



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

FEBRUARY '21 • ISSUE NO. 187



GAZETTE SURVEY

The GAZETTE asks YOU:

**ARE YOU OR SOMEONE IN YOUR FAMILY
AFFECTED BY ECZEMA?**

A. YES; B. NO

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



HEALTH STAT

JUST SCRATCHING THE SURFACE

Number in U.S. with some form of eczema	31.6 million
No. workdays annually lost due to eczema	5.89 million
Percent developing disease before age six	80

Source: National Eczema Foundation



HEALTH TIP

SKIN-DEEP PROBLEM, SUBSTANTIAL SOLUTIONS

Don't feel like a lost parent in helping prevent or treat your child's eczema! Here are some tips on keeping your child's skin from getting dry or itchy—and avoiding those flare-up-causing triggers: 1. Take short baths or showers (and use warm, not hot, water); 2. Use mild unscented soaps or non-soap cleansers; and 3: pat (not rub) the skin dry with towels; 4. Apply cream or ointment.

INSIDE

HEALTH

04 Tarantula's venom may contain natural gut pain blocker

PUBLIC HEALTH & POLICY

11 Under new federal rule update, Canadian drugs heading south

TRI-COUNTY CARE

06 Speaking their language: How Tri-County Care taps into a community's needs

HAMASPIK

10 A review of Integrated Health's headline-worthy work—every day

13 Orange Men's Day Hab, Main-streaming by way of the Mishnah Mastery

HOSPITALS

18 Health-record firm Epic incorporating Lyft rides into software

AUTISM / DISABILITY

08 Children with autism and adverse noise reactions also have condition called CAPD

TRI-COUNTY CARE NEWS

LINE OF EXECUTIVE COMMUNICATION FROM THE TOP AN OFFICIAL LETTER OF CONGRATULATIONS AND SUPPORT FROM NEW YORK GOV. ANDREW CUOMO SPEAKS VOLUMES ABOUT THE EVER-EXPANDING SUCCESS OF TRI-COUNTY CARE



SEE PAGE E3 >>

DISABILITY NEWS

Retailers Selling More Disability-Friendly Costumes for Kids

SEE PAGE E8 >>

HAMASPIK NEWS

Sipuk—Hamaspik's Brooklyn Breakthrough **Hamaspik** of Kings County Fulfills the Vital Need in the Community

SEE PAGE E12 >>

HOSPITAL NEWS

Study: Hospital Private-Pay Patients Pay Nearly 250% More Than Medicare Patients

SEE PAGE E18 >>

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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 Hamaspik services

THE HAMASPIK GAZETTE

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

OMH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

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

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

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

ADULT HCBS SERVICES

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

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

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

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

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

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

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

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

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

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

CHILDREN HCBS SERVICES

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

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

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

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

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

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

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

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

● ► TRI-COUNTY CARE NEWS

In Livestream Extravaganza, New York State Hails Tri-County Care

Letter from Gov. Andrew Cuomo, Live Virtual Remarks by Former Gov. David Paterson, Round Out Appreciation Event Joined Online by Hundreds of Statewide Staff

They were geographically far apart. But they were virtually together more than ever.

On this December day, Staff Appreciation Day 2020, social-distancing standards were just about the only things keeping the Tri-County Care (TCC) family apart.

Even the magician knew it.

Performing live at TCC headquarters, mentalist David Blatt got two socially-spaced staffers on hand to literally feel what the other was feeling, contact-free.

But the magic wasn't limited to the high-tech stage that showcased the livestream event.

From private residences all across greater New York, well over 500 TCC employees participated live online.

With high-tech cameras and software broadcasting the livestream event across the Internet, staffers not only enjoyed a well-earned full day off—but felt like they were right there, too.

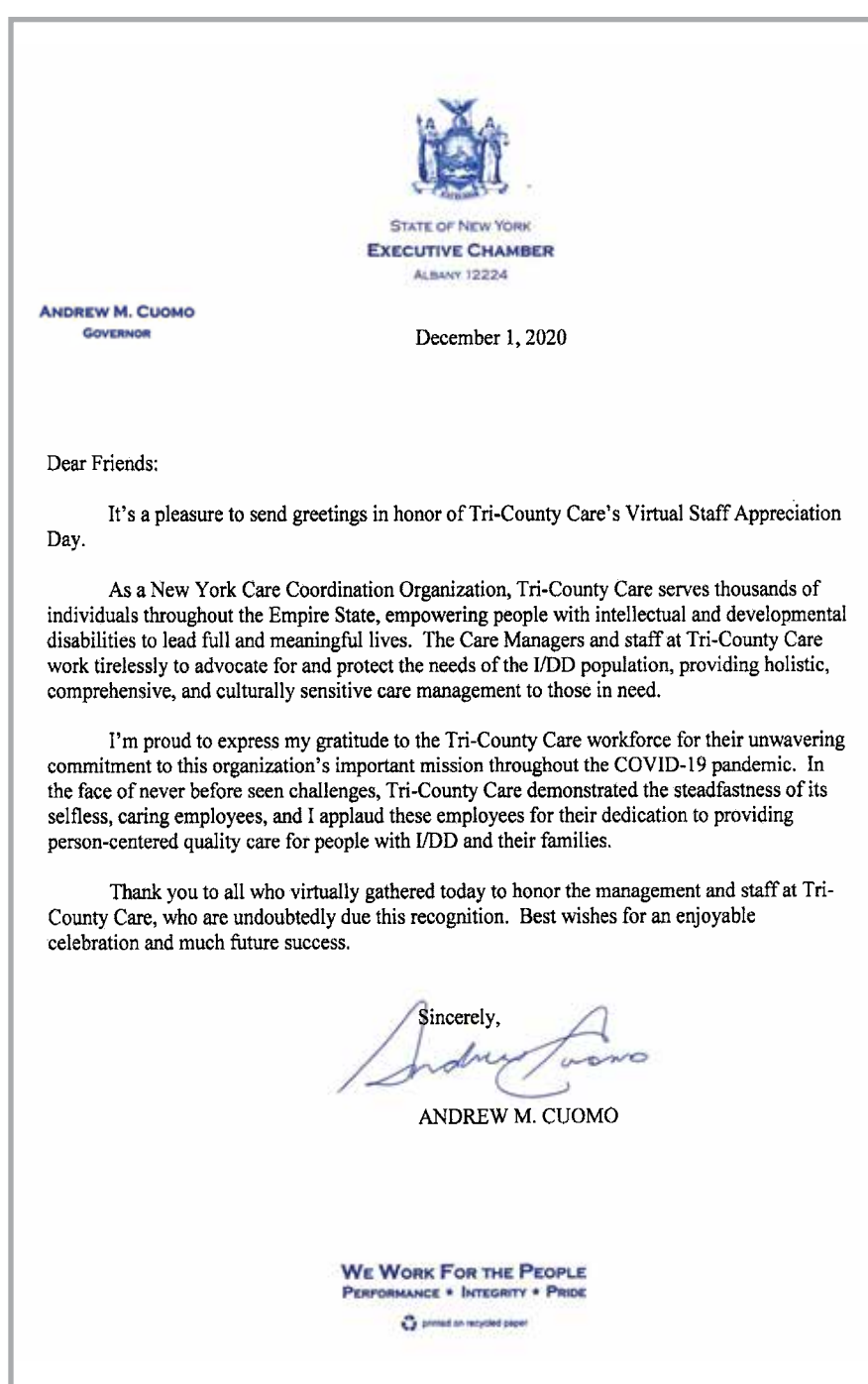
The event kicked off at precisely 10:30 a.m. as TCC's very own Japhe Deliat and Michele Blais took to the podium to formally welcome the online crowd to the exciting gala.

The rest of the year, Mr. Deliat serves as the agency's VP of Diversity and Staff Development; Ms. Blais is a proud Care Manager out of TCC's Albany office. Today, they were emcees.

They were followed by a heartwarming presentation driving home everything Tri-County Care truly is. A disability advocate and proud mom faced the camera to share heartfelt thanks to TCC in general and her child's Care Manager in particular—without whom, she declared, they “would not be here today.”

With the stage set, Tri-County Care CEO Yoel Bernath then delivered opening remarks.

Former David Blatt next took to the stage to wow the online crowd with feats of mindreading, card tricks and



other illusions that had astonished onlookers dropping their jaws.

Mr. Bernath then equally wowed the crowd by reading a letter of

greetings from the Hon. Andrew Cuomo, Governor of New York, to the entire Tri-County Care family.

“The Care Managers and staff at

Tri-County Care work tirelessly to advocate for and protect the needs of the I/DD population, providing holistic, comprehensive, and culturally sensitive care management to those in need,” the Gov. wrote. “I’m proud to express my gratitude to the Tri-County Care workforce for their unwavering commitment to this organization’s important mission throughout the COVID-19 pandemic.”

That uplifting letter was followed by a series of amusing video selfies sent in live by virtually participating employees. A lunch break followed, over which a slide show listing every employee statewide was also shown.

Regional Directors Christopher Allen, Vera Bonse-Reyes, Gamal Byfield, Fatima Nunez and Perry Zelik next delivered shout-outs to their teams—covering every major New York State population, including Brooklyn, where NYSHA’s new Lee Ave. facility now also boasts TCC offices.

A “flashback” video from last year’s party was then shown.

Major Surprise Two then came in the form of unannounced live virtual appearance by the Hon. David Paterson, former Governor of New York, who was introduced by Mr. Bernath. Gov. Paterson shared incredible words of support for the organization.

Following that invigorating message, a trivia game show of sorts unfolded—with winners coming away with gift cards.

So, what was the highlight of the event?

“It’s hard to say,” said one staffer. “I couldn’t imagine how a virtual party could be so much fun!”

Hamaspik Gazette

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Happening in Health Today

'SMART CONTACT LENS' TRACKS EYE MUSCLE MOVEMENTS, CIRCULATION

Amherst, Massachusetts — What if a contact lens could give your eye doctor an electronic record of how much your eye moved about in the last 24 hours, as well as blood circulation data?

Now, researchers from the University of Massachusetts Amherst have developed smart eyewear to track eye movement and cardiac data for medical care purposes.

Integrating first-of-its-kind washable hydrogel electrodes with a pulse sensor, the eyewear provides accurate measurements in an everyday environment without compromising users' comfort.

Current technology for eye movement tracking relies on electrooculography (EOG), a technique designed over 50 years ago to measure the eye's electrical potential changes.

One challenge in designing smart wearables is developing products that provide both accuracy and comfort. To achieve that, UMASS researchers developed a novel hydrogel electrode by growing polymers on fabrics—resulting in a mechanically stable coating that is imperceptible to one's eye.

NATURAL GUT-PAIN BLOCKER POSSIBLY FOUND IN GIANT SPIDER VENOM

Brisbane, Australia — If you've got that creeping pain in the gut that just won't go away, Australian researchers now believe that some hope may lie in the Venezuelan Pinkfoot Goliath tarantula, one of the world's biggest and creepiest spiders.

The creature also carries two specific *peptides*, or mini-proteins, in its venom. Researchers found that the peptides could help cells in the gut block pain signals.

The research specifically targeted pain caused by irritable bowel syndrome (IBS), a chronic intestinal condition whose pain is notoriously hard to treat without drug side effects. The condition, according to University



LIQUID NUTRITION: JAPANESE RESEARCH FINDS ANTI-DEMENTIA PROPERTIES IN O.J.

YET ANOTHER REASON TO DRINK (OR EAT) ORANGE JUICE

Sendai, Japan — Here's another reason to at least eat a fresh orange daily: Scientists at Japan's Tohoku University have found daily intake of citrus fruits can cut risk of developing dementia by almost a quarter.

According to the research, the key ingredients here are citric acid—a natural substance in citrus fruits—which in turn contains *nobiletin*, a type of *flavonoid* (plant chemical). Nobiletin has anti-inflammatory, anti-cancer and cholesterol-lowering

properties; the study found an association between regular long-term nobiletin intake and lower risk of dementia.

However, the thing is that nobiletin is mostly found in the peels, not the juice, of oranges and other citrus fruits.

In the meantime, furthering the endless OJ-vs.-milk debate, a glass of milk provides many of the same vitamins and nutrients of orange juice, without the damage that OJ can cause to the enamel in your teeth. ★

of Queensland researcher Prof. Richard Lewis, affects around twenty percent of the world's population.

According to early research, the venom-derived peptides may stop *ion channels*, or cells' signal gateways, from opening in intestinal cells—thus blocking pain signals.

COMMON DIABETES DRUG MAY ALSO SHIELD SENIORS' BRAINS

New South Wales, Australia — Enough with the negative side effects of one common drug after another—here's a positive one for a change. Australian research now suggests that

the diabetes medication *metformin* may also slow down age-related decline in memory and thinking.

The study followed 1,000 Australian seniors ages 70 through 90 for six years. None had dementia at the study's start; all were given neurological tests at the start and every two years.

According to the Australia-based Garvan Institute of Medical Research, metformin may help ward off some age-related degeneration of brain and nerve tissue by boosting how well insulin works in the body. Their study found that, during the study, people with diabetes who didn't take

metformin had a five times higher risk of developing dementia than those not taking it.

The study is not the first to link metformin with lower dementia.

STUDY SUGGESTS ACETAMINOPHEN INDUCES RISKY BEHAVIOR

Columbus, Ohio — According to a new study, Tylenol could be increasing your risk of engaging in risky behavior.

The study, if true, would mean that the world's most popular over-the-counter drug is doing a lot more than just reducing headaches.

Researchers at The Ohio State University measured changes in people's behavior after taking acetaminophen, Tylenol's generic name. According to their study, acetaminophen seems to make people feel less negative emotion when they consider risky activities—in other words, they feel less scared.

Previous unrelated research has also suggested that acetaminophen's effects on pain reduction also extend to various psychological processes, including receptivity to hurt feelings and empathy.

The placebo study of over 500 college students found that those taking acetaminophen engaged in significantly more risk-taking during volunteer observed activities.

RESEARCHERS CREATE FIRST- EVER "ATLAS" OF HEART'S CELLS

Boston, Massachusetts — The Cardiovascular Genetics Center at Brigham and Women's Hospital have created the first "atlas" of human heart cells, a collection of "maps" showing nearly half a million heart cells and identifying the role of each in the heart's function.

To do so, researchers examined six regions in 14 healthy hearts, creating a detailed database that provides a new basis of comparison for studying heart disease.

Among other things, they found that females have a greater proportion of heart muscle cells, called *cardiomyocytes*, than males.

Heart cells are particularly difficult to study, because they cannot be grown indefinitely in the laboratory and studied.

The team also analyzed heart cells' RNA levels to learn more details about their function. In particular, identifying which proteins heart cells produce is said to be of major benefit to future research. ★



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LEARNING™
TOGETHER

● ► TRI-COUNTY CARE NEWS

Speaking Their Language: How Tri-County Care Taps Into a Community's Special Needs

An Interview with TCC Care Manager Joseph “Yossi” Fischer

Among Tri-County Care's dozens of “of the people, for the people” Care Managers serving their very communities of origin across New York State is Joseph “Yossi” Fischer, who belongs to America's largest Chasidic population, right here in the Empire State. Mr. Fischer proudly calls the growing Chasidic community of Rockland County home—geographically, ethnically and spiritually—while also exemplifying TCC's ethos of making every ordinary day an extraordinary day for the people the agency supports. Fischer recently sat down with the Gazette for an exchange on disability and diversity, an attitude of service, and otherwise meeting a community's special needs—raging pandemic or otherwise.

Hamaspik Gazette: One of the secrets of Tri-County's success is that it hasn't lost its original community touch despite its now-statewide reach. But why is it that is a community-centric Care Manager is better than an ordinary mainstream Care Manager? What does an indigenous Care Manager get that a random Care Manager might not get?

Yossi Fischer: In general, in order to be good and effective, you need to have a good understanding of the needs of the situation and what they are looking for. So if there is a cultural barrier, you're doubly not going to understand the situation and the needs behind the situation. Conversely, in the broader sense, if you speak their language, you convey that you not only understand their needs but also get where they're coming from.

The OPWDD has several comprehensive assessment tools to assist CMs in assessing the needs and desires of the folks they serve, but being someone who is part and parcel of their community and lifestyle covers much more ground in that regard.

HG: In addition to your average



ON THE FRONT LINES: YOSSIE FISCHER OPENS UP ABOUT MAKING A REAL DIFFERENCE

disability-affected family's needs, what are your caseload's more-targeted, community-specific needs? And how does Tri-County Care meet those needs?

YF: Actually, one thing that all people with disabilities have in common, is parents and siblings who love them. So I don't see our community as any different. What I would add, referring back to your initial comment, is that every individual with disability needs love, and that's something I feel Tri-County has always delivered on, no matter how big and corporate we get. We also once helped a client get early Friday-afternoon busing to avoid any Shabbos conflict.

HG: What is the most common disability in your caseload?

YF: Hard to say. Some of the common disabilities are Down syndrome and autism, but there's also just intellectual disability in general, which is to say that this person has no other issues but their cognitive levels are sub-par and they can't really adapt without assistance from others.

HG: If not for the progressive supports of today, what would community members with disabilities look like?

YF: It would be a huge family embarrassment. They would have been shelved away in prison-like conditions. Conversely, with today's services, they get set up with a [support] person in the community; it helps them bridge the gap, participate, and access the larger community.

A lot of the time, stigmatization happens because you just don't know this person. But if you see this person many times, and he becomes part of your orbit and you get to interact with him, you'll see that this person has personality—he's not something scary. He has some limitations, but he's a person nonetheless.

HG: How was your community affected by the lockdown, and how did TCC help them survive and thrive throughout that lockdown?

YF: So during the lockdown we “went virtual” like everyone else. We stayed connected over the phone. Most families handled it with grace. It was very hard for special-needs families at home, with no programming. But families were with us together, and they knew that everyone was in the same boat.

Basically, we worked with agencies that were still providing services, to plug our clients in and provide them

with other services. For example, Com Hab [the OPWDD-funded Community Habilitation program—ed.] was able to provide more hours and fill the gap.

Tri-County's role is just care management; we're not allowed to provide any services besides Care Management. But we were reaching out to our people to see how they were affected. We reached out to clients to see if they were infected. One family ran out of groceries and was afraid to go out shopping, so we connected them with food delivery services, and mobile testing. It's also likely that Tri-County Care will be involved in the process of helping our clients get the vaccine.

HG: With the overnight transition from office to work-from-home telecommuting, how was Tri-County supportive and proactive in assisting staff with that radical change of environment?

YF: They gave us equipment, and they set up the office phone system so that it forwarded our desk calls to our cellphones so they would show up on the ID that they were TCC calls. Also, incoming snail mail was scanned and e-mailed to us. They also had an HR support person call regularly to check in and help us with issues. It made me feel great! It was a good experience.

HG: What lessons did you learn from the pandemic, and how will you be applying them going forward?

YF: You need to adapt. If you reach a roadblock, you need to adapt and figure out how to overcome, and just wait patiently for things to come back to normal.

HG: What do you like about your job the most?

YF: Helping people! But seriously, I do like helping people. I want people to be calmer at the end of our phone calls. It gives me great satisfaction to hear them feeling confident and reassured that help is on the way. ★

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The Autism Update

News and developments from the world of research and advocacy

NEW RESEARCH FINDS A TYPE OF AUTISM LINKED TO ABNORMAL CHOLESTEROL

Boston, Massachusetts — Researchers at Harvard Medical School, the Massachusetts Institute of Technology (MIT) and Northwestern University have identified a subtype of autism arising from a cluster of genes that regulate cholesterol metabolism and brain development.

The team identified the shared molecular roots between lipid dysfunction and autism through DNA analysis of brain samples—findings that they then confirmed by examining medical records of individuals with autism.

To confirm whether the molecular link between autism and lipid metabolism was borne out in actual patients, the team reviewed over 2.7 million records of patients seen at Boston Children's, including more than 25,000 children with autism—finding notable lipid alterations in children with autism, including changes in levels of their bad cholesterol (LDL), good cholesterol (HDL) and triglycerides.

MICHIGAN NON-PROFIT SEEKS 101,000 AUTISM JOBS IN ONE DECADE

Bingham Farms, Michigan — While the auto industry's "Big Three" aren't what they used to be, seems that Detroit—or at least its home state—is gearing up for its next major employment explosion.

At the Bingham Farms-based Autism Alliance of Michigan (AAoM), an ambitious plan to create no less than 101,000 jobs for state residents on the autism spectrum is underway. The so-called "moonshot" aims to reach its goal within a decade.

The organization arrived at the 101,000 job figure by calculating population, instances of autism, those likely to be working age, and rate of employment across the Great Lakes State.

"It has to be about jobs," said AAoM president and CEO Colleen Allen. "A job is really the end goal for most individuals."

The non-profit plans to capitalize on existing partnerships with Ford, the Kroger supermarket chain and other large companies to get people on the spectrum hired.

RESEARCH LINKS SEPARATE DISORDER TO SOUND SENSITIVITY IN PEOPLE WITH AUTISM

Boston, Massachusetts — People with more serious cases of autism spectrum disorder (ASD), particularly children and young adults, commonly tend to react atypically and/or adversely to sound.

Now, ongoing research at the Center for Autism Research Excellence (CARE), a program at Boston University, finds that those atypical or adverse reactions may stem from a separate condition called *central auditory processing disorder* (CAPD).

"I would agree that in our research, the atypical reactions we measured (sometimes not adverse, per se, just atypical) in particular participants do seem to come from a CAPD, rather than ASD," CARE post-doctoral research fellow Sophie Schwartz, Ph.D. told the *Gazette*. "Therefore, it seems like a sort of comorbidity."

In other words, it's not autism that causes atypical reactions to noises or sounds, it's CAPD.

Critically, other studies have shown that a sizable majority of

people with autism also have CAPD—which may explain their atypical reactions to sounds and noises.

DISNEY, TARGET SELLING MORE COSTUMES FOR KIDS WITH SPECIAL NEEDS

Burbank, California/Minneapolis, Minnesota — If you want to dress up a precious child with disabilities this coming Purim, now there are more options.

The iconic Disney company has introduced several new costumes designed specifically for accessibility. They feature open backs to make dressing easier, hidden openings for abdominal access and wheelchair-friendly fits.

Disney's new offerings include three adaptive costumes for kids, along with two wheelchair coverings. These are likewise available online—for \$39.99 each.

For its part, the Target national retail superstore is doubling its collection of adaptive costumes. Its newest line includes more children's items, plus items in adult sizes, too.

Target's adaptive costumes are available on the retailer's website. They range from \$20 to \$35.

NERVE CELLS IN PEOPLE WITH AUTISM DIFFERENT EVEN BEFORE BIRTH

London, England — Joint scientific research by King's College London and Cambridge University show that autism can be traced in human brain cells back to prenatal development.

Researchers first isolated hair samples from nine people with autism and six typical people. They then converted those hair cells into nerve cells.

At various stages, the authors examined the developing cells' appearance and sequenced their RNA, to see which genes the cells were expressing.

At day 9, developing neurons from typical people formed "neural rosettes," an intricate, dandelion-like shape indicative of typically developing neurons.

Cells from people with autism formed smaller rosettes—or did not form rosettes at all.

At days 21 and 35, the cells from typical and non-typical people differed significantly in a number of ways, suggesting that the makeup of neurons in the cortex differs in the autistic and typically developing brain. ★

SCIENTISTS PROBING THE BRAIN'S SOCIAL CIRCUITS IN AUTISM

Dallas, Texas — One of the biggest mysteries in autism research is understanding how it springs from genetic and environmental factors. Over the past decade, scientists have homed in on a possible explanation: Autism's diverse influences may all affect the same neural circuits, or networks of neurons that work in concert.

Researchers are slowly building a "road map" of the neural circuits relevant to autism, charting key pathways that connect autism-linked brain regions, including the amygdala, prefrontal cortex and cerebellum. Deep brain stimulation, or implanting small electrodes inside the brain, can reach these areas, but researchers don't understand social circuits enough yet to use it on them.

Treatments that alter activity in other neural circuits already exist for Parkinson's disease. Mapping



MAPPING THE AUTISTIC BRAIN: RESEARCHERS ARE LEARNING MORE

the social circuits altered in autism mouse models may provide a similar

avenue for therapy for people with autism. ★

DISABILITY NEWS

White House Rose Garden Now Disability-Accessible for First Time

Month-long Major Restoration, First Since 1962, Adds Wheelchair Pathways

The White House Rose Garden, long the province of the First Lady, has a storied history since conceived and planned in the early 1900s.

It has been the scene of many historical events.

Now, it is home to yet another watershed event in the history of the Executive Mansion, as the White House formally unveiled the first major revamp of the Rose Garden since 1962.

Over the course of months of planning beginning earlier this year, followed by actual labor, the redo involved adding a diamond-like shape of boxwoods, while about a dozen crabapple trees were removed and replanted elsewhere on the grounds.

A seating area on the east side of the garden—used at times by presidents for lunch and other meetings—has

been removed and will be replaced by a yet-to-be-announced art installation.

However, the most significant change—at least as far as the disability community is concerned—is the addition of brand-new accessibility walkways along three sides of the green outdoor space.

The newly-laid limestone walkways were carefully designed to unobtrusively blend into the greater scheme—but equally importantly, to give guests who use wheelchairs fully integrated access.

The restoration was designed by New York-based landscape architecture firm Perry Guillot, Inc., along with Oehme, van Sweden & Associates.

In 1903, the Rose Garden was initially planned by landscape ar-



THE PEOPLE'S SPACE: THE WHITE HOUSE ROSE GARDEN IS FINALLY ACCESSIBLE TO ALL

chitect Frederick Law Olmsted Jr. In 2009, the U.S. Dept. of Justice aggressively enforced *Olmstead v. L.C.*, a Supreme Court ruling requiring states to ensure that people with

disabilities get services in the most integrated settings.

And in 2020, Olmstead compliance came home to a garden designed by Olmsted.



KOHLRABI

EASY

YIELDS: 4 SERVINGS

READY IN: 0:10



Kohlrabi Salad

INGREDIENTS:

- 2 kohlrabi, peeled
- 2 cucumbers, peeled
- 2 tomatoes
- 1 box grape tomatoes
- Salt and pepper to taste
- 1/2 tsp olive oil

DIRECTIONS:

- Shred kohlrabi, cucumbers, and tomatoes
- Halve grape tomatoes
- Mix all ingredients together; serve chilled

CHEF'S TIP:

Out of cabbage? Used shredded and sautéed kohlrabi instead!

BENEFITS:
Kohlrabi, also called German turnip, comes from the same family as cabbage, broccoli, cauliflower, kale, and Brussels sprouts. Health benefits include improved digestion and weight-loss assistance, boosted immune system, increased circulation, improved eye health, and—thanks to tons of natural calcium—stronger bones. Kohlrabi is also loaded with potassium, Vitamins A and C, iron and others.

EASY

YIELDS: 4 SERVINGS

READY IN: 0:30



Crispy Kohlrabi Chips

INGREDIENTS:

- 3-4 kohlrabi, peeled
- 1 tbsp. olive oil
- Salt and pepper to taste

DIRECTIONS:

- Preheat oven to 400°
- Slice kohlrabi into thin slices
- Spread slices evenly across baking sheet, drizzle with oil, season with salt and pepper
- Bake for 25 minutes or until crispy

EASY

YIELDS: 4 SERVINGS

READY IN: 0:40



Cheesy Roasted Kohlrabi

INGREDIENTS:

- 5-6 kohlrabi
- 2 tbsps. olive oil
- 1 tsp salt
- 1/2 tsp black pepper
- 1/2 tsp garlic powder
- 1 cup shredded cheese
- 1 tbsp. parsley flakes, for garnish

DIRECTIONS:

- Peel kohlrabi and slice into 1-inch wedges
- Toss with olive oil and seasonings; spread evenly across baking sheet
- Roast at 450° for about 30 minutes; stir every 10 minutes until tender and golden
- Spread cheese on top, bake for another five minutes or until cheese melts
- Garnish with parsley flakes

●► HAMASPIK NEWS

Integrated Health's Care Managers Make Headlines on a Daily Basis

"Sure!" says Rivka Goldman, MHC. "We do that all the time!"

Mrs. Goldman is a regional manager with Integrated Health, the growing new program that not only supports people with medical and mental-health diagnoses, but also regularly goes the extra mile—quite literally—as in cycling with a client for a few hours or taking them out to a café to simply talk things through.

Between the two offices in Brooklyn and the one in upstate, Integrated Health's staff now counts close to two dozen, guided by five mental health professionals. Under the directorship of Mr. Mutty Solomon, LMHC, Mrs. Goldman holds the reins of the Brooklyn division of Integrated Health. Joined by Mordechai Neuman, LCSW, who leads the agency's efforts in the upstate Hudson Valley region, and the growing staff of Care Managers, this initiative is responsible for changing the lives of some 200 families in less than a year since its inception.

"Changing lives for the better?" I ask, probing for some success stories that can make a good headline.

Mrs. Goldman describes (in general terms, for privacy reasons), a man who resented his own mental-health diagnosis and the fact that it required medication—to the point of dismissal and the resulting crisis. But with an Integrated Health Care Manager (not an emotionally-entangled family member), as a support pillar, he rebounded.

Another victory was the Chasidic man who felt culturally out of place

in the community residential option that was set up for him. His Integrated Health-arranged HCBS worker not only helped with such staples as medication and appointments, but took the time to spend hours simply shmoozing with him.

Yet another sample of Integrated Health getting right down to the grassroots was a family undergoing a joyous addition to the family—healthy in every way but for the fact it unleashed the flattening fury of major depression in one parent. That crisis was soon mitigated by a Care Manager's diplomatic, discreet ministrations.

Mr. Neuman chimes in with his share of proud moments.

"Care Managers are angels in human disguise; they put their heart and soul into this and consider it their sacred mission," he smilingly insists. He goes on to share a few recent anecdotes, each worthy of its own headlines, article, chapter, or bookcase.

A young man had been involved in a few auto accidents recently because he "saw people jumping in front of his car trying to kill him."

But as a child, the young man had in

fact witnessed a family member brutally lose his life right before his very eyes. With that trauma still haunting him, he deserved the right help. In a matter of days, Integrated Health got him set up with the right psychiatrist, therapist, and housing.

His Care Manager even went to visit him in the hospital—of course, not neglecting to bring him that shawarma he'd been craving.

A family with two very functional and talented parents suddenly started backsliding, and an otherwise ordinary family began a downhill spiral. In a very short period, one child emerged with anorexia, another married child moved back in with Mommy and Tatty, and a grandfather with dementia—no

longer able to live alone—moved in with his only daughter, too. Along with that, the father/husband was forced to cut hours from work to take care of his family—resulting in back rent piling up and eviction threatened.

"You just can't make this stuff up," somberly intones Mr. Neuman. But the good news is, Integrated Health helped that family, too.

"The very sad and very real stories come in daily," he continues. "The saddest part is when we are sometimes limited with the resources we can offer. That hurts."

Still, most of the time, Integrated Health can find some meaningful ways to make someone's life much better, or at the very least much more bearable, he goes on.

"There isn't a government program or community resource to match every issue, but there is always a caring Care Manager who is leaving no stone unturned to find whatever solution is possible," he smilingly insists. "There is always a caring Care Manager with an empathetic ear and with kind word. That helps a lot." ★



Reaching Beyond the STARS

Community Life Center to Welcome Hamaspik of Orange County Program for Highest-Functioning Young Women

The more you do, the more you need to do. That's essentially what happened at STARS, Hamaspik's day program for the community's highest-functioning young adults.

Up in Kiryas Joel, where Hamaspik runs a flourishing STARS program, things were always moving. Hopping. Bouncing. Changing. Improving. Doing exactly the life-benefiting things it was always supposed to be doing.

But when you do that, you get more community members joining you, that they may also do that.

And when that happens, you need to expand your programming, both on- and off-site. More excursions. More trips. More embracing the big wide world out

there.

More mainstreaming.

Which is a good thing.

Moving from one station in life to another, rising up from the status-quo level to a higher and more fulfilling level, and then yet another, is the kind of growth that STARS is all about.

But to accommodate that ever-growing growth, you need a bigger, more comprehensive curriculum. (Plain-English translation: More mainstream, community-based things to do.)

Hence Hamaspik of Orange County's STARS program is now making regular usage of a local mainstream community center.

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Sipuk- Hamaspik's Brooklyn Breakthrough

Hamaspik of Kings County fulfills the vital need in the community

A therapist that understands the nuances of our culture, is top in his field and takes insurance, is an impossible equation. But not when it equals Hamaspik of Kings County.

After many months, Hamaspik has finally succeeded in establishing an Article 31 Mental Health clinic that will provide the much-needed help for the Brooklyn community. Currently in the final stages of construction, their vision is finally turning into reality.

"There is no mental health clinic in Boro Park that is suited for everyone's needs and culture. Nowhere you can simply pull out your insurance card, be accepted, be evaluated, and get helped," says Hershel Wertheimer, Executive Director at Hamaspik of Kings County.

Their new, monumental undertaking, Sipuk, a fully licensed Mental Health clinic, solves this challenge in an unprecedented way.

Previously, If one couldn't afford the astronomical costs of a private

therapist, they had to go to a clinic that either didn't have skilled therapists, or didn't understand their culture. This resulted in less than optimal results as a therapist that doesn't respect his client's culture, can't help him properly. Hamaspik reached out to many rabanim that are fully onboard and will be involved in every aspect of Sipuk, to enable that the therapists and the modalities used should be culturally sensitive. They will be there to guide the therapists and answer important halachic questions.

"Unfortunately, there is a big need for this in the community, and we hope to see change," says Hershel. "Our ultimate goal is to get them healed and out of therapy. We want to help each person fit in and shine in *their* surroundings. On *their* standards."

Feel free to reach out to us at info@sipukny.org with questions, comments and past experiences

Satisfaction Meets Hamaspik



A Charitable Meeting



RIGHT ON THE MONEY: AT THIS RECENT GIVING-THEMED PARTY AT HAMASPIK OF KINGS COUNTY'S SOUTH 9TH SHVETERHEIM IRA, LENDING A HAND WAS UP-FRONT-AND-CENTER

Teaching Through Experiencing and Living

Hamaspik of Orange County's Hires New Director of Community Services

Any teacher will tell you that education is so much more than classic instruction.

Rather than just that old-time image of the school classroom, parallel rows of primly-seated and perfectly-dressed-and-groomed pupils, teaching addresses the whole child and his or her entire life experience—a philosophy generally known as *experiential education*.

Which is exactly what Hamaspik's At-Home Respite (AHR) and Community Habilitation (Com Hab) programs in three counties are all about—and precisely why Simon Polatsek is the perfect man for the job.

Mr. Polatsek is Hamaspik of Orange County's new Director of Community Services, which includes AHR, Com Hab and other programs. And coming from a family background in education, he's got what his beneficiaries need in his blood. Both his father and father-in-law are lifelong educators, giving him that innate sense of what the young person before

you needs, and even who that person is. For Hamaspik, and the capable young Director at Hamaspik, it's a win-win.

The born-and-raised Kiryas Joel native needed no introduction to Hamaspik, given the agency's ubiquitous, penetrating presence across the village for years now. Nevertheless, he tells the *Gazette*, he found the job environment welcoming and supportive from Day One. "Everyone was here to help me," he testifies—giving the agency a well-earned grade.

Under the astute tutelage of Simon Polatsek, the Com Hab and Respite programs are undergoing various upgrades and overhauls—primarily with the ongoing rollout of ShabbaFun, a Respite-driven weekend program whose title blends the "Shabbos" Jewish Sabbath and, well, you can figure out the rest.

But yes, from what the *Gazette* has heard, participants are having lots of fun!

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Moving Into the Mainstream with Mishnaic Triumph

It was two years ago that a group of young men began studying a tractate of the Mishnah, the compendium of Jewish law.

Two years later, they completed it.

It's a monumental achievement for anyone. It was doubly monumental for a group of gentlemen with the Hamaspiik of Orange County Men's Day Hab program—and the Hamaspiik top brass and staff, venerated community rabbis, and beaming parents and siblings were there to make sure they knew it.

The *siyum* (completion ceremony), planned to socially-distanced perfection by Hamaspiik's very own Mrs. C.M. Landau, was held in the Hamaspiik Terrace social hall on the premises of Hamaspiik Orange's Admin Building. Attendees included venerated community *dayan* (religious court justice) Rabbi Getzel Berkowitz; the Rebbes(GrandRabbis)ofthePremishvar

and Radoshitz denominations; and community leader and dayan Rabbi Chaim Yechezkel Berkowitz.

Most powerfully, rounding out that crowd were the celebrants' beaming parents. When the event formally began with celebrant Shloimy reciting the tractate's last paragraph, it's no wonder his mother openly wept for joy.

Event emcee (and Hamaspiik Orange Family Care Liaison Mendel Rosenfeld) introduced a succession of speakers. Hamaspiik of Orange County Exec. Dir. Moses Wertheimer praised the DSPs—including project spearhead Moshe Berkowitz. Dayan Berkowitz praised Hamaspiik founder Meyer Wertheimer for leading Hamaspiik; in turn, the latter thanked the dayan for his invaluable time in testing the "boys."

A proud father next shared how, 22 years ago, the dayan had charged him to believe in his son.

And today, here they were... ★

STARS

<< CONTINUED FROM PAGE 10

Operating out of its headquarters within Hamaspiik of Orange County's cavernous and looming Administration Building, which impressively commands the main road in and out of Kiryas Joel, the STARS program became a most-praiseworthy victim of its own success.

So the time came to broaden its horizons—which at Hamaspiik is anything but a bad thing.

The STARS initiative was invented by Hamaspiik several years ago to yet again cater to the needs of the community. In this case, it was to address the need for a program for highest-functioning individuals who wanted to feel fully part of the mainstream without the label of any agency or program attached to them.

Out of respect to that legitimate community sensitivity, Hamaspiik rolled out STARS: A semi-independent day program that is to Hamaspiik what a U.S. Territory like the Marshall Islands is to the full-fledged United States.

Attendees at STARS train on such activities of daily living (ADL) staples as personal computing, housekeeping, cooking, nutrition and even physical fitness.

Devoted and professional staff members work hard to keep the atmosphere as school-like as possible, with activities set up as classes, and employees—including bona fide professionals brought in regularly from the outside—serving as

teachers, trainers and instructors.

With STARS attracting a plethora of students thanks to its ongoing success, the program had the best reason to drastically expand its off-site programming.

Fortunately, a local multipurpose community center turns out to perfectly fit the bill, reports Mr. Grunbaum.

Included in that nearby KJ facility, serving the residents of a newly-constructed apartment building, is a fully-appointed professional kitchen.

At that veritable nerve center of culinary creativity, visitors can sharpen their foodie repertoires with state-of-the-art cutlery just as keen and utensils straight out of the trendiest catalogs.

It also boasts a modern laundromat with state-of-the-art appliances and equipment.

Also on those premises is the facility's central activity room.

That versatile space is at home with a round of ping-pong as it is with reading, studying or arts and crafts for anyone visiting.

By making usage of that community center, STARS can now expand to a fuller full-day curriculum, elaborates Mr. Grunbaum—one that will introduce such optional off-site innovations as hairstyling classes and dance lessons.

And in reaching yet again beyond its walls for growth-intended venues like visits to modern interactive museums and the like, STARS is arguably shooting for the stars. ★

A Great "Present"-ation



PUTTING CHANUKAH ON THE TABLE: A PARTY READY TO GO AT HAMASPIK OF ROCKLAND COUNTY'S ARCADIAN BRIDERHEIM (L); ARCADIAN'S VERY OWN EZZY (R) ENJOYS A PRESENT

"Leaf" it be!



PRIDE AFTER THE FALL: TWO GENTLEMEN AT DAY HAB WEAVE RICH NATURAL HANDIWORK

We're Just Having a "Bowl"



POISED TO STRIKE: ALL MASKED UP AND READY TO ROLL, THESE GENTLEMEN KEEP THEMSELVES WITHIN COVID GUIDELINES WHILE HOPING TO KEEP THAT BALL IN LINE

Public Health and Policy News

GENETICALLY-MODIFIED MOSQUITOES RELEASED IN FLORIDA KEYS TO FIGHT DISEASE

S. Petersburg, Florida — In an ongoing effort to combat persistent insect-borne diseases such as dengue fever and the Zika virus, genetically modified mosquitoes are being released in the Florida Keys.

The pilot program involves the striped-legged *Aedes aegypti* mosquito, which is not native to Florida. But it does transmit several diseases to humans, particularly in the Keys island chain where nearly 50 cases of dengue fever were reported in 2020.



FIGHTING BUGS WITH BUGS: GENETICALLY MODIFIED MOSQUITOES TO HELP IN FLORIDA

Millions of genetically-altered male mosquitoes are being released. The male mosquitoes, which don't bite, contain a genetic change in a protein that would render any female offspring unable to survive—thus reducing the population of the insects that transmit disease, in theory.

But whether or not the modified mosquitoes can efficiently crash the population of these mosquitoes in Florida remains an open question, some experts say.

DOWN WITH COKE AND PEPSI, UP WITH HEALTH

Boston, Massachusetts—Seems like years of public-health messaging are finally sinking in—at least when it comes to not drinking soda and other such sugar-saturated liquids.

A review of a decade-plus of data from the U.S. National Health and Nutrition Examination Survey (NHANES) found that the percentage of heavy consumers of sugar-sweetened beverages—500 calories or more daily—among youths (ages two through 19) dropped from 11 percent to three percent. Likewise, the percentage of heavy consumers among adults dropped from 13 percent to 9 percent.

Those declines occurred from 2003 to 2016, according to epidemiology researchers at Harvard's T.H. Chan School of Public Health. Their research paper, which covered data on some 21,000 U.S. children (aged 2 through 19 years) and 32,000 adults, was published in the *Journal of the Academy of Nutrition and Dietetics*.

LESS AMERICAN HEART-ATTACK SURVIVORS HAVING SECOND ATTACKS WITHIN YEAR

Sydney, Australia — People who have to be rushed to the hospital due to *myocardial infarction* (that's medical jargon for heart attack) unfortunately tend to have a second heart attack, and all-too-often within 12 months of the first.

But a review of public health data on over 1.4 million U.S. men and women now finds that fewer of them are having that second attack within 12 months.

The study was conducted by the

Australia-based George Institute for Global Health and England's Imperial College London. Researchers found that recurrent heart attacks in first-attack survivors dropped overall from 91.7 out of every 1,000 such patients to 76.8, or from 9.2 percent to 7.7 percent.

That overall decline, according to researchers, may be due to improvements in the emergency treatment of heart attacks and better treatment options for people who survive a first attack.

AFTER LAST YEAR'S SOLE PILOT, WALMART HEALTH WALK-IN CLINICS EXPANDING TO FLORIDA

Bentonville, Arkansas — Following its successful launch and operation of the first Walmart Health walk-in medical clinic last year, Walmart Health is opening in Florida—with an eye to eventual expansion nationwide.

Currently, the massive retailer operates 15 in-store Walmart Health clinics—which provide primary care, dentistry, eye care and even x-rays and therapy—across Georgia, Arkansas and Illinois.

Walmart is now breaking into the Sunshine State's immense healthcare market with seven Walmart Health facilities in the Jacksonville region. The Orlando and Tampa markets are being eyed for Year 2021.

Walmart already runs 19 existing smaller, limited clinics nationwide. The expanded, nurse-run new clinics not only bring primary care to shoppers but also compete with national retailers like CVS, which already operates their own walk-in clinics.

CORONAVIRUS DRIVING PEOPLE... TO BECOME DOCTORS: REPORT

New York, New York — Medical schools nationwide are seeing a record number of people applying to become licensed physicians and other caregivers, according to a recent news

article.

And the primary driving force, according to the report, turns out to be the COVID-19 pandemic—specifically, a desire to serve the public good kindled by the COVID-19 pandemic.

"The pandemic has made students aware of the needs we have in health care in this country," Stephen Spann, the founding dean of the new college of medicine at the University of Houston, was quoted as saying.

Compared to Year 2019, late 2020 saw applications up by 17 percent, the Association of American Medical Colleges (AAMC) was cited as reporting in the article.

That wave of applications is being further driven by loosened requirements—primarily, the need for minimum Medical College Admission Test (MCAT) scores.

NEW YORK BLOOD-CANCER RESEARCHER GETS FDA RARE-DISEASE GRANT

Stony Brook, New York — Among the handful of nationwide researchers and programs awarded grants this fall for ongoing work on rare diseases is SUNY Stony Brook's Dr. Huda Salman, a Jordanian born-and-trained hematologist (specialist in blood-borne diseases) and oncologist (cancer doctor).

Under the FDA's Orphan Products Grants Program, Dr. Salman was awarded some \$3.1 million for the next four years. Since 2018, Dr. Salman has been pioneering the reengineering of white blood cells called T-cells to target and fight specific rare cancers.

The approach, now widely known, is called *chimeric antigen receptor T cell therapy*, or CAR-T. The funding will cover a Phase I clinical trial on using CAR-T to treat neoplasms, or abnormal masses of tissues.

According to the FDA, close to 50 entities applied for clinical trial funding for their rare disease treatments; only six were chosen. ★



DRIVEN BY A PANDEMIC: THE CORONAVIRUS CRISIS IS MOTIVATING MORE YOUNG PEOPLE TO TAKE UP THE MANTLE OF THE DOCTOR'S WHITE COAT, SAY MEDICAL SCHOOLS

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In the Know

ALL ABOUT... BRONCHITIS

Sources: U.S. Centers for Disease Control (CDC); National Heart, Lung and Blood Institute; American Lung Association

If you've heard of bronchitis (pronounced bronk-EYE-tiss), it's no surprise: The lung condition is among the top 25 reasons people visit doctors overall—in other words, it's a common diagnosis.

Bronchitis is an inflammation of the lining of the *bronchi*, or *bronchial tubes*, the “air pipes” that carry air to and from the lungs, and the resulting coughing and mucus. It often develops from a cold or other respiratory viral infection, which is why it's common.

Bronchitis may be either *acute* or *chronic*—lasting a week or two, or constantly flaring up. Either way, here's what you need to know about bronchitis to breathe easier.

DEFINITION

As mentioned, bronchitis is either acute (in plain English, a one-time and usually suddenly-occurring event) or chronic (in plain English, constantly there). Risk for either type of bronchitis is higher with smoking, asthma or allergies.

Acute bronchitis

Acute bronchitis is also known as a chest cold. It is quite common, and the most common of the two types. It occurs when the airways of the lungs swell and produce mucus—in turn producing a cough. It lasts under three weeks and usually improves within a week to ten days without lasting effects and even without any treatment. However, its telltale cough (as well as mucus production) may linger for weeks. People most at risk of developing major problems from acute bronchitis are seniors, young children, people with preexisting serious diagnoses like diabetes, or people not immunized for flu, pneumonia or whooping cough.

Chronic bronchitis

Chronic bronchitis is a more serious condition that requires medical attention. By definition, chronic bronchitis is a cough that lasts at least three months, with recurring bouts

occurring for at least two consecutive years. This cough is due to constant irritation or inflammation of the lining of the bronchial tubes, often due to smoking. Unfortunately, according to the American Lung Association, chronic bronchitis also has no cure. Chronic bronchitis is also one of the conditions included in the general definition of chronic obstructive pulmonary disease (COPD).

Those who are older, have been exposed to fumes or secondhand smoke, have a family history of lung disease, have a history of childhood respiratory diseases, or have *gastroesophageal reflux disease* (GERD), are also at higher risk of getting chronic bronchitis.

SYMPTOMS

The most common symptom of bronchitis, whether acute or chronic, is coughing and mucus. (Mucus, can be yellowish-gray or green, white, or clear—rarely, it may be blood-streaked.) Other signs and symptoms for both types may include:

- Runny and/or stuffy nose starting a few days before chest congestion
- Fatigue; feeling run-down or tired
- Wheezing, shortness of breath, or whistling sound while breathing
- Slight fever and chills
- Chest soreness, discomfort and/or pain
- Low fever

Acute-only

Symptoms of acute bronchitis typically come on suddenly, last under three weeks, and include common cold symptoms like mild headache, chest/body aches, coughing and sore throat. While symptoms usually improve in about a week, there may also be a nagging cough that lingers for several.

Chronic-only

With chronic bronchitis, one is likely to have periods when the cough or other symptoms worsen. At such times, the patient may have an acute infection on top of chronic bronchitis.

CAUSES

Acute bronchitis

Acute bronchitis is usually caused by respiratory viruses—typically those causing colds and flu. In fact, it often occurs after an upper respiratory infection. It is also often caused upon inhaling things that irritate the lungs like tobacco smoke, fumes, dust and air pollution.

In less than ten percent of cases, according to the American Lung Association, acute bronchitis is caused by bacterial infection.

In acute bronchitis, an infection usually starts in the nose or throat and then travels to the bronchial tubes, where cells that line the bronchi become infected. When the body tries to fight the infection, the bronchial tubes swell, causing the infected person to cough—sometimes a dry cough but often containing the moist mucus. The swelling also causes less air to be able to move through the bronchial tubes, which causes the wheezing, chest tightness and shortness of breath.

Chronic bronchitis

The most common cause of chronic bronchitis is cigarette smoking.

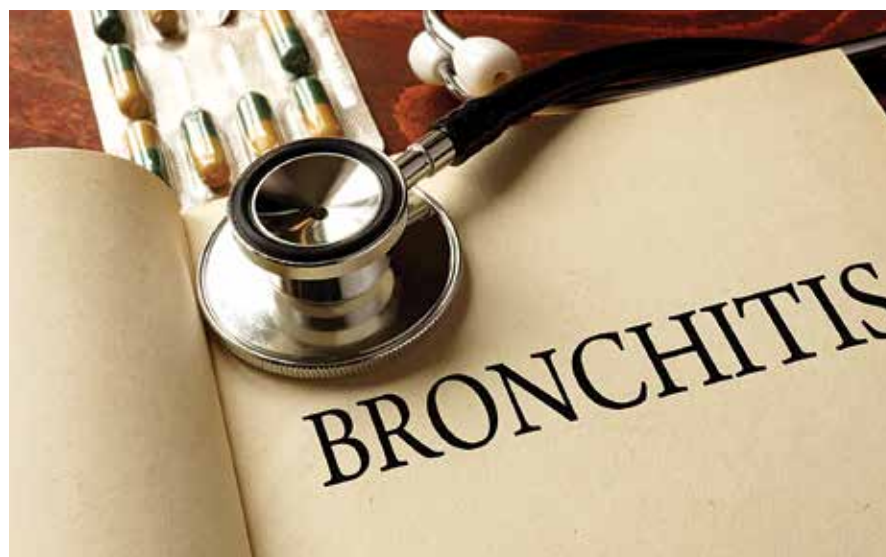
Air pollution and dust or toxic gases in the environment or workplace also can contribute to the condition.

Risk factors

- Factors that increase bronchitis risk:
- Person-to-person infection. Close contact with someone with a cold or acute bronchitis
 - Cigarette smoke. People who smoke or who live with a smoker are at higher risk of either bronchitis
 - Low resistance. This may result from another acute illness, like a cold, or from a chronic condition that compromises the immune system. Older adults, infants and young children have greater vulnerability to infection
 - Exposure to job irritants. Risk of developing bronchitis is greater for those who work around lung irritants like grains, textiles, or chemical fumes. General exposure to tobacco smoke, fumes, dust and air pollution are also risks
 - Gastric reflux. Repeated bouts of severe heartburn can irritate the throat and make a person more prone to developing bronchitis

Complications

Although a single episode of bronchitis usually isn't cause for concern, it can lead to pneumonia in some. Repeated bouts, however, may mean that a person has chronic obstructive pulmonary disease (COPD).



DIAGNOSIS

For acute bronchitis, a doctor can typically diagnose it with a visit and physical exam alone; according to the American Lung Association, doctors rarely order additional tests to diagnose acute bronchitis. But if one has or recently had a fever, the doctor might order a chest X-ray to rule out pneumonia.

During the first few days of illness, it may be hard to distinguish signs and symptoms from those of a common cold or pneumonia. During a physical exam, a doctor will use a stethoscope to listen closely to the lungs as the patient breathes.

In many typical cases, the doctor may employ the following tests:

- Chest X-ray of the lungs and/or bronchial tubes. This can help rule out or establish pneumonia or another condition that may

TREATMENT

When to see a doctor

- If temperature is 100.4 °F or higher
- If cough produces mucus with blood
- If breathing is short or difficult
- If symptoms last over three weeks

Acute bronchitis

It is important to get all questions about acute bronchitis answered by a healthcare professional. Still, cases of acute bronchitis usually get better without treatments—and usually within a couple of weeks at most. Usually, the immune system eventually fights off the infection.

Antibiotics don't kill viruses, so this type of medication isn't useful in most cases of bronchitis, especially acute bronchitis. In fact, according to the CDC, when antibiotics aren't needed, they not only do not help but could also cause harm via side effects—which range from

using a humidifier may also reduce the symptoms and help with comfort.

Other than that, the best thing a person can do to treat acute bronchitis is to rest and get plenty of fluids.

Chronic bronchitis

The goal of treatment for chronic bronchitis is to help the patient breathe better and control symptoms. A doctor may recommend healthy lifestyle changes such as quitting smoking; taking medicines to help clear the airways or to prevent symptoms from getting worse; or, in some cases, getting oxygen therapy to help the patient breathe better. Pulmonary rehabilitation (see below) is also commonly recommended.

Medications

Because most cases of bronchitis are caused by viral infections, antibiotics aren't effective. But a doctor may prescribe antibiotic if a bacterial infection is suspected.

and increase their ability to exercise. Pulmonary rehab can also help prevent symptoms from worsening.

Lifestyle and home remedies

To help feel better while the body fights off bronchitis, try the following self-care measures:

- Get plenty of rest
- Drink plenty of fluids
- Use saline nasal spray or drops to relieve a stuffy nose
- For young children, use a rubber suction bulb to clear mucus
- Breathe in steam (and/or inhaled medication) from a bowl of hot water, shower or humidifier; warm, moist air helps relieve coughs and loosens mucus in the airways. But be sure to clean the humidifier to avoid the growth of bacteria and fungi in the water container
- Suck on lozenges. Do not give lozenges to children younger than four years of age
- Use honey to relieve cough for adults and children at least one year of age or older

Over-the-counter (OTC) medications

The CDC notes that while over-the-counter (OTC) products may temporarily relieve symptoms, they do not cure bronchitis. Be especially careful about giving kids OTC drugs; not all are recommended for children of certain ages.

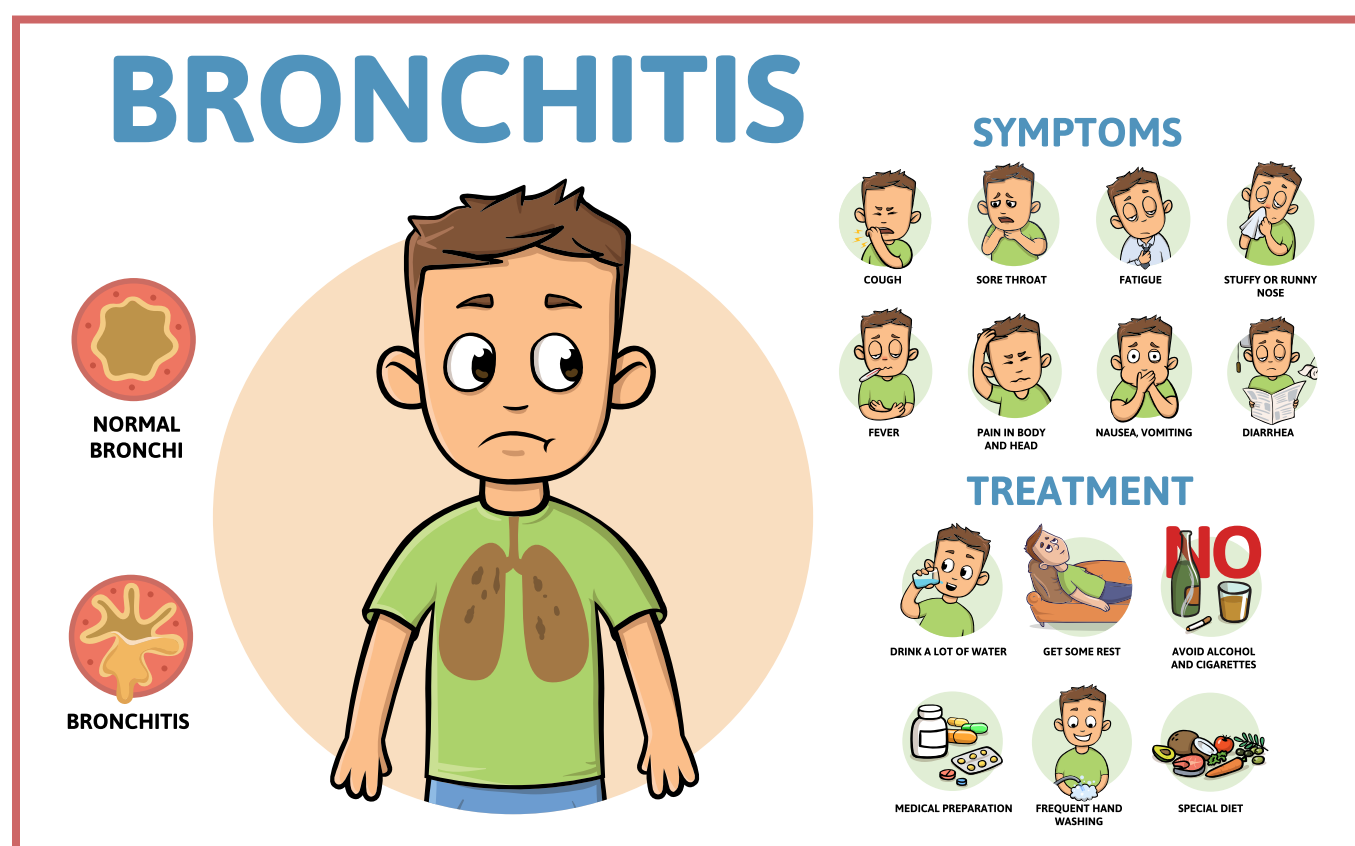
PREVENTION

To reduce risk of bronchitis, follow these tips:

- Wash those hands! To reduce risk of catching viral infections, wash hands frequently and get in the habit of using alcohol-based hand sanitizers
- When coughing or sneezing, cover mouth and nose
- Quit smoking! Also, avoid cigarette smoke, including second-hand smoke—it increases risk of chronic bronchitis
- Use a face mask (especially for people with COPD). Wear it when air is polluted or when exposed to irritants like paint or household cleaners; wear a cold-air face mask before stepping outside if cold air aggravates the cough and causes shortness of breath

PROGNOSIS

Once one has bronchitis and has had it properly and professionally diagnosed and treated, one can expect needing to miss school or work for a few days because of symptoms—as well as having a hacking cough that lasts up to three weeks but which gradually improves. ★



explain any symptom(s); it's especially important if the patient ever was or currently is a smoker

- Blood test. A sample of blood will be analyzed in a lab to look for any signs of infection
- Sputum tests. Sputum is the mucus that coughed up from the lungs. It can be tested for signs of illnesses that could be helped by antibiotics. Sputum can also be tested for signs of allergies
- Pulmonary function test, in which the patient blows into a device called a *spirometer*, which measures how much air the lungs can hold and how quickly the patient can empty the lungs of air. This test checks for signs of asthma or emphysema

minor issues like a rash to very serious health problems like antibiotic-resistant infections and C. diff infections. In turn, C. diff can cause diarrhea that can lead to severe colon damage and even death.

However, notes the CDC, cases of whooping cough (pertussis) or pneumonia can have similar symptoms to acute bronchitis—so in such cases, the doctor will most likely prescribe antibiotics. Also, doctors typically only prescribe antibiotics if they find a bacterial infection, which is more common in young children.

Sometimes over-the-counter (OTC) medicines that loosen mucus or a non-steroidal anti-inflammatory drug (NSAID) such as ibuprofen can help manage acute bronchitis. Taking a couple of teaspoons of honey or

In some circumstances, the doctor may recommend other medications, including:

Cough medicine. If a cough interferes with sleep, one may try cough suppressants at bedtime

Other medications. Persons with allergies, asthma or chronic obstructive pulmonary disease (COPD) may be recommended by a doctor to use an inhaler and other medications to reduce inflammation and open narrowed passages in the lungs

Pulmonary rehabilitation

People with chronic bronchitis may benefit from *pulmonary rehabilitation*—a breathing exercise program in which a respiratory therapist teaches how to breathe more easily



Status Report

Happening In Hospitals Today



DRIVEN TO PROVIDE HEALTHCARE: THE SENIOR CENTER'S NEW DRIVELESS BUS

HIGH-TECH DRIVERLESS BUS SHUTTLES SENIORS TO AND FROM DETROIT HOSPITAL

Detroit, Michigan — Residents of Detroit's Brush Park Manor Senior Center now have something no one reportedly has: a bus to the hospital that has no driver.

The self-driving paratransit shuttle, a small bus with a wheelchair ramp, follows an automated 1.3-mile route from the Center's bus stop to the Detroit Medical Center Heart Hospital.

The high-tech vehicle, a joint public-private effort, features an ADA-compliant wheelchair ramp. The service expects to solve the problem many seniors face in securing reliable transportation to and from doctor's appointments. While there is no driver, an on-board attendant helps passengers board and exit.

The free shuttle runs Monday through Friday from 9:00 a.m. to 5:00 p.m. and is only available to residents of Brush Park Manor Senior Center.

"HOSPITAL-AT-HOME" PATIENT RECOVERY PROGRAMS, BORN OF NEED, MAY STAY—OR NOT

San Francisco, California — Because of patient overload, novel pandemic and available technology all converging at the same time, hospitals are now able to allow a number of patients to undergo monitoring and recovery in the comfort

of their own home and not in an on-site hospital bed.

The phenomenon was rather common over the past several months, according to a lengthy report by industry outlet *Kaiser Health News*.

One of the questions as of yet unanswered is not whether it can be maintained, or even expanded to a greater and more mainstream scale—but whether insurers will pay for it, and within that, what parts of it. One of the reasons it may not is simply because hospitals make money by filling physical beds.

Will the so-called "hospital at home," with its high-tech 24-hour monitoring and daily visits from medical teams, persist and become part of the new normal? Time will tell.

AMERICAN HOSPITAL ASSOCIATION (AHA) PROTESTS DRUG COMPANIES' PRICE ACTIONS

Washington, D.C. — Hospitals serving poor populations and areas have benefited from "340B," named for Section 340B of 1992's federal Public Health Service Act. The program is basically a drug rebate program, allowing hospitals to pay less for drugs covered by Medicaid.

Recently, the D.C. Circuit Court of Appeals upheld proposed 340B program cuts, a decision strongly opposed by the American Hospital Association (AHA)—which argued that "America's

340B hospitals, and the millions of patients they serve, will suffer lasting consequences" as a result.

More recently, the AHA and other industry groups made the same argument in letters to five large drug companies: Merck, Eli Lilly, Sanofi, Novartis and AstraZeneca. The letters expressed "profound concern" over actions they are taking to limit the distribution of certain 340B drugs to hospitals and health systems, and asked them to "cease" immediately.

HOSPITAL PRIVATE-PAY PATIENTS PAY NEARLY 250% MORE THAN MEDICARE PATIENTS: STUDY

Santa Monica, California — Legendary public/private-sector think tank RAND charges that people with private insurance pay some 247 percent more than people with Medicare for hospital-based care.

The claim, based on research in a recent RAND study, furthers the notion that Medicare—the state/federal healthcare program for seniors—indirectly balloons private-pay costs because caregivers pass Medicare-caused losses on to private-pay patients.

According to RAND, their study reviewed some \$33.8 billion in claims between 2016 and 2018—drawn from 120 self-insured employer groups, 11 state employee plans and all-payer claims databases from six states.

However, the American Hospital Association (AHA)—long a critic of public-policy suggestions to lower private-pay rates to Medicare rates—rebutted that RAND hand-picked its employer and insurer sample.

STUDY FINDS SURGERY TRAINEES ARE MOSTLY "BURNT-OUT"—OR NOT—DEPENDS ON DEFINITION

Chicago, Illinois — If "feeling emotional exhaustion or depersonalization a few times a year" is how you define

"burnout," then a startling 91.4 percent of surgery trainees are burnt out.

If you define it as "feeling both emotional exhaustion and depersonalization every day," then only 3.2 percent of surgery trainees are burnt out.

But if you go with the most common definition—either of the two symptoms once a week—then 43.2 percent of surgery trainees are burnt out.

Prevalence of burnout among surgical residents, or medical students completing their in-hospital surgical training, is a serious issue, as it is among doctors in general. But, as a Northwestern University survey of general surgery residents now illustrates, burnout rates can vary wildly depending on how you define "burnout."

Past studies have suggested over half of doctors have at least one symptom of burnout.

HEALTH-RECORD FIRM EPIC INCORPORATING LYFT RIDES INTO SOFTWARE

San Francisco, California — Medication? Check! Discharge instructions? Check! Transportation home via Lyft? Check!

Among the many things hospital staff will soon be able to do with a patient's electronic health record (EHR)—you know, that computer they're always pecking away at—will be to order you a car back home via ride-sharing company Lyft.

Verona, Wisconsin-based Epic boasts some 30 percent of the country's hospital EHR market. Under a new partnership with Lyft, hospital staff using Epic software for patients will in the near future be able to schedule rides for patients straight from their records—and not with other software.

The integration makes Lyft the first ride-sharing company to integrate with Epic.

With over 250 million U.S. hospital patients having a current electronic health record on Epic software, Lyft's healthcare market footprint is poised to expand. ★



GIVING PATIENTS A LYFT: EPIC'S DOC SOFTWARE NOW INCLUDES RIDE SHARES



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Shedding Light on Darkened Golden Years

Understanding, Supporting and Treating Depression in Seniors

When it comes to depression, seniors may show different symptoms than younger people; their depression may be harder to recognize. Even doctors may be less likely to recognize it.

While common symptoms of typical depression include powerful negative feelings like sadness, hopelessness or worthlessness, thoughts of death or suicide, or various aches and pains without a clear physical cause, depression in seniors can also appear as tiredness and fatigue, grumpiness and irritability, or confusion or attention problems mistaken for brain disorders.

The several causes of typical depression—loss of loved ones or

other major changes in life—strike seniors, too. But with older adults, these also include *vascular depression*, which is caused by the restricted blood flow caused by stiffened blood vessels in the brain. Depression in older adults can also strike along with diabetes, cancer or heart disease. (Side effects of prescription drugs can also increase depression.) Regardless, several factors (or their combination) may contribute to depression, including genetics, personal history, brain chemistry and stress.

If you believe a beloved senior has depression, get an appointment with their personal doctor immediately. The doctor may treat the depression directly or recommend a specialist.

The most common treatments for depression are psychotherapy and antidepressants.

Psychotherapy can help eliminate or control troubling symptoms so a person can function better and increase well-being and healing while talking and learning new approaches. Some treatments are short-term; others are longer, depending on the person's needs.

Antidepressant medications may help by improving the way the brain uses certain chemicals that control mood or stress. These usually take two to four weeks to work, so it's important to give the medication a chance to work. Sometimes doses need to be tweaked, or drugs changed

or added before the person feels better. When the individual feels better, it is important to keep taking the medication regularly.

Depression is more than “feeling sad”—it's a real illness interfering with life that needs treatment. ★

Contact Hamaspik HomeCare for eligibility for a home health aide (HHA) or personal care aide (PCA) which can increase feelings of well-being and decrease loneliness for your loved one. In addition, if you have a family member or family friend that wants to be an aide through our CDPAS program, please reach out to our Intake Dept. at 845-503-0700 to see how to apply and to check eligibility.

Caring for Yourself as a Caring Caregiver

How to Keep America's Informal “Front-Liners” Fit

Being a caregiver can be a labor of love—but it can also be stressful.

With millions of Americans caring for older friends or family members who have serious health conditions or otherwise unable to independently care for themselves anymore, it's more imperative than ever for Americans to care for themselves.

Because if you're not healthy, how can you help others?

But caring for the other and yourself doesn't have to be mutually exclusive. You can—and should—learn how to be an effective caregiver while being an effective self-caregiver. After all, in caring for the others, is one of the most important things you can do is to first care for yourself. Here's how:

FRUSTRATION IS NORMAL. GIVE IT A BREAK!

Caregiving, especially from a distance, is likely to bring out feelings of frustration with everyone, from the person you are helping to the doctors who help him or her. Fret not—this is a common and normal experience. Anger could be a sign that you are overwhelmed or that you are trying to do too much.

If you can, give yourself a break; take a walk, talk to friends, get some sleep, eat something, or try to do something good for yourself.

LONG-DISTANCE GUILT

Although they may not feel as physically exhausted and drained as the primary, hands-on caregiver, long-distance caregivers may still be worried and anxious. Sometimes, long-distance caregivers feel guilty about not being closer, not doing enough, not having enough time with the person, and perhaps even feeling jealous of those who do. Many long-distance caregivers also find that worrying about being able to afford to take time off from work, being away from family, or the cost of travel increases these frustrations. Remember that you are doing the best you can given the circumstances and that you can only do what you can do. It may help to know that these are feelings shared by many other long-distance caregivers—you are not alone in this.

Caregiving is not easy for anyone—not for the caregiver and not for the care recipient. There are sacrifices and adjustments for everyone. When you

don't live where the care is needed, it may be especially hard to feel that what you are doing is enough and that what you are doing is important. Other family members who are providing direct patient care may make you feel guilty that you are not doing enough, even if you are doing what you can.

It also may be very hard for the caregiver, both hands on and from afar, to juggle his or her own life, children, family, job, and responsibilities.

So, what to do? Here are a couple

of practical tips: Don't make self-care another “to-do”; let go of guilt; join a caregiver support group; prioritize nutrition; and keep a gratitude journal.

At the end of the day, remember one thing: You're important, too! ★

Call HamaspikCare Intake at 845-503-0700 to learn if a beloved senior in your life is eligible for a home health aide (HHA) or other beneficial services. This can be beneficial for care receiver—and the caregiver, too!

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

