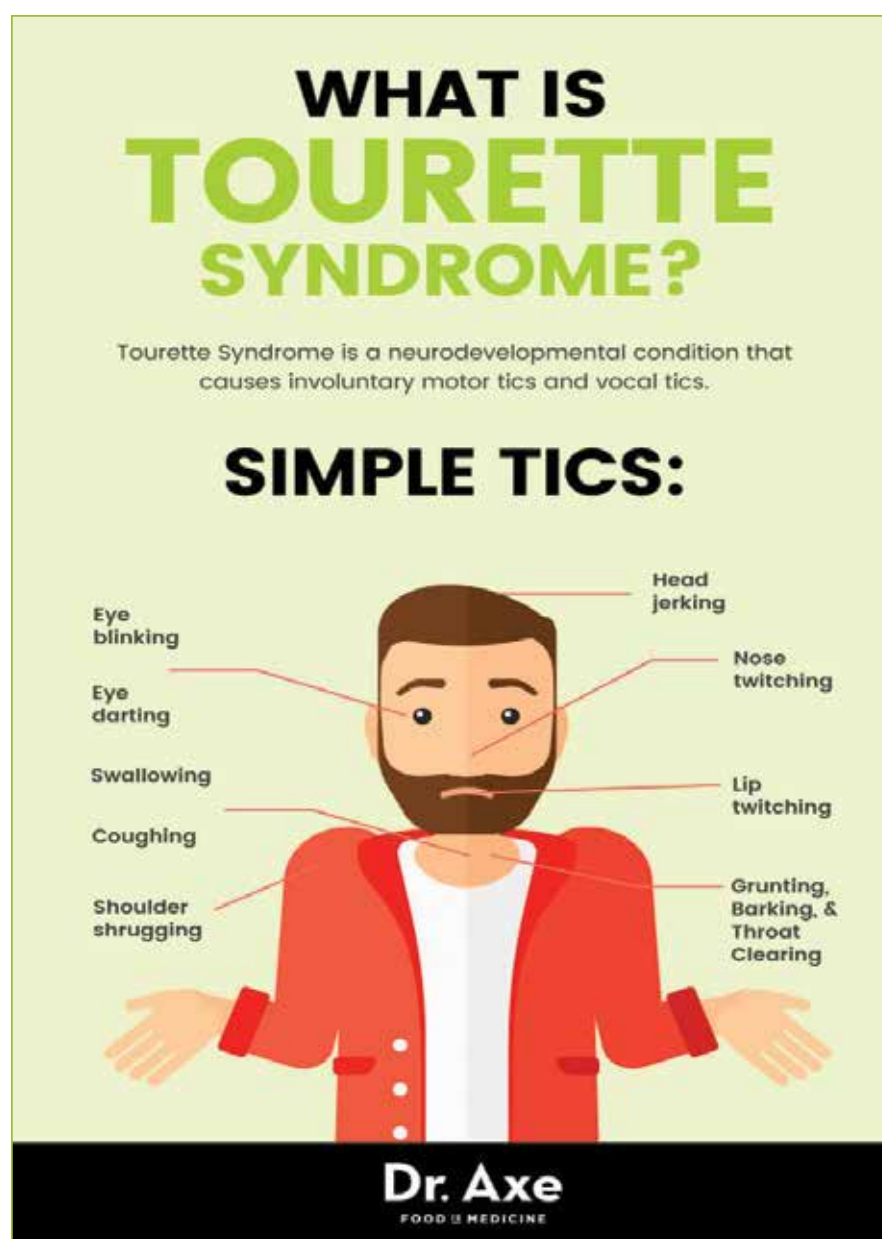
Tourette's is a complex disorder likely caused by a combination of inherited genetic and environmental factors.

Chemicals in the brain that transmit nerve impulses (neurotransmitters), including dopamine and serotonin, might play a role. Specifically, Tourette's has been linked to different parts of the brain, including an area called the *basal ganglia*, which helps control body movements. Differences there may affect nerve cells and the chemicals that carry messages between them. Researchers think that trouble in this brain network may play a role in Tourette's.

TREATMENT

There is currently no cure for Tourette's—but many Tourette's tics do not interfere with daily life and therefore need no treatment. Many children or adults with have cases of Tourette's whose symptoms are mild enough to not bother them (or anyone, for that matter). In fact, tics often lessen or become controlled after the teen years.

For tics that do interfere with school, work, or social life, or cause stress, or even pain or injury, behavioral



treatments are available.

As mentioned, one of the keys to managing Tourette's is learning to identify that hard-to-describe inner sensation that a tic is coming, and to take preemptive actions (not unlike the way some people with epilepsy can sense that a seizure is approaching before it happens). Learning how to do this can be an effective method as teens become more aware of their condition.

If your child has Tourette's, talk to his school about it. You can give staff the facts about the condition and see what kind of support they can give him, like extra tutoring or smaller classes.

Fitting in socially also can be hard for a child with Tourette's. Help him or her practice ways to handle teasing or comments from other kids. Many schools will be able to provide or refer supportive mental-health services.

Patients may want to consider talk therapy. A psychologist or counselor can help a person with Tourette's learn how to deal with the social issues that may be caused by tics and other Tourette's symptoms.

Cognitive behavioral therapy (CBT) may also help.

A specific kind of CBT called habit-reversal training can teach people with Tourette's how to recognize that a tic is coming, and then to move in a way that stops it.

Complimentary options

A number of natural and non-drug treatments have been found to be helpful in reducing and otherwise managing the tics of Tourette's. Here's a review of several of them.

Magnesium promotes healthy muscle action by supporting the central nervous system. Spanish researchers found in a 2008 study that oral solutions of magnesium and vitamin B6 decreased total tic scores in children with Tourette's.

Passion flower extract was tested in a double-blind, randomized controlled comparison trial against anxiety drug Oxazepam. Researchers found it effective for the management of anxiety.

B vitamins, vitamin B12 in particular, boast several health benefits, including reducing the stress, depression and anxiety that are known triggers for Tourette's tics.

Vitamin D is an essential nutrient that's often overlooked; some experts believe that nearly 90 percent of the population has at least some vitamin D deficiency.

The so-called “Sunshine Vitamin” (so named because it's best obtained by direct skin exposure to sunlight) plays a critical role in the nervous system; its absence has been associated by studies with depression.

Chamomile is a flower (or flower extract) used for millennia as a remedy

for a number of symptoms, including the anxiety and depression associated with Tourette's. Chamomile products like teas or essential oils are readily available at health food stores.

Guided imagery is a meditation technique in which a close-eyed and seated patient tenses and relaxes the muscles of the entire body, starting with the feet up (or the head down). Muscle groups are tensed for five seconds then released for 15—all while imagining a peaceful scene such as a lakefront or beach.

Omega-3 fatty acids may benefit individuals by reducing tic-related impairment, according to some studies. This natural substance is commonly found in fish, and is long acknowledged for supporting heart health, brain health, and cancer prevention.

Acupuncture, or the ancient Oriental discipline of using thin needles to stimulate the nervous system and promote healing, was found in a small Chinese study to have a 97.1 percent rate of reducing symptoms of Tourette's.

Exercise, both after and even during a vigorous workout, was shown in a study to significantly reduce tics. That study also reinforced the existing finding that aerobic exercise has a beneficial impact on anxiety and mood.

As such, any prolonged and fun exercise activity, whether an organized sport, a game of tag or even just dancing, can all get the heart pumping, resulting in a better Tourette's experience—and healthier and happier children overall.

PROGNOSIS

Often the hardest part of having Tourette's is dealing with the embarrassment or frustration of having tics that the person cannot control.

Still, there are quite a few things that he or she can do to feel better. These include:

- Get support. Family and friends, or even a Tourette's support group, can help you meet the challenges of Tourette's
- Stay active. Volunteer, engage in outdoor activities or sports, or take up a hobby. Such activities can take your mind off your symptoms
- Relax. Read a book, listen to music, meditate, or do yoga. Low-key activities you enjoy can combat the stress that can lead to tics
- Educate yourself. Learn everything you can about your condition so you'll know what to do when you have symptoms

Despite the fact that Tourette's frequently involves behavioral and social challenges that can harm one's self-image, many children and adults with Tourette syndrome can be taught to lead healthy, active lives. ★

Status Report

Happening In Hospitals Today



FEDERAL HOSPITAL PRICE REQUIREMENTS NOW IN EFFECT

“Can you imagine going to the grocery store, getting the groceries you need for the week, but never knowing the price of your items until a week later when the store sends you a bill?” recently wrote CMS Administrator Seema Verma in an article. “Sadly, that’s how health care works every day.”

But now, hospitals across the country are required by the federal government to post their standard price lists on their websites.

Consumer advocates and industry experts applaud the move as a step toward price transparency in the Byzantine world of medical billing that can help keep a lid on costs by pressuring hospitals to be more competitive in their prices.

But they also note that the price lists are misleading. Few people actually pay the posted prices, as insurers negotiate lower rates for their plans. And it’s hard to tell from the a la carte price list how treatments might be combined for the final bill.

While many hospitals are trying to comply with the new federal posting rule, the price lists are hard to find on many websites.

HEALTHCARE-ASSOCIATED HOSPITAL INFECTIONS DROPPED FROM 2011 TO 2015: STUDY

Atlanta, Georgia — A study by the U.S. Centers for Disease Control and Prevention (CDC), published recently in the *New England Journal of Medicine* (NEJM), concluded that fewer patients had healthcare-associated infections in 2015 than in comparison-year 2011.

The study, entitled “Changes in Prevalence of Health Care–Associated Infections in U.S. Hospitals,” found that patients’ risk of having a health care–associated infection was 16 percent lower in 2015 than in 2011, “largely owing to reductions in the prevalence of surgical-site and urinary tract infections.”

“To continue to make progress in the prevention of such infections, prevention



HITTING THE RIGHT KEY: MEASURES SEEM TO BE WORKING, SAYS A NEW REPORT

strategies against *C. difficile* infection and pneumonia should be augmented,” the authors concluded.

IT’S STILL THE PRICES: LANDMARK HEALTHCARE COST STUDY UPDATED

Baltimore, Maryland — A legendary 2003 study on ever-escalating costs of U.S. healthcare has now been updated—and the reason is still the same: prices.

The price of actual care is the primary reason the U.S. spends more on healthcare than any other country, according to the updated follow-up study recently published in *Health Affairs*.

“Because the U.S. is still not devoting more real resources to medical care than the typical OECD country, we believe that the conclusion... remains valid,” the study authors concluded. “What is different between 2003 and 2016 [the last year for which data were available] is that the differential between what public and private insurers pay for healthcare services has become wider. Lowering prices in the U.S. will need to start with private insurers and self-insured corporations.”

Indeed, according to a separate study published in early February, also in *Health Affairs*, hospital prices for inpatient care grew 42 percent from 2007 to 2014—substantially faster than the 18-percent growth in physician prices over the

same time period. Researchers found a similar trend for outpatient settings, with hospital-based care growing at 25 percent compared to physician prices rising six percent.

AMERICAN HOSPITAL ASSOCIATION RELEASES RURAL HOSPITAL RESCUE ROADMAP

Phoenix, Arizona — As part of its 32nd annual Rural Healthcare Leadership Conference, the American Hospital Association (AHA) released its “2019 Rural Advocacy Agenda,” a roadmap aimed at alleviating pressures on rural hospitals and increasing access to care in rural areas.

“Rural hospitals are not just access

points for care, they are cornerstones of care for the communities they serve,” AHA President and CEO Rick Pollack said in a statement. “In spite of their unique challenges, providing access to quality care where and when their patients need it will always be the goal of rural hospitals.”

The report says that federal policies must be updated and new investments injected into struggling rural communities so as to help rural hospitals.

Over 90 rural hospitals have closed since 2010 due to financial distress and the changing healthcare industry—with 64 closing between 2013 and 2017, over twice the number of the previous five years.

“I’LL HAVE A BUNCH OF NURSES, PLEASE!” CHICK-FIL-A HIRING METHODS HELP MASS. HOSPITAL

Springfield, Massachusetts — Thanks to national restaurant chain Chick-fil-A, the Springfield, Mass.-based Baystate Medical Center was able to solve its chronic shortage of qualified registered nurses (RNs) on staff.

In 2016, Baystate needed to streamline its hiring process to reduce nursing vacancies and improve time-to-fill rates. It did so by adopting Chick-fil-A’s central hiring practice: a weekly four-hour walk-in career fair.

“You hear a lot of candidates talk about how their resume seems to be lost in a massive database and no one reaches out,” said Shannon Levesque, Baystate’s vice president of talent acquisition and workforce planning. “These walk-in hours prevent that and automatically give the candidate a name, face and touchpoint right away.”

Some two years later, Baystate has interviewed over 160 candidates and hired about 40 nurses.

According to Levesque, the walk-in events cut interviews down to two hours—in contrast to as long as three weeks depending on schedules and availabilities of candidates and interviewers.

The hospital’s successful RN hiring program was detailed in a recent interview in *Becker’s Hospital Review*. ★



SIGN OF RURAL HEALTH: A NEW REPORT AIMS TO IMPROVE RURAL HOSPITAL CARE



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

“Legendary Support, Extraordinary Care” Yields Another Grateful Family

Daughter of Seniors Pens Heartfelt Family Thank-you Letter to Agency

“Hi. I just wanted to send a quick email to let you know how helpful both Mrs. Mati Davis and Mrs. Rivky Bodner have been to our family,” began a recent e-mail from the daughter of husband-and-wife Hamaspik HomeCare clients to Director of Patient Services Rena Milgraum, RN.

The letter referred to Field Nurse Mati Davis, RN and Intake

Coordinator Mrs. Rivky Bodner, both of whom have been with the agency for some time.

“Mati and Rivky take a lot of time to listen (to their direct clients and their family members) and they each do their best to guide each member appropriately,” wrote the woman—describing as “really special” their “sensitivity, thoughtfulness, care and concern.”

“I know they each have gone out of their way for my parents because of their compassion,” she concluded. “We (our family) really appreciate it. Hamaspik is very blessed to have people like them working as part of their organization!”

“The respect and exceptional treatment our patients receive” from stafflike Nurse Davis and Coordinator Bodner “clearly expresses to them

that they are in good hands,” says Mrs. Milgraum.

But what’s true for one family is true for every patient family served, notes Hamaspik HomeCare Executive Director Asher Katz—with the hard work, input and knowledge of staff not just garnering appreciation by the loved ones of agency patients, but also “branding us to be what we are.” ★

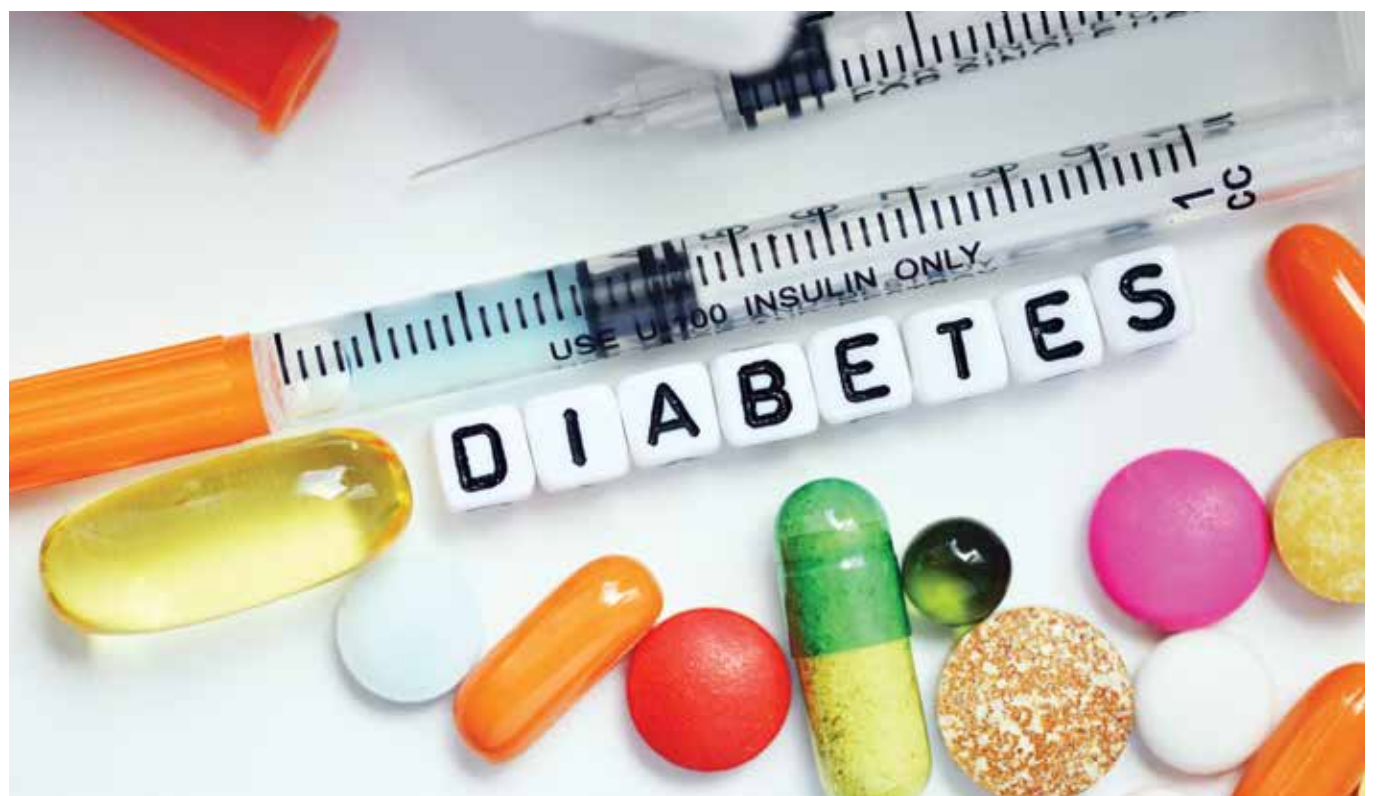
Diabetes Drugs Seem to Benefit People with Alzheimer’s: Study

New York, New York — A study by New York’s very own Icahn School of Medicine, a part of Mount Sinai Hospital, finds that people with Alzheimer’s disease who also regularly took anti-diabetes drugs had fewer molecular markers in their brains of the neurological condition.

Icahn psychiatry and neuroscience professor Vahram Haroutunian, Ph.D. analyzed the brain tissues of people who had both Alzheimer’s and diabetes. More specifically, Prof. Haroutunian and his team examined the molecular pathways in brain tissue and endothelial cells that line the inside of blood vessels.

Their new findings suggest that anti-diabetes drugs may protect the brain against Alzheimer’s.

As Prof. Haroutunian and colleagues explain in their study, published recently in *PLoS One*, a mounting body of evidence has been pointing to a link between the risk of mild cognitive impairment, dementia, and Type 2 diabetes. ★



A WELCOME OFF-LABEL USAGE? A NEW STUDY FINDS THAT CERTAIN DIABETES DRUGS SEEM TO BENEFIT ALZHEIMER’S PATIENTS



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