



Hamaspik Gazette

News of Hamaspik Agencies and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HOW MANY COLDS DO KIDS AVERAGE EACH FALL?

A: 0-1, • B: 2-3, • C: 4+

Respond to: survey@hamaspik.org

HEALTH STAT

MEDICAID AVERAGE PER-MEMBER SPENDING:

	2010	2014	IMPROVEMENT
NATIONAL	\$7,645	\$6,987	9%
NEW YORK	\$10,684	\$8,731	18%

Source: NY Torch, Sept. 26

HEALTH QUOTE

“IF THERE WERE A PILL THAT DID EVERYTHING EXERCISE DOES, EVERYONE WOULD TAKE IT.”

—Yale geriatrics professor Dr. Thomas Gill on seniors' need to exercise, HealthDay News, Sept. 26

HEALTH TIP

MAKE YOUR KITCHEN DIET-FRIENDLIER BY MINIMIZING OPEN-FLOOR DESIGNS. Whether you're building or remodeling your kitchen, separate dining and food-prep areas—subtly discouraging repeat easy access to seconds.

INSIDE

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A FIGHT FOR THE RIGHT

IN THIS MAY 10, 2016 PHOTO, MUSCULAR DYSTROPHY PATIENT JORDAN MCLINN, 7, TESTIFIES ON CAPITOL HILL AS SEN. RON JOHNSON (R-WI) AND TIM WENDLER (L) LOOK ON. SEN. JOHNSON LED A SENATE HEARING SEPT. 22 ON HIS "TRICKETT WENDLER RIGHT TO TRY ACT," NAMED FOR MR. WENDLER'S LATE WIFE. "RIGHT TO TRY" IS A MOVEMENT TO SUSPEND FDA UNAPPROVED-TREATMENT RULES FOR TERMINALLY-ILL PATIENTS WHO'VE FAILED ALL OTHER TREATMENTS. CRITICS SAY IT'S TOOTHLESS OR EVEN DANGEROUS; ADVOCATES SEE THE FDA AS A CHANCE-DENYING BUREAUCRACY.



"RIGHT TO TRY" LAWS CURRENTLY STAND IN 31 STATES. JOHNSON'S SENATE BILL HAS 41 CO-SPONSORS; A COMPANION HOUSE BILL HAS 58. MOST CO-SPONSORS ARE REPUBLICAN.

HOSPITAL NEWS

As Medicine Moves to Less Pain Medication, ERs Seek More Non-drug Care for Kids

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HAMASPIK NEWS

PNEUMONIA: WHAT EVERYONE NEEDS TO KNOW

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HAMASPIK NEWS

On Cutting Edge of Providing Community Supports, NYSHA Embraces IPSIDD Program

NEW OFF-SITE THERAPY SERVICES FOR PEOPLE WITH SPECIAL NEEDS TO BE OFFERED TO COMMUNITY

Responding nimbly and efficiently to the modification of an existing New York State program, the New York State Hamaspik Association (NYSHA) will be offering a brand-new special-needs therapy services program to further serve the disability community.

The new program, tentatively named Tri-County Medical Care, P.C., will be opening within the next two months if state and federal approval arrives as

expected, explains Joel Brecher, Director of NYSHA's Article 16 Clinic.

That Clinic, busy with seeing dozens of patients each week as it has been since opening in 2011, has also been operating at its maximum capacity ("cap") of allotted "slots."

Complementing that busy clinic on a parallel track will be Tri-County Medical Care, P.C.

As any existing Article 16 Clinic like the NYSHA Clinic, Tri-County Medical Care, P.C. will also be providing occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), psychology and social work to the individuals with special needs.

However, Tri-County Medical Care, P.C., and therapy services programs like it in the works, car-

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

Providing: A supervised residence for individuals who need out-of-home placement

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: Support and job coaching for individuals with disabilities to be employed and to maintain employment

ENHANCED SUPPORTED EMPLOYMENT

Providing: Job developing and coaching for people with any type of disability

MEDICAID SERVICE COORDINATION

Providing: An advocate for the individual to access and coordinate available benefits

HOME FAMILY CARE

Providing: A family to care for an individual with special needs

INTERMEDIATE CARE FACILITY

Providing: A facility for individuals who are medically involved and developmentally delayed

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

Providing: Reimbursement for out of ordinary expenses for items or services not covered by Medicaid

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

DOH

TRAUMATIC BRAIN INJURY

Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

EARLY INTERVENTION

Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

CARE AT HOME

Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAP

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

HAMASPIK CHOICE

A Managed Long Term Care Plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC

Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

TRAINING

Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspik services

HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper informing the community of available Hamaspik services

► PUBLIC POLICY NEWS

A Very Bleak Future is Very Near—if You're the Chickenpox Virus

According to a new CDC report, U.S. cases of chickenpox have been declining since 2006, when doctors began routinely recommending a second dose of chickenpox (varicella) vaccine. The report said that the highly contagious disease dropped by 85 percent between 2006 and 2014.

But that's on top of the 90-percent drop in cases from 1996 to 2006—meaning, an 85-percent drop from the remaining ten percent, making the number of 2014 cases a scant 1.5 percent of the number of 1996 cases.

In other words, do the math and you get a rough 98.5-percent drop in U.S. chickenpox cases from 1996 to 2014.

When the single-dose vaccine was launched in 1996 in the U.S., a 90-percent decline followed over the next decade. Due to continued outbreaks, though, the CDC implemented the two-dose schedule in 2006.

Before vaccination, chickenpox was commonplace, with four million Americans on average getting the virus annually in the early 1990s. The CDC credits vaccination with preventing over 3.5 million cases of chickenpox and 9,000 hospitalizations a year.

Eradication of chickenpox, a la polio and smallpox, may be just around the corner. In the meantime, hand it to the CDC for another unsung major public-health victory. ★

► HEALTH NEWS

Staying One Step Ahead of Head Lice

A PRACTICAL GUIDE FOR PARENTS AND FAMILIES

With fall and back-to-school in the air, so are those annual tests for head lice—cases of which seem to proliferate as kids go back to school, as well as in January.

According to the CDC, up to 12 million cases of head lice occur in the U.S. in kids ages three through 11, and are most common among preschool children attending child care, elementary school children, and household members of children who have lice.

However, contrary to myth, head lice are not caused by poor hygiene. They are spread mainly by direct head-to-head contact with a person who already has head lice, primarily among schoolchildren who play closely together in large groups.

Blood-Sucking Bugs

Head lice are blood-sucking insects about the size of a sesame seed and tan to grayish-white in color. They attach themselves to the skin on the head and lay eggs (nits) in the hair.

Head lice or nits can be checked for by parting the hair in several spots and using a magnifying glass and a bright light to help spot them. Head lice can move fast, so it may be easier to spot the nits. These can look like dandruff, but can be identified by picking up a strand of hair close to the

scalp and pulling the fingernail across the suspected area.

While dandruff comes off easily, nits will stay firmly attached to the hair.

Treatments approved by the FDA for head lice include over-the-counter drugs like Nix and Rid, in the form of shampoos, creams and lotions. Read labels carefully, though! Many head lice products are not for use in children under the age of two.

Depending on the case, your child's doctor may order such prescription head-lice drugs approved by the FDA in recent years, like Ulesfia (2009), Natroba (2011) or Sklice (2012).

Steps for Safe Use

Follow these steps to use any head lice treatment safely and appropriately:

- Before treating young children, talk with the child's doctor or your pharmacist for recommended treatments based on a child's age and weight.
- Use medication exactly as directed on the label and never more often than directed unless advised by your health care professional.
- Apply the product only to the scalp and the hair attached to the scalp—not to other body hair.
- After rinsing the product from the hair and scalp, use a fine-toothed comb or special "nit comb" to remove dead lice and nits.

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● ► HAMASPIK NEWS

Going the Distance: Hamaspik Installs 80' Accessibility Ramp for Rockland Resident

Rockland County Agency Staff Throw in Extra Measure of Attention to Detail, Literally

Hamaspik used to provide more outdoor VPLs [vertical platform lifts—ed.], but the Dept. of Health has not been recommending them of late because they tend to break down quickly, explains Zalman Stein.

For the same reasons of high maintenance, the agency has not been recommending them of late, either, he adds with a smile.

But after the completion of his most recent project, he's not the only one smiling.

RIGHT AT HOME ON THE JOB

Mr. Stein, a rollicking jack-of-all-trades who's served as Hamaspik of Rockland County's Development Coordinator since the summer of 2010, is usually seen around the office with a tool in one hand, on a ladder, or a writing instrument between his lips, and not infrequently all three.

And that's when he's on site.

When he's not, you'll find him as far north as Putnam County, which is served by more than one Hamaspik program, or right in Hamaspik of Rockland County's back-

yard which, most recently, meant getting Hamaspik's work done in a Monsey backyard.

The house in question in that suburban Rockland County village, a lovely single-family home belonging to a senior benefiting from Hamaspik's NHTD program, got a lengthy accessibility ramp installed in its backyard courtesy of one Mr. Zalman Stein and Company.

The Nursing Home Transition and Diversion (NHTD) program is a Medicaid-funded initiative of the New York State Dept. of Health (DOH) that Hamaspik of Rockland County has offered for years. It's slated to transition to a managed-care model in January of 2018.

Under the capable direction of NYU-trained social worker Mrs. Tzivia Frommer, LMSW, and her team of licensed professionals, Hamaspik's NHTD department sees to it that beneficiaries benefit from the program's wide-ranging suite of supports in transitioning back to their own homes from nursing



RAMPING UP: THE LIGHTWEIGHT BUT STURDY ENTRYWAY ENSURES EASE OF ACCESS FOR THIS HOME'S OWNER

homes—or in being diverted from entering nursing homes in the first place.

Among those many services are *Environmental Modifications* (E-Mods), official jargon for interior or exterior home renovations that make living at home possible for people with physical disabilities. Common E-Mods include walk-in or roll-in showers and, of course, outdoor ramps.

It was one such ramp that Hamaspik of Rockland County's NHTD program, in the

person of Mr. Stein and a hired crew, completed in the backyard of that Monsey home.

MEASURING UP

"There was a lot of measuring," says Stein of that particular project, necessitating numerous returns to the worksite to calculate precise details.

Each E-Mods job that Mrs. Frommer (or HamaspikCare, Hamaspik's growing home-care agency) sends him is unique, with variables requiring a customized solution such that no two are the same.

For example, accessibility ramps to two otherwise identical ground-level front doors will turn out distinctly different because one is flanked by hedges. Likewise, rendering a restroom fully disability-accessible depends entirely on such factors as square footage and layout.

In the case of the Rockland home, Hamaspik's Coordinator first consulted with the beneficiary and her agency Service Coordinator, social worker Mrs. Aviva Salamon, MSW. The three came to an agreement on what the resident most needed—in this case, an entry/exit ramp—and how she'd most like it.

By regulation, an accessibility ramp must be built at a 1:12 slope—that is, rising one inch in height for every 12 inches in length. A 48-inch-high ramp would thus need to be 48 feet long. What's more, every 30 feet of slope requires a flat interval.

With the woman's rear porch some 80 inches from the ground, then, an 80-foot ramp—incorporating at least two flat "rest

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● ► HAMASPIK NEWS

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NEW OFF-SITE THERAPY SERVICES FOR PEOPLE WITH SPECIAL NEEDS TO BE OFFERED TO COMMUNITY

<< CONTINUED FROM PAGE 01

ries the official label of Professional Corporation (PC), not Article 16 Clinic.

To explain:

In April of this year, the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspik's primary public-sector partner since 1986, announced the modification of a program called Preventive Services.

Now renamed the Independent Practitioner Services for Individuals with Developmental Disabilities State Plan Option,

or IPSIDD for short, the amended program allows the aforementioned professionals to independently see and treat patients who otherwise would be seen at Article 16 Clinics.

Article 16 Clinics, named for the subsection of New York State disability law that created them, serve as dedicated therapy centers for people with disabilities who cannot visit mainstream caregivers for any number of reasons.

Under the newly-created IPSIDD program, though, licensed OTs, PTs and other professionals—with at least two years of

disability care experience and OPWDD approval—can form groups called Professional Corporations (PCs) and directly bill Medicaid as a so-called group practice.

Tri-County Medical Care, P.C. will be one such group practice PC.

The unfolding development underscores Hamaspik's mission of serving as communal and cultural interface between state agencies like the OPWDD, the Dept. of Health (DOH) and others and the growing communities (and their needs) that Hamaspik serves. ★

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● ► HEALTH NEWS

Food Fallen to Floor Fouled Far Faster than Five?

Guess we'll have to change it to the "One-second Rule."

A two-year study by a Rutgers University professor of food microbiology looked exhaustively into the widely accepted "Five-second Rule"—and found it wrong.

That axiom, declared sagely throughout the ages by parents, teachers, or older (and sometimes younger) siblings, posits that food items on the floor for five seconds or less do not pick up germs.

However, the new study finds that to be simply, scientifically and otherwise factually incorrect: it actually takes less than a second for bacteria to get onto fallen food items, the study found.

This begs the question: Will eating something with bacteria from the floor make one sick? The answer is: Probably

not as often as you'd think it would. But we digress.

In the study, Prof. Donald W. Schaffner and a student dropped four different food items onto four different floor surfaces from a height of five inches for four different lengths of time.

The floors had been treated with a bacterium similar to salmonella.

The range of food items (bread, buttered bread, cut watermelon and gummy candy), surfaces (carpet, ceramic tile, stainless steel and wood) and floor times (under one second, five seconds, 30 seconds and 300 seconds) yielded 128 different possible combinations.

Each combination was replicated 20

times. Levels of bacteria on each fallen food item were carefully measured each time.

The study—entitled "Is the Five-Second Rule Real?"—concluded that bacteria transfer nearly instantly onto any food item hitting the floor.

The only question is how much bacteria after how much time, and which foods attract bacteria the fastest.

The study found that bacteria transferred from carpet the slowest and swarmed onto moist watermelon the fastest. Conversely, the strawberry gummy candies collected germs the slowest.

So, why do people sometimes pick up and eat food that's been on the floor?

Researchers and other experts quoted by a *New York Times* article on the findings had a few curious observations.

One pointed out that people are taught not to waste food—especially if it "looks" clean. Another noted that people generally believe that their floors are clean. Similarly, the experts pointed out that some people harbor an attitude of imperviousness towards retrieving and consuming freshly floor-fallen foods, claiming that nothing ill ever befell them as a result—especially if they do not connect Thursday's bellyache to Monday's floor food collection.

Young parents in particular become far less hypervigilant as the years of parenting experience build, with no apparent harm done if things are less than perfectly sterile.

As Prof. Schaffner wryly noted to the *Times* in a comment that experienced parents will surely identify with, "The first kid, the pacifier falls on the floor, oh my God, we have to sterilize it. By the third kid, it's like 'whatever.'"

The study appeared recently in the journal *Applied and Environmental Microbiology*. ★

● ► HAMASPIK NEWS

Meeting Community's Needs, Newly Re-Approved NYSHA Clinic Still Seeks to Help More

THROUGH MAIN SITE AND SITES IN THREE COUNTIES, SPECIAL-NEEDS THERAPY CENTER PROVIDES

Walk into any modern-day medical center and you're sure to encounter "contemporary" and "convenient," from the interior design to the cutting-edge medicine.

Walk into the NYSHA Article 16 Clinic and you'll encounter the same.

Named for the section of New York State health law that allows for their creation and operation, Article 16 Clinics do for individuals with disabilities what typical medical centers do for their patients: Greet them and treat them with top-notch professionalism and patience.

While separate facilities to treat those with disabilities may sound like the very segregation that contemporary society has long left behind, the cold hard fact is that many individuals with various disabilities find visiting mainstream medical centers too intimidating or otherwise uncomfortable—whether due to insensitive fellow patients, caregivers insufficiently trained in the support and care of people with special needs, or their own sensitivities.

The Article 16 Clinic does away with all of that.

Geared specifically for the sensitivities of the disability population, both patient and family member alike, facilities like the NYSHA Article 16 Clinic present patrons with staff completely comfortable with the disability population, from the receptionist on up to the director.

While Article 16 clinics are meant to give people with disabilities access to the same quality, measures, and categories of care enjoyed by the mainstream, there is a "big" difference between the missions of standard and Article 16 care, notes Hamaspiik of Kings County Executive Director Joel Freund, who is also Executive Director of the New York State Hamaspiik Association (NYSHA).

The non-profit organization serves as an in-house resource center of sorts for its Hamaspiik member agencies, the Hamaspiiks of Rockland County, Orange County and Kings County. Among its re-

sources is the NYSHA Clinic, which serves people in all three counties.

"Regular clinics provide therapy for a short time to help someone recover from an issue—for example, physical therapy for six months if you broke your arm," Mr. Freund explains.

By contrast, "Article 16s help you maintain your health on an ongoing basis"—providing, for example, physical therapy to a person who has cerebral palsy so that he can continue using his hands.

In a nutshell, adds NYSHA Clinic Director Joel Brecher, while other clinics "do recovery only," an Article 16 provides maintenance and preventive care.

Since NYSHA opened the Clinic in 2011, hundreds of people with disabilities from throughout the communities that Hamaspiik serves—many of them repeat "customers"—have received superlative care through its doors.

Physical therapy, occupational therapy, speech and language pathology and much more have been effectively provided by the NYSHA Clinic, all under the expert supervision and oversight of Medical Director Abraham Berger, M.D., a veteran Manhat-

tan physician with an expertise in emergency medicine.

The Article 16 Clinic, offered by NYSHA to its member bodies as the Hamaspiik support organization that it is, currently operates its central facility in Williamsburg—as well as a dozen-plus satellite locations across Brooklyn and the upstate Hudson Valley region.

Further reflecting its critical, cross-community appeal and necessity is the fact that several of the NYSHA Clinic's state-approved sites are located on the premises of other worthy agencies, both in Rockland and Kings Counties.

As Mr. Brecher sees it, the usage at all locations indicates the presence of a robust and growing community need. It was most auspicious, then, that the Clinic passed its most recent annual unannounced audit "with flying colors," he reports.

That August 10 survey, as it's called in industry parlance, saw Treatment Coordinator Ms. Werzberger spend several hours assisting the visiting OPWDD official in reviewing several key records collections, including documentation of services provided as part of each individual's customized treatment plan.

Having recently been reapproved to provide thousands of hours of services over the coming 12 months to partially meet an ever-growing community need, the NYSHA Article 16 Clinic is well poised and positioned to meet that need—and to bring its critical care supports to the community in addition to community members bringing themselves to it. ★

●► HAMASPIK NEWS

Mickey Mouse Trip Anything but Shabby for Hamaspik of Orange's Bakertown Residence

Residents of Hamaspik's Only Supportive Group Home Thrill to Five-day Orlando Trip

In the annals of Disneyworld's history is the non-verbal child with autism visiting the Magic Kingdom and exclaiming, "Mickey!" upon seeing the iconic mouse character live before him.

No big deal—until you realize, as goosebumps rise, that it's the first time in his life he's uttered a word.

While the experience of a Hamaspik contingent this past September was not quite that dramatic, one member of that group did burst into tears of joy upon meeting and greeting Mickey Mouse.

But the excitement that peaked with that moment of ecstasy had hardly begun moments earlier, and didn't throttle down for a good few days afterward, either.

The trip to Orlando, Florida was the first major vacation for the residents of the Individualized Residential Alternative (IRA) since its December 2012 opening. No wonder they were thrilled!

Since becoming Hamaspik's first Supportive IRA, so dubbed for its step down in supervision for its residents (and step up in independence), Bakertown has built lives.

Residents reside in the thick of the Hudson Valley's Kiryas Joel, a bustling village brimming with mercantile and communal life that surrounds them with friendly neighbors 24/7.

And with the increasingly independent lives that Bakertown's residents continue to live with minimal support, the "well-deserved vacation," as Manager Mrs. Appel describes it, was all but inevitable.

Sunday, August 28 was marked by an excited flurry of last-minute shopping and packing, taking the anticipation of the past several weeks to a new level.

Needless to say, the flight to Florida that afternoon was "fun," Mrs. Appel reports. For some of the "girls," it was not only their first Orlando trip but their first flight ever, too. (Talk about liftoff!)

After landing and collecting their suitcases at baggage claim, itself a thrilling experience, the group made their way to a secluded private house complete with private backyard pool.

The young ladies settled in and stowed away a good box or two of perishables in the rental's fridge and freezer, gearing up mentally for the exciting day ahead.

The morning of Monday, August 29 saw the vacationers enjoying a fresh breakfast, and by 11:00 a.m., their rental van was en route to the EPCOT Center.

The first of three days soaking up Or-

lando's sights and sounds was spent enjoying that futuristic venue's numerous rides, shows and other exhilarating attractions.

Dinner back at the rental home capped a wonderful first day out with freshly barbecued chicken and meat on a portable grill that they had brought along.

The outdoor barbecue in the temperate Florida evening weather was made all the better with the prim new matching sweatshirts that all the young travelers were wearing, courtesy of Hamaspik Special Events Coordinator Mrs. Brenda Katina, who had assisted with some savvy shopping.

The trip's second day, and second all-day outing, was downright magical, being at Disney's Magic Kingdom as it was. Besides the standard memory-forming oohs and aahs enjoyed by all the Hamaspik visitors, it was at the "Happiest Place on Earth" that the abovementioned visitor had her happiest of meltdowns.

That day came to a head with the park's nightfall fireworks spectacular, which the visitors especially enjoyed.

Disney may have mastered the science of magic, but for their third and final day-long out, the Hamaspik group opted for the magic of science, taking in the Wonderworks hands-on children's science museum elsewhere in Orlando.

For a full day, the guests enjoyed the wonders of this world's physics, trying their hands at any number of the facility's fascinating and interactive exhibits on sight, sound, gravity and more.

Of course, nobody could leave Orlando without hitting the gift shops, Mrs. Appel adds.

That wonderful Wednesday evening wound down with dinner at Milk and Honey, a local kosher pizza parlor whose proprietor was all too happy to fire up his oven and whip up a fresh pie or two for his hungry guests—who ordered the healthy vegetable pizza on the menu.

"No one wanted to leave on Thursday," reports Mrs. Appel. But with departure day now here, "everyone had great memories" as they otherwise somberly packed up and returned to the airport for the flight back to New York. "They loved each and every minute."

Close to one month later, the residents are still happily talking about the trip of their choice, and how they love the pictures, Mrs. Appel tells the *Gazette*.

Vacations, of course, are good for one's overall morale, relaxation and spirit, with the ripple effects of a good vacation felt

weeks or even months afterward.

Asked about said benefits, Mrs. Appel notes that Bakertown's residents have been friendlier to each other since they got back from Florida.

Was it the glorious weather that put them in a still-persisting "sunshine state"?

Or is there something about Disney, or any vacation, that goes beyond the borders of the Magic Kingdom? ★



GATES TO THE KINGDOM: AS ANTICIPATION PEAKED, HAMASPIK TOOK THIS SHOT



OH, BOY: MICKEY GREETES THE YOUNGEST MEMBER OF THE APPEL FAMILY



AT THE END OF THE DAY, NO PLACE LIKE IT: BACK AT BAKERTOWN, A WARM HOMEMADE SIGN FROM NEIGHBORS GREETED THE TRAVELERS

The Autism Update

News and developments from the world of research and advocacy

ZINC MAY REVERSE AUTISM BRAIN CHANGES

A New Zealand study has found that zinc might boost brain cell communication, a function that is decreased in children with autism. The trace element, essential to children's growth, could reverse autism-related changes to a gene, the most severely affected by the condition.

The prevalence of zinc deficiency in autistic children was highlighted in 2013 by Japanese researchers. Further studies have shown that zinc deficiency in early childhood could be linked to attention-deficit/hyperactivity disorder (ADHD), characteristics also seen in autistic children.

Working with animal models, researchers at the University of Auckland have discovered that zinc can reverse the decrease in brain cell communication associated with autism.

The scientists focused on one gene in particular called Shank3.

Usually, brain cell communication decreases due to genetic modifications in the Shank3 gene caused by autism. Zinc was found to reverse the process, boosting brain cell communication previously weakened by changes to Shank3.

In 2014, researchers in France discovered that mutations affecting the Shank3 gene coincided with the most severe cases of autism. Such changes were associated with 1 out of 50 children with autism and intellectual deficits.

Researchers now hope to investigate zinc as a dietary supplement to evaluate its impact on autistic behaviors.

The study was published in the *Journal of Neuroscience*.

BRITISH MEDIA EXPOSES VIOLENT AUTISM FRAUDSTER

An undercover investigation by the British Broadcasting Corporation (BBC) had a man pose as a fully-grown adult with high-functioning autism to probe claims of an autism "cure."

What he did find and record, while wearing a hidden camera, was hours of verbal and emotional abuse heaped upon him by vicious money-grubbing scam artists from Eastern Europe.

The BBC had originally heard of a Hungarian firm selling London-based training to "cure" and "treat" autism. The so-called company, Stabil Pont Technologia, and its London-based so-called trainer, Jozsef Kanta, initially told the BBC's investigator that his autism could be "cured" through a series of training sessions costing £3,500 (\$4,541 dollars). Kanta said he was able to "remove" autism by locating the client's "inner trauma" but could take 60 or more sessions.

Once at his first "session," the investigator was ordered to make prolonged eye contact with Kanta, who then repeatedly taunted him and threatened to physically attack him.

Kanta's partner in crime, one Zoltan Toth, was likewise approached by a BBC investigator posing as an autism parent. Toth said, "I can kill autism, the first that did."

Once the story went public, though, the exposed Kanta told the BBC to tell that the "techniques" were "not a treatment... we do not cure anybody," even claiming "plenty of

results" with a straight face and chalking up the abuse footage to "playing a joke."

PUBLIC BEFRIENDS 'FRIEND-LESS' JERSEY BOY WITH AUTISM

Christopher Cornelius of Rockaway, New Jersey came home from school earlier in September with a homework assignment asking, among other things, for the names of his friends.

Regrettably, the 11-year-old with autism had none to report. "No one," he had written.

But when his father Bob publicly posted his son's depressing response in late September, it wasn't long before the lad was flooded with love and support from caring strangers all over the country and world.

Young Mr. Cornelius is described by his father as a "smart" boy with "a great sense of humor"—who will no doubt now be falling back on his wits and wittiness to handle the dozens of letters, presents, cards and balloons he received in the space of one week. ★

► HOSPITAL NEWS

As Medicine Moves to Less Pain Medication, ERs Seek More Non-drug Care for Kids

So a child gets rushed to the emergency room for immediate treatment: a serious cut, burn, injury or other such situation requiring, among other things, treatment of pain.

Up until relatively recently, and depending in each case, that pain might be treated with powerful painkillers—drugs that make the "ouch!" hurt less, or even go away completely for a short time.

But with increased pressure to both decrease wait times and reduce usage of pain management medications, caregivers at ERs nationwide are now looking at non-drug ways to treat kids' pain.

Some of those methods, according to Phyllis L. Hendry, M.D., include physical and sensory interventions, distraction and conversation, and relaxation techniques.

Dr. Hendry, a professor of pediatric emergency medicine at the University of Florida (UF) College of Medicine in Jacksonville, presented on the subject in early September at PAINWeek (yes, that's its name), a medical conference billing itself as the biggest annual U.S. conference for frontline clinicians with an interest in pain management.

Some of the ways that ER doctors and nurses can help reduce kids' pain without drugs are pacifiers with sucrose for infants in pain, ice for injuries, or having kids sit on parents' laps instead of lying down or getting strapped down for procedures, Dr. Hendry said.

Simply talking to kids in the ER also helps reduce their pain, pointed out co-presenter Danielle Hernandez, a certified child life specialist (CCLS). Prior research indicates that

conversation and distraction can help reduce pediatric ER pain by up to 25 percent, Hernandez noted.

Distracting conversation works by simply moving the child's attention to something other than the pain. Age-appropriate siblings might also be able to provide minor assistance with procedures.

Another way to reduce pain without pills or shots is imagination, according to the presentation entitled "Child Life 101 for Emergency Departments and Emergency Care Providers: Using Nonpharmacologic Methods to Relieve and Manage Pain and Anxiety."

Known officially as *guided imagery*, one imagination method has caregivers telling kids to picture a relaxing place while breathing deeply and slowly with hands on their stomach.

Another effective pain management method is to simply provide the child with small hand-held games to play with.

Most importantly, Hernandez said, how a child is treated when in pain may help form his or her lifelong attitudes towards doctors and hospitals.

"This is how you help children not be that 70-year-old man who won't come to the doctor," she said, "because he was pinned to the bed when he had to get shots or stitches as a child."

While most ERs of the nation's roughly 2,000 hospitals do not have child life specialists on staff, about 20 percent do.

Of those, most are major hospitals, or *tertiary care facilities*, in industry jargon—which will not only have a child life specialist

on hand but their own separate pediatric ERs too, points out Yitzy Goldsmith, BSN, RN, an ER nurse at Westchester Medical Center.

For the majority of hospitals that do not have child life specialists, professionals trained to help children and families cope with and overcome life challenges, the best thing that parents can do with—and for—their children at ERs is to simply cooperate with staff.

Goldsmith says he asks parents along for pediatric emergencies what their preference is, in terms of standing by and physically assisting staff to the extent medically feasible.

"Don't stay in the room if you'll get freaked out" while doctors administer medications or procedures, he advises.

But the shift to less pain medication in the ER encompasses everyone, not just kids, adds Abraham Berger, M.D., a veteran emergency-room physician and Medical Director of the NYSHA Article 16 Clinic in Brooklyn.

"Currently that's the biggest push, federally and locally," he says, "to encourage short-term [usage of] narcotics" in ERs, if at all. "The current goal is to prescribe short-term prescriptions not to exceed over a five-to seven-days' worth of meds for acute pain."

Kids in the ER, says Dr. Berger, are increasingly being distracted with games, songs, a relaxed atmosphere and, of course, the reassuring presence of their parent(s). The trend, he says, is "anything but Tylenol," with "hard-core" painkillers being used on pediatric patients "very rarely."

Besides, he adds, "Children get over pain a lot quicker than adults." ★

● ► HAMASPIK NEWS

Bringing the Strength of Rabbi Shimon to Others All Year ‘Round

HAMASPIKCARE BENEFICIARY, ANNUAL SPIRITUAL PILGRIM, DEFIES DISABILITY

Brooklyn-born-and-raised Meyer Weiss has always had a head—despite, and perhaps in defiance of, physical disability. Whether it’s probing the *daf b’iyun*, as the *talmid chacham* has been doing for years, or crunching numbers a la bookkeeping, Weiss is a thoughtful, cerebral presence with a gift for miniscule detail, be that a *Tosfos* or a total.

If anything defines Meyer Weiss, dis-

ability isn’t it.

As such, he also spends a good part of each day talking to people going through personal challenges in their lives—helping them learn how to better appreciate their lives and how to be more connected to G-d.

“That’s what I’m busy with all day,” he confesses.

Residing with his wife in upstate New Square, Mr. Weiss was introduced by friends about three years ago to the helping hands of HamaspiKare, HamaspiK’s upstate-based home-care agency.

Initially benefiting from nursing visits and home-based therapy sessions, the

scholar is currently supported by personal care aides (PCAs) purveyed by the agency. The two gentlemen help Weiss through his daily routines, one in the morning and one at night, empowering him to thrive in the life that he has today.

Asked whether his relationship with his PCAs is strictly professional or more like that of a friend or family member, Weiss touches on both.

They’re professional, friendly, and do a good job, he initially replies. “With care and with heart,” he adds—“and they try their best.”

But Mr. Weiss also has a soul, and quite the incandescent one.

Why does his personal e-mail address invoke Lag B’Omer? the *Gazette* asks before sending him this write-up for review. “I’m very close to Rabbi Shimon,” he simply states. “I breathe Lag B’Omer.”

Regardless of whether it’s the years he’s been annually going to Meron for Lag B’Omer that’ve drawn him to the Tanna, or a preexisting proximity to the Tanna that’s driven him to Meron for Lag B’Omer for years, this is a spiritual man talking.

How does he manage the yearly flight? Friends fly along to help.

So: Does he consider his aides, both caring from Yidden, friends?

“I actually did consider taking him,” he says of Mr. Lunger, one of the two. It was only logistical considerations—preexisting commitments and such—that prevented Mr. Lunger from going the distance.

If he could have come, would he? “Yes!”
K’dai hu lismoch alav... ★

A Picture-perfect End to a Picture-perfect Summer Vacation

Come summer, Brooklyn is a great place to be *from*—if you live there all year ‘round, that is. Exhibit A: the exodus of cars flowing from the borough to points north throughout the season.

And this early September, a HamaspiK Transport Van could be seen among them.

Filling its seats were three staff members and six residents of HamaspiK of Kings County’s 38th St. Shvesterheim, the agency’s youngest group home. Destination? Lake George—and a summer-capping’s worth of recreation and escape from the city packed into three days of fun.

ON THE ROAD TO SUMMER FUN

After weeks of planning, Home Manager Mr. Israel Indig saw off Assistant Manager Mrs. Yona Kasnett, and Direct Support Professionals (DSPs) Ms. Ruchie Herman and Ms. Ileana Tintea—along with a vanload of freshly-packed perishables in coolers, and a group of excited vacationers.

It was early Tuesday morning, Sept. 6,

and the “Shvesterheimers” couldn’t wait to get on the road. Moments later, with the engine started and last goodbyes waved, they were on the way.

The first stop, some two solid hours of driving later, was at Kelder’s Farm in the Catskills, where the group stretched out and unwound from the long ride in the best possible way—by spending the next four hours feeding the farm animals at Kelder’s petting zoo, and picking berries, corn, squash and cherry tomatoes from the farm’s ample fields.

All that energy-expending needed refueling, of course, so the group sat down to a delicious picnic lunch, on tables set elegantly by staff, before hitting the road for the trip’s second leg.

With beautiful scenery to behold and music playing, the drive to Lake George was relaxing.

Pulling up to their reserved motel in the resort area later that afternoon, the young

ladies were assisted by staff in settling into their rooms. They then converged on the facility’s outdoor picnic area, where the DSPs lost no time deploying a portable grill to whip up a yummy barbecue dinner.

Throughout their two-day stay at the motel, the group also enjoyed such on-site facilities as the private indoor pool, game room and exercise room.

Bright and early the next morning, the eager travelers bounced out of bed for a full breakfast lovingly prepared—and laid out on primly-set, cloth-bedecked tables in the motel’s outdoor garden—by staff, with fresh sandwiches, juice, vegetables and more on the menu.

It was then time for one of the trip’s several major highlights, and one which the “girls” had chosen themselves—a full-day outing to the nearby Six Flags Great Escape!

The city birds enjoyed not just the spacious and exhilarating outdoor environment, but the thrilling rides and shows, the

exciting water park and the delight souvenir shops, too. “There was something for everyone, and everyone enjoyed it immensely,” reports Mrs. Kasnett.

Back at their motel “headquarters,” the satisfied but spent entourage tucked into another barbecue dinner freshly prepared by their HamaspiK support staff—before collapsing into bed.

Another day-long voyage of excitement, and fairly literally, lay ahead.

WAVES OF HAPPINESS

The morning of Thursday, September 8 saw the HamaspiK staff assist their “supportees” through their morning routines, complete with yet another fabulous fresh breakfast.

Thus sufficiently powered up for the day, the group packed their bags and said goodbye to motel staff, and the van was soon rolling up local highways and byways for the Lake George shore.

Once parked at the popular body of water, the HamaspiK vacationers lost no time hitting the waves—in a sizable rented motorboat that had the life-vest-clad revelers practically shrieking in delight. With the lovely tree-encrusted Adirondacks rising

CONTINUED ON PAGE 10 >>



A PERFECT SUMMER DAY: OUTINGS ON LAKE GEORGE PUNCTUATED BY A SUMPTUOUS LUNCH

In the Know

ALL ABOUT... HASHIMOTO'S DISEASE

Hamaspik thanks Carla Iudica-Souza, M.D. of Endocrine Associates of Rockland for critically reviewing this article.

Don't worry: it's not as scary as it sounds. But neither is it as rare or exotic as it sounds.

While named for the Japanese doctor who first described it in 1912, Hashimoto's disease is simply another *autoimmune disease*, or condition in which the body's immune system attacks various parts or systems of the body. Common and well-known autoimmune diseases are asthma, in which the immune system attacks the lungs, or multiple sclerosis (MS), in which the immune system attacks some of the body's nerves.

In Hashimoto's disease, the immune system attacks the thyroid gland. This causes another disease called *thyroiditis*. In thyroiditis, the thyroid gland produces too little of the natural hormones that it regularly produces. This is called *hypothyroidism*.

Hashimoto's disease thus causes hypothyroidism.

DEFINITION >>

Hashimoto's disease is the most common cause of hypothyroidism in the U.S.

Hashimoto's disease affects about five percent of people at some point in their lives, and typically begins between the ages of 30 and 50. It is close to seven times more common in women than men, and general population rates appear to be increasing.

In Hashimoto's disease, the immune system attacks the *thyroid gland*, a small gland at the base of the front of the neck below the Adam's apple. (The thyroid gland is part of the *endocrine system*, which produces hormones that coordinate many of the body's activities.)

The thyroid gland becomes inflamed and then progressively scarred as a result, often triggering an underactive thyroid, or hypothyroidism.

SYMPTOMS >>

Symptoms of Hashimoto's disease may not be noticed at first—they can actually be present for years without being enough to cause any problems or otherwise get the patient's attention. This is because the disease typically progresses slowly over years.

Eventually, Hashimoto's causes enough chronic damage to the thyroid gland to cause a drop in thyroid hormone levels in the bloodstream. Therefore, Hashimoto's primary symptoms are those of an underactive thyroid gland (hypothyroidism). Signs and symptoms of hypothyroidism include:

- Fatigue, sluggishness or tiredness, usually for no reason
- Increased sensitivity to cold
- Constipation
- Pale, dry skin
- Pale, puffy face
- Hoarse voice
- Unexplained weight gain (although this occurs infrequently and rarely exceeds ten to 20 pounds, most of which is fluid)
- Dry and thinning hair
- Muscle aches, tenderness and stiffness, especially in the shoulders and hips

- Pain and stiffness in the joints; swelling in the knees or the small joints of the hands and feet

- Muscle weakness, especially in the lower extremities

- Depression

Left untreated, an underactive thyroid gland (hypothyroidism) caused by Hashimoto's disease can lead to a number of additional health problems:

Goiter. Constant stimulation of the thyroid to release more hormones may cause the gland to become enlarged, a condition known as goiter. Hypothyroidism is one of the most common causes of goiter. Although generally not uncomfortable, a large goiter can affect appearance and may interfere with swallowing or breathing.

Heart problems. Hashimoto's disease also may be associated with an increased risk of heart disease, primarily because high levels of low-density lipoprotein (LDL) cholesterol—a.k.a. "bad" cholesterol—can occur in people with hypothyroidism. If left untreated, hypothyroidism can also lead to an enlarged heart and, in rare cases, heart failure.

Mental health issues. Depression may occur early in Hashimoto's disease and may become more severe over time. Hashimoto's disease can also lead to slowed mental functioning.

Destruction of thyroid. Without any treatment, the constant attacks on the thyroid gland by the immune system will eventually scar it away entirely.

Myxedema (miks-uh-DEE-muh). This rare, life-threatening condition can develop due to long-term hypothyroidism as a result of untreated Hashimoto's disease. Its signs and symptoms include intense cold intolerance and drowsiness followed by profound lethargy and unconsciousness. A myxedema coma may be triggered by sedatives, infection or other stress on the body. Myxedema requires immediate emergency medical treatment.

CAUSE >>

Doctors don't currently know what causes the immune system to attack the thyroid gland. Some scientists believe a virus or bacterium might trigger the response, while others think a genetic flaw may be involved.

Other factors suggested by research include high iodine intake and selenium deficiency in

genetically predisposed people.

While a combination of factors, including heredity, gender and age, may determine likelihood of developing the disorder, the following factors may contribute to risk of developing Hashimoto's:

Gender. Women are much more likely to get Hashimoto's disease.

Age. Hashimoto's disease can occur at any age but more commonly occurs during middle age.

Heredity. People are at higher risk for Hashimoto's if others in their family have thyroid or other autoimmune diseases.

Other autoimmune disease. Having another autoimmune disease like rheumatoid arthritis, Type 1 diabetes or lupus increases risk of developing Hashimoto's disease.

DIAGNOSIS >>

Diagnosis can be made by a primary care doctor or an endocrinologist, a doctor who specializes in levels of hormones and other natural body chemicals.

In general, the doctor may suspect—and test for—Hashimoto's disease if the patient reports any of the primary symptoms mentioned previously, like fatigue, dry skin, hoarse voice, or previous thyroid problems or goiter.

In early stages of hypothyroidism, Hashimoto's disease can sometimes be misdiagnosed—among other things—as depression, cyclothymia, chronic fatigue syndrome, fibromyalgia and, less frequently, anxiety disorder.

To diagnose Hashimoto's disease, the doctor will first test the thyroid gland for normal function. This is done with the following blood tests—primarily, a blood test that measure levels of thyroid-stimulating hormone (TSH) produced in the pituitary gland:

Hormone blood test. A blood test can determine the body's level of hormones produced by the thyroid and pituitary glands.

If the thyroid is underactive, the level of thyroid hormone will be low. At the same time, the level of TSH will be high because the pituitary gland tries to stimulate the thyroid gland to produce more thyroid hormone.

Antibody test. Because Hashimoto's is an autoimmune disorder, the cause involves production of abnormal antibodies. A blood test may confirm the presence of antibodies

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against thyroid peroxidase (TPO antibodies), an enzyme normally found in the thyroid gland that plays an important role in the production of thyroid hormones.

In the past, doctors weren't able to detect underactive thyroid (hypothyroidism), the main indicator of Hashimoto's disease, until symptoms were fairly advanced. But with the sensitive TSH test, doctors can diagnose thyroid disorders far earlier, often before patients even experience symptoms.

Because the TSH test is the best screening test, a doctor will likely run that test first, only following up with a thyroid hormone test if necessary. The TSH blood test also plays an important role in managing hypothyroidism, as well as also helping the doctor determine the right dosage of medication, both initially and over time.

TREATMENT >>

The primary treatment for hypothyroidism caused by Hashimoto's disease is thyroid hormone replacement. This treatment is usually simple and effective—but in most cases also means that the patient will have to be on thyroid medication for the rest of his or her life.

For patients getting that hormone therapy for hypothyroidism, doctors are likely to want several regular follow-ups—primarily for observation and ensuring that the patient

is getting the correct dose of medication, which the doctor may change as necessary per results of hormone-level blood tests.

However, if tests produce no evidence of hormone deficiency and the thyroid is functioning normally (at least for now), the doctor may suggest a wait-and-see approach.

Thyroid hormone replacement

To bring low levels of thyroid hormone up to normal, the patient with Hashimoto's disease will take a synthetic thyroid hormone medication every day called *levothyroxine*. This oral medication has several brand names, including Levoxyl and Synthroid. Levothyroxine is identical to *thyroxine*, the natural hormone produced by the thyroid gland. Levothyroxine restores good hormone levels and reverses all the symptoms of hypothyroidism.

Soon after starting treatment, the patient will notice less fatigue. Levothyroxine also gradually lowers the cholesterol levels raised by the disease, and may even reverse weight gain.

Treatment with levothyroxine is usually for life, but because the needed dosage may change with time, the doctor is likely to check for TSH level every six to 12 months. Patients who change brands of levothyroxine should let doctors know to make sure they're still taking the right dosage.

Levothyroxine causes virtually no side

effects when used in the appropriate dose and is relatively inexpensive. However, certain medications, supplements and some foods may affect the ability to absorb levothyroxine—but that could be remedied by taking levothyroxine at least four hours before or after other medications.

Talk to your doctor if you eat large amounts of soy products or a high-fiber diet, or if you take any of the following:

- Iron supplements, including multivitamins that contain iron
- Cholestyramine (Prevalite), a medication used to lower blood cholesterol levels
- Aluminum hydroxide, which is found in some antacids
- Sodium polystyrene sulfonate (Kayexalate), used to prevent high blood potassium levels
- Sucralfate, an ulcer medication
- Calcium supplements

Note: Never skip doses or stop taking levothyroxine! Doing so will gradually bring back symptoms of Hashimoto's disease.

Monitoring dosage

To first determine the right dosage of levothyroxine, the doctor will generally first check for TSH level after a few weeks of treatment. This is because too much levothyroxine over time can accelerate bone loss, which may add to risk of osteoporosis (brittle bones), or which can worsen any existing osteoporosis. Levothyroxine

overtreatment can also cause heart rhythm disorders (arrhythmias).

The doctor will generally begin treatment with a smaller dosage of levothyroxine and gradually increase it. The progressive increase allows the heart to adjust to the body's healthy changes.

PROGNOSIS >>

With Hashimoto's disease, the general rule is: the earlier it's caught, the better the patient does.

As mentioned, almost all—specifically, about 95 percent of—people diagnosed with Hashimoto's disease can have its primary symptom of hypothyroidism successfully treated and reversed with lifelong daily taking of levothyroxine, the synthetic thyroid hormone.

For a handful of others, however—mainly those who are diagnosed only after the condition has progressed—the damage to the thyroid gland may be too much to be helped with thyroid medication, which can lead to other conditions, some serious.

Bottom line? If you're of the age range and/or gender most commonly experiencing Hashimoto's, mention it to your doctor at your next visit. Chances are high that you don't have it—and if you do, chances are equally high that an effective early intervention can be made. ★



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Happening In health Today

NEW DRUG FOR SEVERE ASTHMA PASSES TWO TRIALS

Benralizumab (where do they get these names?), a new drug for severe and hard-to-treat cases of asthma, has recently completed Phase I and Phase II clinical trials. It's now closer to possible FDA approval.

In the two clinical trials conducted by drug maker AstraZeneca, patients getting regular benralizumab shots had 25 to 51 percent less asthma flare-ups than those on placebos.

Another benefit of the drug is that it needs only be injected once every two months.

Results of the trials were published in *The Lancet* and presented at the European Respiratory Society meeting in London in early September.

Asthma is an autoimmune disorder in which the immune system attacks the respiratory system, making it difficult to breathe. Asthma is typically treated with corticosteroid inhalers, which reduce swelling and inflammation in constricted airways.

In severe cases that do not respond to inhaled corticosteroids, existing drugs Nucala and Cinqair can help. Still, about ten percent of asthma cases are severe, in which flare-ups occur despite maximal therapies.

The new drug represents a step forward in treating asthma by using something called *immune modulation*, which has recently become part of treating other diseases, including cancer. Benralizumab works by killing white blood cells called eosinophils, a part of the immune system, which are present in large numbers in the severest asthma patients.

HOLIDAYS 'ROUND THE GLOBE LEAVE GLOBE 'WELL-ROUNDED'

Well, now it's official: Holidays and their family-oriented feasts pack on at least some pounds.

A study conducted by Finland's Tampere University of Technology, tracked the weight of 3,000 middle-aged Americans, Germans and Japanese for the 20 days surrounding each country's biggest national holiday.

The study found that participants put on an average of 0.5 percent more weight—meaning that if a person weighed 200 pounds before the holiday, he or she weighed 201 pounds afterwards. (The study did also note that participants lost half the gained weight after the holidays, though.)

While Germany, Japan and United States

have little in common—except, of course, being among the world's most prosperous countries and the central players of WWII—it seems that whether it's beer, sushi or apple pie, holiday season in each means it's another little "Battle of the Bulge."

RARE DISORDER LINKED TO MUTATED GENE

Two patients with a very rare touch and position disorder were found to have a mutation in the same specific gene, indicating that the mutation causes the disorder. The disorder causes the two to be unable to sense their body's positions or limbs' movements when blindfolded, causing them extreme imbalance. It also makes them "mis-feel" soft surfaces as prickly, or not feel certain things at all. The research on the two, patients at the NIH's Clinical Center research hospital, isolated a gene called PIEZO2.

OF MS, MICE AND MEN

In a small mouse study, experimental drug laquinimod seemed to slow progression of the neurological disorder multiple sclerosis (MS).

Researchers first bred 50 mice to develop MS, then gave 25 plain water and 25 laquinimod. Of the 25 on water, 12 developed MS, while only six on laquinimod did.

A healthy immune system has T cells and B cells that help the body prevent infections. In MS, though, the T and B cells create antibodies that attack and slowly destroy myelin, the protective outer coating

on nerves in the brain and spinal cord.

The researchers now believe that laquinimod may help prevent MS, not just because of the reduced MS cases but also because the medicated mice showed a 96-percent reduction in harmful clusters of B cells—which are only found in people with MS.

Extensive human clinical trials on laquinimod are needed before the drug becomes available.

The study was published in *Neurology, Neuroimmunology & Neuroinflammation*.

EXERCISE PAYS, (ALMOST) LITERALLY

A massive joint study—really, a joint effort by several top national hospitals and colleges to review a massive amount of recent public health survey data—found that regular exercise will save you an estimated average of \$2,500 a year.

The reasoning is simple: increased general health due to daily exercise today prevents costly illnesses tomorrow. Put otherwise, physical exercise is a financial investment.

According to the researchers, who analyzed Year 2012 medical information over 26,000 Americans, daily exercisers will spend about \$2,500 less per year on medical expenses later in life.

In related news, a British study found that alcohol drinkers had higher rates of certain cancers, except those drinkers who also regularly exercised—prompting several media outlets to falsely report that regular exercise can cancel out the cancer risks of drinking alcohol. ★

► HAMASPIK NEWS

Hamaspik welcomes new Medicaid Service Coordinators (MSCs), Supervisor

The Medicaid Service Coordinator (MSC) is the human nerve center of any agency throughout New York that delivers services and supports to people with disabilities or other special needs.

At Hamaspik, that's doubly the case—and has always been the case.

With Service Coordination being the heart and soul of Hamaspik from the get-go, families getting services and supports from Hamaspik in Brooklyn, Monsey, or Kiryas Joel can rest assured that their loved ones are in the best of hands—devoted staffers who regularly go above and beyond the call of duty to care and advocate for the human beings in their caseloads who are anything but numbers.

That elite corps is now larger by three members.

Hamaspik of Kings County, which services the greater Brooklyn region out of two offices in the borough, recently had its ranks joined by the young and energetic Mr. David Weber. Working under MSC Supervisor Mrs. Chave Silberman, Mr. Weber will be based full-time out of Hamaspik's Williamsburg offices.

Mrs. Silberman was matched mid-September by Hamaspik of Rockland County counterpart Nechama Nissenbaum, R.N., who as MSC Supervisor issued a welcome of her own to the newest member of her MSC family: Mrs. Goldy Weiss.

Rounding out Hamaspik's ongoing growth in Service Coordination is Hamaspik of Rockland County's recent hiring of Mr. Moshe Laufer as a second MSC Supervisor for the agency.

Welcome to all! ★

A Picture-perfect End to a Picture-perfect Summer Vacation

<< CONTINUED FROM PAGE 7

in the background, the boaters had a blast riding the waves and enjoying the calming and beautiful waters—with each even getting a turn to steer the boat.

After several hours of drinking in and personally experiencing the pristine beauty of Lake George, that unavoidable moment of every vacation arrived: time to go home.

Around 2:00 p.m., then, the Hamaspik contingent got back in their van and headed back to Brooklyn—stopping at one of New York State's well-designed highway rest stops for another refreshing lunch on the road, their last of the trip.

GETTING THE BIG PICTURE

While each segment and leg of the trip was a highlight in its own right, reports Mrs. Kasnett, the real high point of the trip actually came after the trip.

Pulling up to their familiar environs at 38th St. in the early evening, the tired but happy young ladies glided back into their

Shvesterheim—only to find a lovely collage of photos of their just-ended vacation neatly arranged on their lobby wall!

It had all been a surprise: with DSPs regularly snapping electronic photos and transmitting them back home to Mr. Indig throughout, the amiable Home Manager had been hard at work all through their vacation, printing out dozens of photographic memories and arranging them on the wall, where they waited to amusingly surprise the returning vacationers.

The "girls" spent a good bit of time oohing and aahing over the shots, laughing at the fresh memories and recalling the good times they had just had upstate.

"It was a great getaway, a real change of scenery and an experience the girls will treasure and remember for a long time," Mrs. Kasnett later told the *Gazette*. It was "truly memorable."

And, thanks to a Manager as devoted as his staff, one that can easily be revisited, too. ★

● ► HEALTH NEWS

For Every Hour of Patient Care, Two Hours of Desk Work

Study Finds Docs Busier with Patient Records than Patients

If you've been to your daughter's pediatrician lately and noticed that she's been using the computer a lot while seeing your child, you're not imagining things.

Not only that, but a new study finds that participating doctors spend twice the time that they spend with patients on computer record-keeping and other desk work related to patients.

In plain English, that's two hours of computing and such for every hour of care-

giving.

With the advent of electronic health records (EHRs), a government-pushed change to modern healthcare that's arguably one of the most significant ever, doctors have more information on patients and medicine at their fingertips than ever.

But are doctors spending too much time with their computers and too little time with their patients as a result? That was one of the several things a recent study wanted to

find out.

Researchers with the American Medical Association (AMA) fanned out across four states back in 2015, observing 57 doctors across 16 offices and four specialties: family medicine, internal medicine, cardiology and orthopedics.

After spending a total of 430 hours over five weeks directly observing the doctors' daily office routines, the researchers found that the doctors spent twice as much time

on health records and desk work as they did on direct face-to-face treatment of patients.

Specifically, only 27 percent of their total daily time was spent with patients, while nearly half their time (49.2 percent, to be exact), went to EHRs and other desk work.

The study's lead authors are using their results to call for healthcare reform, arguing that doctors should be using their valuable time to directly care for patients more than doing clerical work.

Indeed, a growing number of medical practices employ medical scribes, trained professionals who confidentially record patient information and notes on computers both during and between appointments, freeing up doctors' time to actually see and treat more patients.

The study was published Sept. 6 in the *Annals of Internal Medicine*. ★

● ► HAMASPIK NEWS

Going the Distance: Hamaspik Installs 80' Accessibility Ramp for Rockland Resident

<< CONTINUED FROM PAGE 3

stops"—would need to be constructed. The lady also didn't want the gargantuan ramp to overpower her lovely large backyard. Mr. Stein got to work.

The standard E-Mods process was deployed. After a site inspection and summarization of requirements, several contractors

were solicited. One agreed to the job within budget. The required disability consultant reviewed the site and plans and signed off.

Actual work began the morning of Thursday, September 8. It ended the next afternoon—putting 80 feet of sturdy aluminum, railings, supports and all, in place in under 48 hours.

MAKING HAPPY HAPPEN

The ramp itself is a study in engineering and measuring, down to the very last inch.

Planned painstakingly to minimize footprint and maximize aesthetics, the entryway features four straightaways along the rear and side of the house and incorporates four rest platforms and three turns. Tucked away behind the house, it neatly skirts, and complements, an existing large porch.

To get it in just like so, Mr. Stein even had to remove a small tree from its path, doing so at no extra cost.

An asphalt incline, laid down immediately after the ramp was installed, comes seamlessly up from the ground to the ramp's bottom edge, allowing wheelchairs to smoothly glide on and off.

Because children and grandchildren are

regularly present at the home, and because the ramp rises past 30 inches, fence-like aluminum pickets to close the railing's open spaces were added. The additions lend elegance along with necessary safety, coupling legality with presentability.

With the disability consultant's post-job sign-off, the ramp was officially ready to roll.

The family "couldn't be happier," reports Stein. "They are thrilled with the ramp and are so grateful!" adds Mrs. Frommer after speaking with them—with the family now reporting that taking their beloved matriarch to the doctor is a "mechayeh" (Yiddish for "pleasure").

And for the Development Coordinator, it's not just another job, and another day on the job, but a personal pleasure in getting a job done right.

"Here, look," he says, pulling up photos of another Hamaspik home renovation on his computer screen, waxing excited. "We did a walk-in shower for him. Look at the drain. The floor is pitched so it flows..." ★

● ► HEALTH NEWS

Staying One Step Ahead of Head Lice

A PRACTICAL GUIDE FOR PARENTS AND FAMILIES

<< CONTINUED FROM PAGE 2

● Use treatments on children only under the direct supervision of an adult.

Heading Off Head Lice

Teach kids to avoid head-to-head contact during play and other activities at home, school, and elsewhere (sports activities, playgrounds, slumber parties, and camps).

Teach children not to share clothing and supplies, such as hats, scarves, helmets, sports uniforms, towels, combs, brushes, bandanas, hair ties, and headphones.

Disinfect combs and brushes used by a person with head lice by soaking them in hot water (at least 130°F) for 5–10 minutes.

Do not lie on beds, couches, pillows, car-

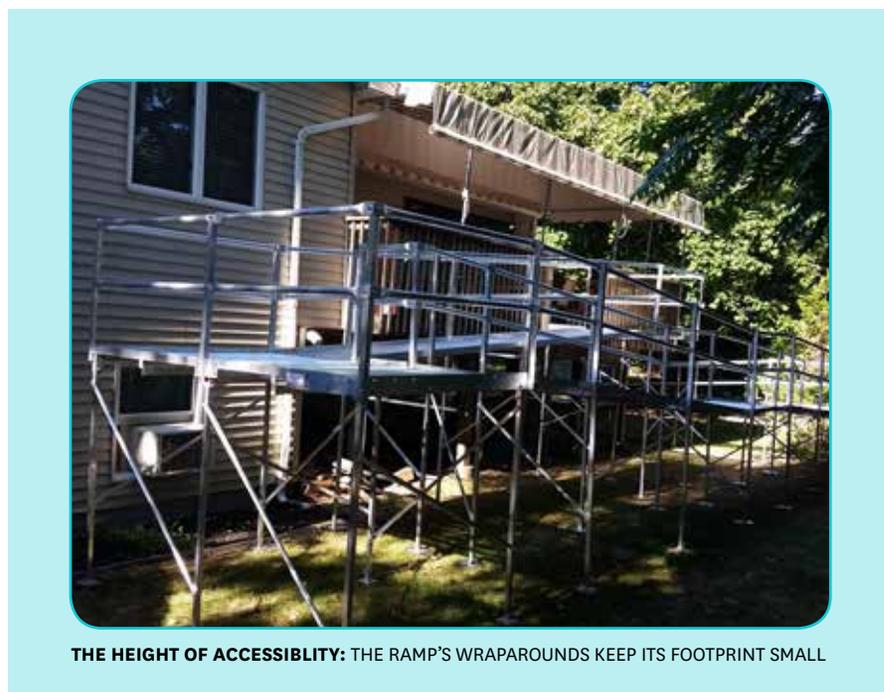
pets, or stuffed animals that have recently been in contact with a person with head lice.

Clean items that have been in contact with the head of a person with lice in the 48 hours before treatment. Machine wash and dry clothing, bed linens, and other items using hot water (130°F) and a high heat drying cycle. Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for two weeks.

Vacuum the floor and furniture, particularly where the person with lice sat or lay. Head lice survive less than one or two days if they fall off the scalp and cannot feed.

Do not use insecticide sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

After finishing treatment with lice medication, check everyone in your family for lice after one week. If live lice are found, contact your health care professional. ★



THE HEIGHT OF ACCESSIBILITY: THE RAMP'S WRAPAROUNDS KEEP ITS FOOTPRINT SMALL

Status Report

Happening In Hospitals Today

PILOT PROGRAM CUTS HEART-ATTACK RESPONSE TIMES BY 72 PERCENT

An ER pilot project at the University of North Carolina (UNC) Hospitals health system finds that using EMT techniques on heart attacks within the hospital cuts response times by 72 percent.

The project has non-doctors, with an emphasis on nurses, activate in-house response teams when non-heart patients are suspected to be having heart attacks—specifically, the kind of heart attack called ST elevation myocardial infarction (STEMI). (The ST refers to specific heart-monitor measures.)

Because STEMI is difficult to detect, especially for patients not showing classic heart attack symptoms and not in the hos-

pital for heart issues, STEMI patients tend not to get treated immediately.

The new project uses techniques from emergency first-responders, including a quick EKG diagnosis and alerting the cardiac catheterization lab. It thus far has reduced response times from 483 minutes to 136 minutes—and has since expanded to 17 hospitals nationwide.

The project was created to reduce the number of in-hospital deaths among patients there for surgery, pneumonia or other non-cardiac issues—a figure that project leaders attribute to delayed recognition and treatment, both in their hospital and nationwide. An estimated 11,000 STEMI cases happen nationwide each year among hospital inpatients, including about 4,300 deaths.

CITY HOSPITAL SYSTEM, NONPROFIT BUILDING MEN- TAL-HEALTH HOUSING

The NYC Health + Hospitals system, the largest public health system in the country, is now partnering with nonprofit Communitlife to add a six-story building to Brooklyn's Woodhull Medical Center.

The new building will feature at least 54 studio apartments designated for income-eligible residents living with mental illness.

The future building is part of the health system's long-term transformation plan, designed to address the social determinants of health in New York City—including addressing the growing ranks of homeless patients with mental illness who

are stuck in the revolving door of ER admission, treatment, discharge, relapse and readmission.

U.S. HOSPITALS TRIMMING MEDICARE READMISSIONS

New York isn't the only state whose hospitals can now boast a significantly lowered rate of unnecessary hospital readmissions among patients on Medicare, the federal healthcare program for seniors.

Recent statistics released by the federal Centers for Medicare and Medicaid Services (CMS) show that most states across the country have largely managed to do the same.

From 2010 to 2015, readmission rates among Medicare beneficiaries fell in Washington, D.C., and every state but one, the CMS reported. That drop translates to about 565,000 avoided readmissions for Medicare beneficiaries since 2010, including 100,000 in 2015 alone.

Hospital administrators have had several years since the federal Hospital Readmissions Reduction Program took effect, and six years since the Affordable Care Act spurred a slew of other initiatives to improve healthcare value, to trim unnecessary readmissions.

The idea that hospitals can avoid readmissions by providing better follow-up

Happenings Around Hamaspik

HAMASPIK'S TOP BRASS TOOT OWN HORNS

Moshe and Nathan Fried aren't just brothers and Hamaspik of Rockland County employees, but professional musicians, too.

Moshe, a long-time Direct Support Professional (DSP) at the agency's men's Day Hab program, has been on the trumpet just as long—whether Day Hab by day or weddings by night.

Brother Nathan, Hamaspik's relatively recently-arrived Day Hab Maintenance Manager and all-around handyman, is also quite handy (not to mention professionally trained) on the trombone.

Come the weekly "Oneg Shabbos" party at the men's Day Hab this past Friday, Sept. 2, then, Hamaspik of Rockland County's "top brass" showed up in the form of the Brothers Fried.

Nathan Fried, having again become a proud father that week, was the party's special guest, invited to celebrate his growing family with "the boys"—but arriving as entertainment, too.

Moshe laid down a bass track on the tuba-like euphonium while Nathan led on his horn of choice—spreading the Shabbos spirit, and sharing more than a few notes of personal joy.

DRIVING FOR MAXIMUM ACCESSIBILITY

On the morning of Friday, September 23, Hamaspik of Rockland County took delivery of six "mobility vehicles," as they're dubbed by their maker, specialty auto company MV-1. The brand-new MV-1 wheelchair-accessible cars were driven in by Rochester, New York MV-1 dealer Shepherd Brothers.

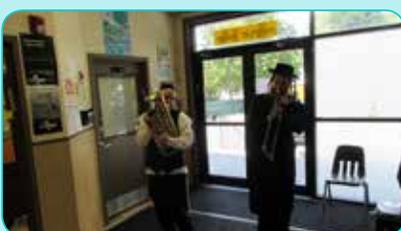
With Hamaspik's current fleet of trademark navy blue Transportation Vans getting on in years, the nimbler and more fuel-efficient MV1 DX vehicles, which resemble oversized SUVs, are a complementary complement to an agency priding itself on being on the cutting edge of progress.

Each vehicle accommodates up to three wheelchairs and features an easily deployable right-side retractable ramp,

allowing for convenient street-side entry and exit.

Greeting friendly point man Don Wilson shortly after he arrived with his crew of drivers was *Gazette* editor Mendy Hecht. He was followed by Hamaspik of Rockland County Developmental Coordinator Zalman Stein and right-hand man Nathan Fried (pictured here), who lost no time checking out the vehicles' ins and outs.

With final paperwork signed and handshakes exchanged, the gentlemen parted ways—and various Hamaspik staffers took their wheels to drive them to the agency group homes and Day Habilitation programs to which they have been assigned, and on to a new day in accessibility.



care once patients are discharged is at the heart of the Hospital Readmissions Reduction Program. Under it, those that fail to curb excess readmissions lose out on a portion of their Medicare reimbursements.

The program took effect Oct. 1, 2012, and has imposed increasingly sizable penalties on hospitals whose avoidable 30-day readmission rates for a limited list of conditions exceed the national average. In fiscal-year 2017, which starts this October 1st, CMS will penalize over 2,500 hospitals, saving the taxpayer about \$538 million.

HOSPITALS ON PRIVATE-PRACTICE FEEDING FRENZY SINCE 2012

A new report by the Physicians Advocacy Institute finds that the number of physician practices owned by hospitals rose a whopping 86 percent from 2012 to 2015.

According to the research, some 25 percent of all U.S. medical practices are now owned by hospitals or health systems, with said parties buying 31,000 private practices from 2012 to 2015.

The report further found that 38 percent of all U.S. doctors were employed by hospitals and health systems by mid-2015.

It also found that if you're a doctor, the economy is doing great, with 95,000

working doctors reported in 2012 but over 140,000 reported in 2015.

According to the researchers, one reason for the big-system growth is that health insurance, whether taxpayer-funded Medicare/Medicaid or private insurance, increasingly favors larger systems—making it decreasingly lucrative for doctors to run their own private practices.

FEW HOSPITALS USING FEDERAL MEDICAL DEVICE ID SYSTEM

It was some nine years ago that Congress passed legislation calling for a unique device identifier (UDI) system for all new biomedical devices.

Under the legislation, all manner of medical devices and implants, like pacemakers, would be stamped with their own unique IDs. A database and network, not unlike the VINs affixed to every new car sold in the U.S., would allow authorities and caregivers alike to track them.

The ID would come in the form of a label bearing a unique number that could be read by humans and machines alike, including a barcode. By inputting that code or scanning the barcode, providers should be able to get data about the product from the FDA's Global UDI Database, such as its serial number, lot number and its manufacture and expiration dates.

In the three years since the FDA laid down final regulations on UDIs, most manufacturers and distributors have successfully started phasing them for their products.

However, few hospitals are able to take full advantage of the data, largely because many electronic health record (EHR) systems are not set up to record and track UDIs.

Until recently, UDIs were only required on labels and packaging for all FDA-rated Class III devices and all implantable and life-supporting and -sustaining devices.

As of Sept. 24, though, UDI labeling and packaging are FDA-required on Class II devices; two years hence, Class I devices will require them as well.

GO TO THE HOSPITAL—WITHOUT LEAVING YOUR BED

Taking a significant leap into the future is what very well may be the world's first full-size virtual hospital.

The recently-built Mercy Hospital Virtual Care Center, just outside St. Louis, Missouri, is a \$54 million, four-story "hospital without beds" whose number of patients on site at any given time is a rock-solid zero.

Instead, some 330 doctors, nurses and other caregivers operate highly sensitive

two-way cameras to make live video calls to patients at their homes. Once patients are initially set up at home with the cameras and several vital-sign monitoring devices, caregivers can check on them in real time.

Telemedicine, in which caregivers examine, consult with or otherwise treat patients using real-time technologies, is a field slowly catching on in home care and even some public school systems nationwide.

The Virtual Care Center, launched in October 2015, is the first of its kind.

Medical Director Gavin Helton notes that the sickest five percent of patients are typically responsible for about half of health care costs, within many ending back up in the hospital unnecessarily.

So, is it working?

Mercy Hospital credits its Virtual Care program with a more than 33-percent decrease in emergency room visits and hospitalizations since last year's launch.

Doctors have come full circle back to the days of house calls, says Helton, albeit with a modern twist.

"As opposed to bringing the little black bag into the home, we have tablets, we have biometric sensors, we have triage software," he says. "But we're still providing that personal touch. It's a patient-focused approach." ★

DAY HAB BUMPS INTO MBD

Known informally by his initials as the cross-generational inspirational singer that he is, Mordechai Ben David is recognized across the sizable Orthodox Jewish community of his native New York.

That would include a Thursday, Sept. 1 spiritual pilgrimage to the resting place of Grand Rabbi Chaim Zanol Abramowitz, the late Ribnitzer Rebbe (1902-1995), in Rockland County.

It was there that the gentlemen of HamaspiK of Orange County's Day Hab program, on their own customary pre-Rosh Hashanah prayer pilgrimage to a holy man's resting place, had the most pleasant surprise of running into MBD in person.

They also had the pleasure of bump-

ing into Zishe Schmeltzer, a community minstrel of repute whose songs, rhymes and live stage productions continue to uplift many.

But MBD's soulful reputation extends well beyond the stage and studio, evidenced once again by his warm and sincere greeting of the excited young men, at least one of whom he remembered from a disability benefit concert of years ago.

At that event, that young man, then considerably younger, joined the famous recording artist live on stage—an appearance that MBD gladly recalled.

The singer was only too happy to pose with "the boys" for several photos, reciprocating their excitement with warm Rosh Hashanah blessings of his own.

HAMASPIK PUTS SENIORS FIRST AGAIN

Wednesday, August 31st saw the cavernous HamaspiK Terrace social hall at 1 HamaspiK Way in Kiryas Joel fill up with dozens of interested community members.

It was another Senior Care Symposium being held for the community by HamaspiKCare—and, in a community that prides itself on caring for its elders coupled with the rising general population of seniors, it was a subject that remains current and cutting-edge.

The evening featured two informative sessions on key senior issues. It was opened at 8:00 p.m. by HamaspiKCare Director of Business Development Marty Follman, who formally welcomed the crowd.

The first session, a three-part pre-

sentation, was led by Dr. Saurabh Kaushik, M.D., Associate Director of the Department of Psychiatry at St. Joseph's Medical Center in Yonkers. Dr. Kaushik walked the crowd through the ins and outs of Alzheimer's disease, depression in seniors, and healthy aging, leaving his audience informed and empowered.

The second and equally-informative session was led by Mr. Elimelech Knobloch, a professional benefits consultant with Maximum Care Solutions, Inc. Mr. Knobloch reviewed the publicly-funded services and supports available for seniors via Medicaid and Medicare.

A question-and-answer session followed, during which guests could query the guest experts directly. Light refreshments were also served.



SEPT. 18-24: NATIONAL CHILD PASSENGER SAFETY WEEK

No, we're not going to scare you with grim statistics—but we will pass on the CDC's annual reminder to make sure that kids in cars are restrained properly. Here are the essential rules by age:

- Children birth up to age two should be in rear-facing car seats
- Children age two up to at least age five should be in forward-facing car seats
- Children age five up until seat belts fit properly should be in booster seats
- Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck)
- Children age 12 and below should never sit in the front

And now, for some cheery CDC stats on kids and car crashes: In 2014 alone, child restraints saved the lives of 252 kids age four and below, and from 1975 to 2014, child restraints saved the lives of 10,673 kids age four and below. Put on those seat belts!

SURVEY: MOST RESEARCHERS SWITCHING TO TECH OVER NEXT FIVE YEARS

Forget those old pens and clipboards: Digital health devices are increasingly being used by the research industry to collect patient-generated data in clinical trials.

The survey of medical researchers by research firm Validic found that over 60 percent have used digital health technologies in clinical trials, and more than 97 percent plan to use such tools more over the next five years.

FIVE-YEAR HOSPITAL READMISSIONS DROP FOR NEW YORK STATE

According to national data recently released by the U.S. Centers for Medicare & Medicaid Services (CMS), New York State had the fourth-highest readmission rate in the country in Year 2010, at 19.9 percent.

In the following five years, however, New York lowered its rate to 17.8 percent, which remained above the national average. At the same time, New York has set

the goal of reducing avoidable hospital use, including readmissions, by 25 percent within five years through its DSRIP program.

A BIG APPLE JOB AS SWEET AS HONEY

New York City public health regulations cover a lot of things, from alternative medicine to zoos. And within that labyrinth of local law are rules for legally maintaining private beehives.

Until 2010, the city's Board of Health banned the hobby—which grew dramatically across the Big Apple in the aftermath of the ban's lift. But while membership in the NYC Beekeepers Association rose from 82 in 2010 to 540 in 2015, few people who take on amateur beekeeping keep at it, ac-

ording to a recent report in *Crain's New York Business*.

Currently, *Crain's* reports, the only New Yorker "buzzy" fulltime with bees and their honeycombs is Andrew Coté, who tends to over 80 hives across the five boroughs.

FLORIDA GOV. LIFTS MIAMI ZIKA ZONE

On Sept. 19, Sunshine State Gov. Rick Scott declared the hard-hit Wynwood section of Miami, Florida free of the Zika virus, which is transmitted primarily via bites by infected mosquitoes.

Joined by Miami Mayor Tomas Regalado at the public declaration, during which he fielded questions from the media, Gov. Scott called for the public's return to the

Public Health And Policy News

Job Opportunities

KINGS COUNTY

Hamaspik is seeking a **F/T secretarial position** at the **Williamsburg** office. Warm Heimishe atmosphere, **great for a young energetic graduate**. Hours: Mon-Thurs 9-5, Fri 9-1. Must speak English and Yiddish. **Salary plus benefits**. Fax Resume: 718-408-6106, Email: Freund@hamaspikkings.org or Call: 718-408-5416.

ROCKLAND COUNTY

Looking for someone to accompany and help a mother and her little boy—who has **some behavioral issues**, when she goes to doctor appointments. **The mother will schedule appointments** together with you so that it will work out for both. Must be available **mornings** or **early afternoons** and be willing to sometimes **travel to the city** for doctors' visits. Please call: 845-503-0242.



Hamaspik of Rockland is looking for a woman to fill a **F/T position** in our **Human Resource Department**.

Fax Resume: 845-503-1876, or Email: joboffer@hamaspikrockland.org.



Attention Post-High School and Post-Seminary Girls: **Fosse Shvesterheim** has **multiple positions available**, including morning, afternoon, nights and weekends.

Join our **amazing & devoted team** and **make a difference** in the life of special needs young adults.

Please send resume to estylandau@hamaspikrockland.org or fax to 845-425-3961.

beleaguered district.

The Miami appearance of Florida's chief executive came as the Florida Department of Health announced that no new local infections of Zika have been reported in the Wynwood area for 45 days—meeting the CDC's standards for suggesting that mosquito-borne transmission of the disease is no longer occurring.

By that same date, according to state officials, Florida had seen over 650 documented cases of Zika across 37 counties, mostly in Miami-Dade and Broward.

Still, considering the seriousness of the virus and its pandemic potential, the announcement—and the disease-control effort behind it, comes as a remarkable victory for public health.

NO NASAL-SPRAY FLU VACCINE THIS YEAR

This past June, the CDC recommended against using the FluMist nasal-spray flu vaccine for the 2016-17 flu season. And in early September, the American Academy of Pediatrics (AAP) seconded that motion, recommending that all children six months and older get a shot instead.

The decisions come in the wake of data on last season indicating that the flu spray performed dismally in protecting children—despite a Canadian study (see Public Health and Policy News, *Gazette* #142) indicating nearly-equal effectiveness of the shot and spray vaccines.

For kids fearful of those looming needles, it's not looking good for this coming flu season. But at least they can get lollipops.

"ANTI-BACTERIAL" SOAPS SAME AS REGULAR

A rule proposed by the FDA in 2013 to ban the marketing of certain hand and body soaps as "antibacterial" has been finalized as of Sept. 1, 2016.

According to the FDA, soaps containing the bacteria-busting ingredients triclosan and triclocarban have not been scientifically proven to kill germs more than regular soap—meaning, in plain English, that the "antibacterial" advertising angle is false.

The FDA now also says that triclosan and triclocarban are not proven to be safe, either—citing some studies implicating them in growing bacterial resistance.

Under the new rule, you won't be seeing "antibacterial" soaps anymore—at least not with those two ingredients, and not at supermarkets. Makers now have one year to stop making retail soap products with triclosan and triclocarban.

The new final rule doesn't apply to hand sanitizers, wipes, or products for health care settings.

In the meantime, at least according to the FDA, the best way to kill germs is with plain old soap and water. ★

PNEUMONIA: WHAT EVERYONE NEEDS TO KNOW

<< CONTINUED FROM PAGE 16

ous pneumonia vaccines, good hand-washing hygiene, and an immune system kept strong with enough sleep, regular exercise and healthy diet.

According to current national annual health data on pneumonia from the CDC, there were just over 53,000 related deaths in 2013 in the U.S., or 16.9 people per every 100,000, in the country's population of around 300 million.

More heartening and more recent data, this from the CDC's 2014 National Health Interview Survey, finds that 61.3 percent of adults 65 years and over received the pneumococcal vaccine, which is only needed once or twice in a lifetime to help prevent community-acquired pneumonia.

PUTTING THE "ACTIVE" IN ACTIVE PREVENTION

Seniors commonly contract the disease when ordinary colds or coughs generate mucus, which then becomes infected, compounding the cold or cough with pneumonia.

So how can seniors help avoid getting pneumonia in the first place? By following the same universal health rules for everyone, it turns out.

Physical inactivity and immobility, regardless of age, "revs down" the immune system. A less-active immune system, in turn, increases risk of infection.

That means that the more activity, the more active the immune system—meaning that exercise and activity help prevent in-

fections like pneumonia, no matter how old one is.

Conversely, heightened stress can dampen the immune system, raising pneumonia risk. Likewise can getting the flu lower immunity and raise pneumonia risk—underscoring the importance of the annual flu vaccine in helping prevent pneumonia.

But hygiene is an equally big part of pneumonia prevention.

Besides eating healthily and watching one's health, seniors should wash hands frequently and avoid people who have coughs or colds—including those sniffing grandkids, especially if Bubby or Zaidy have existing health or mobility issues.

To help prevent pneumonia, then, gracefully aging seniors with mild to moderate home-care needs like those met by HamaspikCare should especially take care to stay as active as they possibly can—something possible with the personal aides, home health aides (HHAs), personal care aides (PCAs), therapists and nurses provided by the agency.

We'd rather that no one gets pneumonia in the first place. ★



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Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

PNEUMONIA: WHAT EVERYONE NEEDS TO KNOW

Pneumonia (noo-MOH-nee-uh), which made headlines recently, is an infection of the lungs that can cause coughing with phlegm or pus, fever, chills, and difficulty breathing. Untreated, it can be life-threatening. There are several types.

Most cases of pneumonia occur outside of hospitals or other health care facilities. They're known medically as *community-acquired pneumonia*. Most community-ac-

quired pneumonia is caused by pneumococcus bacterial infections.

Hospital-acquired pneumonia, fortunately, isn't as common. This refers to pneumonia acquired in hospitals or long-term care facilities, especially among patients on ventilators.

Pneumonia is most serious for infants

and young children, people over 65, and people with health problems like diabetes, kidney failure, COPD or weakened immune systems.

Pneumonia may be diagnosed with any combination of the following: a physical exam, blood tests, chest x-rays, and pulse oximetry or sputum tests. It is treated with

antibiotics (or other medications) and prevention of complications. Symptoms usually clear in a few days or weeks.

Recovering patients are advised to get plenty of rest and stay hydrated.

The best way to prevent pneumonia is to get vaccinated against the pneumococcus bug that causes most community-acquired pneumonia. "This is one disease you don't have to get," says Abraham Berger, M.D., Medical Director of NYSHA's Article 16 Clinic. Dr. Berger advises people to ensure that the pneumococcal vaccine is part of their vaccine regimen.

Prevention of pneumonia includes vari-

CONTINUED ON PAGE 15 >>

SENIORS MORE AT-RISK FOR COMMON LUNG INFECTION

HEARING LOSS SPIKES IN ADVANCED YEARS, HEARING AIDS UNDERUSED

A study of close to 650 New Yorkers ages 80 through 106 found that hearing loss was nearly universal among the participating seniors tested—also finding that 41 percent weren't using hearing aids, increasingly high-tech and comfortable devices that virtually eliminate hearing loss.

"We found that hearing is rapidly lost in patients over 80 years, and the rate of hearing loss accelerates during the 10th decade," said researcher Dr. Anil Lalwani of Columbia University.

The study is significant because while the majority of volunteers enjoyed corrected hearing loss thanks to access to hearing aids, many other seniors are not as fortunate. With hearing loss profoundly handicapping seniors' daily function, researchers say that the coming wave of aging Baby Boomers—and accompanying hearing loss—is a public health issue that needs addressing.

The study was published in *JAMA Otolaryngology-Head & Neck Surgery*. ★

Mount Sinai *SNIFF*-ing

New York's very own Mount Sinai School of Medicine and University of Rochester Medical Center are two of 20 national participants in the Study of Nasal Insulin to Fight Forgetfulness (SNIFF).

The amusingly-titled clinical trial is looking into whether a type of insulin, when administered as a nasal spray, improves memory in older adults with a mild cognitive impairment or Alzheimer's disease. Growing evidence has shown that insulin carries out multiple functions in the brain, and that insulin dysregulation may contribute to the development of Alzheimer's.

The nose has been the subject of increasing Alzheimer's-related scrutiny in recent years. Anecdotal evidence exists that the first symptom of Alzheimer's is progressive loss of smell.

What's more, particles and substances inhaled through the nose access the brain more directly. A recent study found particles of magnetite, a metal, in the brain tissues of 37 people in three countries. Researchers believe the particles were inhaled from air polluted by local heavy industry. Abnormal accumulation of brain metals is a key feature of Alzheimer's. ★

HAMASPIKCARE WELCOMES NEWEST NURSE

Part of HamaspikCare's ever-expanding employee body as of this September 7 is Mrs. Mati Davis, R.N. Mrs. Davis joins the home care agency's team of superlative Field Nurses in proficiently opening and managing the often-complex cases of home care that HamaspikCare provides. Welcome! ★

Alzheimer's Research in Headlines Again, but News Overhyped as Usual

Several developments in ongoing Alzheimer's research were recently published or presented at medical conferences in September—with most garnering sensational or misleading headlines, as is unfortunately all too common in health reporting in general and with devastating diseases like Alzheimer's in particular.

Researchers at California's respected Salk Institute found that increasing the levels of a protein called neuregulin 1 in the brains of mice improved their Alzheimer's-associated memory deficits. The researchers now want to see if Neuregulin 1 might prevent the buildup of amyloid beta, the primary component of the plaques that accumulate in the brain of Alzheimer's patients.

At the same time, in a study much wider publicized than the above, the University of Zurich and Massachusetts biotech

firm Biogen published results this September of a joint 2013 U.S. trial of aducanumab, an experimental new drug.

The placebo study of 165 Alzheimer's patients found that those getting the highest monthly doses of the drug also showed the lowest levels of amyloid plaques in their brains.

What much of the publicity largely failed to mention, however, is that aducanumab's plaque-clearing abilities sometimes causes fluid to build up in the brain, or, rarely, bleeding in the brain. These dangerous side effects are known as amyloid-related imaging abnormalities (ARIA).

In the meantime, Biogen has already begun two much larger studies of aducanumab involving a total of 2,700 patients, with results a minimum of several years off. ★

SEPT. 22: FALLS PREVENTION AWARENESS DAY

September 22 marks the 9th annual national Falls Prevention Awareness Day. According to the CDC, falls are the leading cause of injury, death, and disability for older Americans.

Health care providers can use CDC's STEADI (Stopping Elderly Accidents,

Deaths, and Injuries) initiative to help reduce preventable seniors' falls, as various New York health departments and systems have since 2011. The program provides tools to screen older adult patients, assess fall risk, and provide effective interventions. ★