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Randy Tom, left, and his wife, Vera Tom, share a laugh as Randy stir-fries pork, bok choy, and bean sprouts for lunch at their Redwood City home on June 27, 2025. (Dai Sugano/Bay Area News Group/TNS)

Study could help doctors address diabetes, prediabetes

By Jia H. Jung
The Mercury News (TNS)

SAN JOSE, Calif. — On a recent summer afternoon, Randy and Vera Tom prepared a stir-fried lunch in their Redwood City, California, home with their “sous chef,” a 17-year-old Bichon Frise named Munchies, afoot.

Randy, 70, recently overhauled his lifestyle after the couple participated in a Stanford Medicine study tracking their metabolic responses to carbohydrates in real time with a continuous glucose monitoring device.

The recently published research tracked the glucose

levels in the blood of 55 study subjects as they consumed precooked meals starring different carbohydrates such as grapes, jasmine rice, potatoes, pasta and bread. It was led by genetic deep data specialist Mike Snyder, metabolic expert Tracey McLaughlin and research dietician Dalia

Perelman at Stanford.

The results could lead to better prevention, diagnoses and treatment of prediabetes, diabetes and other metabolic diseases that lower quality of life and raise health care costs.

According to the Centers

Learn more
inside

See DIABETES H2

Diabetes

From H1

for Disease Control and Prevention, 38.4 million people, or 11.6% of the U.S. population, had diabetes in 2024.

Most common is Type 2 diabetes, which occurs when the body develops resistance to insulin because of diet, lifestyle, weight and family history. Type 1 diabetes is an autoimmune disease attacking cells of the pancreas, disabling the body's production of insulin, the hormone that orchestrates the body's food-processing functions. Both types of diabetes are life-threatening without intervention.

According to the CDC, more than a third of the 250 million people 18 or older in the U.S. and almost half of the 60 million who are 65 or older are prediabetic — the vast majority unknowingly.

"How would you know, if you can only know with a test that you get only if there seems to be a problem?" asked Randy, cleaver in hand, chopping neatly organized piles of lean pork and technicolor-green bok choy.

The opportunity to access more personalized health information while contributing to science attracted the Toms to Stanford's genomics studies about a decade ago. They've been in more than five long-term studies since — the latest was the first involving food.

When the research team asked Randy what he ate over Christmas after seeing spikes in his blood sugar data, the culprit was tamales. Now, he enjoys just one of the corn-based treats per sitting.

For Snyder, the advancement of physiologically specific care has been personal. From 2009 to 2011, he and Stanford profiled his own descent from prediabetes into type 2 diabetes — the first time the phenomenon was documented at the molecular level.

Snyder, who is svelte and active, said, "When I first became diabetic, everybody looked at me and said, 'No

way, it's gonna go away.'"

But the proof was in his integrative Personal "Omics" Profile, or iPOP, an unprecedented analysis of billions of individual bits of molecular genetic data collected by powerful cutting-edge technology.

This level of analysis allows researchers to understand people by metabolic subtype and tailor treatment to match.

Right now, doctors begin to classify metabolic shifts or prediabetes when glucose levels in the blood exceed 5.7%, with no information as to why the abnormality exists.

But there are four different pathways to metabolic disease — two where the body doesn't produce enough insulin and two where the body doesn't respond properly to insulin.

In the study, McLaughlin and Snyder looked for soft slopes in blood sugar. Jagged peaks are generally normal responses to food or sugar.

Everyone's blood sugar spikes in response to grapes and rice. But the scientists found that people with metabolic problems spiked higher and for longer to potato starch than people who lacked problems. The "potato-to-grape" reaction ratio correlated with different underlying metabolic dysfunctions.

These differences call for precision medicine and targeted preventative measures. Some people might need weight loss. Others might need exercise. Yet others may need sleep — something that lowers blood glucose levels across the board.

"If we understand where the problem lies, we can treat it more effectively," Perelman said.

The researchers are looking for markers in cells that can identify these problems more easily through simple blood tests.

In the meantime, continuous glucose monitoring offers actionable information for people who want to be proactive about their metabolic health.

"You see what spikes you, you see what doesn't spike

you, so you eat what doesn't spike you," Snyder said.

After the study wrapped, the Toms obtained their own monitoring devices. Vera, 71, reacted moderately to her data; Randy took things further.

He avoided foods that caused sustained spikes in his blood sugar and joined a master's swimming team. The retiree and part-time model dropped 25 extra pounds, shed numbers from his high cholesterol count and reversed his prediabetic condition.

"I don't think people know that you can reverse it," he said. "It's just hard to do. You don't just take a pill."

Last fall, continuous glucose monitors became available over the counter. A drawback is the \$80 monthly cost because insurance only covers the devices for diabetics.

Snyder, who wears multiple devices tracking his body's functions and removes them only before getting weighed, thinks everyone should try one.

Perelman said the monitors are not a replacement for clinical consultation. McLaughlin added that the devices can yield false metrics in certain situations.

The next phase of the research will test different foods and "mitigators" — proteins or fats that can lower blood sugar fluctuations when consumed with carbohydrates. Toasted bread, for example, is easier on the system for some people when eaten with meat or a fat source like heavy cream. Mitigators don't work as well for people with metabolic disorders — another crumb for research. Cornflakes and milk? Bad for nearly everyone.

This time, study participants will receive interventions, from medicine to personalized instructions for diet and lifestyle modifications.

Perelman said, "I want people to know that there's delicious food that's incredibly healthy."

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NNY Health

MAYO CLINIC Q&A:

Why some men experience urinary leaks — or incontinence

Mayo Clinic News Network (TNS)

DEAR MAYO CLINIC: This is kind of embarrassing, but, for a while, I've been leaking urine. Can something be done to fix this incontinence problem?

ANSWER: You don't have to live with this issue. The three main types of urinary incontinence are:

Stress incontinence— due to leakage with activities, such as lifting, climbing stairs or strenuous activity.

Urge incontinence— related to leakage associated with the feeling or urge to urinate.

Mixed incontinence— a combination of stress and urge incontinence.

Incontinence can be treated with behavioral changes, exercises, medications, nerve stimulation and injections. Surgical options are also available.

Stress incontinence in men

Up to 10% of men may experience stress incontinence after prostate surgery due to multiple factors related to the patient's anatomy, prostate cancer and the surgery performed. Ultimately, this leads to a weakened sphincter muscle and laxity of the pelvic floor. The sphincter muscles control the release of urine, and the urethra is the small tube that empties the bladder.

A prostatectomy procedure removes some of the control provided by the prostate and bladder, making the patient reliant solely on the external sphincter muscle.

Normally, the sphincter remains closed as the bladder fills with urine until you can reach a restroom. The weakened muscles and relaxed pelvic floor have trouble holding urine, so any movement that exerts a force on the abdominal and pelvic muscles puts pressure on the bladder and can



(Dreamstime/TNS)

cause leakage. This force could be sneezing, bending over, lifting or even laughing.

Postsurgery stress incontinence symptoms may resolve on their own with time and pelvic physical therapy. Usually, patients can see continued improvement for 12 months after surgery and try nonsurgical treatments, such as physical therapy, before considering surgical treatment options, such as male urethral slings and artificial urinary sphincters.

Male urethral slings

Male urethral slings are indicated for men with mild to moderate stress urinary incontinence, which is defined as using one to four pads per day. The surgeon uses a synthetic mesh material to create a sling, or hammock, to support and pull the urethra and pelvic floor back toward their original locations. Some slings also provide compression support for the sphincter muscles.

A cystoscopy test will be needed before the surgery to confirm that the sphincter muscles are working.

Male urethral slings are performed as an outpatient procedure, and patients can go home the same day. Heavy lifting and strenuous exercise are restricted for about six weeks. Patients

See **MAYO H8**

A doctor sees new hope for Alzheimer’s disease patients and families. He wants you to know why

By Pamela McLoughlin

Hartford Courant (TNS)

HARTFORD, Conn.-- The combination of a recently approved blood test for detection of Alzheimer’s disease combined with two medications that slow progression of the disease is drastically improving outcomes for patients and their families, according to a neurologist and surgeon at Yale New Haven Health.

Dr. Ausim Azizi is among those seeing the overall early results, as Yale New Haven Hospital is in the forefront of research and clinical care, he said, calling it “tops in the country,” and home to a federally-funded Alzheimer’s Disease Research Center.

“We have started 350 people on these drugs,” he said. “Everybody I see feels better,” and feel, along with their families that they have “more control” of their lives.

With easy early detection and treatment patients may never reach the end stage of the disease, he said. The medication slows the disease progression and maintains what patients have, longer, he said.

In terms of quality of life, someone 75 years old, retired with significant memory problems, can still have friends and, “a good life,” with early detection and treatment, Azizi said.

Azizi said there is no cure for Alzheimer’s, but the disease can be “modified” with medications from two different companies.

The medications approved about two years ago are Lecanemab, also known as Leqembi and Kisunla, also known as Donanemab. The drugs are administered through an IV infusion that targets amyloid plaque in the brain.

Azizi said confirmation of

Alzheimer’s, as opposed to other forms of dementia, is needed to treat with those medications and, until the blood test diagnosis, was complicated, stressful, and expensive, Azizi said.

The blood test, Lumipulse G, for Alzheimer’s Disease, approved in late May, can confirm the disease with 98% accuracy, he said.

Prior to the blood test, doctors confirmed the disease by drawing spinal fluid to test for chemicals or through a pet scan, Azizi said.

The blood test is not predictive and the test is for people 55 and older suffering cognitive issues, he said. Confirmation of Alzheimer’s is needed for the medication to be prescribed.

That early detection is key, he said, because while the medications don’t cure Alzheimer’s, they slow progression.

According to the Alzheimer’s Association, it is a progressive disease, “where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer’s,

individuals lose the ability to carry on a conversation and respond to their environment.

“On average, a person with Alzheimer’s lives four to eight years after diagnosis but can live as long as 20 years, depending on other factors,” according to the association.

The association notes that its “2025 Alzheimer’s Disease Facts and Figures” report found that “nearly 4 in 5 Americans would want to know if they had Alzheimer’s disease before it impacted their lives,” which means “91% of Americans say they would want to take a simple test — such as a blood biomarker test — if it were available,” because that would then open access to early treatment.

Azizi said that, in Alzheimer’s, sticky proteins or plaques are found on the brain that he likened to rust on an engine.

“The wheels don’t turn, things are squeaky,” he said.

People with the plaques have trouble with cognition, sequencing events and their memory noticeably going, he said.

The new medications “clear the rust,” and slow progression, but the damage already done remains, he said.

Cognitive problems can develop with other forms of dementia, but the same medications don’t work for those. He said 70% of the time when there are cognitive problems, it’s Alzheimer’s.

“Before we treat we ask, do you have biologic evidence?,” Azizi said.

He said of early treatment, “It’s huge for the family.”

Simple lifestyle changes can also improve outcomes, he said.

He said 10 factors that boost the brain and help prevent dementia include:

- Control blood pressure, low number should be below 80
- Control blood sugar to around 100
- Control cholesterol, total fasting less than 200
- Adequate and restful sleep
- Diet, eat mostly unprocessed plants
- Maintain a healthy body weight
- If you are smoking, stop
- Reduce alcohol intake – maximum of 3 to 4 drinks per week
- Increase physical activity, including daily aerobic exercise
- Engage in enjoyable and healthy social and mental activities

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Maybe it's not just aging. Maybe it's anemia

By Paula Span
KFF Health News (TNS)

Gary Sergott felt weary all the time. “I’d get tired, short of breath, a sort of malaise,” he said. He was cold even on warm days and looked pale with dark circles under his eyes.

His malady was not mysterious. As a retired nurse anesthetist, Sergott knew he had anemia, a deficiency of red blood cells. In his case, it was the consequence of a hereditary condition that caused almost daily nosebleeds and depleted his hemoglobin, the protein in red blood cells that delivers oxygen throughout the body.

But in consulting doctors about his fatigue, he found that many didn’t know how to help. They advised Sergott, who lives in Westminster, Maryland, to take iron tablets, usually the first-line treatment for anemia.

But like many older people, he found a daily regimen of four to six tablets hard to tolerate. Some patients taking iron complain of severe constipation or stomach cramps. Sergott felt “nauseated all the time.” And iron tablets don’t always work.

After almost 15 years, he found a solution. Michael Auerbach, a hematologist and an oncologist who is the co-director of the Center for Cancer and Blood Disorders in Baltimore, suggested that Sergott receive iron intravenously instead of orally.

Now Sergott, 78, gets an hourlong infusion when his hemoglobin levels and other markers show that he needs one, usually three times a year. “It’s like filling the gas tank,” he said. His symptoms recede, and “I feel great.”

His story reflects, however, the frequent dismissal of a common condition, one that can not only diminish older adults’ quality of life but also lead to serious health consequences, including falls, fractures, and hospital stays.

Anemia’s symptoms — tiredness, headaches, leg cramps, coldness, decreased



Anemia can cause shortness of breath and fatigue. (Dreamstime/TNS)

ability to exercise, brain fog — are often attributed to aging itself, William Ershler, a hematologist and researcher said. (Some people with anemia remain asymptomatic.)

“People say, ‘I feel weak, but everybody my age feels weak,’” Ershler said.

Even though hemoglobin levels are likely to have been included in their patients’ records, as part of the complete blood count, or CBC, routinely ordered during medical visits, doctors often fail to recognize anemia.

“The patients come to the clinic and get the blood tests, and nothing happens,” he said.

Anemia affects 12.5% of people over 60, according to the most recent survey data from the National Health and Nutrition Examination Survey, and the rate rises thereafter.

But that may be an underestimate.

In a study published in the *Journal of the American Geriatrics Society*, Ershler and his colleagues examined the electronic health records of almost 2,000 outpatients over 65 at Inova, the large health system based in Northern Virginia from which he recently retired.

Based on blood test results, the prevalence of anemia was much higher: About 1 in 5 patients was anemic, with hemoglobin levels below normal as defined by the World Health Organization.

Yet only about a third of

those patients had anemia properly documented in their medical charts.

Anemia “deserves our attention, but it doesn’t always get it,” said George Kuchel, a geriatrician at the University of Connecticut, who wasn’t surprised by the findings.

That’s partly because anemia has so many causes, some more treatable than others. In perhaps a third of cases, it arises from a nutritional deficiency — usually a lack of iron, but sometimes of vitamin B12 or folate (called folic acid in synthetic form).

Older people may have decreased appetites or struggle to shop for food and prepare meals. But anemia can also follow blood loss from ulcers, polyps, diabetes, and other causes of internal bleeding.

Surgery can also lead to iron deficiency. Mary Dagold, 83, a retired librarian in Pikesville, Maryland, underwent three abdominal operations in 2019. She remained bedridden for weeks afterward and needed a feeding tube for months. Even after she healed, “the anemia didn’t go away,” she said.

She remembers feeling perpetually exhausted. “And I knew I wasn’t thinking the way I usually think,” she added. “I couldn’t read a novel.” Her primary care doctor and Auerbach both advised that oral iron was unlikely to help.

Iron tablets, available over the counter, are inexpensive. Intravenous iron, becoming

more widely prescribed, can cost \$350 to \$2,400 per infusion depending on the formulation, Auerbach said.

Some patients find a single dose sufficient, while others will need regular treatment. Medicare covers it when tablets are hard to tolerate or ineffective.

For Dagold, a 25-minute intravenous iron infusion every five weeks or so has made a startling difference. “It takes a few days, and then you feel well enough to go about your daily life,” she said. She has returned to her water aerobics class four days a week.

In other cases, anemia arises from chronic conditions like heart disease, kidney failure, bone marrow disorders, or inflammatory bowel diseases.

“These people don’t lack iron, but they’re not able to process it to make red blood cells,” Kuchel said. Since iron supplements won’t be effective, doctors try to address the anemia by treating patients’ underlying illnesses.

Another reason to pay attention: “Loss of iron can be the first harbinger of colon cancer and stomach cancer,” Kuchel pointed out.

In about a third of patients, however, anemia remains frustratingly unexplained. “We’ve done everything, and we have no idea what’s causing it,” he said.

Learning more about anemia’s causes and treatments might prevent a lot of misery down the road. Besides its association with falls and fractures, anemia “can increase the severity of chronic illnesses — heart, lung, kidney, liver,” Auerbach said. “If it’s really severe and hemoglobin goes to life-threatening levels, it can cause a heart attack or stroke.”

Among the unknowns, however, is whether treating anemia early and restoring normal hemoglobin will prevent later illnesses. Still, “things are happening in this field,” Ershler said, pointing to a National Institute on Aging workshop on unexplained anemia held last year.

The American Society of

Hematology has appointed a committee on diagnosing and treating iron deficiency and plans to publish new guidelines next year. The Iron Consortium at Oregon Health & Science University convened an international panel on managing iron deficiency and recently published its recommendations in *The Lancet Haematology*.

In the meantime, many older patients can gain access to their CBC results and thus their hemoglobin levels. The World Health Organization defines 13 grams of hemoglobin per deciliter as normal for men, and 12 for nonpregnant women (though some hematologists argue that those thresholds are too low).

Asking health care providers about hemoglobin and iron levels, or using a patient portal to check the numbers themselves, could help patients steer conversations with their doctors away from fatigue or other symptoms as inevitable results of aging.

Perhaps they’re signs of anemia, and perhaps it’s treatable.

“Chances are, you’ve had a CBC in the last six months or a year,” Kuchel said. “If your hemoglobin is fine, great.”

But, he added, “If it’s really outside the normal boundaries, or it’s changed compared to a year ago, you need to ask questions.”

The New Old Age is produced through a partnership with The New York Times.

(KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs of KFF — the independent source for health policy research, polling and journalism.)

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Adult kids still living at home? There's a psychologist for that.

By Rachel Hutton

StarTribune (TNS)

When Rick and Amy Friebe graduated from college, the Gen Xers never considered moving in with their parents. And neither did many of their peers. "I would have been willing to — and I did — sleep on couches if I was between housing," Amy said.

But today, the St. Anthony couple share their home with both of their 20-something children, members of a generation increasingly known for living with their folks. The rate of 18- to 29-year-olds who remain in the family home rose steadily since its 1960s low of 30% before peaking at 52% in the early months of the COVID pandemic.

Parents of older Gen Zers recognize that cultural and economic shifts are causing their offspring to enter adulthood under far different circumstances than they did. And that multigenerational living is common in other

countries. Yet even though many arrangements are copacetic, or temporary, some parents, including the Friebes, are frustrated by their children's struggle to achieve long-term independence.

Shoreview psychologist Jack Stoltzfus, author of "The Parent's Launch Code," decided to specialize in these relationships after realizing that information about nurturing adult children was scarce relative to abundant resources on parenting young children. "I think there's a bias in our culture that once they turn 18, or 21, parenting is done," he said. "But you never stop being a parent." Stoltzfus' focus is helping parents transition their adult children to greater self-sufficiency, while maintaining a positive connection.

Stoltzfus is mindful of the many broken parent-adult child relationships — a recent study found 26% of respondents had experienced

a period of estrangement with their father and 6% with their mother — and the importance of this foundational bond. One of the largest longitudinal studies on human well-being, he notes, concluded that having a good relationship with your parents strongly predicted a happy and successful adulthood.

At one point, Amy and Rick Friebe's struggles over their living situation led them to consider retracting the welcome mat. "We thought we needed to do something," Amy said. "A tough love sort of approach."

But instead of showing their kids the door, they made an appointment with Stoltzfus.

Stoltzfus grew up with a Silent Generation father who never said, "I love you." He was a good person, Stoltzfus says, but could be critical and emotionally distant, mirroring the era's authoritarian or hands-off fathering norms.

When baby boomers like

him became parents, Stoltzfus says, they were more invested in their children's happiness and success. Some got too invested, creating the helicopter-parent stereotype. But, generally, parents' increased emotional involvement benefited both generations, Stoltzfus says, by imparting a greater sense of connection.

While multigenerational households are becoming more common in the United States — nearly 20% of all Americans live in one, a threefold increase since the 1970s — Stoltzfus notes that their prevalence is among the lowest worldwide, leading to cultural taboos. In India, he says, it would be unusual for someone in their early 20s to live outside the family home. "Here, if you have that person at home, it's a concern."

Rising housing costs are a major driver of the increase in young adults remaining in their parents' homes. Since 2000, inflation-adjusted median household incomes have barely increased, while the corresponding cost of rent and price of single-family homes have risen 20% and 65% respectively. Millennials are the first generation predicted to earn less than their parents and a majority receive financial support from their parents.

Both of the Friebes' kids attended the University of Minnesota, and since Amy and Rick's house is relatively close to the Twin Cities campus, their daughter and son, now 24 and 22, spent much of that time living with them to save money. But the Friebes

say that emotional maturity was also a factor.

Stoltzfus says that young adults' fear of failure can cause them to view the known environment of their parents' home as a safer option than sharing space with roommates, which can entail more social effort — and discomfort.

In addition, our post-COVID, everything-digital culture has led many young adults to connect with peers via devices, Stoltzfus says, at the expense of hanging out in real life. And interacting virtually makes it harder to develop interpersonal skills. "It's not the real deal of being able to be face-to-face with somebody," he said.

Rick could understand his children's hesitancy to trade a relatively carefree childhood for greater responsibility and risk, especially as today's young people change jobs and geographies more frequently. "You kind of have to grieve the loss of your youth and embrace this unknown," Rick said.

And yet the Friebes regret that their kids aren't meeting as many new people or expanding their universe as easily as they did during their own post-college years, when friend groups casually intermingled. "Living with roommates there are good and bad experiences, but they're still experiences," Amy said. "And you learn things from it."

Stoltzfus has three children who transitioned to adulthood with relative ease, which he refers to as some-

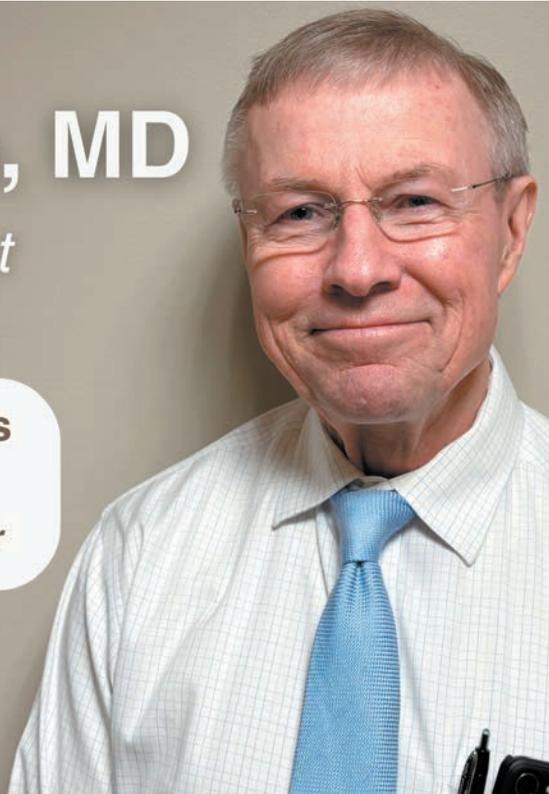
See CHILDREN H11

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24/7 Crisis Hotline Bridges Service Gaps for Individuals in Immediate Need

By Holly Boname

FDRHPO

Jefferson and Lewis County agencies partner to improve mental health and substance abuse crisis

WATERTOWN, NY - Individuals in Jefferson and Lewis Counties who are experiencing a mental health or addiction crisis have a more robust, local resource available through immediate mobile crisis support.

Anyone in immediate mental health or substance abuse crisis can call 315-782-2327 or 315-405-0696.

Launched July 1, any resident of the two counties who is in immediate mental health or substance abuse crisis can get help with a phone call to the Mobile Crisis Hotline, 24 hours a day, 7 days a week. This 24-hour hotline routes to the Children's Home of Jefferson County (CHJC) Community Clinic, which staffs trained professionals dedicated to providing immediate crisis support and help with managing crises. Local providers will also coordinate in-person support, if needed, where they will partner with local emergency personnel to de-escalate crises and provide the necessary resources for ongoing care.

The Children's Home of Jefferson County (CHJC) has been supporting the community since 1859. While they began with a focus on child welfare services, CHJC recognized the needs of the Northern New York community and has grown to serve adults and families across Jefferson and Lewis Counties. CHJC had offered crisis telephonic services for many

years, Monday through Friday. Now, these services have been able to extend to 7 days a week, 24 hours a day, with the support of Jefferson and Lewis County Departments of Community Services, to include in-person crisis response and crisis follow-up services across both Counties. The crisis response professionals will help de-escalate situations, provide immediate mental health support, and connect individuals to appropriate community-based care. Support will remain post-crisis to ensure community members are connected to the necessary resources to continue their journey toward healing.

To promote these services, both Counties have adopted the "You Are Not Alone Campaign" to encourage the use of local hotline numbers. In addition, each County is working with its County Emergency Dispatch to identify opportunities to integrate the Mobile Crisis Team into 911 mental health responses.

"These new services have created a powerful shift in how our communities address mental health emergencies. We have seen partnerships grow between law enforcement and behavioral health providers built on mutual respect, shared goals, and a commitment to public safety. Together, we're creating a more compassionate and effective response that meets people where they are, with the right support, at the right time," said Lewis County Community Services Director Anna Platz.

This initiative is the result of data-informed collabora-

tion and planning between 911 dispatch centers, law enforcement agencies, county organizations, community-based organizations, and behavioral health organizations. By working together, these partners are creating a more coordinated and effective response to behavioral health crises.

"The partnerships between Jefferson and Lewis Counties, along with local emergency personnel and law enforcement, mark a major step forward in how mental health crises are handled in the North Country," said Michelle L. Monnat, LMHC, President and CEO of the Children's Home of Jefferson County. The new bi-county Mobile Crisis Program will offer a significant enhancement over traditional crisis hotlines by providing direct access to real-time, in-person mobile crisis response teams."

Monnat explained that while previous services primarily offered phone-based support or referrals; the new

program allows a team consisting of a trained mental health professional and peer advocate to be dispatched to the individual's location—whether at home, in the community, or at a public setting—to provide immediate, on-site assessment, stabilization, and support.

"This integrated approach ensures a more personalized and effective intervention, prioritizing timely care and connection to long-term support to reduce reliance on emergency departments and law enforcement, and bridging service gaps by connecting individuals directly to appropriate follow-up care and community resources," said Tim Ruetten, Director of Community Services for Jefferson County.

The Office of Mental Health (OMH) provided start-up funding to support each county in launching these expanded crisis services. Jefferson and Lewis Counties have been working with the Fort Drum Regional Health Planning Organiza-

tion (FDRHPO) to develop a data-informed, collaborative Bi-County Implementation and Outreach Plan for the Behavioral Health Mobile Crisis System. The initiative is designed to become financially sustainable over time, primarily through billing insurers. By collaborating, the two counties have created a more streamlined and efficient approach, delivering a unified message about the availability of crisis support and strengthening access to care across the region. By working together across county lines and with first responders, the program creates a more unified, coordinated system of care. Residents will benefit from faster, more appropriate responses during a mental health crisis, regardless of where they live.

To learn more about the 24/7 mental health and addiction crisis hotline, visit www.chjc.org/crisis-response/

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Cancer Risk Assessment & Genetic Testing

We can all agree that genetic testing and cancer risk assessment help transform our patients' lives. Both genetic testing panels and cancer risk assessment models have undergone their own transformations. Genetic testing, once very expensive and limited to only two genes, is now much more affordable and analyzes individuals for mutations in dozens of actionable genes. Consequently, a wider range of patients are now pursuing genetic testing and relying on those results and risk assessments to make informed decisions.

Each positive genetic test report is accompanied by a management tool outlining the risks associated with the identified mutation, the appropriate NCCN screening guidelines, and potential options regarding risk-reducing medications and surgeries, when appropriate. Patients with a negative test report also receive the same information based on their



reported personal and family history in the absence of an identifiable genetic alteration.

As the size of the panels has grown and the population of patients seeking testing has widened, the possibility of identifying variants of uncertain clinical significance (VUS) has increased. Variants are common; in fact, all individuals carry DNA changes, and most

changes do not increase the likelihood of cancer. A VUS indicates that the laboratory does not have sufficient data to determine the impact of the result. An amended report will be generated, and the patient and provider will be notified should the variant be reclassified as clinically actionable. Patients receive appropriate screening guidelines when a VUS is identified.

Mayo

From H2

need to be careful when climbing ladders and squatting for about three months after surgery because significant hip flexing can loosen the sling.

About 80% of men with male urethral slings see an improvement in their symptoms after surgery, with the majority of them no longer needing pads after surgery.

Artificial urinary sphincters

This surgical procedure is more invasive than male urethral slings and appropriate for men with severe stress incontinence, which is defined as using more than four pads per day. It's also a good option for pa-

tients who have damage to sphincter muscles from radiation therapy or a failed male urethral sling.

The placement of artificial urinary sphincters has multiple components. A small cuff is placed around the urethra, replacing the sphincter muscle's function. Tubes connect the cuff to a pressure-regulating balloon placed in the lower pelvic region and a pump in the scrotum. The pump is manually operated to open the cuff on the urethra and allow urine to be released from the body.

Some patients can go home the same day as surgery, while others will require an overnight hospital stay to recover.

After surgery, the artificial urinary sphincter isn't activated for about a

month while the body heals. During this time, heavy lifting and exercise are restricted. Patients return to the clinic and are taught how to properly use the device. With proper training and consistent use, artificial urinary sphincters are effective at treating symptoms of severe stress urinary incontinence in men.

Talk with your healthcare team if you're experiencing urinary incontinence symptoms or are concerned about your prostate or urinary health.

—
David Yang, M.D., Urology, Mayo Clinic Health System, Mankato, Minnesota

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On Nutrition: Grilling down on cancer risk

By Barbara Intermill

Tribune News Service (TNS)

I was in the waiting room of our local mammography clinic when an illustration on the wall caught my eye. It featured an exquisitely designed trunk overflowing with precious jewels. Underneath were the words, "Treasure your chest. Get yours checked."

Excellent advice. Regular bodily checkups are a practical and valuable way for us to detect any issues and avoid worse problems down the line.

It's also a good idea to avoid problems in the first place ... if we can. So now that summer barbecue season is here, here's something we need to know. According to a recent survey by the American Institute of Cancer Research (aicr.org), 80% of Americans are not aware that there is a link between grilled meat, poultry and fish and cancer.

Hold on now. I like grilled foods too. So I was relieved to learn that we don't have to give up this favorite summer pastime. We just need to know some facts.

Researchers have identified certain cancer-causing substances on meat, poultry and fish that has been cooked over intense heat or open flames.

One group called heterocyclic amines (HCAs) are formed when proteins in meat, poultry or fish react with high heat. Other compounds known as polycyclic aromatic hydrocarbons (PAHs) can make their way onto meat, fish or poultry when smoke is produced from fat or juices dripping into flames.

To be fair, scientists have not found a direct cause and effect between grilled meat and cancer. However some research does show that HCAs and PAHs can cause changes in our genetic material that could lead to cancer.

On that note, here are some easier-than-you-might-guess grilling techniques to add a little more assurance to your summertime festivities:

--Marinate your meat, fish or poultry for at least 30 minutes before you cook it. This, says the AICR, can significantly reduce the formation of cancer-causing compounds...and it makes food taste better. Marinades made with olive oil, lemon juice, garlic, herbs, spices, vinegar or wine seem to be especially protective.

--Partially cook your meat, fish or poultry in the oven before transferring it to the grill. This reduces the time it is exposed to flames and/or intense heat.

--Trim off visible fat and lower the flame ... no need to add grease to the fire. Or move your coals to the side and cook food in the center of the grill. The goal: not to burn what you cook.

--And I love this idea: Make kabobs with cut up pieces of meat and vegetables threaded onto skewers. Smaller pieces cook faster with less heat exposure. And, hello, vegetables are known for their cancer-fighting abilities. Best of all, grilled vegetables, fruit, mushrooms and tofu carry a much lower risk for the formation of cancer-causing compounds. Put that in your treasure trove of healthful ideas.

(Barbara Intermill is a registered dietitian nutritionist and syndicated columnist. She is the author of "Quinn-Essential Nutrition: The Uncomplicated Science of Eating." Email her at barbara@quinessentialnutrition.com.)

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2025 Upstream Fund Awardees Announced

Hudson Headwaters Continues Commitment to Direct Investments in Community Health

QUEENSBURY, NY (June 26, 2025)– The Upstream Fund, a program of the John Ruge Center for Community Impact at Hudson Headwaters (CCI), has awarded its annual grants for community-based projects that promote individual and community health. In partnership with the Adirondack Community Foundation's Generous Acts program, CCI considers applications for funding that address its priority areas of housing, transportation, child care and rural health.

"The Network created CCI and the Upstream Fund in recognition that good health is not just something that happens in an exam room," explains VP, Chief Impact Officer Jessica Rubin. "In fact, research shows that about 80% of an individual's health outcomes relate to social drivers of health like access to healthy food and even

high-quality social activities. That's why these grants are targeted at 'upstream' solutions with the ultimate goal to improve 'downstream' health outcomes."

Since Hudson Headwaters launched the Upstream Fund in 2020, the Network has invested in 43 projects led by community nonprofit partners.

The 2025 Upstream Fund recipients are:

Adirondack Roots, Elizabethtown, NY, provides a range of housing programs to low-income residents of Hamilton, Clinton and Essex counties. Grant purpose: To support the Urgent Needs Fund and provide assistance for community members who are housing insecure.

Champlain Area Trails, Westport, NY, is an accredited land trust that creates and maintains trails, protects land, connects people with nature and promotes economic vitality in the Champlain Valley. Grant purpose: To strengthen community connections via trails, nature



Malone Recreational Park

preserves and outdoor programming for all ages.

Community Connections of Franklin County, Malone, NY, is committed to improving the quality of life of individuals and families. Grant purpose: To supply needed items at the Warming Center in Franklin County and support people with temporary or inadequate housing situations.

Community Lunchbox,

Saranac Lake, NY, serves free hot lunches every Monday and Thursday throughout the year, providing opportunities for food and fellowship in the Saranac Lake area and surrounding communities. Grant purpose: To provide operational support and help ensure consistent and convenient access for community members.

Cornell Cooperative Extension of Franklin County, Malone, NY, connects communities with Cornell University research to enrich and empower residents, local businesses, towns and cities. Grant purpose: To enhance community connections and outreach between local school and community gardens.

Malone Recreational Park, Malone, NY, is a nonprofit, village and town-owned park that provides free, year-round recreation to the rural, underserved community. Grant purpose: To underwrite free swim lessons and help ensure every child gains life-saving water safety skills, regardless of income.

Northern Area Health Education Center, Canton, NY, is committed to improving access to quality health care by enhancing the supply, training, development and distribution of health professionals in Jefferson, Lewis, St. Lawrence, Franklin and Clinton counties. Grant purpose: To provide funds

for CampMed, a month-long program where high school students explore health care careers and pathways through hands-on experiences.

Rotary Club of Chestertown, Chestertown, NY, is committed to supporting several annual service projects in the community. Grant Purpose: To support the Chestertown Community Share Shop (CCSS) by providing basic need items for local families.

Rural Preservation Company of Clinton County, Saranac, NY, provides various funding options to ensure safe housing conditions for low- and moderate-income homeowners. Grant Purpose: To support the Emergency Home Repair Fund and provide funds to low-income homeowners for one-time home emergency repairs.

Saranac Lake Voluntary Health Association, Saranac Lake, NY, is a New York State Licensed Home Care Service Agency that provides various no-cost health-related services. Grant Purpose: To support emergency and routine basic dental services that improve health and comfort for individuals with limited financial resources.

To learn more about the Upstream Fund and the John Ruge Center for Community Impact, visit HHHN.org.

About Hudson Headwaters Health Network

Hudson Headwaters is a nonprofit network of 26 community-based primary care health centers serving patients of all ages from Saratoga County to the Canadian border, an area of about 7,900 square miles. The Network's comprehensive services include primary care, urgent care, pediatrics, obstetrics and gynecology, behavioral health, dentistry and other specialties, along with laboratory and imaging services. Learn more at HHHN.org.

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Samaritan medical center reintroduces neurosurgery services with the opening of Samaritan Neurosurgery and welcomes specialist Dr. Stephanie Zyck

Watertown, NY – Samaritan Medical Center is proud to announce the return of local neurosurgery services with the opening of Samaritan Neurosurgery, located at 826 Washington Street, Medical Office Building, 3rd Floor, Watertown, NY 13601.

The practice is led by Dr. Stephanie Zyck, a highly trained neurosurgeon who brings advanced training and a broad range of expertise to the region. Joining Dr. Zyck in providing patient care is Caitlin Winkler, PA, a certified physician assistant. Caitlin will support clinical evaluations, pre- and post-operative care, and assist in coordinating comprehensive treatment plans



Dr. Stephanie Zyck, Neurosurgeon

for patients. Together, this dedicated team will ensure timely, compassionate, and

specialized neurosurgical care is available locally.

Neurosurgery is a specialized field of medicine focused on the diagnosis and surgical treatment of disorders affecting the nervous system, including the brain, spinal cord, and peripheral nerves. Neurosurgeons treat a wide range of conditions, from brain tumors and spinal disorders to traumatic injuries and vascular abnormalities.

Dr. Zyck earned her medical degree from Northeast Ohio Medical University, completed her neurosurgery residency at SUNY Upstate Medical University, and pursued advanced fellowship training in endovascular

neurosurgery, neurotrauma, and neurocritical care. She is currently working toward board certification with the American Board of Neurological Surgery.

“We are thrilled to welcome Dr. Zyck to our medical staff and reintroduce neurosurgical services at Samaritan,” said Dr. Mario Victoria, Samaritan’s Vice President for Medical Affairs and Chief Medical Officer. “Her extensive training and commitment to excellence will be a tremendous asset to our patients and our community.”

“I’m honored to be launching a new neurosurgical practice that brings much-needed, high-quality

care to our community,” said Dr. Stephanie Zyck, a board-eligible neurosurgeon. “Our goal is to deliver comprehensive neurosurgical services—from emergency consultations and peri-operative care to ongoing follow-up care in the office setting. I’m excited to collaborate closely with referring providers and am now accepting new patient referrals.”

Patients and referring providers can learn more about services and appointment scheduling by visiting: samaritanhealth.com/neurosurgery.

Children

From H6

thing of an “undeserved blessing.” He can’t guarantee results, he says, as he’s worked with loving parents who have done so many things right, and yet have adult children who struggle with financial precarity, relationships, mental health issues or substance use. But he urges parents to rethink earlier generations’ sink-or-swim approach to pushing kids out of the nest.

The four pillars of a successful “launch” into adulthood, Stoltzfus says, are establishing a stable sense of self; financial, physical and emotional self-sufficiency; significant relationships outside the family, and a positive connection with parents.

To help adult children achieve these things, Stoltzfus suggests that parents approach them with love and acceptance, while also setting boundaries. “Parents have to find this sweet spot of nurturance and firmness, or love and backbone,” he said. No, he added, is not a four-letter word. “Parents have to think, What’s the right decision here? Not whether the person’s going to be happy or not, but in the long run, what’s going to be most helpful to them?”

When Stoltzfus meets with families, he asks the young adult to share what they’d like to be doing in five years. “None of them say they want to be living with Mommy and Daddy,” Stoltzfus said. Then both generations collaborate on a plan for the young adult to find a new residence (which of-

ten first involves improving their finances), while setting expectations for the interim.

Establishing a compact helps parents shift their focus from the daily battles to a long-term positive goal, Stoltzfus says. In providing developmental scaffolding for their children vs. trying to control them, the parent transitions from the role of nag to coach.

Stoltzfus likes to tell adult children that they can pave their path to independence by participating in home life as if their parents were roommates: taking out the trash, washing dishes and picking up their dirty socks. Then the adult child chooses to either abide by the plan, or live somewhere else. “It’s almost like they’re kicking themselves out,” he said.

An additional complexity of modern parenting, Stoltzfus says, is the rise in mental health diagnoses, such as ADHD, anxiety disorders and autism. Several of Stoltzfus’ clients whose adult children struggle with executive function and social interactions say it’s hard to discern their child’s capabilities. How much of their parental dependence is due to laziness or carelessness, and how much is a disability?

It’s understandable that parents of children with mental health challenges perceive their children as fragile and lower their expectations, Stoltzfus says. But he urges parents to try to see their kids’ capacity for competence. “At the deepest level, parents fear suicide,” he explained. “Because their kids seem depressed or anxious, they think, ‘I don’t want to push them too much.’ But it ends up not helping them develop a certain resilience or grit that they need to be able to take risks and

launch out on their own.”

Several months ago, the Friebe’s daughter secured a full-time job. Their son, who graduated from college in December, has one, too. While neither yet has the financial stability to comfortably live on their own, they’re both on five-year plans to move out, which involve paying rent and performing household chores. Although Rick noted that he and Amy had given their children a message similar to Stoltzfus’, he said it had more impact coming from a professional, neutral third-party.

Rick acknowledges that economic conditions make it more difficult for their kids to just “figure it out” as he and Amy once did. The couple know several parents who subsidize their adult children’s rent. “Managing our expectations for the path is also part of the program,” Rick said.

Amy says she sometimes feels people may be judging her and Rick because their adult children live at home, when other recent college grads are already on higher-earning career tracks or buying houses. “As a parent, you feel very sheepish saying, ‘Yeah, they’re living at home’ when everyone assumes you’re an empty-nester.”

But as more parents and young adults are honest about their circumstances, she thinks the dynamic will change. “There should be less stigma,” she said. “If that’s what is financially feasible or just makes most sense at the moment, it should be OK.”

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A man in a grey suit, white shirt, and blue patterned bow tie is sitting and holding a prosthetic joint model. He is looking towards the left of the frame. In the foreground, the back of a person wearing a blue shirt is visible, partially obscuring the man. The background is a clinical setting with a white wall and a wooden door.

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