



The Hamaspik Gazette

News of NYSHA
Member Agencies
and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HOW OFTEN DO YOU EXPERIENCE LOWER BACK PAIN?

A: OFTEN; B: SOMETIMES, C: NEVER
Respond to: survey@nyshainc.org • 845-655-0667



HEALTH STAT

THE LOWDOWN ON LOWER BACK PAIN

The leading cause of disability worldwide

Worldwide lower back pain cases today	619 million
Worldwide lower back pain cases by 2050	843 million (est.)

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



HEALTH TIP

GETTING BACK TO BACK BASICS

Much of lower back pain stems from weak core muscles—so work those out twice weekly. Other back-pain-preventing tips include: Daily back stretching; good sitting posture (and not sitting too long!); walking regularly; lifting correctly; watching your weight; and don't smoke.

Sources: UC Davis, U.S. Dept. of Health and Human Services (HHS)

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BIBLICAL-REENACTMENT "PARSHAH PLAYS" ARE PART OF THE SCHEDULE EACH WEEK AT HAMASPIK ORANGE'S MEN'S DAY HAB PROGRAM, WHICH ALSO INCLUDES MUSIC, FITNESS, DAY TRIPS AND COOKING

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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

Taking the Time to Get a Client More Time

Desperately-Needed Caregiving Hours Approved for Individual After Hours of Effort by Tri-County Care Manager

Where parents were at their wits' end, Mrs. Silber began.

The Care Manager with Tri-County Care, based out of the agency's upstate Spring Valley office, got wind of the problem a few months before it devolved into a full-blown crisis. The problem? An individual's father and mother were heading overseas for an extended trip—and their daughter, special needs and all, needed temporary housing.

Only problem was, she didn't have the hours needed to cover it. So Mrs. Silber got right to work.

To preface, the New York State Office for People With Developmental Disabilities (OPWDD), has long offered its At-Home Respite (AHR) and Community Habilitation (Com Hab) programs. Respectively, those programs give individuals with disabilities one-on-one aides in their homes, or in community-based settings like places of worship or retail stores. Com Hab, for its part, helps habilitate the individual to, say, follow a synagogue's rituals or shop

at the local grocery.

The Respite program allows the individual to use those assigned hours to be placed in someone's residence, where they are treated like a full-fledged member of the family. At-Home Respite hours can be used for afternoons, evenings or even overnights and weekends.

Upon qualifying for said programs, individuals are assigned a sum of hours for services provided that cover a specific time period, such as six months or one year. Provider agencies then submit records of hours put in and services provided.

However, should the individual's allotted hours be mostly spent just when their family won't be there to give them daily support, then it's time to get that individual qualified for more hours—which is exactly what Care Manager Silber set out to do.

First, Mrs. Silber put in a standard request with the OPWDD for more Respite and Comm Hab hours for the

individual—"the traditional way," as she puts it. When that request was insufficient, the next step for the Care Manager was to submit a new request with the self-explanatory title of Emergency Request, official form and all.

Part of the documentation for that second request involved writing a "long, strong justification," as Mrs. Silber puts it, for why the additional hours were needed—and, most importantly, why they constitute an emergency. Such requests are usually looked at quickly and are higher in priority than appeals or traditional requests, the Care Manager explains.

So Mrs. Silber wrote a lengthy, compelling narrative describing what the individual's diagnoses are, on which dates the family will be away, how the individual actually relies on others for her care and how she needs constant supervision and tending-to. "Without that support, her behaviors will regress," Mrs. Silber wrote. "Her diagnosis puts

her in danger."

After writing that extensive document and making the individual's case in significant and prolonged detail, the documentation was sent in.

A short while later, the response from the OPWDD came in: Approved!

The Care Manager immediately got in contact with the provider agency giving the individual her Comm Hab and AHR programs. There, Hamaspiik's coordinators worked with Mrs. Silber to get the individual set up with residential respite for the five weeks during which her family would be out of town. Three of those weeks were at someone's private home and the remaining two were at the respite home run by Hamaspiik of Rockland County in Monsey.

Thanks for Mrs. Silber's impressive efforts, the individual was approved for units sufficient to last for the year. It was a "significant" amount of hours, notes Mrs. Silber—and a not-insignificant boon to a family otherwise left with no other options. ★

► HEALTH NEWS

Combo Skin Cancer Drugs Work Well on Rare Brain Tumor, Finds New Trial

Cotellic and Zelboraf, Normally Used to Treat Melanoma, Show High Success Rate on Papillary Craniopharyngioma

Boston, Massachusetts — Cotellic and Zelboraf are drugs normally used, individually or together, to treat certain skin cancers. They both are also sometimes used alone to treat certain types of blood cancers.

But now, researchers at the Boston-based Mass General Cancer Center have found that a Cotellic-Zelboraf combination treatment works well on treating papillary craniopharyngiomas (CPAs), a rare form of brain cancer.

In a Phase 2 trial on 16 patients, the researchers found that patients completing the treatment experienced an average reduction of their tumors by 91 percent (ranging from 68 to 99 percent).

Seven of the 16 patients received no other treatment after continuing the drug, while another six had no evidence of tumor progression nearly two years later. Three patients discontinued treatment after experiencing adverse events, including one who dropped out after eight days due to anaphylaxis and

acute kidney injury. The treatment also caused rashes in six patients.

The finding is significant because papillary CPAs are notorious for long-term damage to the health and well-being of patients, even those who survive. Because of where papillary CPAs are located in the brain, they often affect vision and other functions, even after successful removal.

Cotellic and Zelboraf, respectively, inhibit the MEK and BRAF genes that are the cause of various cancers. These genes normally control the growth and proliferation of healthy cells; in the case of various cancers, these genes cause the growth and proliferation of cancer cells.

"These unprecedented results signal



MORE THAN SKIN DEEP: MASS GENERAL CANCER CENTER FINDS TWO SKIN CANCER DRUGS WORK IN COMBINATION TO TREAT PAPILLARY CRANIOPHARYNGIOMA, A RARE BRAIN CANCER

a paradigm shift for targeting brain tumors," said study author Priscilla Brastianos, MD, "because they show

that, with the right target and the right drugs, precision medicine can have a dramatic impact on brain tumors." ★

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Happening in Health Today



because of injuries in brain circuits that relay instructions from the brain to the muscles,” says study leader Jan Claassen, MD.

The findings could help physicians more quickly identify brain-injured patients who might have hidden consciousness and better predict which patients are likely to recover with rehabilitation.

GENETICALLY MODIFIED NEURAL STEM CELLS SHOW PROMISE FOR SPINAL CORD INJURY REPAIR

Hong Kong — A research team co-led by City University of Hong Kong (CityU) and The University of Hong Kong (HKU) has recently made a significant advancement in spinal cord injury treatment by using genetically modified human neural stem cells (hNSCs). They found that specifically modulating a gene expression to a certain level in hNSCs can effectively promote the reconstruction of damaged neural circuits and restore locomotor functions, offering great potential for new therapeutic opportunities for patients with spinal cord injury.

Traumatic spinal cord injury is a devastating condition that commonly results from accidents such as falls, car crashes or sport-related injuries.

The gene SOX9 was reported with a high-level expression at the injury site in previous studies, and the gene itself is the leading cause of the hindrance of neuronal survival and differentiation.

STEM CELL PROGRESS CLOSING IN ON TREATMENT TO REVERSE HEARING LOSS

Los Angeles, California — Deafness has the reputation of often being an irreversible condition, as the unique sensory hearing cells of the inner ear that facilitate human hearing do not regenerate.

But two new studies at the University of Southern California (USC) suggest that stem-cell medicine may eventually be able to regenerate hearing ability and cure deafness.

According to researchers, key genes required for conversion to sensory cells in the inner ear’s non-sensory supporting cells are shut off through a process known as *epigenetic silencing*. By studying how those genes are shut off, researchers are beginning to understand how they might turn them back on to regenerate hearing.

Researchers are also looking at two specific genes that may be useful for regenerating hearing in adults, in the context of how the ability to form sensory hearing cells is developed in the inner ear in the first place. ★

DON'T DUMP THAT ALOE VERA! USE IT AGAINST BUGS, SAY SCIENTISTS

Edinburg, Texas — Aloe vera has been a natural remedy for thousands of years, promoting skin health, improving digestion, and healing wounds. Even today, people still use the gelatinous inside of the plant for these purposes. However, the peel usually ends up in the trash. Now, scientists report that otherwise-discarded peels can ward off bugs.

Researchers at the University of Texas Rio Grande Valley first extracted various natural chemicals from dried aloe vera leaves, primarily one called *dichloromethane* (DCM). They also extracted *octacosanol*, *suberinin*, *dinoterb*, *arjungenin*, *nonadecanone*, and *quillaic acid*—and finding that, in tests, all of the above demonstrated insecticidal properties. In plain English, bugs



GOING GREEN IS GOOD—EXCEPT FOR BUGS: DRIED ALOE KILLS INSECTS, FINDS STUDY

avoided the chemicals, or died upon exposure to them.

The team is currently seeking to

test how the chemicals could one day lead to a viable insect repellent being out on the market. ★

TESTING ENTIRE GENOME TWICE AS GOOD AT CATCHING GENETIC DISORDERS

Boston, Massachusetts — Research at Boston’s Tufts University has now found that whole genome sequencing was nearly twice as effective as targeted gene sequencing in identifying genetic abnormalities in infants.

Identifying genetic disorders in newborns and infants can help them get the care they need. But targeted gene sequencing, not uncommon in medicine today, misses some 40 percent of diagnoses.

By contrast, whole genome sequencing, which checks all genes for any problems—not just the ones suspected of problems—does in fact catch problems at twice the effectiveness of targeted sequencing.

The only drawback is that whole-genome sequencing takes days longer for results, and is far more expensive.

“More than half of the babies in our study had a genetic disorder that would have remained undetected ... if not for

genome sequencing technologies,” said study co-author Dr. Jonathan Davis.

RESEARCHERS FIND LIFE-EXTENDING DRUG FOR CERTAIN BRAIN TUMORS

Ann Arbor, Michigan — Pediatric patients with *diffuse midline glioma* (DMG) or *diffuse intrinsic pontine glioma* (DIPG) face daunting odds under current available treatments.

But some hope is now on the horizon with the recent development of an experimental drug that nearly doubled survival rates for such patients.

The compound, called ONC201, raised survival rates in trial patients to an average of 22 months where the current average is 11 to 15 months. The results came after two clinical trials testing the drug in 71 patients.

The findings were reported by researchers at the University of Michigan Health Rogel Cancer Center and the Chad Carr Pediatric Brain Tumor Center. The paper was published in the journal *Cancer Discovery*.

Diffuse midline gliomas are particularly aggressive, and are most frequently found in children and young adults. The only available treatment is radiation.

RESEARCHERS FIND MORE EVIDENCE OF HIDDEN CONSCIOUSNESS IN UNRESPONSIVE PATIENTS

New York, New York — Researchers have identified brain circuits that, when injured, make conscious patients with acute brain injury appear unresponsive, a phenomenon known as hidden consciousness.

Columbia researchers have identified brain injuries that may underlie hidden consciousness, a puzzling phenomenon in which brain-injured patients are unable to respond to simple commands, making them appear unconscious despite having some level of awareness.

“Our study suggests that patients with hidden consciousness can hear and comprehend verbal commands, but they cannot carry out those commands

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● ► HAMASPIK NEWS

Playing Along with the Times

Hamaspik Orange's Men's Day Hab Turns Weekly Torah-Study Portions into Fun Interactive Performance Skits

The two brothers, one good and one evil, hadn't seen each other for years. Finally, as grown adults with large clans of their own, they confronted each other at a showdown that could have gone either way. Fortunately, that turned out anything but negative, and both men walked away reconciled.

That excerpt from the Torah, depicting the reunion between Biblical brothers Yaakov (Jacob) and Eisav (Esau), came to life at the Hamaspik of Orange County Men's Day Habilitation (Day Hab) program of late.

With Yaakov played by one of the gentlemen and his disreputable twin brother Eisav played by another, character-appropriate attire and all, the story came to crackling life—right in the activity room of the Day Hab, with a script precision-chiseled to render the core plot digestible to the young men with special needs.

The scene repeats itself every week at Hamaspik of Orange County, both at the Men's Day Hab program and the boys' After-School Respite (ASR) Program, where excited individuals eagerly dress up to quite literally play their parts in the Torah-based play of the week.

Over the last year or two, under the leadership of energetic Day Hab Direct Support Professional (DSPs) Mendy Klein, and Day Hab Director Yidel Kleinman, the gentlemen have been putting on "Parshah Spiels" (plays on the weekly Parshah, or Torah portion). On a parallel track, led by equally-effervescent Director Moshe Schwartz, the ASR program does the same with its younger regulars.

One week before each play, the Day Hab staff make a plan on what the coming week's play is going to be—based on the drawings that they find in popular children's Parshah coloring books. Once they decide what kinds of characters and clothing and items they'll need for the play, they go out and buy them. "Sometimes, it's just a hat and a coat," says Mr. Klein. "We try to get things that match the Parshah."

In that vein, the Day Hab recently decorated an activity room's wall with images of stars, to depict the 11 stars of Joseph's brothers bowing to him in his famous dream. Another great example of that is how the Day Hab recreated climactic passing of "Mameh Ruchel," the Matriarch Rachel.

Once the plot and the props are settled, the play is then introduced to the



RISE: YAAKOV'S DREAMY LADDER TO HEAVEN



SERVED: "YAAKOV" (L) IS PRESENTED A FULL MEAL BY A GRUMBLING BROTHER "EISAV" (R)



DREAM ON: YAAKOV SURROUNDING HIS HEAD WITH 12 STONES IS CAPTURED IN THIS SCENE



STALKED: "PHARAOH" DREAMS OF WHEAT

boys, who are told who the characters are going to be. In turn, Mr. Klein says, that results in the gentlemen excitedly bantering back and forth, "Who's going to be who?" "Are you going to be Eisav or me?" This takes place once a week for two hours.

Being in a real play is so exciting to them, and they look forward to their weekly planning sessions all week, Mr. Klein divulges. (They also wait eagerly to see the weekly report pamphlets sent home to their parents each Friday that contain photos of them acting in their plays. It makes them feel really good about themselves, Mr. Klein notes.)

What do the boys like the most about it? "They feel *they're* making a real play, like the real plays," says Mr. Klein. And what do they gain from it? "Building

skills," he says. Since they love plays, they can show their acting skills to each other and to family members, he explains.

"We try to get everyone to act," he elaborates. "Some want a lot of parts, some just want to watch, and some have to be asked to participate."

But at the end of the day, the best part of the project is seeing how the gentlemen enjoy it and live with it, feeling that they're doing something that builds them up and benefits others, too, the dedicated DSP explains. "They're so happy! It's a real thing—they really have fun! The individuals enjoy it, the staff enjoys it, and the parents enjoy it!"

To drive home the point, he adds, parents are "wowed" upon receiving

the programs' weekly newsletters sent home each Friday with their children—and seeing photos of their beloved sons in their weekly Parshah plays. "My son was Yitzchak [Isaac]!" they exult. "He blessed Yaakov!"

In fact, he adds, a proud mother called him just the other day—having seen photos of her beloved son playing the Patriarch Jacob as he handed the legendary "Coat of Many Colors" to another boy playing Joseph. Mom's surprise and excitement were all the greater in light of the fact that for weeks, her son had not wanted to act at all—but had now taken a lead role. What's more, at the recent Chanukah holiday, the same young man not only joined his peers' holiday play, but even played the High Priest lighting the Menorah! ★

Driven by You



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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Happenings around Hamaspik

For the Record



NO WORDS! EMCEE ZIEG (L) EXTOLS GRADUATES' VIRTUES; SHAYA (R) CLOSES IT ALL OUT



PEDAGOGUE: SHAAREI BINAH DIRECTOR CHEZKY SZABOVITZ (L) HAPPILY POSES WITH EQUALLY-PROUD STUDENT CELEBRATING THEIR MONUMENTAL MISHNAIC ACHIEVEMENT

Expanding Horizons, Enriching Lives

Hamaspik of Kings County's Playhouse program celebrated their beautiful new Williamsburg quarters with a gala kvias mezuzah

On a recent Sunday morning, Playhouse, a respite program for children with special needs, celebrated a Kvias Mezuzah, marking the opening of their new location at 8 Skillman Street, Williamsburg.

In attendance were Mr. Wertheimer, Mr. Y. Spanglet, Mr. S. E. Spanglet, Mr. Riech, and Mr. Techiman. Mr. Wertheimer affixed the mezuzah, and the children actively participated in the celebration. They excitedly kissed the mezuzah, received beautifully iced mezuzah cookies, and enjoyed Uncle Moishy's mezuzah song. Each child presented a beautiful thank-you card to Mr. Wertheimer.

The new Playhouse facility relocated from its original quarters due to the growth of the program. The space has been completely refurbished. It boasts five program rooms, a spacious lobby, two offices, an inviting kitchen, a well-stocked supply closet, and four bathrooms.

The interior design, with half-tiled

walls and color-coded rooms, is cheerful and easy to navigate.

The Playhouse program, serving children aged 3-9 from Crown Heights and Williamsburg, operates every weekday from 3:30 to 6 PM, on Sundays and legal holidays from 10:30 AM to 5:30 PM, and for 2.5 hours on Shabbos. Dedicated volunteers, who form deep connections with the children, run the program.

The children arrive from schools across the neighborhoods, and first engage in free play and enjoy a snack. Then they join a welcome circle, participate in themed activities, enjoy a hot supper, and conclude with a goodbye circle before being taken home by Hamaspik transportation.

Sundays at the Playhouse are particularly special. They feature baking sessions, dancing, animal therapy, music classes, and, every third week, an exciting trip. Breakfast, lunch, and snacks are provided.

Now, with beautiful, spacious new premises, Playhouse can provide even more children with a sense of belonging, a nurturing environment, and memorable experiences. ★

Finishing a Great Start

Shaarei Binah yeshivah program celebrates completion of months-long study of Mishnah tractate, starts another

The event took place in a Hamaspik office conference room.

A festive meal had been arranged, with a giant table elegantly set with gold-colored cutlery, drinks, elegant glasses, cake, salads, soda and seltzer, and more.

Student Shaya took the stand to formally conclude the volume. Having studied extensively for this moment, he did a magnificent job—also concluding by thanking his father, who beamed.

With proud fathers and relatives looking on, each gentleman was dramatically introduced by talented special guest emcee Velvel Zieg to receive their framed certificate of completion.

When the ceremonial handing out of certificates was completed, the recipients proudly posed with their well-earned awards, along with their proud fathers, relatives and Mr. Szabovitz. Once that was done, they all then posed together for one grand celebratory group photograph.

With Day Services Supervisor

Yidel Goldberger proudly looking on, Hamaspik Rockland Director of Operations Shlomo Kornbluh proudly declared that each student is a veritable yeshivah: "When one is not present, there's no yeshivah!"

But the true guests of honor were the students of Yeshivah Shaarei Binah, Hamaspik Rockland's yeshivah day program for highest-functioning young men in the community. Today, they were being honored for something they started months ago—twice-daily study sessions of a tractate (volume) of the Mishnah, the ancient compendium of Jewish law commonly studied in mainstream yeshivos everywhere.

Chezky Szabovitz took the podium at the head of the table, motivationally addressing the young men at the center of attention. "Without them, it wouldn't have happened," he recalls his brief speech to the *Gazette*. "Sometimes it's a rainy day, but they still come to yeshivah. I feel honored!" ★

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Hamaspik Rockland Men's Day Hab Takes Voyage of Recreation in New Jersey

Visits Little-Known Ross Docks Picnic Area, Part of the Palisades Interstate Park, Near George Washington Bridge

The gentlemen of the Men's Day Habilitation (Day Hab) program at Hamaspik of Rockland County, run professionally for years now by Manager Pinchos Knopfler, recently enjoyed a lovely outing at the Ross Docks Picnic Area in Fort Lee, New Jersey, at the base of the George Washington Bridge near the start of the well-known Palisades Interstate Parkway.

There, at the Picnic Area's Englewood Marina, the gentlemen spent a good hour getting an up-close-and-personal tour of the large watergoing craft that are stored and parked there. One owner, or Marina employee, was kind enough to sensitively show the young men around the facility, understanding that his visitors were a group of people with special needs, says Mr. Knopfler.

During the roughly 90 minutes that the gentlemen were there, they got

to walk up and down the docks of the Marina, seeing what a real private yacht looks like and enjoying the spectacular views of the Hudson River and the famous George Washington Bridge that crosses it.

Anytime the Day Hab goes out on a field trip, they bring a healthy and hearty lunch with them, Mr. Knopfler explains—so here, with the lovely Hudson sights in their eyes and the wind gently breezing by, the young men enjoyed eating in the great outdoors.

The mission of Day Hab is to get individuals out and about into the world as much as possible—giving the individuals anything but the same routine day, day after day. As such, Mr. Knopfler concludes, the trip gave them “everything you want” in a healthy average Day Hab outing.

Or is that “voyage”? ★

Signing a Vow of Joyful Silence

Gentlemen at Hamaspik Orange Day Hab Join Grassroots Movement Making Communal Prayer More Meaningful

Talk about going mainstream. Talk about doing what everyone else is doing. And talk about... not talking?!

But *not* talking was the order of the day one day at Day Hab—as the gentlemen of Day Hab sat down to affix their signatures, and hence pledges of commitment, to a movement currently making its way through their faith communities.

To preface, the three daily prayers recited by Orthodox Jews are regimented affairs, not unlike the scripts of classic plays. Like those timeless lines, where the thespian brings text to life, so it is the modern spiritual pilgrim whose spiritual work it is to make prayers personal.

But back to our boys at Day Hab.

Going around the community of late is the latest iteration of what might be called the “Rabbi Heller Stipulation”. Named for originator Rabbi Yomtov Lipmann Heller (1579-1654), a leader of European Jewry, the stipulation is a non-binding vow of sorts to lend extra spiritual presence to prayer by not

speaking any non-prayer-related word during prayer.

Most recently, an organized global movement is promoting the spiritual practice in Jewish communities worldwide. Glossy pamphlets being distributed recount the life story of Rabbi Heller, summarize his stipulation, and extol its spiritual virtues. Most importantly, they call upon community members to commit to the stipulation by signing their names.

Signatories are also automatically entered into a global raffle to win a ticket to Krakow, Poland, to pay their respects at the resting place of Rabbi Heller upon his yahrzeit.

The young men felt excited as they sat at tables in a Day Hab activity room to sign their individual pamphlets. Staff had already explained to them exactly what the movement is, and the gentlemen were looking forward to more meaningful prayer experiences.

When all was said and done, they toasted one another “L'chaim!” and broke out into a dance. ★

Doing the Wave(s)



IN THE SAME BOAT: CHECKING OUT THE RIVER-GOING CRAFT OF THE ENGLEWOOD MARINA

The Non-Talk of the Town



SETTING UP THE SPANS OF SPIRITUAL SILENCE: A STAFF MEMBER EXPLAINS TO THE GENTLEMEN OF THE DAY HAB WHAT THE PROJECT IS AND WHAT IT PRECISELY ENTAILS



SIGN(ING) OF THE TIMES: TWO OF THE GENTLEMEN GLADLY AFFIX THEIR JOHN HANCOCKS

The Autism Update

News and developments from the world of research and advocacy

ALMOST NINE PERCENT OF U.S. CHILDREN NOW HAVE DEVELOPMENTAL DISABILITY, SAYS CDC

Atlanta, Georgia — In Year 2019, according to statistics from the U.S. Centers for Disease Control (CDC), about seven percent of U.S. children had a diagnosed developmental disability.

In 2021, according to the CDC's newest National Health Interview Survey, that figure is up to nine percent.

However, most of that increase—which covered children ages three through 17—fell under “other developmental disabilities,” which can include learning disabilities and speech disorders; the agency did not report a statistically significant increase in intellectual disability or autism spectrum disorder (ASD).

The report, released by the CDC's National Center for Health Statistics (NCHS), also found that boys were far likelier than girls to be diagnosed with a developmental disability. In fact, it found that boys were thrice likelier to be diagnosed with autism than girls.

FEWER CHILDREN GETTING ANTIPSYCHOTIC DRUGS, FINDS RUTGERS RESEARCH

New Brunswick, New Jersey — “Hugs, not drugs,” goes one mental healthcare-related saying, capturing the notion that the mind and heart—and indeed, the entire human being—are

too nuanced and complex to be treated by simple pills.

Now that notion seems to be on the rise, according to research by Rutgers University's Institute for Health, Health Care Policy and Aging Research (IFH)—at least among children enrolled in Medicaid across 45 states.

The IFH's data review found that antipsychotic prescriptions for that demographic dropped by 43 percent between 2008 and 2016, and was consistent across age, gender, racial and ethnic groups, and foster care status.

The drop is likely due to increased safer-use policies that in turn reduced off-label usage, or the prescribing of drugs for non-approved diagnoses. For example, drugs approved for treating irritability associated with autism are not approved for ADHD.

STUDY FINDS GIRLS WITH AUTISM LIKELIER TO HAVE ANXIETY THAN BOYS WITH AUTISM

David, California — While boys are four times likelier than girls to be diagnosed with autism, girls with autism may be likelier than boys with autism to also have anxiety.

“Autistic females have higher rates of anxiety disorders ... 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 at Davis (UC Davis).

The study scanned the brains of 112 children with autism (89 boys and 23 girls) as toddlers and at three later life points. Parents were likewise interviewed about children's anxiety symptoms during ages nine to 11 years. The study found that girls had overall higher rates of anxiety than the boys, particularly in anxiety distinct to autism, but also mainstream social anxiety, generalized anxiety and separation anxiety.

ACTIVITY OF SINGLE NEURONS IN RAT BRAIN CAPTURED BY MICROSCOPIC IMPLANTS

Stanford, California — A tiny, microscopic device implanted in the brains of lab rats without any surgery is small enough—and powerful enough—to detect the electrical activity of even a single neuron in the brain, according to Stanford University researchers. The development could one day help medicine provide long-term minimally invasive recording deep within human brains.

After injection into the blood supply of the lab rats' brains, the probe unfurls and its electrodes stick to a blood vessel's inner walls, enabling high-quality recording of nearby neurons.

Current brain-monitoring devices typically involve trade-offs between how invasiveness and sensitivity. Electroencephalography, for example, is noninvasive, but cannot target individual neurons and is limited to

brain surface neural activity. On the other hand, recording single-neuron activity from deep within the brain often requires an invasive procedure to implant probes, which commonly can cause infection, inflammation and damage to brain tissue.

FEDS EXTEND LIFELINE TO DISABILITY SERVICE PROVIDERS

Bethesda, Maryland — According to new guidance from the Centers for Medicare and Medicaid Services (CMS), federal Medicaid officials will extend some flexibilities for home and community-based services (HCBS) that emerged during the pandemic in a bid to help the beleaguered disability services sector stay afloat.

States can continue relying on changes that were adopted during the pandemic, said the guidance, while they work to officially incorporate them into their waiver programs.

“States have relied extensively throughout the (public health emergency) on flexibilities permitted under Appendix K to authorize actions in their home and community-based services programs,” reads the letter to state Medicaid directors.

Previously, states were told that flexibilities provided under what's known as Appendix K would expire by Nov. 11, six months after the end of the public health emergency. Now, however, CMS says that states can act to extend that deadline. ★

IMPROVED PLANE ACCOMMODATIONS FOR PEOPLE WITH DISABILITIES SOON TO BE MANDATED BY DEPT. OF TRANSPORTATION

Washington, D.C. — Under regulations to be finalized by the federal U.S. Dept. of Transportation (DOT), many new commercial aircraft will have to be more accessible to people with disabilities.

New single-aisle airliners with 125 or more seats will need to offer lavatories “large enough to permit a passenger with a disability and attendant, to approach, enter, and maneuver within as necessary,” the guidance reads.

Until now, accessible lavatories have only been mandated on airplanes with more than one aisle, but increasingly, single-aisle aircraft have been used for longer flights.

The smaller planes accounted for 86% of flights between 1,500 and 3,000 miles in 2021, the



TAKING FLIGHT: UNDER A NEW FEDERAL DOT RULE, SINGLE-AISLE COMMERCIAL PLANES WILL REQUIRE DISABILITY-ACCESSIBLE RESTROOMS

Transportation Department said, double the level in 1991.

Such flights can last for four

hours or more, forcing people with disabilities to resort to extreme measures such as dehydrating

themselves, or using adult diapers or catheters in order to fly, the agency indicated. ★

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In the Know

ALL ABOUT... DEHYDRATION

Sources: Mayo Clinic,
Cleveland Clinic

“Dehydration?! You need a whole article about that?! Just drink enough water!”

But dehydration (dee-high-DRAY-shun), or not having enough water in your body for it to work normally, is actually more complicated than just not drinking enough water.

While it basically starts with not having enough water (and other fluids) and ends with drinking enough water, there’s a lot of information in between. Here’s everything you need to know about the symptoms, cause, treatment and prevention of dehydration.

DEFINITION

Dehydration is “when you use or lose more fluid than you take in, and your body doesn’t have enough water and other fluids to carry out its normal functions,” as the Mayo Clinic defines it. “If you don’t replace lost fluids, you will get dehydrated.”

While anyone can be affected by dehydration, the condition is especially dangerous for young children and older adults, Mayo warns.

In fact, notes the Cleveland Clinic, between about 55 to 78 percent of the average human body is made of water. What’s more, while adults are between 55 to 60 percent water, newborns are about 78 percent.

More specifically, water has numerous critical functions in the body. These include: Aiding digestion and getting rid of waste; lubricating and cushioning the joints; producing saliva (which is needed for eating); balancing the body’s chemicals; delivering oxygen all over the body; and, most importantly, regulating the body’s temperature.

All that should give you an idea of how important water is for the body. Drink up!

SYMPTOMS

Common sense would indicate that the primary symptom of dehydration— not having enough water—would be thirst. But as it turns out, notes the Mayo Clinic, thirst isn’t always a reliable early indicator of the body’s need for water: “Many people, particularly older adults, don’t feel thirsty until they’re *already* dehydrated.” For that reason, Mayo advises, it’s important to increase water intake during hot weather or when one is sick.

Meanwhile, here are the general symptoms of dehydration:

Infants/young children

- Dry mouth and tongue
- No tears when crying
- No wet diapers for three hours

“

WHILE ADULTS ARE BETWEEN 55 TO 60 PERCENT WATER, NEWBORNS ARE ABOUT 78 PERCENT.

”

- Sunken eyes and/or cheeks
- Sunken soft spot on top of skull
- Listlessness or irritability
- Adults
- Extreme thirst
- Less-frequent urination
- Dark-colored urine
- Fatigue
- Dizziness
- Confusion

Complications

Dehydration can lead to serious complications, including:

- Heat injury. If one doesn’t drink enough fluids when exercising vigorously and perspiring heavily, he or she may end up with a heat injury, ranging in severity from mild heat cramps or heat exhaustion to the potentially life-threatening heatstroke (a.k.a. hyperthermia), a medical emergency in which the body overheats and could possibly shut down if not intercepted immediately.
- Urinary and kidney problems. Prolonged or repeated bouts of dehydration can cause urinary tract infections, kidney stones and even kidney failure.
- Seizures. Electrolytes like as potassium and sodium help carry electrical signals from cell to cell. If one’s electrolytes are out of balance, the normal electrical messages can become

mixed up, which can lead to involuntary muscle contractions and sometimes to a loss of consciousness.

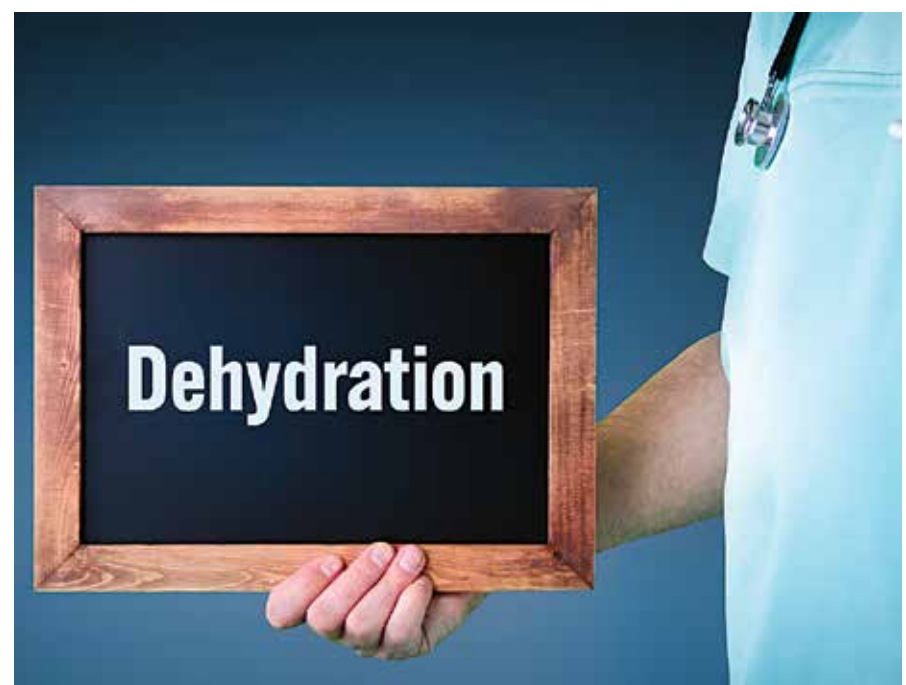
- Low blood volume shock (hypovolemic shock). This is one of the most serious, and sometimes life-threatening, complications of dehydration. It occurs when low blood volume causes a drop in blood pressure and a drop in the amount of oxygen in the body.

CAUSES

As a general rule, dehydration occurs in any age group if a person doesn’t drink enough water during hot weather—especially when they exercise vigorously. Put simply, dehydration is what happens when one doesn’t drink enough because she’s sick, busy, or doesn’t have safe drinking water on hand due to traveling, hiking, camping or other such activities.

In young children, the most common cause of dehydration is actually not insufficient consumption of water but rather, severe diarrhea and/or vomiting. In such occurrences, when the body ejects substances, it also ejects water—thus lowering the body’s level of water.

For older adults, who naturally have a lower volume of water in their



bodies, even minor illnesses like lung or bladder infections can cause dehydration. What's more, various conditions that are not uncommon in older adults, or medications they may be taking, can also increase their risk of dehydration.

Additional causes

- Any sudden major loss of water and electrolytes from in a short amount of time, as can and does occur with diarrhea and vomiting, also causes dehydration.
- Fever is another cause; in general, the higher the fever, the more dehydrated the patient may become.
- Excessive sweating causes the body to lose water; thus, vigorous activity—whether hiking, exercising, or just physical labor—in which lost body fluids are not replenished causes dehydration. This effect is exacerbated when the immediate environment in which one is in, whether the outdoors or even that muggy steam room at your gym indoors, is also hot and/or humid.
- Increased urination can cause dehydration. In turn, increased urination is often caused by undiagnosed or uncontrolled diabetes—or by medications like diuretics and some blood pressure medications, because they have the side effect of causing increased urination.

Risk factors

While anyone can get dehydrated, certain groups are at greater risk:

- **Infants and children.** Because they are the (little) people who are likeliest to experience severe diarrhea and vomiting, infants and children are especially vulnerable to dehydration. Because infants and children also having a higher surface (skin) area to volume area, they also lose a higher proportion of fluids in cases of high fevers or burns. Additionally, our littlest of folks often can't inform us that they're thirsty and/or go get a drink for themselves.
- **Older adults.** Because the body's fluid reserve shrinks with age, the ability in older people to conserve water is reduced. At the same time, the sense of thirst in older adults becomes less acute. Such problems can be made worse when chronic illnesses not-uncommon to older adults, like diabetes or dementia, are added to the mix—along with usage of certain medications. What's more, older adults may also have mobility problems that limit the ability to go get a drink of water

themselves, without someone helping them.

- **People with chronic illnesses.** Having uncontrolled or untreated diabetes puts one at higher risk of dehydration. Kidney disease also increases risk, as do medications that increase urination. Even a cold or a sore throat can make one more susceptible to dehydration, because when one isn't feeling well, they are less likely to feel like eating or drinking.
- **Working or exercising outside.** Risk of dehydration and heat illness increases when it's hot and humid



VARIOUS CONDITIONS THAT ARE NOT UNCOMMON IN OLDER ADULTS, OR MEDICATIONS, CAN ALSO INCREASE THEIR RISK OF DEHYDRATION.



in one's immediate environment. That's because when the air is humid, sweat can't evaporate and cool off a person as quickly as it normally does—in turn leading to an increased body temperature and the need for more fluids.

DIAGNOSIS AND TREATMENT

With most cases of mild to moderate dehydration, the condition can usually be reversed by simply drinking more fluids. Severe dehydration, on the other hand, requires immediate medical attention. See a doctor right away if you or a loved one:

- Has had diarrhea for 24 hours or more
- Is irritable or disoriented and much sleepier or less active than usual
- Can't keep down fluids
- Has bloody or black stool

Diagnosis

A doctor, nurse practitioner or other qualified medical professional, such as the physician associate (PA) at your local walk-in medical clinic, can often diagnose dehydration on the basis of physical signs and symptoms. If one is dehydrated, he or she is also likely to have low blood pressure, especially when moving from a lying to a standing position, a faster than normal heart rate and reduced blood

flow to the extremities.

To help confirm the diagnosis and pinpoint the degree of dehydration, the patient may be provided with other tests, including:

- **Blood tests,** which may be used to check for a number of factors, such as the levels of electrolytes—particularly sodium and potassium—and how well the kidneys are working.
- **Urinalysis.** Tests done on the urine can help show whether one is dehydrated and to what degree. They also can check for signs of a bladder infection.

through a vein (intravenously) are absorbed quickly and speed recovery.

PREVENTION AND PROGNOSIS

For most healthy people, regardless of age, thirst is an adequate and reliable indicator of when one needs to drink so as to keep body hydration at a normal and healthy level.

For such a typical health scenario, drink plenty of fluids and eat foods high in water such as fruits and vegetables.

However, when people are experiencing certain conditions, they may need to take in more fluids. These can include:

- **Vomiting or diarrhea.** If a child (or any adult, for that matter) is vomiting or has diarrhea, start giving extra water or an oral rehydration solution at the first signs of illness. Don't wait until dehydration occurs!
- **Strenuous exercise.** In general, it's best to start hydrating the day before strenuous exercise. Producing lots of clear, dilute urine is a good indication that one is well-hydrated. During the workout, replenish fluids at regular intervals and continue drinking water or other fluids after one's workout.
- **Hot or cold weather.** When the weather is hot or humid weather, the body needs even more than usual amounts of water to help lower the body's temperature and replace what it loses through sweating. On the flipside, when one is in a cold-weather environment, one may also need extra water to combat moisture loss from dry air, particularly at higher altitudes—just because it's not hot and humid (and, in fact, the opposite) doesn't mean you need less water!

Illness. Older adults most commonly get dehydrated during minor illnesses like influenza, bronchitis or bladder infections. Be sure to drink extra fluids when one not feeling well.

So, how much water do you need to stay healthily hydrated? That amount depends on your weight, level of activity, regional climate and even the clothes you're wearing. Other factors include age and, of course, any preexisting medical conditions like diabetes. The standard advice, according to the Cleveland Clinic, is eight glasses of water per day.

Fortunately, most cases of dehydration—even severe ones—resolve once fluids are reintroduced to the body. But it's best not to get there in the first place! ★

Rehydration

The only effective treatment for dehydration is to replace lost fluids and lost electrolytes. As for the best approach to treatment, that depends on age, severity of dehydration, and cause:

- For infants and children who experience dehydration caused by diarrhea, vomiting or fever, an over-the-counter oral rehydration solution is the best recommendation. Such solutions contain water and salts in specific proportions to replenish both fluids and electrolytes. Start with about a teaspoon (five milliliters) every one to five minutes and increase as tolerated. It may be easier to use a syringe for very young children.
- For older children, sports drinks diluted with water (one part sports drink to one part water) are recommended.
- Adults with mild to moderate dehydration from diarrhea, vomiting or fever, for the most part, can improve their condition by drinking more water or other liquids. Diarrhea may be worsened by full-strength fruit juice and soft drinks.

Children and adults with severe dehydration should be treated by emergency personnel arriving in an ambulance or in a hospital emergency room. Salts and fluids delivered

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Hamaspik's NHTD/TBI department keeps the elderly safe and supported in the comfort of their homes

Bringing Care Home Part II

Mrs. Shalva Sashitzky R.N. is the dedicated director of Hamaspik's NHTD/TBI department, as well as one of the IRA nurses. She's passionate about providing services that enable the elderly to receive high-quality at-home care.

Bring It Home

The Power of Connection

“We don't just coordinate services. We really care for the clients we serve,” says Mrs. Katz. “We'll call just to check that they're okay.

“One of our service coordinators, Mrs. Gerber, called a client who was in the hospital, and she heard from his voice that he didn't sound okay. Immediately, she hung up the phone and called the hospital to ask for a nurse to check on him.

“It turned out that he was experiencing a ‘diabetic low’ — his blood sugar levels were too low,

and nobody knew, because they weren't in the room at the time. Because of her call, they were able to treat him in time and save his life.”

The power of the relationship can sometimes be the most important thing. And while the NHTD department doesn't actually hire aides, they do advocate for the best care possible, with the actual aide being provided by third party Home Care agencies.

“One of my clients had an aide from an outside agency who turned out to be impatient and nasty to her,” Mrs. Rosen says. “I came to visit and the elderly woman told me some things that the aide had said — I was horrified.

“First, I tried speaking to the aide, but I also spoke to the woman, encouraging her to allow us to be in touch with the agency so they could find her

a new aide. She shouldn't have to be miserable five days a week, with an aide who isn't kind to her.”

It can be difficult for an elderly client to agree to a change. This woman was worried that the next aide might be even worse. She also liked the weekend aide who worked together with the difficult one, and if she gave up the weekday one, she'd lose both.

“I encouraged her to switch and eventually, she did,” Mrs. Rosen recalls. “Baruch Hashem, the new aide positively impacted her life, and afterward, she thanked me so much.

“Her neighbor, who is her advocate, also called me to thank me — she said the woman is a different person.”

Suddenly, after months of struggling just to cope, everything was happening at once.

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Bringing Care Home

NHTD/TBI empowers independence

Mrs. Waldman was approved for full-time care, in two twelve-hour shifts. The family received funding for home modifications, and they could finally install a stairlift and other amenities to make the home more accessible as Mrs. Waldman aged. And what meant just as much to them was having their service coordinator so involved.

She was dedicated, caring, and knowledgeable. Her monthly visits were a highlight for Mrs. Waldman, and for the children, too, who felt so supported in taking care of their mother.

Finally, after those endless months of struggling in silence, someone understood, someone was taking care of the big details and small ones, and helping them help their mother enjoy her golden years in peace and tranquility in her own home.

Hamaspiik was once again providing services, support, and hope to people going through challenges, so they can lead a fulfilling, productive life.

The NHTD/TBI department really gets to know each of their clients and their families.

“The service coordinators go to visit in-person once a month and speak on the phone at least once a week,” Mrs. Sashitzky says.

“If possible we speak to the client themselves, but if they’re unable to speak we’ll talk to a family member. Twice a year the entire support circle has a team meeting, and I’ll personally try to attend once a year.

“It’s not a necessity, but I like to maintain personal involvement with every client and family.”



And often it’s the families, who have been caring for their parent 24/7, who really need support.

“People need to talk,” Mrs. Gerber says. “Sometimes I’ll visit a patient who lives alone with the help of aides, and it’s a quick visit, we say hello, check that they have food and supplies and everything’s in order.

“When there’s a family in the picture, they often want to unburden themselves. Their struggles can be very private and lonely — such as the wife of a relatively young husband with Alzheimer’s.

“We can’t always fix or address every problem, but we can listen. Empathy goes a long way.”

As Mrs. Waldman got older, it became clearer that the NHTD waiver wasn’t just an extra, but an absolute necessity. The aides were devoted to her, taking care of her every need throughout the day and night.

“If not for you and Hamaspiik, we could never have gotten our mother into the program,” Miri

told the service coordinator. “And if not for that, she would have had to go into nursing home care long ago — and lost access to the comforting, familiar things that are all she really has left.”

The service coordinator assured Miri that Hamaspiik’s NHTD department was truly happy to help. And they were there for the family — for help with insurance issues, for advocacy when they needed a new aide, for renewing the grant each year.

Because it wasn’t just a job, but a mission.

Mrs. Sashitzky says the NHTD/TBI team goes well beyond the job description to try and get the families help with whatever they need.

“We’ll try to help them get funding for Yom Tov from different organizations, or food in the house if they need.

“Many times a client will run out of medical supplies and have trouble getting more via Medicaid — in the meantime we’ll contact Bikur Cholim for

CONTINUED ON PAGE 16 >>

“We can’t always fix or address every problem, but we can listen. Empathy goes a long way”



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Bringing Care Home

NHTD/TBI empowers independence

MODIFY TO MAXIMIZE

Here are some of the home modifications and devices available under the NHTD/TBI waiver program.

- Ramps outside the house for ease of access.
- Bathtub switched to roll-in, wheelchair-accessible showers.
- Doorway widening for wheelchairs to fit through.
- Stairlifts or mobile stairlifts (wheelchairs that can climb stairs).
- Specialized beds, with more functions than a regular hospital bed.
- Medical equipment that a doctor justifies and that is not usually covered by Medicaid.
- Assistive technology such as the PERS (Personal Emergency Response System) button.
- Walk-in bathtubs (a bathtub with a door).

help.

“Recently, I sent out an email to all our families about a trail in Brooklyn that’s designed for people with disabilities, so that those with a wheelchair-bound family member can still enjoy a beautiful summer trip together!”

To these families, we’re a voice that knows what’s going on behind closed doors,” Mrs. Sashitzky concludes. “They struggle a lot and we try to be there for them in every way possible.”

Overcoming Obstacles

The NHTD/TBI department faces unique challenges.

“It’s an extremely difficult program to get into,” says Mrs. Sashitzky. “The waiver costs Medicaid close to \$300,000 per year to provide full-time care in twelve-hour shifts. It can take several months to get accepted to the program, and when families are already at the end of their rope, that’s too long.”

Sadly, patients can pass away before the approval comes through. In other cases, the family has already transferred them to a nursing home as they can’t provide the needed care on their own.

“There’s a very quick turnover in this department. We’ve serviced many, many clients since 2010, but the numbers don’t necessarily go up year to year.”

Emotionally, it can be hard to connect deeply to clients and then lose them.

Recently, a service coordinator went for her monthly visit and realized the woman was dying. She said Shema with her and stayed until the end — without her, the woman would have passed away with just her aide there.

“We work a lot with end-of-life situations. In those cases, we’re also supporting the families through a very difficult time,” Mrs. Sashitzky says.

It’s the dedication of the team that helps the service coordinators overcome the challenges.

Chesed Every Day

Mrs. Katz was once on her way to visit a client, and someone else was in the car with her. She shared that the woman badly needed more company to brighten her days.

“I wish I knew someone who could visit and sing

to her, play music, make her happy,” she said.

The woman who was driving was touched. “I’ll fund it,” she said spontaneously.

Now the elderly, homebound woman has a regular visitor coming to play music. She looks forward to it the entire month.

“It’s all about giving them more joy in life, more quality of living,” says Mrs. Katz. “It’s not simply setting up an aide. In fact, having an aide living in the house brings its own challenges, such as lack of privacy, *kashrus* concerns, and more.

“We advocate for our clients and families to get the best possible care, with aides who are pleasant and easy to work with, to make the situation as comfortable as possible for everyone.”

Mrs. Rosen sums it up. “It’s such a *zechus* to have a job that lets you do *chesed* all day, every day.”

The large hall was festooned with balloons and banners. There were tables along one side of the hall, filled with cakes and cookies, fruit and drinks. A huge cake in the center was frosted with the words “MAZEL TOV — 95!!”

Adults and children of all ages milled around, excitedly waiting for their mother, grandmother, and great-grandmother to make her grand entrance. Finally, the door to the hall opened, and an elderly woman in a wheelchair was pushed inside by a smiling aide, two of her daughters on either side.

The music started up, the grandchildren began dancing. Mrs. Waldman looked around at the children and grandchildren and great-grandchildren who gave her so much nachas and joy. She smiled.

*And at the far side of the hall, a woman no one would know her role here, watched the scene, heart overflowing at the *zechus* of being part of the *simchah*, of enabling a woman to live her golden years surrounded by comfort, family, and joy.*





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Status Report

Happening In Hospitals Today



LOSING ITS LEAD: WITH AKORN CLOSING, THE U.S. HAS LESS LEAD-POISONING ANTIDOTES

CRITICAL LEAD-POISONING DRUG NO LONGER AVAILABLE TO U.S. HOSPITALS

Gurnee, Illinois — A relatively small biomedical manufacturing firm in Illinois wouldn't have much with the stability of the national hospital industry, one might think.

But then again, if that business manufactures dimercaprol, the main therapy for lead poisoning as provided by hospitals to patients, then U.S. hospitals might have a problem—if that business goes out of business, that is.

The Gurnee, Illinois-based Akorn Operating Co. shuttered its business in recent months, adding instability to the U.S. supply not just of dimercaprol but nearly 100 other drugs.

What's more, the less-preferred antidote to lead poisoning, edetate calcium disodium, is now being used by hospitals as the main treatment—but that drug is now in shortage, too.

But according to reports, the FDA is weighing whether to allow hospitals to now begin importing dimercaprol from overseas.

FEDERAL GOVERNMENT RELEASES LIST OF HOSPITAL JOBS NEEDING MOST ADAPTABILITY

Washington, D.C. — If you had to guess which hospital job requires the most *adaptability*, or ability to stop one task and start another, you'd likely guess something having to do with the emergency room.

But as it turns out, the list of ten

healthcare jobs requiring the most adaptability begins actually with healthcare social workers—at least according to the Occupational Network, or O-Net.

The O-Net, a project of the federal U.S. Dept. of Labor (DOL), has actually been around for close to a century. In its current iteration, it ranks U.S. professions on a scale of 1 to 100 on adaptability and flexibility, and how much workers are “required to be open to change (positive or negative)” on the job. Healthcare social workers score a 91; next come speech therapists at 92.

The top three? Acute care nurses (93), advanced practice psychiatric nurses (94), and urologists (98).

MIDWEST GAS-STATION FRANCHISE OPENS INDEPENDENT CHAIN OF URGENT-CARE CLINICS

Tulsa, Oklahoma — So, a gas station and convenience store chain in the Midwest realizes that urgent care clinics have several things in common with, yes, gas stations.

Both appeal to the public with easy-to-find locations, quick walk-in service and several ways to conveniently pay. In short, both are built around the same essential business model.

And so, of course, the Tulsa-based QuikTrip, which runs 1,000 gas station-convenience stores across 17 Heartland U.S. states, opened MedWise, its own brand of urgent care clinics. (Don't worry—they're not attached to gas stations.)

Since launching in 2020, MedWise runs 12 urgent care clinics across Tulsa since 2020. MedWise's launch was supported by the high demand for pandemic testing, although patient visits have slowed since. Still on track to grow, QuikTrip is opening more clinics in Oklahoma in 2023 before expanding to other states in coming years.

NEW YORK'S NYU LANGONE MAKES PROGRESS WITH ANIMAL KIDNEYS FOR HUMANS

New York, New York — Any expert in the field will tell you that suitable organs for people needing transplants, especially kidneys, are a chronic problem, with long lists the norm.

At New York's NYU Langone Health hospital system, doctor-researchers have been working on a possible solution for several years now in the form of kidneys removed from genetically edited animals, specifically pigs. (A gene causing a human-dangerous condition called Alpha Gale was removed from the animals before kidney harvesting.)

The program, which began just a few years ago, has so far successfully transplanted five such kidneys into human patients. According to program leader Robert Montgomery, MD, PhD of Langone, the program could help reduce the shortage of kidneys for transplants or the long waiting lists. Complex questions remain, however, for patients whose ethical beliefs might bar acceptance of animal organs.



THAT'S WILD! NYU PROGRAM GIVES GENETICALLY MODIFIED PIG KIDNEYS TO SOME HUMANS

PEDIATRICIAN, NURSE, ER DOC GROUPS CALL FOR YOUTH MENTAL-HEALTH CRISIS SUPPORT

Itasca, Illinois — Mental-health emergency-room runs involving children have significantly increased in recent years, and the situation is a crisis that is only getting worse.

So says a joint policy statement by the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA).

According to the three leading industry groups, an estimated 500,000 children are evaluated for psychiatric emergencies in hospital emergency departments across the U.S., a figure that has increased over the past decade.

Resource strains and capacity backlogs are already a significant problem in ERs. “Now we're adding to this a huge element of an increasing number of children—younger and younger, by the way, as young as five—who are coming in with mental health complaints,” said UCLA's Dr. Mohsen Saidinejad, lead author of the policy statement.

HOSPITALS DEMANDING NURSE PRACTITIONERS (NPS) MOST, SAYS NATIONAL STAFFING FIRM

Dallas, Texas — If you want to know what employees hospitals are seeking to hire most, ask a staffing firm. Or, just wait for one of their reports.

According to one such national report, this one released by the Dallas, Texas-based AMN Healthcare, hospitals are most searching not for registered nurses (RNs), as the conventional wisdom would have it, but for nurse practitioners (NPs)—the highly-trained nurses who are authorized to treat, diagnose and prescribe, too.

Also eclipsing standard Doctors of Medicine (MDs) in sought-after staff were physician assistants (PAs) and certified registered nurse anesthetists (CRNAs), or nurses who treat patients with individualized anesthetic care plans. The change is due to the changing healthcare landscape in which organizations are resorting to NPs and other nurses to provide revenue-generating, cost-efficient patient care. ★



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Proactively Preventing Pneumococcal Problems

With Winter Here, Hamaspik HomeCare Nurses Actively Promoting Pneumonia-Reducing Shots for its Vulnerable Senior Population

With preventive care being a key part of the services and supports provided by Hamaspik HomeCare to its senior patients and others needing quality healthcare and/or aides at home, the agency incorporates vaccinations in its routine health-maintenance work.

That's especially true now that the wintry cold has most emphatically arrived—with agency medical staff warming up their infection-prevention efforts towards their beloved populations.

"All Hamaspik nurses regularly ask patients during assessments if they are up to date with their vaccines," Hamaspik HomeCare Field Nurse Adina Bodlander, RN first tells the *Gazette*.

Thus, she continues, "If a patient has

not had the opportunity to get their flu vaccine or pneumococcal vaccine" with the cold weather now upon us, "we will help them arrange transportation to either the doctor or pharmacy through their insurance provider."

Always prioritizing patient intelligence, "The nurse will also try and stress the importance of these vaccines to protect our patients from flu and pneumonia," she adds—"especially during the winter months."

That's why, of late, Hamaspik HomeCare has been making sure its members are up-to-date with their pneumococcal shots.

The pneumococcal (pronounced NOO-moh-KOK-uhl) vaccine is designed to protect against pneumococcal

disease—an umbrella term for any infection caused by the *Streptococcus pneumoniae* bacteria. Two examples of these bacteria are pneumonia and meningitis. They spread when respiratory droplets (like saliva or mucus) are sent through the air by coughing or sneezing. *Streptococcus pneumoniae* are particularly lethal for the lungs and can potentially lead to pneumococcal pneumonia, the most common type of pneumonia in the U.S. An estimated 150,000 Americans are hospitalized with that illness each year, particularly those 65 and up.

The good news is that there is a vaccine against pneumococcal infections, including pneumonia. The shot is recommended for adults 65

and up and for individuals with certain medical conditions (as well as for children under age two), can help lower chances of contracting such infections or reduce their severity. It works by using the same carbohydrates on the bugs' surfaces, safely giving the immune system something to clearly target without using the bug itself.

Unlike the flu shot, the pneumococcal vaccine usually only needs to be given once per lifetime.

By law, Medicare and other insurance plans must cover the shot for free. And thanks to Hamaspik HomeCare, come winter, seniors and others in our communities are getting their best shot at a healthy and infection-free cold season. ★

Walkable Communities Ideal for Senior Health, New Study Underscores

Pedestrian-Friendly Neighborhoods Best for Social, Mental and Physical Wellbeing of Older People, Research Reiterates

San Diego, California — Researchers at the Herbert Wertheim School of Public Health and Human Longevity Science, based at the University of California San Diego (UCSD), recently added yet more scientific evidence to the known benefits of regular walking for seniors.

According to the study, published in the journal *Health & Place*, adults who live in "walkable" neighborhoods are likelier to socialize and have a stronger sense of community—with both being critical factors long known for their health benefits for aging adults.

Walkable is generally defined as a neighborhood in which family members, friends, stores, houses of worship and social venues are all within short walking distance.

In contrast, vehicle-dependent communities can "deny long-lasting opportunities for socialization, physical activity, contact with nature, and other experiences that affect public health," said study senior author James F. Sallis, Ph.D., Distinguished Professor at

Wertheim. "Transportation and land use policies across the U.S. have strongly prioritized car travel and suburban development, so millions of Americans live in neighborhoods where they must drive everywhere, usually alone, and have little or no chance to interact with their neighbors."

To arrive at its conclusions, the study analyzed data from the Neighborhood Quality of Life Study (NQLS), an ongoing public-private project run by UC San Diego since 2004. The scrutinized data covered 1,745 surveyed adults ages 20 to 66 living in 32 neighborhoods located in and around Seattle, Baltimore and Washington, D.C.

Researchers first defined walkability by four variables: 1. net residential density; 2. land-use mix; 3. retail floor-to-land area ratio; and 4. intersection density (no. intersections per land area). They then calculated the number of those variables within one square kilometer of each study participant's residence.

Researchers found that greater

walkability correlated to greater reported social interaction and sense of community among surveyed participants.

Walkability has long been a defining feature of the Orthodox Jewish communities serviced by Hamaspik, which traditionally place synagogues, stores and social venues within walking

distance of homes inhabited by typically large families—all creating a bonanza of social health.

The findings underscore United States Surgeon General Vivek Murthy's national push to reduce senior isolation—and its increased serious health risks—by promoting walkable neighborhoods. ★

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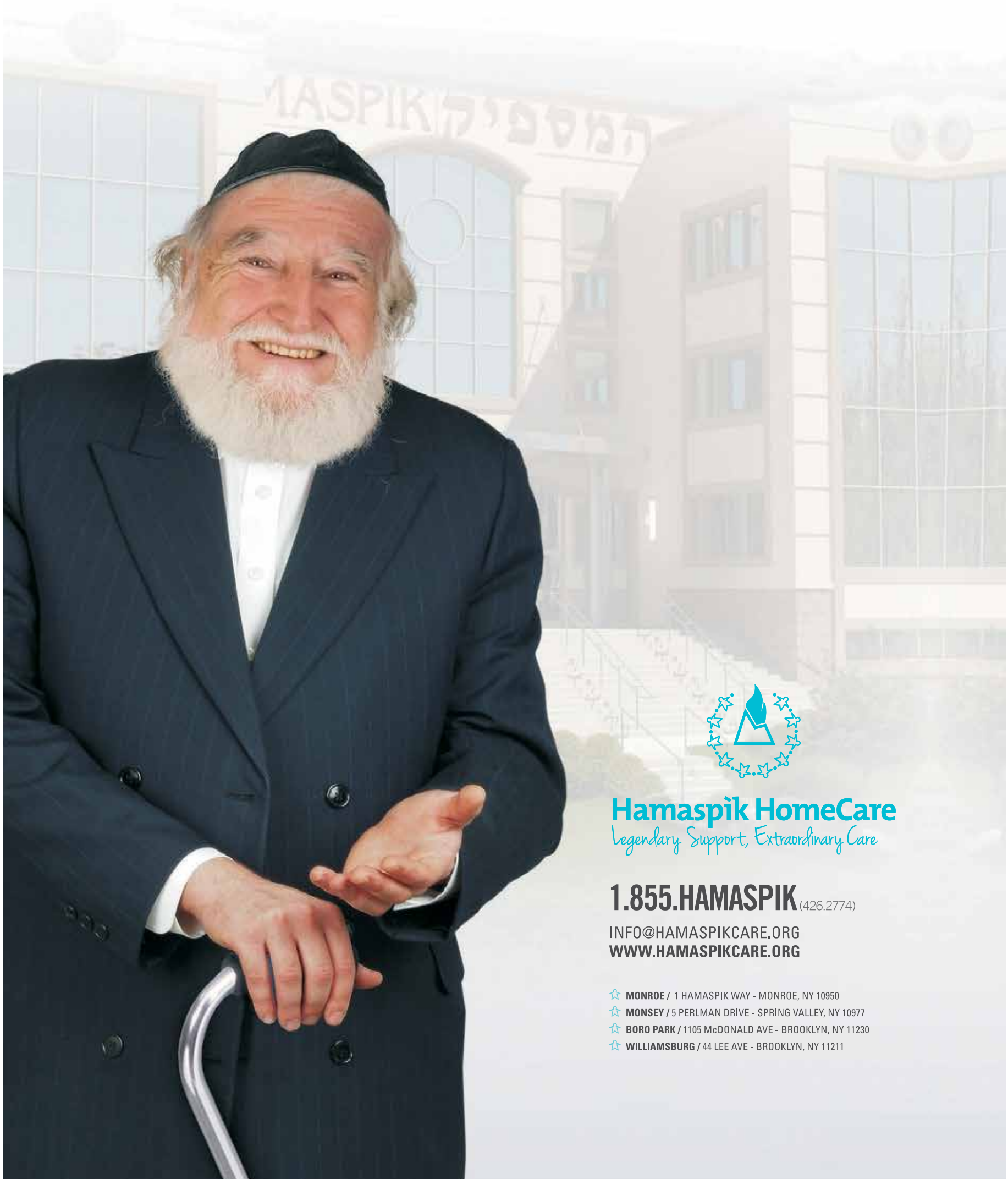
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