



The Hamaspik Gazette

News of NYSHA
Member Agencies
and General Health

NOVEMBER '23 • ISSUE NO. 216



GAZETTE SURVEY

The GAZETTE asks YOU:

DID YOU HAVE CHICKENPOX AS A CHILD?

A: YES; A: NO

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



HEALTH STAT

MORE POKES, LESS POX

Percentage of U.S. youth having chickenpox, 2007-2016

Ages	2007	2016
4-11	16.1%	4.2%
12-17	61.4%	14.2%

Source: Morbidity and Mortality Weekly Report (MMWR), Dec. 2017, CDC



HEALTH TIP

DON'T SCRATCH THAT ITCH!

Chickenpox is rarer than ever—but should its itchy (but otherwise largely harmless) blisters strike, here's how to treat that skin: 1. Cold compresses; 2. Oatmeal baths; 3. Honey, baking soda or apple cider vinegar; 4. Neem or jojoba oil; and 5. Calamine lotion. (Also, wear mittens to avoid scratching.)

Sources: DrAxe.com, HealthLine.com

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Services Provided by NYSHA MEMBER 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.

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.

RESPIRE:

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: Full day respite program during the summer break weeks.

Respite 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 Getaways: A weekend retreat for individuals receiving respite services.

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.

ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

Assistive Technology: Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

E-Mods: Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

V-Mods: Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

DOH

EARLY INTERVENTION (EI)

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

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

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

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

Ongoing Service Coordination (OSC): Provides ongoing support for families of children enrolled in the Early Intervention Program.

NURSING HOME TRANSITION AND DIVERSION (NHTD)

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

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

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

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

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

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

TRAUMATIC BRAIN INJURY (TBI)

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

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

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

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

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

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

SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes. Made possible by Orange county OFA/ NYS OFA.

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.

Home Health and Personal Care Services (HHA/PCA): Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

NHTD/TBI Home & Community Support Services (HCSS): 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 (RN): Providing skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

HHA/PCA Training: Free PCA/HHA training and competency testing offered for those interested in a home care career.

CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

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.

NYS HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

US AND NYS AGRICULTURE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

NYSSED 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

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.

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

BOE

THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

KINDERVILLE

A summer camp for individuals approved for OPWDD services.

OMH

SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

OMH/DOH

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 ages 0-21 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

Care Manager Moves Mountains, Pulls Strings to Ease Naturalization Process for Client

Care Manager Reschedules Mother's Naturalization Date Before Client's 18th Birthday, Giving him Citizenship Process Free of Disability-Challenging Exam

An individual on the caseload of TCC Care Manager Mrs. Rina Friedman, of the agency's Five Towns/Long Island office, was just under the age of 18. High-functioning enough to be aware of mild intellectual disability hindering his daily life, he reached out to Mrs. Friedman one recent day to inform her that he was slated to take the standard U.S. immigration and naturalization test to become a citizen—but, due to his disability, was having difficulty. He said that he'd have to take the oral and written exams unassisted—which, he explained, was not feasible.

Could Mrs. Friedman help?

To preface, the gentleman's mother had recently completed her own U.S. citizenship process—with only the

formal completion ceremony missing. Under current law, immigrants' under-18 minor children can become U.S. citizens under their parents' process without the aforementioned solo tests. Thus, the young man's only option was to join his mother in her citizenship completion, so as to eliminate the need for those exams.

What's more, the mother was planning to travel overseas mid-month—but her son's 18th birthday was at the end of the month. Also, her naturalization ceremony was already scheduled for well after his birthday. This meant two things would have to happen: Mom's naturalization ceremony would need to take place earlier, and she'd have to cut her trip

short to finalize her citizenship for her son's sake in time.

Despite the call being well outside typical scope of work, Tri-County Care got to work.

Following that initial phone call, Mrs. Friedman tapped the collective wisdom of employee diversity across the agency. Not surprisingly, Mrs. Friedman was shortly suggested by Japhe Deliat, Tri-County's VP of Diversity and Staff Development, to reach out to the Office of New Americans (ONA), a New York State-run immigration advocacy program. Upon contacting that Albany-based office, the Care Manager was graciously urged by an ONA Developmental Disabilities Navigator, to have the family's immigration attorney

reschedule Mom's naturalization date to before her son's birthday.

Three days of call-and-e-mail dialogue later, plus one competent lawyer, a drastically shortened trip, and a mother's loving heart, a new date was secured.

Mere days after that, the gentleman—along with his mother—became an American citizen.

"It was intense. My heart broke for this individual when he called me directly asking for help," Mrs. Friedman e-mails the *Gazette*, asked how she felt. "I feel very satisfied I was able to advocate and help this individual avoid more paperwork, headaches and stress. I am soo happy for him and his family!" ★

● ► HEALTH NEWS

Delta Air Lines Developing New Seat for Air Travelers Who Use Wheelchairs

Folding Seat, if Approved, to Boost Air Access to Travelers with Disabilities

Hamburg, Germany — Among the many innovations and ideas on display at the annual Aircraft Interiors Expo (AIX) was one that didn't just turn heads but which, if mainstreamed, would lock wheels: Those of power wheelchair users rolling their motorized chairs right to their designated onboard seats.

The prototype wheelchair seat basically consists of an ordinary commercial airline passenger seat whose cushion folds up against the seat back, like a theater seat or folding chair.

The resulting floor space allows a user of a motorized wheelchair to park the wheelchair there.

The benefit of the innovation is multifold: For one, it would allow a power wheelchair user to remain in his or her own personal device, and not have to switch out to the bulky and unwieldy manual wheelchairs commonly seen at airports for transportation of passengers with disabilities. Secondly, it allows said users to drive directly onto the aircraft and head directly to their assigned spots.



OPENING GATES OF FLIGHT: DELTA'S PLANNED NEW ACCESSIBILITY SEAT ON ITS FLIGHTS WILL ALLOW PASSENGERS USING WHEELCHAIRS TO CONVENIENTLY ROLL ON AND OFF AIRPLANES

But downsides are multifold, too: The modified seat can currently only be placed toward the front of the

aircraft, since most airplane aisles are usually too narrow for wheelchair passage. For the same reason, the

number of modified seats per aircraft is also limited.

Additionally, reported travel-tip outlet The Points Guy, it's also possible that the seat never makes it to market. "New seat designs are often displayed," the outlet wrote, "that never appear on an actual aircraft due to reasons like poor economics, safety considerations, regulatory difficulties or limited practical application."

The prototype was designed by Delta Flight Products, a wholly owned subsidiary of the airline that designs and creates cabin interiors for Delta and other airlines, in collaboration with the United Kingdom-based consortium Air4All. ★

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Happening in Health Today

SMART SURGICAL IMPLANT COATINGS PROVIDE EARLY FAILURE WARNING, PREVENT INFECTION

Champaign, Illinois — Newly developed 'smart' coatings for surgical orthopedic implants can monitor strain on the devices to provide early warning of implant failures, say researchers at the University of Champaign-Urbana in Illinois.

The coatings can simultaneously kill infection-causing bacteria.

Researchers found that the coatings prevented infection in live mice and also mapped strain in commercial implants applied to sheep spines—warning of various implant or healing failures ahead of time.

Both device failure and infection are major problems with orthopedic implants, each affecting up to ten percent of patients.

Inspired by the naturally anti-bacterial wings of cicadas and dragonflies, the Illinois team created a thin foil patterned with nanoscale pillars like those found on the insects'

wings. When a bacterial cell attempts to bind to the foil, the pillars puncture the cell wall, killing it.

EXPERIMENTAL DEVICE RETRAINS BRAIN TO CANCEL OUT RINGING IN EARS

Ann Arbor, Michigan — A clinical trial of a non-invasive device, conducted by University of Michigan researchers and published in *Science Translational Medicine*, seems to offer effective treatment for tinnitus (ringing in the ears).

The device sends out alternating bursts of sounds and mild electrical pulses via headphones and electrodes placed on the neck and head.

Volunteers in a 16-week experiment used the device for 30 minutes daily for four weeks, took a four-week break, and then used a similar device that only emitted sounds, but no shocks, for another four weeks—and then another four-week break. A control group did the same schedule but started instead with the sounds-only device, then the sounds-and-

shocks device.

Volunteers reported less, and less-noisy, tinnitus when using sounds-and-shocks device compared to the sounds-only device.

HOW CHRONIC STRESS DRIVES THE BRAIN TO CRAVE COMFORT FOOD

Sydney, Australia — Stress can override natural satiety cues to drive more food intake and boost cravings for sweets, found researchers at the Sydney, Australia-based Garvan Institute of Medical Research.

According to the scientists, stress combined with calorie-dense "comfort" food creates changes in the brain that drive more eating, boost cravings for sweet, highly palatable food and lead to excess weight gain. The changes occur in a part of the brain called the *lateral habenula*, which when activated usually dampens these reward signals.

In mouse experiments, researchers found that the lateral habenula, normally involved in switching off

the brain's reward response, was silent when the mice were chronically stressed—allowing the reward signals to stay active and encourage feeding for pleasure.

SKIN PATCH SHOWS PROMISE FOR TODDLERS WITH PEANUT ALLERGY

Chicago, Illinois — A global Phase 3 clinical trial found that a year-long immunotherapy through a skin patch safely desensitized toddlers with peanut allergy, lowering the risk of a severe allergic reaction from accidental exposure.

Results of the randomized, double-blind, placebo-controlled trial for children 1-3 years of age, funded by DBV Technologies, were published in the *New England Journal of Medicine*.

"Children who originally reacted to a small fraction of a peanut were able to tolerate the equivalent of one to four peanuts after completing the treatment course," said co-author Melanie Makhija, MD, who was the principal investigator of the study at Chicago's Lurie Children's Hospital. "Importantly, we found that the peanut patch was safe, with very low chances of a severe allergic reaction. This is terrific news for families of kids with peanut allergies."

ANTIBODY TREATMENT COULD FIGHT RARE-BUT-DEADLY BILE DUCT CANCERS

New York, New York — Cancer-treatment drug experiments at New York's very own Memorial Sloan Kettering Cancer Center have found that experimental drug zanidatamab produced significant response in 41 percent of patients with a kind of cancer called *HER2-driven bile duct cancer*.

In patients treated by the experimental drug, tumors shrunk by an average of one-third. By comparison, only five to 15 percent of bile duct cancer patients respond to chemotherapy.

The median duration of response for the treatment was also found to be 12.9 months.

The findings were simultaneously shared at the recent annual meeting in Chicago of the American Society of Clinical Oncology and published in *The Lancet Oncology*.

Bile duct cancer is a relatively rare cancer, with an estimated 8,000 new cases diagnosed in the United States each year, according to the American Cancer Society. ★

NEW EXPOSURE-THERAPY TRIAL EFFECTIVELY DESENSITIZES CHILDREN WITH PEANUT ALLERGY

Aurora, Colorado — According to new study published in the *New England Journal of Medicine*, *epicutaneous immunotherapy* (delivering allergen via repeated applications to the skin) works best in desensitizing children to peanuts.

Specifically, the study found that 12 months of carefully controlled exposure of children aged one to three years with peanut allergy provided optimum desensitization.

The study, at the University of Colorado School of Medicine in Aurora, involved a total of 362 children with peanut allergy. They were randomly split into two groups—one receiving epicutaneous immunotherapy via peanut patch (intervention group) and the other a placebo.

Twelve months of daily immunotherapy with a patch



★ **THAT'S NUTS!** AN EXPERIMENT SLOWLY ACCLIMATED ALLERGIC CHILDREN TO PEANUTS

containing approximately 1/1000 frequency of desensitization than the use of placebo, the study found. ★

בס"ד

☎️ Caller @ 7:30 PM

“
No one knows my secret. People think we run a smooth ship. If only they knew. I am sure no one in my קהילה is experiencing as much hopelessness and pain as I do. No one will understand me.

WHERE DO I BEGIN?

**INTEGRATED
 HEALTH
 IS THE ANSWER.**

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

FREE FOR ELIGIBLE MEDICAID MEMBERS.



INTEGRATED
 HEALTH

A Hamaspik initiative.
 Available to mainstream Medicaid members, 21+ years, with chronic medical or behavioral conditions.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

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

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

● ► HAMASPIK NEWS

A Barrier-Breaking Vacation for Fosse

Group Home Residents Enjoy Empowering Experiences

Hamaspik of Rockland County's Fosse Shvesterheim residence for women has long been run under the excellent leadership of Manager Mrs. Landau and equally-excellent staff.

At the group home's most recent vacation getaway, planned for months, the individuals not only enjoyed three full days away from home filled with fun activities, but—at least for two residents—also experienced personal breakthroughs that broke barriers in their personal lives.

Over the months before the vacation, Mrs. Landau and staff sporadically asked charges what of activities they'd enjoy. "What we try to do is ask all the residents what they would like to do and where they'd like to go," she tells the *Gazette*, "and then we try to incorporate a piece of everything."

And incorporate most requests was what Fosse staff did on this vacation—from visiting a petting farm to a local bowling outing and from a backyard barbecue to the popular Legoland regional venue.

The vacation began on a Monday morning as an agency van quickly filled up with excited residents, staff, coolers filled with foodstuffs, as well as other supplies. Soon, the entire party was underway to upstate Goshen, New York—where the group would be enjoying its first vacation activity at Legoland.

There, Mrs. Landau discovered that the every attraction at the park is fully disability-accessible—a fact as thrilling to staff as it was to a Fosse resident who'd never been on a Ferris wheel in her life. Mrs. Landau thought that she'd have "aged out" of such thrills—but, she reports, "she loved it!"

Following a 1:00 p.m. lunch on site and the rest of the day on rides, the Fosse group left LegoLand for a 6:30 p.m. dinner at Dougie's, a Woodbourne, New York restaurant. With that squared away, the group rolled on to Swan Lake, another Catskills town, where the group home had rented a villa for three days.

Settling into their digs, the group unpacked, relaxed and enjoyed the private hot tub, followed by fresh marshmallow s'mores. They were tucked into bed by caring staff at 9:45 p.m. for a good night's sleep to energize them for the next day.

By 10:45 Tuesday morning, the



GATE TO INCLUSION: FOSSE GUESTS HERE WERE PLEASANTLY SURPRISED TO FIND ACCESSIBLE RIDES ACROSS THE BLOCK-BASED THEME PARK



ALL PACKED UP AND READY TO GO: THE RESIDENTS' SUITCASES AND FOOD AWAIT LOADING

individuals had been gently roused by staff and supported through their morning showers, hygiene and medication—and a delicious, nutritious breakfast. Now they found themselves at the Dome, an indoor attraction and arcade in Monticello, New York centered on a virtual-reality (VR) "roller coaster ride."

Lunch followed that mind-blowing 3-D experience at pizzeria in the Dome's same mall.

The Fosse group then drove ten miles west to the Starlight Marina, where they rented a pontoon boat for two hours out on the tranquil waters.

At 5:30 p.m. that afternoon, back at the rented villa, the group enjoyed another barbecue dinner with burgers, franks, salads and all the works. The group bundled up in the van yet again, this time to go... bowling! A 20-minute hop west to the Villa Roma Resort in Callicoon soon had the individuals presiding over bowling pins for a fun evening out.

The vacationers were back home at the villa by 8:30 for bedtime routines. Another grand day of fun was yet to come.

After the same morning routine as the previous day, the "girls" found

themselves on the road again—this time to the Breezeway Farm Petting Zoo located just north of Monticello. There, besides petting various farm animals, the visitors also rode the Zoo's horse and buggy.

One of Fosse's residents generally presents with a highly-reserved profile, uncomfortable and uncommunicative around unfamiliar people or scenarios and not having much of a social life. Yet here, Manager Landau excitedly reports that the precious girl instantly bonded with an unthreatening and irresistible little puppy—with whom she spent ample time petting. The friendly young beagle seemed to know exactly what it was doing.

The rest of the vacation's last day consisted of pizza lunch back in Monticello, ceramics painting in Pine Bush some 30 minutes east, and then a couple of rides at The Castle Fun Center 23 miles down the highway en route back home.

The highlight of the vacation, according to Mrs. Landau, was not any one specific activity but rather, the overall change of pace and scenery.

However, of even greater significance may be the personal breakthroughs experienced by the two aforementioned residents. From getting down on the ground with a new animal friend with no preconceived notions to rising into the sky for a lifetime first, those individuals' personal new milestones reflected new joy not just in their lives but in their fellow residents, too. ★

Driven by You



When we saw you needed a hand, we arranged the services you needed to get through it. When you had a question, we found answers. And when you're going through challenging times, we're right there with you.

Yours, truly.

Boro Park: 4102 14th Avenue
Williamsburg: 44 Lee Avenue
Five Towns: 76 Columbia Avenue
718-387-8400 // HamaspikKings.org



HAMASPIK
CENTER FOR HUMAN SERVICES
המספיק
מרכז עזרה לצרכי הציבור

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Happenings around Hamaspik

Scene from the Grapevine



A GOOD SIGN: KEDEM'S ROADSIDE WELCOME BECKONS GUESTS TO TASTE THE GOOD LIFE



A TASTE OF ROYALTY: HAMASPIK ROCKLAND'S SHAAREI BINAH PROGRAM CHECKS OUT THE TASTING ROOM (L), AND TOURS THE STATE-OF-THE-ART WINE PRODUCTION FACILITY (R)



Hamaspik Kings Opens Serene Respite Home in Seagate

Hamaspik of Kings County has once again underscored its commitment to families and their loved ones with developmental disabilities by inaugurating a luxurious respite home in Brooklyn's exclusive waterfront community of Seagate.

This initiative creates a haven for up to 20 individuals, offering them an enjoyable stay in a serene setting while ensuring their families receive well-deserved respite. Helmed by experienced Direct Support Professionals and devoted community volunteers, the residence assures families that their loved ones are in safe, capable hands.

The timing was ideal.

While caring for those with special needs is often rewarding, it may also be taxing. Over long Yamim Tovim, when routine is disrupted, and there are additional demands on mothers, the difficulties are exacerbated.

Great effort was expended to ensure that the home would be ready before Succos so it could immediately begin providing families with respite and special needs individuals with a memorable Yom Tov experience.

In true Hamaspik style, every detail was considered, from beautiful furnishings and wall decor to a fridge filled with delicious food. Special credit goes to Mr. Chezky Tabak, respite home program supervisor, under whose direction the preparations were made and completed in time for Yom Tov.

While it is anticipated that weekdays will see an average occupancy of 10 individuals, over Shabbosim and Yamim Tovim, the home will be used at full capacity, enabling as many people as possible to enjoy this excellent addition to the wide variety of services Hamaspik offers. ★

Hamaspik of Rockland County's Shaarei Binah Program Visits Kedem Wine Factory

Wine is perhaps the central theme, at least culinarily speaking, of the three holidays of Pesach (Passover), Shavuot (Pentecost) and Sukkos (the "Feast of Tabernacles"), the beloved "Three Festivals." With dining rooms bedecked in holiday finery as the family comes home from shul (synagogue) on the eve of each, a good bottle of wine—or at least the more-aristocratic grape juice—has a central, critical place on each table.

That was the idea behind Yeshivah Shaarei Binah's recent educational effort to teach its students what goes into the making of the Three Festivals. With wine being so central, a trip was taken up from Monsey's Spring Valley neighborhood, home to Shaarei Binah, to upstate Marlboro, New York, home to the Kedem Winery. That multipurpose facility is owned and operated by Baron Herzog, the

winemaker and distributor that is Kedem's parent company.

Touring the state-of-the-art facility, the visitors were walked through the entire process of how raw grapes, relatively-freshly plucked from the wild (often on the same day that the process begins, actually), are transformed into wine or at least grape juice.

From transfer of large quantities of fresh grapes from transport trucks straight into giant hoppers, and from there—for grape juice—to juice-squeezing machines, sieves, filters and pasteurizers, or to fermentation vats for wine, the gentlemen got a first-hand view of where the grape juice or wine on their holiday tables actually comes from.

As a personal gift, the gentlemen each went home with a bottle of grape juice. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Field of Sweet Dreams

Men's Day Hab learns about honey-making first-hand

The gentlemen of Hamaspiik of Orange County's Men's Day Habilitation (Day Hab) program traveled all the way from Orange to Rockland County in the run-up to Rosh Hashanah to visit Monsey's West Maple Farm, home to the Rockland Honey branded bottles sold locally—and home to the beehives from which that honey originates.

First walking across the rustic, grassy farm grounds, the gentlemen were shortly donning protective white bee suits—sting-proof gloves, jackets, netted hats and all. In those distinctive outfits, the gentlemen almost looked like astronauts.

A few minutes later, the "astronauts" were shown the beehives—stacked boxy structures with recessed handles for quick and easy opening and dismantling. The equally "bee"-suited proprietor removed said cover to expose a row of vertically-stored rectangular frames coated with honey.

Using a specialized tool to pry one

frame out, he lifted it out to expose a rectangle crawling with bees, all busily tending to the hive. He pointed out specific insects, explaining how the hive works as a whole.

Standing around fascinated, the gentlemen each got to hold one of the active beehive frames. (Guess we can say that the bees "bee"-haved!)

Next escorted to the farm's honey-making facility, they took in shelves of bottled fresh honey, ready to be distributed to local supermarkets, and a centrifuge that extracts honey from the beehive frames. Part of that tour also had them take in the process of manufacturing beeswax.

The boys shortly posed with freshly-filled honey bottles.

Upon leaving, they collected complimentary souvenirs of little straws of fresh honey to take home and enjoy.

Their sweet experience, at the end of the day, was sure to invoke a sweet New Year. ★

Grounds for Exponential Growth

Hamaspiik Orange Buys Field, Facility for Future Events

Things are always growing at Hamaspiik, with the field of special-needs supports always growing. Now, Hamaspiik of Orange County has literally acquired a field on which to further grow its programming for people with special needs.

The recently-purchased new building and property is in nearby Central Valley, a town eight minutes by car from the agency's central Administration Building in Kiryas Joel.

Formerly an auto-parts seller, its main room features a soaring double ceiling, and an actual Volkswagen Beetle mounted vertically on one wall—which will stay because the children to visit the facility will enjoy looking at it, says longtime staffer Mrs. C.M. Landau.

Most importantly, though, the full property comprises some 4.5 acres—well over four football fields.

To preface, Hamaspiik of Orange County's After-School Respite (ASR) Program, dubbed KidClick, has been

a popular community staple for years. While its spacious classrooms are sizable enough for indoor activities, it also involves plenty of outdoor activities, especially in spring and summer—for which grounds at 1 Hamaspiik Way are limited.

As a result, after months of searching, Hamaspiik Orange Executive Director Moses Wertheimer located a property checking all boxes: relatively close by, large-enough indoor space, and ample undeveloped outdoor acreage.

The new location will become KidClick's new home—but most importantly, a brand-new "Hamaspiik territory" on which to host community carnivals, day camp activities and more.

Best of all, no more renting expensive outside facilities or grounds, along with having to arrange transportation to and fro. Here, besides being a gem for the Camp Neshoma program, the outdoor field belongs to Hamaspiik! ★

"Bizzy"-bodies



IN THE HONEYMAKING FIELD: THE GENTLEMEN OF THE HAMASPIK OF ORANGE COUNTY MEN'S DAY HAB AMIDST THE BEEHIVES OF WEST MAPLE FARM AND ITS SWEETEST PRODUCE



COMBING FOR EVIDENCE: HANDS FULL OF EXPERIENTIAL LEARNING FOR THIS VISITOR



ALL BOTTLED UP: CHECKING OUT THE END RESULT OF FRESHLY-HARVESTED HONEY



KIDS, I SHRUNK THE HONEY: A HAMASPIK VISITOR CHECKS OUT THE FARM'S FARM-FRESH SELECTION OF READY-TO-BUY HONEY PRODUCTS, IN A VARIETY OF FLAVORS AND BOTTLES

Building for the Future



RAISING THE ROOF ON RESPITE: AFTER MONTHS LOOKING, HAMASPIK OF ORANGE COUNTY FINALLY FOUND THE FUTURE HOME OF ITS KIDCLICK AFTER-SCHOOL RESPITE PROGRAM

The Autism Update

News and developments from the world of research and advocacy

TO BETTER UNDERSTAND BRAIN DISEASE PROCESSES, PARTICULARLY AUTISM, LAB GRAFTS HUMAN BRAIN CELLS ONTO MOUSE BRAINS



BRAIN DISEASE OR BRAIN-CELL MALFUNCTION: WHICH COMES FIRST? USING LAB MICE, SALK INSTITUTE SCIENTISTS NOW KNOW

La Jolla, California — Microglia are the brain's "maintenance crew" cells—serving as an immune system to keep infectious invaders out, as well as repair damage and clean up debris.

But when they're not working normally, does that cause brain disease (for example, autism)? Or does the brain disease (like autism)

cause the microglia to not work normally? The question is especially intriguing because microglia cells in people with autism are known to be in a more-active state far more often than in neurotypical people.

To help answer that question, lab researchers at the La Jolla, Calif.-based Salk Institute grafted clusters

of human microglia cells onto the brains of lab mice, to observe how microglia might develop in a modified environment.

To summarize complex science in plain English, researchers found evidence that the brain disease (here, autism), causes microglia malfunction. ★

higher rates of more traditional forms of anxiety like social anxiety, generalized anxiety and separation anxiety. But counseling can help, experts say.

SCIENTISTS DISCOVER FOUR SUBTYPES OF ASD

New York, New York — Ongoing research by Weill Cornell Medicine has discovered four distinct subtypes of autism spectrum disorder (ASD) based on brain activity and behavior. By using machine learning to analyze neuroimaging data, the researchers identified four distinct patterns of brain connections—each exhibiting unique brain connection patterns and behavioral characteristics.

The identified subgroups exhibited variations in verbal ability, social communication, and repetitive behaviors.

The researchers observed differences in brain circuitry between the subgroups, with some brain networks showing atypical connections in opposite directions. The study also identified specific genes linked to autism that explained the unique brain connections observed in each subgroup.

By identifying subgroups within ASD, it may be possible to assign individuals to therapies that are best suited to their specific needs.

STUDIES SHOW HIGHER RATES OF PHYSICAL, MENTAL CONDITIONS IN OLDER ADULTS WITH AUTISM

Stockholm, Sweden — While a lot of research continues to focus on autism in children, much less effort goes toward studying adults with autism.

As it turns out, older adults with autism can experience a host of physical and mental ills as they age, new research shows.

According to two studies presented at the recent International Society for Autism Research (INSAR) conference, older adults with autism face higher physical risks like heart failure—but also mental-health issues.

In the physical health study, researchers reviewed data on people born between 1932 and 1967 in Sweden—following them from age 45 through the end of 2013.

They found that those with autism had higher risks of a range of conditions.

In the second study, researchers reviewed data from a survey of 428 adults aged 40 to 93.

The second study found that those with autism had lower quality of life, more mental health problems and less social connection.

AVERAGE AUTISM DIAGNOSIS DELAYED BY OVER TWO YEARS

Philadelphia, Pennsylvania — It takes a child with autism an average of two years to obtain a formal diagnosis, new research concludes.

The research, led by Dr. Whitney Guthrie of the Children's Hospital of Philadelphia (CHOP), found that an autism diagnosis occurred, on average, almost 27 months after an initial developmental screening. The findings were published in the *Journal of Pediatrics*.

The findings may explain why the average age at diagnosis has stalled at four years old since 2000, despite 2007 recommendations from the American Academy of Pediatrics (AAP) to screen all children at 18 and 24 months old.

The findings are especially significant because other autism research has found that the earlier the diagnosis, the earlier the intervention—and the better the long-term results.

According to Dr. Guthrie, demand for evaluations eclipses available resources, partially causing the delay.

GIRLS WITH AUTISM LIKELIER TO BE DIAGNOSED WITH ANXIETY DISORDERS

Davis, California — Boys are four times likelier than girls to be diagnosed with autism spectrum disorder (ASD).

But now, a new study shows that girls with ASD are likelier than boys to experience anxiety alongside it.

"Autistic females have higher rates of anxiety disorders than autistic males, especially in presentations of anxiety that are distinct to autism and may be more challenging to identify," said study author Christine Wu Nordahl, director of the Autism Phenome Project at the University of California (UC) at Davis.

For the study, 112 children with autism (89 boys and 23 girls) underwent brain scans when they were toddlers and at three other time points.

Parents were also interviewed when their children were nine to 11 years old.

Girls were found with overall higher rates of anxiety than boys, as well as

LEADING AUTISM JOURNAL RETRACTS CONTROVERSIAL STUDY

New York, New York — Two years after a study raised the hackles of numerous autism researchers, the parent company of the journal that published it has finally issued a formal retraction.

Springer Nature, the publisher of the respected *Journal of Autism and Developmental Disorders*, cited methodological issues and undeclared conflicts of interest as reason for the retraction.

The paper in question, published in the *Journal* in July of 2021, was entitled "Autism Tsunami: the Impact of Rising Prevalence on the Societal Cost of Autism in the United States." It attempted to forecast autism prevalence and related costs in the United States by Year 2060, but was criticized for using questionable math to arrive at its conclusions, as well as for its authors having ties to a rejected theory on autism's cause. The paper was also critiqued for a perceived insinuation that people with autism are a growing burden on society. ★

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► HAMASPIK NEWS

Hamaspik Sukkos Spirit Across New York

Thousand Enjoy Agency's Grand Community Family Outings



A SUKKOS SPIN: ONE OF MANY FUN RIDES

When you're part of Hamaspik, whether you're an individual with disability, member of a family affected by disability, or an employee, you're family—and across the huge community events hosted this past Sukkos by Hamaspik, in the air was the unmistakable feel of family.

From Long Island to the Hudson Valley, the thousands of people with special needs supported by Hamaspik, along with their beloved parents and



INFLATED RESULTS: ONE OF MANY AIR-FILLED "BOUNCE HOUSES" AT THE ROCKLAND EVENT

siblings, and their devoted Hamaspik staff, reveled in the holiday spirit at large-scale community outings hosted by the agency.

Hamaspik of Rockland County marked the "Chol Hamoed" middle days of the seven-day Sukkos holiday with its annual and much-sought-after outing, a Hamaspik tradition for years now.

This year, as in recent years, thousands supported by Hamaspik's numerous programs in Rockland converged yet

again on the Joseph T. St. Lawrence Community Center, a comprehensive indoor/outdoor complex in Hillburn, New York. In support of the Hamaspik disability community, not to mention the community at large, the Town of Ramapo and its involved officials graciously provided the facility to Hamaspik free of charge, working with the agency to make the event happen.

In attendance were residents of Hamaspik Rockland's Individualized Residential Alternative (IRA) group homes, attendees of the agency's several Day Habilitation (Day Hab) programs, and beneficiaries of its After-School Respite (ASR), Community Habilitation (Com Hab) and Early Intervention (EI) programs.

Likewise in attendance were youths of various ages below 18 who benefit from Hamaspik of Rockland County's Comfort Health program—the agency's Health Home program that supports mainstream children who have behavioral and medical diagnoses.

Present along with all of the above were hundreds of parents and siblings of the youths supported by Hamaspik—altogether creating a community and crowd numbering in the thousands.

Guests began arriving shortly after 10:30 a.m. under perfectly balmy blue skies and the most cooperative weather. Whether by shuttle buses arranged by Hamaspik or by private car, each presented the tickets that had been mailed to them by Hamaspik a week prior to gain entry.

Cheerfully greeting everyone at the front gate was Hamaspik's very own Mrs. Esty Schonfeld, backed by a team of Hamaspik employees. A team from Chaverim, the community volunteer safety patrol, helped direct traffic both vehicular and pedestrian in the front gate



ROCK ON: CLIMBING TO A FUN CONCLUSION

area and on the two-lane road in front of the Center. Also on scene throughout was Hamaspik Rockland's Project and Event Coordinator Avrohom "Avrumy" Markowitz, who'd been critical in pulling the event together.

Once on the complex's grounds, a grand day of fun and games for guests in many shapes and forms unfolded.

To the left, a giant indoor domed tennis center had been transformed into a theater of sorts, where a ventriloquist put on a great show. That same space also featured an exciting show featuring live monkeys, in which the trained primates performed feats of amusement and entertainment for the crowd of mostly-young children and their parents. Additionally, throughout the day, one of the entire event's most popular draws was the face-painting stations, at which little girls (and some boys!) sat down before several professional make-up artists to have their countenances decorated with butterflies, tigers or other fanciful imagery. Those children were later seen throughout the day across the grounds in substantial numbers, giving other attendees (including this writer) a sense of how popular the face painting was.

On the other side of the giant football field, inside the complex's indoor basketball court, ample tables filled most of the room—at which guests could, and did, paint their choice of ceramics to take home. Throughout the day, dozens of children could be seen putting brush to paint and then to their handiwork, decorating an array of available pieces in hues and shades suiting their fancy. Also in the cavernous room was a long row of tables at which event staff handed out a selection of snacks, drinks and other consumables—all of which could be then enjoyed in the giant sukkah Hamaspik

CONTINUED ON PAGE 13 >>

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● ► **HAMASPIK NEWS**

Sukkos Spirit

<< CONTINUED FROM PAGE 12

had set up on that building's other side.

A little further past the sukkah was a colorful array of mechanical rides, on which gleeful guests spun, turned, slid, bumped or otherwise rode their way through an exhilarating day.

At the same time, all along one side of the field was an equally-colorful array of inflatable “bounce house” attractions—a series of air-filled obstacle courses, slides, ball pits and more on which children were seen bouncing and climbing all day long. Also in that area was a petting zoo, with several enclosures allowing guests to pet rabbits, llamas, goats, sheep and even a snake and lizard. The petting zoo likewise offered young guests rides on two live horses.

Later in the day, an exciting motorcycle stunt show took place next to the tennis dome. Two giant ramps—one for “take-off” and the other for “landing”—dominated a large asphalt space marked off by metal fencing. Inside that arena, two professional riders took turns launching at significant speed off one ramp, hurtling through the air to land on the other—but not before executing various spectacular maneuvers.

Music throughout the day filled the air courtesy of a live deejay, whose kosher music mix on a loudspeaker system



MONKEYING AROUND: A PROFESSIONAL HANDLER AND HIS PRIMATE FRIEND PERFORMS

generated an upbeat atmosphere.

After a long day of fun and games, guests exited past tables laden with “Goodbye Packages,” where they collected small trinkets, toys, and more snacks and drinks to enjoy at home. Mothers, fathers, siblings and, of course, individuals, went home feeling that Hamaspiik had once again tended to their every need—not just their disabilities or challenges but their needs as mainstream, integrated members of the community as a whole.

Hamaspiik of Kings County, in the form of its huge and explosively-growing constituent body, rented out the entire Adventureland amusement

park in Farmingdale, Long Island for an entire day of exclusive community fun. Thousands of individuals of all ages, along with their beloved parents, family members and/or caregivers, were seen enjoying Adventureland's dozens of rides throughout the sunny and warm day.

Over 3,000 people filled the historic Ritz Theatre in Elizabeth, New Jersey on the second “Intermediate Day” of the Sukkos holiday for a grand performance by the popular Langsam & Feldman comedic duo.

The Hamaspiik crowd consisted of individuals from Hamaspiik of Orange County's multitudinous programs, as well as those supported by Comfort Health

of Orange County. Of equal importance were the caring fathers and mothers and loving brothers and sisters, who joined their beloved family members for an evening of laughter, entertainment and inspiration. The event brought palpable joy to the supported families, who felt tenderly catered to throughout—from the comfortable transportation from and to home, not to mention the warm welcome extended personally to each arrival by professional staff.

The performance, a clever blend of drama and comedy, had its exclusive Hamaspiik audience in stitches throughout.

The theme of the performance revolved around resolving interpersonal conflict—replacing feuding with peace. Cleverly enough, the two performers—seemingly completely out of character for their beloved public personas—publicly ejected a community member who had been asked to join them on stage, only later to call him back in at the end of the show and apologize to him for embarrassing him in public. It was at that point that the crowd realized that the young man had been in on the stunt from the get-go, as the “ejection” had merely been part of the themed performance in the first place, meant to drive home the point of how powerful a personal and meaningful apology can and should be.

After two hours of laughter, guests headed out for home, with snacks from Hamaspiik to enjoy on the way. ★

● ► **HEALTH NEWS**

Massive Military Personnel Study Links Parkinson's with Chemicals in Drinking Water

San Francisco, California — Take just over 170,000 personnel at one U.S. military base. Compare their medical records to just under 170,000 personnel at another U.S. military base. Discover that the rates of Parkinson's among retired personnel are far higher at the first base. Now, throw in the fact that the drinking water at the first base was contaminated for years with a chemical called trichloroethylene (TCE). See the connection? Researchers at the University of California San Francisco (UCSF) and the San Francisco Veterans Affairs Medical Center certainly did.

In a major study published in *JAMA Neurology*, UCSF's Prof. Samuel Goldman authors evaluated health records for 172,128 Marines and Navy personnel who had lived at Marine Corps Base Camp Lejeune (North

Carolina) for at least three months from 1975 to 1985, comparing them with 168,361 personnel who had lived at California's Camp Pendleton base during the same time. Demographics were similar in the two groups.

Evaluated personnel who had lived at Camp Lejeune during that window had a 70-percent higher rate of Parkinson's disease compared with those who lived at Camp Pendleton.

What's significant about the data review is that, from 1975 to 1985, the drinking water at Camp Lejeune had been contaminated with an industrial solvent called trichloroethylene (TCE) and other volatile organic compounds. Trichloroethylene has been used since the 1920s to degrease metal, decaffeinate coffee, and dry clean clothes. It has been linked with Parkinson's and other diseases in earlier research.

In fact, at the time industrial contamination was discovered in the mid-80s, the median monthly level

of TCE in Camp Lejeune's drinking-water wells had been 70 times higher than permissible. ★



THE PRICE OF SERVICE? A STUDY LINKS PARKINSON'S WITH MILITARY-BASE WATER POLLUTION

Public Health and Policy News

SUPREME COURT'S TALEVSKI VERDICT CEMENTS FEDERAL MEDICAID RIGHTS

Washington, D.C. — Section 1983 is an obscure section of federal law that governs state contracts with the federal government.

Section 1983 also says that if such contracts produce benefits to citizens, such as state-federal Medicaid contracts, then it gives certain federal rights to citizens—and that states can be sued if they violate those rights given to citizens.



GETTING IT RIGHT: A RECENT U.S. SUPREME COURT RULING CEMENTS MEDICAID RIGHTS

That was the crux of *Health and Hospital Corporation of Marion County v Talevski*, a recent Supreme Court case that drew a surprising 7-2 verdict for Talevski.

The late Gorgi Talevski of Indiana had been a progressively-worsening dementia patient in a state-owned nursing home. His family sued Indiana for violating his rights of freedom from restraints and arbitrary transfers under Medicaid's Federal Nursing Home Reform Act (FNHRA).

In siding with his family, the high court also cemented federal Medicaid legal rights.

U.S. HEALTH SPENDING TO GROW, STABILIZE POST-COVID EMERGENCY: REPORT

Washington, D.C. — According to public-health journal *Health Affairs*, national expenditures on healthcare will be resuming its traditional growth of 5.4 percent a year with the declared end of the Covid-19-related Public Health Emergency (PHE).

That growth will continue up through Year 2031, *Health Affairs* reports.

At the same time, healthcare will account for roughly 20 percent of the total U.S. economy by the end of that period.

Additionally, partially as a result of record-high Medicaid enrollment during Covid and enrollment drop post-Covid, the insured share of the population is anticipated to settle at around 90 percent.

What's more, says *Health Affairs*, the Inflation Reduction Act of 2022 is anticipated to lower out-of-pocket spending for Medicare Part D enrollees beginning in 2024 and to result in savings to Medicare beginning in 2031.

GOVERNMENT LAUNCHES NATIONAL CANCER REGISTRY FOR FIREFIGHTERS

Atlanta, Georgia — Serving as a firefighter, next to being a police officer, is among the most dangerous public-service jobs in the U.S.—but, as it turns out, not for the same reason.

Because various studies have found increased risk of certain cancers in firefighters due to the smoke and hazardous chemicals released by burning materials, the CDC has now



THE FIRES OF WORK HAZARDS: THE CDC'S NEW CANCER REGISTRY FOR U.S. FIREFIGHTERS IS TRACKING INCIDENCES OF THE DISEASE, TO BETTER UNDERSTAND ENVIRONMENTAL FACTORS

launched the National Firefighter Registry for Cancer.

Operated by the National Institute for Occupational Safety and Health (NIOSH), a CDC division, the new registry is “the largest effort undertaken by the nation to support and advance understanding of cancer in the fire service,” says a CDC statement.

By capturing details about firefighters' work, the new registry aims to help scientists better understand the link between cancer and firefighting to ultimately improve firefighter health.

ANTI-POVERTY PROGRAMS MAY HELP REDUCE DISPARITIES IN CHILD BRAIN DEVELOPMENT AND MENTAL HEALTH SYMPTOMS IN CHILDREN, STUDY FINDS

Boston, Massachusetts — According to a Harvard University-led study of federal public-health data, states that provide stronger social safety nets have lower socioeconomic disparities in the brain development and mental health of children nine to 11 years old.

In fact, the disparity in brain structure between children from high-versus low-income households was more than a third lower in states with greater cash assistance than in those offering less, researchers found. What's more, the disparity in mental health symptoms was reduced by nearly a half.

The study, published in *Nature Communications*, demonstrates that the disparity can be mitigated state anti-poverty programs like Earned Income Tax Credit, Temporary Assistance for Needy Families (TANF, a.k.a. Food Stamps), and Medicaid.

CDC WARNS ABOUT MEXICAN 'MEDICAL TOURISM' MENINGITIS OUTBREAK

Atlanta, Georgia — Medical tourism, or travel to foreign countries for treatments frequently not available in the U.S. for various reasons, has been around for decades. Countries commonly associated with medical

tourism include China, various Eastern European democracies, and Mexico.

Many of these treatments are provided by Western-trained physicians who practice abroad due to less regulation.

However, the flip side of less regulation can sometimes mean less patient safety—as was recently the case with an outbreak of meningitis at two clinics in Matamoros, Mexico.

According to the CDC, anyone who had procedures under epidural anesthesia in the River Side Surgical Center and Clinica K-3 in Matamoros from January 1 to May 13, 2023, is potentially exposed, at risk for fungal meningitis, and should visit their nearest ER to be tested for fungal meningitis.

NEW FEDERAL RARE-DISEASES PROGRAM CELEBRATES ONE YEAR OF OPERATION

Silver Spring, Maryland — The Accelerating Rare disease Cures (ARC) Program, a project of the U.S. Food and Drug Administration (FDA), recently marked its first year of serving the public.

The ARC program, a subdivision of the FDA's Center for Drug Evaluation and Research (CDER), helps bridge the gap between the complexities of rare disease drug development and the pressing needs of patients.

One year later, ARC has emerged as a conduit for empowering patients, patient advocates, drug developers, and academic researchers to harness their collective experiences and expertise to drive progress.

More specifically, the ARC Program helped launch the Learning and Education to Advance and Empower Rare Disease Drug Developers (LEADER 3D) program, which identifies the hurdles in bringing rare disease products to market.

According to the federal National Cancer Institute (NCI), there are about 7,000 “rare diseases”—which are defined as “affecting fewer than 200,000 people in the United States.”★

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In the Know

So, what is a bunion?

Well, here is how the American Podiatric Medical Association (APMA) defines it:

“A bunion is commonly referred to as a ‘bump’ on the joint at the base of the big toe... that forms when the bone or tissue at the big toe joint moves out of place. The toe is forced to bend toward the others, causing an often painful lump of bone on the foot. Because this joint carries a lot of the body’s weight while walking, bunions can cause extreme pain if left untreated. The... joint itself may become stiff and sore, making even the wearing of shoes difficult or impossible.”

The famous Mayo Clinic, for its part, defines a bunion as occurring “when some of the bones in the front part of your foot move out of place... [which] forces the joint at the base of your big toe to stick out.”

The word *bunion*, adds the APMA, comes from the Latin “*bunio*,” meaning enlargement. It can also occur on the outside of the foot along the little toe, where it is called a “*bunionette*” or “*tailor’s bunion*.”

The precise cause of bunions is still debated among podiatrists, or doctors who specialize in the foot—meaning that it is not specifically and exclusively caused by the tight/pointy designs that tend to dominate women’s footwear. However, all podiatrists agree that such shoes are bad for the feet; if they don’t directly cause bunions, they certainly exacerbate conditions and further their eventual development. Meanwhile, here’s everything you’ll need to know about bunions.

DEFINITION AND CAUSES

According to the APMA, bunions form “when the normal balance of forces that is exerted on the joints and tendons of the foot becomes disrupted. This disruption can lead to instability in the joint and cause the deformity.”

More specifically, “Bunions are brought about by years of abnormal

“

ACCORDING TO THE MAYO CLINIC, “THERE ARE MANY THEORIES ABOUT HOW BUNIONS DEVELOP, BUT THE EXACT CAUSE IS UNKNOWN.”

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motion and pressure over the *metatarsophalangeal* (MTP) joint”—the joint at the base of the big toe. Therefore, explains the APMA, bunions are “a symptom of faulty foot development and are usually caused by the way we walk and our inherited foot type or our shoes.”

Although bunions tend to run in families, the APMA continues, it is the foot type—not the bunion—that is passed down. “Parents who suffer from poor foot mechanics can pass their problematic foot type on to their children, who in turn are prone to developing bunions,” its official text reads. “The abnormal functioning caused by this faulty foot development can lead to pressure being exerted on and within the foot, often resulting in bone and joint deformities such as bunions and hammertoes.”

Other causes of bunions are neuromuscular disorders, or congenital deformities, the APMA says. “People who suffer from flat feet or low arches are also prone to developing these problems, as are arthritic patients and those with inflammatory joint disease.”

But while it’s often inherited nature that causes bunions, it’s also sometimes nurture—meaning, how we take care of (or don’t take care of) our feet. That’s why foot injuries are also among bunions’ causes, according to the APMA, as well as occupations that place undue stress on the feet are also a factor; certain dancers, for instance,

often develop the condition.

Wearing shoes that are too tight or cause the toes to be squeezed together is also a common factor, one that explains the high prevalence of the disorder among women.

According to the Mayo Clinic, “there are many theories about how bunions develop, but the exact cause is unknown.” Mayo’s list of “likely factors” includes inherited foot type, foot stress or injuries, and deformities present at birth.

“Experts disagree on whether tight, high-heeled or too-narrow shoes cause bunions or whether footwear simply contributes to the development of bunions,” Mayo continues. “Bunions might be associated with certain types of arthritis, particularly inflammatory types, such as rheumatoid arthritis,” it concludes.

Risk factors

- High heels. Wearing high heels forces your toes into the front of your shoes, often crowding your toes
- Ill-fitting shoes. People who wear shoes that are too tight, too narrow or too pointed are more likely to develop bunions
- Rheumatoid arthritis. Having this inflammatory condition can make you more likely to develop bunions
- Heredity. The tendency to develop bunions might be the result of an

ALL ABOUT... BUNIONS

Sources: American Podiatric Medical Association (APMA), Mayo Clinic



inherited problem with the structure or anatomy of your foot

Complications

Possible complications of bunions include:

- Bursitis. This painful condition occurs when the small fluid-filled pads that cushion the bones near your joints become inflamed.
- Hammertoe. An abnormal bend that occurs in the middle joint of a toe, usually the toe next to your big toe, can cause pain and pressure.
- Metatarsalgia. This condition causes pain and swelling in the ball of your foot.

SYMPTOMS

Bunion symptoms include:

- Development of a swelling, callus or firm bump on the outside edge of the foot, at the base of the big toe
- Redness and/or swelling at or near the MTP joint
- Constant or intermittent pain at or near the MTP joint
- Development of hammertoes or calluses under the ball of the foot
- Corns, calluses or other irritations caused by the overlap of the first and second toes
- Restricted, limited or painful motion of the big toe

DIAGNOSIS AND TREATMENT

Your podiatrist can identify a bunion by examining your foot. After the physical exam, an X-ray of your foot can help your doctor determine the best way to treat it.

In some cases, bunions will not require medical treatment. But while bunions often do require professional treatment, there are several things you can do at home without a doctor to help relieve and treat the condition. Regardless of severity or stage of bunion, the general rule is that a bunion should always be treated by a professional if there is pain or lack of movement involved, or even if you can't find a pair of shoes that fit properly and comfortably anymore.

Home treatment

- Change those shoes! Head to your nearest shoe store and swap out your existing footwear for roomy, comfortable shoes that provide plenty of space for your toes. They should especially have a wide and deep toe box.
- Avoid high-heeled shoes over two inches tall.
- Apply a spacer pad between the big toe and second digit.
- Apply a commercial, non-medicated

bunion pad around the bony prominence.

- If a bunion becomes inflamed and painful, apply ice packs several times daily.
- Medications like acetaminophen (Tylenol, others), ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve) can help control bunion pain.

Professional treatment

If you think you have a bunion, you should see a podiatrist. Bunions tend to get larger and more painful if left untreated and can lead to further complications. Your podiatrist can help determine appropriate next steps that are right for you.

With professional treatment, the most important rule is: the earlier the bunion is diagnosed, the better the treatment options and the better the outcome.

As such, the primary goal of most early treatment options is to relieve pressure on the bunion and halt the progression of the joint deformity to help prevent further long-lasting complications. Also, treatment options

your doctor first before applying ice.

- Medication: Cortisone injections and anti-inflammatory drugs are often prescribed to ease the acute pain and inflammation caused by joint deformities.
- Physical therapy: This is often used to provide relief of the inflammation and bunion pain. Ultrasound therapy is a popular technique for treating bunions and their associated soft-tissue involvement.
- Shoe inserts (orthotics): Padded shoe inserts may be useful in distribute pressure evenly when you move your feet, controlling foot function, reducing symptoms and preventing worsening of the deformity. Over-the-counter supports can provide relief for some people; others require prescription orthotic devices.

Surgical options

When conservative treatments fail, or when the bunion progresses past the threshold for such options, podiatric surgery may become necessary to relieve pressure and repair the toe joint.

cutting the bone and realigning the joint. In some cases, the bones of the affected joint will be joined together permanently so that the joint will no longer bend.

While some patients will possibly be able to walk on their treated foot right after a surgical procedure, full recovery can take weeks to months. Additionally, swelling and some discomfort are common for several weeks following surgery. Pain, however, is easily managed with medications prescribed by the podiatrist. The podiatrist will want the patient to have a satisfactory and speedy recovery, and it can be achieved by carefully following the postoperative instructions that you have discussed prior to and immediately after surgery.

Prognosis

To prevent a recurrence, you'll need to wear proper shoes after recovery. For most people, it's unrealistic to expect to wear narrower shoes after surgery.

PREVENTION

Again, because bunions are overwhelmingly caused—or at least aided and abetted—by the abundance of footwear (especially women's footwear) that puts fashion well above function, the No. 1 rule for preventing bunions is: *don't wear uncomfortable shoes—no matter how they look!*

In fact, the very best thing you can do is go to a podiatrist while you're relatively young to get a professional evaluation of your feet—and what specific type of shoe would be best for that foot type. (Even better is to take your children to the podiatrist when they're young teenagers.) This way, you (and your young adults) will know what type of feet you have—i.e. "wide," "flat," etc.—and thus which type of shoe will best support (or not support) that type of foot.

Doing so will save you (and your children) from a lifetime of long-term development of bunions and/or other foot problems.

There are some steps (no pun intended) that may help prevent, or at least slow, the progression of bunions:

- Choose shoes carefully: Avoid shoes with a narrow toe box; ensure there is space between the tip of the longest toe and the end of the shoe. Your shoes should conform to the shape of your feet without squeezing or pressing any part of your foot.
- If your foot flattens excessively, make sure you wear supportive shoes, and if necessary, get custom orthotics from your podiatrist.
- See your podiatrist at the first signs or symptoms of a bunion deformity, as early treatment may stop or slow its progression. ★



THE MOST IMPORTANT RULE IS, THE EARLIER THE BUNION IS DIAGNOSED, THE BETTER THE OPTIONS AND THE BETTER THE OUTCOME.



depend on the type and severity of each individual situation.

Meanwhile, here are several treatments that may be recommended by the podiatrist:

- Padding and taping: Often the first step in a treatment plan, padding the bunion minimizes pain and allows the patient to continue a normal, active life. Taping helps keep the foot in a normal position, thus reducing stress and pain. This step is for acute symptomatic pain and so may help if the patient is not a candidate for surgery. This method is not a definitive or preventive solution.
- Applying ice. Icing a bunion after you've been on your feet too long or if it becomes inflamed can help relieve soreness and swelling. If you have reduced feeling or circulation problems with your feet, check with

Surgery is not recommended for cosmetic reasons, notes the Mayo Clinic. It should only be resorted to only "when a bunion causes you frequent pain or interferes with your daily activities."

Several surgical procedures are available to the podiatrist, with "no one technique is best for every problem," says Mayo. The surgery will help to reduce the bony enlargement, improve the alignment of the toe joint, and alleviate pain. The decision to pursue surgery takes into account the patient's age and/or health status and the goals of treatment to determine the correct treatment plan.

- Bunionectomy: A simple bunionectomy, in which only the bony prominence is removed, may be used for less severe deformities.
- Bone cutting/realignment: Severe bunions may require a more involved procedure, which includes

● ► HAMASPIK NEWS

Hamaspik's early intervention department
plants hope and nurtures potential



first step to a

BETTER

TOMORROW

Mrs. Chana Baila Horowitz is the dynamic director of the early intervention department. She launched and grew the department from its conception less than two years ago to the thriving department it is today, servicing dozens of children each week.

Early Intervention Part II

The People & the Process

SERVICE COORDINATION

The evaluation is sent off, and the service coordinator takes the reins again, with the goal of obtaining the maximum services possible for the client.

If the child meets the requirement of eligibility for services, the service coordinator arranges a meeting with the parent, service coordinator, and the EIOD (early intervention official designee), who is the city's representative. At the meeting, a

plan is drawn up, with the EIOD deciding how many hours of services the child is entitled to receive.

The dedicated service coordinators prepare for the meeting, wanting to make the best case for the child to receive the maximum hours. And many times, they succeed in obtaining more services than the EIOD was originally inclined to give.

"I was at a meeting recently for a baby with Down syndrome," Mrs. Horowitz says. "The EIOD was willing to give the baby speech therapy, OT,

and special instruction — that's developmental therapy — only once a week.

"The service coordinator spoke passionately on the baby's behalf, explaining that it's not in the child's best interests to limit the therapy in that way. And the EIOD changed her mind."

Once the hours are set, the service coordinator collaborates with Miss Yocheved Biller, staffing coordinator, to find the right therapists for the child.

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First Step to a Better Tomorrow

Hamaspiik's Early Intervention Program

“The service coordinators are key to the parents receiving the services their child needs. They’ll fight for the child all the way, whether it’s by representing them at the meeting with the EIOD or working with the staffing coordinator to find the right therapist”

“It’s like being a shadchan,” Miss Biller says. “You have to find the right provider for each family, and there aren’t a lot out there. What makes it more challenging is that we’re under enormous time pressure: we have just fourteen days after approval to fill the caseload.”

What makes this even more daunting is that parents often have specific requirements and requests because, after all, the therapist will be working in their home.

“Some only want *frum* Yidden, and some specifically request a therapist from outside the community,” Miss Biller says.

Recently, she worked on a case in which parents of a very medically challenged child wanted specific providers they had heard about.

“We told them it’s not easy, as these providers are booked solid, but if that’s what they really want, we’ll do it,” Miss Biller recalls. “It took time, but we were able to get them the therapists they were asking for.”

Since the early intervention department has grown so fast, Mrs. Horowitz and Miss Biller are constantly looking for new therapists to join the team. The department even has its own dedicated recruiter, Mrs. Esther Flohr (see sidebar). They’re also currently in the middle of a huge hiring campaign to onboard expert therapists, so that the staffing coordinator and service coordinators have a larger pool of therapists to work with.

Even once therapy begins, the service coordinator’s role isn’t over.

“The plan is set for six months, but we always tell parents that if they feel they need more therapy, we can apply to add hours. And if you’d like your baby to receive a different type of therapy, we can send in a new evaluator,” Mrs. Horowitz says.

Because babies change so quickly, the grant has to be renewed every six months. The service coordinators keep up to date on the progress reports from the therapists, and at the meeting, the parents and service coordinator will once again make a strong case for why the child should receive more services if that’s what’s needed.

“The service coordinators are key to the parents receiving the services their child needs,” Mrs. Horowitz says. “They’ll fight for the child all the way, whether it’s by representing them at the meeting with the EIOD or working with the staffing coordinator to find the right therapist.”

CONTINUED ON PAGE 20 >>



Always in My Bag

Therapists share some secrets from their toolbox

I always have with me...

- ♥ Bubbles! It always gets the child’s attention, no matter the age.
- ♥ Music. I run my sessions with a lot of music and song.
- ♥ Puppets! Children love to reach for them.
- ♥ My Batelle Developmental Inventory kit with specialized toys to help babies with developmental delays.
- ♥ Nesting cups. They’re so versatile. A younger child can bang them together, an older one can stack and problem-solve.
- ♥ Popup toys. They’re fun and great for fine motor skills.
- ♥ A crayon and a piece of paper! I’ll use this for babies from fifteen months old.
- ♥ A ball is great for moving, tracking, playing.
- ♥ A puzzle, to do with toddlers.

Bet you never thought I’d need a...

- ♥ Box of rice! It’s an amazing tool, I can hide a toy inside and have the child look for it, label what it is, enjoy the sensory stimulation...
- ♥ Cheerios. I use them in place of beads if that’s what the parent has at home.
- ♥ I don’t really have anything unusual. The point is to use everyday objects and toys, so that the parents can continue the therapy work at home.



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First Step to a Better Tomorrow

Hamaspik's Early Intervention Program

<< CONTINUED FROM PAGE 19

And the parents feel like their service coordinator truly cares.

"One mother called a service coordinator after the Shabbaton because she'd lost something there. She knew the service coordinator would do whatever she could to help," Mrs. Horowitz related.

"The service coordinators are so loving and warm," Mrs. Englander says. "I once went to evaluate a baby girl in a rehab center. She needed a home, and Hamaspik wanted her evaluated ASAP so that Mrs. Shari Schiff, the service coordinator, could send out the paperwork literally the next day. Why? Because they were finding the baby somewhere to live, and they wanted her set up with services *the very day* the foster parents would take her home."

THERAPY

The services are in place, and the child begins receiving therapy, in whichever areas he needs: OT, PT, speech, nutrition, feeding, or special instruction. (A baby with a complex medical condition may receive several or all of these therapies).

The early intervention therapist does the sessions in the child's home, mostly in half-hour slots.

Using toys and other techniques, the therapist works both with the child and with the parents, teaching them how to work best with the child to build his skills. For example, they'll suggest toys that will develop the child's capabilities or demonstrate how to encourage the baby to move in a way that will build his muscles.

The different modalities focus on all areas of the child's development.

Physical Therapy: PT refers to physical functioning (gross motor skills: walking, moving

arms and head, and so on). Some babies come with torticollis, a head tilt, and just need therapy to correct that and expand their range of motion. A more medically involved child might need physical therapy to help them support their weight, lift their head, crawl, walk... everything.

Occupational Therapy: OT includes fine motor skills and sensory integration, and is usually only given to babies and toddlers over one year old. While PT focuses on trunk control and helps the child learn to move around, OT teaches the child how to pick things up with their fingers, hold a spoon, take off socks, and so on. If a child has sensory impairment, OT will work on helping the child learn to handle different textures and sensory stimuli.

Speech Therapy: Speech therapy focuses on

language, both speaking and understanding. How many words does the child say? Does he speak clearly? Can he hear you, and does he understand what you're saying?

If there's a hearing impairment, it's often the speech therapist who will pick up on it.

Feeding Therapy: While most babies learn naturally how to suck, some don't. Often, this means the child is on a feeding tube, and the goal of a feeding therapist is to wean him off the tube and enable him to eat certain foods. A feeding therapist is also important for a child with low oral muscle tone, common in children with Down syndrome. Their mouth muscles are weak, so they struggle to put their lips together, to put their tongue back to swallow, and so on. The feeding therapist helps build the strength in these muscles.

Nutrition: When it comes to very medically fragile children, a nutritionist works hand in hand with the feeding therapist to ensure that the child's weight is healthy, especially when the baby was born with low birthweight or is fed by feeding tube only. Nutritionists work to introduce some oral feeding if possible, weigh the child, and change meal plans if the child isn't gaining weight.

Special Instruction: This is developmental therapy, and the goals are customized to the child. Very often, these therapists will work with the behavioral issues, or set up a routine, help with sleep or potty training, and teach the parents how to handle various behaviors. They'll play games with the child to teach play skills, and work on helping the child in whichever areas they're experiencing delays.

While the therapists work on building skills, they also actively support parents, many of whom are young or first-time parents.

"While we're here to teach them how to help their babies thrive, I often leave feeling like *they* taught *me*," Mrs. Borenstein says. "I go to homes where I see the challenges the child faces, and the parents are so strong and amazing. They keep asking what they can do between sessions, how they can help their child more. I gain so much *chizuk* from them."

"At the end of the day," says Mrs. Englander, "it's all about looking after Hashem's children."

By the Numbers

3 counties served
(Kings, Queens, Nassau)

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Status Report

Happening In Hospitals Today



MORE PEDIGREE, MORE DEGREES: MORE MONEYED APPLICANTS ARE FINISHING MED SCHOOL

STUDY FINDS SOCIOECONOMIC DIVERSITY OF MEDICAL SCHOOL STUDENTS DROPPING

New Haven, Connecticut — According to a study in the *Journal of the American Medical Association (JAMA)*, the percentage of U.S. medical school applicants and graduates coming from higher-income households is increasing.

A team of researchers at the New Haven, Conn.-based Yale University School of Medicine assessed the income distribution of medical school applicants and graduates between 2014 and 2019. They found that over that time period, the percentage of applicants to medical school who came from households with an annual income of \$200,000 or more increased, while students who came from families with income less than \$75,000 decreased by the same rate.

Researchers also found lower rates of graduates from families earning under \$50,000 a year compared to those from families earning over \$200,000 a year.

LIVE-FUNCTION HEART TRANSPLANTS BETTER THAN TRADITIONAL METHOD

Durham, North Carolina — A new method of heart transplantation that uses machines to keep donor hearts pumping blood while being transported is just as good as, and arguably better than, traditional heart transplantation, according to a new study.

Traditionally, hearts are removed from deceased donors and placed in cold storage for transport before being

“installed” in recipients.

Recipients of the new heart transplant method have a one-year survival rate of 93 percent, compared to the traditional-method recipient rate of 85 percent.

Currently, the new method—which was first performed in the U.S. in 2019—comprises about six percent of American heart transplants. It was first performed in Australia and England.

The study, published in the *New England Journal of Medicine*, was funded by TransMedics, the company that makes the heart machine.

VIRGINIA HOSPITAL CHANGES NAME TO HONOR FIRST BLACK U.S. MEDICAL PROFESSOR

Fort Belvoir, Virginia — There’s a new hospital in town—except that it’s not actually new but just has a new name.

The Alexander T. Augusta Military Medical Center, formerly the Fort

Belvoir Community Hospital, now bears the name of the first black medical officer in the U.S. Army and the first black professor of medicine in the U.S., Alexander Thomas Augusta, MD (1825-1890).

During his career, Dr. Augusta also became America’s first black hospital administrator, and the man responsible for the desegregation of train cars in Washington, D.C.

According to a press release from the newly-renamed hospital, the name honors Dr. Augusta’s legacy, which includes teaching anatomy at Washington, D.C.-based Howard University, fighting against racial injustices and being one of the highest-ranking black officers in the Union Army.

STUDY FINDS MANY HOSPITALS IGNORE DIRECTIVES OF TRANSPLANT WAITING LISTS

New York, New York — According to a study by New York’s very own Columbia University Vagelos College of Physicians and Surgeons, many U.S. transplant centers routinely pass over a top candidate for someone further down the waiting list.

The practice is known in the industry as “list diving.”

According to the researchers, the practice flies in the face of established donation guidelines, and is done without transparency or oversight. About 68 percent of kidneys offered

to transplant centers are not placed with the top-ranked candidates, the research says.

In the study, the researchers reviewed about 6,000 transplant candidates and 4,700 transplants at 11 hospital-based transplant centers between 2015 and 2019. They found that the majority of kidneys offered to these centers were not placed with the top-ranked candidates on the waiting list—with the typical given reason being concerns about organ quality.

ONE IN FIVE PHYSICIANS SAY SUPPORT FROM HOSPITAL CEOS IS INADEQUATE

Brentwood, Tennessee — More than one out of every five physicians, or just over 20 percent, say they don’t get enough support from hospital leadership, according to a survey by healthcare consultancy company Jarrard.

Conversely, doctors reported higher confidence in peers when it came to decisions related to patients and the workplace.

“Leaders are navigating myriad hard choices... The challenges of that necessary work can keep well-intentioned leaders from fully engaging physicians,” reads a Jarrard news release. “That lack of relationship leads to mistrust and perceptions that leaders are withholding information.”

Other notable findings are that 50 percent of physicians report having only “marginal” or “little to no trust” in their health system’s leadership, and that female physicians are far less likely to have trust in leadership than their male colleagues.

GLOBAL MEDICINE-STANDARDS ORGANIZATION UPDATES KEY DRUG-PREP RULES

Rockville, Maryland — So you work in a compounding pharmacy—you know, the on- or off-site facility where medicines are *compounded*, or made fresh from several ingredients, for specific hospital patient needs.

Well, the world’s leading medicine-standards organization, the 200-year-old United States Pharmacopeia, or USP, just updated its rules for acceptable *sterile* and *non-sterile compounding*. Here’s that inside scoop:

Sterile compounding means making medicine—usually IVs or injections—in *cleanrooms*, or sealed areas free of bacteria or viruses. Non-sterile compounding means making medicines—usually creams or pills—outside cleanrooms.

Now, new USP compliance standards for hospital compounding pharmacies require far more surface sampling and environmental monitoring, plus shorter expiration dates for a number of preparations. ★



BLACK HISTORY LIVES: FORT BELVOIR NOW HONORS FIRST BLACK U.S. MEDICAL PROFESSOR



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

With 24/7 Supervision, Staying Out of the Nursing Home—Right in Your Own Home

A Gazette Look at Hamaspik HomeCare's Effective and Long-Running NHTD and TBI Programs

So to stay in her own home, your beloved mother needs a *nursing-home level* of supervision—to avoid placement in a nursing home. While it's not quite nursing-home care right in her house—with visiting nurses giving shots, managing medications and caring for traches—it is doing what's needed to keep her from going to a nursing home (or transitioning back home *from* one), like visiting aides, and a coordinator to stay on top of managing her 24/7 supervision.

Now what do you do?

The good news is that New York State's Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) programs were created with those very goals in mind.

These *Waiver* programs are so dubbed because they waive the standard Medicaid rules that normally

do not authorize 24/7 oversight and supervision for patients living at home.

But via community non-profit partners like Hamaspik HomeCare, the NHTD program ensures patients and their loving family members 24/7 supervision and support—right in the comfort and convenience of their own homes. And the TBI program grants people with traumatic brain injury the same one-on-one home care, whether daily hours or even 'round-the-clock, to maintain the healthiest, most-functional possible daily life.

David is a New York senior with several long-term medical issues who uses a wheelchair.

He's also a happy-go-lucky youngster at heart thanks to Charlie, an old friend since high school and longtime advocate—and the ever-present ministrations of his Hamaspik

HomeCare team, who together keep him living happily and healthily at his Spring Valley home.

"I make sure he gets the care he deserves!" proudly declares Helen, David's trained home health aide (HHA) for the past two years, in a recent agency testimonial.

"And I'm David—and I keep all of you employed!" David jokes back.

But then he gets serious: "My Coordinator, [Esther,] she calls me all the time; she got me transportation, which I'm very happy about... and Helen is my right hand!"

David's NHTD team also includes aides Jean, Max and Wilson, who always competently relieve Helen when her shifts end. "In this program, you cannot leave the client alone," notes Hamaspik HomeCare lead Field Nurse Leah Lichtstein.

"I can be a handful!" wisecracks David. Charlie ribs back: "Two handfuls!" They recall phoning other agencies for hours, not getting aides needed, until getting Hamaspik HomeCare.

"It's a great group of people you have," says Charlie, "and it shows."

The same diligence applies to TBI program beneficiaries, who not-uncommonly fall in that post-injury "gray zone" between function and disability.

Those invisible injuries often demand mental-health counseling for the individual, not to mention help around the house for the individual.

"Not every agency is licensed to provide these services and accept waiver participants," notes agency Field Nurse Adina Bodlander. "Hamaspik is one of the originals." ★

Reviewing the Basics of NHTD/TBI

A Q&A with Hamaspik HomeCare's Adina Bodlander, RN

Q: So who is the typical patient getting Hamaspik HomeCare services for NHTD or TBI? Are they mostly seniors?

A: NHTD services cover patient with cognitive and physical disabilities for participants over the age of 18. The TBI program covers patients with traumatic brain injury between the ages of 18 to 64. Hamaspik NHTD patients can be either getting discharged back home from a nursing home, or seeking to avoid nursing-home placement.

The goal of the NHTD and TBI waiver programs is to assist patients with these types of disabilities to avoid going to nursing homes and to safely care for them in their own homes, because these patients *need* nursing-home-level care but their wishes are to remain at home.

These programs differ from your typical personal care assistance services because the primary goal of these programs is for the participants to be provided with *oversight* and *supervision* in the home. This is important for

participants who cannot be safely left alone during the day or overnight while they are sleeping.

These programs will also assist with *activities of daily living* (ADLs) and *Instrumental Activities of Daily Living* (IADLs) such as housekeeping, laundry, and so on.

Q: What services are these patients most commonly getting?

A: All patients on these programs are assigned a Service Coordinator to help them manage their services. The patient and his or her family will work jointly with that Service Coordinator and with Hamaspik HomeCare to keep him or her safe at home and to meet specific goals. All the services are there to assist the individual in staying safe at home.

Q: What's the best thing about Hamaspik HomeCare's NHTD/TBI program?

A: The best thing is the attention to

detail and individualized services that we provide! The nurse, the caregiver and the Scheduling Coordinator work hand-in-hand with the patient and his or her family to ensure that they receive the care that they need, as well as providing creative solutions to any obstacles to ensure patient

safety and satisfaction.

Hamaspik values the family's role in keeping our participants safe at home, and we believe that *family* is one of the most important roles on each of our patient's teams. ★

To learn more about Hamaspik HomeCare's NHTD and TBI programs and/or for assistance applying to these programs, please call our dedicated NHTD Intake Line at 888-503-8777 or e-mail NHTD@hamaspikcare.org.

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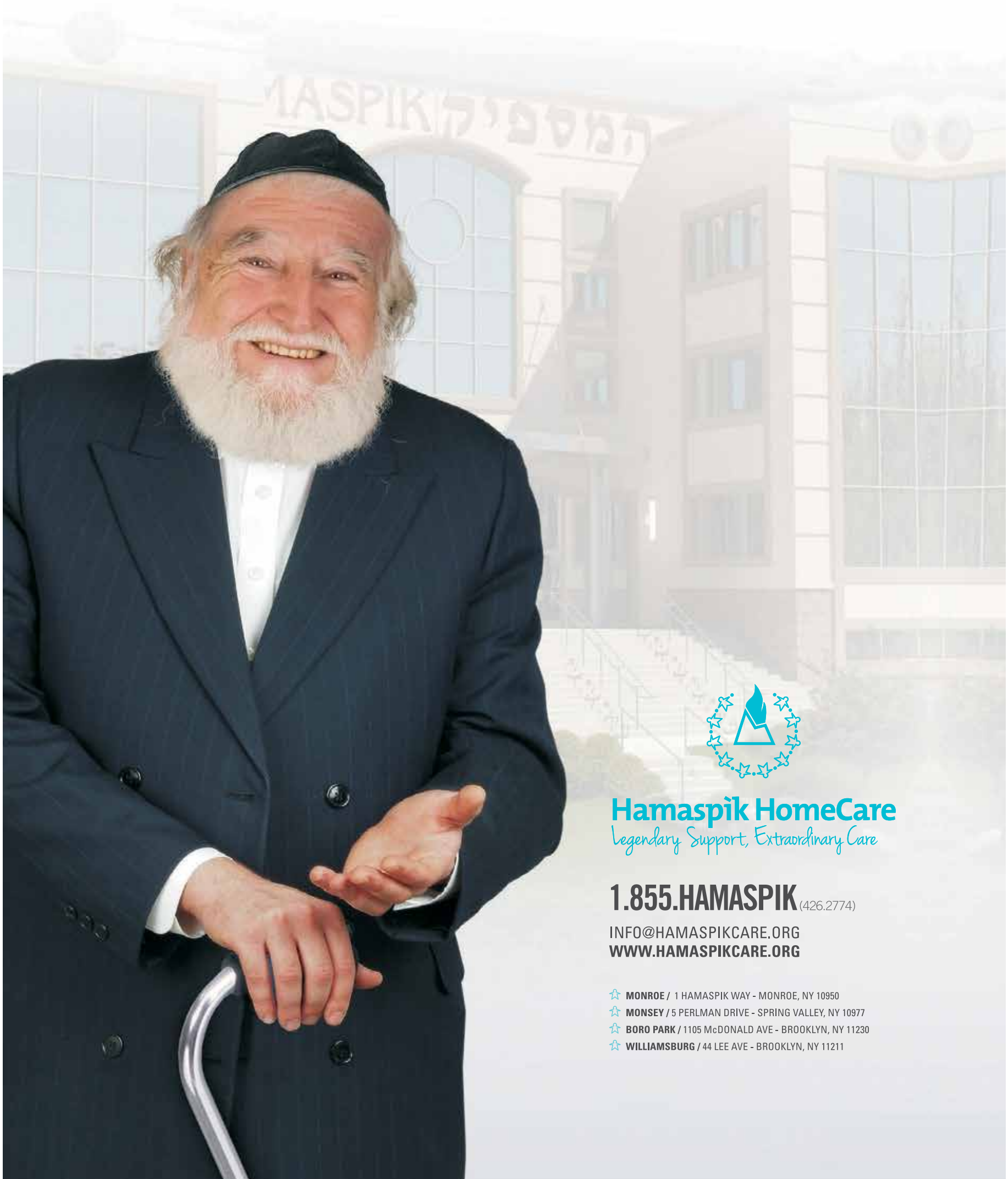
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