



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

DECEMBER '20 • ISSUE NO. 185



GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOU SUFFER FROM SLEEP APNEA?

A. YES; B. NO

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



HEALTH STAT

SLEEP APNEA STATS TO WAKE YOU UP

Percentage of people age 30-70 with sleep apnea	26%
Cost of untreated sleep apnea to U.S. healthcare	\$3.4 BILLION A YEAR

Sources: American Academy of Sleep Medicine, National Center for Biotechnology Information



HEALTH TIP

PUT SLEEP APNEA TO BED—NATURALLY

Not exactly interested in using a CPAP machine or wearing an oral appliance to treat your sleep apnea? Try these five device-free natural methods to help stop sleep apnea from starting in the first place! 1. Maintain a healthy weight; 2. Do yoga; 3. Alter your sleep position; 4. Use a humidifier; and 5. Avoid alcohol and smoking.

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ANIMAL THERAPY, BE IT THE RECOGNIZED DISCIPLINES WITHIN EQUESTRIAN THERAPY OR THE INFORMALITIES OF THERAPY DOGS, HAVE LONG BEEN PART OF HAMASPIK'S PROGRAMMING

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Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUALIZED SUPPORT SERVICES (ISS)

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

HOME FAMILY CARE (HFC)

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

DAY HABILITATION (DH)

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

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

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

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

COMMUNITY HABILITATION (CH)

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

COMMUNITY PRE VOCATIONAL

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

SUPPORTED EMPLOYMENT (SEMP)

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

FAMILY SUPPORT SERVICES (FSS)

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

INTENSIVE BEHAVIORAL SERVICES (IBS)

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

RESPITE:

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

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

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

Sundays: Respite program provided every Sunday.

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

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

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

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

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

SELF-DIRECTION

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

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

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

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

DOH

EARLY INTERVENTION (EI)

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

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

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

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

NURSING HOME TRANSITION AND DIVERSION (NHTD)

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

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

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

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

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

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

TRAUMATIC BRAIN INJURY (TBI)

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

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

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

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

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

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

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

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

HAMASPIK CHOICE

MLTCP:

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

HMO/INSURANCE

ABA

Behavior modification services for children with autism.

Social Group: ABA service delivered in a group setting.

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

HAMASPIK HOMECARE

LHCSA

Licensed HomeCare Services Agency .

Personal Care Services

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

Support Services

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

Nursing Services

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

Training

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

CDPAS/CDPAP

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

NYC HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

NYSED SERVICES

ACCESS VR

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

PATHWAY TO EMPLOYMENT

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

NYSHA

ARTICLE 16 CLINIC

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

TRAINING SESSIONS

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

CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspiik 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 Hamaspiik news.

OMH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

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

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

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

ADULT HCBS SERVICES

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

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

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

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

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

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

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

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

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

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

CHILDREN HCBS SERVICES

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

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

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

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

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

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

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

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

● ► NYSHA NEWS

Driving Success and Support at Integrated Health

Taking the High Road to Recovery to an All-new Level

To say that Integrated Health has been a success since its inception is to state the obvious. The fact is that the Hamaspiik program continues to help mainstream people juggle medical and mental-health issues.

But what's really driving its ongoing success is not so much what it does but how it does it.

Working out of offices in Brooklyn and Monsey, the unofficial coaches provided by the program—known officially as Care Managers—use their degrees in mental health to help clients navigate the commonly-overwhelming pressures of dual diagnoses while living daily life.

But while Integrated Health cares for “regular” people with some behavioral or physical issues, the program also deals with those who



battle severe mental issues—and at Integrated Health (as is the case with every Hamaspiik program), where the job description ends is where the program's truly caring staff only

begins.

Case in point? Outgoing and effervescent Care Manager Amrom Muller, who over a recent week personally went down to a car-

rental establishment to help a client negotiate and deescalate the adversity of rejection.

In plain English (for reasons beyond this article), the rental couldn't give him a car—which would frustrate and irk anyone. It certainly raised the gentleman's hackles. Feeling the rising inner tide of resentment and rage, the man quickly realized he had the mental stamina for only one phone call before succumbing to a full-blown outburst.

Whom did he call? One Amrom Muller, his caring Integrated Health Care Manager.

Mr. Muller's first thought was, *Is that my responsibility, too? I mean, my job description only goes so far!* His second

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● ► HEALTH NEWS

Personalized Stem-cell Treatment for Wealthy Parkinson's Patient Appears Effective

Barring Cost, Newly-revealed Experimental Technique Could Pave Way for Cure

Boston/New York — For well over a decade, Parkinson's researcher Kwang-Soo Kim focused on one challenge: Replacing the failing brain cells behind the movement disorders of the disease.

The concept had been around for years. But in an audacious experiment funded by a wealthy ex-doctor with Parkinson's, and on himself, turning the patient's own cells into replacement brain cells and then precisely injecting them into the brain seems now to have worked.

The saga began in 2013, when wealthy former physician George “Doc” Lopez of California approached Kim, a stem-cell biologist at Boston's McLean Hospital. Lopez liked Kim's research—and ultimately wrote a \$2 million check to fund more of it.

By September of 2017, after several years of deliberate experimentation, Kim and team had successfully turned Doc's skin cells into *induced pluripotent stem cells*, or iPS cells. These cells can be turned into any other kind of cell—including brain cells.

Then, he implanted the iPS cells into lab rats with Parkinson's like conditions,

secured one-time FDA approval, and even invented a new injecting needle

just for the historic procedure.

The experiment was revealed to the public in a May 2020 edition of the *New England Journal of Medicine* (NEJM), immediately scoring headlines.

While questions swirl about the ethics and justice of the rich essentially paying for better care, “Doc's” condition is being described today as stable, with him being able to do things he couldn't do for years, like swim or tie his shoes.

And while the treatment (read: cure?) seems to have worked, the one big remaining question—besides, “Have you proven it works in a clinical trial?”—is how to make such an expensive and personalized cell-changing treatment available to the public. ★



COULD THIS BE IT? STILL, DOCTORS ARE HESITANT TO CALL IT A CURE

Hamaspiik Gazette

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Happening in Health Today

MODERN ANALYSIS OF CENTURY-OLD TISSUE UPDATES ANCIENT START OF MEASLES

Berlin, Germany — In another miracle of modern biotechnology, scientists were able to extract the full genetic code of the measles virus from a 108-year-old sample of preserved human tissue.

After sequencing its genome—in plain English, figuring out the order in which all the DNA pieces go—the scientists at the Robert Koch Institute now estimate that the measles virus could have diverged from its closest known relative, the now-eradicated *rinderpest* cattle virus, as early as just under 2,500 years ago.

Previous studies had estimated that measles emerged between the 11th and 12th centuries.

But writings of the ancient Persian physician Muhammad ibn Zakariya al-Razi describe measles back in the 10th century, indicating that it had existed earlier.

FRUIT, VEGETABLES, WHOLE GRAINS MAY STOP DIABETES: HARVARD FINDS MORE EVIDENCE

Boston, Massachusetts — In an analysis of three large sets on health data on Americans, people with the highest versus lowest total consumption of whole grain foods had a significantly lower risk of Type 2 diabetes.

The analysis, published in two studies in the *British Medical Journal* (BMJ), support the notion of eating more fruits, vegetables, and whole grain foods to lower the risk of developing diabetes.

“These findings provide further support for the current recommendations of increasing whole grain consumption as part of a healthy diet for the prevention of type 2 diabetes,” write the Harvard authors.

Previous studies have shown that high consumption of whole-grain-based foods, including whole grain breakfast cereal, oatmeal, dark

“HOT-HEADED” GREEK STUDY SAYS HIGH HEAT LOWERS THINKING ABILITY



HEAT OF THE MOMENT: THINKING IN HIGH TEMPERATURE MAY BE DAMPENED

Volos, Greece — The coastal Mediterranean climate is noted for its heat—so it’s perhaps no surprise that a study from Mediterranean Greece now says that the physical temperature of your head can actually adversely affect your thinking.

Excessive exposure to high heat is well known for causing the body to suffer heat exhaustion or heat. But researchers at the University of Thessaly report that solar radiation—meaning, direct sunlight

on the head—has a separate effect on people’s capacity to function.

The findings may explain increased accidents during labor-intensive summer jobs, say researchers.

According to their study, prolonged exposure to the sun can impair motor and cognitive performance, because heat affects the nervous system, reducing the speed at which information is transferred—whether related to thinking or to moving muscles. ★

bread, and brown rice, is associated with a lower risk of developing chronic diseases, including Type 2 diabetes.

HEAT UP HEALING: TAKE A COLD SHOWER

Storrs, Connecticut — “Take a cold shower!” you may have heard as advice for a variety of ailments. Ditto for soaking in a tub of ice-cold water—ice and all.

For their part, so-called “ice baths” have been shown by previous

studies to be among the most effective ways to reduce delayed-onset muscle soreness, perceived fatigue, muscle damage, and inflammation after physical exercise. But what about cold showers?

A recent review of the science behind the therapeutic benefits of cold showers ran recently in *The North American Journal of Medical Sciences*. According to the review, a post-workout cold shower can relieve soreness and inflammation and give almost every system in the body a boost.

Exposure to cold water narrows blood vessels which then, along with the heart, need to work harder to keep blood flowing—strengthening the heart and blood vessels.

In short, the faster one’s body temperature is lowered after intense activity, the faster one recovers.

DIABETIC ULCER HEALING ACCELERATED BY COLD PLASMA: STUDY

Bad Oeynhausen, Germany — According to a randomized trial conducted by the Ruhr Universität Bochum, cold atmospheric plasma (CAP) was a helpful addition to standard treatment for diabetic foot ulcers.

In plain English, that means that non-healing (or slow-healing) foot wounds caused by diabetes can heal, or heal faster, when really cold gas is blown on the foot.

In this case, research found that blowing a blast of super-chilled argon gas, mixed with plasma, produced better healing results for patients with diabetic foot ulcers than those getting placebo.

Those who received CAP therapy had a remaining wound area of only 30.5 percent after nine treatments, compared with 55.2 percent for those getting the placebo treatment.

According to the researchers, application of CAP could potentially result in earlier discharge from the hospital.

TO HELP EASE DEPRESSION, STUDY SUGGESTS BOTH PROBIOTICS AND PREBIOTICS

Brighton, England — *Prebiotics* are a type of fiber that the human body cannot digest. They serve as food for *probiotics*—the tiny living microorganisms, including bacteria and yeast, that harmlessly populate the human gut, or which are introduced by any of the popular probiotic products available today.

But now, according to research by the Brighton and Sussex Medical School, probiotics can help ease depression, especially if used in conjunction with prebiotics.

The British researchers found that in people who regularly consumed both products, there was a significant improvement in symptoms and clinically relevant changes in biochemical markers of anxiety.

Previous unrelated research has shown that depression is related with the constitution, amount, and species of intestinal microbiota. ★



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Achosainu is an innovative academy for students with special needs aged 21 and up. Under the loving, attentive care of an all-heimishe staff, students learn critical life and social skills that prepare them for a future full of independence.

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LEARNING™
TOGETHER

●► HAMASPIK NEWS

H0034_ARTAD21020_M

The Next Massive Thing: Hamaspik Medicare Select Gearing Up to Reach Thousands

New Hamaspik-branded Health Insurance Company to Serve Joint Medicare/Medicaid Members in 19 Counties

From as sparsely suburban as Middleton, Albany and Schenectady to as densely urban as Harlem and the Bronx, Hamaspik is bringing to greater New York something that only Hamaspik could bring: Hamaspik Medicare Select.

Blending a standard Special Needs Plan (SNP) with Hamaspik's trademark excellence, Hamaspik Medicare Select—like every SNP—is for people on Medicare and Medicaid.

Medicare is the state/federal health plan for seniors. Medicaid is the state/federal health plan for people with low income. Special Needs Plans are privately-run plans for seniors who qualify.

And bringing that golden Hamaspik touch to this targeted population now is Hamaspik Medicare Select—a new *Dually Eligible Special Needs Plan*, or D-SNP—born out of the NYSHA family's collective centuries of experience in synthesizing and interfacing between publicly-funded services and communities in need.

Following in the footsteps of Hamaspik HomeCare, NYSHA's successful and still-growing licensed home-care services agency (LHCSA), and the Hamaspik Choice managed long term care plan (MLTC), Hamaspik Medicare Select is now poised to reach another underserved demographic.

Hamaspik Medicare Select's crack team is currently fanning out across local neighborhoods and districts across New York City's five boroughs, as well as the greater Hudson Valley and Capital Regions, reports Director of Business Development Moshe Gluck.

Provider Network Specialists Eric Alvelo, Colleen Bryant, Raul Estevez, Jason Feliz, Robert Sanchez and Michele Van Dunk are establishing professional relationships with physicians and other caregivers, helping build an outstanding network of primary care physicians (PCPs), therapists and other providers ready, willing and able to serve and treat Hamaspik Medicare Select's patients. "We're getting the pros on board!" proudly declares Mr. Gluck.

Enrollment Agents Cheryl Broadus, Manuel Gross, Martha Harper, Luis

Reyes, Mark Schunzel and Yajaira Silva are parked along the curbs of various neighborhoods, attracting attention with high-visibility info tables and posters backed by Hamaspik Medicare Select's colorful and professionally-decorated vans. They are also manning said tables outside medical centers and other locations.

With the Enrollment team taking to the streets and signing eligible

Goldy Holczler.

At the same time, Mr. Gluck goes on, a wide-ranging advertising campaign is under way, with thousands of mailers hitting mailboxes region-wide, along with billboard and bus-shelter ads and even 30-second local TV spots.

"Medicare SNPs are a type of Medicare Advantage Plan (like an HMO or PPO)," reads official New York State literature, which "tailor their benefits,

your dialysis services from your local in-network providers—but you can get out-of-network services if you're out of your regular area (for example, being away on vacation).

Prescription drugs are covered by Hamaspik Medicare Select under standard Medicare rules. Additionally, specific screenings are provided free of charge yearly or bi-yearly.

Asked why Hamaspik has launched the new program, Gluck keeps it simple: "We want to help people!"

Hamaspik Medicare Select will be "a huge plan with a lot of members," says Moshe Gluck, asked where he sees the company in a year.

But with other Medicare Advantage SNPs out there, how is Hamaspik Medicare Select special?

All Medicare Advantage Plans provide more benefits than regular Medicare, Mr. Gluck first explains—staples like gym memberships, telehealth services, a 24/7 nurse hotline and even acupuncture. Hamaspik Medicare Select provides all of these and more.

But Hamaspik Medicare Select is also different "because we are a small company, not corporate America," continues Mr. Gluck. "We have a good team!"

"Our goal is to provide responsive quality services," adds Yoel Bernath, Executive Director of Hamaspik Medicare Select, "and to put our members first."

Currently, Hamaspik Medicare Select is working out of an existing office complex in Monsey.

So, Hamaspik Medicare Select doesn't have its own building, now, does it? Mr. Gluck smiles and responds, "Not yet!" ★



HITTING THE STREETS: HAMASPIK MEDICARE SELECT'S MANUEL GROSS HARD AT WORK

candidates up as of Hamaspik Medicare Select's official mid-October launch, enrollment numbers are rising daily.

An experienced team of Member Service Representatives is standing by to answer any questions coming up for newly-enrolled beneficiaries.

Proficient backup for Enrollment Agents, Member Service Representatives and Network Specialists alike is being delivered by Director of Medicare Enrollment Mrs.

provider choices, and drug formularies to best meet the specific needs of the groups they serve."

As a member of a Medicare Advantage D-SNP like Hamaspik Medicare Select, you have to get your care and services from doctors or hospitals in your SNP's network, except for emergency and urgent care, both allowed with out-of-network providers. Also, if you have end-stage renal disease (ESRD), you should get

Hamaspik Medicare Select is a Medicare Advantage and Prescription Drug Plan (HMO D-SNP) with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal. This information is not a complete description of benefits. For a complete list of covered services and other important information, review your Evidence of Coverage or call 833-426-2774. TTY users, please call 711.

בס"ד

 ... Caller @ 10:45 AM

“

It's time for a medication refill.

That means another psychiatry appointment. That's means asking the landlord to hold the check. Again! Oy, I can't do this anymore. There has to be an easier way.

WHERE DO I BEGIN?

**INTEGRATED
HEALTH
IS THE ANSWER.**

A dedicated Care-Manager will help you navigate the murky waters and connect you with the right resources.

FREE FOR ELIGIBLE MEDICAID MEMBERS.

INTRODUCING



INTEGRATED
HEALTH

A Hamaspik initiative. Available to the general public. Must be 18+, have Medicaid, and face chronic medical or behavioral conditions to qualify.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

UPSTATE 845-503-0444
hh@IntegratedHealthRC.org
www.IntegratedHealthRC.org

BROOKLYN 718-387-8400 ext 13
intake@hamaspikkings.org

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



The Family Home



KEEPING IT IN-HOUSE: THE FOSSE SHVETERHEIM, MANAGED BY MRS. LANDAU, HELPED INSPIRE THE NEXT GENERATION OF LANDAUS TO WORK WHERE MOMMY WORKS



FRUITS OF THEIR LABORS: SHLOIMY HOLDS UP AN ESROG FOR DISPLAY AT LEVI'S ESROGIM, WHERE HE AND OTHER MASTERPICK MEMBERS LENT A HELPING HAND OR TWO

Inside Hamaspiik, It's Literally Family

Work at Hamaspiik long enough and the individuals you serve become beloved daughters and sons—and the people you work with become brothers and sisters, too. And when the Hamaspiik family's newest members are also your own biological family, the camaraderie of common mission creates the shared language, laughter and love that defines family.

Mrs. Landau laughs when people ask how she juggles her own family and her Hamaspiik family: the beloved residents (and staff!) Hamaspiik's Fosse Shvesterheim IRA, which she's been managing for 17 years.

Quite deftly, it turns out—in fact, she wryly reminisces, she interviewed for the job with a well-tended newborn in arms.

Fast-forward close to two decades, and some things just haven't changed.

Not only is Mrs. Landau still at it, but some of her precious brood are now at it too. The *Gazette* spoke to one of two Hamaspiik-employed daughters.

When did Landau Junior first want to work for Hamaspiik? As early as kindergarten, she recalls.

"My kids have grown up with this," Landau Senior notes, noting how the Landau gang practically grew up in Fosse. (An older sibling once built a Clics van with a wheelchair ramp, assuming that all vans had ramps.) With not-infrequent 'take your daughter to work' days and Mommy on call 24/7, it was almost inevitable.

Ms. Landau started as a Direct Support Professional (DSP) "Counselor" four summers ago, working at Hamaspiik's UpClub After-School Respite (ASR) program. The past two summers, she's been that program's Head Counselor. ★

Scoring That First Esrog Pick—with a Little Help from MasterPick

Skill-Training Program for High-Functioning Young Men Helps Sacred-Fruit Shoppers

Some like it bumpy; some, smooth. Some like it bulky; others, small. Some prefer the Italian. Others go for the Chazon Ish. More than a few prefer the Moroccan.

Cigars, you're thinking? Hardly.

It's the humble citron, the Torah's sacred "fruit of a beautiful tree" interpreted for eons as the lemon-like product of a tree that thrives primarily in Italy's Calabria region and the surprisingly lush orchards of Morocco. An equally strong demand follows the slender, tower-tipped Chazon Ish variety as well.

Come the Sukkos holiday, the taking of the "Four Species," including the citron—a.k.a. esrog—frequently becomes a vendor-hopping, fly-specking adventure of high discrimination.

Esrog hunting, and the annual cottage industry that springs up around it, has a jargon all its own, with buyers and sellers alike highly versed in the symmetries, surfaces

and flecks that can make or break a prize find. When searching for the perfect esrog, it's anything but just another fruit.

Levi's Esrogim is one of many purveyors serving the ever-burgeoning market of Kiryas Joel, New York, regional headquarters of Hamaspiik.

But this past season, it had the helping hands of a handful of gentlemen from MasterPick—Hamaspiik of Orange County's awesome skills-training program.

It took just a bit of in-house training by Levi's caring staff for Shloimy and other MasterPick beneficiaries to pick up on buyers' minutest preferences. Shoppers also got a complimentary holiday-wishes card from MasterPick with each purchase.

Discriminating shoppers got exactly what they were looking for—and Shloimy and his gang got the mainstream acceptance we all want, too. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Bonding With Pet Chickens, Summit's Individuals Reach New Personal Peak

Few things are as therapeutic for the human mind, body and spirit as the untamed wilds, and the animal kingdom. Just ask any hiker. But why venture miles into the wilderness when you can benefit from up-close-and-personal exposure to animals right in your own backyard?

There's nothing to be "chicken" about—especially when we're talking about the domesticated animal friend known as the common chicken.

Pet poultry—ducks, but mostly hens and roosters—have been quite popular in recent years, with sellers of increasingly elaborate hutches, and chickens, doing brisk business.

Dominating a prominent space in the backyard of Hamaspiik of Orange County's Summit Briderheim residence, then, is a new hutch that was home first to a handful of eggs—and then, after careful incubating and hatching under controlled heat, to a good few feathered friends, too.

The young gentlemen residing at Summit have taken an instant liking to their unflappable new feathered friends—not unlike a fish to water.

It almost seems as if that the birds know where they are and how therapeutic they are.

In keeping with all current CDC guidance, the gentlemen thoroughly wash their hands after handling the live birds, as well as changing out of outerwear that may have collected animal residue and waste, leaving said outdoors to be cleaned. These measures help virtually eliminate the ever-present concern of Salmonella infection.

The birds seem to appreciate the attention that Summit devotes to their health—resulting not just in well-kept birds but a group of individuals who also now feel more important than ever, what with the responsibilities of pet-keeping generating feelings of accomplishment.

Not bad for a bunch of chickens! (The birds, that is, not the boys.) ★

Driving Success and Support at Integrated Health

Taking the High Road to Recovery to an All-new Level

<< CONTINUED FROM PAGE 3

thought was, *I'd better get down there before the guy ends up in handcuffs or the hospital.* And so, he did.

After deescalating the situation, Mr. Muller realized that the client was overdue for his monthly injection. While still on the road, he worked with multiple providers and arranged for the shot to be administered immediately. Mr. Muller then compassionately and patiently convinced the young man to take it.

If the narrative were to continue with the Care Manager also arranging for appropriate housing and job placement for this young man, it would certainly look too fluffy and fictitious. But that is the plain and simple truth.

"This is what we call going above and beyond the call of duty," says Mordechai Neuman, Integrated's Director of Behavioral Health and Clinical Services. "This is certainly not business as usual—unless you

get to know the people behind Integrated Health." ★

Getting clients back on life's many roads, each as individual as the person traveling them, is really what Integrated Health is all about. Towards that end, the program is also positioned to help pre-qualified clients get signed up for New York State Medicaid's Home and Community Based Services (HCBS).

The HCBS program, designed specifically for individuals with histories of repeated or prolonged hospitalizations, offers a suite of supports such as Peer Support and Psychosocial Rehabilitation, among others.

With providing HCBS to qualifying individuals, Integrated Health is once again achieving not just success but excellence for its clients—helping them not just survive but thrive, too. ★

For more information, call Integrated Health in Brooklyn at 718-387-8400x13 or 845-503-0200 for the upstate Hudson Valley region

For the Birds—in a Good Way



SUMMIT'S NEWEST WING(S): FIRST CAME THE EGGS, WHICH HATCHED UNDER CONSTANT HEAT, FOLLOWED BY A FLOCK OF FINELY-CARED-FOR FEATHERED FRIENDS, COOP AND ALL

Music in the air



THE KEYS TO JOY: A REGULAR AT HAMASPIK OF ORANGE COUNTY'S MEN'S DAY HAB PROGRAM TICKLES THE IVORIES DURING AN IMPROMPTU JAM SESSION



THE GREAT OUTDOORS: AN INDIVIDUAL EXULTS AT A REGIONAL PUBLIC PARK



TAKING EVERYTHING IN STRIDE: THIS YOUNG MAN WALKS TO HIS OWN BEAT

The Autism Update

News and developments from the world of research and advocacy



A DIFFERENT KIND OF PUBLIC: A REPORT FINDS THAT THE MAJORITY OF U.S. PUBLIC SCHOOLS DON'T ALLOW FOR THIS

REPORT: MAJORITY OF U.S. PUBLIC SCHOOL DISTRICTS NOT ACCESSIBILITY-COMPLIANT

Washington, D.C. — According to a report by the nonpartisan federal Government Accountability Office (GAO), most of the nation's public school districts remain inaccessible to students with disabilities—despite 30 years having passed since the ratification of the landmark Americans with Disabilities Act (ADA).

In 63 percent of public school districts nationwide, at least a quarter of facilities aren't physically accessible to those with disabilities. Common problems found at school facilities included steep ramps, inaccessible playgrounds, and difficult-to-use door handles.

The good news, however, was that GAO investigators also found that about 70 percent of school districts have plans to improve the accessibility of their facilities over the next three years. ★

GUT MUCUS CHANGES MAY FACTOR IN BRAIN DISORDERS

Melbourne, Australia — “I don't know—but I've got a gut feeling.”

Referring to the gut with regards to using your head is an age-old figure of speech—but in recent years, a growing body of research indicates that perhaps the ancients were onto something. Several unrelated studies find at least anecdotal evidence that the brain, and hence thinking, is essentially affected by the stomach and digestive system.

Some of that research has linked various neurological disorders to imbalances in the microbiome, or the “good” bacteria that regularly populate the digestive system.

But now, researchers at Melbourne's RMIT University have identified changes in gut mucus as a possible cause, or at least factor, for brain diseases like Alzheimer's and autism. According to the researcher, such changes could be contributing to bacterial imbalance and exacerbating the core symptoms of neurological diseases.

LITTLE EVIDENCE FOUND BACKING AUTISM CORD-BLOOD THERAPY

Durham, North Carolina — Cord blood, or blood preserved from a newborn's umbilical cord, is believed to harbor numerous “ingredients” that

could possibly benefit one's health later in life.

Among those purported benefits is a mitigating effect on autism.

But now, according to results from the largest clinical trial to date of the therapy's effectiveness for autism, an infusion of umbilical cord blood does not improve social skills in kids with autism.

The trial started at Duke University in Durham, North Carolina, in 2014. Researchers randomly assigned 180 children with autism aged two to seven to receive a single infusion of cord blood or a placebo. At an evaluation six months later, participants' traits remained largely unchanged.

However, the treatment was observed to have possibly improved social behavior in highest-functioning participants.

AUTISM TRAINING FOR POLICE ON THE RISE NATIONWIDE

New York, New York — More U.S. police departments are training more officers than ever on how to proactively and positively work with people who have autism.

The training, provided to new recruits and active-duty personnel alike, is being provided not just in major American metropolises like L.A. and New York but also in Kalamazoo, Michigan and other such smaller cities across the country.

In some cases, autism training

programs were only implemented after officers mistook non-compliance from people with autism with defiance or aggression. But many today are empowering officers before any adverse interactions.

To help prevent confrontations, the New York State OPWDD began making ID cards for people with disabilities available in early 2019. Common autism behaviors can resemble suspicious activity—with often-paralyzing hypersensitivity to light, sound and/or touch only complicating matters.

STRANGERS SEND HEART-TRANSPLANT CANDIDATE THOUSANDS OF LETTERS AND CARDS, TONS OF HEART

Skipack, Pennsylvania — This suburban locale some 30 miles northeast of Philadelphia has something most places don't: An irresistibly personable 37-year-old heart-transplant candidate with Down syndrome who stays afloat—and is buoyed by others—thanks to the mail.

So much so that Joe Eitl's parents had to get him his own mailing address. (It's POB 650, Skipack, PA 19474, if you're interested.)

Joe's story of heart-transplant woe went viral last year, after he suffered heart failure and resulting organ damage and his parents took his tale public—and asked for written expressions of support.

Over 12 months later, strangers from as far as Alaska to England penned him cards, showering the young man with the love and support the Eitls say is the only thing keeping him going at times while he waits for a donated heart.

The world is a good place after all, it seems.

RESEARCH LINKS AUTISM GENE TO MUSCLE DEVELOPMENT

Barcelona, Spain — Far more than just associated with autism, the gene SHANK3 is a critical part of normal development and function of the body's muscles, says a new study. The gene is associated with the disorder because up to two percent of people with autism have a mutation in SHANK3.

However, researchers at the Institute for Bioengineering of Catalonia in Barcelona, Spain have now found that lab mice with deliberately mutated SHANK3 genes grew under-developed muscle fibers and under-formed motor neurons, or nerve cells that control muscles.

Motor neurons from controls established mature connections to the muscle cells, as evidenced by complex clusters of receptors that appeared on the muscle cells at the junctions.

The result of such underdevelopment in the mice is the low muscle tone and poor muscle function known as *hypotonia*, which makes activities like crawling, walking and eating difficult. ★

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● ► HAMASPIK NEWS

Reviewing Past Successes “in the Business of Chesed”—and Recharging for Future Ones

Hamaspik of Kings County Hosts Agency-Wide “State of the Organization” Event

“We are in the business of chesed,” declared Hershel Wertheimer, Executive Director of Hamaspik of Kings County.

Translating roughly as “kindness,” *chesed* [pronounced KHEH-sehd] is a catchall phrase in Hamaspik’s community invoking social justice and helping others.

That chesed was the theme running through Hamaspik of Kings County’s second “State of the Organization” event: an agency get-together that was part training session, part annual review, and all inspiration.

A POSITIVE RECEPTION

The event was held at the trendy EMNEU event space in Brooklyn’s Gowanus neighborhood.

Guests first encountered a rooftop breakfast reception, at which they met old friends and made new ones—no surprise given Hamaspik’s ever-exploding growth.

After breakfast, the substantial crowd was seated inside a cavernous and neatly-set hall. Long tables were set up with “welcome packages” of pens, pads, brochures and water bottles at each chair—a professional corporate touch with the added Hamaspik flavor and warmth.

“It’s a big day today!” began Hamaspik of Kings County Chief of Staff Naftali “Tuli” Tessler, serving as emcee.

The event formally began with Tehilim (Psalms), the classical prayers of King David. “There’s no better way to see miracles in life than to take care of God’s children,” noted Tessler.

He went on by looking back in time—describing Hamaspik’s Brooklyn hub at 4102 14th Ave. as far emptier in summer of 2018 than it is today. “It’s hard to imagine that’s what it looked like two years ago!” he exclaimed—but, despite the building now bursting at the seams, “We did it once, and we’ll do it again,” he asserted.

He then introduced Hamaspik of Kings County’s “hands-on” Executive Director, Hershel Wertheimer.

THE STATE OF THE ORGANIZATION

In his opening remarks on how Hamaspik of Kings is doing, Executive Director Wertheimer first thanked all for attending. He thanked the crowd “for being part of the biggest *gemilus chasadim* [social justice—ed.] organization that exists in New York State today.”

Wertheimer praised staff for powering Hamaspik’s growth, amusingly noting that “at Hamaspik, ‘senior staff’ means those who were here one year ago.” One of the secrets of good staff, he continued, is a self-perpetuating corporate culture in which great employees attract great employees.

The result of those great people was the doubling of Hamaspik Kings’ operating budget, he went on, along with commensurate expansion of existing and new services.

Summarizing Hamaspik’s ethos, he said: “Every day in the morning, we must ask, ‘Am I giving everything that I could give?’ That is what is being asked of us.”

PEOPLE WHO MAKE IT HAPPEN

Mr. Tessler then introduced the endlessly energetic Yehudah “Yidel” Spangelet, Hamaspik of Kings County’s Director of Day Services and the prime mover behind its dizzying array of day services currently supporting hundreds across several busy Brooklyn neighborhoods. Tessler thanked him for his “24/7” duty and sacrifice.

From the podium, Mr. Spangelet shared that for himself, “supports” are not just for the individual but for the individual’s family, too. He related how one such family member, the father of a boy with Down syndrome who is supported by Hamaspik, confessed to him that he would have given up if not for those supports.

Director Spangelet personally thanked the entire staff body for staying on the front lines throughout the COVID-19 crisis, working harder than ever. He then briefly reviewed the many OPWDD programs Hamaspik

offers, highlighting their ever-skyrocketing numbers.

Tuli Tessler then introduced Mordechai “Mutt” Solomon, LMHC, leader of Hamaspik’s still-exploding mental-health support efforts downstate.

“Two years ago, you could have filled one third of this room” with then-existing services staff, began Mr. Solomon. Today, by contrast, the programs he commands alone boast over 150 employees. He briefly reviewed the achievements of Years 2018 and 2019, then laying out the goals achieved and still-planned for 2020.

But not forgetting the staff driving it all, he concluded: “None of this would have been done if not for you.”

DRIVING COMPASSION

Executive Director Wertheimer then delivered his second set of remarks: a motivational speech. He dwelt at length on the theme of chesed—how every employee, from front-line Direct Support Professionals (DSPs) to back-office IT, Maintenance and Finance Dept. staffers and everyone between, is there to make possible what Hamaspik does.

He then segued into the concept of compassion—defining it as connecting with and feeling for the other and citing examples of employees assisting callers outside their official jobs. (In fact, “Compassion” is now an official company Core Value factoring into staff hirings and assessments.)

“That is the attitude,” he averred, “that will double and triple this room.” ★

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● ► AUTISM NEWS

Amazon Opening 20 Primary Care Centers for Employees in Five Cities Across U.S.

Seattle, Washington — Online super-retailer Amazon will be providing primary care services for employees in a new pilot program that will eventually serve around 115,000 employees and families at select locations across the U.S.

Medical services to be provided at the centers will include acute, chronic and preventive primary care, medication prescription, vaccinations, behavioral health services and physical therapy. The centers will also include chiropractic care, health coaching and specialty referral services, and same-day pediatric services will also be available for children of Amazon employees.

The first facility under the program, which is called Neighborhood Health Centers, is slated to open its doors



DELIVERING HEALTH: AMAZON WORKERS CAN NOW SEE DOCTORS AT 20 U.S. CENTERS

in Las Colinas, Texas—near an existing Amazon fulfillment center


or operations facility, as all the other Neighborhood Health Centers will be

located, too.


More Neighborhood Health Centers are planned for the Dallas-Fort Worth area, Phoenix, Louisville, Ky., Detroit and San Bernardino/Moreno Valley, California.

In establishing Neighborhood Health Centers, Amazon's mission is to lower the cost of healthcare for its workers, encouraging employees and families to use them for primary care instead of costlier urgent care centers or emergency rooms.

Doing the actual day-to-day medical and operational work for Amazon is a company called Crossover Health. Crossover is a medical group that works with self-insured employers to integrate care teams delivering primary care at each facility. ★

**HEALTHY EATING**

BROCCOLI



EASY

YIELDS: 6-8 SERVINGS

READY IN: 1:00



Broccoli KUGEL

INGREDIENTS:

- 1 bag (24oz) chopped broccoli
- 1 onion, diced
- 4 eggs
- 1/2 cup oil
- 3/4 cup matzah meal
- 1 tbsp. salt
- 1 tsp pepper

DIRECTIONS:

- Preheat oven to 350°
- Sauté onions in oil
- Beat eggs; add salt and pepper
- Mix in broccoli and sautéed onions
- Fold in matzah meal
- Pour mixture into 9x13 baking pan
- Bake uncovered for 1 hour

CHEF'S TIP:

When buying fresh broccoli make sure the florets should be tightly closed, and the greener the better.


BENEFITS:

Broccoli is a great source of vitamins K and C, a good source of folate (folic acid) and also provides potassium, fiber. Vitamin C – builds collagen, which forms body tissue and bone, and helps cuts and wounds heal. Vitamin C is a powerful antioxidant and protects the body from damaging free radicals.

EASY

YIELDS: 8 SERVINGS

READY IN: 1:15



Easy and Healthy Broccoli Soup

INGREDIENTS:

- 1 onion, diced
- 4 cloves garlic
- 2 tbsps. olive oil
- 4 green squash, cubed
- 1 bag (24oz) frozen broccoli
- Water
- Salt to taste
- 1/2 tps. black pepper
- Shredded cheese for serving (optional)


DIRECTIONS:

- In a 5-quart pot, sauté onions and garlic in oil until translucent (about 5 minutes)
- Stir in squash and broccoli; sauté for a few minutes
- Add water to cover vegetables
- Season with salt and pepper
- Bring to boil; lower flame to simmer for about 45 minutes
- Blend soup with an immersion blender
- Serve with shredded cheese (optional)

MEDIUM

YIELDS: 15 PATTIES

READY IN: 0:30



Broccoli Patties

INGREDIENTS:

- 1 bag (16oz) frozen broccoli
- 1 onion, diced
- 2 tps. oil for sautéing
- 3 eggs
- 3/4 cup matzo meal (or bread crumbs)
- 1/2 tsp salt
- 1/2 tsp black pepper
- 1/2 tsp garlic powder
- Oil for frying

DIRECTIONS:

- Defrost broccoli, blend until smooth
- Sauté onion in oil
- Stir all ingredients together
- Heat pan, spray some spray oil
- To make patties, drop 2 heaping tablespoons (or 1/4 cup) of mixture onto pan; fry each side for 4-5 minutes

Note: Patties may be made on a skillet or any hot cooking surface, as well as in the oven.

© 2020 Recipes by Mrs. Chana G. Laufer

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

Public Health and Policy News

AUTOIMMUNE DISEASES RISING IN U.S., SAYS NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Durham, North Carolina — Autoimmunity, or a condition in which the body's immune system reacts negatively to components of its own cells, appears to be increasing in the United States, according to researchers at the National Institute of Environmental Health Sciences (NIEHS).

Autoimmune diseases include multiple sclerosis (MS), rheumatoid arthritis, lupus and psoriasis.

In a recent study, NIEHS researchers found the national average prevalence of *antinuclear antibodies* (ANA) was significantly increasing in the United States overall. Antinuclear antibodies are the most common biomarker of autoimmunity.

The study included 14,211 participants, 12 years and older, in the U.S. National Health and Nutrition Examination Survey (NHANES). Researchers found that ANA prevalence for 1988-1991 was 11.0 percent, but was 15.9 percent by 2011-2012.

Since people have not changed much genetically during the past 30 years, the scientists suggest that changes in

lifestyle or the environment may be involved in ANA increases.

MEDICARE PLANS TO LOWER OUT-OF-POCKET INSULIN COSTS FOR SENIORS

Baltimore, Maryland — Over 1,750 standalone Medicare Part D prescription drug plans, and Medicare Advantage plans with prescription drug coverage, will be offering lower insulin costs through the Part D Senior Savings Model for the 2021 plan year.

Across the nation, participating enhanced Part D prescription drug plans will provide Medicare beneficiaries access to a broad set of insulins at a maximum \$35 copay for a month's supply, from the beginning of the year through the Part D coverage gap.

Currently, Part D sponsors may offer prescription drug plans that provide lower cost-sharing in the coverage gap; however, when they do, the Part D sponsor accrues costs that pharmaceutical manufacturers would normally pay. These costs are then passed on to beneficiaries in the form of higher premiums.

WALMART TO OPEN FLORIDA IN-STORE HEALTH CENTERS IN 2021

Bentonville, Arkansas — First came retail pharmacy giants CVS and Walgreens. But now, big-box retail behemoth Wal-Mart is getting in on the retail health act.

Wal-Mart currently operates four large in-store clinics, including doctors and nurse practitioners, in the Georgia towns of Dallas, Calhoun and Loganville, plus another in Springdale, Arkansas.

It's now officially planning to open a number of such clinics in Florida in the first half of 2021. The first will be located in Jacksonville. After Texas, Florida boasts the second-highest number of Walmart stores in the country. The Sunshine State's sizable senior population also makes it a choice market for low-cost preventive care providers.

According to Wal-Mart, the new clinics will offer standard medical care, plus behavioral health, dentistry, and even on-site labs and X-rays.



CAPITAL OF CALM: NEBRASKA'S CAPITAL CITY OF LINCOLN IS ALSO THE CALMEST IN THE U.S.

WHERE STRESS LIVES (OR DOESN'T): AMERICA'S TEN MOST, LEAST STRESSED CITIES

Washington, D.C. — If you're calm, cool and collected, it could be because you're great at handling stress—or because you live in Lincoln, Nebraska. If you're the total opposite, it could be because you live in Cleveland, Ohio.

You see, Nebraska's capital has now been ranked as America's least stressed city, while Cleveland boasts the most. That's according to personal-finance company WalletHub, whose four-part stress analysis of 182 major U.S. cities nationwide was recently published.

Also populating the "Top Ten" most stressed U.S. cities were: Detroit (#2); Newark (#5); and Baltimore (#6). Conversely, following Lincoln, the ten least stressed U.S. cities include rural Boise, Idaho (#2), the Heartland's Overland Park, Kansas (#5), and laid-back California's Fremont (#9).

Surprisingly, New York ranks only 26. For America's biggest city, that's pretty good!

STUDY: PHYSICAL ACTIVITY PREVENTS NEARLY FOUR MILLION GLOBAL EARLY DEATHS

Cambridge, England — At least



A MOVING IMAGE: STAYING FIT WHILE AGING IS NOW AN EVEN BETTER IDEA

3.9 million people around the world each year do not die early—because they regularly exercise or otherwise stay physically active.

So says a highly detailed study by the University of Cambridge, which reviewed public health data from 168 countries to arrive at its conclusions.

The study, published in *The Lancet Global Health*, posits that healthcare research focuses too often on the negative health consequences of poor levels of physical activity when it should better be celebrating the achievements of physical activity.

Researchers collected data on the population of each country doing at least 150 minutes of moderate aerobic activity each week. They then estimated the proportion of premature deaths prevented due to that physical activity—finding that physical activity lowered the number of premature deaths by an average of 15 percent.

AMBULANCE 9-1-1 CALLS DOWN 26 PERCENT NATIONWIDE SINCE MARCH

Buffalo, New York — Medical emergency calls by members of the public to the national 9-1-1 system have dropped by 26 percent since March, says a study by the University of Buffalo (UB) in upstate New York.

However, the study also found a grim flipside of that drop: While the U.S. experienced a major drop of less-urgent calls to 9-1-1, it at the same time experienced a doubling of EMS-attended deaths—indicating that when EMS calls were made, they often involved a far more-urgent call.

"When people are making fewer 9-1-1 calls but those calls are about far more severe emergencies," said UB researcher E. Brooke Lerner, PhD., "it means that people with urgent conditions are likely not getting the emergency care they need in a timely way." ★

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In the Know

ALL ABOUT... REYE SYNDROME

Sources: National Center for Biotechnology Information (NCBI), Mayo Clinic, WebMD

INTRODUCTION

First, the good news: Reye syndrome is an ultra-rare diagnosis with fewer than two cases reported annually since 1994—and, if caught early enough, is treatable without long-term harm.

Another piece of good news is that you don't have to call it by its medical name of *acute non-inflammatory encephalopathy with fatty liver failure* but rather, Reye syndrome. Makes things easier.

But now, the not-so-good news: Reye syndrome typically presents in children as vomiting and confusion with rapid progression to coma...

But, wait! Back to the good news! Reye syndrome spiked in the U.S. in 1979-1980 (with about 550 cases in those two years)—but has been dropping ever since. In fact, from 1991 to 1994, there were 0.2 to 1.1 cases per million reported in the United States.

What's more, Reye syndrome is so rare today that cases are no longer required to be reported to the Centers for Disease Control (CDC)—so chalk another one up for government public health victories!

That's because modern medicine knows what causes most Reye cases: kids taking aspirin after getting a virus infection like flu or chickenpox. Once people listened to the government and stopped giving aspirin to infected kids, Reye syndrome basically disappeared.

For your information, it's making another appearance now. But only on this page.

DEFINITION

Reye syndrome is named for Australian pathologist Dr. R.D.K. Reye, who first described it in 1963. It is a very rare but serious condition that causes swelling in the liver and brain.

Reye syndrome is basically an aspirin-triggered side effect of a medical condition called *fatty acid oxidation disorder*. The majority of historical cases typically also occurred after children were getting over viral infections like chickenpox, flu or sometimes even the common cold.

In Reye, blood sugar levels drop, blood ammonia levels rise, fatty acid levels rise, and swelling often occurs in the liver and/or brain.

Reye syndrome most often affects children and teenagers, but can also affect people of any age.

SYMPTOMS

Symptoms of Reye syndrome typically appear three to five days after the start of a viral infection.



While symptoms require immediate emergency treatment, early diagnosis and treatment can and will typically save a patient's life.

In children under age two, early symptoms may include diarrhea and rapid breathing. In older children and teenagers, early symptoms may include ongoing vomiting and unusual sleepiness.

As the syndrome goes on, symptoms can become more severe. These symptoms require emergency treatment; 9-1-1 or Hatzolah should be called immediately if you see them. Early diagnosis and treatment is crucial. These severe-level symptoms include:

- Personality changes (more irritable or aggressive)
- Confusion, disorientation or hallucinations
- Weakness or inability to move arms or legs
- Seizures or convulsions
- Extreme tiredness
- Decrease or loss of consciousness

Reye syndrome can be mistaken for other conditions, including meningitis (a swelling of membranes covering the brain and spinal cord), a diabetic reaction, or poisoning. Regardless, with such symptoms, get them taken care of immediately!

CAUSES

As mentioned, Reye syndrome is caused by something called *fatty acid oxidation disorder*. Specifically, Reye syndrome is a dangerous reaction to specific substances that enter the body of a person who already has fatty acid oxidation disorder. (Fatty acid oxidation disorder is a generally manageable and harmless lifelong condition for which infants are generally now screened.)

So, Reye syndrome is pretty much caused by giving aspirin to kids who already have fatty acid oxidation disorder, and who also recently had

the flu or other viruses. (In a handful of cases, Reye has been linked to exposure to various chemicals, not to aspirin after viruses.)

In 1980, at the height of the public Reye "epidemic," studies found that "while less than 0.1% of children who took aspirin developed Reye syndrome, more than 80% of children diagnosed with Reye syndrome had taken aspirin in the preceding 3 weeks," according to official National Library of Medicine (NLM) literature on Reye syndrome—indicating a strong cause-and-effect link.

What's more, according to the CDC, surveillance data between 1980 and 1997 found that cases of Reye syndrome were preceded by influenza infection 73 percent of the time—and by varicella (chickenpox) 21 percent of the time.

"This data led to recommendations against the use of aspirin in children in 1980," concludes the NLM literature. "The number of reported cases of Reye syndrome fell dramatically following the widespread warnings against the use of aspirin in children."

Though aspirin is in fact *still* approved for use in children older than age three, children and teenagers should *never* take aspirin if they are recovering from chickenpox or flu-like symptoms.

DIAGNOSIS

There is no specific medical test designed to diagnose Reye syndrome. Instead, to test for Reye, a doctor will usually do urine and blood tests. The doctor will also screen for the presence of any preexisting fatty acid oxidation disorder or other metabolic disorders.

Sometimes more-invasive diagnostic tests are needed to evaluate other possible causes of liver problems and investigate any neurological abnormalities. These other tests, which help a doctor arrive at a Reye syndrome diagnosis, may include:

- Spinal taps (a.k.a. lumbar punc-

tures), in which a needle is inserted into a space below the end of the spinal cord to collect cerebrospinal fluid, which is then removed and sent to a lab for analysis.

- Liver biopsies, in which a needle is pushed through the upper right side of the abdomen into the liver to get a sample of tissue to be sent to a lab for analysis.
- Skin biopsies, in which a doctor scrapes off a small sample of skin for laboratory testing for fatty acid oxidation disorders or metabolic disorders; a skin biopsy can usually be done in a doctor's office using a local anesthetic.
- Computerized tomography (CT) or magnetic resonance imaging (MRI) scans, which can also rule out other problems like meningitis.

In many cases in recent history, Reye syndrome was diagnosed in emergency settings or situations—because the patient was already presenting with serious symptoms like seizures or loss of consciousness.

Fortunately, however, the early symptoms of Reye syndrome often prompt a visit to a pediatrician, who then can authoritatively diagnose the condition before it gets out of hand.

TREATMENT

Reye syndrome is usually treated in the hospital. Severe cases may be treated in the intensive care unit (ICU). The hospital staff will closely monitor the patient's blood pressure and other vital signs.

According to the Mayo Clinic, there is no single treatment that will stop Reye syndrome.

However, once a patient has it, doctors can do some things to make sure it is managed. They can also try to prevent more severe symptoms and see that brain swelling is held down. These steps include:

- Intravenous (IV) fluids: Glucose and an electrolyte solution may be given through an IV line.
- Diuretics, or medications that to help the body get rid of salt and water (and stop swelling inside the skull)
- Medications to prevent bleeding; bleeding due to liver abnormalities may require treatment with vitamin K, plasma and platelets (which are tiny blood cells that help form clots).
- Cooling blankets are also sometimes used to help the patient's body maintain internal body temperature at a safe level.
- For Reye syndrome patients who have had trouble breathing, hospital staff may put him or her on a breathing machine (ventilator).

PREVENTION

The first rule of preventing Reye syndrome is to simply never give kids aspirin after they've had the flu, chickenpox or any other virus. That includes plain aspirin and medications containing aspirin.

Children with known fatty acid oxidation disorders should never take aspirin or aspirin-containing products, ever—especially while recovering from viral infections.

Aspirin goes by other names, too: salicylate, salicylic acid, acetylsalicylate and acetylsalicylic acid—so always check the label before dispensing medication, including over-the-counter (OTC) products and alternative or herbal remedies. Aspirin can also show up in some unexpected places, like the common Alka-Seltzer antacid product, so do your homework.

Some hospitals and medical facilities will conduct newborn screenings for fatty acid oxidation disorders to determine which children are at greater risk of ever possibly developing Reye syndrome.

If you must give a child something to treat fever or pain related to the flu or another viral illness, consider such medications as acetaminophen (Tylenol, etc.) or ibuprofen (Advil, Motrin, etc.).

But there's one "but" for the aspirin rule: young people with certain chronic conditions like Kawasaki disease may need long-term treatment with drugs that do in fact contain aspirin. Speak to their pediatrician.

PROGNOSIS

Technically speaking, how well a person recovers from Reye syndrome, and the chances for any long-term and/or permanent brain damage, depends a lot on how much if any brain swelling occurs—and how quickly the doctors intercept and counteract it.

Cases that quickly get worse and lead to coma are more likely to lead to more brain damage. Conversely, if a case of Reye syndrome is detected and diagnosed early, before any serious symptoms manifest themselves, the less likely it is to lead to any brain damage—and the more likely the patient is to walk away scot-free with no long-term and/or permanent brain damage.

As modern medicine has gotten better at diagnosing or otherwise intercepting Reye syndrome quickly and early, the death rate has dropped from around 50 percent to less than 20 percent. (And besides, as mentioned at the beginning of this article, virtually nobody gets Reye syndrome nowadays anyways—making Reye syndrome

practically an extinct illness, like scurvy.)

So, bottomline, what does that mean? It means that any child or teenager who does somehow get diagnosed with Reye syndrome nowadays will survive and recover completely.

THE HISTORY OF REYE SYNDROME

Like many medical diagnoses, Reye syndrome carries the name of the doctor who brought it to the attention of the medical community, and from there to the general public.

In this case, that would be Ralph Douglas Kenneth Reye, M.D. (1912-1977).

Dr. Reye was the Director of Pathology at the Royal Alexandra Hospital for Children in Sydney, Australia. In 1963, Dr. Reye published the first study of the syndrome in *The Lancet*, the respected medical journal.

Along with fellow hospital physicians Drs. Graeme Morgan and Jim Baral, Dr. Reye's study described 21 children admitted to their facility from 1951 to 1962 for similar symptoms.

In 1964, American doctor George Johnson and colleagues published their own research—based on an

outbreak of influenza B in which 16 children developed the liver and brain damage that are the hallmarks of Reye syndrome.

Interestingly enough, although the Australian doctors had found in their research that 11 of the 21 kids had taken aspirin, they did not make the link. That only came some 16 years later.

In 1979, Dr. Karen Starko, an Arizona public health officer, researched an outbreak of cases among schoolchildren in a Phoenix school district.

Her research, published a year later, was entitled, "Reye's Syndrome and Salicylate Use." It was the first statistically-significant link between aspirin use and Reye syndrome.

By 1980, the CDC was cautioning physicians and parents about the association. In 1982, the U.S. Surgeon General issued an advisory, and by 1986, the FDA required the following label on every bottle of aspirin: "Children and teen-agers who have or are recovering from chickenpox, flu symptoms or flu, should NOT use this product. If nausea, vomiting or fever occur, consult a doctor because these symptoms could be an early sign of Reye syndrome, a rare but serious illness."

Dr. Reye's contribution had arrived. ★



RALPH DOUGLAS KENNETH REYE, M.D., 1912-1977

Dr. Douglas Reye was the first medical professional to describe the childhood disease now known as Reye Syndrome and recognize it as a distinct illness. Born in Townsville, Queensland in 1912, he studied medicine at the University of Sydney, where he graduated in 1937. He completed his Residency at the Royal Alexandra Hospital for Children—where he worked for the remainder of his active life.

In 1941, Dr. Reye was appointed Acting Director of the hospital's Department of Pathology, becoming fulltime Director in 1946.

A close colleague described him as "essentially a shy man." However, behind that façade was a professional who "was only too keen to share his great knowledge and experience with them."

A passionate man of medicine to the end, Dr. Douglas Reye passed away in 1977, two days after he retired.



HOSPITAL STAFFING FIRM: HALF OF U.S. ERS NOT FULLY EQUIPPED FOR PEDIATRIC EMERGENCIES

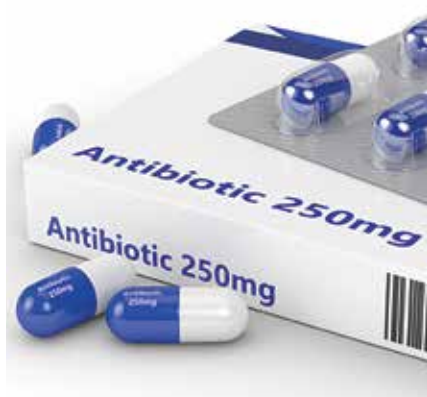
Knoxville, Tennessee—According to recent white paper by TeamHealth, a Tennessee-based hospital staffing company, half of U.S. hospital ERs are not fully equipped to handle child patients.

Doctors with certified specialization in pediatric emergency medicine (PEM) work mostly in freestanding children's hospitals or pediatric units of general ERs—leaving nearly 90 percent of the 30 million children visiting ERs each year getting treating in community hospitals, which typically do not have pediatric units.

TeamHealth's suggested remedy for PEM deficiency at standard ERs includes hiring ER doctors and nurses with PEM training, stocking up on PEM-specific equipment and supplies, establishing transfer agreements with nearest children's ERs or those with PEM specialists, and creating a culture of collaboration and continuous learning.

REVIEW OF NATIONAL DATA FINDS U.S. HOSPITAL ANTIBIOTIC USE STILL HIGH

Richmond, Virginia — On the one



OVERDOSING? A STUDY UNDERSCORES EXCESSIVE U.S. HOSPITAL ANTIBIOTIC USE

hand, antibiotics—beginning with the breakthrough discovery of penicillin in 1928—have dramatically reduced serious infections worldwide ever since. On the other hand, overuse of antibiotics has inadvertently created the persistent and vexing problem of antibiotic-resistant bacteria, or bugs that aren't killed by penicillin. That led to the creation of new antibiotics like amoxicillin and others—but to which bacteria then also developed resistance. As a result, so-called “superbugs,” or strains of bacteria that can resist all known antibiotics, remain one of the biggest threats to modern hospitals and healthcare.

In response, many experts have long been calling for less hospital usage of antibiotics. But according to a new study, hospitalized patients got antibiotics in 65 percent of cases. The study looked at 2016-2017 data on about 11 million U.S. hospital stays.

NEWSWEEK TO RANK BEST AMBULATORY SURGERY CENTERS (ASCs) IN 25 STATES

New York, New York — Global news magazine *Newsweek* has now partnered with global research firm Statista to rank the 400 top ASCs across half of the United States.

States to be profiled are: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington, Wisconsin, and, naturally, New York. These states were chosen for being those with the highest numbers of ASCs.

To arrive at their conclusions, *Newsweek* and Statista will survey of ASC nurses, therapists, physicians, surgeons and administrators, as well as evaluate ASC performance data and conduct.



CYBERSURGERY: WITH COMING 5G TECHNOLOGY, SURGERY ROBOTS OPERATED FROM GREAT DISTANCES MAY BECOME THE NEXT BIG THING IN MODERN TELEMEDICINE

“TELESURGERY” THE NEXT BIG THING (MAYBE)

Genova, Italy — Telemedicine, or seeing your doctor in one room while you are in another room—separated by miles and connected only by technology—is increasingly mainstream today.

But could surgeons use the same technology (coupled with some highly specialized robotics) to remotely perform surgery—meaning, the patient under a robotic scalpel and camera manned by a medical professional miles, or even an entire continent, away?

A report published in the *Annals of Internal Medicine* detailed how surgeons in Italy used 5G wireless network technology to perform “telesurgery” from a distance of ten miles.

However cutting-edge, though, it wasn't the world's first documented telesurgery. That case, which took place way back in 2001, was performed on a patient in Strasbourg, France by a surgeon stationed in New York.

DEFYING YEARS-LONG NATIONWIDE TREND, NEW HOSPITAL OPENING IN TEXAS

South Padre Island, Texas — If you've been following hospital news over

the past couple of years (or if you've been reading the *Gazette*), you'll know that in today's economic climate, the small or even mid-sized hospital is largely a thing of the past.

Small or medium hospitals, many of which stood for decades or even well over a century, have typically closed their doors forever—or got “eaten” by major hospital systems and turned into branches, affiliates or subsidiaries of sprawling, multi-site and often multi-city campuses.

A brand-new independent hospital, therefore, is quite the novelty nowadays—which is why a new hospital anywhere is news.

The one-story, 12,000 square-foot

South Padre Island Medical Center is slated to open its doors in March of 2021.

South Padre Island, a community at Texas' southern tip, currently sends many patients to Brownsville, 30 miles away.

NEW YORK STILL HOME TO MOST DOCTORS PER CAPITA: REPORT

New York, New York — The top ten states for physicians to practice in begins with New Mexico (#10) and ends with (you'd probably never guess) No. 1 Mississippi.

Part of that may be because physician malpractice insurance—you know, what doctors pay so lawyers cover them in case they get sued—is cheapest in Mississippi.

Those facts and figures come from recent reporting by industry outlet *Physicians Practice*. For that analysis, editors ranked states based on 2019 data in five areas, including mean salary, physician density and costs of malpractice insurance.

Nevertheless, *Physicians Practice* still reports, New York remains is the U.S. state with the second-highest number of physicians per capita. The Empire State boasts some 89,500 doctors—second only to California, which clocks in at 112,900 licensed M.D.s. ★



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

The Power of a Non-Judgmental Attitude—No Matter Your Age

The Wise Ancients Still Ring True Today—Especially for Senior Health

A recent article about a remarkably spry and lucid 98-year-old yoga teacher reveals three secrets to a long and healthy life: (1) don't think about what might go wrong, (2) start each day with a smile of genuine happiness, and (3) don't judge others.

"There is a significant positive correlation between positive mental

attitude and physical health," says Hamaspik HomeCare Field Nurse Leah Lichstein, R.N. "Aside from daily exercise and healthy eating, having a positive attitude typically results in longer life and improved quality of life for seniors."

"Endless contemporary research articles exist regarding the above. Not

surprisingly, however, one could find this all in Pirkei Avos (Ethics of the Fathers)," says Mrs. Lichstein.

"Having a smile on your face is found in the first chapter," notes the veteran nurse, "where it states, 'Hevei mekabel es kol ha'adam b'sever panim yafos'—Receive every man with a pleasant countenance." Admittedly,

this is not always easy for seniors. They may have health issues, pain, or loneliness (often due to loss of spouse or friend), which makes it difficult for them to be happy.

"Not judging others," she continues, "follows in the next chapter—'Al tadin es chavercha ad she'tagia limkomo'—Do not judge your fellow until you have stood in his place."

"Finally, knowing that you can learn something from everyone is in the fourth chapter, which teaches, 'Eizehu chacham? Ha'lomeid mikol adam—Who is wise? One who learns from every man.'"

How does this all apply to providing care to seniors in the comfort of their own homes, in the manner provided by the capable nurses, personal care aides (PCAs), home health aides (HHAs), therapists and other home care staff of Hamaspik HomeCare?

"Besides the obvious—namely, for children and caregivers to not to judge seniors unfavorably—the converse is equally true," notes Nurse Lichstein. "A special note of interest is for seniors to judge their children favorably," she points out. "Seniors may feel their children don't make enough time for them. Judge them favorably," she explains. "They are juggling families, spouses and jobs, and trying to be there for their parents as well." ★

You Are What you Eat—So Eat a Healthy Diet!

Tried-and-True Senior Nutrition Tips from a Hamaspik HomeCare Nurse

Nutrition is all about eating a healthy and balanced diet so your body gets the nutrients that it needs. Nutrients, which include carbohydrates, fats, and proteins, are the substances in foods that our bodies need so they can function and grow.

As you age, your body and life change, and so does what you need to eat to stay healthy. For example, seniors may need fewer calories, but they still need a healthy balance of nutrients.

"At times life changes can precipitate an unhealthy change in diet and food intake for seniors," notes Rena Milgraum, dedicated longtime Director of Patient Services at Hamaspik HomeCare. "These can include suddenly living alone or having trouble getting around, declining health that can make it harder to cook for oneself, and new medications that could change how food tastes or reduce appetite."

What should a senior do if he or she is having trouble eating healthily? Nurse Milgraum offers a few tips:

- If you are tired of eating alone, see if a family member (like a son,

daughter, or grandchild) would be available to come over and have dinner with you, even once a week.

- If you are having trouble chewing, see your dentist to check for possible dental issues.
- If you are having trouble swallowing, try drinking plenty of liquids with your meal. If that does not help, check with your health care provider. A health condition or medicine could be causing the problem.
- If you are having trouble smelling and tasting your food, try adding color and texture to make your food more interesting.
- If you are not eating enough, add some healthy snacks throughout the day to help you get more nutrients and calories.
- If an illness is making it harder for you to cook or prepare food, check with your health care provider. He or she may recommend physical therapy (PT) or occupational therapy (OT) to increase your strength and stamina, and otherwise help you find ways to

make it easier to cook and prepare food. ★

Need to take it to the next step? Feel free to call Hamaspik HomeCare's Intake Department directly at 855-426-2774, ext. 700. Our Intake Coordinators will help you determine if you or your loved one qualify for a home health aide (HHA) or other service to assist you. In addition, once you are enrolled in Hamaspik HomeCare, you may also be eligible for home-delivered nutritious meals.

WHY STRUGGLE ALONE WITH CARING FOR YOUR ELDERLY LOVED ONES?

Call today to see if they qualify for home care!

Call Hamaspik HomeCare's Intake Dept. directly at

845-503-0700

