



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

MARCH '22 • ISSUE NO. 199



GAZETTE SURVEY

The GAZETTE asks YOU:

DID YOU OR ANY FAMILY MEMBER(S) GET THE FLU THIS SEASON?

A: YES; B: NO

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



HEALTH STAT

A BIRDS-EYE VIEW OF GLOBAL FLU

| | |
|---|-------------|
| Average % of population affected yearly | 5% - 15% |
| No. of severe cases yearly | 3-5 million |

Source: U.S. Centers for Disease Control (CDC)



HEALTH TIP

MINIMIZE OR PREVENT THE FLU? NATURALLY!

Here are several natural things you can regularly do to help reduce or avoid a flu infection: 1. Wash hands with soap and hot water; 2. Take immune-boosting vitamins A, C, D, E, zinc and selenium; 3. Walk briskly outdoors, and; 4. Sneeze into sleeved elbows (not hands!).

Sources: CDC, DispatchHealth

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HAMASPIK WINGMAN HAWKS INCLUSION WITH FEATHERED FRIENDS' HELP

TWO PERFORMANCE-SAVVY PARROTS TAKE CENTER STAGE AS R. NUCHEM GOBER, A.K.A. "THE PARROT REBBE," PRESIDES OVER AN INTERACTIVE LIVE BIRD SHOW FOR HAMASPIK. BIRDS DO IN FACT DETECT AND RESPECT DISABILITY, THE HANDLER SAYS.



INFORMAL TO PROFESSIONAL, ANIMAL-BASED SUPPORTS OVER THE YEARS HAVE TAKEN MANY FORMS AT HAMASPIK: EQUESTRIAN THERAPY, PETTING ZOOS, AND THE OCCASIONAL LANDING OF A FLOCK OF FLYING THERAPISTS.

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HAMASPIK NEWS

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HEALTH NEWS

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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

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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). Meals funded by NYSOFA, Orange County OFA and the Administration of Aging.

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

Finding That Needle in a Paper Haystack

Painstaking Voluntary Assistance by Devoted Employee Turns up 22-year-old Document Vital to Obtaining Services for Adult

Just imagine how painful it is for the mother of an adult with special needs who is not receiving services.

Due to paperwork technicalities too nuanced for this report, the adult had years ago been turned away from the rich realm of services and supports offered by the New York State Office for People With Developmental Disabilities (OPWDD).

Without that paperwork, there'd be no eligibility. And in fact, for well over a decade, there wasn't.

It wasn't like no one tried.

Before the rise of Tri-County Care and other New York State-approved Care Coordination Organizations (CCOs), there had been—before that function was absorbed into the CCOs—what was known as Medicaid Service Coordination.

One particularly hard-working Medicaid Service Coordinator (MSC), Mrs. Tress, had worked long and hard on this particular individual's case—but unfortunately, to no avail.

Despite being unable to produce

the desired results, Mrs. Tress kept up a friendly and helpful relationship with the individual's caring and attentive mother. Knowing she had an ally who truly cared, the proactive parent would from time to time reach out to Mrs. Tress, now at Tri-County Care, for assistance with additional paperwork, often not directly related to the still-ongoing effort to secure services for her child.

Mrs. Tress unfailingly obliged every time, because helping the community—time- and resources-permitting, of course—is an unimpeachable core value at Tri-County, too. Even if that community member isn't currently getting services. (Also joining her in being there for Mom over the years was agency pillar Mrs. Eger, whose quiet encouragement was pivotal.)

And so it was that the days turned into weeks, weeks into months and months into years. Year in, year out, the adult child was still stuck at home, living with Mom and Dad, without disability supports.

But Mom, being Mom, never gave up. In due time, she tried again. And so it was that two years ago, Mrs. Tress' phone rang again. It was time to approach the OPWDD with another eligibility attempt. Her precious child wasn't getting any younger. The two worked on a narrative but sadly, the results were the same.

The story doesn't end there, though. In fact, it is there that it arguably begins.

In August of 2021, an endlessly-driven Mom came into Mrs. Tress' office for a face-to-face meeting. By now, Mrs. Tress was now with Tri-County Care, NYSHA's CCO that had long ago absorbed Hamaspik of Rockland County's MSC team.

The caring parent brought with her reams of archived documents—hundreds of pages recording her child's saga of care and treatment as far back even as Early Intervention (EI) and preschool. The huge piles of pages had thankfully survived the years but were currently in fearsome disarray. *Could you help me sort these out?*

Mrs. Tress didn't hesitate.

"After sifting through the pile and finding many duplicates, everything was out of order and nothing was relevant except for one 1999 psychological," the longtime agency stalwart recounted to the *Gazette*, describing the discovery of a single psychological evaluation that would soon prove critical.

Tri-County Care submitted it to the OPWDD, Mrs. Tress continued—and within a week, the adult in question, and two endlessly-grateful parents, received that long-awaited, desperately-needed green light for special-needs services.

Once in receipt of a coveted Level of Care Eligibility Determination, or LCED, the individual was finally enrolled in Tri-County Care.

Getting services can sometimes take time—a few months, occasionally a year or what have you, and sometimes over two decades.

But there's one agency, and one team of devoted staff members, that never gives up. ★

● ► HEALTH NEWS

Many Languages, One Part of the Brain

New Research at NYU Underscores Temporal Lobe's "Language Processor" Job—Even the Language of Music

New York, New York — Logic might dictate that speaking two or more languages involves two or more parts of the brain—one for each.

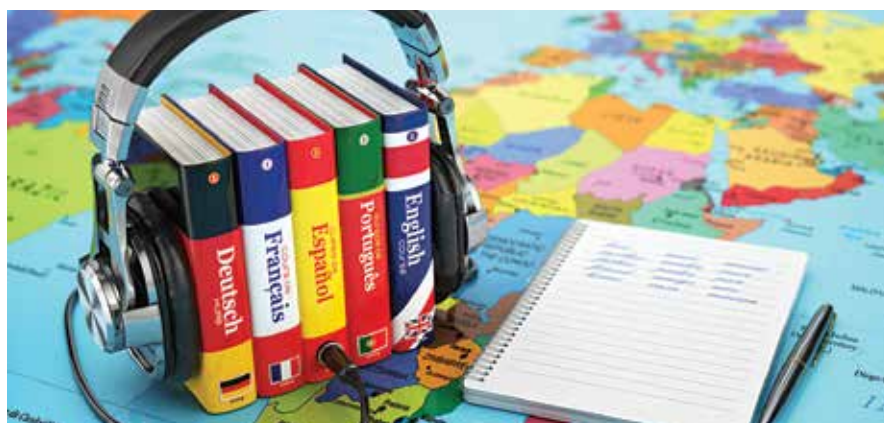
But new research at the Big Apple's very own New York University (NYU) finds that the brain uses the same part to process language, the *temporal lobe*, regardless of which language.

Researchers extensively scanned the brains of volunteers fluent in both English and Korean as they were shown words in one or both of those languages on computer screens.

They found that the *left anterior* part of the temporal lobe, which works to combine the meanings of multiple words, was insensitive to whether the words it received were from the same language or from different languages.

In other words, bilingualism comes naturally to the human brain.

The new research builds on previous unrelated findings that the "language" of music—"spoken" between two musicians as they "jam," or engage



WHEN IT "BRAINS," IT POURS: THE TEMPORAL LOBE COMMUNICATES—IN ANY LANGUAGE

in live improvisation, together—also uses the same part of the brain.

In a February 2014 study published in *PLoS One*, covered in *Gazette* #118,

Johns Hopkins University scientists scanned the brain of a keyboardist while playing a plastic keyboard inside an MRI brain scanner. That research

curiously found activation of the brain's anterior lobe language center.

What's more, the current research ties neatly into two additional unrelated studies.

One found that children growing up in bilingual homes had higher IQs because the more languages they spoke, the more neural pathways—and hence more intelligence—their brains had.

The second, a comparison study, established that kids who play musical instruments have better attention and memory than kids who don't.

Seems that talking the talk—Korean, "Keyboard" or whichever—does make you smarter after all. ★

Hamaspik Gazette

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Happening in Health Today

CAT BACTERIA TREATS MOUSE SKIN INFECTION, MAY HELP YOU (AND YOUR PETS) AS WELL

San Diego, California — Researchers at the University of California San Diego School of Medicine used bacteria found on healthy cats to successfully treat a skin infection on mice. These bacteria may serve as the basis for new therapeutics against severe skin infections in humans, dogs and cats.

This is the case with *methicillin-resistant Staphylococcus pseudintermedius* (MRSP), a bacterium commonly found on domesticated animals that becomes infectious when the animals are sick or injured. It's also an emerging pathogen that can jump between species and cause severe atopic dermatitis, or eczema.

As its name suggests, MRSP is resistant to common antibiotics and has been difficult to treat in clinical and veterinary settings.

To address this, researchers identified a strain of cat bacteria called *Staphylococcus felis* (*S. felis*) that was especially good at inhibiting MRSP growth. They found that this special strain of *S. felis* naturally produces multiple antibiotics that kill MRSP.

PERSONALIZED CLOTTING PROFILES MAY HELP NEXT GENERATION OF PRECISION HEART MEDICINE

Reading, England — Researchers at England's Reading University have created a test that separates people into different groups based on how their bodies respond to clotting events.

Platelets are small cells found in blood which form clots to stop or prevent bleeding. However, when platelets don't function properly, serious health conditions like strokes and heart attacks can result.

The researchers used samples of donated blood from participants, treated them in a laboratory to find out how platelets in their blood responded to a range of stimulants to trigger blood clotting and developed new computer software and algorithms to analyze and classify the data. The research team was

able to group donors into six distinct groups which remained the same for the majority of samples after retesting two years later.

RESEARCHER LINKS ALZHEIMER'S AND SOLID CEREBROSPINAL FLUID (CSF)

Evanston, Illinois — Cerebrospinal fluid (CSF) is the rough 2/3rds cup of natural fluid around the brain and spinal cord. This fluid both cushions the brain and spinal cord, picks up needed supplies from the blood, and gets rid of

waste products from brain cells.

When Alzheimer's is suspected, doctors will often do a *spinal tap*, which collects a small CSF sample. That fluid is then spun in a centrifuge to separate its liquid and solid parts. The liquid is then tested and the solids generally discarded.

But now, in ongoing lab research, Northwestern University Alzheimer's researcher Dr. David Gate has discovered that solid CSF contains apparent links between the immune system and the brain-destroying disease: Solid CSF samples from Alzheimer's patients had

higher-than-normal levels of immune cells called CD8+T cells—which are known to show up at Epstein-Barr virus (EBV) infections.

Could Alzheimer's thus be a reaction to a viral infection? Research is ongoing.

YALE UNIVERSITY DEVELOPS EXPERIMENTAL LYME DISEASE VACCINE IN GUINEA PIGS

New Haven, Connecticut — Lyme disease is a bacteria-caused condition resulting from a bite by a bacteria-carrying tick.

Typical symptoms include fever, headache, fatigue, and the characteristic “bull's-eye” skin rash. Left untreated, infection can spread to joints, the heart, and the nervous system. In early stages, recovery is usually rapid and complete upon quick diagnosis and treatment with appropriate antibiotics.

While there is currently no vaccine (the controversial LYMERix vaccine was discontinued in 2002), and the University of Massachusetts is working on a seasonal antibody shot called Lyme PrEP, Yale University researchers have meanwhile developed a novel vaccine that offers protection against the bacterium that causes Lyme disease.

However, it's been successfully tested so far just in guinea pigs.

The vaccine uses the same mRNA technology in today's COVID shots.

SURVEY/BLOOD TEST: LESS INFLAMMATION IN SOCIAL GIVERS, ESPECIALLY WOMEN

Columbus, Ohio — What you give is what you get, goes the ancient wisdom—that a modern study now seems to have validated.

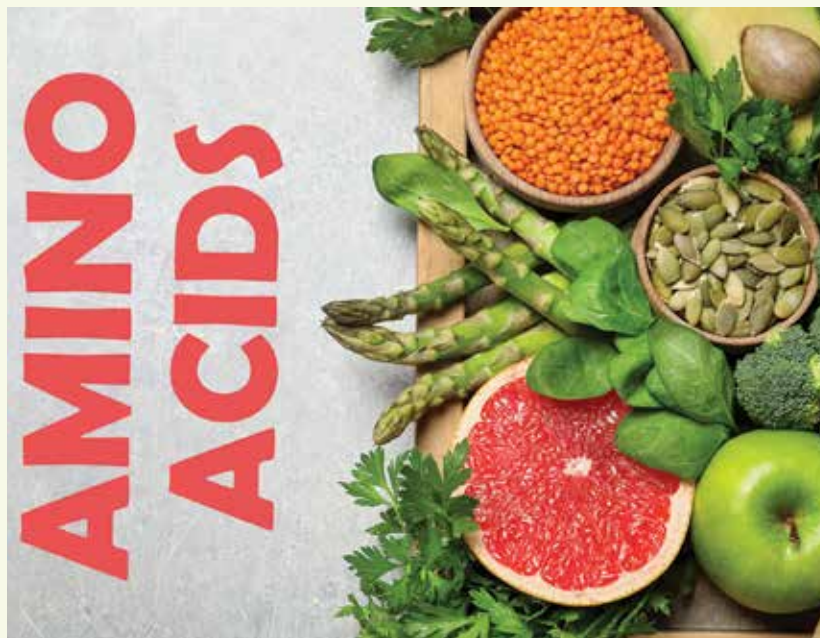
Researchers at Ohio State University (OSU) have found evidence suggesting that people who express willingness to socially support others are likelier to have lower levels of chronic inflammation.

Researchers first reviewed data on just over 1,000 participants in the National Survey of Midlife Development in the U.S. (MIDUS).

Some two years later, participants returned for blood tests, including tests for interleukin-6 (IL-6), an immune system protein whose presence indicates levels of inflammation in the body.

The study found lower IL-6 levels in participants reporting higher willingness to socially support others, especially among women. The findings also held true even after taking into account such factors as age, income, education, health behaviors, medication use and existing conditions.

A DIET OF ESSENTIAL AMINO ACIDS COULD KEEP DEMENTIA AT BAY



POSSIBLE BRAIN-PRESERVER: RESEARCH LINKS AMINO ACID LP7 WITH LESS DEMENTIA

Tokyo, Japan — Protein intake is known to be vital for maintaining brain function in older individuals. But using a mouse model of Alzheimer's disease, researchers have now shown that the intake of a specific set of amino acids can inhibit the death of brain cells, protect the connections between them, and reduce inflammation, preserving brain function.

The research at Japan's National Institutes for Quantum Science and Technology suggests that this amino acid combination called Amino LP7

can hinder the development of dementia, including Alzheimer's. Their work expands on previous studies, which have demonstrated the effectiveness of Amino LP7 in improving cognitive function.

Dementia, a condition involving the extreme loss of cognitive function, is caused by a variety of disorders, including Alzheimer's. Dementia mainly affects older people, and so far, simple and effective strategies for preventing this condition have remained elusive.



בס"ד

~~"A picture is worth a thousand words"~~

Sometimes, a few words are needed to get the full picture!

Progress Notes 9/6/21

Note#000789

Supervisors and Care Managers discussed the obstacles to help client's family receive services for their **children**. Client is struggling with her **mental health** and is frustrated that she isn't receiving more assistance with her children and household. An action plan was developed to ensure that children receive appropriate services and Care Manager will reach out to client to continue developing rapport and encourage her to consider **therapy**.

Actual notes* of the work our **CARE MANAGERS** do with our **clients** daily

(* with slight modifications to protect client identity)

Note#000588

Client is continuing to respond well with Suboxone treatment post **detox**. The **hoarding** issue has reached a serious level where hygiene is threatened. Care Manager was able to connect with a government assistance **resource** providing mold remediation and access-to-home modifications which will help with the above as well with client's difficult **mobility** issues.

Note#000298

Client expressed that he has no extended family support—coming from a **dysfunctional family**. Client isn't an American citizen, and his green card will expire in one year, and he would like assistance reapplying, or help with gaining citizenship. Client isn't satisfied with his current **therapist** and would like to find someone new. Additionally, client is struggling financially, and would like assistance finding a **new job**. Client noted his **strength** of "I live in the moment. I'm happy, and I can take care of shopping and arranging things." Care Manager will assist client with his citizenship, therapist, and job.

Note#000752

Care Manager called **psych-hospital** to check in with client. Client was pleased with the call. Client sounds a lot better; it seems that the medication reset was helpful. Client expressed sadness with his inability to engage in **prayers** properly since he's there. Care Manager arranged for the Chaplain visit him on Friday. Client was very thankful to meet the Chaplain and be able to pray properly.

Care Management is available **FREE** to all adults with NYS Medicaid who are battling mental illness

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


INTEGRATED
HEALTH

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

● ► HAMASPIK NEWS

Summer on the Way

Kinderville prepares for another incredible summer camp, taking last year's success to new heights

Preparations are well underway for a magical summer experience at Kinderville, Hamaspiik's sleepaway camp for children with special needs.

Last summer, the Kinderville staff exceeded all expectations with a program that achieved results on every level, combining high quality learning with constant fun and excitement. The team included professional teachers and therapists, whose goal was to help every camper learn and master new skills over the summer, while having a good time. The incredible program and educational lessons made the learning itself an exciting camp experience!

"Our goal was that come September, the teachers in school should find themselves with a 'problem' that the children have come back on a much higher level than before!" Mr. Spangelet, the camp administrator, says. And indeed, Kinderville's incredible success has proven that they achieved this goal – and this summer, they prepare to meet it again.

At Kinderville, every child is treated like the only one. The one-on-one counselors show incredible devotion and care for their campers. The teachers, therapists, and counselors work closely with each individual child, ensuring that every child is growing and thriving.

The results speak for themselves: every single Kinderville camper re-applied for this summer, along with new campers eager to join. Kinderville's staff will spend the coming months collaborating with teachers, paras, and professionals involved in the children's care throughout the year, in order to get to know them fully and create the most effective plans to meet each child's needs.

Kinderville is being propelled from incredible success to new and yet greater heights this year, with the incorporation of several changes to the grounds, new locations for some activities, and even more staffing and programming.

"Our mission is to make each and every moment memorable," Mr. Spangelet says. "We're constantly looking for ways to take something great, and make it even greater."

In general, though, the greatest success will be to repeat last year's overwhelmingly positive experience. Kinderville's daily structure remains



GRADED ON A SLIDING SCALE: IN EVERGREEN PHOTOS FROM LAST YEAR'S SMASHING SEASON, KINDERVILLE'S CAMPERS POSE FOR A GROUP PHOTO (TOP); A STATE-OF-THE-ART PLAYGROUND MODULE DOMINATES THE OUTDOOR PLAY AREA (L); MODERN FACILITIES (R)

the same, and the top-notch medical team is returning once more for the summer of 2022.

And then there's the counselors' program – which at Kinderville constitutes a world of its own.

"Kinderville is really two camps in one," Mr. Spangelet says. "We put the same effort, care, and attention to detail into the programming for our high school aged counselors as we put into the program for the campers themselves."

Last summer, this included fun and educational activities and *shiurim* in the evenings, a program director and other staff members hired just to supervise the counselors' *ruchniyus*

and wellbeing, major activities, and time off to allow counselors to recharge and rejuvenate from the fulfilling but intensive work of the day.

This summer, Kinderville will once again employ renowned *mechanchos* for staff supervision and support, and in true Kinderville fashion, will also up the level of the counselor experience even more, with further enhancing of the staff program, making some changes to the schedule to allow for different breaks during the day, and maximizing the opportunities for staff to re-energize themselves to give the campers all they've got. It's a camp where parents and schools can feel confident about sending their

daughters and students, knowing they will be in an environment that combines the highest standards of *ruchniyus* with the incredible opportunity to do *chessed* around the clock, a true growth experience for the counselors.

"Everything in Kinderville is about higher standards," says Mr. Hershel Wertheimer, executive director at Hamaspiik of Kings County. "Our goal is not to just give the kids a good time, but to have each child reach their utmost potential. At the same time, our devoted staff who give their heart and soul to the children, have a great program themselves so they can enjoy their summer too." ★

Your child deserves a childhood.

(And you deserve a break.)

Comfort Health offers a variety of services that help you manage the challenge of a child with difficult diagnoses--and live your best life.

- Care Management
- Community Habilitation
- Respite Services
- Prevocational Services
- Family & Caregiver Support



Do it for your child. Do it for yourself.

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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Prescription for Appreciation



THANKS: MOSHE (TOP) WITH DR. MARKOWITZ; SHULEM (BOTTOM L AND R) WITH POPULAR PEDIATRICIAN DR. ELIEZER A. FROMMER, M.D. OF KIRYAS JOEL'S EZRAS CHOLIM COMMUNITY MEDICAL CLINIC

Fishing Rods, Not Fish— and How to Use Them

With Practical Life Skills, Integrated Health Empowers Clients to Counteract Anxiety with Proactivity

For some time now, something “fishy” has been happening at Integrated Health: clients have been “learning how to fish.”

But the analogy of giving hungry people fishing rods, not fish, is actually most apropos here.

On per-case bases, Integrated Health supports clients grappling with anxiety: that readily-diagnosable mental-health condition not uncommonly striking all demographics and social classes alike.

Integrated Health, Hamaspiik's still-new behavioral health supports program, provides a range of vital services to adults in the community struggling with two or more diagnoses—including anxiety. For those who qualify, those services can include Home and Community-Based Services (HCBS)—which in turn can give beneficiaries one-on-one aides to help them work towards their personal goals.

“Integrated Health's HCBS workers help a lot of people deal with the ‘overwhelm’ in life, like piles of bills and messy houses, bookshelves, dishes, et cetera,” says Tzipora Sherman, MHC-LP, Care Manager Supervisor at Integrated Health of Rockland County. “We're not a home organization service, but we will help people deal with their lives.”

“Integrated Health's workers will help them with managing household chores, delegation of tasks and prioritization,” adds Care Manager Malya Sontag. “We give them the tools they need to manage their lives themselves”—thus addressing their anxiety's cause.

With quality “fishing rods” from Integrated Health, clients of every background now have the healthy coping skills with which to catch the “fish” of calm and happiness. ★

For Regional Caregivers and Public Servants, a Taste of Inclusion

Hamaspiik of Orange County Day Hab Men's Division Pay “Sweet” Visits to Area Doctors, Officials

With acceptance of people with disabilities long the order of the day, it's only natural that the societal pillars most commonly associated with that mainstreaming—medical caregivers and public-health decision-makers—get some of that mainstreaming coming back full circle.

As in, appreciative visits by people with disabilities to their very offices.

Long gone is the era when individuals with special needs saw separate doctors at separate facilities. On a parallel track, public servants like mayors and mental-health services directors alike continue to wield mainstreaming influence, with decisions affecting lives.

Conveying Hamaspiik's genuine gratitude for today's inclusive world was a troop of gentlemen from Hamaspiik of Orange County's Day Habilitation (Day Hab) program, who recently made their rounds about much of the county to visit those pillars who indirectly if not directly impact their daily wellbeing.

The group started off at “home base,” their own community of upstate Kiryas

Joel, where they popped into the offices of the primary-care professionals who regularly see them, as well as other community mainstays.

Accompanied by devoted Direct Support Professional Moshe Berkowitz, the men next traveled to the locales of Blooming Grove, Chester, Monroe, Warwick and Woodbury, where they visited those towns' Supervisors and public servants to present the sweetest tokens of appreciation: small gourmet chocolates.

They also visited the county Dept. of Health (DOH) and Office for People With Developmental Disabilities (OPWDD).

Back in Kiryas Joel, a memorable moment unfolded as Moshe, one young man, told Dov Markowitz that he aspired to become a doctor. That respected PA gamely affirmed that Moshe could ultimately join his practice.

But in what's probably the ultimate inclusion statement, Moshe demurred, proudly declaring; “I want my own office!” Clearly, someone taught him well. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

“Sew” Far, “Sew” Good at Neshima

Program’s Students Making Their Own Skirts

There’s no skirting around the issue here.

At Hamaspiik of Rockland County’s Neshima Seminary educational day program for high-functioning young women, students have gotten down to brass tacks—make that, needle and thread—to manufacture their own custom skirts by hand.

After all, there’s nothing like wearing custom clothing you designed and made to your exacting specifications—and there’s doubly nothing like custom apparel when you’re the tailor, too.

But bringing all those benefits to its students—or rather, bringing its students to those benefits—is the Neshima program now, whose pupils have been working under the tutelage of a local master seamstress to create their own sartorial masterpieces. (They’ll actually be wearing them for the first time at an upcoming private performance!)

The project was another brainchild of Women’s Day Hab Program Director

Mrs. Esty Schonfeld—intended to not just impart skills but to produce something beneficial and pride-inducing, too. It first came to life as Neshima Coordinator Ms. Toby Steif took students to a neighborhood fabric store to select bolts of fabric in their desired color(s) and pattern(s).

Back with their purchases at the seamstresses’ workshop, the young women assembled around sewing machine-topped tables to start on their skirts. They were first shown how to measure their own skirt sizes, which they did, and then proceeded to cut and stitch accordingly.

At each session, taking place every other Thursday, the custom skirts took shape, with every step of the skirt-making process performed by the students.

So far, the reaction has been positive. “It boosts their ego,” notes Ms. Steif. “They feel major about it.”

Plus, she adds, “It’s a great OT skill. They do their own sewing.” ★

An Exercise in Stimulation



ALL-AROUND WORKOUT: ON A TYPICAL RECENT DAY AT THE MEN’S DAY HAB AT HAMASPIK OF ROCKLAND COUNTY, INDIVIDUALS GET TO PLAY, SING, AND WORK BODIES AND MINDS

Supporting Disability with Heart and Happiness

Hamaspiik Staff Motivational Event Fills Employees with Lasting Inspiration

To earn your paycheck, all you have to do is show up and do your job.

But to really make a difference, you’ve got to do your job with heart and happiness.

“Lev V’Simcha,” which translates basically to “heart and happiness,” was the theme of a staff motivational event, and the first in a planned ongoing series, held by Hamaspiik of Orange County.

Exclusively hosting the agency’s Direct Support Professionals (DSPs), the evening event at the onsite Hamaspiik Terrace ballroom filled those employees with motivation and inspiration.

Direct Support Professionals are the backbone of Hamaspiik, where DSPs at the agency’s Day Habilitation (Day Hab) and residential programs don’t just do their job in working directly with the individuals but regularly give it their all.

Underscoring and reinforcing that dedication was the purpose of the Lev V’Simcha event, which began with a social reception and refreshments and

was crowned with a keynote address by Rabbi Aaron Eisenberg.

Rabbi Eisenberg, a gifted speaker and a father of a daughter with special needs himself, had the dozens of DSPs sitting rapt as he wove a tale of trial and triumph, opening up on grievous personal loss and ultimate victory and happiness.

The speech truly rallied staff to come to work with heart and happiness, notes Hamaspiik of Orange County Training Director Joel Grosz, who helped plan the event along with longtime agency stalwart Mrs. C.M. Landau. “He left staff speechless,” he reports. “They went out with newfound passion.”

In fact, he adds, one DSP told him after the event that he “would never look at people with disabilities the same away again.”

Considering that the event’s goal was to improve staff performance, it seems that it succeeded—and most happily so. ★

Supporting the Supporters



PUTTING IN THE “HEART” WORK: TRAINING DIRECTOR JOEL GROSZ (L-TOP) EMCEES; RABBI EISENBERG (R-TOP) INSPIRES; A PRE-EVENT RECEPTION BUFFET AWAITS DESERVING STAFF

The Autism Update

News and developments from the world of research and advocacy

PARENTS COMMONLY MOVE TO STATES WITH BETTER AUTISM SERVICES, SAYS REPORT

New York, New York — Parents of children with autism commonly relocate to U.S. states with better services, says an extensive recent report by outlet *Spectrum News*.

The root of the problem is “large disparities between states in access to diagnostic services and treatments for autism, schooling and the cost of care,” reads the report.

Those disparities consist of several specific variables, the report details.

They include: Average travel distance needed to obtain formal autism diagnosis; local availability of pediatricians, physical therapists (PTs) and speech therapists (SLPs); extent of state insurance-coverage laws for autism treatments; extent of state Medicaid coverage of autism treatments; and number of Medicaid-funded autism treatment and/or vocational rehab programs.

Another key factor is the ratio of board certified behavior analysts (BCBAs) per 100 children with autism; BCBAs provide applied behavior analysis (ABA), a popular autism treatment.

FOUR SUBCATEGORIES, BRAIN-ACTIVITY PATTERNS, GENETIC PATTERNS IN AUTISM: STUDY

New York, New York — Autism researchers with New York’s Weill Cornell Medical Center and other institutions have found that people with autism can be categorized into four groups based on measureable behaviors.

What’s more, the research found that each of those four groups has its own distinct level of brain activity when the person with autism is resting and relaxed.

Most notably, the same research also found that each of the four levels of brain activity also has its own level of expression of genes that are known to be related to autism.

What that means is that each of these four behavioral categories of autism may be connected to how active certain autism-related genes are.

“Our results identify discrete ASD subgroups associated with specific ASD behaviors and

neurophysiological signatures,” researchers wrote, “and these different forms of ASD implicate distinct genetic mechanisms.”

NATIONAL AUTISM PREVALENCE IN EIGHT-YEAR-OLDS NOW ONE IN 44, CDC SAYS

Atlanta, Georgia — More eight-year-olds are being diagnosed with autism, now says the U.S. Centers for Disease Control (CDC).

The data comes from the Autism and Developmental Disabilities Monitoring (ADDMM) Network consisting of 11 “communities” across the country—largely county-based public-school and health records of children ages eight and four. Records are regularly scrutinized for rates of school autism services provided as well as autism treatments.

According to the ADDMM’s review of 2018 data, the most recent available, one out of every 44 eight-year-old children in those 11 monitored regions has been identified as having autism. The last such estimate, released March 2020, found a prevalence of one in 54.

But prevalence in the 11 ADDMM zones ranged from one in 60 in Missouri to one in 26 in California. “These variations could be due to how communities are identifying children with autism,” an official CDC statement said.

LANCET COMMISSION CALLS FOR USAGE OF TERM “PROFOUND AUTISM”

New York, New York — *The Lancet* is arguably the world’s oldest and most respected medical journal, lending weighty clout and critical authority to its name.

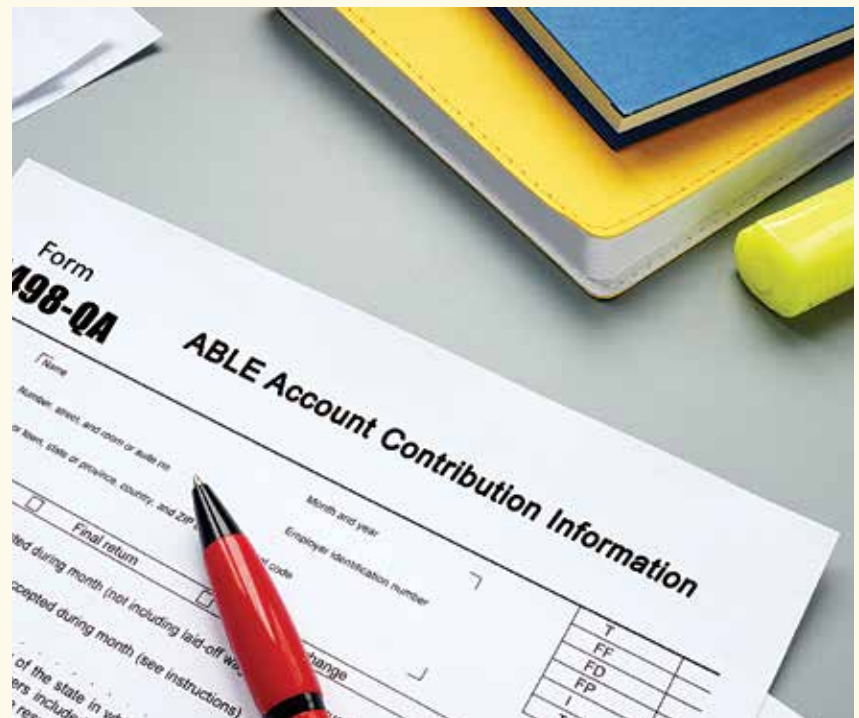
In 2019, *The Lancet* convened its *Lancet* Commission on the Future of Care and Clinical Research in Autism, a group of 32 autism researchers, clinicians, adults with autism and parents of people with autism from ten countries.

They first met in Montreal, Canada for the 2019 International Society for Autism Research (INSAR) annual meeting.

Most recently, the Commission made news in calling for usage of the phrase “profound autism.”

“The term ‘profound autism’ should be used to describe autistic people who require round-the-clock,

LIMIT FOR ABLE ACCOUNTS RAISED BY IRS



EN-“ABLE”-ING SAVINGS: PEOPLE WITH DISABILITIES CAN HAVE LARGER ACCOUNTS NOW

Washington, D.C. — The amount of money that people with disabilities can save without jeopardizing eligibility for government benefits was raised recently for the first time in four years.

As of January 2022, the Internal Revenue Service says that the federal gift tax exclusion now is \$16,000 per year. That same cap also applies to contributions to ABLE accounts, a special savings vehicle for people with disabilities. The increase is the first since 2018—as a result of

inflation, according to the IRS.

Under a 2014 law, ABLE accounts were created to allow individuals with disabilities to save up to \$100,000 without risking eligibility for Social Security and other government benefits. Medicaid can be retained no matter how much is in the accounts.

Interest earned on funds in ABLE accounts is tax free and money saved can be used to pay for qualified disability expenses including education, health care, transportation and housing. ★

lifelong care,” the Commission announced.

The guidance is part of a set of suggestions for the field to improve autism medical care and clinical research.

INTELLECTUAL DISABILITY-FREE AUTISM MORE COMMON THAN PREVIOUSLY REPORTED: STUDY

Rochester, Minnesota — People with autism spectrum disorder (ASD) are commonly associated with having intellectual disability.

However, according to a new study by the Mayo Clinic, over half of people with ASD in the United States have an average or above-average

intelligence quotient (IQ).

The rise could reflect a heightened awareness and understanding of the condition, as well as improvements in recognizing and detecting it, says lead investigator Maja Katusic, a Mayo developmental pediatrician.

Dr. Katusic scoured medical and school records from over 30,000 people born between 1976 and 2000 in Olmsted County, Minnesota, identifying those with autism based on records of behavioral assessments and descriptions.

Of the 890 individuals for whom the records contained IQ data and who met an inclusive definition of autism, 59 percent had an IQ score that was at least average (defined as 86 or up). ★

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Hamaspik's Wingman Hawks Inclusion

At Visit by "Parrot Rebbe" and Feathered Friends, Birds-eye View of Ability Takes Flight



PECKING ORDER: UNDER THE REBBE'S PROUD PROCTORSHIP, TWO INDIVIDUALS ARE ALL AWE AND WONDER AS A QUAKER PARROT STRUTS ABOUT

"I'll tell you right off the bat!" crows R. Nuchem Gober, otherwise known as the Parrot Rebbe.

The *Gazette's* just asked the master bird handler (and career veterinarian's nephew) what he likes most about working with Hamaspik, where he

most lately put on a joint show for the Rockland County boys' After-School Respite (ASR) and Men's Day Hab programs.

"I find, without a doubt," begins the veteran avian authority, "that for the most part your staff is very attentive,

very 'chilled,' and they know exactly what they have to do with particular individuals."

"Even if a [Hamaspik] staff [member] is petrified, he or she will take the pain not to ruin it for anyone else," he elaborates. "If kids see you're petrified, you set the tone for the show. The kids who like it, they'll participate, but if they're on the borderline, the staff makes the difference."

FIRST FLIGHT

The Parrot Rebbe would know.

Since his marriage over 20 years ago, the bird behaviorist has been bringing his rainbow of winged friends to yeshivahs, girls' schools, boys' summer camps and community disability agencies for avian show-and-tell experiential experiences. Most are enthralled, or at least okay, with live and uncaged specimens of creatures you normally see in picture books or pet shops, he reports. Some, he resignedly recounts, were positively terrified—with children and even staff cowering in corners or even fleeing the room if a perched bird so much as even flapped one wing.

But it was all his wife's idea, he confesses. In fact, it's the one question he gets asked the most: How did he transform into the Parrot Rebbe?

In coming of Jewish age, a young Nuchem Gober got his first large-sized parrot as a Bar Mitzvah present from a neighbor, thereby being an old hand at handling the birds as a teenager. When away from home as a yeshivah student, his parents would keep an eye on his

menagerie until he would regularly return on "off Shabbosim." Upon matrimony, he brought that collection of feathered friends into the house (but not into the marriage, he quips—his good wife insisted the birds stay in the heated garage, which they haunt to this day). The miniature aviary only grew from there.

"At a certain point, my wife said, 'Can you do something with these birds?'" he bemusedly recalls. "They are costing us a mint!"

As Providence would have it, that something shortly happened. A note came home from his daughter Chavi's school, Bnos Tzion of Bobov. *We're having a show-and-tell. Can you bring in one of your birds?* (They were learning the "P" sound.) "So I did!" he chirps. (Pun definitely intended.)

Returning back home, a curious landlady observed him retrieving a live bird, carrier and all, from his car. She had to inquire further. He explained. "Oh, you do that? I have an after-school program..." he remembers like yesterday. "So it just grew from there."

BIRDS OF A FEATHER FLOCK TOGETHER

By his own reckoning, the Parrot Rebbe has been to Hamaspik "a whole bunch" of times over the years.

What was true at the agency a decade ago was true again today, as the Parrot Rebbe—decked out in his trademark custom-made parrot-decorated *be-keshe*, the traditional Chasidic long jacket—sent in his playful parakeets, curious cockatiels, busy budgerigars and majestic macaws. For a good 45 minutes, the boys and men with intellectual/developmental disability (I/DD) thrilled to the organically-curated natural behaviors (contrary to the "negative reinforcement" of the old-time circus, he avers) of the plumed wonders as they raced up ladders, sidled from finger to finger, perched on shoulders and sat on brave volunteers' heads.

Cheered on by event organizer David Friedman, ASR Manager, accompanied by Day Hab Manager Pinchos Knopfler, that honest gentleness, detectable not to the eye but to years of honed experience and intuition, was present once again.

PERSON-CENTEREDNESS IN THE AIR

But with relationships being a two-

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

Hamaspik's Wingman Hawks Inclusion

<< CONTINUED FROM PAGE 12

way street, even—and especially—between human and animal, the Parrot Rebbe does report that it does take a certain type of bird for shows for special needs; that there is in fact a difference between Hamaspik and typical crowds.

“When you do a show for Hamaspik or this type of audience,” Nuchem Gober asserts, “you need birds with a sturdy constitution not shaken by things very easily. You never know what someone in the audience will do; [you need] birds that are relatively calm and not fazed by much; not particularly sensitive. I have birds that are very emotionally sensitive and if hurt, they can hurt back or even bite.”

It's revealing that creatures commonly stereotyped as “bird-brains” are actually richly intelligent, harboring and evincing a spectrum of perception and sensitivity you'd hardly know existed—at least until you spend a good two decades doing shows with them, as the Parrot Rebbe has.

That intelligence has not only lent itself to an industry of birds (and in the same vein, horses and dogs) used in therapeutic disciplines for a number of diagnoses, but in the birds themselves—in Mr. Gober's experience—discerning that they're before a crowd with disabilities.

“It's an uncanny thing,” he testifies, “but I do believe that some of the birds—I bring the most tolerant to begin with—do have a sense that they have to cut these people some slack. In a ‘regular’ crowd, they might give a nip. In my mind, they do express or show a degree of more tolerance.”

But that sixth sense, if you will, a phenomenon familiar to any pet owner or animal handler, is part of something even bigger, attests the Parrot Rebbe. The birds' very existence is a spiritual one, he says. “They have a sacred mission in life,” he states—namely, to promote happiness.

Seems that the bird kingdom has gotten wind of today's air of disability inclusion, too. ★



FOR THE BIRDS: AN AMAZON PARROT GETS AHEAD IN LIFE (L); A BLUE-AND-GOLD MACAW SHOWS ITS TRUE COLORS (R); AND A GOLDEN CONURE GETS INTO THE THICK OF THINGS (B)

● ► HEALTH NEWS

Report: U.S. Unregulated Stem Cell Treatment Industry Quadruples in Five Years

Clinics Explode Nationwide Despite Limited FDA Approval

Irvine, California — In 2016, researcher Dr. Leigh Turner and colleagues found 351 businesses operating 537 non-FDA-regulated stem-cell treatment clinics nationwide. By 2021, Dr. Turner had found some 2,754 clinics coast to coast.

According to Dr. Turner's new research published recently in *Cell*, the clinics primarily advertise pain relief, followed by treatment of orthopedic conditions, in turn followed by treatment of sports-related injuries.

Stem cells are the body's raw materials—cells from which all other cells are generated, explains the Mayo Clinic. Under the right conditions in the body or a laboratory, stem cells divide to form more cells called *daughter cells*. Those cells then either become new stem cells (self-renewal)—or cells with a more specific function, like blood cells,



GROWING LIKE CELLS: STEM-CELL CLINICS, MANY OF DUBIOUS LEGAL STATUS, DOT THE U.S.

brain cells, heart muscle cells or bone cells.

The FDA currently approves just

22 stem-cell treatment products, most involving the usage of stem cells from umbilical-cord blood banks to

treat various blood disorders.

However, notes Mayo, stem cells and derived products offer great promise for new medical treatments. That, coupled with distrust of the FDA and aggressive marketing targeted at those often-desperate for hope, has driven a veritable explosion of clinics in the past half-decade. California leads with 347 such clinics, followed by Florida's 333 and Texas' 310.

Still, “there have been some encouraging results from early-stage clinical studies testing safety and efficacy of stem cell products for various orthopedic diseases,” notes the report.

“The current state of stem cell research ... provides grounds for cautious optimism that particular stem cell products will eventually emerge as safe and efficacious therapies approved for specific clinical applications.” ★

Public Health and Policy News

research center at Duke University that received some funding from the drug industry.

Since Dr. Margaret Hamburg, who served as commissioner for most of the Obama administration, left in 2015, the FDA has had seven different commissioners—some acting, some permanent—including Dr. Califf, who served for just 11 months after Dr. Hamburg left.

NEW BESPOKE GENE THERAPY CONSORTIUM TAKES ON RARE DISEASES

N o r t h B e t h e s d a , M a r y l a n d — There are approximately 7,000 rare diseases. But only two of them currently have FDA-approved gene therapies.

What's more, some 30 million Americans have a rare disease, which is officially defined as a condition that affects fewer than 200,000 people in the U.S.

To address this problem, the FDA, NIH, and 15 private organizations have joined forces to increase effective gene therapies for rare diseases. The new effort is dubbed the Bespoke Gene Therapy Consortium (BGTC).

The Consortium aims to optimize and streamline the gene therapy development process to help fill the unmet medical needs of people with rare diseases.

"Most rare diseases are caused by a defect in a single gene that could potentially be targeted with a customized or 'bespoke' therapy that corrects or replaces the defective gene," explained NIH Director Francis S. Collins, M.D., Ph.D.

The BGTC is part of the NIH Accelerating Medicines Partnership (AMP) program and project-managed by the Foundation for the National Institutes of Health (FNIH).

NATIONAL PRE-DIABETES PREVENTION CAMPAIGN LAUNCHED BY CDC, AMA

New York, New York — Prediabetes can be reversed.

And the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), and the Ad Council want people to know it.



A REVERSAL OF (MEDICAL) FORTUNES: A NEW AD CAMPAIGN INFORMS ABOUT PREDIABETES

The three organizations have now launched "Change the Outcome," a national ad campaign that takes a serious look at prediabetes—a condition that if left unchecked often leads to type 2 diabetes.

In the United States, some 88 million Americans—more than one in three—are living with prediabetes, with over 84 percent not even knowing they have it.

Prediabetes can increase a person's risk of developing type 2 diabetes, heart disease, and stroke.

But research shows that once people are made aware, they are likelier to make necessary long-term lifestyle changes like eating healthier, managing weight, and being active.

The "Change the Outcome" campaign includes print, radio, and online.

REPORT: INDEPENDENT DOCS EARN SLIGHTLY LESS WHEN PRACTICES ACQUIRED BY HOSPITALS

Washington, D.C.—Doctors whose independent practices are bought out by hospitals—a growing trend in recent years—earn slightly less, according to a new report in *Health Affairs*.

The reduction in average income, at a modest 0.8 percent, suggests that doctors may not see direct financial benefits from their new employment arrangements, say researchers.

Their findings contrast with evidence that hospital systems' profits tend to increase as prices and spending rise after integration of physician practices.

The report found that larger reductions in doctors' income were seen when medical practices were acquired in more competitive hospital markets and by nonprofit hospitals, which could reflect differences in bargaining power.

Hospitals and other entities now own about half of all U.S. practices, according to research from consultant Avalere.

REPORT: ONE-THIRD OF U.S. CHILDREN WITH HEALTHCARE DON'T HAVE GOOD-ENOUGH INSURANCE

Pittsburgh, Pennsylvania — According to new research by the

University of Pittsburgh, the rate of underinsured youngsters rose from 2016 to 2019 from 30.6 to 34 percent.

The research, published recently in *Pediatrics*, found that an additional 2.4 million children living in the U.S. did not have satisfactory healthcare coverage.

Researchers found that this insufficient insurance of children was mainly driven by increased rates of inadequate insurance rather than a rise in absent or inconsistent insurance.

Families of children with special health care needs and private insurance were hit particularly hard, researchers found.

Researchers analyzed data from the annual National Survey of Children's Health to derive their conclusions—defining "underinsured" as those who lack continuous and adequate health insurance, with "adequate" meaning that insurance usually or always met the child's needs.

IN CLOSING 900 STORES NATIONWIDE, CVS SHIFTING TO PRIMARY CARE

Woonsocket, Rhode Island — U.S. retail pharmacy chain CVS is planning to close 900 of its stores, or about ten percent of its presence, over the next three years, the company announced.

The shift in long-term strategy is a response to shifting consumer demands; CVS will be revamping its remaining locations to focus more on healthcare and even primary care.

According to the company, the first shutdowns will start in spring of 2022.

At the same time, CVS will be remodeling a number of stores to include more health services, including locations for primary care delivery and an expanded version of its current HealthHUB, a section of select locations that focus on health and wellness.

As of September 2021, CVS boasted over 9,900 retail stores and 1,200 walk-in MinuteClinic and HealthHUB medical clinics nationwide.

Those clinics use nurse practitioners (NPs) who provide the majority of care normally received from standard physicians. ★

PAST FDA COMMISSIONER CALIFF TAPPED TO LEAD AGAIN

Washington, D.C. — The White House nominated Dr. Robert M. Califf, a former commissioner of the U.S. Food and Drug Administration (FDA), to lead the agency again.

The nomination ends nearly a year of political wrangling as the White House vetted then dropped several candidates after complaints that some were too close to the pharmaceutical industry.

Dr. Califf, 70, a respected academic and clinical trial researcher who ran the agency during the last year of the Obama administration, has long been a consultant to drug companies and ran a



FORMER "FORMER" FDA COMMISSIONER: DR. ROBERT M. CALIFF IS BACK ON THE JOB

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In the Know

They sound the same. They're almost spelled the same. They're easily confusable. But medically, they're not the same. They're sprains and strains.

Sprain means "the stretching or tearing of ligaments." *Strain* means "an injury to a muscle or to the tissue that connects bone to muscle."

To remember which is which, think "joint" when you hear "sprain" and "muscle" when you hear "strain." That's because sprains involve *ligaments*, which link the bones of *joints*, while strains involve *muscles*. (Strains include *tendons* too, but let's not confuse the reader here.)

With that simple clarification out of the way, we'll write about strains in the future.

For right now, though—for when a little child falls off his electric scooter, lands the wrong way and sprains his ankle and (and we hope it never happens!) worst of all, loses his lollipop—here's everything you need to know about sprains to be... in the know.

DEFINITION AND OVERVIEW

A sprain is a stretching or tearing of one or more ligaments—the tough bands of fibrous tissue that connect two or more bones together at a joint.

While anyone regardless of age group or lifestyle can get a sprain, risk is increased with athletic activity.

The most common location for a sprain is in the ankle. However, falling and landing on the hand can also sprain the wrist. Skiing and other sports can make it likelier to sprain the thumb.

Initial treatment includes rest,

ice, compression and elevation—commonly known by the acronym RICE. Mild sprains can be successfully treated at home. Serious sprains need professional medical intervention. Severe sprains may even require surgery to repair torn ligaments.

SYMPTOMS

Signs and symptoms will vary, depending on the severity of the injury. They may include:

- Pain
- Swelling
- Bruising
- Limited or no ability to move or use the affected joint
- Hearing or feeling a "pop" sound in the joint at the time the injury occurs

CAUSES

A sprain occurs when a ligament is overextended or torn while its joint is severely stressed. Sprains commonly occur in the following scenarios:

- Ankle: Walking or exercising on an uneven surface, landing awkwardly from a jump—essentially, anything that results in falling on the side of the foot
- Knee: Turning or twisting (and usually "the wrong way") in the middle of an athletic activity
- Wrist: Landing on an outstretched hand to break a fall
- Thumb: Overextending the hand when playing tennis or other sports using a racquet

Children have *growth plates*, or areas of softer tissue, near the ends of their bones. Because the ligaments

around their joints are often stronger than their growth plates, children are likelier to get bone fractures than joint sprains.

DIAGNOSIS AND TREATMENT

Upon symptoms of a sprain, the patient should see his or her doctor as soon as possible.

While mild sprains can be treated at home (under direction from a doctor), the injuries that cause sprains can also cause other, serious, injuries like bone fractures, too. For that reason, a doctor should be seen right away if the patient:

- Cannot move the affected joint or put any weight on it
- Has pain directly over the bones of an injured joint
- Feels numbness in any part of the injured area

The doctor will diagnose a sprain by:

- Asking about the injury
- Examining the area of the injury
- Ordering an x-ray to rule out any broken bone(s)

Depending on the injury's severity, the doctor may also order an MRI to look closely at the area of the injury or pain.

There are three Grades, or levels, of sprains: Grade I, Grade II and Grade III.

Grade I sprains consist of:

- Minimal pain and swelling
- Little or no loss of functional ability
- Slight or no bruising
- Little trouble putting weight on the affected joint

Grade II sprains consist of:

- Bruising

ALL ABOUT... SPRAINS

Sources: Mayo Clinic; National Institute of Arthritis, Musculoskeletal and Skin Diseases (NIAMS); American Physical Therapy Association (APTA)



- Moderate pain
- Swelling
- Difficulty putting weight on the joint
- Some loss of function

Grade III sprains are usually severe and happen when the patient completely tears or ruptures a ligament.

In the event of a Grade III sprain, the patient will be unable to put weight on the joint. The patient will also have severe bruising, moderate pain, and swelling.

Primary treatment (Stage 1)

Primary treatment of a sprain generally follows the aforementioned RICE (rest, ice, compression, elevation) formula:

Rest: Firstly, the pain and swelling of a sprain (again, most commonly a sprained ankle) is treated with rest. Doctors will order patients to stay off the injured foot or otherwise not use the injured joint for a good day or two—typically 48 hours. With a sprained ankle, crutches can help the patient get around as needed without putting any pressure on that joint.

Ice: Secondly, ice is prescribed to be placed on the injury. One general rule is to place ice 20 minutes at a time, four to eight times a day. (The purpose of the 20-minute limit is to avoid the possibility of cold injury and frostbite.) Refreezable “cold packs,” which normally should be stored in the freezer for these and other situations, are ideal; wrap the pack in a washcloth to prevent sticking to skin and press lightly against injured area.

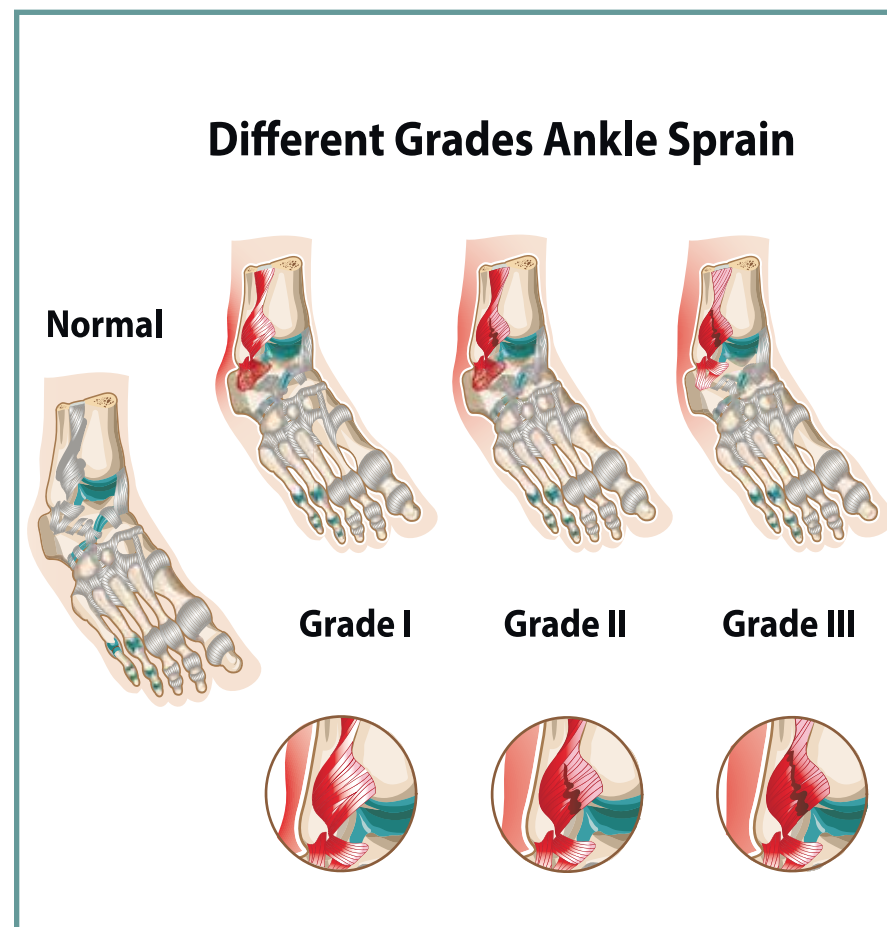
Compression: Thirdly, the injured joint should be *compressed*, or squeezed, with special bandages, boots, casts (including air casts) or splints. The doctor will instruct the patient which one is best for that specific situation and how tight it should be. The doctor will also often provide that item directly instead of having the patient get it at a pharmacy.

Elevation: Fourth and last, the ankle or other injured joint should be put up to rest on a stool, foot rest, chair or pillow. If possible, raising the injured joint above the heart provides the optimal reduction of swelling.

If the sprain is moderate or severe, a hard cast may be called for. Additionally, depending on severity, primary (Stage 1) sprain treatment can also consist of surgery by an orthopedic surgeon who specializes in surgery on the injured joint.

Secondary treatments (Stage 2)

Secondary treatment, which primarily consists of rehabilitation, is centered on the goal of improving the overall condition of the injured



area and restoring its full pre-injury function.

Over-the-counter (OTC) medication: Such over-the-counter pain reducers and anti-inflammatories like aspirin or ibuprofen are commonly prescribed. The doctor will recommend what is best for each individual case.

Exercise: After pain and swelling have subsided (which can take a good few days), the doctor may order the patient to exercise the injured area(s). Such exercises help prevent stiffness and increase strength.

Physical therapy: Often going hand in hand with exercise, the patient may also need physical therapy (PT), which consists of targeted, “surgical” movements that slowly strengthen the injured area(s). Physical therapy, like general exercise, also helps prevent stiffness, improves range of motion and restores the joint’s normal flexibility and strength.

The amount of time needed to fully heal after a sprain depends on two things: The patient and the severity of sprain.

With both exercise and physical therapy, what the patient does—and for how long—depends on the type and severity of the sprain injury. As improvement in the injury is progressively seen, the doctor and/or physical therapist may recommend more demanding exercises to help build strength and regain flexibility.

Important: Give sprains time to heal! With sprains, “easy does it” is the way to go. Never “rush” a healing sprain or otherwise try to return to normal activities or sports too soon.

Doing so runs the very real, and very unfortunate, risk of injuring the again before it’s fully healed—making it take even longer to get better than it would have had the patient not acted prematurely.

Bottom line: Let the doctor tell you exactly how long to wait until the injured joint can be safely moved and/or used again.

PROGNOSIS AND PREVENTION

The amount of rehabilitation that the patient may need and the time needed for recovery after a sprain depend on the severity of injury and how quickly healing happens. Here is what the general timeline may be:

Mild sprain: 3 to 6 weeks

Moderate sprain: 2 to 3 months

Severe sprain: 8 to 12 months until return to full activities

Sprains happen due to accidents, of course—but here’s a bunch of things that can be done to prevent, or reduce the possibility of, such sprain-causing accidents:

- Avoid slippery or uneven surfaces: Rain-slick pavement or “hole-y” or cracked playgrounds can get underfoot and cause “unhappy landings”
- Don’t be fatigued. Tired muscles are less likely to provide good support for your joints. When you’re tired, you’re also likelier to succumb to forces that could stress a joint
- Ensure well-fitted sports gear. Athletic footwear or other sporting

apparel that doesn’t fit right can contribute to the risk of a sprain

- Warm up and stretch before working out: Before starting your fitness regimen, be it a gym workout, sports game or any athletic activity, do five minutes on the treadmill or bike to heat your muscles, making them softer—preparing them for Step 2: stretching, which reduces risk of sprains. In other words: Try to be in shape to play your sport—don’t play your sport to get in shape!
- Get your “muscle brace” on! External joint braces over the ankles and knees are great stabilizers and injury-risk reducers—but the best brace you can give yourself to prevent sprains is your own “muscle brace.” Working to strengthen and condition muscles around your joints is the best long-term and natural way to prevent the injury of sprains.

TEN-YEAR DATA

Ten-Year Data Review by American Physical Therapy Association (APTA) Finds Sprains Most Common Injury

In what authors say is the largest-scale study to date, an analysis of U.S. high-school soccer injuries from 2005 to 2014 reveals that the most common soccer-related injuries among boys and girls were Grade II-III ligament sprains (29.7 percent).

Those injuries were followed by concussions (17.9 percent) and muscle strains (16.1 percent).

Data were drawn from the National High School Sports-Related Injury Surveillance System, High School Reporting Online (RIO), based on a nationally representative sample of 100 schools in the US. The study appeared in the *British Journal of Sports Medicine*.

Most of those injuries resulted in activity time loss of less than one week.

However, some 6.7 percent of them resulted in more than three weeks’ wait before return-to-play.

Furthermore, of the injuries resulting in a loss of play for three weeks or more, the three most common injuries for boys were concussions (17.8 percent), knee sprains (15.5 percent), and ankle sprains (8.9 percent). For girls, however, knee sprains (26 percent) topped the list.

Based on these data, “a re-evaluation of injury prevention programs, especially in girls, should be performed with the goal of more effectively reducing non-concussion soccer injury rates,” the authors wrote. ★

● ► HAMASPIK NEWS



Ahavas Golda



Geared for:
High-functioning girls and
women with special needs

Ages:
5-25

Hours of Operation:

Monday-Thursday
Early program: 4:00-5:15 p.m.
Regular program: 5:15-7:15 p.m.

Sunday:
Early program: 11:00 a.m.- 3:30 p.m.

Regular program: 3:30-5:30 p.m.

Shabbos:
Morning program: 10:30- 11:30 a.m.
Bnos: 3:30-5:30 p.m.

Motzoei Shabbos:
7:45-9:15 p.m.

Location:

4515 New Utrecht Avenue (Boro Park)

To enroll:

Call: 718-387-8400 ext. 5220

Email: SMoskovits@hamaspikings.org

Ahavas Golda is the place to hang out after school, spend time with friends, meet new people, and get ordinary things like homework done in a fun fashion. An atmosphere of acceptance, love, and genuine warmth lends an incredible vibe to the whole program, encouraging the girls to have a good time while developing their skills and talents.

While the place is always happening, the first shift isn't the one when the fun games are played. After a full day at school, the girls want to wind down and relax. They have a snack, some light activities, and enjoy time together in the sensory room. Sprawled out on the bean bags, they hash out their day with their friends and counselors. They often enjoy storytime as well, all while playing with the special sensory items scattered throughout the room. The very air seems to emit relaxation and calm, and indeed, Ahavas Golda is their haven.

At the second shift, a new group of counselors arrive. Each girl enjoys a nutritious supper catered to her unique dietary needs, without their parents having the hassle of making it and sending it over. Whether a girl is on a gluten-free, sugar-free, or starch-free diet, they have their specifications fulfilled.

After supper comes homework, followed by circle time, when each girl feels acknowledged and cared for. Arms linked, they form one unit of friendship and togetherness. It's a time of reading, singing, or sharing, depending on the age and group. Each girl gets to voice her

opinion or comments as everyone else listens with rapt interest.

Job training is another focus at Ahavas Golda, as it teaches the girls hands-on responsibility. At times, each girl gets a shopping list and is responsible to go to the grocery with her counselor, putting all the items together herself. This year, the girls are packaging food boxes for Yad Ephraim, as part of a greater effort to teach them the skills of getting something done from start to completion. Additionally, the girls occasionally serve as counselors in Haktanim, an after-school program for younger kids with special needs. This gives them the opportunity to develop the maturity necessary for taking care of young children. Watching the Ahavas Golda girls employing the method of "hand over hand," encouraging the kids to do the activities on their own, is amazing!

Additionally, in the new Teen Integrated program, girls from various schools in Boro Park will befriend an Ahavas Golda girl. Both groups are looking forward to the friendships that will form.

The girls enjoy different classes each day, centered around the annual theme. Cookie decorating, art, scrapbooking, and more—the girls can sit for hours, decorating, drawing, cutting, and pasting until a beautiful project emerges.

During shape dancing, the girls enjoy doing the dance moves to the instructions of the DVD, but when their exercise

instructor comes down and directs them through a full exercise routine, their delight in the fun created makes them forget the exertion of exercise.

And when it comes to cooking, the girls are on fire! The younger girls get a Betty Crocker and the bigger girls use the oven, and they all get lost in the world of cooking. With the help of their counselor, they cook up a storm nothing short of gourmet.

Then comes Shabbos.

Shabbos is a day of rest for the girls' mothers and a day of fun for the girls. Early Shabbos morning, the counselors pick the girls up and bring them to Ahavas Golda for games and circle time. But it's on Shabbos afternoon that the real activities happen. Whether it's a storyteller, a puppet show, or creative games that surprise the girls each time, Shabbos is something the girls eagerly anticipate.

Being a second home means being open seven days a week. On long Fridays, the program runs on Friday, but for most of the year they have a grand program on Motzoei Shabbos too. Dubbed "game night," the night is spent playing interactive games that involve the girls completely. Often, there's a fun show or entertainment as well.

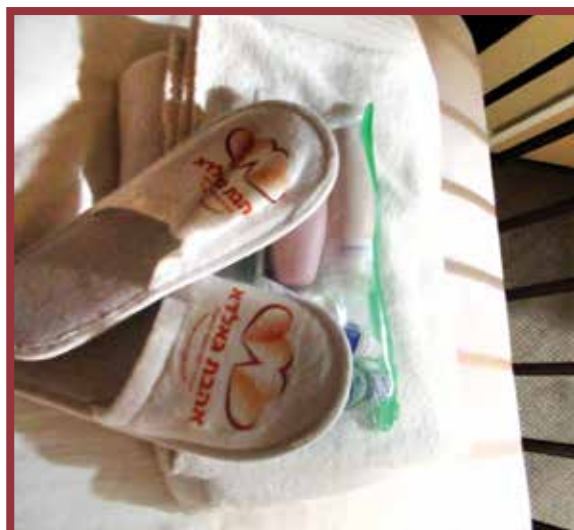
On Sundays, part of the day is dedicated to developing a specific talent, focusing on a different talent each year. Last year, the girls learned to play piano. With special methods, the girls mastered the skills easily and by the end of the

year, they were all able to play a variety of songs. They also go on a trip every other week, visiting places like Fun Station, Liberty Heights, Urban Air, Jewish Children's Museum, and American Dream. No matter the location, Ahavas Golda has a ball every time.

Sunday is a whole day affair at Ahavas Golda.

With a full schedule of action-packed activities, Sunday is the time where they focus primarily on daily living skills. Through fun games, they teach the girls how to handle money, cross the street safely, and maintain proper hygiene. Computer class is another Sunday highlight, as well as the "movement and guitar" class, which includes doing interesting activities to the strumming of the guitar strings. Sometimes, the girls just enjoy a good old *kumzitz*, singing their favorite songs. And new for this year, there's animal therapy, where the girls reap the sensory and emotional benefits of interaction with small animals.

Constantly on the lookout to give the girls the very best, Ahavas Golda is implementing something new this year: a big sister program, where every counselor is paired up with an Ahavas Golda girl to ensure the girls get extra warmth and attention outside the program. The big sisters take their little sisters out shopping, talk to them on the phone, and are just there for them, making each girl feel like there's someone who cares about her as an individual. ★



● ► HAMASPIK NEWS

Interview



Talking with Mrs. Sury Moskowitz, director of Ahavas Golda, one can't help but be inspired. The first program for girls with high-functioning special needs, Ahavas Golda has evolved into a full-scale operation. What's remarkable is that despite the program's tremendous growth, they've managed to retain their signature heart and warmth for each girl. Read on to hear what's behind it all.

What led to the founding of Ahavas Golda?

Years back, I was a counselor at Camp Leebi and I loved every minute, forming a strong bond with Goldy,* the camper I cared for all summer. After camp was over, I missed her tremendously and was desperate to spend some time with her. Before Sukkos, I called her mother, asking if I could take her out on Yom Tov. I still remember the shock in Goldy's mother's voice when she said, "You really *want* to take my daughter out?" There was no such concept at that time. I took Goldy out for an hour and a half, and when I brought her back home, her mother still hadn't gotten over her shock. Seeing what it meant to Goldy's mother, I called a friend and we got together to create a program for Shabbos afternoon. We got some counselors and officially opened shop with five children in a basement.

Looking back, we had no idea what we were doing. We had no training. But we were passionate about our cause and got a lot of guidance from Tova Gittel Wacholder, director of Yaldeinu. Over time, we slowly built up our program. More girls joined, more people got involved, and we started adding more days to the schedule.

Around four years in, we had added almost all days in addition to Shabbos and Sunday, and we were having a hard time covering our expenses. We started fundraising and ran a Chinese auction. It was a lot of work, but we managed to raise sufficient funds to cover our basic expenses. We started

Shabbatons in our second year, doing our first one in Seagate. We had the program in a hall and slept in a boys' dormitory. We worked really hard, doing everything on our own. One year, the Shabbaton took place during a heavy snowfall. That Erev Shabbos, we were out there ourselves, shoveling mountains of snow to make a path from the hall to the dormitory.

A few years later, we started having our Shabbatons in Lakewood, at the home of the incredible Fishel family. We didn't have to buy a morsel of food—they cooked it all! They have a huge house, and we literally took over the place. All we had to do for those Shabbatons was arrange transportation and plan a program. It took a huge load off our heads.

Four years ago, though, we realized we couldn't continue this way. We were having a hard time with transportation, we were working on a shoestring budget, and if we wanted to keep growing, we needed to find another option. So we reached out to Hamaspiik. At that point, Mr. Freund was the executive director and we went down to Williamsburg to discuss the concept of partnering. The process was dragging for weeks, as we had a lot of meetings to ensure the collaboration would work out well. During that time period, Mr. Wertheimer joined Hamaspiik as the new executive director, and the partnership got off the ground.

We discussed each detail of our program, as we wanted to ensure we'd still be able to run our program and be there fully for our kids. Looking back, I can't see why we were concerned, but at that time, we didn't know Hamaspiik up close, and were naturally cautious about that. It took quite a few months for

the partnership to go into effect and get all counselors on board for fingerprinting and legal training.

It took effort until everything fell into place, but it was the best move. Now, Ahavas Golda serves so many more clients, and we have the capability to achieve so much more. We don't have to worry about funds—we can focus purely on what's best for our girls.

What does the tremendous growth involve from the back end?

There are a lot of people working not only in Ahavas Golda, but for Ahavas Golda. Our office staff's work is virtually endless—updating information, following up with parents, communicating with other departments, and making sure every counselor is fingerprinted. Since the counselors are volunteers, spending time on fingerprinting and filling out the necessary documents is an extra hassle for them. We therefore try to make it as easy as possible, even arranging car services when necessary. We have someone who's in charge of training, someone who creates the curriculum, someone who orders and stocks the supplies, and people who coordinate the program, scheduling all the teachers and making sure everything that's needed for that day is there.

Wow. What about in the program itself? Who runs it each day?

We have a wonderful group of devoted counselors. For each group of counselors, there's a group leader who makes sure everything runs smoothly. Furthermore, there's always an on-site supervisor to oversee the day's program. The

supervisors are trained to empower the counselors, rather than stepping into every situation themselves.

I work hand in hand with Tzive Greenwald, who helps me run the program. While we have a full staff of very capable people, we drop by frequently. It's important for us to interact with the girls and counselors, and we enjoy great relationships with each of them.

How do you get the volunteer counselors?

The atmosphere at Ahavas Golda is so warm and exciting that it attracts volunteers organically. We put a strong focus on counselor appreciation, and they know we respect and appreciate them. We want them to have a good time. Even with something as simple as food, we give them full rein. They write down their favorite foods and we make sure to include those things in the next grocery order. Once a month, they receive a trendy, promotional item, and we have a big party twice a year, where we go all out to make them feel pampered.

Additionally, we have two counselors who network for us at the beginning of the year, reaching out to chessed heads and girls from various schools to spread the word. But that doesn't mean we accept whoever applies. We carefully vet each applicant to make sure they're solid girls who'll be a good fit and super successful. We then give the new counselors a full training of what to expect, how it works, how to connect to the girls, and if needed, specific behavioral plans. Our training was developed with a lot of professional input, and we keep tweaking it based on our experiences.

CONTINUED ON PAGE 20 >>

● ► HAMASPIK NEWS

Lev Chaya



Geared for: Girls with special needs
Ages: 6-14
Location: 4515 New Utrecht Avenue
 (Boro Park)

Hours of Operation:
Shabbos:
Bnos: 3:30-5:30 p.m.
Sunday: 3:30-5:30 p.m.

To enroll:
Call: 718-387-8400 ext. 5220
Email: SMoskovits@hamaspikkings.org

Lev Chaya is a brand-new after-school program run under their sister program, Ahavas Golda. Below, Mrs. Surie Moskowitz, director at Ahavas Golda, shares with us whom this program caters to and how it came about.

As Ahavas Golda was growing, I kept getting calls inquiring if girls who were lower functioning could join us. But for the benefit of all, I had to keep to our standards—if a girl wasn't on the level of most of our girls, we couldn't accept them. Not one to turn people away empty-handed, I always recommended different programs geared for lower-

functioning girls.

But the challenge always arose with the girls who fell somewhere in between, not very high-functioning and not low-functioning. While verbal and expressive, they needed more one-on-one attention as well as a calm, relaxed setting. The phone calls weren't letting up, and we couldn't bear the pain of so many people who were literally without any assistance. There was a hole that no one was filling.

Last winter, we finally decided to do something about it. If there was no adequate program for these kids, we'd start one ourselves! While we

were experienced in dealing with girls with special needs, we weren't so experienced with this kind of group. We got someone to guide us in creating the program according to the girls' specific needs. Based on that guidance, the girls are divided into small groups of six, all activities are very hands-on and sensory-based, and we focus a lot on teaching social skills and appropriate behaviors.

We needed very qualified staff, as this group needed more one-on-one support. Baruch Hashem, we found a great counselor who was very enamored of the children, and she

managed to put together a full group of counselors!

Girls and parents alike are enjoying the new program.

The girls love the fact that the activities are catered to them and that they can complete each activity on their level and at their own pace. They're learning a ton and have improved their skills significantly. The parents are thrilled that their kids are well cared for and learning. Some parents are shocked by how much the volunteers love the kids. I often hear the refrain, "The counselor really loves my daughter!" And indeed, it's true. ★

The girls love the fact that the activities are catered to them and that they can complete each activity on their level and at their own pace.

Interview

<< CONTINUED FROM PAGE 19

Baruch Hashem, we've had a lot of siyatta diShmaya in finding the best counselors, and I can really say we have a personal connection with each counselor, group leader, and supervisor. I have an easy time connecting with high school girls—they're so open to exploring new methods and trying different things. The counselors are thrilled to be a part of our incredible atmosphere, and their parents and teachers are happy that it's a very heimishe place.

The counselors gain a lot from being a part of Ahavas Golda. I see the tremendous difference in a counselor who joined us in 9th grade and is now in 11th grade. They really grow and mature in a lot of ways. So many

started with easy kids and are now working with harder kids who can be quite behavioral. It's not just the skills they learned, it's the confidence and level of responsibility that amaze me.

What part of Ahavas Golda's growth surprised you?

By now, Ahavas Golda is huge. I never dreamed we'd be able to provide so many services. When we started, it was strictly Shabbos. Then it expanded to the other days of the week. Now we even do Yom Tov respite. We take the girls on a trip every day of Chol Hamoed, providing them with a fun outing and their families with a much-needed break. We have special parties and get-togethers on Chanukah and Purim, as well. And while we've been doing the Shabbatons since early on,

what we do now is on a whole different level.

What's involved in organizing the Shabbaton?

No Shabbaton has the same program as the one before. You can't imagine how the girls look forward to the Shabbaton and talk about it for weeks on end. Every girl gets individual attention and a time to shine. We make them feel like a million dollars, with a jam-packed, exciting program including popular storytellers and entertainers, all in the beautiful Hamaspik resort. From the calls to the parents to room packages to the program to organizing the counselors—it's a lot to arrange. Every so often, we'll have an in-Shabbos in Boro Park, where we take out the girls from Shabbos morning until an hour

after the zman. It's something that they really enjoy as well.

What do the girls and parents appreciate most about Ahavas Golda?

Ahavas Golda is like a small community—everyone knows each other and there's a spirit of friendship. The girls enjoy a close connection with me and Tzivy Greenwald, as well as their counselors, group leaders, and supervisors.

The parents enjoy the fact that we're almost always open, especially during times that would be challenging to have the girls home. It's also a very personal place; they know we truly care about their child. If there's any crisis going on in a family, we're the first to hear about it. If they need advice about which camp is best for their daughter, we're always happy to help. If their child needs to be placed for Shabbos, we try to help with that too. In short—we're truly their second home. ★



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Status Report

Happening In Hospitals Today

HOW TO FIX U.S. HEALTH DATA, ACCORDING TO DOCTORS

Los Angeles, California — If you want to fix the Big Data that drive hospitals, Medical doctors (MDs) who also specialize in those mammoth systems are generally a good place to start.

And making their case are two credentialed professionals—arguing in a *Los Angeles Times* editorial that the U.S. will not be prepared for future public health crises unless it fixes its outdated and fragmented health data systems.

Penning the op-ed were Ali Khan, MD, the former director of the CDC's Office of Public Health Preparedness and Response, and William Kassler, MD, CMO of Palantir Technologies.

According to Dr. Kassler and Khan, there are three main areas of improvement: One, the establishment of a new comprehensive national data infrastructure that eliminates data silos; \$500 million in annual funding toward public health instead of temporary funding in case of pandemic; and three, data security and privacy.



BIG DATA IS SICK: TWO TOP DOCS DIAGNOSE U.S. SYSTEMS AS NEEDING BIG INTERVENTION

REPORT: IN PANDEMIC'S FIRST SIX MONTHS, 10,000 MEDICARE PATIENTS GOT COVID IN HOSPITALS

Washington, D.C. — According to Medicare records analyzed exclusively for industry analyst Kaiser Health News (KHN), over 10,000 Medicare patients got covid in a U.S. hospital from April

through September of 2020 after they were admitted for other things.

According to the data, about 21 percent of such patients tragically lost their lives.

On average, about 1.7 percent of U.S. hospitalized covid patients were diagnosed with the virus in U.S. hospitals, according to the analysis of Medicare records.

The review of work-safety records, medical literature and interviews with staff at high-spread hospitals points to why the virus took hold: Hospital leaders were slow to appreciate its airborne nature, which made coughing patients hazardous to roommates and staff, who often wore less-protective surgical masks instead of N95s. Hospitals also failed to test every admitted patient.

GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) TESTIFIES ON STATE MEDICAID

Albany, New York — New York State's premier hospital industry group, the Greater New York Hospital Association (GNYHA), recently presented testimony before the New York State Assembly Committee on Health. The Committee was conducting a hearing on the state Medicaid program's efficacy and sustainability.

According to GNYHA, in 2019 alone, Medicaid covered 733,000 inpatient discharges, 12 million outpatient clinic visits, one million emergency room visits, and 340,000 ambulatory surgery visits in member hospitals.

However, "New York State has vastly underfunded the Medicaid program over the last decade," according to GNYHA. "For instance, Medicaid covers on average only 70 percent of hospitals' cost of caring for Medicaid beneficiaries, resulting in hospital financial losses of more than \$5 billion from treating Medicaid patients... To make up the difference and stay afloat, hospitals must, if they can, negotiate higher rates with commercial insurers to cover the losses from public programs."



SUPREME LOSSES: HOSPITALS ARE ARGUING AGAINST MEDICAID DRUG REIMBURSEMENT CUTS

HOSPITAL GROUP ARGUES AGAINST MEDICAID DRUG-PRICE CUTS BEFORE U.S. SUPREME COURT

Washington, D.C. — When the federal government reduced in 2018 how much Medicaid reimburses certain hospitals for certain drugs, those hospitals lost billions of dollars.

Or so the American Hospital Association (AHA) claims.

The AHA, representing a number of its member hospitals, took the case all the way to the United States Supreme Court, which heard arguments over the situation this past December.

The case revolves around so-called 340B hospitals, or facilities that participate in the federal 340B program—which the AHA defines as the stretching of "limited federal resources to reduce the price of outpatient pharmaceuticals for patients and expand health services to the patients and communities they serve."

The opening arguments debated whether the precise wording of the law gives or doesn't give Medicaid the authority to lower 340B drug prices.

PATIENTS ACTIVELY USING ONLINE PORTALS DISCHARGED FROM HOSPITALS FASTER: DATA REVIEW

Verona, Wisconsin — If you are actively involved in your health by checking your *patient portal*, the

personal medical information account provided by companies like MyChart and others, you're likelier to get discharged faster from the hospital in cases of COVID-19 or heart failure—or so says a new study.

Patient records on those two diagnoses, among the top reasons for hospital admissions, were reviewed recently by the Epic Health Research Network (EHRN), the in-house healthcare think tank run by the Wisconsin-based electronic health record giant Epic.

Data scientists at EHRN found that patients with active MyCharts had average hospital stays a half-day to full day shorter than those without. The

largest reduction (just over a day) in the length of a stay was among COVID patients ages 65 to 74.

Organizations might feel confident discharging a patient early if they know they can monitor them using the patient portal from home, the study noted.

RESEARCH FINDS HOSPITALS CHARGE PRIVATE INSURANCE UP TO SIX TIMES MEDICARE'S PRICES FOR 13 RADIOLOGY SERVICES

Baltimore, Maryland — So a patient getting an MRI brain scan before and after *contrast*—you know, the medical dye they inject patients with that shows up on scans—may be billed up to \$1,788 for that scan.

If the patient has private insurance, that is.

If the patient has Medicare, by contrast (no pun intended), Medicare will pay the same hospital a fixed rate of \$446 for the exact same procedure.

That difference in procedure price, plus a long list of others, was brought to the fore recently by joint researchers at Johns Hopkins University and Michigan State University. Breaking through the opacity frequently surrounding the price of most specific hospital medical procedures and treatments, they found that U.S. hospitals commonly charge private-insurance patients about two to six times more than Medicare patients for 13 common hospital radiology services. ★



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Now Hear This: Hearing Loss for Seniors Major Life-Quality Issue—but Aids Help

Today's Technology More Powerful, Comfortable Than Ever

Regarding getting hearing aids, it seems there is a social stigma and vanity issue that affects otherwise-cooperative candidates. After all, people look at hearing aids as a sign of weakness or defectiveness, or are believed to do so. This belief is especially common among seniors, who often resent feeling “less than” after a lifetime of dignity and independence.

The truth, however, is that hearing aids are merely very useful tools to maximize overall quality of life; no one has an issue with wearing glasses when needed, so why should there be any issue with wearing a hearing aid?

Hearing loss is a major health and quality-of-life issue for seniors—but many ignore the early signs of hearing loss and don't get their hearing tested. Many who even have hearing aids refuse to wear them because they say the hearing aids are uncomfortable or create a “buzzing” sound. Many seniors lose their hearing aids or say there is no point in wearing them because “they don't help enough.” Further, while some seniors concede that hearing aids are helpful, they protest that the best ones are “too expensive” as “insurance doesn't always pay for them...”

Still, hearing loss is considered a

major disability which can result in decreased quality of life for seniors. Hearing loss is caused by advanced age, working or living in a noisy environment, viruses, or frequent ear infections. Some medications can also cause loss of hearing. Hearing loss also affects balance, which puts seniors at a greater risk of falls.

Social effects of hearing loss are also a problem because they cause social isolation; seniors with hearing loss are unable to take part in conversations with others because they can't hear what's going on—leading to loneliness, depression and a diminished quality of life. (One senior

reported that when she says “What?” twice but still can't hear what's being said, she just pretends she did...)

If you or someone you love is having trouble hearing or saying “What?” too often, it is time to get that checked out! Having a hearing aid is not a sign of weakness or defect, but rather, about being smart about increasing quality of life and safety for yourself or your loved one(s). ★

Contact Hamaspik HomeCare's Intake Department at 845-503-0700 to see if you or your loved one qualifies for a home health aide (HHA). Having an HHA aide can help seniors regularly take their medications and improve overall quality of life for you or your loved ones.

When Push Comes to Shovel

Seniors Can Most Protect Their Hearts by Not Clearing Away that Winter Snow

When lots of snow falls, just about the first thing everyone wants to do is to enjoy it—well, at least most people.

But just about the last thing you want to do when lots of snow falls is to get outside and start shoveling it—especially if you're a senior.

The cold “heart” fact is that shoveling snow and other means of snow removal, including pushing a heavy snow blower, can raise heart rate and blood pressure far faster and more dramatically than many other types of exercise.

Shoveling raises the pulse and blood pressure from resting to racing very quickly, so shoveling snow for seniors can be dangerous. This is especially true for seniors with co-morbid conditions like preexisting high blood pressure, high cholesterol and/or narrowed coronary arteries; these conditions already put seniors at significant risk for heart attack.

The strain of lifting and tossing heavy, wet shovelfuls of snow can trigger heart attacks by breaking off

plaques from the insides of blood vessels; those plaques then block coronary arteries. Ruptured plaques can also form blood clots that then cause heart attacks. But what's more, being out in the cold can also cause vasoconstriction, or the narrowing of blood vessels. Vasoconstriction in turn reduces blood flow—making it harder for the heart to pump. And with all of that, bundling up heavy clothes can add weight and make all your muscles work harder.

Now you might be thinking, “But my heart health is good! I haven't been diagnosed with any coronary artery disease! I've never had heart failure!” But even if you've never had any such thing, you still have to be careful when it snows. Here's how to protect your heart in the snowy winter.

Lighten up that load

Again, it's best to not shovel snow in the first place. But if you must, scoop and lift thin and small shovelfuls, not fat and large ones.

Want to shovel after a good meal?

“Snow” way!

After a heavy meal, let food settle for an hour or two before heading outside. Because the heart works harder to pump blood to the digestive system after a meal, adding strenuous physical labor while digesting is not good for the heart.

Nip that cold weather

To minimize vasoconstriction, limit exposure to biting cold. Choose

to exercise indoors if possible.

Know signs of trouble

Chest discomfort isn't the only sign of a possible heart attack—so can be sweating, weakness, shortness of breath or nausea. If these last 15 minutes or longer, seek medical attention immediately. ★

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**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



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