



The Hamaspik Gazette

News of NYSHA
Member Agencies
and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOUR CHILDREN GET ACNE?

A: NEVER; B: OCCASIONALLY; C. FREQUENTLY

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



HEALTH STAT

AMERICAN ACNE ACCOUNTING

ACNE IS THE MOST COMMON SKIN CONDITION IN THE U.S.

No. Americans affected annually	Up to 50 million
Rates of acne from ages 12 to 24	85 percent

Source: American Academy of Dermatology



HEALTH TIP

ANTI-ACNE ACTION

Since acne is overwhelmingly caused by clogged skin pores on the face, naturally preventing "acne-face" involves the twice-daily washing of the face. This removes the sebum (natural skin oil) and dead skin cells that otherwise clog skin pores. Eating less high-sugar and high-carb foods also helps.

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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

Rolling on Lifting People Up at Tri-County

With Long Process Finally Complete, Individual Using Wheelchair Gets Accessible Lift-Equipped Modified Minivan

Things are certainly rolling along nicely at Tri-County Care—if you ask one individual who uses a wheelchair, that is.

You can also ask any member of his family now getting behind the wheel of their new family vehicle—because that Chrysler Pacifica minivan, besides being brand-new, is also fully equipped to accommodate a wheelchair-using passenger, motorized lift, floor space and all.

The van culminates a three-year effort by Tri-County Care's team.

Beginning with the individual's Care Manager, the agency's staff repeatedly went to bat for the young man, ultimately replacing his family's aging and deteriorating van with one perfectly customized to suit him.

The saga began with an employee at one of Tri-County's numerous non-profit partners suggesting to the young man's mother that they apply for a modified minivan. The family's

transportation at the time, a late-model Ford, had seen better days. So Mom contacted her son's Care Manager at TCC.

Among the many supports provided to those with disabilities by TCC's partner agencies are *environmental modifications*, or e-mods in industry parlance—changes to living spaces such as grab bars and walk-in tubs in restrooms, as well as wheelchair ramps and lifts at front doors.

For automobiles, New Yorkers with disabilities can also qualify for *vehicular modifications*, or v-mods. These do for cars what e-mods do for houses—modify them to allow people with disabilities to use them. The Care Manager thus began the process of obtaining a new v-mod-equipped van for the young man.

The application was initially submitted as required to the OPWDD's "Front Door" services portal—a process consuming several months

alone. Once within the OPWDD ecosystem, the documentation eventually made its way to that state agency's Community Funding Team, an internal department responsible for the allocation of earmarked funding for certain individual cases of disability services and supports. All along, Tri-County Care Regional Manager Mrs. Perry Zelik consistently worked the phones, ensuring that OPWDD staff kept the application on the front burner.

Concurrently, the family was approved to undergo a vehicle assessment. This consists of a third-party independent contractor visiting an applying family for a thorough and objective review of all their relevant variables, including family size, lifestyle, and auto usage habits. A professional vehicle evaluator thus shortly came down to the family home for a thorough interview of the individual and his family, ultimately

determining what make and model(s) of vehicle might be best for them.

Late last year, then, the family finally went ahead and purchased one of the two van options that had been recommended to them by the vehicle evaluator: a brand-new Chrysler Pacifica.

At the start of this year, the van was transported out of state to a custom accessibility outfitter specializing in converting vans into lift-equipped vehicles. Within a few weeks, the van—still brand-new on the outside—was also brand-new again on the inside. Much of its interior had been modified so as to fit space for a wheelchair—plus that critical motorized ramp/lift module allowing a wheelchair-using passenger easy and convenient entry and exit.

Today, a shiny Pacifica sits outside the individual's home, where it is engaged in daily good use. Says the Care Manager: "I was so excited to see the van in the front of their house!" ★

● ► HEALTH NEWS

Harmful Inflammation May Not be Caused After All by Red Meat

Study Casts Doubt on Long-Held Association Between Meat Consumption and Negative Health Effects on Body

Houston, Texas — "Red meat is bad for you."

So goes the common belief, a statement backed up by numerous studies and scientific research demonstrating that the ingredients in red meat (meat from animals, not birds or fish)—or at least the sodium contained in processed red meat—are rather detrimental to the human body's long-term health.

That's because sodium, or salt, is the number-one driver of high blood pressure, itself the number-one driver of heart disease like stroke and heart attack. Heart disease is by far the top cause of death in America today.

Another negative health effect long associated with the consumption of red meat is *systemic inflammation*, which occurs when the immune system is in a constant state of alert defending the body. Chronic systemic inflammation

can have several detrimental long-term effects on the body, including depression, decreased physical activity, fatigue, lack of motivation, and loss or lack of appetite.

But now, a study by the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine and Texas Children's Hospital finds that it may be body weight, not red meat intake, that drives increased inflammation throughout the body.

Baylor researchers concluded that after reviewing data on 4,000 older adult participants in the Multi-Ethnic Study of Atherosclerosis (MESA).



GETTING TO THE MEAT OF IT: KEY INFLAMMATION INDICATOR C-REACTIVE PROTEIN (CRP) IS NOT HIGHER IN PEOPLE WHO REGULARLY CONSUME RED MEAT, INDICATES RECENT SURVEY

Specifically, they found that levels of C-reactive protein (CRP) were not higher among people whose red-meat consumption levels were higher. The body's CRP levels are normally low, but rise in response to inflammation—making CRP levels an indicator of inflammation.

The role of red meat on disease risk and inflammation, said researcher Dr. Alexis Wood, has not been adequately studied, which can lead to health recommendations not based on strong evidence. "Our analysis," she said, "does not support... linking red meat intake and inflammation." ★

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Happening in Health Today

NEW BIONIC HAND FUSES WITH PATIENT'S NATURAL BONE

Pisa, Italy — Bionic prosthetics, or artificial limbs like hands or feet controlled by their wearers, have made remarkable progress in recent years.

Science is getting increasingly better at computerized prosthetics that can read wearers' brain or nerve signals, allowing them to literally control their artificial limbs with their minds as naturally as possible.

Now, perhaps the most naturally-

integrated artificial limb so far—a naturalistic robot hand—has been changed the life of a Swedish hand-amputation patient. The device, dubbed Mia Hand, detects nerve signals from her brain controlling its movement—and was slowly grown over by bone tissue, making it naturally attached.

Most importantly, those nerve signals are interpreted by an AI program, which then signals the motorized hand to move. Besides giving the patient unprecedented fine-motor control, it's also greatly reduced

chronic pain.

The breakthrough was reported in *Science Robotics*.

MORE WALKABILITY MEANS LESS CANCER RISK FOR WOMEN, FINDS STUDY

New York, New York — Walkability, or the variable of having community stores, institutions and friends within walkable distance, has long been associated with better overall health—with numerous studies associating more walkability with more benefits, including less heart disease and more longevity.

But now, here's yet another reason to live in metro New York.

According to researchers at several universities in New York City, women who live in walkable neighborhoods have lower rates of obesity-related cancers—particularly multiple myeloma, ovarian, and endometrial. Unrelated research has linked obesity to increased risk for 13 types of cancer in women, with physical activity lowering risk for some of them.

The research was a joint effort of the Mailman School of Public Health at Columbia University and the Grossman School of Medicine at New York University (NYU).

STUDY LINKS STRONGER THIGH MUSCLES TO LESS KNEE-REPLACEMENT SURGERY

San Francisco, California — A comparison study between 67 people who'd undergone knee replacement surgery and 67 equivalent people who never had found that those who hadn't also had more thigh muscle volume.

In other words, people with stronger quadriceps (quads) muscles on the front of the thigh, and stronger hamstring muscles on the back of the thigh, had lower rates of knee replacements, found recent research at the University of California at San Francisco (UCSF).

Thus, workouts focusing on strengthening quads and hamstrings could protect the knee and help people avoid knee replacement surgeries.

The UCSF study recruited volunteers

from the national Osteoarthritis Initiative study. Analysis of MRIs of their knees found that those with higher volumes of quads and hamstrings had lower odds of total knee replacements.

So, want to lower odds of knee replacement? Do more squats and lunges.

SCIENTISTS NOW BELIEVE THEY KNOW WHY RED WINE GIVES SOME PEOPLE HEADACHES

Davis, California — Self-explanatory “red wine headaches” are triggered in some people because red wine contains *quercetin*, a substance found naturally in fruits and vegetables, University of California at Davis (UC Davis) researchers now say.

While consuming quercetin in fruits and vegetables does not cause headaches, it does so with red wine because the body is simultaneously processing the alcohol in the wine. Quercetin exposed to alcohol turns into *quercetin glucuronide*, which in turn builds up a headache-causing toxin called *acetaldehyde*.

As to why not everyone drinking red wine gets headaches, researchers say that's because quercetin levels in red wine vary dramatically, or because some people may have enzymes more easily inhibited by quercetin, or because they're more sensitive to acetaldehyde buildup.

RESEARCH TEAMS AT NYU BUILD WORKING MRI MACHINE FROM SCRATCH IN FOUR DAYS

New York, New York — The MRI machine is a fixed but very costly part of modern medicine; brand-new, it costs millions, weighs up to 17 tons and requires three rooms. The MRI4ALL Hackathon, recently held at NYU, set out to change that.

Splitting 52 participants from 16 different institutions across four teams, the event had each build an MRI's four primary parts from scratch.

Over the course of four days, the teams built the magnet, gradient coils, radio frequency transmitter/receiver, and software with existing and 3D-printed parts. The small completed device weighed 80 pounds and cost \$15,000.

To ensure function, the device scanned two boxed mystery items. After a few last-minute tweaks, the item—two water-filled syringes—appeared on screen.

Researchers are now publicizing the device's plans for free, with an eye toward making MRI technology more available worldwide.

AIRBORNE MEDICAL DRONES GET LIFESAVING AEDS TO CARDIAC-ARREST PATIENTS FASTER THAN GROUND-BASED AMBULANCES



THE NEWEST MEDICAL BUZZ: DRONES CARRYING DEFIBRILLATORS SAVE LIVES FASTER

Stockholm, Sweden — Dispatching a flying drone to the scene of a cardiac arrest patient can get a lifesaving automated external defibrillator (AED) on that patient faster than an ambulance.

Unrelated research shows that helicopters get from accident scenes to hospitals 50-percent faster than ground ambulances. Now, Sweden's Karolinska Institutet has shown the same concept works in urban areas with drones carrying medical equipment. In

their study, drones delivered an AED in 55 cases of suspected cardiac arrest—with 37 cases arriving an average of three minutes before ambulances. Eighteen of those cases were actually cardiac arrest, of which six used the drone-delivered AED before ambulance arrival. One patient actually survived.

With out-of-hospital cardiac-arrest survival rates at just about ten percent, AED drones could make a major difference. ★

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@hamaspikkings.org

● ► HAMASPIK NEWS

At Hamaspik of Orange County's Men's Day Hab, Learning How to Not Work on Shabbos in 39 Very Different Ways

In One Month of Daily Study, High-Function Group of Students Master the Prohibited "Melachos" of the Day of Rest



WHERE EVERYONE COUNTS: OVER CAKE, DAY HAB STUDENTS LISTEN ATTENTIVELY AS MOSHE BERKOWITZ ENUMERATES THE SPECIFICS OF ONE OF THE 39 "MELACHOS" OF SHABBOS



"SHEAR" DELIGHT: A PICTURE-PERFECT EXPERIENTIAL EDUCATION SESSION UNFOLDS AS STUDENTS GET IT WHEN IT COMES TO WHAT (NOT) SHEARING A SHEEP WOULD LOOK LIKE

So, here's how you do something without doing another thing. More specifically, here's how you "do" something—as in perform some action—by the "non-doing" of another action.

The "something" here, of course, is Shabbos, the Jewish "Day of Rest." And you perform the action of keeping Shabbos—yes, largely by engaging in rest, but—by primarily *not* performing *other* actions. What might those actions be? Well, let's start with not shearing a sheep—or laying a brick, starting a fire, or carrying an object from private to public property.

Those, and 35 others, are what constitute the "Melachos"—the 39 prohibited "Labors" that define "work" as it is prohibited by the Torah for Jews on Shabbos.

So to further familiarize themselves with the community from which they spring, the gentlemen of the Hamaspik of Orange County Men's Day Habilitation (Day Hab) Program spent a good month recently internalizing each of the 39 Melachos at Day Hab.

Before, they knew how to observe (and not observe) the Shabbos—the same way, arguably, your typical driver knows how to drive a car. But now, so to speak, they had internalized the mechanics of the engine the same way a mechanic knows a car.



Gathering around a work table every day during Day Hab hours, the gentlemen assembled for another



DYED IN THE WOOL: MAKING AN INDELIBLE MARK ON SHABBOS-LITERACY EDUCATION, THE "BOYS" TAKE IN THE PRACTICAL APPLICATIONS OF NOT CHANGING THE COLOR OF WOOL

round of hands-on experiential education as prepared diligently by longtime Hamaspik Direct Support Professional (DSP) Moshe Hersh Berkowitz.

This they repeated precisely 38 times.

For one such session, they learned that shearing a sheep (or the cutting of any hair, therefore, by legal extension, whether animal or human) is banned—by actually shearing the hair of a sheep.

Don't worry. It wasn't a live sheep. Moshe Hersh had supplied an adorable stuffed-animal sheep and—don't be horrified!—also supplied a hairy pelt of fake white wool to drape over it, allowing the gentlemen to safely trim that wooly blanket with scissors and learn first-hand just what "goizez," the verb referring to "shearing," means. You might say it was "shear delight."

The gentlemen each took turns "shearing" the "sheep," getting a good

idea of what actual sheep shearing, or the trimming or cutting of anything, is like when you take matters, or scissors, into your own hands.

On a subsequent day, with Moshe Hersh's constant patter of explanation all along, the gentlemen likewise experientially internalized what "tzoveiya," or "dyeing," entails. This they accomplished by subjecting the now rather-diminished bolts of furry fabric to sprays of aerosolized textile dyes, rendering them kaleidoscopes of rainbow-like colors. When they were done, they were certifiably dyed-in-the-wool experts on dyeing wool (or is that, not dyeing wool) on Shabbos.

Furthering the related string of Melachos, the gentlemen got their hands full—without actually exposing their skin, fortunately—of bleach, as in practicing hands-on the prohibited Shabbos activity of "melabein," or "whitening" (in plain

English, bleaching). That refers to the practice of soaking freshly-sheared wool in some sort of liquid bleaching agent—which in today's highly-developed world involves plain old sodium hypochlorite, a.k.a. bleach. At Hamaspik, the gentlemen dunked colored strips of "wool" into large handled cups of treated water to let the diluted bleach do its job. Once all those colors had been bleached out, the gentlemen could see with their own eyes what "melabein" means.

On another day in the series, the gentlemen put their knowledge of Shabbos rules down in writing. They did so by engaging in freestyle writing—snapping up pens and putting ink to paper in any which way they so desired. The idea was to teach them that when it comes to Shabbos (or rather, the prohibited actions entailed by keeping Shabbos), any writing counts. And so they doodled, scribbled, inscribed, autographed or otherwise spilled ink in controlled fashion, learning first-hand (again, pun intended) what "koseiv," or "writing," means when it comes to the Thirty-Nine Melachos.

And hence, they proceeded through the remainder of the 39—cutting, trapping, carrying, weaving, sowing, plowing, harvesting, winnowing, "looming" (that is, engaging in the basic operation of a cloth loom), and so on. Ultimately, Shabbos was theirs in an up-front-and-personal way that, without that month of hands-on activities, it never would have been. ★

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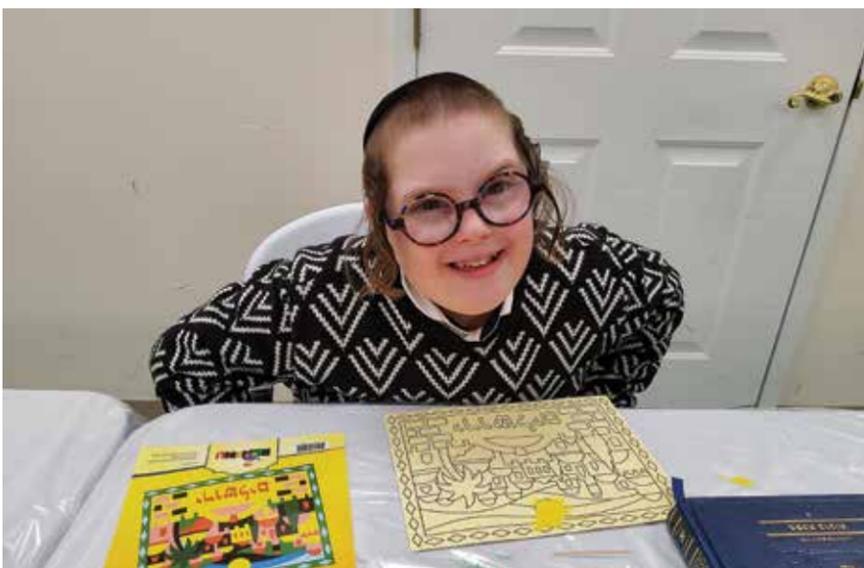


Happenings around Hamaspik

The Art of Crafts



DRAWN TO EXPRESSION: PARTICIPANTS IN HAMASPIK ORANGE'S BOYS ASR PROGRAM PUT CRAYON TO PAPER (L) AND TOY TRACTORS IN DECORATIVE SAND (R) TO LEND THEIR TOUCH



THE FACE OF CREATIVITY: STYLISH SPECTACLES PERFECTLY COMPLEMENTING A YOUTHFUL COUNTENANCE, THIS BOY IS ALL SMILES BEFORE EMBARKING ON AN ARTISTIC JOURNEY

Gaining Competence to Serve Better

At Hamaspik Kings County, the coordinators never stop learning

One of our core values at Hamaspik is "Competence: Know better to serve better."

We know information is power, and we want our coordinators to be well-informed so they can better assist their clients. Comfort Health's HCBS department therefore hosts monthly trainings.

This past month, they received an informative training from Mr. Hershel Wertheimer, executive director: "Understanding the Steps It Takes to Accomplish a Goal."

Mr. Wertheimer prepared a captivating presentation of several common behavioral and mental health diagnoses (OCD, PTSD, ADD, ADHD, and more), explaining how a child feels while experiencing these struggles, and what it's like for that child's parent.

Lastly, he explained in detail the roles that a care manager, coordinator, and therapist play in helping the child, and demonstrated how HCBS goals can be crafted and put into practice to

ensure continuous growth.

"I believe that going forward we'll have a different view when talking about these diagnoses. It was particularly helpful to be given role clarity as to the part we play in the HCBS department," Mr. Shmuel Chaim Tessler, CW-HCBS regional manager (Williamsburg) says.

"Even more than the knowledge, we gained so much from hearing Mr Wertheimer describe his passion for the Comfort Health mission," Mrs. Gitty Lipschutz, CW-HCBS regional manager (Five Towns) shares. "That was the most powerful and inspiring takeaway for many of the coordinators."

"We left feeling motivated and uplifted by Mr. Wertheimer's presentation, the brilliant content, the easy-to-understand and relatable breakdown of the diagnoses, and above all, the care," Mrs. Chava Mindy Greenfeld, CW-HCBS regional manager (Boro Park) sums up. "We all felt connected to a bigger mission and very proud of that mission." ★

"RESTORE"-ing Access to Home for Seniors

Vital Home-Improvement Programs Turn Orange, Rockland and Kings Homes into Safe, Accessible Places to Live

Two programs cement Hamaspik's reputation as tending to the entire community: RESTORE and Access to Home. Hamaspik provides both to Orange and Rockland Counties.

The RESTORE supports otherwise-unaffordable emergency repairs, eliminating home conditions threatening the life, health, or safety of low-income elderly homeowners who are 60-plus living in primary residences in Orange or Rockland.

Sample RESTORE repairs are: correcting failing foundations, floors, or doorways; mold remediation; electrical hazard removal; and correcting drink-able-water, hot-water, and sewage issues. RESTORE also repairs/replaces faulty roof/gutters, broken windows, exterior doors, interior or exterior stairs, and failed HVAC systems and chimneys. (It does not do non-emergency, non-safety-related work.)

Access to Home makes residences

accessible for low- and moderate-income homeowners with qualifying disabilities living in their primary residences in Orange or Rockland Counties.

Sample ATH repairs are: Roll-in showers with grab bars; bathtub grab bars and seats, hand-held showers; wheelchair ramps and lifts; stair glides and handrails; expanded doorways; nonskid flooring; 18"-high outlets and 42"-light switches; and voice-activated appliances. (It does not cover remodeling or landscaping.)

Both programs keep beloved grandparents actively involved in community and family. One recipient, after a lifetime of building a family, couldn't leave his house for lack of wheelchair access. Hamaspik's intervention left him able to come and go as he always had.

"I think it's a great grant," an ATH supervisor says. "People just don't know about it." ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Savoring the Spirit of Shabbos

Boys Respite Program enjoys full-scale feast “drill”

When it comes to themed events and reenactments, the more realistic, the better—just ask anyone who’s ever been to a period-styled dinner, or replay of history (i.e. historical play).

So when it comes to capturing the glory and majesty of the authentic Shabbos table, what better way to do that (other than the real thing) than with a full-scale drill?

That’s why the Hamaspiik of Orange County Boys After-School Respite (ASR) program recently organized a Shabbos-themed day—the highlight of which was a grand Shabbos Party reenactment of your typical Friday-night Shabbos dinner.

The grand dinner was held in the large ballroom of the Hamaspiik Resort upstate in Rock Hill, New York.

Sitting around a huge table with elegant settings for each of them, the boys sang along happily as Respite Manager Moses Schwartz guided the

event. From the traditional “*Sholom Aleichem*” and “*Aishess Chayil*” opening hymns through Kiddush [the blessing over grape juice—ed.], the classic challah and gefilte fish, Mr. Schwartz successfully created a Shabbos vibe.

The idea of the event, explains Mr. Schwartz, was several-fold. It created a full day with a Shabbos theme the same way Hamaspiik’s Respite programs will have a “Shavuos Day” or a “Sukkos Day” theme across the year. It gave each boy the chance to experience and express the pleasure and excitement of Shabbos, and made them feel like adults by making their own Kiddush or otherwise leading the proceedings.

Finally, he notes, it gives them a general sense of leadership, control and choice over their own lives. In contrast to a museum visit, Mr. Schwartz explains, where they just “go and look,” here, he says, “they felt they could lead their lives themselves”—that “they can do it!” ★

Nothing like a Mother’s Love at Home—at Summer Camp Away From Home

New “Camp Mommy” Program at Camp Mamtakim to Give Every Camper a Mother Figure and Advocate this Summer

Counselors are great.

Counselors at Camp Mamtakim, the community’s overnight camp for girls with special needs, are doubly great.

But nothing beats the loving touch, care and heart of an authentic Jewish mother.

The only thing is, that Jewish mother’s heart is found largely at home—not when daughters go to the Mamtakim sleepaway camp away from home.

So, simple problem, simple solution: This year, Camp Mamtakim is bringing in that Mommy figure—a whole team of them, in fact—to camp from their own homes.

Under the new job title of Camp Mommy, a group of women—all married young homemakers and matriarchs themselves—will be joining Mamtakim’s ranks this summer, doing what Mommy does best: Dispensing love and care as only Mommy can.

Each specialized staff member will

function primarily as a “middleman” between campers and their families, Camp Mamtakim Program Director Mrs. Perlman explains to the *Gazette*.

Should any personal care-related issues arise, such as a camper needing a missing wardrobe item, or more toothpaste, or even to visit a doctor, the Camp Mommy will liaise between camp and family, ensuring that the item is promptly secured. (She’ll even go to the doctor with her if needed.)

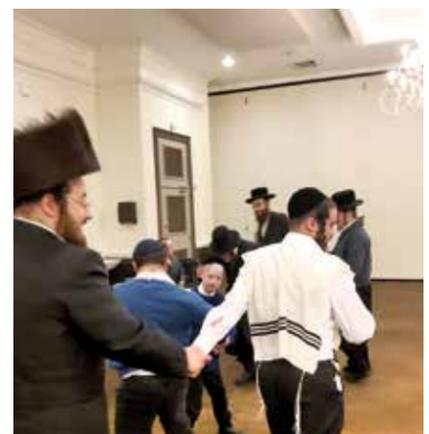
Camp Mommies, each responsible for approximately 12 campers, will also support counselors with that knowing touch during wake-up and bedtime routines—as well as be on hand during meals to ensure compliance with any specialized dietary need. The Camp Mommies will also be there for campers before and after swimming.

There are things that only Mommy can truly provide—and now, thanks to its new “Camp Mommy” program, Camp Mamtakim will also provide. ★

All on the Table



READY FOR SHABBOS: A FULLY-SET TABLE AWAITS DOZENS OF HAPPY YOUNG “GUESTS” AT HAMASPIK ORANGE’S SHABBOS-MEAL DRESS REHEARSAL FOR THE BOYS RESPITE PROGRAM



TAKING A STAND: MANAGER MOSES SCHWARTZ (L) LEADS THE FULL-SCALE PRACTICE EVENT, WHILE PARTICIPANTS (R) LATER TAKE TO THEIR FEET IN JOYOUS SONG AND DANCE

Purim in the Air



BAND OF BROTHERS: THE GENTLEMEN OF THE HAMASPIK OF ROCKLAND COUNTY DAY HAB PROGRAM TAKE TO A LOCAL STUDIO TO ROCK SOME INSTRUMENTS AND WORK THE MIKES



SOLO FLIGHTS: TWO INDIVIDUALS TAKE TO THE STUDIO’S MICROPHONES, BACKGROUND MUSIC ROLLING, TO LAY DOWN THEIR OWN PURIM-THEMED VOCALS AS THEY BEST CAN

The Autism Update

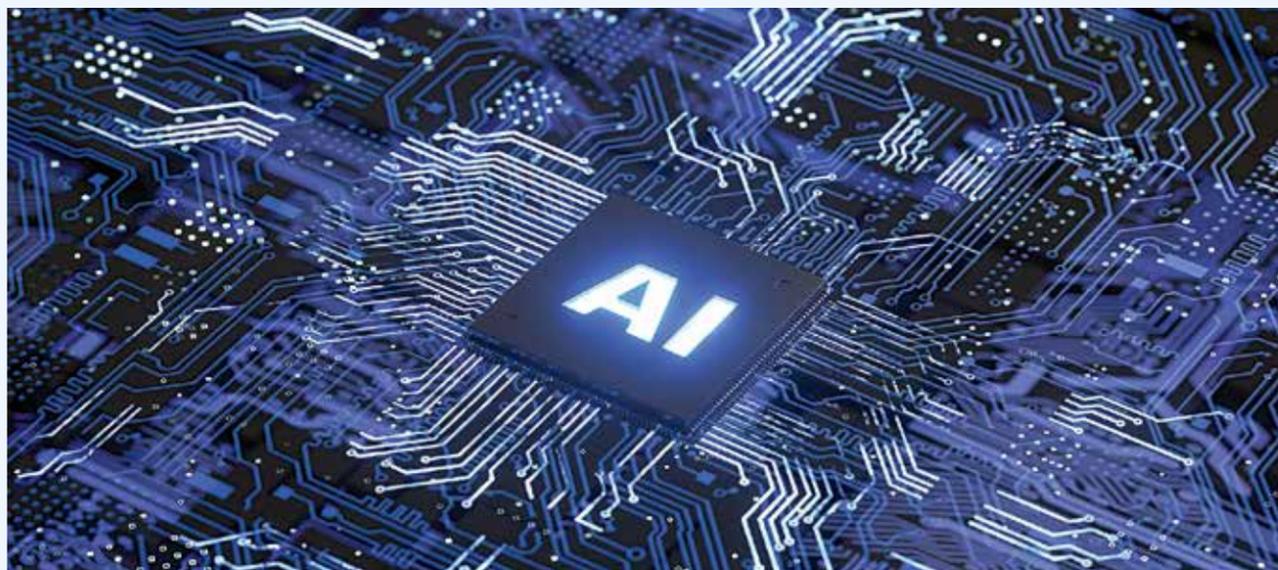
News and developments from the world of research and advocacy

EARLY CHILDHOOD AUTISM MIGHT BE DETECTABLE BY AI

Louisville, Kentucky — By combining specializing MRI scans of patient brains with artificial intelligence (AI) software, researchers at the University of Louisville now say they've developed a system that can diagnose autism in toddlers nearly perfectly.

According to researchers' findings, the tool diagnosed toddlers with 98.5% accuracy. "Our algorithm is trained to identify areas of deviation to diagnose whether someone is autistic or neurotypical," said researcher Mohamed Khudri in a press release.

The AI system relies on DT-MRI, a special technique that detects how water travels through the brain



PUTTING ARTIFICIAL INTELLIGENCE TO GOOD USE: AN AI SOFTWARE PROGRAM CAN NOW DETECT AUTISM IN TODDLERS, SAY RESEARCHERS

along what are known as "white matter tracks." The AI system isolates images from DT-MRI scans

and and looks at markers revealing the level of connectivity between brain areas. The AI software then

compared patterns in the brains of children with autism to those of normally developed brains. ★

IN GROWING NEW TREND, AUTISM RESEARCHERS VISITING POORER, MORE DIVERSE CHILDREN AT HOME

Columbia, South Carolina — Prof. Caitlin Hudac, an associate professor of psychology at the University of South Carolina, recently spent three months to collect data from 56 people with autism ages nine months to their late 30s, traveling 15,000 miles by car across 33 states.

The primary reason for her travels was because the majority of the individuals with autism she was testing were from the roughly 20 percent of autism study participants who are not white, middle-class-plus and largely suburban-residing—and able to easily drive to a regional college or hospital where autism studies are taking place.

Prof. Hudac is part of a growing national trend in autism research to bring research tests—electroencephalography (EEG) machines and all—to the people instead of the people to the tests.

Home-based autism study tests are particularly beneficial to black participants, as well as to minimally verbal children.

STUDY: CHILDREN IN DISADVANTAGED NEIGHBORHOODS LIKELIER TO GET ASD DIAGNOSES

Los Angeles, California — Children living in poorer areas appear to be likelier to be diagnosed with autism spectrum

disorder (ASD), research by the L.A.-based University of Southern California (USC) finds.

While socioeconomic status of one's family has been associated with ASD diagnosis, less is known about the role of *neighborhood disadvantage*.

The phrase refers to the lack of economic and social resources in a neighborhood, especially when resident children have health insurance comparable to those in more-advantaged neighborhoods.

In a USC study that included 318,372 children who had health insurance, neighborhood disadvantage at birth was associated with a higher likelihood of ASD diagnosis, regardless of mothers' level of education.

"Providing resources for early intervention and family support in communities with a higher likelihood of ASD is important," researchers wrote.

TODDLERS WITH AUTISM HAVE SLOWER PACE WHEN STARTING TO WALK, FINDS STUDY

Los Angeles, California — How well children with autism spectrum disorder (ASD) first walk can help caregivers better evaluate "subtle and specific motor differences" between them and typically-developing children, research at the University of California at Los Angeles (UCLA) recently found.

"We found that although toddlers with ASD achieved a typical age range of walking onset, they exhibited a pattern

of slower pace compared to the typically developing cohort when matched by chronological age and mental age," read the study's abstract, published by the International Society for Autism Research (INSAR). "We also found that slower measures of pace were associated with lower developmental scores of communication, motor skills, and adaptive function."

According to the findings, children with ASD exhibiting slower walking pace can be flagged to receive therapeutic interventions earlier, thus bettering their long-term prognoses.

CLINICAL TRIAL FINDS TEACHING CHILDREN WITH AUTISM BY EXAMPLE, NOT EXPERIENCE IS BETTER

Evanston, Illinois — Transferring your experience- and expertise-based wisdom to another is better than allowing the other to learn from his or her own past experience.

In plain English, that means that if you're a teacher, it's better for your student to learn from what you know than to learn from their own efforts—even if your student is a toddler with autism.

The two approaches, known scientifically as the *directive* and *reactive* approaches, were the subject of a randomized clinical trial of 111 mothers of toddlers with autism. Half were randomly assigned to give their children directive language interventions and the

other, reactive.

"Children in the directive condition had significantly greater scores across multiple language assessments," the researchers at Northwestern University wrote. "Thus, children may benefit from caregiver prompts to facilitate long-term language outcomes."

CLOSELY-WATCHED "ADA TESTER" CASE TOSSED BY U.S. SUPREME COURT

Washington, D.C. — A case whose verdict either way could have had major effects on rights for people with disabilities was dismissed by the country's highest court.

Acheson Hotels, LLC v. Laufer revolved around a Florida resident with disabilities who'd sued hundreds of hotels over several years for alleged violations of the Americans with Disabilities Act (ADA).

Deborah Laufer, who has impaired vision and uses a cane or wheelchair, had argued that the website of the Coast Village Inn and Cottages in Wells, Maine failed to provide sufficient information about disability accommodations as required under the ADA.

As an "ADA tester," Ms. Laufer had "tested" many other facilities to file suit if they weren't in ADA compliance.

At issue was whether so-called "testers" have standing to sue even if they have no intention of visiting a business. However, with the case dismissed, the issue remains unresolved. ★

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► HAMASPIK NEWS

More Talent, Belonging And Breakthrough Than Ever

Hamaspik of Orange County's Women's Day Hab program hosts second "Kishronos" gala play, bringing unbelievable abilities to the fore and tears of astonished joy to mothers' eyes

Hamaspik of Orange County's Day Habilitation program has long pushed the envelope, constantly striving not just to maintain but to upgrade the abilities of the many individuals with disabilities that it cares for every day.

Two years ago, Hamaspik of Orange County did something that likely had never before been done. That something was a professionally produced play for women and girls, in which all the singers, dancers, actresses and extras would be women and girls with disabilities.

To say that that event, titled "Kishronos" ["Talents"—ed.], was a wild success was an understatement.

Several hundred mothers, sisters, grandmothers, nieces, aunts, cousins and other female neighbors and friends of the individuals had crowded into the Keren Vayael Moshe Halls in the village of Kiryas Joel (KJ) for a first-of-its-kind performance: a musical play that figuratively and literally put disability—



GATEWAY TO THE GREATEST THINGS: BEYOND THIS UNDERSTATED BUT ELEGANT WELCOME TABLE WAS A DISPLAY OF THE MOST POSITIVELY UNBELIEVABLE CAPACITIES FROM INDIVIDUALS

or is that ability?—on center stage.

The aftermath had been staggeringly positive, with family members, guests and even Hamaspik staff blown away

by how well it turned out and how surprisingly successfully the performers had done. It had been so out-of-the-box that no one could later have believed that Hamaspik could outdo itself.

But now, "Kishronos II" took the stage bigger, better, and more inclusive than ever—and double the size, what with two performances on the same day due to capacity. The results were equally grand.

The next stage

Under the leadership of Hamaspik events coordinator Mrs. C.M. Landau, Mrs. H. Ausch of Monsey, a talented music teacher and musical events coordinator, was hired once again to write a play that would star the individuals of Hamaspik's Day Hab.

Writing and directing a play, from concept and script down to lines, lyrics, props and parts, is challenging enough. Now try doing it when the players have a range of special needs, from high- to low-function, including non-verbal and non-mobile, and you can imagine the challenge placed before Mrs. Ausch the first time! Yet here she was doing it again, and this time including each and every Day Hab participant, no matter their state.

With the amazing help of Hamaspik Day Hab's tireless staff, once a rudimentary plot was concocted and cemented and rehearsals began, the Day Hab individuals practiced day in and day out, for several long months. Come

performance day, no one left Vayael Moshe Hall the same people as whom they had entered. They had witnessed a miracle in every way but literally, as girls who mothers never thought they could perform in a play proceeded to do so confidently.

At the start of the year, Mrs. Landau had reached out to Mrs. Ausch to say that Hamaspik now wanted to do a "Kishronos" play again—but with a twist: They wanted to include everyone.

Not only would those capable of speaking, singing and/or dancing perform, but even those using wheelchairs, with limited mobility or with limited (if any) speech would be incorporated.

"Wow!" Mrs. Landau recalls Mrs. Ausch saying. "Let's see what we can do!"

Mrs. Ausch penned a plot about a young Jewish woman in 1700s Europe who left the fold—but always kept with her a precious prayer book, a gift from a beloved grandparent, throughout her saga. In the end, she came back home after passing a menorah-lit window on the street.

Day after day, week after week and month after month, the "Day Habbers" practiced lines or dance steps with assigned one-on-one Direct Support Professionals (DSPs). Driven and supported endlessly by the hard work, devotion and love of Day Hab Manager Mrs. M. Kleinman and Assistant Manager Mr. Josefovits, individuals and staff got the job done. Those with lower function were respectfully included, too, standing in as extras for group or crowd scenes or even, for one individual, to interject with a well-placed laugh at a climactic moment.

At the same time, actresses with live singing parts also enjoyed the experience of visiting Mrs. Ausch's studio to record themselves, such that they sang along with themselves when finally performing—and sounding great, too, thanks to electronically-polished vocals. In fact, thanks to extensive practice, reports Mrs. Landau, some of the usually non-verbal girls were able to sing at least a word or two—and individuals with behavioral challenges that precluded performing live still had their voices recorded and included in the play.

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

More Talent

<< CONTINUED FROM PAGE 12

Throughout the six months of rehearsals, and especially on the day of the performance, each performer had an assigned one-on-one staff member who helped them with their role. Additionally, because of the extra staff power needed, Hamaspik of Orange County's extraordinary corps of women's group-home managers and staff were happily drafted to lend a helping hand and ensure maximum success. "It was very staff-building," notes Mrs. Landau,

A day to remember

On the big day, after months of practice, the Hamaspik performance troupe put on two performances, one at 12:30 p.m. and 4:30 p.m. Close to 400 guests attended each, for a total of nearly 1,000 between both. About 70 percent were immediate family, with the remainder being close friends and neighbors of those individuals' immediate family. (Due to the nature of the event, it was not open to the public—with guests at the private event being family or friends only.)

Guests came from as near as KJ and as far as Montreal, Canada—with locales like Brooklyn and Monsey well represented, too.

Upon arrival, guests were greeted with



CERTIFIED GREAT! A CHARACTER AWARD

refreshments and balloons. A playbill was found on every seat, containing the theme and plot of the play, including the lyrics of all the songs to be sung.

Hamaspik's maintenance team had constructed a professional ramp behind the venue's curtain, allowing the individuals who use mobility equipment to get on and off the stage as needed.

Hamaspik mainstay Mrs. Brenda Katina delivered a speech sharing how her own son had regularly thrown tantrums when practicing for his Bar Mitzvah speech. His parents never believed he'd ever be able to calmly and confidently deliver. Yet when the big day came, he perfectly amazed everyone—just like you're about to witness here, she



RAMPING UP: STAGE ACCESSIBILITY FOR ALL

concluded, driving home the point.

All the girls of Day Hab—even the lowest-functioning ones—got in on the action. Mrs. Landau describes what a dramatic scene it was when individuals in wheelchairs or walkers appeared on stage, their equipment trimmed with glow-in-the-dark neon strips that turned them into feasts of spectacular light. At the same time, they had more-than-token parts in the play.

After each performance, audience members—again, especially mothers and immediate family members—were seen laughing and crying, particularly those who had once believed that their beloved daughters or sisters could never do anything.

Reports Mrs. Landau: "Parents were blown away!"

Proof of that came in a thank-you card received shortly by the entire production staff from an endlessly grateful mother, whose heartfelt Yiddish note thanked God for the pride she was ultimately able to take in her daughter—and for the Hamaspik employees who made that possible.

But that card, notes Hamaspik of Orange County Executive Director Moses Wertheimer, was just one of many.

The post-event party

After the gala event, individuals were given framed certificates hailing them for their positive character traits. These awards were signed by Hamaspik of Orange County Executive Director Moses Wertheimer, singing their praises for such genuine pluses like happiness, sharing, punctuality and so on.

Mrs. Wertheimer, wife of Hamaspik founder and NYSHA Executive Director Meyer Wertheimer, also lent her delicious stamp of approval on the post-show proceedings by distributing custom-imprinted oversized cookies, each with a loving inscription on it.

At the end of the day, the event very much focused on staff teamwork and the dignity of each of individual, says Mrs. Landau. "We made the impossible possible!" ★

● ► HEALTH NEWS

High-Tech 'Stroke Ambulances' Significantly Boost Patients' Survival, Recovery Rates

Still in Infancy, Fleet of 20 Specially-Equipped, Staffed Emergency Vehicles Nationwide Saving More People Faster

New York, New York — The first modern mobile stroke unit (MSU) was invented and deployed in 2008 in Europe.

America's first MSU, an ambulance fitted with a CT scanner and other

key equipment and staffed by trained paramedics and nurses, hit the road in Texas, with Houston's UTHealth Medical School unveiling the first such custom-built vehicle in 2014.

Currently, there are some 20 such

high-tech MSU ambulances coast to coast—including the only one on the East Coast operating in Manhattan out of the city's NewYork-Presbyterian hospital, in partnership with Weill Cornell Medicine, Columbia University Irving Medical Center, and the Fire Department of New York (FDNY).

But now, Weill Cornell researchers have taken a good look at the data emerging from six years' worth of MSUs zipping around the country in 20 different places, along with standard ambulances responding to stroke calls. Here's what they found.

Reviewing data on just over 1,000 emergency stroke patients from 2014 to 2020, the researchers looked at results for 644 patients who got stroke-treatment drug *tissue plasminogen activator* (TPA) while in the back of an MSU ambulance, compared to

those who received standard stroke treatment by the crew of an emergency services (EMS) ambulance. Currently, TPA is generally only administered at hospital ERs once patients have arrived via ambulance.

The researchers found that emergency intervention by MSU services saved 18 percent of patients from going to full-blown strokes, while standard EMS intervention only saved 11 percent. They found that, within 24 hours, symptoms resolved for 31 percent of MSU patients, but only 21 percent of EMS patients. They also found that MSUs responded with treatment 37 minutes faster than EMS on average.

Researchers are now hoping for increasing mainstreaming of MSUs, and specialized coverage by Medicare. ★



ROLLING FORWARD: NEW YORK'S SO-FAR ONLY MOBILE STROKE UNIT IS SAVING BIG-CITY LIVES

Public Health and Policy News

PHYSICIANS CALL FOR EXPANDED FEDERAL COVERAGE OF CARDIAC REHAB

Washington, D.C. — Editorializing in journal *Health Affairs*, a group of doctors make the case for expanded coverage by Medicaid and Medicare of cardiac rehabilitation (CR).

Calling it “an important recommendation for patients ... recovering from a heart attack, heart failure, or cardiac condition,” the physicians state that “CR enhances the quality and length of life” by helping patients “understand how to adapt their lifestyle ... and prevent future events.”

“Patients using CR also save health care costs through reduced acute care use and need for cardiovascular intervention,” they add.

To encourage vastly increased prescription of CR, and to equip providers with the capacity to handle the resulting surge of CR patients, the doctors call for the passage of the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act, as well as that of the Sustaining Outpatient Services (SOS) Act, in both the U.S. House of Representatives and the United States Senate.

HEALTHCARE BURNOUT AN ONGOING CRISIS, CDC NOW SAYS

Atlanta, Georgia — It’s bad out there and it’s only getting worse, according to a recent missive from the U.S. Centers for Disease Control and Prevention (CDC).

The alarm, sounded by the CDC in one of its regular public updates, refers to the ongoing crisis of frontline healthcare workers—primarily nurses in hospitals—suffering from burnout caused by increasingly high-stakes work placed on an ever-shrinking workforce.

According to the report, over 45 percent of healthcare workers felt burned out “often” or “very often” in 2022. Workers feeling “frequently burned out” increased from 11.6 percent in 2018 to 19 percent last year.

The CDC study compared found health workers’ mental health deteriorating at higher rates compared to workers in other industries. According to the CDC, employers can proactively address healthcare workers’ mental health problems by allowing them to participate in decision-making and reward their productivity.

CLAIRE FAGIN, PHD, RN, MOTHER OF PEDIATRIC-PATIENT PARENTS’ RIGHTS, 1926-2024

New York, New York — Claire Fagin, PhD, RN was born to Jewish immigrants in New York as Claire Muriel Mintzer. She passed away at age 96 after a lifetime of achievements—primarily, prompting a then-out-of-the-box policy in the 1960s of allowing parents of hospitalized children to sleep in their children’s hospital rooms. Today, that practice is standard national policy.

Across her storied life, she served as a nurse, psychiatric nurse, nurse scientist, advocate, innovator, and one of the first women to lead an Ivy League university.

Dr. Fagin led the University of Pennsylvania’s nursing school from 1977 to 1992—during which she tripled the school’s enrollment, launched a doctoral program in nursing, and carved out a reputation for the school as one known around the world for both nursing research and academics.



RETAIL MEDICINE REDEFINED: YOU CAN NOW SEE A DOCTOR AT MANY COSTCOS FOR JUST \$29

COSTCO PARTNERS WITH HEALTH RETAILER SESAME FOR \$29 VIRTUAL DOCTOR VISITS

Issaquah, Washington — Accessing healthcare should be as easy and affordable as shopping at Costco—and for Costco members, now you can almost-literally shop for outpatient medical care, too.

Costco recently announced a partnership with virtual healthcare retailer Sesame to offer special discount pricing to all Costco Members on a broad range of outpatient medical care.

All Costco Members can now access Sesame’s range of health services across all 50 states, including virtual primary care visits for just \$29, health check-ups for \$72, and mental health therapy for \$79.

“By partnering with Sesame, Costco is providing its members access to Sesame’s marketplace of low-price healthcare services, virtually or in-person with a provider, all at an exclusive discount,” read a Costco press release. “With the option to bring healthcare into their home, Costco members will have access to care in a setting that’s right for them.”

INDUSTRY GROUPS BLAME EACH OTHER FOR DRUG COSTS

Washington, D.C. — It’s long been a debate in the pharmaceutical industry over who’s to blame for ever-rising costs of prescription drugs, with drugmakers blaming pharmacy benefit managers (PBMs) and PBMs blaming drugmakers.

At a recent hearing on Capitol Hill, it was the same arguments all over again.

Representatives of both groups testified before members of the House Oversight and Accountability Committee, with members of Congress lambasting both.

The business practices of PBMs, such as rebates and spread pricing, are a “scam,” said Rep. Stephen Lynch, D-Mass.

The House Oversight and Accountability Committee is one of several government entities currently conducting an investigation into PBMs. But in the hearing, pharmaceutical manufacturers did not escape unscathed, either. “Both Big Pharma and PBMs are at fault,” said Rep. Robert Garcia, D-Calif.

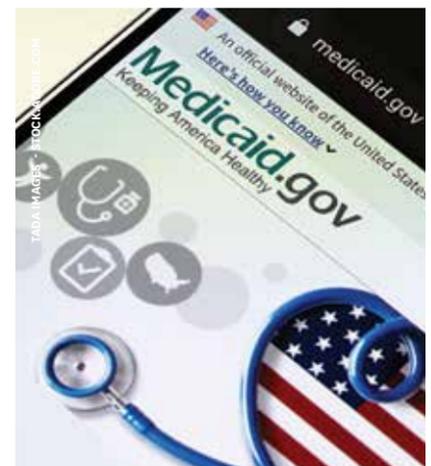
EXPANDED STATE MEDICAID WOULD COVER 2.3 MILLION MORE PEOPLE, SAYS RESEARCH

Princeton, New Jersey — Here’s one thing held in common by Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin and Wyoming: They all did not expand Medicaid under the 2010 Affordable Care Act (ACA).

And according to recent research by the Princeton, New Jersey-based Robert Wood Johnson Foundation, some 2.3 million people in those states would gain access to health insurance in 2024 if they would expand Medicaid eligibility.

Groups who would see the largest coverage gains due to Medicaid expansion include non-Hispanic black people, young adults and women, according to the report.

Under the ACA, states have the option to broaden Medicaid eligibility to individuals with incomes up to 138 percent of the federal poverty level, significantly adding access to the safety-net insurance. ★



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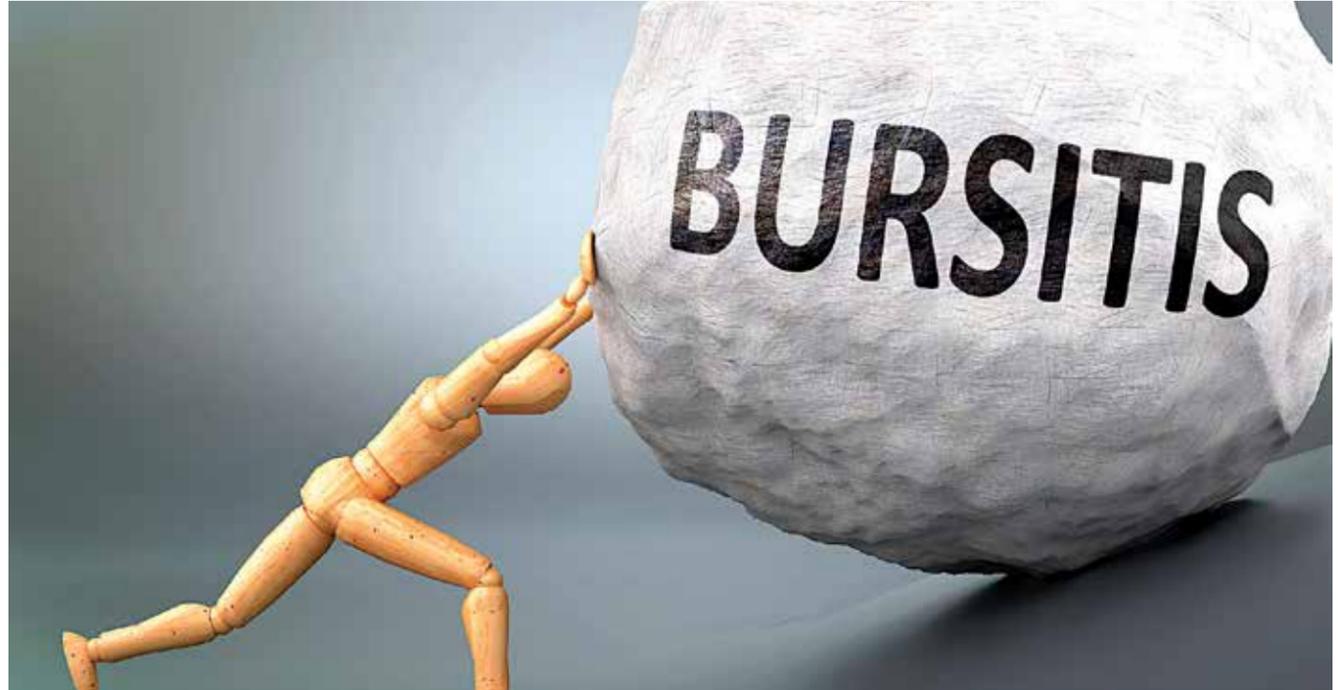
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In the Know

ALL ABOUT... BURSITIS

Sources: Johns Hopkins Medicine, the Arthritis Foundation, Healthline, the Cleveland Clinic



In medicine, anything-“itis” means inflammation of that anything—so *bursitis*, then, would be inflammation of a *bursa*. Bursitis is common in the shoulders, elbows, knees and feet. You’re more likely to get it if you have a job or hobby that puts a lot of stress on your joints.

Now, what’s a bursa?

As John Hopkins Medicine explains it, a bursa is a closed, fluid-filled sac—kind of like a little water balloon—that works as a cushion and gliding surface between tissues of the body. The body’s major *bursae* (plural of bursa) are located next to the tendons that are near the large joints, like the shoulders, elbows, hips, and knees. They surround the areas where tendons, skin, and muscle tissues meet bones.

According to the Arthritis Foundation, bursitis is also likelier to occur in athletes, seniors, and people who do repetitive movements like manual laborers and musicians. The Foundation also notes that bursitis is sometimes mistaken for arthritis because the pain occurs near a joint.

Thankfully, bursitis is usually temporary. It may limit motion, but it generally does not cause permanent damage and/or deformity.

While bursitis can strike any bursa throughout the body, there are some common types. According to medical information database Healthline, here are the four most common types:

- *Prepatellar* bursitis, or bursitis of the kneecap. It can be acute or chronic.
- *Olecranon* bursitis, or bursitis of the elbow. It’s usually chronic.
- *Trochanteric* bursitis, or bursitis of the hips. It can develop slowly. It may appear alongside other medical conditions, such as arthritis.
- *Retrocalcaneal* bursitis, or bursitis of the heel. It can be acute or chronic.

Other common forms of bursitis include:

- *Retromalleolar tendon* bursitis

(a.k.a. Albert disease), which affects the lower part of the Achilles tendon (which attaches the calf muscle to the back of the heel)

- *Posterior Achilles tendon* bursitis (a.k.a. Haglund deformity), which affects the bursa between the skin of the heel and the Achilles tendon

With over 150 bursae throughout the body, bursitis has quite a few forms beyond the aforementioned. Depending on where it strikes, bursitis can be *chronic* (coming and going on a regular basis) or *acute* (appearing suddenly). Also, all forms of bursitis fall into two general categories: *septic* bursitis (a bursa infected with bacteria), and *aseptic* bursitis (a strained, overused or

The pain of bursitis can occur suddenly, may last for days or longer and usually gets better with rest or treatment. Bursitis can also happen in the same area more than once.

Chronic bursitis may involve repeated attacks of pain, swelling, and tenderness. These may lead to the deterioration of muscles and a limited range of motion in the affected joint.

Different types of bursitis also have their own specific symptoms:

- With prepatellar bursitis, it can be hard to bend the leg
- With olecranon bursitis, it may be hard to bend the arm
- Trochanteric and retrocalcaneal bursitis can make it difficult to walk

“**BURSITIS IS MOST COMMONLY CAUSED BY INJURY OR OVERUSE... WHICH IS IN TURN MOSTLY CAUSED BY SPORTS INJURIES OR REPETITIVE MOVEMENTS.**”

“**otherwise injured bursa).**”

SYMPTOMS

According to Johns Hopkins, the most common symptoms of bursitis are: Pain, localized tenderness, limited range of motion, and swelling and redness (if the inflamed bursa is close to the skin’s surface; this is medically known as *erythema*, or “skin redness,” which can appear purple or slightly darker on dark skin tones).

CAUSES

Bursitis is most commonly caused by injury or overuse of the affected bursa (aseptic bursitis)—which are in turn mostly caused by sports injuries or repetitive movements. Repetitive motions, like a pitcher throwing a baseball or lifting heavy boxes at work, commonly cause bursitis. Spending

time in positions that put pressure on a specific part of your body (such as kneeling) can cause it, too.

The next most common cause is infection (septic bursitis).

Bursitis can also be caused by: Bad posture or walking habits, stress on soft tissues from an abnormal or poorly positioned joint or bone (like leg length differences or joint deformities), or some types of arthritis and related conditions (like rheumatoid arthritis or osteoarthritis), or metabolic conditions like diabetes.

Another cause of bursitis is gout, which occurs when uric acid crystals build up in the body. Gout can result in *tophi*, or small nodules, that can be felt within the bursa.

In cases of retrocalcaneal bursitis, running, jumping, or other repetitive activities can inflame the bursae in the heels. Beginning a strenuous exercise without properly warming up may also be a cause. Shoes that are too tight at the back of the heel can make it worse as it rubs against the bursa.

Skin infections like cellulitis may also lead to septic bursitis. Blood or joint infections can also spread to the bursa and cause septic bursitis.

DIAGNOSIS

Because bursitis is associated with other medical conditions like arthritis, diabetes, gout, tendonitis, and thyroid disease, symptoms may resemble other those medical conditions. Always see a doctor for an authoritative diagnosis.

To diagnose bursitis, the doctor will usually review the patient's symptoms, conduct a full medical history, and then do a physical exam. After that, diagnostic tests specifically for bursitis may be conducted. These include X-rays, magnetic resonance imaging (MRI) scans, ultrasound tests, and blood tests. A doctor may also perform *aspiration* on a swollen bursa, using a thin needle to remove fluid from it to test for infection or gout.

Persistent redness or swelling around a joint, along with fever or chills, should be evaluated immediately. These symptoms can be caused by an infection.

TREATMENT AND PREVENTION

Bursitis may go away over time with self-care.

If self-care does not work, a doctor will focus on reducing pain and inflammation and preserving mobility. The doctor may recommend a pain reliever, such as acetaminophen or a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen or naproxen. This begins with over-the-counter (OTC) versions. If the pain is severe or

the OTC version doesn't help, a doctor may prescribe a stronger version.

When properly treated, bursitis doesn't result in permanent joint damage or disability.

See a doctor if you have any of the following for a persistent amount of time:

- Pain or trouble moving while going about regular daily activities
- Pain doesn't get better or gets worse



BURSITIS MAY GO AWAY OVER TIME WITH SELF-CARE. IF SELF-CARE DOES NOT WORK, A DOCTOR WILL FOCUS ON REDUCING PAIN/INFLAMMATION AND PRESERVING MOBILITY.



with initial treatment

- A bulge, lump, redness or swelling developing at the affected joint
- Fever, chills, or night sweats

As a general rule, bursitis can be treated with rest and medicines to help with the inflammation. Antibiotics are used if infection is found. If needed, surgery can be done to remove the bursa.

If necessary, an anti-inflammatory drug called a corticosteroid may be injected into the bursa.

Because many soft tissue conditions are caused by muscle overuse, the first treatment may include resting the painful area or avoiding a particular activity for a while—specifically, the Rest, Ice, Compression, and Elevation (RICE) treatment. The cold pack (the “Ice” part of “RICE”) can help reduce initial swelling and pain. Cold therapy is most effective during the first 48 hours after pain and swelling begin. After 48 hours or for chronic pain, dry or moist heat (e.g., warm bath) is actually more helpful.

For septic bursitis, treatment may include antibiotics, repeated aspiration of the infected fluid, or surgical drainage and removal of the infected bursa (known medically as a *bursectomy*). However, note that in some cases, performing a needle aspiration can increase the risk of a secondary infection moving from the skin into the bursa. In fact, needle aspiration is generally recommended in cases where infectious bursitis appears to be limited to the joint.

In some cases, a doctor may refer a bursitis patient to a rheumatologist, an orthopedic surgeon or a physical or occupational therapist for specialized treatment.

A physical therapist can provide the following:

Hot/cold treatments, ultrasound, laser and water therapy

Soft tissue manual therapy

- Orthotics or pressure-relieving devices for the arms and legs
- A personalized exercise program
- Analysis of posture and walking
- Education on ways to avoid overuse injuries

- Practice good posture—positioning your body properly when doing daily activities

- Maintain a healthy weight to take pressure off painful and swollen joints

Risk factors

Activities that can lead to bursitis include:

- Carpentry
 - Gardening and raking
 - Painting
 - Scrubbing
 - Shoveling
 - Playing an instrument
- Other risks include:
- Aging
 - Having a chronic medical condition
 - Participating in repetitive sports or activities
 - Getting an infection that can spread to your bursae, bones, and joints

PROGNOSIS

Bursitis is usually short-lived. Most people heal within a few weeks. Follow the doctor's recommendations and don't resume physical activities before your bursa has healed. Even if pain improves, putting pressure or stress on the bursa before it's completely healed increases risk of reinjuring it.

If a repetitive motion that's part of your job or studies causes bursitis, you might need to miss work or school while you're recovering. Tell your provider about your usual routine and they'll explain which parts of it you need to modify or take a break from while you're resting your injured bursa.

The longer you put pressure or additional stress on an injured bursa, or otherwise let it go untreated, the longer it'll take to recover. It also increases risk of chronic bursitis.

Bursitis can strike more than once in the same area. In cases of repeated bursitis episodes, it's considered a chronic; the same kind of irritation that caused the original inflammation can trigger a new episode. Repeated flare-ups may damage the bursa and reduce mobility in that joint.

Bursitis is painful, and it can be frustrating to learn your job or hobby you love caused an injury inside your body. The good news is that bursitis is usually preventable. The first step is figuring out which movements caused the irritation.

Your healthcare provider will help you find treatments that let your injured bursae heal and solutions to prevent bursitis in the future. Don't rush your recovery—rest for as long as your provider suggests. It might be annoying to skip sports or an activity that you're used to doing every day, but it's important to give your body all the time it needs to heal. ★



Status Report

Happening In Hospitals Today

HOSPITAL INDUSTRY LEADERS PUSH FOR NEW ANTI-HOSPITAL VIOLENCE BILL

Washington, D.C. — A panel of hospital industry leaders recently testified, some out of personal experience, about the ongoing epidemic of patients attacking hospital staff, primarily nurses.

The panel, convened on Capitol Hill, revolved around the Safety From Violence for Healthcare Employees (SAVE) Act, introduced last year by Rep. Larry Bucshon, MD (R-Ind.) and Rep. Madeleine Dean (D-Pa.). It heard testimony from, among others, leaders of the American College of Emergency Physicians (ACEP) and the American Hospital Association (AHA).

According to current research, at least two U.S. hospital nurses are assaulted every hour, leaving victims with lingering physical, mental and emotional consequences.

The SAVE, if passed, would establish legal penalties for people who knowingly and intentionally assault or intimidate hospital employees, including up to 20 years in prison.

WHITE HOUSE, HHS TO JOINTLY WORK ON UNIVERSAL HOSPITAL CYBERSECURITY STANDARDS

Washington, D.C. — The White House and the U.S. Dept. of Health and Human Services (HHS) are working on new universal cybersecurity standards for U.S. hospitals—specifically, four industry actions:



CYBERSAFE: A NEW GOV'T HOSPITAL PLAN

Releasing hospital cybersecurity goals; incentivizing cybersecurity practices; enforcing compliance; and entrenching the Administration for Strategic Preparedness and Response Coordination.

The joint effort comes after ever-increasing and ever-costly attacks on a number of U.S. hospital systems, in which organized cyber-gangs used ransomware to seize patient data for a price. U.S. healthcare organizations have paid out more than \$2.3 billion over the last two years in ransom payments, according to the White House.

The announcement comes after the HHS noted a surge in malicious activity against the industry, with a 93-percent increase in large breaches from 2018-2022 and a 273-percent surge in large breaches involving ransomware.

SURVEY FINDS NURSES STILL THE MOST TRUSTED PROFESSION

New York, New York — Underscoring the urgency of protecting nurses as described in the previous story, a survey by polling firm Gallup finds that nurses are still the most respected profession in America.

The survey, Gallup's 2023 Honesty and Ethics poll, asked respondents to rate 23 different professions. While 56 percent rated doctors (MDs) as having "very high or high" honesty and ethical standards, some 78 percent of those surveyed rated nurses the same.

However, degrees of trust across nearly all queried professions have dropped in recent years, the survey also found. Doctors were down six points from last year, while nurses were down 11 points from 2020.

Interestingly, the second and third most trusted U.S. professions were veterinarians and engineers. Perhaps tellingly, U.S. Senators and Representatives respectively came in at eight and six percent.

MOUNT SINAI RANKED BEST HOSPITAL IN NEW YORK STATE

New York, New York — *Newsweek*,

a leading news outlet, recently released its top 600 U.S. hospitals ranked by state. Hospitals from every U.S. state were eligible for the 2024 ranking and included in the nationwide survey, except for those with a 1-star rating from CMS.

Newsweek calculated scores for each hospital by weighing recommendations from peers; patient experience based on publicly available data; hospital quality metrics per CMS and The Joint



BAD BACTERIA NEWS: CHLORINE-BASED BLEACH DOESN'T NEUTRALIZE C. DIFF, CONTRARY TO COMMON HOSPITAL DISINFECTION CONVENTIONS, FINDS UNIVERSITY OF PLYMOUTH RESEARCH

Commission; and patient-reported outcome measures implementation.

Newsweek partnered with Statista to conduct a national online survey for the rankings, in which tens of thousands of healthcare professionals were asked to recommend the leading hospitals from their respective state. Notably, however, the list doesn't compare hospitals—it merely tells you the #1 hospital in each state.

For New York State, a Manhattan facility is almost inevitable. Thus, The Mount Sinai Hospital won.

U.S. HOUSE PASSES HOSPITAL PRICE, MEDICARE DRUG REIMBURSEMENT BILL

Washington, D.C. — The House of Representatives passed the bipartisan Lower Costs, More Transparency Act, a bill that would make hospital prices

more transparent and also reimburse hospitals for drugs prescribed to patients at the same rate as independent doctors' offices.

The bill also postponed payment cuts for hospitals that treat high volumes of uninsured until 2026 instead of 2024.

However, hospital trade groups lobbied against the bill's "site-neutral" Medicare drug reimbursement part, arguing that—according to the Congressional Budget Office (CBO)—it would reduce Medicare hospital payments by over \$3.7 billion over a decade.

The bill would also require hospitals to disclose care prices in consumer-friendly formats, and gives the government power to enact penalties for not complying. While price-transparency rules already exist, U.S. hospitals' compliance is nuanced.

CHLORINE DISINFECTANTS DO NOT WORK ON COMMON HOSPITAL BACTERIA: STUDY

Plymouth, England — According to a study at England's University of Plymouth, chlorine-based chemicals aren't effective at damaging the spores

of, and otherwise counteracting, *Clostridioides difficile* (C. diff), a bacterium that is one of the most common causes of healthcare-associated infections (HAIs) in healthcare facilities worldwide.

Researchers found that the bacteria showed no signs of change despite being treated with high concentrations of bleach, one of the main disinfectants currently used to clean scrubs and surfaces in hospitals.

C. diff causes diarrhea, colitis, and other bowel complications and is known to infect millions around the world each year, with close to half a million in the U.S. alone.

Researchers concluded that susceptible individuals being treated in medical facilities may be unknowingly placed at risk of contracting the superbug. ★



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Reviewing the Basics of NHTD/TBI

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

THE GAZETTE: WHAT IS THE NHTD/TBI PROGRAM?

Mrs. Bodlander: Both of these are called New York State *Waiver* programs, because they waive the standard rules of Medicaid and Medicare, which don't allow approving participants for homecare hours for the purpose of "Oversight and Supervision." Standard guidelines approve participants for only enough hours to assist the client with personal care.

"NHTD" stands for Nursing Home Transition and Diversion. This program can help *transition* someone who is currently in a nursing home back to independent living, or *divert* someone in the home who now requires nursing-home-level care. The program does this by providing certain services in the

home to create a home environment that is safe and effective for their participants.

G: HOW DO THEY DO THAT?

B: The main service this program offers is that it is able to approve their participants for 24 hours of homecare. These hours include personal care AND oversight and supervision. Participants are also provided with Service Coordination. A Service Coordinator is assigned to the participant to check in monthly, arrange transportation, medical supplies, medication and other social services.

G: WHAT ABOUT THE TBI PROGRAM?

B: "TBI" stands for Traumatic Brain

Injury. This program was created for people who have suffered a traumatic brain injury from an accident, injury or stroke. The services offered by this program are the same as the NHTD program. Fortunately, there are far fewer people who need the TBI program's home-care services at home than there are people who need NHTD-based home care. Of every ten, about nine will be seniors who need that vital extra supervision and home, and one will be someone with a traumatic brain injury.

G: HOW IS THE NHTD/TBI PROGRAM DIFFERENT THAN REGULAR HOMECARE?

B: The participants on this program are not safe to be left

alone. The NHTD/TBI program is here to provide constant oversight and supervision that your loved one needs to continue living in their home where they want to be. Homecare patients who are currently receiving homecare through a licensed home care agency like Hamaspik HomeCare who now need an increase in hours due to concerns of safety, or people looking to receive homecare for the first time because of safety concerns when their loved one is left alone, should contact Hamaspik HomeCare. We will provide you with the specifics regarding qualifying conditions for these programs, to confirm eligibility as well comprehensive assistance with signing up for either the NHTD or TBI program. ★

Study Links More Long-Term Financial Planning to Longer, Healthier Lives

Review of Decade-Plus of U.S., British Senior Data Finds Correlation

Boulder, Colorado — One might think that it's obvious: If you don't financially plan in your younger years, the resulting financial hardship would only stand to exacerbate or even cause poor health in your golden years.

But now, a study has reviewed the data and statistics on the subject, finding the numbers to demonstrate that yes, people who financially plan better and earlier in life do in fact live longer and healthier lives.

That does not mean that financial planning causes longer and healthier life—after all, plenty of people financially plan yet suffer poor health and/or live relatively short lives. Correlation does not equal causation, as the scientific phrase goes.

But the study by the University of Colorado (UC) did find statistically-significant higher numbers of longevity and better health among seniors who'd financially planned in their younger years than those who

had not.

In his research, Prof. Joe Gladstone of the UC's Center for Research on Consumer Financial Decision Making examined a decade's worth of data from over 11,000 surveyed British individuals. He also looked at information spanning 22 years for the same number of surveyed seniors in the U.S.

The findings reveal that those who consistently projected further ahead when planning their finances had a reduced likelihood of dying during the observed periods. This correlation remained consistent even when adjusting for potential influencers like demographics, income, and self-perceived life expectancy—which could influence financial strategies.

Furthermore, those with a more forward-looking financial approach reported better overall health.

Interestingly, the strongest correlation was observed among the financially less privileged. This sug-

gests that long-term planning might be especially health-beneficial for individuals lacking substantial financial safety nets for unexpected expenses.

"Our study suggests that a lack of financial planning is not only bad for your wallet but also for your health

and longevity," said Prof. Gladstone in a media release. "By encouraging people to think more about their future needs and goals, we may be able to improve their well-being and reduce health disparities."

The study was published in the journal *PLoS ONE*. ★

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