



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

JUNE '19 • ISSUE NO. 170



GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOU OR ANY FAMILY MEMBER SUFFER FROM SEASONAL ALLERGY?

A: YES; B: NO



HEALTH STAT

ONLY ONE IN THREE U.S. CHILDREN IS PHYSICALLY ACTIVE EVERY DAY.

Source: National Association for Sport and Physical Education, cited by the President's Council on Sports, Fitness & Nutrition



HEALTH TIP

WARD OFF LOCAL POLLEN—TRY RAW LOCAL HONEY

Unlike mass-produced regular honey, raw local honey contains raw local pollen—so have a bit every day to expose your system to local pollen, raise your system's pollen tolerance, and lower your system's allergic reactions.

Source: Study, International Archives of Allergy and Immunology, 2010

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●► NYSHA NEWS

OPWDD Acting Commissioner Kastner Meets with Full NYSHA Leadership Team

Building on Solid Relationship, Hosts Discussion on Planned Changes to Disability Supports

Across his storied career in the field of intellectual/developmental disabilities, Dr. Theodore Kastner has garnered multiple lifetimes of experience. But at a recent meeting at his Albany office, Dr. Kastner experienced something new: His first meeting with the entire leadership team of the seven-member New York State Hamaspik Association (NYSHA), led by Hamaspik founder and NYSHA Executive Director Meyer Wertheimer.

Considering the passion and experience in working towards the betterment of people with disabilities that it shares with the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspik has always strived to work well with the state agency—constantly looking forward to any input and earning the OPWDD's respect.

And considering that symbiotic relationship, it's no surprise that among Dr. Kastner's first meetings with non-profit leaders in his new capacity as OPWDD Acting Commissioner was a get-together with the heads of Hamaspik.

The full NYSHA delegation was rounded out by Tri-County Care/Hamaspik Choice Executive Director Yoel Bernath, Hamaspik HomeCare Executive Director Asher Katz, Hamaspik of Orange County Executive Director Moses Wertheimer, Hamaspik of Rockland County Executive Director Joel Freund, and Hamaspik of Kings County Executive Director



THE FACE OF PARTNERSHIP: OPWDD ACTING COMMISSIONER DR. THEODORE KASTNER, MD, MS Hershel Wertheimer.

As a practicing pediatrician, professor of pediatrics, Director of the vaunted Rose F. Kennedy Children's Evaluation and Rehabilitation Center, and founder of the Developmental Disabilities Health Alliance (DDHA), Dr. Kastner boasts authoritative

familiarity with every facet of disability—from the all-too-often-wrenching daily challenges faced by special-needs families to the complex structures of supports and services available to them, both in the public and private sectors.

Which makes him a natural ally and partner with Hamaspik.

Having been on the front lines of disability supports and services since the mid-80s, Hamaspik—which has since grown into multiple branches reaching thousands of lives—continues to share the OPWDD's mission.

Dr. Kastner's first meeting with NYSHA as the head of the OPWDD revolved around the subject of managed care, the new services and supports system to which the OPWDD is evolving. Over the past several years, NYSHA member agencies have been riding the leading edge of that evolution, making for fully-informed dialogue between the OPWDD leader and the execs present.

But, asked by the *Gazette* for the meeting's theme, Hamaspik of Rockland County Executive Director Joel Freund paints a picture that's less about professional associates strictly discussing business and more about longtime colleagues catching up for well over an hour.

"Hamaspik," he smiles and explains, "has always been a partner with the OPWDD." ★

●► DISABILITY NEWS

State Senator: Nearly 2,800 Disability ID Card Requests Statewide Filled by OPWDD

Robust Response Indicates Program's Popularity, Success, According to Public Servant

Albany, New York — In late April, the office of New York State Senator Pam Helming (R-54th Dist.) announced that the New York State Office for People With Disabilities (OPWDD) had provided disability ID cards to close to 2,800 individuals statewide who had requested them.

The disability ID card concept springs from the belief that police officers and other first responders can better communicate and interact with individuals with disabilities when they are aware that such individuals have disabilities—autism in particular. Cards specify each bearer's name, address, date of birth and emergency contact.

The optional ID cards were created by bipartisan legislation sponsored by Sen. Helming in the State Senate and Assemblyman Angelo Santabarbara in the Assembly.

Sen. Helming launched her public-service career in the field of special needs; Assemblyman Santabarbara is the proud father of a young man with autism.

After unanimous passage in both State Capitol houses, the legislation was signed into law by Gov. Andrew Cuomo in August 2018.

The ID cards are designed to work best with emergency responders who've received Crisis Intervention Team training, another program funded by legislation sponsored by the State Senator. That program "help[s] local law enforcement and

first responders identify mental health situations and respond appropriately," according to Sen. Helming's office. "These ID cards can potentially save lives and keep our communities safe."

As of late April, the OPWDD has filled approximately 2,800 of an estimated 6,000 requests for the cards, and is currently processing about 200 requests a day. ★

Hamaspik Gazette

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●► NYSHA NEWS

Making History: Tri-County Care Celebrates Grand Opening of Albany Regional Office

Ribbon-Cutting Hails Success of Company's Mission, Explosive Ongoing Growth



VISION: HAMASPIK FOUNDER AND NYSHA LEADER MEYER WERTHEIMER

The atmosphere was buoyant and upbeat as well over 100 employees of Tri-County Care (TCC) and other NYSHA agencies gathered at 286 Washington Avenue Ext. in Albany for the grand opening and ribbon-cutting of Tri-County Care's new Capital Region Corporate Office.

Bringing together agency leadership and staff with a host of public servants and partners of the New York State Hamaspik Association (NYSHA), the event celebrated the achievement of Tri-County's newest field facility—and paid homage to the agency's growth as a whole.

The event was also a showcase of Tri-County's impressive diversity.

Serving as emcee, Tri-County Director of Training and Education Japhe Deliat expanded on the agency's mission—and his personal appreciation for the growth he'd experienced since coming on board, both personally and company-wide.

But the career disability professional was hardly the only person on the premises sharing that sentiment.

From the event's start to finish, speakers addressing the capacity crowd touched on what Tri-County Care means to them. An individual with special needs wowed the audience



SUPPORT: DEPUTY NEW YORK STATE COMPTROLLER KARIM ADEEN-HASAN with hard-hitting, heartfelt words of appreciation to his Tri-County support team. And when staff and guests lined up outside to cut a long giant red ribbon as a group, that galvanizing sense of accomplishment reached a high—leaving all moved and motivated to further TCC's mission.

GROUND(WORK) CREW

Tri-County Care officially launched



PERFORMANCE: EMCEE JAPHE DELIAT, TRI-COUNTY TRAINING AND EDUCATION DIR.

on July 1, 2018—culminating close to two years of hard work by NYSHA stalwart and current Executive Director Yoel Bernath and his crack team.

As an official New York State-approved Care Coordination Organization (CCO) and one of only seven green-lighted statewide by Albany, Tri-County serves to provide objective and independent advocacy for individuals with intellectual/developmental



INSPIRATION: ANDREW SHARES HEART-WARMING PERSONAL EXPERIENCE disabilities (I/DD).

At its first day of official operations, and for a good two months before that, Tri-County Care fielded a skeleton crew of some two dozen vital administrative staffers. Vice-President of Operations Jackie Spring, Director of Quality Assurance & Compliance Officer Joshua Mawhirter and crew were on hand every workday for weeks to lay all necessary groundwork.

Joining them during that countdown to Day One were Regional Directors Jason Mazzuca, Fatima Nunez, Contessa Officer, Michael Wright and Perry Zelik, as they aided regional offices in transitioning scores of MSCs into their new roles as newly-hired Care Coordinators with TCC.

Today, Tri-County boasts several hundred employees across a sprawling state-wide structure.

And at the grand opening and ribbon-cutting of its Albany complex, that ongoing achievement—and the endless work behind it—was finally given a well-earned due.

CUTTING THROUGH RED TAPE

The event began at 9:00 a.m. as Tri-County Care employees from the Albany region to Long Island, and



ROUNDTABLE EVENT: BREAKFAST FUEL FOR A MILESTONE GRAND-OPENING EVENT



ON THE TABLE: STATE SEN. FELDER (L) AND ALBANY TREASURER SHAHINFAR (R) LISTEN AS MR. WERTHEIMER AND DEP. COMPTROLLER ADEEN-HASAN TALK

numerous locales between, converged for a sumptuous buffet breakfast.

Approaching the intended address by car, attendees were first greeted by a giant sign visible from the road that pointed them to their immediate destination. Further signage guided them to the front entrance of the new offices—where they were greeted by door gifts and a welcome table manned by four employees.

Tri-County guests then networked over an informal breakfast reception, meeting and greeting coworkers and forging new professional relationships.

At the same time, numerous public servants and allies of NYSHA were seen in the crowd. These included State Sen. Simcha Felder and State Assemblyman Simcha Eichenstein (known endearingly as the “Simcha Caucus”), and longtime OPWDD care-quality authority Leslie Fuld (present to represent new OPWDD Acting Commissioner Dr. Theodore Kastner).

Among invited guests were also Albany City Treasurer Darius Shahinfar; Deputy Comptroller, Human Resources Karim Adeen-Hasan with the Office of State Comptroller Thomas DiNapoli; and Agudath Israel of America Director of New York Government Relations Yeruchem Silver.

The first of several highlights then ensued as Tri-County Care employees and their public-service allies gathered outside the front door for a gala ribbon-cutting. Led by Executive Director Bernath and Albany Regional Director Mazzuca, the crowd broke into cheers as the ribbon gave way to giant shears.

WORD POWER

Back inside, guests sat at elegantly-set tables as Master of Ceremonies Deliat curated a round of speeches.

The emcee first outlined Tri-County’s mission statement—then powerfully elaborated on the practical meaning and application of each of its

four components.

Among the personal goals of one individual supported by Tri-County is to become a public speaker—and Mr. Deliat surprised the crowd by calling upon that individual himself to speak.



MEETING OF MINDS: TRI-COUNTY’S LEADERSHIP WITH JERRY ARUL, ASSISTANT TO NEW YORK STATE SENATOR AND DISABILITY SUPPORTS ADVOCATE JAMES TEDISCO



OUTPOST: TRI-COUNTY CARE’S NEWEST REGIONAL CENTER FURTHERS ITS REACH



TOP BRASS: WITH EXECUTIVE DIR. WERTHEIMER (C), NYSHA MEMBER EXECUTIVES (L-R) JOEL FREUND, YOEL BERNATH, MOSES WERTHEIMER AND ASHER KATZ

Genuine laughter, and a few tears, ensued as the young man thanked his own mother for being his “original Care Manager,” and presented a gift to his current Care Manager.

In his remarks, Albany Treasurer

Shahinfar—whose family is affected by disability—thanked the young man for his moving comments.

Meyer Wertheimer, Executive Director of NYSHA and founder of Hamaspiik, reviewed the evolution of the state’s disability-advocacy mechanism, from its early form of Case Management and then Medicaid Service Coordination (MSC) to today’s “conflict free” Care Management model ensconced in TCC.

Longtime OPWDD quality-control official and current Deputy Commissioner Leslie Fuld spoke, briefly sharing her office’s positive experiences with NYSHA member Hamaspiik of Orange County.

Tri-County’s Yoel Bernath was next summoned to speak, with Mr. Deliat thanking him for his own personal growth since joining the agency—and for building an agency that brings out the best in all. Taking the podium, Mr. Bernath summed up his agency’s ethos by emphasizing two words: “Care Manager”—explaining that every sought-after caregiver quality is found in TCC’s Care Managers. He also thanked Tri-County’s Jason Mazzuca and Zishe Weiss for working “round the clock” to open the Albany office, and the agency’s very own Beilu Moskowitz for flawlessly planning the event.

MOVING ON AND UP

Spirits were “so high!” and the sense of accomplishment was “unbelievable!” as guests left, one attendee later said.

Since late 2016, thousands of hours had been put in to make Tri-County Care a reality; the ribbon-cutting thus marked not just the simple opening of a new office, but the collective efforts of hundreds of employees in making Tri-County what it is today.

As the attendee put it, “we overcame all the bumps in the road.” Now, he said, it was time for celebrate that achievement—with an event that gave all a world of motivation going forward. ★

Happening in Health Today

AT-HOME TEST EFFECTIVE FOR COLON CANCER SCREENING: STUDY

Indianapolis, Indiana — Joint research by the Indiana University School of Medicine and the Regenstrief Institute, both based in Indianapolis, says that at-home screening tests called FITs are effective for colorectal cancer screening in people of average risk.

Colon cancer is one of the most common cancers diagnosed in both men and women in the United States, but many people who should be getting screened for it aren't.

The research looked at 30 studies on the annual at-home FIT tests, finding the less-invasive tests can possibly increase screening rates.

Currently, only 65 percent of people at risk for colorectal cancer actually get screened with colonoscopies, the conventional way of getting tested.

Last year, with colon cancer increasing in younger people, the American Cancer Society began recommending that average-risk adults start screening for colorectal cancer at age 45, not 50.

THE NEXT BIG THING IN CANCER IMMUNOTHERAPY: BISPECIFICS

New York, New York — It was less than two years ago that the *chimeric antigen receptor T*, or CAR-T, treatment for cancer was first approved.

But just because cancer immuno-

therapy—in which the body's immune system is harnessed to attack cancer cells—is still relatively new, doesn't mean that immunotherapy biotechnology isn't already on to the next big thing: bispecific antibodies.

Known as bispecifics for short, the technology actually was first described in the 1960s and enjoyed its first therapeutic use in 1992.

But in the immediate wake of CAR-T's success, over 20 biotech firms are currently developing their own cancer-fighting bispecifics, which are antibodies containing two different antigen-binding sites in one molecule.

Like standard immunotherapy, bispecifics make the immune system kill tumor cells. But unlike the tedious weeks it takes to manufacture CAR-Ts, bispecifics can be infused shortly after being prescribed.

agreed to participate. Together with the State University of New York-Binghamton, health experts checked in with the group of mostly white males over the course of six years to see whether they developed any unusual symptoms."

In a later study published in *Public Health*, the researchers found the group had no significant changes in health conditions. Observed conditions, including vision loss, heart disease, type 2 diabetes, weight changes, hypertension and arthritis, were credited to old age.

"It's unlikely the disease will jump" from deer to humans, Krysten Schuler, wildlife disease ecologist and co-director at the Cornell Wildlife Health Lab, told *USA Today*.

But Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, told the paper that it's "probable" that humans will come down with the disease after eating infected meat "in the years ahead."

BRAIN OF HEALTHY BOY, 12, SELF-REWIRES TO REPLACE REMOVED PARTS

Pittsburgh, Pennsylvania — Recent and ongoing reports on Pittsburgh-area resident Tanner Collins, 12, tell the remarkable story of how the left side of his brain has assumed virtually all the functions of the partially-removed right side of his brain, five years after surgery.

Young Mr. Collins is healthy in every way except lacking left eye peripheral vision.

At age seven, he had a large and seizure-causing tumor removed from his brain—along with one-third of his right brain (specifically, the parts controlling vision and image recognition). Doctors were unsure of what would happen.

But thanks to the procedure, and to ongoing detailed brain scans and research at the Children's Hospital of Philadelphia (CHOP), doctors now know that his left brain has literally rewired itself to do what his removed right brain would otherwise be doing.

Besides being a walking (and seizure-free) medical miracle, Mr. Collins is also a living window into *neuroplasticity*—the brain's ability to physically create new internal connections.

Neuroplasticity is generally associated with learning new things, like languages and habits; the boy's case sheds ever-new light on just how powerful and far-reaching neuroplasticity can be. ★

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DON'T FEAR THE "ZOMBIE" DEER (FOR NOW, AT LEAST)

Utica, New York — Much ado has been made in the media of late about cases of "zombie" deer, or the otherwise-beautiful wild beasts suffering from chronic wasting disease (CWD) otherwise known as "zombie deer" disease.

Thousands of cases have been reported in 24 states from Pennsylvania to Iowa—and in our very own New York State.

Fortunately, the disease known as CWD is not known to infect humans. Even more fortunately, courtesy of a 2005 free meat giveaway conducted by a fire company in upstate Oneida County, eating the meat of deer that was later found to have been infected by CWD apparently has no negative effect on humans. According to a recent report in *USA TODAY*, over 200 people arrived to collect free deer meat that the Health Dept. later found out was from diseased deer.

"Because little was known about what happens to people who eat infected meat, the Oneida County Health Department monitored the group's health through a surveillance project," reported the newspaper. "About 80 people who ate the venison

● ► HAMASPIK NEWS

Reaching a New Summit of Community Integration and Mainstreaming

Hamaspik of Orange County's Newest Residence Epitomizes "Residential"

At first glance, there's hardly a feature that catches the eye as anything but typical. If anything, it's almost too typical—as squeaky-clean pristine as a catalog showroom or real-estate brochure.

Which, of course, is precisely the idea.

It's the Summit Briderheim Individualized Residential Alternative (IRA), the newest home for individuals with intellectual/developmental disabilities under the rubric of Hamaspik. The Summit Briderheim, now home to several young men with special needs, is located on a picturesque road in suburban Orange County—where it fits right in and nothing looks out of place.

The classically suburban home, one whose professional photos would find an appealing home on the pages of any interior-design magazine, is now where people with disabilities will live—where the magic of mainstreaming will happen.

And with a gala opening ceremony attended by no less than Rabbi Aaron Teitelbaum, Satmar Jewish community spiritual leader, that mainstreaming has now gone live once again.

INTEGRATION IN THE HOUSE

Hamaspik staff members and department and program leaders began arriving the morning on the auspicious day. A short while later, a sizable crowd had parked in a single line in front of the picturesque home. As a courtesy to neighbors, cones placed on the other side by Hamaspik kept the road uncluttered.

Socializing and catching up with peers ended as Rabbi Teitelbaum arrived and entered; a palpable hush descended on the crowd as the formalities began.

As a revered communal figurehead, the Rebbe was honored with the placement of the home's first mezuzah, the sacred scroll mounted on doorposts of Jewish homes and businesses.

In the community supported by Hamaspik, the putting up of a mezuzah is literally the final hammer blow in the transformation of raw building materials and random furniture into a harmonious house or working workplace.

And with the Summit Briderheim now becoming a home within that community, it was only fitting that Rabbi Teitelbaum mark that completion—and do so right at the front door, the very interface of integration.

DRIVING THE POINT HOME

Guests looked on as Rabbi Teitelbaum

first recited the customary blessing, then pounded two nails into the doorframe, permanently affixing the first mezuzah—symbolizing God's protection and

presence—to the Summit Briderheim. After a brief tour of the home, the Rebbe then took his honored seat at the head of several tables.



ENTRANCE ENTOURAGE: FLANKED BY RESPECTFUL GUESTS, RABBI TEITELBAUM ARRIVES



OPENING DOORS: RABBI TEITELBAUM INDUCTS THE NEW IRA INTO THE COMMUNITY



MAINSTREAM LIVES HERE: HAMASPIK'S PERFECTLY SUBURBAN SUMMIT BRIDERHEIM IRA



IN THE HOUSE: ONE OF THE SUMMIT IRA'S STYLISHLY-APPOINTED NEW BEDROOMS

Hamaspik of Orange County Executive Director Moses Wertheimer then spoke. He first thanked the Rebbe and guests for attending, then thanked Hamaspik founder and NYSHA leader Meyer Wertheimer and Hamaspik staff for their years of joint efforts and ever-expanding resulting community services. He briefly reviewed the three-year journey of the Summit Briderheim from concept to completion, mentioning both rigorous state approvals and the trying but ultimately triumphant journey of the new residents' grateful parents.

Mr. Meyer Wertheimer addressed the crowd next. He first expressed appreciation for the recent wave of official approval of new IRAs statewide, heralding a new era of responsiveness to parents' ever-growing pleas. He underscored the vitality of quality housing for youths with special needs. He shared some stories of the previous Satmar Rebbe, the late Rabbi Moshe Teitelbaum, of righteous memory, who had been involved with the mid-80s creation of Hamaspik. He concluded with personal thanks to Moses Wertheimer and the entire Hamaspik staff who made the Summit Briderheim possible.

With Hamaspik guests leaning in and intently listening, Rabbi Teitelbaum spoke next. The Rebbe thanked the Hamaspik leaders for their "fine words," then shared several inspirational stories. Rabbi Teitelbaum is a longtime supporter of Mr. Wertheimer's trailblazing community work, harboring a special affinity for Hamaspik and its labors of love for children and young adults with disabilities.

Following the Rebbe's departure, Hamaspik's Board of Directors, staff, and family and friends of the soon-to-move-in individuals, were honored by leadership in mounting one of several dozen mezuzos on doorframes throughout the spacious and brand-new residence. Bedrooms, closets, living and dining spaces and so on—and hence the entire house—were thus readied for residential usage.

Throughout the gala, guests had gotten a first-hand tour of the lovely new home—with more than a few commenting how they'd love to live in such a tastefully-appointed residence themselves. But now, the permanent residents would be taking it from there—right into the mainstream, where they truly belong. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Happenings around Hamaspik

Holiday Order



PRACTICE RUN: INDIVIDUALS AT HAMASPIK OF KINGS COUNTY (L) AND ROCKLAND COUNTY (R) ENJOY A MODEL SEDER ("ORDER"), THE CEREMONIAL PASSOVER MEAL



Food for Thought



KEEPING IT KOSHER: WITH THE ENTIRE HAMASPIK RESIDENTIAL LEADERSHIP ON HAND, THE KJ KASHRUS COMMITTEE'S NEW LEADERSHIP LAYS DOWN THE LAW

Getting Out and About, Passover-style

Hamaspik's 38th St. Shvesterheim Residence Typifies Community Outings

Typical of Hamaspik's unabashed community inclusion efforts is Hamaspik of Kings County's 38th St. Shvesterheim residence for women.

Residents and staff of that group home got out and about during Passover's Chol Hamoed "Intermediate Days"—joining the mainstream at such local venues as Brooklyn's Plaster Gallery or traveling as far as Rockland County, where they enjoyed the rides and arcade games of an indoor family fun center followed by a private outdoor picnic.

At the Plaster Gallery, the Hamaspik contingent joined children (of all ages!) at craft tables to for a very hands-on experience manufacturing their own take-home works of pottery art.

Tables of a different sort were the center of attention another day, as the group gathered around the backyard porch furniture of a staff member who lives in upstate Monsey. Freshly-grilled fare was the order of the day,

along with playing and otherwise interacting with the host staffer's children in the spacious backyard.

The Chol Hamoed days were rounded out by 38th's participation at a grand street fair put on for the Borough Park neighborhood by COJO, a leading local community non-profit.

Accompanied and supported by staff, the residents were seen riding the many carnival rides set out on the closed-off city streets, enjoying the rich variety of game booths and otherwise soaking up the sights and sounds while surrounded by thousands of their mainstream peers.

For four consecutive days this past April, virtually every family-friendly recreational venue across greater New York was hit by waves of visiting community members, kids and all.

And if you looked closely, there were more than a few individuals with disability in those crowds—including the children and young adults supported by Hamaspik. ★

Joining Forces for Community Leadership

'Kosher Committee' Meets with Hamaspik

The best community partners are the ones that come to you first—especially when they express interest in working with you before there's any problem.

And in this case, one of those community partners is the KJ Vaad HaKashrus (which translates loosely to "Kosher Committee"), the organization that provides kosher food-services supervision to the dozens of residences, day programs and other support venues operated by Hamaspik all across greater New York City and the Hudson Valley.

Hamaspik's entire leadership team had the honor and pleasure of hosting the recently-installed new leadership at the KJ Vaad HaKashrus.

That leadership has recently been making "get-to-know-you" rounds of all the community non-profits it lends its seal of approval to for food-service operations. (Preparation and serving of kosher food involves numerous complex religious laws requiring outside expertise and certification.)

As such, present at the meeting

were Hamaspik founder and New York State Hamaspik Association (NYSHA) Executive Director Meyer Wertheimer, Tri-County Care and Hamaspik Choice Executive Director Yoel Bernath, Hamaspik HomeCare Executive Director Asher Katz, Hamaspik of Orange County Executive Director Moses Wertheimer, Hamaspik of Rockland County Executive Director Joel Freund, and Hamaspik of Kings County Executive Director Hershel Wertheimer.

Hamaspik's Residential Services Directors—Solomon Gelb of Orange, Moshe Sabel of Rockland and Chezkel Fisher of Kings—were also present.

The leaders of the KJ Vaad HaKashrus reviewed pertinent info on keeping everything kosher in Hamaspik's numerous kitchens—both common-knowledge items and little-known facts.

The group came away impressed by Hamaspik's record of meeting and exceeding the demanding standards of kosher food, as well its overall commitment to excellence. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

NYSHA Clinic Joins Annual Rockland Disability Resource Fair Staff Manning Information Table Inform and Empower Attendees

Disability or not, transitioning out of high school and young adulthood into life's next big thing—whatever that may be—is as challenging as it is promising.

That's why the Rockland Transition Consortium has hosted an annual resource fair for the wider Rockland disability community—to empower youths with intellectual/developmental disability (I/DD) with the widest-possible range of community-based services and supports.

Including an Article 16 Clinic, as far as the New York State Hamaspik Association (NYSHA) is concerned.

And that's why one of the 70-odd tables at the Consortium's most recent fair was manned by the NYSHA Clinic.

Article 16s, as popularly known, are community-based treatment centers at which people with disabilities can get medical and therapeutic services

geared specifically for their population. They're named for the section of state law that created them.

Among its numerous programs, NYSHA offers a full-fledged Article 16 Clinic to the community.

But a lot of people haven't even heard of Article 16s, says Shaindy Weisberger, Regional Director of the NYSHA Clinic's Orange County satellite facility. "Some people were very interested," she says.

For over three intensive hours, Regional Director Weisberger and a fellow staffer greeted inquirers, fielded questions and otherwise introduced the Rockland disability community to the targeted benefits of Article 16 services.

The NYSHA Clinic currently supports local disability communities in multiple locations across Brooklyn, as well as in upstate Rockland County and the greater Hudson Valley. ★

Weekend of Educational Excitement for Kids, Restorative Relief for Parents

Hamaspik Rockland Hosts Getaway for Community Children with Disabilities

If you're the parent of a child with special needs, and an hour or two each day of parenting respite gives you that vital recharging boost, then a full weekend of respite would give you that boost all the more so—especially if it's the weekend before Passover.

And that's exactly why Hamaspik of Rockland County hosted its latest weekend getaway—to grant dozens of children (and their parents) the opportunity to hit the reset button.

From the time they boarded buses early Friday afternoon to their return home late Sunday morning, the kids enjoyed non-stop therapeutic play, educational games and more—and all while their parents enjoyed a much-needed weekend break amid the stressful run-up to the Passover holiday.

Each individual child was accompanied by a trained one-on-one staff member. And the entire guest body at the Lake House hospitality center in upstate New York was rounded out by an on-call registered nurse (RN) on site,

along with two community volunteer EMTs, all presided over by Special Events Coordinator Mrs. Brenda Katina and Hamaspik of Rockland County Day Habilitation Program Director Mrs. Esty Schonfeld.

Meals and group activities, both Friday evening and all day Saturday, were interspersed by several deliveries by Rebbie Hill, the popular professional children's storyteller.

The exciting educational event culminated with a grand interactive live science show on Sunday morning—following which the children went home on a high.

The getaway was the largest such weekend respite event thus far, says Hamaspik of Rockland County Director of Day Services Shlomo Kornbluh.

Parental reaction was "amazing!", he adds, noting several appreciative e-mails and voice mails received.

As for the event's highlight? "Seeing the individuals going home with smiles on their faces," he says. ★

A Fair Chance for a Future



TOOLS FOR A HEALTHY TRANSITION: THE NYSHA ARTICLE 16 CLINIC PROVIDES A WEALTH OF HEALTH AND WELLBEING SUPPORTS TO PEOPLE WITH SPECIAL NEEDS

Scenes of Stimulation



DINING IN: COLOR-CODED TABLES DOT THE MAIN LUNCHROOM BEFORE A MEAL



CLOWNING AROUND: GUEST YOSHI LEADS A SONG; MACARONI THE CLOWN IN ACTION



BOUNCING IN: A MINIATURE INDOOR CARNIVAL AWAITED GUESTS ON FRIDAY

Public Health and Policy News

U.S. SENATE CONSIDERING ELIGIBILITY AGE CHANGE TO ABLE PROGRAM

Washington, D.C. — For decades, people with disabilities getting various federal benefits were not allowed to save money above certain amounts; if they did, they'd lose their benefits.

The passage of the Achieving a Better Life for Everyone (ABLE) Act in 2014 changed that—allowing people with disabilities to save up to \$100,000 without risking eligibility for Social Security and other government benefits. Under the ABLE Act, benefits can be retained while having a savings account up to \$100,000 in an ABLE account.

But current law limits ABLE accounts to people whose disabilities were present prior to age 26.

In a letter this past summer from over 150 disability advocacy groups to congressional leadership, advocates warned that the ABLE program could be unsustainable if it were not modified to increase the number of account holders—specifically, by increasing the ABLE eligibility criteria to age 46.

Currently, a bipartisan group of U.S. Senators are working on the ABLE Age Adjustment Act. The new legislation would allow people whose disabilities develop by age 46 to also open ABLE accounts.

JUDGE ORDERS DEPT. OF EDUCATION TO REINSTATE SPECIAL-ED RULE

Washington, D.C. — One of the regulations of the federal Individuals with Disabilities Education Act (IDEA), is that U.S. states must identify which school districts have high rates of students with disabilities who belong to specific racial or ethnic groups, and who are placed in restrictive settings or subjected to discipline.

This regulation is known as the *significant disproportionality* rule. The idea is to make sure that minority children with disabilities are getting the mainstream special-ed services that they need—and not being effectively segregated into separate special-ed classrooms or programs.

The rule supposed to take effect in July of 2018, but was stopped by a two-year delay put in place at the last minute by the federal Dept. of Education (DOE). A lawsuit against that delay was shortly brought by disability advocates.

But now, a U.S. District Court has ruled that the DOE can't delay implementation



SCHOOLED: A FEDERAL COURT NOW SAYS THAT THE U.S. DEPT. OF EDUCATION, PICTURED ABOVE, MUST FINALLY ACT ON A SPECIAL-ED RULE THAT AFFECTS MINORITY STUDENTS

of the significant disproportionality rule. In its recent ruling, the court determined that quota concerns had been “thoroughly discussed and dealt with years before”—and that the DOE had failed to provide a “reasoned explanation” for delaying the rule.

NEW OSTEOPOROSIS DRUG APPROVED BY FDA

Washington, D.C. — Injected-drug Evenity was approved by the U.S. Food and Drug Administration (FDA) for the treatment of osteoporosis, or thinning bones.

Osteoporosis is a natural process that large affects seniors, putting them at growing risk of bone loss and resulting fractures (and resulting health and mobility issues).

According to the FDA and maker Amgen, Evenity (romosozumab) is a type of therapy known as a *monoclonal antibody*, helping to build new bone by blocking the effect of a protein called sclerostin.

However, the approval is currently limited to women at high risk of fracture—because the new drug also comes with possible risk of increased heart attack and stroke.

MAKING HARMONY OF OPPOSING STUDIES

Dallas, Texas — If two studies on the same exact thing say two totally different things, chances are they're actually on two different things. That's a point career cardiologist and health commentator Dr. Milton Packer makes in a recent blog post. Case in point: the recent MITRA-FR and COAPT clinical trials.

Both trials studied the benefit to patients of *transcatheter mitral valve repair for heart failure and severe functional mitral regurgitation*—which in plain English means that patients in both studies had the same exact heart problem. Both trials were even published in the *New England Journal of Medicine*—and in the same issue.

But the MITRA-FR trial reported no

patient benefit, while the COAPT trial reported significant patient benefit.

What gives?

According to painstaking dissection of both studies by Dr. Packer and colleague Dr. Paul Grayburn, “It did not take us long to discover that the trials had found different results because they had enrolled entirely different types of patients”—specifically, patients with problems in different parts of the heart.

The MITRA-FR trial patients turned out to have diseased *left ventricles*. For them, mitral valve repair was “not useful.” The COAPT trial patients turned out to have diseased *leaflet supporting structures*. For them, mitral valve repair “could produce dramatic results.”

Invoking the symbolism of musical harmony, Dr. Packer avers that, after a bit of careful scrutiny, two seemingly contradictory studies can actually both be true—and can come together to produce something that neither could produce alone.

STUDY SAYS E-CIGS NEW GATEWAY SMOKING DRUG FOR U.S. YOUTH

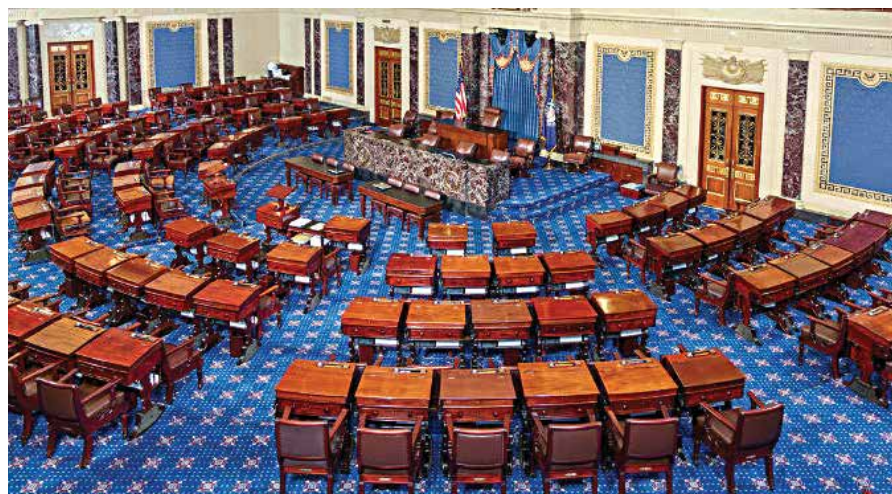
Boston, Massachusetts — According to new research, e-cigarettes (e-cigs) prompt about 180,000 U.S. youths aged 12 through 15 to at least try cigarettes—with almost 45,000 of them becoming current cigarette smokers over two years.

The new Boston University School of Public Health study finds that e-cig use among high school students spiked 78 percent from 2017 to 2018.

Over the study's two years, teens who tried e-cigs first were four times likelier to go on to at least try cigarettes and nearly three times likelier to become current smokers, in comparison to youths who never tried e-cigs.

Interestingly, teenagers of low risk who would not engage in other risky behaviors like trying substances were more likely to start smoking cigarettes as a result of using e-cigs.

Because e-cigs are generally seen as safer than cigarettes, low-risk youths who might otherwise never try smoking may be tempted to try them. ★



EN-“ABLE”-ING AGE ADJUSTMENT: U.S. SENATORS SEEK TO MODIFY THE ABLE ACT

● ► PUBLIC HEALTH AND POLICY NEWS

U.S. Judge Moves Picture Warnings on Cigarette Packs Closer to Reality

Boston, Massachusetts—Ratified by President Barack Obama in June 2009, the Family Smoking Prevention and Tobacco Control Act—among numerous things—mandated that packs of cigarettes ultimately carry graphic pictorial images designed to discourage smoking.

The mandate would make the United States one of well over 100 countries currently requiring startling imagery on tobacco products, with the intent of conveying their health dangers.

Under that law, the U.S. Food and Drug Administration (FDA) would require cigarettes made or sold in the U.S. to carry the graphic images.

However, as part of the typically prolonged implementation process, it



PUTTING ITS FOOT DOWN: DESPITE OPPOSITION, GRAPHIC ANTI-SMOKING IMAGES MAY SOON BE REQUIRED BY THE FDA ON EVERY PACK OF CIGARRETES

would have to first issue rules for those images.

The rules-making process itself is typically prolonged.

But recently, U.S. District Judge Indira Talwani of the Boston-based U.S. District Court of Massachusetts ruled that the FDA's current timetable for issuing the proposed rules (and then final rules) regarding graphic health warnings was too prolonged.

Justice Talwani ruled that the FDA must submit proposed rules by August 15, 2019.

Final rules must be in by March 15, 2020, the judge also ruled.

This decision makes the graphic health warning rule closer to becoming reality, and potentially adds the United States to the list of over 100 countries already requiring pictorial cigarette warnings.

Depending on the content of the final warnings, it is reasonable to expect another legal challenge. ★



HEALTHY EATING

SPINACH

<div><div>EASY</div><div>YIELDS: 6-8 SERVINGS</div></div> <div><div>PREP TIME: 0:10</div><div>READY IN: 1:15</div></div> <div></div> <div><div>Cream of Spinach Soup</div></div> <div><div>INGREDIENTS:</div><ul style="list-style-type: none">1 onion, diced4 cloves garlic2 tablespoon olive oil for sautéing1 bag (24oz) chopped spinach3 potatoes, cubed8 cups water1 cup heavy cream (optional)Salt to tastePepper to taste</div> <div><div>DIRECTIONS:</div><ul style="list-style-type: none">In an 8-quart pot, sauté onion and garlic for a few minutes; add potatoes and spinachFill pot with water and bring to boil; reduce flame and simmer for about an hourSeason with salt and pepper to tasteBlend soup with an immersion blenderStir in heavy cream; simmer for another 15 minutes</div> <div><div>CHEF'S TIP:</div><p>When shopping for spinach, look for crisp, dark green leaves with a nice fresh fragrance—avoid limp, damaged, or spotted leaves! One pound of fresh spinach leaves will cook down to about one cup of cooked spinach.</p></div> <div><div>BENEFITS:</div><p>Spinach is loaded with good stuff! It helps keep cholesterol from oxidizing, protecting your body from free radicals—particularly in the colon. Spinach's nutrients are also good for maintaining a healthy cardiovascular system, while its magnesium helps lower your blood pressure. Studies have also shown that spinach helps maintain vigorous brain function, memory and mental clarity.</p></div>	<div><div>EASY</div><div>YIELDS: 4-6 SERVINGS</div></div> <div><div>PREP TIME: 0:10</div><div>READY IN: 0:15</div></div> <div></div> <div><div>Spinach Salad</div></div> <div><div>INGREDIENTS:</div><ul style="list-style-type: none">10oz fresh spinach1 small box fresh strawberries1/4 cup slivered almonds2 tablespoon sesame seeds</div> <div><div>DRESSING:</div><ul style="list-style-type: none">1/2 cup sugar1/2 cup oil1/4 cup vinegar1/2 teaspoon onion powder1/2 teaspoon garlic powder</div> <div><div>DIRECTIONS:</div><ul style="list-style-type: none">Rinse spinach and strawberries very well; cut to bite-size piecesToss together spinach, strawberries, almonds and sesame seedsMix all dressing ingredients together well and pour on top of salad</div>	<div><div>EASY</div><div>YIELDS: 4-6 SERVINGS</div></div> <div><div>READY IN: 0:20</div></div> <div></div> <div><div>Cream of Spinach</div></div> <div><div>INGREDIENTS:</div><ul style="list-style-type: none">1 bag frozen spinach3 tablespoon oil4 tablespoon flour1 onion, chopped3 cloves garlic, finely chopped1 cup milkSalt and pepper to taste2 tablespoons shredded cheese</div> <div><div>DIRECTIONS:</div><ul style="list-style-type: none">Thaw spinach; squeeze out excess waterUsing a medium-sized pot, sauté onion till translucentAdd the garlic and sauté for 30 secondsWhisk in the flour to make a rouxAdd the milk; stir constantly for about 5 minutes or until white sauce thickensSeason with salt and pepperStir in spinach; stir gently till well</div>
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In the Know

ALL ABOUT... KIDNEY STONES

Information sources: Mayo Clinic, WebMD

A kidney stone isn't actually made of stone, but you'll know one when you feel one: if and when they strike, kidney stones are distinctly painful. But when it comes to these hard deposits of minerals in the kidneys, there's a lot more good news than bad.

For starters, despite the pain, kidney stones usually cause no permanent damage if they're recognized in a timely fashion. Depending on the situation, a patient may need nothing more than painkillers and plenty of water to pass a kidney stone. (If a kidney stone gets stuck in the wrong place where it can't be passed out, emergency surgery may be required.)

However, as was the case with your *Gazette* editor here, you may need to visit the ER—especially if it's the first time you're getting one and you don't know what's happening.

But in the meantime, here's everything about kidney stones you'll need to know—to prevent them from occurring in the first place (hint: lemon juice), and to otherwise be... in the know.

DEFINITION

To define kidney stones, compare them to the making of fruit punch or soup from powder: If you don't add enough water, the powder clumps up and turns into hard, dry chunks. That's what happens in the body if there isn't enough liquid waste to dilute a high concentration of minerals.

Kidney stones are small—usually between the size of a grain of salt and a kernel of corn. They can be brown or yellow, and smooth or rough.

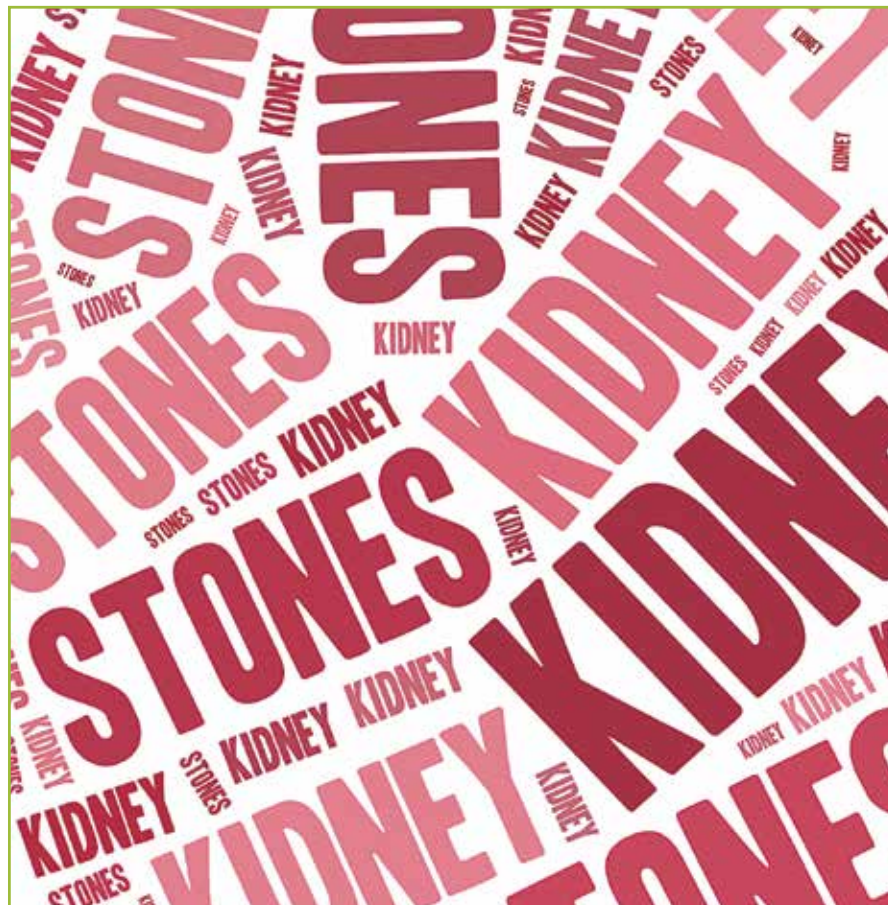
Kidney stones are defined as hard deposits of minerals and salts that form inside the kidneys (for various reasons to be shortly explained). When that happens, the body cannot pass waste properly, and the result is pain—commonly sudden and severe.

Passing kidney stones can be quite painful, but they usually cause no permanent damage if recognized and treated quickly.

Types of kidney stones

Calcium oxalate. The most common kidney stones are calcium stones—specifically, calcium oxalate. Oxalate is a natural substance in food that is also produced every day by the liver. Nuts, chocolate, and some fruits and vegetables have high oxalate content. Dietary factors, high doses of vitamin D, intestinal bypass surgery and several metabolic disorders can increase the concentration of calcium or oxalate in urine.

Calcium phosphate. This type of stone is more common in people with metabolic conditions like renal tubular acidosis. Calcium phosphate stones may



also be associated with certain migraine headaches or certain seizure medications like Topamax.

Struvite. These stones are a reaction to an infection in the urinary tract or elsewhere. Struvite stones can grow quickly and get pretty big, sometimes with few symptoms or little warning.

Uric acid. These stones can form when you don't drink enough fluids or lose too much fluid. People on high-protein diets or who have gout are also at risk. Certain genetic factors also may increase risk of uric acid stones.

Cystine. These stones are the least-common type; they form in people with the hereditary disorder *cystinuria*, which causes the kidneys to excrete too much of certain amino acids.

SYMPTOMS

Because a kidney stone can stay in one place inside the kidney after it's formed, a person may not know it's there until it moves around within the kidney or passes into the ureter, the tube connecting the kidney and bladder.

At that point, the patient may experience any of the following signs and symptoms:

- Severe pain in the side and back, below the ribs
- Pain that radiates to the lower abdomen and groin
- Pain that comes in waves and fluctuates in intensity
- Painful and/or increased urination or need for urination
- Smaller amounts of urination
- Abnormally colored or malodorous urine
- Nausea/vomiting; fever/chills if infection present

Location and/or severity of pain caused by a kidney stone may change as the stone moves through the urinary tract.

CAUSE

Kidney stones form when liquid waste in the kidneys—the body's "waste disposal system"—contains more crystal-forming substances like calcium, oxalate or uric acid than it can dilute. At the same time, that liquid waste also may lack substances that prevent crystals from sticking together, which makes it easier for kidney stones to form.

As mentioned, the cause of kidney stones depends on the kind of kidney stone—each kind has a different definition and therefore, different cause. In turn, treatment depends on the kind of kidney stone, too.

DIAGNOSIS

If your case of kidney stones was like that of your editor here, chances are that the sharp and pinpointed pain in the kidney area will be enough for any experienced and knowledgeable doctor to immediately suspect kidney stones, if not diagnose them outright. But to be certain (especially if you're in the ER, as this editor was), doctors will use any of the following tests and procedures:

- Blood tests may reveal too much calcium or uric acid in the bloodstream. Results of blood tests help monitor kidney health and may lead the doctor to check for other medical conditions, too.
- A collection of liquid waste over a 24-hour period at home may be ordered

by the doctor; upon lab analysis and testing, the collection may reveal the presence of too many stone-forming minerals or too few stone-preventing substances.

- Imaging tests may show kidney stones in the urinary tract. These tests include from simple abdominal X-rays (which can miss small kidney stones) to high-tech CT scans that may reveal even tiny stones. Other imaging options include the non-invasive *ultrasound* scan, and *intravenous urography*, in which dye is injected into the bloodstream and tracked by X-ray or CT scan as it passes through the kidneys and bladder.

TREATMENT

Treatment for kidney stones depends on the type and cause of the stone—as well as any urgent or emergency symptoms that must be treated first. That's why treatment falls into two categories: immediate and long-term. Also, as a general rule, kidney stones can be categorized as large or small stones, with the large ones needing immediate treatment and the small ones needing long-term treatment.

Immediate (large)

Some kidney stones don't respond to conservative measures and may require immediate treatment because they're too large to pass on their own or because they cause bleeding, kidney damage or ongoing urinary tract infections. For such stones, treatment may include:

- **Lithotripsy.** Depending on the size and location of the stone, doctors may recommend a procedure called *extracorporeal shock wave lithotripsy* (ESWL), which uses strong vibrations to break up stones into pieces that are small enough to pass out of the body. The lithotripsy procedure runs about 45 to 60 minutes and can cause moderate pain, so patients may receive sedation or light anesthetic. Lithotripsy can also cause blood in the urine, bruising on the back or abdomen, bleeding around the kidney and other adjacent organs, and discomfort as the stone fragments pass through the urinary tract.
- **Percutaneous nephrolithotomy.** To surgically remove very large stones in the kidney, this procedure uses small telescopes and instruments inserted through a small incision in the patient's back. Patients will be under full anesthetic during this surgery and in the hospital for up to two days for recovery after surgery. This surgery is commonly used if lithotripsy is unsuccessful.
- **Ureteroscopy.** To remove a smaller stone from the ureter or kidney,

a surgeon doctor may pass a *ureteroscope*, a thin lighted tube with a camera on it, into the ureter to locate the stone. Once located, special tools can catch the stone or break it into pieces that can then pass. In ureteroscope surgery, the doctor may then place a small tube called a stent in the ureter to relieve swelling and promote healing. General or local anesthesia during this procedure will be needed.

- **Parathyroid gland surgery.** Some stones are made of calcium phosphate, which are caused by overactive parathyroid glands. When those glands make too much parathyroid hormone, calcium levels can get too high and kidney stones may form. An overactive parathyroid gland is sometimes caused by a harmless growth inside it; this surgery removes the growth from the gland to stop the formation of kidney stones.

Long-term (small)

Small kidney stones typically present minimal symptoms, and most don't require invasive treatment. You may be able to pass a small stone by:

- Drinking plenty of water every day to help flush out the urinary system. Unless your doctor tells you otherwise, drink enough fluid—mostly water—to produce clear or nearly clear urine. Depending on the type of kidney stone, some of that liquid should be orange juice or lemonade. (This editor's doctor has him drinking a bit of real lemon juice mixed with water every day to control natural acid levels.)
- Taking pain relievers to handle the

discomfort or mild pain that can result from passing a small stone. These can include ibuprofen (Advil, Motrin, others), acetaminophen (Tylenol, others) or naproxen sodium (Aleve)

- Taking prescription medications like alpha blockers to help relax the muscles in the ureter, helping you pass the kidney stone faster and less painfully

Once the first stage of immediate or long-term treatment is over, the patient will commonly be asked to use a strainer to collect any stones that may be passed. Lab analysis will shortly reveal the type of those kidney stones. In turn, doctors can then provide the best possible prevention of further kidney stones once they know their precise cause.

PREVENTION

To reduce risk of recurrent kidney stones, a urologist or nephrologist (two specialties that deal with kidney stones, among other things), may recommend preventive treatment. This can include changes in lifestyle and/or diet, as well as medications as necessary.

Constantly drink water

For people with a history of kidney stones, doctors usually recommend that water be drunk throughout the day, to keep the system light, clear and well-flushed. People who live in hot, dry climates or who exercise frequently may need to drink even more water daily.

Consume less oxalate

People who tend to form calcium oxalate stones may want to lower their

intake of such oxalate-rich foods like rhubarb, beets, okra, spinach, Swiss chard, sweet potatoes, nuts, tea, chocolate and soy products.

Calcium from food, not supplements

Calcium can be confusing when it comes to kidney stones: when derived from supplements, calcium has been linked to increased risk of kidney stones. But when derived from food, calcium has been linked to decreased risk of kidney stones. That's because diets low in calcium can actually increase kidney stone formation in some people.

Medications

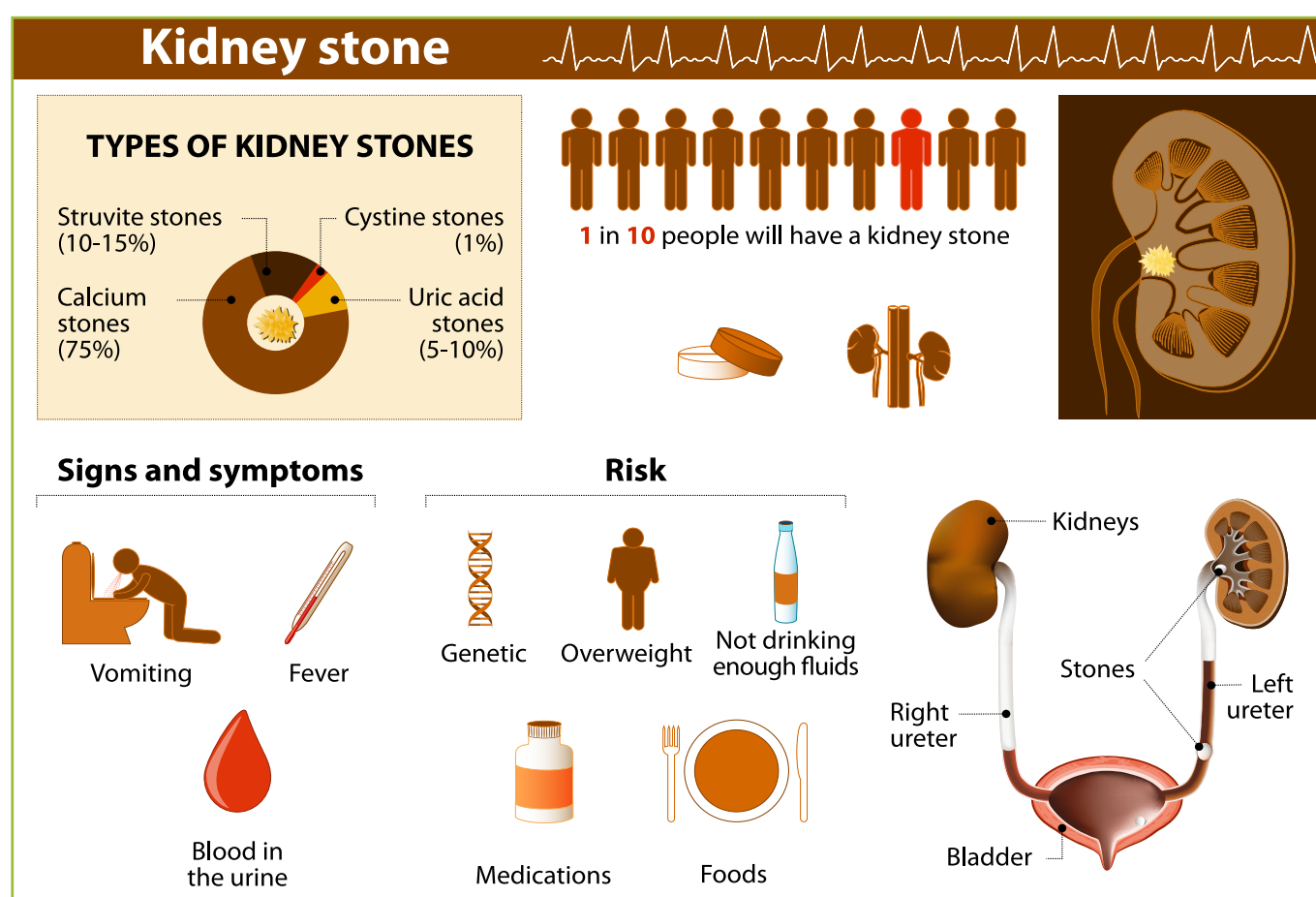
For people with a history of certain kinds of stones, some medications can control the level of minerals and salts in the system and may be helpful.

Depending on the kind of kidney stones, they include: thiazide diuretic or phosphate-containing preparations for calcium stones; Alopurinol or Zylor for uric acid stones; long-term antibiotics for struvite stones; or other medications geared for cystine stones.

PROGNOSIS

About half of people who get a kidney stone are at risk of getting another one within seven years of their first one—if they don't take care to try to prevent it, that is.

Conversely, of course, if you follow your doctor's order and keep your system clean, flushed and well-balanced, chances are you'll never have to experience a kidney stone again. ★



Status Report

Happening In Hospitals Today

TWO NEW YORK, FOUR U.S. HOSPITALS ON "WORLD'S MOST ETHICAL COMPANIES" 2019 RANKING

Scottsdale, Arizona — Among the 128 companies across 21 countries and 50 industries worldwide on the Ethisphere Institute's newly-released World's Most Ethical Companies ranking, New York's very own Garnet Health, of upstate Middletown, and Long Island-based Northwell both made the list.

They were joined by four other U.S. healthcare establishments: Baptist Health South Florida of Miami, the Cleveland Clinic, HCA Healthcare of Nashville, Tennessee, and University Hospitals of Cleveland.

The list is based on the Institute's Ethics Quotient framework, which quantitatively measures a company's performance.

CENTURY-OLD HISTORIC OHIO HOSPITAL CLOSING

Bellaire, Ohio — The 99-bed Belmont Community Hospital (BCH) in Bellaire, Ohio closed April 5—ending its 105-year run as a vital community anchor.

The hospital originally opened under the name Bellaire City Hospital in 1914. It was acquired by the West Virginia-based Wheeling Hospital in 1996.

"Utilization of BCH has continued to decline despite efforts to offer varying services at the facility," the hospital said in a press release. "The decline has place[d] a financial strain on the BCH that cannot be sustained in the long term. In addition, population decline, patient needs and the emergence of specialized patient services also have contributed to the decline in demand for services at BCH."

Some of Belmont Community Hospital's 93 employees will be offered available jobs by Wheeling Hospital. Additionally, despite the closure of the actual hospital, the six health centers in the region that operate under Belmont Community Hospital will remain open.

The first expansion to the facility



HEALTHY ETHICS: L.I.'S NORTHWELL ISN'T JUST GOOD FOR PATIENTS, SAYS RANKING

occurred in 1956 with a final building addition in 1972.

While hospital closings are increasingly common in recent years, some do reopen—and many simply lose their independence upon being absorbed into larger regional health systems.

Both outcomes are indicative of the increasing corporatization of medicine—a change due to a number of factors.

America's oldest hospital in continuous operation since its founding remains the historic Pennsylvania Hospital in Philadelphia—a medical center founded on May 11, 1751, by Benjamin Franklin and Dr. Thomas Bond.

MEDICARE TRIMMING 800 HOSPITALS' PAYMENTS FOR HIGH PATIENT INJURY/INFECTION RATES

Bethesda, Maryland — In Fiscal Year 2019, some 800 hospitals nationwide will be reimbursed at a lower rate by Medicare, the federal healthcare plan for seniors, on account of their poor performance in preventing hospital-acquired conditions.

Medicare's Hospital Acquired Conditions Reduction Program, a part of the Affordable Care Act (ACA), aims to prevent harm to patients by providing a financial incentive for hospitals to prevent hospital-acquired conditions. Under the program, a hospital's total score is based on performance on six quality measures. Each year, Medicare cuts payments by

one percent for hospitals that fall in the worst-performing quartile.

According to a new report by *Kaiser Health News*, 800 hospitals will have their Medicare payments reduced for patients discharged between last October and this September. The penalties will be applied as hospitals submit claims to Medicare for reimbursement.

PRIVACY CURTAINS MAY HARBOR DANGEROUS BACTERIA

Detroit, Michigan — They are among modern hospitals' most vexing problems. Strains of bacteria that have developed resistance to most (or even all) known antibiotics, dubbed "superbugs," remain a serious threat to the health of hospitalized patients and a pressing national issue. Hospitals nationwide continue to mount major organized efforts to prevent the spread

of superbugs—and struggle to treat patients who contract such serious infections.

In an effort to better understand hospital environments, with an eye towards better controlling and eliminating superbugs, University of Michigan Medical Center researchers took 1,500 bacteria samples from privacy curtains in 625 rooms at six skilled nursing facilities across the state.

Samples, which were also gathered from present patients, were taken when patients were admitted, again after 14 days and 30 days, and then monthly up to six months when possible.

The researchers found that 22 percent of curtain samples tested positive for multidrug-resistant bacteria. Depending on the facility, contamination rates were as high as 28.5 percent.

FIVE WAYS DOCTORS CAN AVOID SUBPOENAS

New York, New York — Having served for years as an expert witness in court cases brought against doctors by frustrated family members of deceased patients, career forensic pathologist Dr. Judy Melinek recently shared five tips on how medical professionals can avoid subpoenas:

- Don't be unpleasant. If you treat patients and families badly, they're likelier to blame you when things go wrong—even when it's not your fault.
- Take the time to explain things. Patients will be under a lot of stress, have trouble listening, and may only understand a fraction of what you say.
- Don't promise anything you can't deliver—and inform your patient of every realistic complication, even if you have never seen it in your entire medical career.
- Check your ego and your peer-reviewed references. You do not know everything. If you are asked something and don't have the answer, just say, "I don't know."
- Take responsibility for mistakes and apologize. Everyone makes mistakes. Work with your hospital's risk management to explain to the patient or their family how it happened. ★



HIDING INVISIBLES: WITH HOSPITAL CURTAINS, THERE'S EVEN MORE THAN "MORE THAN MEETS THE EYE"



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Hamaspik HomeCare Resumes Personal Care Aide (PCA) Training Classes

Move Brings More Jobs, More Community-based PCAs to Local Communities

Nothing says “local” like local customers—and local employees. If your establishment serves the locals, and your employees are locals, then you are most certifiably local.

That’s all the more reason why Hamaspik HomeCare’s Hudson Valley offices have recently resumed providing professional training courses for aspiring personal care aides (PCAs)—because when it comes to home care, you’re best served by someone who speaks your language, gets your culture, and gets you.

In the heart of the multicultural community of upstate Spring Valley,

New York, training courses are being held in the on-site, state-of-the-art training room at 5 Perlman Drive, home of Hamaspik HomeCare’s sprawling headquarters facility.

And for surrounding counties further north, PCAs trainings are also taking place at Hamaspik HomeCare’s regional offices.

Personal care aides are just one of the several forms of visiting professionals that Hamaspik HomeCare provides to seniors or others with home-care needs. Said services also include visits by home health aides (HHAs), registered nurses

(RNs) and physical therapists (PTs).

Trainees are once again learning what it means to be a professional PCA—and all the more learning what it means to be a PCA representing the authoritative brand of Hamaspik HomeCare.

Above all, the new crop of Hamaspik HomeCare PCAs are mostly from the Hudson Valley’s sizable Haitian, Latino and Jewish communities.

They bring not just Hamaspik HomeCare into their fellow local community members’ homes, but familiar faces, too. ★

Control over sleep, mood and stress makes seniors feel best about life: study

Raleigh, North Carolina — According to a recent review of survey data on just over 200 seniors ages 60 through 94, sleep, mood and stress are the three things that most make seniors feel they have control over their lives.

The survey, conducted by psychology researchers at North Carolina State University, collected information on a wide variety of psychological variables on eight days over a three-week period.

Researchers wanted to learn which of those variables (if any) affected two “control” beliefs: the sense that the senior can do the things he or she wants to do; and the sense that they are in control of their own lives.

“This finding is important because when older adults begin to lose their sense of autonomy, it can lead to changes in behavior that adversely affect their health and well-being,” explained researcher Shevaun Neupert in a press release. ★

Survey Finds Loneliness in Seniors Made Worse by Poor Health

Ann Arbor, Michigan — Conventional wisdom would dictate that poor health exacerbates loneliness—that not feeling good makes any existing loneliness feel even worse.

But a recent poll of adults ages 50 through 80 finds that the reverse is also true: any existing loneliness makes poor health feel even worse.

Among respondents reporting hardly ever feeling lonely, the survey found that only two percent of them reported fair or poor mental health. But among those reporting often feeling lonely, 17 percent of them reported fair or poor mental health.

The figures come from the latest National Poll on Healthy Aging, which is conducted regularly by the Ann Arbor-based University of Michigan Institute for Healthcare Policy & Innovation.

“These results indicate the importance of proactively reaching out to those in your community who

may be at risk of feeling isolated and disconnected, especially those with—or at risk of—health issues,” said

poll co-director Erica Solway, a social science researcher at the University of Michigan. ★



BOOST HEALTH, LOWER LONELINESS FEELINGS: SENIORS LIKE THIS MAN FEEL LESS LONELY WHEN FEELING BETTER, SAYS STUDY



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