




Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HOW OLD ARE YOUR KIDS WHEN YOU TEACH THEM TO BRUSH THEIR TEETH?

Respond to: survey@hamaspik.org



HEALTH FACTS

76,000


YEARLY U.S. MELANOMA CASES

15%


SURVIVAL RATE WITH DRUG KEYTRUDA

\$150,000

YEARLY COST OF KEYTRUDA




HEALTH QUOTES



G-D PUT ME IN THE SEAT NEXT TO YOU.

Choking survivor Patty Ris, 87, to fellow diner Dr. Henry Heimlich, 95, who deployed his maneuver in a lifetime first. Or was it? [SEE PAGE 11 >>](#)



HEALTH TIPS

CELL PHONES HOST DOZENS OF GERMS.

Sanitize your phone weekly with a spray-bottle even mix of 70% isopropyl alcohol and water. Spray onto a lint-free cloth and wipe.

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HEALTH NEWS

Prescription For Fallout

IF THE THERANOS BLOOD-TESTING TECH SEEMED TOO GOOD TO BE TRUE IN 2003, THAT'S BECAUSE IT WAS. THE REVOLUTIONARY STARTUP USING DROPS OF BLOOD, NOT VIALS, FOR 200 COMMON TESTS MADE INDUSTRY WAVES- AND FOUNDER ELIZABETH HOLMES VERY RICH OVERNIGHT. BUT FEDERAL SCRUTINY OF A COMPANY LAB, TWO YEARS' WORTH OF VOIDED TEST RESULTS AND A CLASS-ACTION LAWSUIT NOW HAS THERANOS ON THE ROPES-AND MS. HOLMES FACING AN UNPRECEDENTED FEDERAL INDUSTRY BAN.



WALGREENS' 40 ARIZONA STORES BOASTING THERANOS WELLNESS CENTERS, AND THE TWO COMPANIES' BIG NATIONAL PLANS, ARE NOW IN QUESTION

HAMASPIK EXPANSION

GOING TO THE PEOPLE

Hamaspik Brooklyn Services to Marine Park's Front-line Needs

Monthly Agency Rep Visit to Rapidly-growing Community to Ensure Effective Support

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HEALTH NEWS

Breath Analysis Software to Read Lung Vitals from Any Phone in World

SpiroCall System to Accurately Test Lungs by Sounds; in Clinical Trials

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HAMASPIK NEWS

Hamaspik to Share Accessibility Expertise

Will Lend Authority, Leadership to Regional Organizations Meeting Exploding Need

On Wednesday, June 1, Hamaspik of Rockland County hosted about 40 representatives of disability services providers from across the Hudson Valley and upstate regions.

The mid-morning conference was held at Hamaspik's headquarters in Monsey and was led by Westchester Independent Living Center (WILC) Director Margaret Nunziato. It centered on a comprehensive overview by Zalman Stein, Hamaspik of Rockland County's Director of Development, of New York State's critical Environmental Modifications (Emods) program.

Guests listened intently as Mr. Stein, with whom most had personally worked in the past, outlined

what's entailed in providing Emods-with an eye to empowering their agencies to eventually also begin providing Emods.

"Call me anytime you want," Stein offered during his talk. "I'm here to help."

MAKING THE CALL

Emods, or installation of home hardware like wheelchair ramps and walk-in bathtubs, are long a staple of the benefits available to New Yorkers with disabilities.

Through several state agencies, and the private-sector entities like Hamaspik that work with

[CONTINUED ON PAGE 14 >>](#)

Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: Personal worker to achieve daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A program for after school hours and school vacations

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program

CAMP NESHOMAH SUMMER DAY PROGRAM

Providing: A day program during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE

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

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and support for individuals who can live independently

FAMILY SUPPORT SERVICES

ARTICLE 16 CLINIC

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

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: support and coaching for individuals with disabilities to be employed and 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 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

Providing: Support for the families of individuals with special needs

SUPPORT GROUPS

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

DAY HABILITATION

Providing: a Day program for adults with special needs

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

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 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

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 Hamaspiik services

HAMASPIK GAZETTE

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

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals · Parent

HEALTH NEWS

Breath Analysis Software to Read Lung Vitals from Any Phone in World

SpiroCall System to Accurately Test Lungs by Sounds; in Clinical Trials

Within a few years, if all goes as planned, a retired American executive in an affluent U.S. suburb and a poor farmer in an isolated dirt-road African village alike-both with chronic lung conditions-will be able to dial a number from any phone, record a breath or two, and get reliable lung test results in minutes instead of going to the doctor, taking hours.

A University of Washington (UW) research team is now completing clinical trials on SpiroCall, a system that accurately tests for lung disease by analyzing recordings of a person's breath.

While the mainstream medical devices called spirometers have for decades been doing just that, SpiroCall will eventually let anyone, with any phone, anywhere in the world, simply call a number, breathe into the mic as hard as possible, and get readouts of vital lung data within accepted margins of error.

SpiroCall consists of custom software that analyzes recordings of callers' forceful exhalations. By "listening" to the sounds picked up by phones' microphones, Spiro-Call can measure such lung basics as forced vital capacity (FVC) and peak expiratory flow (PEF).

The software includes complex "filters" that compensate for the poor sound, poor connection or low-tech cellphone or land-line that would be used by callers in undeveloped world regions.

The current prototype is several years in the making.

University researchers began in 2012 with SpiroSmart, an app that would turn any smartphone into a mobile spirometer.

The scientists soon realized that most people in the developing world who have asthma, cystic fibrosis or other chronic lung diseases have no way to measure how well their lungs are functioning outside of a clinic or doctor visit.

They also realized that most of those patients would only have access to low-tech phones, if at all-late-model "flip phone" cell phones, conventional home landlines or crackly, low-quality communal phone connections.

That led to the development of SpiroCall, which records and then analyzes breathing sounds coming in over standard phone lines instead of analyzing electronic files of recorded breaths coming in over the Internet.

"We wanted to be able to measure lung function on any type of phone you might encounter around the world-smartphones,

dumb phones, landlines, pay phones," UW prof. Shwetak Patel told a media outlet. "With SpiroCall, you can [eventually] call a 1-800 number, blow into the phone and use the telephone network to test your lung function."

The team set up a phone number that a person can call using just about any phone, do the breathing exercise, and receive results in the form of a text message soon after hanging up.

The resulting data was shown to correlate impressively with follow-up tests on conventional spirometers, coming in within 6.2 percent of the results from the authoritative mainstream devices.

The 6.2 percent figure is modern medicine's accepted margin of error for standard lung tests. Because of variability in the way a patient exhales during each spirometry test, the industry considers anywhere from five to ten percent to be within an acceptable margin of error.

Results of the current round of testing were presented at the Association for Computing Machinery's annual conference in May.

"People have to manage chronic lung diseases for their entire lives," said lead author Mayank Goel, a UW computer science and engineering doctoral student. "So there's a real need to have a device that allows patients to accurately monitor their condition at home without having to constantly visit a medical clinic, which in some places requires hours or days of travel."

"This work paves the way for a truly global deployment of home spirometry and increased access to lung function tracking," researchers wrote.

The system will go public upon completion of clinical trials, according to UW researcher Elliot Saba, with availability and cost to be announced.

In addition to benefiting locals in the world's poorest and most undeveloped regions, SpiroCall will also help any patient anywhere whose chronic lung conditions require regular spirometry tests, Saba says.

Patients will not just be able to get test results in the form of electronic or voice messages to their designate phone number, but "even better," says Saba. "The electronic health records could be automatically shared with your doctor, much as lab results are often sent to your doctor directly without you needing to ferry them back and forth."

Lung impairments account for roughly ten percent of global deaths. ★

● ► HAMASPIK NEWS

Agency Group-home Residents Enjoy Well-rounded, Picture-perfect Pesach Holiday Week

WEEKS OF LABOR TO SPOTLESS SEDER TABLES, TASTEFUL OUTFITS TO WELCOMING OUTINGS, PASSOVER ACROSS HAMASPIK A CLEAN SWEEP

Washing, scrubbing, cleaning and scouring, followed by shopping, more cleaning and last-minute shopping: That's what the run-up to Passover is like in any Jewish home, and that's what it was like at every Hamaspiik group home.

But in the end, as the sun set the evening of Friday, April 22, the stars shone over tables set in silver and surrounded by men and women in their pristine holiday best.

It was Pesach, the festival celebrating spiritual freedom, and as the residents and support staff of Hamaspiik's Individualized Residential Alternatives (IRAs) smiled at each other, that freedom-after weeks of preparation (and later, perambulation)-was in the air.

THE CLEAN BILL

There's clean. And then there's Pesach-clean.

Immediately after Purim, and in many cases even before, homes across the Orthodox community (including Hamaspiik's group homes) get serious spring cleanings underway.

Besides sweeping every floor and vacuuming every carpet, homemakers and residents purge crumbs and dust from every nook and cranny, soak and scrub plastic toys to remove encrusted dirt, clean out "junk drawers" and, finally, painstakingly remove any trace of non-Passover food from the kitchen and render it holiday-ready.

And all of that takes weeks of relentlessly hard work.

With Purim behind them, then, IRA Managers and staff across Hamaspiik rolled up their sleeves, and often literally, helping see to it that residents had fresh and clean homes ready for Passover after about one month of work.

As such, residents could be seen wielding brooms, wiping down counters, scrubbing tiles and working alongside their caring staff to remove any chometz (items containing

"leaven," or grain-based ingredients) from their homes.

At the end of the day, especially in the last week before Passover as attention turned to stocking up on Pesach shopping, the Hamaspiik group homes looked more and more like squeaky-clean museums than the active households that they are.

Small wonder Manager Mrs. Malkie Cziment had this to say, asked for the highlight of Passover at the South 9th Shvesterheim IRA: "Come in Thursday before bedikas chometz [the ceremonial chometz removal-ed.]-the house was immaculate!"

OPENING DOORS OF FAITH

Kids are notorious for falling asleep at the Seder, despite all its glory and meaning.

Most of that is simply the late hour; Seders must start after nightfall and, with the late springtime twilight, usually don't get underway until well after dark-and last at least until midnight.

That background made the nearly complete participation of half the young residents at the Grandview Briderheim, a Hamaspiik of Rockland County IRA, all the more special.

The Briderheim, under Manager Joel Schnitzer, is home to some of Hamaspiik of Rockland's youngest charges.

With Grandview holiday staffers Mr. and Mrs. Shimon Weiss, and Mr. and Mrs. Shmuel Glick, leading the Seders, Schnitzer reports that residents Moshe and Yossi asked the "Four Questions" and drank the "Four Cups" (of grape juice) all while Yaakov was up late, singing along to all the songs in the Hagadah, the Seder guidebook containing the customary readings.

Amusingly, adds Mr. Schnitzer, one resident made sure he definitely performed one Seder ritual in the fullest possible measure. At the Hagadah's recitation of the Biblical Ten Plagues, at which a drop of wine or grape juice is tilted out of a full cup into a saucer, the young man emptied his entire cup ten full times.

At the South 9th Shvesterheim IRA, Hamaspiik of Kings County's only residence for young women, Mrs. Cziment relates that the residents enjoyed the same quality Seder enjoyed by Jewish children everywhere.

Lovingly guided by Direct Support Professionals (DSPs) Mr. and Mrs. Shea Weissberg at the first seder, and Mr. and Mrs. Avigdor Follman the second, residents navigated the Hagadah in Yiddish and English. They recited (and helped others recite) the commentaries on its texts that they had studied in school-and, Mrs. Cziment adds, didn't "steal" the Afikoman. "They 'asked' for it!" she quips.

The Afikoman is the critical piece of



ON THE TABLE: THE 38TH ST. SHVESTERHEIM'S SEDER SETUP, PREPARED WELL BEFORE THE HOLIDAY

matzah set aside at the start to complete the Seder at its end; kids traditionally "steal" it early on, later "ransoming" it (and-wink, wink-staying up for the whole Seder) for a prize, typically a toy or game, from their parents.

Ditto for Dinev, the agency's only Intermediate Care Facility (ICF) and first group home: Program Director Mrs. Etty Brach and her equally devoted staff provided a Seder at which residents stayed up from beginning to end.

A "beautiful" Seder at the Seven Springs

Shvesterheim IRA, another Hamaspiik of Orange County residences, was likewise held, reports Home Manager Mrs. Dally Neuman. Live-in DSP couple Mr. and Mrs. Zalman Grossberg facilitated the Seder, giving it that authentic atmosphere of home so crucial to the Passover spirit.

By the time the real Seder rolled around that Friday night (and the subsequent Saturday night), the gentlemen at the Concord Briderheim IRA, a Hamaspiik of Rockland County mainstay, had had plenty of practice-what with a fully-appointed mock Seder having been set up and hosted by Home Manager Mrs. Shaindel Goldberger and her capable team.

With a large dining room table tastefully set with all the traditional accessories, Mrs. Goldberger's "boys" sat down the early afternoon of Thursday, April 21-a mere day before the real deal-for a "dry run" of a full-fledged Seder.

Wearing the kitlach, the traditional long white coats of the Seder night in many Orthodox communities, the gentlemen sampled matzah, tasted a bit of romaine lettuce, and otherwise skimmed through all the proceedings in an exciting rehearsal of the following night.

Needless to say, the real deal was all the more enjoyable.

But Dinev wasn't the only Hamaspiik of Orange County group home whose residents-or at least most of them-remained awake and alert through the Seder.

At the Bakertown Shvesterheim IRA, Hamaspiik's only "Step-Down" IRA for high-functioning individuals requiring a step down in regular support, residents were "up the entire time," reports Home Manager Eliezer Appel. "They sang everything together."

Most importantly, Appel adds, the happy bunch of residents understood and appreciated the Seder's finer points-particularly its ending declaration of faith, "L'shanah haba'ah b'Yerushalayim!" ("Next year in Jerusalem!").

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● ► HAMASPIK NEWS

Hamaspik Hosts another Spectacular Family Passover Outing

Hundreds of Individuals and Families Enjoy Indoor Carnival

Wednesday, April 27 and the Garden State Exhibition Center, were the date and location of yet another spectacular and successful family outing for the Hamaspik beneficiary community.

From as far as Far Rockaway and from such population centers as Brooklyn and Monsey, cars, vans and buses converged all morning on a parking lot in Franklin Township, New Jersey.

That was the location of the grand Hamaspik Passover outing, an annual tradition for years now that the agency has been providing to those community members whom it serves.

Once again taking to the Exhibition Center's vast open indoor space, the outing this year featured several dozen exciting carnival air-filled and mechanical attractions and rides.

From miniature trains and Ferris wheels to giant inflatable slides and "bounce houses," kids of all ages, with or without disabilities, felt right at home for hours on end.

A short corridor of sorts occupied the center of the floor, formed by electronic games on one side and classic carnival "try-your-luck" games on the other.

At the far end of the giant room, the Shloime Dachs Orchestra, led by the humble and friendly singer in person, long a support of youths with special needs, took up a temporary stage.

Mr. Dachs and his musicians provided exciting live entertainment at two concert performances during the day.

As usual, guests were more than welcome to join the vocalist and his ensemble on stage, lending their voices to his mike as they sang along with popular songs.

Making the live show even more exciting was the live performance of a four-man street dancing troupe, which had the crowd of children clapping and cheering to their fleet-footed moves.

Further livening up their performance was the appearance of, what shall we call him, a "robot man" whose LED-encrusted and helmeted "space suit" not only lit up the especially darkened stage area but the crowd as well-especially when his fog-machine "gun" spewed white mist.

Ample supplies of kosher-for-Passover staples like fresh fruit, bottled water, potato-based pastries and dairy snacks were on hand throughout at a side cafeteria area for the sizable crowds.

Coordinating the entire "show" once again was tireless Hamaspik Special Events Coordinator Mrs. Brenda Katina, an agency mainstay and a community pillar in her own right. When not greeting arrivals personally at the carnival's welcome table, Mrs. Katina was seen throughout the event, walkie-talkie in hand, tending to immediate logistical needs as they arose across the day.

By 3:00 p.m., the first shift of guests-hundreds of people of all ages benefiting from Hamaspik's community-based programs like Community Habilitation (Comm Hab), After-school Respite and Supported Employment (SEMP)-were seen heading out to

the dozen-plus charter buses that had ferried them in from pick-up points in Kiryas Joel, Monsey and Brooklyn.

Families who had opted for their own vehicles in were also seen heading out, tired but still thrilled.

At the same time, dozens of Hamaspik Transport Vans in their trademark navy blue, and smaller cars for those needing more individualized transportation, were seen parked, or pulling up to, the Center's spacious lots.

Those would be the young men and women who reside in Hamaspik's dozen-plus Individualized Residential Alternative (IRA) group homes across three counties-and their supportive staffers.

From as far south as Hamaspik of Kings County's 38th St. Shvesterheim and as far north as Hamaspik of Orange County's Acres Brierheim-and several other group homes between-the sizable residential populations supported by Hamaspik's three divisions now converged on the convention center.

For the next three hours, the cavernous hall would be theirs.

The dozens of rides-swings, spinning "tea cups" and all-granted them the same level of fun they'd experience at any of the local carnivals across the Jewish community come Passover.

It was those carnivals-and the general Passover spirit of family time and concomitant outings driving those carnivals (and lots of other family trips)-that drove Hamaspik to provide a Passover outing of its own to the

community it serves.

Come Passover (and Sukkos) for years now, then, Hamaspik has been hosting community events to make beneficiaries and their noble families feel anything but excluded and isolated.

Buoying the atmosphere throughout the indoor carnival were two professional jugglers in full clown-suit regalia, walking around as they did demonstrating their exciting manual skills with balls and bowling pins alike.

Guests eagerly interacted with them throughout the day, with the friendly performers graciously obliging.

But perhaps the biggest (and perhaps even literally so) hit of the day was the adorably imposing "giant rebbe," a children's entertainer in an enormous inflatable costume printed to look like a Chasidic leader-fur hat, full-length bronze coat, full beard and all.

Other than a good seven feet of height, the "rebbe" looked pretty much like anyone else.

As he slowly meandered around the premises, he was seen waving at little kids, shaking hands with the men, and posing for photos with groups of squealing and clearly delighted children.

It was just another small (or is that large?) touch in the distance Hamaspik regularly goes to support those most in need, and perhaps even a symbol of what Hamaspik does best: Providing people in need with the settings and surrounding in which they'd be comfortable the most. ★



CLOWNING AROUND WITH YOSHI K.



ADDING THEIR VOICES: GUESTS JOIN SHLOIME DACHS ON STAGE



THE "REBBE" WITH EZZY G.

A Family Trip like Any Other, Surrounded by Loving Brothers Supported by Hamaspik, Daniel “Nili” Z. and Siblings, Others, Thrill to Carnival

Daniel Chaim Z., 31, known to his family by the affectionate diminutive “Nili,” loves getting out and about.

“When he wants to go to school, he wants to get out immediately,” says Pesach Z., his proud papa.

It’s no surprise then that Nili was thrilled to be going to the Hamaspik community event this year-and with his brothers Shloimie and Efraim, ages 17 and 13.

Nili and his siblings got on one of several Hamaspik-chartered buses at roughly 10:30 a.m. the morning of Wednesday, April 27, joining the dozens of eager and happy children and adults of all ages, and their chaperones, for departure from Monsey, New York to Franklin Township, New Jersey.

There, they’d be spending a good part of the day at the Hamaspik indoor carnival just for them.

Even before departure, Nili and his younger brothers seemed equally thrilled to just be on the bus, where the *Gazette* met all three.

This writer, also serving as bus coordinator in the rear parking lot of Hamaspik’s Monsey headquarters on Rt. 59, was simultaneously asked to keep one bus waiting so that a child who had yet to arrive, a little girl, could have her day out.

She would be pulling up by taxi any moment now and the young woman asking for the delay, later turning out to be the girl’s wonderfully devoted support staffer at Hamaspik of Rockland County’s After-school Respite (ASR) program, didn’t know where she was. Would Hamaspik mind waiting a few minutes?

With two buses en route and a third loaded and ready to go, it was at most ten minutes and a cell-phone call or two to the family home later that a cab appeared.

The face of the Hamaspik Direct Support Professional (DSP) lit up with genuine glee when a passenger door opened and her young charge emerged from the rear seat, accompanied by at least one sister.

She called her name, and the child returned a smile of irresistible innocence. At once there was instant recognition and more than a little love both ways. Staff and sisters carried

the girl up the stairs, and the bus was shortly rolling.

But at the same time, for the hundreds of Nilis supported by Hamaspik across three counties, dozens of such scenarios-brothers, sisters and support staff openly happy to see one another on the cusp of a great day to come-were occurring all over the greater New York area.

LOVE AND SUPPORT, FROM FAMILY ON OUT

A short while later at the carnival, Nili was seen whirling away inside a “spinning tea cup” mechanical ride, smiling with abandon. One brother was never more than an arm’s length away. “Everybody loves him in the family,” says his father-and it shows.

At home, Nili is constantly surrounded by parents, eight brothers, and one sister, all of whom adore him.

Mr. Z., a career computer programmer/technician now directly supporting people with disabilities, and wife Henshy, a speech therapist, and their kids, give Nili all the support he needs at home.

For the support that Nili needs outside the home, though, the Z.s have long turned to Hamaspik.

Since the Z.s’ relocation to Monsey from Brooklyn some three years ago, Nili has been a regular in Hamaspik of Rockland County’s Day Habilitation (Day Hab) and Community Habilitation (Comm Hab) programs. “We are very much impressed with them,” says Pesach of his son’s direct support staff.

Hamaspik’s office staff as well, particularly Fraidy, Nili’s assigned Medicaid Service Coordinator (MSC), is “really easy to work with,” says Mr. Z.. “They are very supportive. They help every way they can.”

Nili equally loved the rides, Mr. Z. later reports, and the opportunity to get out with his very own family.

And looking around the cavernous chamber, one could see boys of all ages accompanying their differently-abled brothers, and no shortage of girls joyfully bouncing from ride to ride with their clearly enthralled sisters-a visible display of that selfsame love as shared between hundreds of other siblings, too. ★

HEALTH NEWS

MINIMIZING MOSQUITOES:

Simple Steps for Maximum Summertime Pest Control, Indoors and Outdoors

ELIMINATING STANDING WATER BEST WAY TO REDUCE SPREAD OF BITING BUGS, DISEASE

With summer just around the corner, we all know what’s coming: Sunny days, family vacations, good times playing in the great outdoors... and lots of annoying mosquitoes and other bugs.

Biting and buzzing insects would be a problem enough if that’s all they did-the problem is that their bloodsucking bites can spread disease, too. Mosquitoes, for example, can spread the West Nile virus, and deer ticks-common in the New England region-are known carriers of Lyme disease.

But don’t get scared! With a few simple measures, you can keep yourself and your family safe this summer.

MINIMIZING MOSQUITOES

Your first line of defense is limiting skin exposure with full-length pants, sleeves and other apparel. Also, wear the lightest-possible colors-the darker the fabric, the more it attracts mosquitoes.

For hiking, soccer matches or any other outdoor activities, keep those biting bugs off you by using insect repellent spray. Check the ingredients to make sure it contains DEET.

Spray directly onto shirt cuffs, pant cuffs, and shirt collars. Spray some into your palm and then apply to the back of the neck and behind the ears: Those are two spots particularly attractive to mosquitoes because of their increased warmth (mosquitoes detect heat).

Chemical-free citronella-based sprays and creams are also widely available.

But the best thing you can do is to walk around your property to find and spill out any standing water.

Standing water-for example, the small collected pools of rainwater in your garbage can-is what attracts mosquitos most. It gives them a place to feed, and to lay their larvae, or eggs.

So walk around your yards and drive-ways-and drain out any water from garbage cans, flower pots, gutters, puddles, tires, or even stray bottle caps. This will significantly reduce the presence of mosquitoes on your property.

Other means of controlling, preventing and warding off mosquitoes including using camping equipment like tents and bed nets treated with permethrin, a bug repellent.

Organic-minded people can also use live citronella plants, readily available and af-

fordable at local nurseries. These pleasant little potted plants naturally repel mosquitoes; place one in each room in your house come summer (and remember, don’t overwater-the number-one killer of houseplants).

Candles containing citronella extract are great for outdoor barbecues or backyard events; pole-mounted candle holders around the deck or yard will keep those flames away from little kids.

TAKING ON TICKS

Deer ticks, the little bugs known to carry Lyme disease, are very common in the Hudson Valley. Here’s what to do to prevent deer tick bites.

To bite you, ticks first need to get onto you. Long sleeves, long pants or skirts and full stockings go a long way in preventing tick attachment.

Ticks are most common in tall grass, reeds and brush, where they hang out and jump onto passing warm bodies, whether deer and other animals or humans. So wear protective clothing when hiking through such areas.

Most importantly, do a careful visual check of your kids and yourself right after you get back inside. Ticks are little brown bugs about the size of a single grain of kasha.

If you find a tick latched on to skin, don’t panic!

It takes 24 hours for any Lyme disease virus a tick may be carrying to infect its host. So if you come inside and find a tick, chances are very good that 1. It probably got onto you within the last 30 minutes and, therefore, 2. You have a very good chance of removing it well within time to prevent any Lyme disease infection.

To remove a latched-on tick, use tweezers.

Don’t squeeze or pull hard! Pinch and twist gently to carefully and slowly turn that bug off the skin. If you squeeze or pull, its little snout will break off and stay stuck in the skin-twisting and lifting gently, as with removing a splinter, is key to removing the whole tick intact.

Of course, bug repellent spray will help keep ticks from getting on you in the first place.

Mosquito control is more important this year due to the new threat of the Zika virus. The good news is that four out of five people who get Zika show no symptoms, and those who do will at worst suffer a rash, sore joints, fever and conjunctivitis for up to ten days.

The virus does remain a concern for expectant mothers, though. The first U.S.-born baby with Zika was delivered in Hackensack, New Jersey in early June. ★

● ► HAMASPIK NEWS



Jewish Community Council of
Marine Park

GOING TO THE PEOPLE

Hamaspik Brooklyn Services to Marine Park's Front-line Needs

Monthly Agency Rep Visit to Rapidly-growing Community to Ensure Effective Support

When a community grows, so do its needs. And where there are community needs, like the robustly-growing Brooklyn enclave of Marine Park, there is Hamaspik.

A Hamaspik representative will now be onsite once a month at the neighborhood's leading social mainstay, partnering with that non-profit to bring its wealth of services directly to the people.

Since its 1986 founding in response to a community's disability-related needs, Hamaspik has since branched into dozens of counties and three independent divisions.

Bringing Hamaspik's authoritative brand of community trust to Brooklyn for several years now, Hamaspik of Kings County-and HamaspikCare's Downstate Division-continues to meet and exceed the Brooklyn community's wide and diverse range of needs.

As a leading community human-services agency, the Hamaspik brand has long been synonymous with authoritative services and supports in the fields of disability and, more recently, home care.

The rise of licensed home care services agencies (LHCSAs) like HamaspikCare are a response to the still-growing wave of aging Baby Boomers, or U.S. citizens born after World War II.

That wave, and Baby Boomers' ever-increasing need for basic assistance around the house and community, continues to be met compassionately and competently by HamaspikCare.

Part of meeting and exceeding that need was HamaspikCare's decision a few years back to establish a satellite office in Brooklyn. First operating out of an existing Hamaspik office in Brooklyn, it wasn't long before a single employee with a single desk and phone line turned into two, then three, then more.

Under the driven leadership of Mordechai Wolhendler, HamaspikCare's Brooklyn desk was transformed into the home care agency's Downstate Division, which Mr. Wolhendler directs to this day.

Wolhendler has since spearheaded the Downstate Division's expansion into a standalone office complex of its own, a state-of-the-art community service center centrally located in the heart of Brooklyn's Borough Park neighborhood.

Also in recent years, Hamaspik opened and significantly expanded its successful Article 16 Clinic in Brooklyn under the aus-

pices of the New York State Hamaspik Association (NYSHA), the umbrella support organization servicing the agency's several divisions.

Under the leadership of NYSHA Director Joel Brecher, the Article 16 Clinic-which provides a wealth of medical and therapeutic services to people with disabilities-has opened several satellite offices in Brooklyn, as well as in upstate Monsey and Kiryas Joel. These provide regular physical therapy and mental-health services to local communities.

But Hamaspik of Kings County, and HamaspikCare Downstate, have hardly stopped there.

Where there's growth, there's Hamaspik. The Marine Park neighborhood, a quiet waterfront enclave in southeast Brooklyn, has been not-so-silently undergoing a veritable renaissance in recent years.

While it's had an Orthodox Jewish presence for decades, a dramatic spike in home prices about a decade ago in neighboring Flatbush sparked an equally dramatic influx of young families, explains Yosef Segal, COO of the Jewish Community Center of Marine Park (JCCMP).

There's been "tremendous growth," he says-and the concomitant improving communal infrastructure, part and parcel of which was the 2008 founding of his own organization.

Before the mid-2000s, according to Segal, the area had a few hundred families served by two or three synagogues. "At this point," he says, "there are 14."

Marine Park is now home to over 1,200 young Orthodox Jewish families, he elaborates, with an additional 50 to 100 moving in each year. Quentin Rd., the area's central commercial artery, now boasts a kosher steak house and ice cream shop, both sure signs of a thriving community.

What's more, while most families still school their elementary students in adjacent Flatbush, educational pillar Yeshiva Torah Vodaath has already opened a local preschool, and the respected Ohr Shraga Veretzky school is currently opening a nursery and preschool of its own.

But with the arrival of a still-exploding young Orthodox Jewish community comes the spectrum of needs-spiritual, educational, medical, social-that mark a full-fledged community.

A good part of that revolves around the

non-profit JCCMP, which busies itself facilitating 14 different community support programs, from publicly-funded social services like Medicaid and SNAP (formerly known as Food Stamps) benefits to Passover food distribution for the needy and from its Jewish Echo regular magazine to even an elegant and affordable social hall.

The JCCMP also operates Brooklyn's largest Sunday program for Jewish youth, according to Mr. Segal, and serves the needy and the middle class alike with health events and street fairs.

It was actually at a staff appreciation event at that hall some six months ago that leaders of Hamaspik of Kings County and the JCCMP met for the first time and talked shop-emerging from that conversation not just friends but strategic allies.

"They showed an interest. They showed they really care for the community," Segal says, recounting that first encounter between Mr. Shea Rubinstein, Executive VP of the JCCMP, HamaspikCare's Mr. Wolhendler and Hamaspik of Kings County Executive Director Joel Freund. "They showed that they care for the needs of the community, and that they're people, not numbers."

Asked what the new partnership would look like in the future, Segal envisions Hamaspik of Kings County and the JCCMP bringing quality care and service to those community members in need-a sentiment echoed by his Hamaspik counterparts.

"Hamaspik is here to ensure that all

individuals in need of human services are served in the comfort of their community," says Joel Freund, Hamaspik of Kings County's Executive Director. "We are looking forward to serve the local community in Marine Park out of their own community center."

But with many Marine Park residents earning incomes that disqualify them for the benefits of Medicaid, the state/federal taxpayer-funded healthcare program for the poor, many erroneously believe that they can't either get benefit their children with disabilities, explains Hamaspik of Kings County Intake Coordinator Mrs. Yehudis Heimfeld, who will be serving as Hamaspik's onsite rep at the JCCMP. Besides healthcare, Medicaid funds a vast range of disability supports.

However, those supports are not income-dependent, the benefits professional notes-meaning that children with disabilities are eligible for those supports regardless of family income. And it is that fact that Hamaspik hopes to get out to the Marine Park community.

Towards that end, Hamaspik's rep will be on site once a month for appointments with community members who've called in to the JCCMP, or to Hamaspik, to learn about benefits-or, depending on number of inquiries, whenever the demand requires it.

Adds Wolhendler: "We march on in our mission in making Hamaspik an agency that anyone within the Jewish community can turn to in their time of need." ★

Job Opportunities

Hamaspik Borough Park girls group home is looking for **female direct support staff** to work with girls with high capabilities. Driver's license a plus.

Email Ykasnett@hamaspikkings.org or call 718-943-9233 Ext 202, Or 917-216-7337 and leave a message.

Hamaspik Borough Park girls group home is looking for **female direct support staff for an "overnight" position.** Great pay! Email Ykasnett@hamaspikkings.org or call 718-943-9233 Ext 202, or 917-216-7337 and leave a message.

Happening In health Today

NEW ANTIBODY-BASED STOMACH CANCER TRIAL PROMISING

Immune-based cancer treatment-which, along with genetic tumor sequencing, is among cancer medicine's hottest new fields-continues to make progress.

A new study by drug maker Ganymed Pharmaceuticals AG now finds that stomach cancer patients receiving a new antibody treatment that targets a specific cancer protein lived longer.

In the phase 2 clinical trial, 161 patients with advanced gastric (stomach) cancers were given standard chemotherapy, or standard chemotherapy plus the new antibody treatment.

In the new treatment, an antibody called IMAB362 targets a protein in stomach cancer cells called claudin 18.2. Targeting that cancer-associated protein allows the body's immune-system antibodies to recognize-and then destroy-an invader that otherwise would remain disguised.

The study found that while patients on standard treatment lived an average of 8.4 months, those receiving the additional antibody treatment lived an average of over 13 months.

More specifically, researchers found that study patients who had the highest levels of the claudin 18.2 protein in tumors prior to receiving the new treatment had an even longer median overall survival, at almost 17 months.

Researchers also note that since claudin 18.2 is abundant in gastric tumors, it is estimated that half of all patients with advanced gastric cancer may be candidates for the new treatment.

Because claudin 18.2 is also found in pancreatic, lung, esophageal and ovarian cancers, researchers plan an IMAB362 phase 2 clinical trial on pancreatic cancer patients, too.

According to the American Cancer Society, more than 26,000 cases of stomach cancer will be diagnosed in Americans this year, and almost 11,000 will die of the disease. Stomach cancer affects men more than women, and typically affects people over the age of 65.

WRISTBAND READ BLOOD ALCOHOL LEVELS

Wristbands do all sorts of things: Tell time (the glorified wristbands called watches), measure your pulse, remind you of appointments... and, now, read your blood alcohol content (BAC) level, too.

The prototype BACtrack Skyn device, developed by San Francisco-based BACtrack, is a sensor in a wristband that can

accurately read alcohol levels in the blood. It does so by measuring levels of ethanol in sweat exhaled from the skin.

However, the prototype cannot substitute breathalyzers or blood tests used by law enforcement because it doesn't provide real-time results. It takes about 45 minutes for ethanol, the primary intoxicating ingredient in alcohol, to be transmitted through the skin.

Medical, law enforcement and transportation officials have long sought better technology for detection of blood alcohol levels. Traditional portable breath alcohol testers (PBTs) are unwieldy and can cost over \$1,000, and don't provide ongoing monitoring of alcohol levels.

The BACtrack device recently won the \$200,000 top prize in the National Institutes of Health (NIH) Wearable Biosensor Challenge. It has yet to hit the market or even obtain FDA approval.

SCIENTIST TURNING SPIDER WEBS INTO BODY PARTS

Can failing knees, or even nerves, be replaced with spider webs?

To Oxford University professor Fritz Vollrath, who's been studying spiders for the past 40 years, the answer is essentially an emphatic, "Yes!"

Spiders create webs by spinning liquid protein into silk that is pound-for-pound stronger than steel, yet extremely flexible-and Prof. Vollrath's mission is to harness the spider's powers for use inside human bodies. His biomedical company, the Silk Group, is creating silk implants that could transform regenerative medicine.

After years of research, Vollrath discovered the precise molecular structure of spider silk, then engineered a species of silkworm to produce silk as strong as spider silk. Unlike spider silk, silkworm silk can be mass produced and harvested.

Currently, the Silk Group is using spider-based material to produce knee replacement implants that are highly biocompatible and support regeneration of cartilage. They are currently in human trials, and could be available by 2018.

Silk-based medicine is now a rapidly growing field, with wound dressings, screws, sutures, and artificial organs among the applications being developed.

CANCER DRUG KEYTRUDA STILL MAKING WAVES

In data recently released, 40 percent of patients taking still-new melanoma drug Keytruda are still alive after three years, in

contrast to the five-percent survival rate of patients on standard melanoma treatments.

Keytruda takes a new approach to treating cancer by stopping tumor cells from cloaking themselves against the normal, healthy immune system response.

Keytruda-known generically as pembrolizumab-targets the activity of genes called PD-1 (anti-programmed-death-receptor-1) and PD-L1. The interaction between the two genes lets some tumors escape detection and destruction by immune system cells.

The PD-1 gene stops immune cells from attacking normal healthy cells by mistake. Tumor cells make PD-L1 turn on PD-1 when immune cells approach. Keytruda, an engineered immune protein called a monoclonal antibody, disrupts this signal and lets the immune cells attack the tumor cell.

Melanoma is the deadliest form of skin cancer. It will be diagnosed in more than 76,000 Americans this year, according to the American Cancer Society.

Keytruda is now being tested in other cancer types.

However, Keytruda costs about \$12,500 a month, or \$150,000 a year.

MALARIA VACCINE SHOWS PROMISE IN SMALL STUDY

An experimental malaria vaccine protects a majority of adults against the mosquito-borne illness for up to one year, according to the results of a small study. The findings also showed those who were vaccinated couldn't spread the disease to others.

Hundreds of millions of people are infected with malaria and more than 500,000 die from the disease each year. Most fatal cases of malaria involve children in Africa under the age of five.

The first symptoms-which can include fever, headache, chills and vomiting-typically begin a week or two after being bitten by an infected mosquito. Without prompt treatment, malaria can progress to severe illness and death.

The experimental vaccine, PfSPZ, was developed and produced by Maryland-based Sanaria Inc. with support from the U.S. National Institute of Allergy and Infectious Diseases (NIAID). Researchers continue to test the vaccine in parts of Africa.

The findings were reported May 9 in *Nature Medicine*.

FORMERLY CONJOINED TWINS RELEASED FROM TEXAS HOSPITAL

Twin girls who were formerly conjoined below the waist were released from a South Texas hospital mid-May, the Associated Press reported.

A spokesman for Driscoll Children's Hospital in Corpus Christi confirmed that Ximena (huh-MEE'-nuh) and Scarlett Hernandez-Torres had been discharged.

They underwent an hours-long surgery last month to separate them. They had been

joined at the pelvis and shared a bladder and other organs.

The two girls, along with their triplet sister, are about one year old.

Doctors have a positive outlook for the girls' recovery and say that they will require additional surgeries as they grow.

Their triplet sister, Catalina, was born without serious health issues.

MUSHROOMS FOR SEVERE DEPRESSION?

Down-to-earth nature turns out to be full of surprises when it comes to the complicated conditions of contemporary society.

With severe depression still a major public health issue despite advances in sophisticated drugs, British researchers now say that a promising treatment for depression, particularly cases resisting standard treatment, may be found in so-called "magic mushrooms."

The naturally occurring species of fungi known for its hallucinogenic effects contains a psychedelic compound called psilocybin.

Now, a small-scale pilot study of psilocybin for treatment-resistant depression shows that all 12 patients given the drug showed some decrease in symptoms for at least three weeks.

Additionally, seven continued to show a positive response at three months, while five remained in remission beyond the three months.

The study was published in the *Lancet Psychiatry* journal.

EXERCISE MAY CUT RISK OF 13 CANCERS

Exercise may significantly reduce risk for many types of cancer, including some of the most lethal forms of the disease, a large review suggests.

Working out for even a couple of hours a week appears to shrink the risk of colon and lung cancer, said researchers who looked at 1.4 million adults-two of the four major cancers that affect Americans today.

But the study only found an association between exercise and reduced cancer risk; not a cause-and-effect relationship. The findings were published May 16 in *JAMA Internal Medicine*. ★



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In the Know

ALL ABOUT... SLEEP APNEA

Hamaspik thanks Mujibur Majumder, M.D., M.P.H., F.C.C.P., staff pulmonologist at Brookdale Hospital and the Suffern-based Rockland Sleep Center, for critically reviewing this article.

INTRODUCTION >>

Sleep apnea (APP-nee-uh) is a potentially serious sleep disorder in which breathing involuntarily and repeatedly stops and starts while the person sleeps. If you snore loudly while asleep, and/or feel tired even after a full night's sleep, you may have sleep apnea.

Sleep apnea is very common, as common as Type 2 diabetes. According to the National Sleep Foundation, it affects over 18 million Americans. Risk factors include being male, overweight, and over the age of 40, but sleep apnea can strike anyone at any age, even children.

But because of the lack of awareness by the public and health care professionals, the vast majority of sleep apnea patients remain undiagnosed and therefore untreated, despite the fact that this serious disorder can have significant consequences.

Fortunately, though, sleep apnea can be diagnosed and treated.

There are three main types of sleep apnea: obstructive, central and complex. This article will focus on obstructive sleep apnea, the most common type.

DEFINITION AND SYMPTOMS >>

Obstructive sleep apnea happens when throat muscles relax, blocking the airway during sleep. Anyone can develop obstructive sleep apnea, although it most commonly affects middle-aged and older adults and people who are overweight.

The signs and symptoms of obstructive and central sleep apneas overlap, sometimes making the type of sleep apnea more difficult to determine. But the most common signs and symptoms of obstructive (and central sleep) apnea include:

- Loud snoring
- Episodes of breathing cessation during sleep witnessed by another person
- Abrupt awakenings with shortness of breath (more likely indicating central sleep apnea)
- Awakening with a dry mouth or sore throat
- Morning headache
- Difficulty staying asleep (insomnia)
- Excessive daytime sleepiness (hypersomnia)
- Attention problems
- Irritability

Sleep apnea often goes undiagnosed. Most people who have sleep apnea actually don't even know they have it because it only occurs during sleep. A family member might be the first to notice signs of sleep apnea.

About half of the people with obstructive sleep apnea are overweight.

Many people don't think of snoring as a sign of something potentially serious, and not everyone who has sleep apnea snores. Neither does everyone who snores have sleep apnea. But be sure to talk to a doctor if there is loud snoring, especially if it's punctuated by periods of silence.

Ask a doctor about any sleep problem that leaves you chronically fatigued, sleepy and irritable. Hypersomnia may be due to other disorders like narcolepsy.

CAUSE >>

Obstructive sleep apnea occurs when the muscles in the back of the throat relax. These muscles support the soft palate, the triangular piece of tissue hanging from the soft palate (uvula), the tonsils, the side walls of the throat and the tongue.

When those muscles relax, the airway narrows or closes as the person inhales normally. This results in the person being unable to take an adequate breath, and may also lower the level of oxygen in the bloodstream.

As a result, the brain senses the inability to breathe and briefly wakes up the person from sleep, allowing him or her to reopen the airway and breathe normally. This awakening is usually so brief that people don't remember it. People with obstructive sleep apnea may not be aware that their sleep was interrupted. In fact, some people with this type of sleep apnea think they sleep well all night.

However, the patient may make a snorting, choking or gasping sound, which results in fully waking up.

With that pattern known to repeat itself several times an hour, all night long, the disruptions prevent the patient from getting restful periods of prolonged sleep, leaving him or her feeling sleepy-and sometimes dangerously so-during the waking hours.

COMPLICATIONS >>

Sleep apnea is considered a serious medical condition. Complications may include:

Daytime fatigue

The repeated awakenings associated with sleep apnea make normal, restorative sleep impossible. People with sleep apnea often experience severe daytime drowsiness, fatigue and irritability. This can include difficulty concentrating and finding oneself falling asleep at work or even when driving. As such, people with sleep apnea have an increased risk of motor vehicle and workplace accidents.

Mood and behavior

People with sleep apnea may also feel quick-tempered, moody or depressed. Children and adolescents with sleep apnea may do poorly in school or have behavior problems.

Cardiovascular

Sudden drops in blood oxygen levels that occur during sleep apnea increase blood pressure and strain the cardiovascular system. People with obstructive sleep apnea have a higher risk of high blood pressure (hypertension) than those who don't.

Obstructive sleep apnea may also increase the risk of recurrent heart attack and/or abnormal heartbeats like atrial fibrillation. Obstructive sleep apnea also increases the risk of stroke. In the case of underlying heart disease, multiple episodes of low blood oxygen (hypoxia or hypoxemia) can lead to sudden death from an irregular heartbeat.

Type 2 diabetes

People with sleep apnea are more likely than

people without the sleep disorder to develop insulin resistance and Type 2 diabetes.

Metabolic syndrome

This disorder is a collection of other risk factors linked to a higher risk of heart disease. Metabolic syndrome includes high blood pressure, abnormal cholesterol, high blood sugar and an increased waist circumference.

Complications with medications and surgery

Obstructive sleep apnea is also a concern with certain medications and general anesthesia. People with sleep apnea may be likelier to experience complications following major surgery because they're prone to breathing problems, especially when sedated and lying on their backs. Before any surgery, doctors should be informed of any sleep apnea and how it's being treated at the time.

Liver problems

People with sleep apnea are more likely to have abnormal results on liver function tests, and their livers are more likely to show signs of scarring. This is a condition known as nonalcoholic fatty liver disease.

Sleep-deprived family

Loud snoring can keep those around the sleep apnea patient from getting a good night's rest and can eventually disrupt family relationships. It's not uncommon for spouses or children to go to other rooms, or even other floors of the house, to be able to sleep.

DIAGNOSIS>>

Obstructive sleep apnea is most commonly diagnosed with sleep studies: overnight tests, either at home or at sleep centers, which monitor the body's levels of several vital functions.

But first, the patient will see his or her primary physician. At the appointment, the doctor will ask questions about nighttime sleep quality and habits, as well as daytime functioning.

The doctor will want to know if, and how loudly and often, the patient snores or make gasping or choking sounds during sleep. The doctor will also want to know if a family member has noticed these symptoms-which is often the reason the patient suspects sleep apnea in the first place.

If you suspect sleep apnea, it may help to record a sleep diary for a week or two before your appointment.

Each day, write down when you go to sleep, wake up and take naps. Make notes on how many hours you slept each night, how alert and refreshed you felt each morning, and how (if at all) sleepy you felt at various times during the day. This could be critical information to help your doctor diagnose sleep apnea or other sleep disorder.

The doctor will also check the patient's mouth, nose and throat for the presence of extra or large tissue, especially that of the uvula or soft palate. Children with sleep apnea may present enlarged tonsils.

Sleep studies

In some cases, a doctor may provide portable equipment for simplified tests to be run at home to help diagnose sleep apnea. These testing devices usually measure heart rate, blood oxygen level, airflow and breathing patterns. Sleep apnea will typically be diagnosed if the test results show drops in oxygen level during apneas and subsequent rises with awakenings. However, portable home monitoring devices don't detect all sleep apnea cases, so the doctor may still recommend something called a polysomnogram (PSG), even if initial results are normal.

A PSG test is typically provided at overnight sleep centers. The PSG test runs overnight monitoring of heart, lung and brain activity, breathing patterns, arm and leg movements, and blood oxygen (oximetry) levels while the patient sleeps, so as to detect and diagnose sleep apnea.

After the PSG, a sleep specialist will review its results to see whether the patient has sleep apnea and how severe it is. He or she will use the results to help create a treatment plan.

Patients who have obstructive sleep apnea may also be referred to ear, nose and throat (ENT) doctors to rule out any blockage in the nose or throat.

TREATMENT >>

Sleep apnea is one diagnosis (among quite a few others) for which various treatments are constantly being advertised. Additionally, every sleep apnea patient is a very individualized case. As such, the treatments presented here are strictly for awareness purposes—talk to your doctor, and any referred sleep apnea specialist, about any treatment before you try it.

Self-care

Self-care may be the most appropriate way to deal with obstructive sleep apnea in many cases:

- Lose weight. Even a slight loss in excess weight may help relieve constriction of the throat. Obstructive sleep apnea can even go into complete remission in some cases if and when the patient returns to a healthy weight—but is likely to return if the weight is regained.
- Exercise. Regular exercise can help ease the symptoms of obstructive sleep apnea even without weight loss. A good goal is to try to get 30 minutes a day of brisk walking or other such moderate physical activity.
- Sleep on one side. Most forms of sleep apnea are milder when the person sleeps on one side (which is something halachah says should be done in the first place). Sleeping on the back can cause the tongue and soft palate to rest against the back of the throat and block the airway. To prevent sleeping on the back, try sewing a tennis ball into the back of the pajama top.
- Keep nasal passages open. Use a saline nasal spray before bedtime to help keep nasal passages open through the night. Talk to your doctor about using any nasal decongestants or antihistamines because these medications are generally recommended only for short-term use.
- Avoid alcohol, as well as tranquilizers,

sleeping pills and other such sedative medications. Both alcohol and these drugs relax the back of the throat, interfering with breathing.

- Avoid driving if drowsy. Sleep apnea can make the patient abnormally sleepy, creating higher risk of motor vehicle accidents. If a friend or family member tells the patient that he or she appears sleepier than they may feel, they should try to avoid driving.
- Quit smoking. Smoking worsens obstructive sleep apnea.

Further treatment for obstructive sleep apnea may include:

Continuous positive airway pressure (CPAP)

People with moderate to severe sleep apnea may benefit from a machine that delivers air pressure through an air mask placed over the nose while sleeping. With a continuous positive airway pressure (CPAP, pronounced SEE-pap) machine, the air pressure is somewhat greater than that of the surrounding air and is just enough to keep the upper airway passages open, preventing apnea and snoring.

Although CPAP is the most common and reliable method of treating sleep apnea, some people find it cumbersome or uncomfortable. Some people give up on CPAP, but with some practice, most people learn to adjust the tension of the mask straps to obtain a comfortable and secure fit.

Patients may need to try more than one type of mask to find one that's comfortable. Some patients also benefit from using a humidifier along with their CPAP machines. **Patients are advised to not just stop using the CPAP machine if they experience problems. Instead, tell the doctor about them to see what changes can be made to make them more comfortable.**

The doctor should also be informed if snoring continues, or stops and then resumes—or if the patient's weight changes. In that situation, the pressure settings on the CPAP machine may need to be adjusted.

Oral appliances

Oral appliances are another option. These are removable devices, typically provided by a dentist, that move the jaw forward, hold the tongue in a different position, or otherwise help keep the throat open during sleep and possibly relieve snoring and obstructive sleep apnea.

Patients may need to try different devices before finding the one that fits and works best; close regular follow-ups are needed to ensure successful treatment.

While CPAP is more reliably effective than oral appliances, oral appliances may be easier to use. However, oral appliances do have a low rate of success, especially for patients over 40, and may also cause side effects to the teeth and gums.

Medication

Patients who continue to experience daytime sleepiness after treatment for obstructive sleep apnea may be prescribed various medications by their doctors to reduce sleepiness.

Other airway pressure devices

If CPAP still doesn't work after a significant trial period, including any adjustments, patients may benefit from an auto-CPAP machine, a device that automatically adjusts air pressure during sleep.

Another option is the bilevel positive airway pressure (BIPAP) machine, which delivers more air pressure when the patient breathes in and less air pressure when the patient breathes out. Expiratory positive airway pressure (EPAP) valves—small, single-use devices that are placed over each nostril before the patient goes to sleep. The EPAP valve allows air to flow in freely upon inhaling, but only through small holes upon exhaling. The small exhaling holes of the EPAP valves increase pressure in the airway and help keep them open. The device may also help reduce snoring and daytime sleepiness in people with mild obstructive sleep apnea, and may also be an option for those who can't tolerate CPAP devices.

Inspire Upper Airway Stimulation System—for people who cannot use CPAP therapy, the FDA approved the Inspire Upper Airway Stimulation System in 2014. This system senses respiration and applies mild electrical stimulation during inspiration, which pushes the tongue slightly forward to open the airway. A number of doctors who treat sleep apnea consider this the second-best option after CPAP.

SURGERY >>

As a general rule, at least a three-month trial of other treatment options is suggested before considering surgery. Surgery to treat sleep apnea is complex, may come with many side effects, and is usually only an option after other treatments have failed.

Additionally, patients with sleep apnea undergoing surgery involving general anesthesia should remind surgeons to put them on CPAP machines during and after surgery; without CPAP, the typically weak patient may suffer a dangerous bout of sleep apnea mid- or post-surgery.

With increasingly successful treatments by other methods, sleep-apnea surgery is generally being phased out. But for those few people with certain jaw structure problems, it's may be a good first option.

The goal of surgery for sleep apnea is to enlarge the airway through the nose or throat that may be vibrating and causing the patient to snore or which may be blocking the upper air passages and causing sleep apnea. Surgical options may include:

Surgical tissue removal

During this procedure, which is called uvulopalatopharyngoplasty (don't ask me how to pronounce that), the surgeon removes tissue from the rear of the mouth and top of the throat. In this procedure, the tonsils and adenoids are usually removed, too.

This type of surgery may be successful in stopping throat structures from vibrating and causing snoring. However, it's less effective than CPAP and isn't considered a reliable treatment for obstructive sleep apnea.

What's more, where this surgery does succeed

in resolving the issue, it usually has to be redone in about two years if and when new tissue begins to collapse, blocking the airway again.

Laser or radiofrequency tissue removal

Removing tissues from the back of the throat using a laser or radiofrequency energy (radiofrequency ablation) may be another option for people who can't tolerate CPAP or oral appliances. These procedures don't treat obstructive sleep apnea, but they may reduce snoring.

Jaw repositioning

In this procedure, the upper and lower jaws are moved forward from the remainder of the facial bones. Doing so enlarges the space behind the tongue and soft palate, making obstruction less likely. This procedure is known as maxillomandibular advancement (which is also more pronounceable than uvulopalatopharyngo-whatever; see above).

Implants

This surgical procedure, which typically uses only local anesthetic (meaning, you'll be awake during the procedure), implants plastic rods into the soft palate. This treatment is recommended only for people with mild obstructive sleep apnea.

New air passageway

A tracheostomy, or the surgical creation of a new air passageway, may be necessary if other treatments have failed and the patient has severe, life-threatening sleep apnea. In this procedure, the surgeon makes an opening in front of the neck and inserts a metal or plastic tube through which the patient will now breathe through the hole in the throat—directly bypassing the mouth and nose.

The new throat opening is kept covered during the day, and uncovered at night when the patient goes to bed, allowing air to pass in and out of the lungs.

Other surgeries

Other types of surgery may help reduce snoring and contribute to the treatment of sleep apnea by clearing or enlarging air passages:

- Nasal surgery to remove polyps or straighten a crooked partition (deviated nasal septum) between the nostrils
- Surgery to remove enlarged tonsils or adenoids
- Weight-loss surgery

PROGNOSIS >>

While many if not most diagnoses also affect family and friends (at least emotionally), obstructive sleep apnea is one of those conditions that can also have a significant physical impact on those closest to the patient—especially if they live or work together.

However, given the considerable range of effective treatment and self-care options, the diagnosis of obstructive sleep apnea is also one with a high rate of successful treatment and management, if not outright cure. ★



Public Health And Policy News

NEW FDA NUTRITION FACTS LABEL REDEFINING “HEALTHY” AGAIN

In late May, boosted by a cheerleading call from First Lady Michelle Obama, the FDA rolled out its first major revision in over 20 years of the ubiquitous Nutrition Facts Label federally required on every store-bought food product.

The biggest changes are larger and bolder “Calories” and “Serving size” listings, actual amounts of vitamin D, calcium, iron and potassium, the removal of vitamin A and C listings, and—most controversially—the new “Added sugars” listing.

A dozen nutritional scientists signed a letter to the federal Office of Management and Budget, lamenting that the new label is “misleading” because it is based on the recommendations of the FDA’s 2015 Dietary Guidelines committee, which “did not include a single member with a specific expertise in sugars (or any carbohydrate) metabolism,” they wrote.

“The FDA’s proposed rule revising the Nutrition Facts Label with regard to an added sugars declaration,” they continued, “lacks both the scientific rigor based on careful consideration or evidence-based reviews and a thorough appraisal of unintended consequences that will surely arise.”

Most manufacturers will need to use the new label by July 26, 2018.

LESS BIG, MORE SMALL, NATIONAL ACA INSURERS

The Affordable Care Act (ACA) continues to change the national healthcare market in good, bad and arguably mutually-canceling ways.

Private health insurance giants UnitedHealthcare and Humana recently announced their withdrawals from some 20 state ACA insurance exchanges. The exchanges offer various levels of healthcare coverage along with support for the poor drawn from federal taxes on the rich. Depending on income, exchange shoppers can qualify for up to most of their monthly plan payments covered by taxpayer-funded subsidies.

At the same time, national health insurance prices, both on the ACA exchanges and on the private market, are poised for yet another rise next year.

However, the departure of Big Insurance from a number of state exchanges opens the gates for a good few smaller ACA insurance startups to fill the void, as is now happening in several states.

NEW LEADERSHIP, STRUCTURE ATOP OPWDD

In May 4 public letter, OPWDD Acting Commissioner Kerry Delaney announced “leadership and structural changes to our agency that will better enable us to meet the demands of the future.”

These include the tapping of OPWDD veteran Helene DeSanto as Acting Executive Deputy Commissioner, and Deborah Franchini, who’ll remain Director of Advocacy Services until a replacement is found, taking up the new office of Director of Agency Planning and Coordination.

The OPWDD’s Division of Service Delivery now has two Deputy Commissioners. Disability-support careerist Megan O’Connor-Hebert is heading up Regional Operations and existing Assistant Deputy Commissioner of Statewide Services Jill Pettinger, Psy.D now also leads State Operations Offices. Deputy Director of Division of Quality Improvement (DQI) Tamika Black has also been promoted to DQI’s Acting Deputy Commissioner.

“This year, we will focus on developing implementation plans for the Transformation Panel’s recommendations and other critical enhancements to our service delivery system,” Delaney wrote. “All of these enhancements are guided by the valuable work we did this year in listening to our stakeholders and prioritizing what matters to you.”

LESS HAPPINESS IN HEARTLAND

A federal data analysis of the years 1999-2014 finds that rates of unhappiness dramatically increased over those years in almost all groups, with middle-aged white American women increasing by a sobering 80 percent.

The April study by the federal National Center for Health Statistics underscores historical links of falling economies and rising unhappiness, according to experts quoted in The New York Times. Rutgers sociology professor Julie Philips pins the figures on such negative social changes as dropping marriage rates, increasing divorces, technology-driven social isolation and personal loss of the American Dream.

The takeaway? Never be alone: Share, connect, socialize and stay in contact with family and friends constantly. No matter what you’re going through, it’s always better together.

MENTAL-HEALTH INSURANCE “NO”? CALL AG

In related news, New York State Attorney General Eric T. Schneiderman announced in late May that New Yorkers “facing barriers” in obtaining mental-health treatment from insurers are “encouraged” to call his office’s Health Care Helpline at 800-428-9071.

New York’s mental health parity law, known as Timothy’s Law, was enacted in

SPRING INTO SUMMER RECREATION WITH NEW YORK STATE’S INCLUSIVE VENUES LIST

In its most recent newsletter, the OPWDD reminds the public of the Inclusive Recreation Resource Center (IRRC). This state-funded office offers an online database of some 1,200 parks, recreational facilities, entertainment venues and events—ranking them all by accessibility.

So, need somewhere to go? Visit InclusiveRec.org for a wealth of options—and an inclusion and accessibility assessment of each.

2006 and requires that insurers provide broad-based coverage for the diagnosis and treatment of mental health disorders at least equal to coverage provided for other health conditions.

HEP C NOW MOST LETHAL VIRUS

Hepatitis C is now the most dangerous virus in the U.S., the CDC reported in early May, with over 19,650 deaths in 2014 alone related to the infection. The new study also found that the number of hep C-related deaths in 2013 exceeded the combined number of deaths from 60 other infectious diseases, including tuberculosis (TB).

People with hep C are at increased risk for liver cancer and other life-threatening diseases, and may also unknowingly infect others. Many may even have lived with the disease for many years without knowing it. The CDC says that about 3.5 million Americans have the virus, with about half unaware of their infection.

The good news is that hepatitis C is easily diagnosed and treated, with the newest treatments able to eliminate most infections within three months.

CALIFORNIA BECOMES 2ND “TOBACCO 21” STATE

California became the 2nd U.S. “Tobacco 21” state on May 4, when Gov. Jerry Brown signed a bill raising the statewide minimum age to 21 for all cigarette purchases. Hawaii is the first.

Brown also signed bills restricting usage of electronic cigarettes (e-cigs) in public places and expanding no-smoking areas at public schools. They were backed by the American Lung Association, the American Cancer Society and other concerned medical groups.

The Tobacco 21 movement is equally strong on the East Coast, with three New York counties—including Manhattan, which went Tobacco 21 under Mayor Michael Bloomberg in May of 2014—barring purchases of tobacco products to anyone under age 21.

At the state level, the New York State Assembly's Tobacco 21 bill was introduced in January 2015 by Assembly Member Ellen Jaffee (D-9th Dist.) and seven others.

A 2015 Institute of Medicine study estimated that increasing the tobacco purchase age to 21 will result in 200,000 fewer premature deaths for those born between 2000 and 2019.

Some 90 percent of tobacco users start before age 21, and about 80 percent first try tobacco before age 18, according to the National Survey on Drug Use and Health.

LOCAL NEW YORK STUDY FINDS LOW CHILD TAXI SAFETY

On-site observations across New York City by researchers with Cohen Children's Medical Center in New Hyde Park found that most child passengers did not ride in car safety seats.

The monitoring, conducted by Cohen Children's researchers at airports, malls, train stations and tourist destinations across the city, observed only 11 percent of small children-no taller than taxis' side view mirrors-in proper seat restraints in 69 observed taxi pickups and drop-offs.

Calls to 97 New York City taxi companies also found that close to 60 did not have child car safety seats available upon demand. Of the nearly 40 that did, seven told researchers that reservations were required or that they had a limited number. Eight charged extra fees.

Curiously, taxi companies without available child safety seats told researchers that they didn't offer them because of health

code restrictions or allergy and hygiene concerns.

Infants and toddlers should be secured in rear-facing child safety seats. Children should continue to be placed in car safety seats or belt-positioning booster seats until they reach the height of 4 feet, 9 inches, according to the American Academy of Pediatrics (AAP).

NEW MEDICARE DOC PAYMENTS DEVELOPING

The federal Centers for Medicare and Medicaid Services (CMS) is slowly making progress on eventually adopting new ways of paying doctors for providing Medicare services.

The old fee-for-service model will eventually be replaced. In that model, every medical service and procedure-each with its specific code-was paid with a specific amount.

The CMS and its committee of 11 advisors from the national medical industry are now looking at different systems of value-based payments, in which doctors are paid for results.

NEWEST STATE BUDGET INCREASES OPWDD FUNDING

Funding for the New York State OPWDD in the 2016-2017 New York State Budget is over \$4.2 billion, a 4.3-percent increase over the state's last fiscal year. Included in that \$4.2 billion is \$15 million for new and choice-centered community housing opportunities for people with disabilities. ★

● ► HEALTH NEWS

MANEUVERING HEIMLICH:

Behind Universal Choking Rescue, a Flawed Hero and Questions

DR. HENRY HEIMLICH'S RECORD HAS A NUMBER OF SPOTS

Apparently, "Heimlich Maneuver" has more than one meaning.

Randomly ask anyone around the office, "Quick! Someone's choking! What do you do?" and you'll likely hear, "Heimlich!"

Retired surgeon Henry Judah Heimlich, M.D., born in 1920, has long been known for his eponymous maneuver, the abdominal thrusts that have saved the lives of thousands worldwide since their 1974 invention.

At 96 and still remarkably fit, Dr. Heimlich was in the news again recently after he performed the Heimlich Maneuver on 87-year-old Patty Ris, a fellow resident at Cincinnati's Deupree House senior home, who was choking at dinner.

In the crush of media attention that immediately followed, Dr. Heimlich claimed that the episode marked his first time ever performing his own life-saving technique on an actual victim.

That curious quirk itself drove the story even further.

But if the good doctor's own words are to be believed, it isn't true.

In the June/August 2001 issue of the Private Clubs Newsletter, a report described a choking rescue at Cincinnati's Bankers Club performed by Dr. Heimlich himself. "The quick-thinking member was none other than Dr. Henry Heimlich, who surprisingly had never before performed his namesake Heimlich maneuver in an emergency situation," the report read.

Dr. Heimlich also described the Bankers Club incident as his first in an October 2001 article in the Chicago Sun-Times, as well as in a BBC interview in March of 2003.

However, the man behind the universally recognized and respected rescue technique turns out to be a study in deep and even disturbing contrasts.

A Cincinnati Enquirer investigation, published March 16, 2003, found that Dr. Heimlich's longstanding claim of performing the world's first total organ replacement was false. The technique, first publicized in the U.S. by Dr. Heimlich, involves using a section of the stomach to bypass the esophagus.

"But even before Heimlich wrote his

first article about the 'Heimlich Operation' on dogs in 1955, the procedure had been performed dozens of times on humans by Romanian surgeon Dr. Dan Gavrilu," the Enquirer wrote.

Dr. Heimlich also has a record of reprisals against critics that has been described as "slandorous" and "repugnant."

While the Heimlich Maneuver's ongoing success is without question, consultants and other experts, particularly those on advisory boards at the American Heart Association (AHA) in the 1970s and 1980s, testify to barages of disparaging letters from Dr. Heimlich to superiors when they questioned the scientific efficacy of the abdominal thrust technique, especially compared to chest thrusts.

Two additional controversies paint a different picture of Dr. Heimlich.

One is his claim that abdominal thrusts should be used on drowning victims, too, not just choking victims-a position rejected by mainstream emergency medicine.

Another is the dubious claim-backed by experiments Dr. Heimlich has said he's carried out in Mexico, Panama, China and the African nations of Ethiopia and Gabon-that injecting humans with benign malaria bacteria can treat cancer, Lyme disease and other diagnoses.

Perhaps tellingly, the phrase "Heimlich Maneuver" has quietly been replaced with "abdominal thrusts" in recent years in first-aid manuals published by the American Heart Association and, more significantly, the American Red Cross.

And the Maneuver itself is not as universal as one might believe.

Australia, for example, does not espouse abdominal thrusts as initial choking responses. Experts there, and elsewhere, have actually long maintained that precisely-placed back blows are more effective, followed by chest and/or abdominal thrusts only if the blows fail to clear the airway.

Bottom line? Until official first-aid training rules change, keep doing the Heimlich.

Ask any long-standing member of Hat-zolah, our community's legendary volunteer EMT corps, and they'll be sure to share dozens of lifesaving abdominal-thrust tales. It works.

But as far as Dr. Henry Heimlich is concerned, the Maneuver seems to be a lifesaving message delivered by a charismatic but ultimately manipulative messenger. ★



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The Autism Update

News and developments from the world of research and advocacy

ANNUAL AUTISM RESEARCH CONVENTION

Baltimore, Maryland was the site this year for the International Meeting for Autism Research (IMFAR), an annual scientific convention featuring all the latest research trends.

This year's session featured several themes:

- More accurate and inclusive diagnostic measures
- Expanding access to screening and diagnostic testing to minorities, girls, and developing countries
- The latest technology in screening, diagnosis and support services
- Including people with autism, families and advocates in research conversations

FATHER CLAIMS RADICAL, SUCCESSFUL NEW TREATMENT APPROACH, WRITES BOOK

When Daniel Shahr of London, England was diagnosed with severe autism at age two, his family chose to go their own route.

Rather than follow mainstream and cutting-edge autism treatments, Guy Shahr, Daniel's father, opted for a radical approach that doesn't see autism as a disability in the first place.

According to the method the Shahr's have used, and to apparent success, autism is simply extreme emotional and sensory sensitivity-rendering immediate surroundings overwhelming and forcing children with autism to cut themselves off from the world.

Using that understanding, the Shahr's home-schooled their toddler with play therapy for three years-creating a private and rigorously-controlled personal environment for Daniel in which he essentially could feel emotionally safe to come out of his shell to explore and acclimate to the world.

The Shahr's now say that Daniel is thriving in a mainstream school and has few of the signs and behaviors of autism he displayed several years ago.

Mr. Shahr has now written *Transforming Autism*, a book detailing his family's experiment in treating Daniel's severe autism.

Contrary to the popular belief that autistic individuals are emotionally disconnected, *Transforming Autism* claims they are in fact acutely emotionally aware.

The book also argues that the only way to "truly transform" the life of a child with autism is to change the environment where they spend most of their time into one of "peace, support and warmth," so that they have the space to freely express themselves.

"He is so considerate of everyone," Guy recently told a British media outlet. "When

Daniel was two, his autism was severe. Now it isn't severe at all. If you see him... interacting with other children, you would know there was something different about him. When he is out and interacting with other adults it is very difficult to notice."

"We really want to transform parents' understanding of autism," said Guy. "We want to give them help and give them ways to bring about some changes. It is aimed at the parents because they are the ones who see the changes in their children."

LESS EMPLOYMENT FOR HIGH-FUNCTIONING ASD THAN OTHER DISABILITIES: STUDY

A recent study by the Philadelphia-based A.J. Drexel Autism Institute confirms what many in the autism community have long known: Not only do young adults on the high-end-functioning end of autism spectrum disorder (ASD) have a high rate of unemployment, but have a higher rate of unemployment than high-functioning young adults with other disabilities.

The study found that some 40 percent of that specified demographic do not have regular jobs.

What's also been long known, however, is that young adults with high-functioning ASD make remarkably reliable workers for repetitious jobs who tediousness would burn out typical people. People on the spectrum are drawn to routine and repetition, making them naturally gifted workers in such niche jobs as filing paperwork, catching errors and quality control.

An estimated 50,000 people on the spectrum enter adulthood every year.

FORD TO HOST AUTISM EMPLOYMENT PILOT

In other ASD employment news, the Dearborn, Michigan-based Ford Motor Company, one of Detroit's "Big Three" automakers, has now partnered with the Autism Alliance of Michigan to run an autism employment program.

The program, geared for people with high-functioning autism, is dubbed FordIn-

clusiveWorks. It will create five positions, each lasting 30 to 90 days, to "suit the skills and capabilities of people with autism," according to Ford.

Participants in the pilot program will ultimately enter Ford's standard recruiting process if successful, according to company officials. The program will center on Ford's vehicle evaluation and verification test lab, according to a Ford press release, where program participants will log and prep tires for test vehicles.

FordInclusiveWorks is being funded by the Autism Alliance.

Besides becoming one of the largest U.S. companies to roll out autism employment initiatives with the new program, Ford also has a little-known side connection to autism. Mark LaNeve, Ford's Vice President for U.S. Marketing, Sales and Service, is "highly involved with various organizations that assist people affected by autism," according to his official company bio, which including a board position with the New York-based Autism Speaks. ★

► DISABILITY NEWS

No Reservations:

Florida Disability Mom Pushing for Special-needs Restaurant Hours

SURFSIDE, FLA. EATERY, MOTHER OF CHILD WITH RARE DISORDER TEAM UP FOR FAMILY TIME

It's an experience shared by too many families of children with disabilities-unhelpful comments and uncomfortable looks from strangers when out and about, in restaurants or otherwise.

So when South Florida mother Leah Cohen, proud parent of nine-year-old Ari, was recently visiting New York, she took a snide remark from a stranger as impetus to do something.

A local kosher restaurant was kind enough to open its doors before official opening time-allowing Ari, who has the rare Trisomy 9 Mosaic genetic disorder and is non-verbal, to delight in the restaurant ex-

perience the same as other kids and their families.

Back home in Surfside, Mrs. Cohen approached Backyard BBQ & Brew, a local restaurant, and presented her idea: Designated hours specifically for kids with special needs and their families.

Considering the positive response from special-needs parents around the country that she received in publicly posting her New York restaurant experience, she knew the need was there.

I can't take my son out to any restaurant, was the gist of most responses. *I wish someone would do something.*

It wasn't much later before a happy group of parents found themselves together at Backyard BBQ, enjoying the freedom from judgment or critique as much as their kids were enjoying the food-or, should they desire, spilling salt on the floor or smearing ketchup across plates.

Inspired by the special group lunch's

success, Mrs. Cohen is now aiming to turn the concept into a regular program. She is planning to repeat the event at Backyard BBQ-and, ideally, get as many other restaurants, local or otherwise, to open up to the disability community, too.

Restaurants have not-infrequently been the scenes of outrageous bigotry against kids with special needs-but, at least in one well-publicized case, also scenes of ordinary people defending them.

Texas waiter Michael Garcia, an employee at Lorenzo's restaurant in Houston, grabbed national headlines in February of 2013 when he refused to serve a seated family that had just mocked then-five-year-old Milo Castillo, a regular customer who has Down syndrome.

Mr. Garcia shortly made news again when he turned the wave of public support for his actions, including a number of donations, into a gift to the Rise School of Houston, Milo's school. ★

Status Report



Happening In Hospitals Today

SET UP TO STOP DRUG THEFT, HIDDEN OR SECURITY CAMERAS TANGLE HOSPITAL IN LEGAL NET IN RECORDING PATIENTS, CALIFORNIA HOSPITAL FACING LAWSUITS, PUBLIC RELATIONS NIGHTMARE

When the La Mesa, California-based Sharp Grossmont Hospital noticed in 2012 that anesthetics were missing, it made a risky decision: It hid cameras inside equipment in three operating rooms.

The goal was hardly to record patients undergoing the most delicate procedures. But in videoing anesthesia carts for a year to see who was nabbing bottles, patient footage was captured.

The result? An outcry from patients and a former chief of anesthesiology, lawsuits between the accused doctor, the hospital and the Medical Board of California, and a PR nightmare for Sharp.

Attorneys for the accused doctor are now demanding to see more footage to prove claims that the items were returned. Patients treated in those ORs during the time period in question are demanding to know if they appear in the footage. Together, the hospital is in a complicated bind.

The issue at hand is how hospitals ought to best counteract employee drug abuse and theft—a growing national hospital problem linked to patient infection and death.

Most experts say Sharp did the wrong thing.

The generic consent forms patients sign before receiving treatment, particularly surgical treatment, do not cover consent to be filmed—making the videos a major privacy violation.

Experts say that hospitals taking video in patient treatment areas like ORs and examination rooms should give patients separate and clear video consent forms.

Security cameras set up to monitor activity must keep patient appearance on screen to absolute minimums, something Sharp does not seem to have done.

Hospitals serving patients with Medicare, the taxpayer-funded senior healthcare system, must also agree to Medicare rules barring videoing without explicit patient

consent.

The secret videos, taken from July 2012 to June of 2013, also may have captured other unethical or unprofessional hospital behavior—raising the question of whether further lawsuits may be filed should investigators see something questionable, but which they had not been looking for.

While The Joint Commission, the nation's leading hospital accreditor, has no comment on the case, the International Association for Healthcare Security and Safety (IAHSS) opposes the use of cameras to catch hospital professionals engaging in criminal activity on site.

What's more, most experts say that traditional sleuthing methods—meticulous review of logs and records, reviewing video of public areas, and old-fashioned face-to-face interrogations—are far more effective in pinning down wrongdoers.

For his part, accused doctor Adam Dorin, M.D., says that he took the anesthetics in question because they were chronically in short supply and he wanted them on hand for emergencies.

Dorin also argues through his attorney that pocketing propofol was common practice among anesthesiologists at Sharp. He also says that he always put it back if not needed.

Dr. Dorin had been caught on camera removing a total of 12 anesthetic bottles at various times during the 12-month surveillance period.

In the meantime, as it battles a wave of negative public sentiment, Sharp HealthCare says that the cameras were removed with the investigation's close—and that all footage will be destroyed once all legalities are settled.

BIG STUDY RAISES BIG QUESTIONS ABOUT HOSPITAL MEDICAL ERRORS

A new review of old data made big media waves in early May, as a study by the respected Johns Hopkins University School of Medicine found that over 251,000 annual U.S. deaths may actually be due to hospital medical errors.

The study's key claim is that hospital

medical errors which eventually lead to patient death are not recorded as final cause of death—thus allowing it to arrive at its worrisome number.

Researchers looked at data from Medicare and 13 other hospitals to conclude that the estimated rate of deaths traceable back to medical errors in the U.S. is over 251,000 a year.

If true, that would make hospital medical errors the third leading annual cause of non-violent death in the U.S., behind cancer (#2) and heart disease (#1).

In a response statement, the American Hospital Association (AHA) pointed out that the study's source data only went up to 2008, not reflecting “important progress” in reducing hospital-acquired conditions in the following years.

What's more, according to experts, death by hospital medical error is difficult to directly trace—making the 250,000 figure an estimate that is anything but concrete.

Hospital-acquired infections (HAIs) and other conditions occurring in hospitals remain a persistent public-health concern. In recent years, numerous government and non-profit bodies have invested tremendous resources into combating the conditions.

NEW FIRST: ROBOT DOES SOFT-TISSUE SURGERY (ALMOST) INDEPENDENTLY

Surgical robots, including the overrated Da Vinci prostate-removal robotic surgical system, have been around for years now.

However, Da Vinci and all other systems basically do surgeons' work for them. While surgeons stand by and/or operate the robots themselves, the machines do the precision work that human hands otherwise could not.

The new Smart Tissue Autonomous Robot (STAR) device, however, is the first in the world to perform surgery completely unaided and unguided.

Built by a team of medical and technology experts at Washington, D.C.'s Children's National Health System, STAR has now successfully demonstrated a fully independent surgical procedure called an *intestinal anastomosis*.

The demonstration surgery was done on a live farm animal under general anesthetic.

The STAR system first used a combo infrared (heat-detecting) and regular camera to scan the detailed and bumpy surfaces of the two sections of intestine to be sewn together after a gap between them was surgically cut out. Custom computer software then generated a detailed 3-D image of the intestine pieces so that the robot “knew” exactly where everything was.

It then used a flexible thin arm to deftly tie together the two pieces of soft tissue using surgical needle and thread, with far greater precision and spacing than human surgeons.

The system demonstrates, its makers now say, that robotic technology is not far from performing fully independent soft-tissue surgeries on humans like tumor removals and tendon repairs.

The system does have two reported drawbacks, though—one, it performs intestinal anastomosis at about one-third the speed of a human surgeon and two, doctors have to stand to ensure that the surgical thread doesn't get tangled.

PARK SLOPE'S METHODIST HOSPITAL STARTS CLINIC CONSTRUCTION DESPITE LOCAL OPPOSITION

Construction on a new health clinic in Brooklyn's trendy Park Slope enclave is proceeding, Crain's Health Pulse recently reported—but not without neighborhood rumblings.

The comprehensive new community health center, to be built by New York Methodist Hospital, will rise six stories when done and will cost \$445 million. A number of Methodist-owned classic brownstones on Park Slope's central Sixth Street have been demolished to make way for the future site.

Groups Preserve Park Slope and Park Slope Watch have long dogged Methodist's influential presence, though—despite the new clinic intended to help residents, including group members. A lawsuit by the group, settled in January 2015, reduced the clinic's planned seven stories to six and included traffic planning, green spaces and 28,000 less square feet of space.

The project is slated to take three years after construction begins.

STUDY: 33 PERCENT OF ICU BEDS USED BY FIVE PERCENT OF PATIENTS

A study of intensive care unit (ICU) patients finds that five percent of ICU patients account for 33 percent of ICU bed usage.

According to the study, which reviewed records of 182 ICUs across Australia and New Zealand from 2000 through 2014, five percent of ICU patients have persistent critical illness—going from one health crisis to another and who may never get well enough to leave the ICU.

The study was published May 4 in *The Lancet Respiratory Medicine*. ★

● ► HAMASPIK NEWS

Hamaspik to Help Hudson Valley Agencies Modify Homes for Disability Access

<< CONTINUED FROM PAGE 01

those agencies, a wide range of services and supports, including Emods, are provided to people in need.

Provided largely to seniors and others with mobility issues, Emods involve state or community agencies assessing private residences to specify needs then securing contractors for the job.

If you're seen sloping ramps in front of houses, or extra-wide doors inside of houses, belonging to people with physical disabilities in the Monsey area, chances are Hamaspik installed them.

That's because, for many years, Hamaspik of Rockland County has been the sole active provider of Emods in Rockland County-as well as in six other Hudson Valley counties.

But with the growth of the region's senior population, reflecting the national growth of the baby boomer population, Hamaspik has been blessedly busy.

With dozens of Hudson Valley agencies turning to Hamaspik for over a decade to satisfy their beneficiaries' Emods needs, there's simply been too much work for the single agency, no matter how proficient and efficient, to handle.

It was time to call in the troops.

MARCHING ORDERS

With demand across the Hudson Valley for E-mods far outpacing supply, Hamaspik of Rockland County, in the form of Mr. Stein and the independent contractors he brings on for the specialized renovations and additions, found itself increasingly backlogged.

And with beneficiaries or family members sometimes turning to public servants and elected officials to pressure the program for results, beneficiaries or family members who had been earlier in line were now even further delayed in getting those same results.

United by the mission of meeting the need across as many agencies as possible, Medicaid Service Coordinators (MSCs), program directors and other agency leaders converged on Hamaspik that Wednesday morning to hear from Mr. Stein what running an Emods program would look like for them.

Emods are largely provided to people getting services from the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Waiver programs, both under the auspices of the New York State Dept. of Health (DOH).

As such, most of Hamaspik's June 1st guests were NHTD or TBI program providers, or both.

Both statewide programs are administered by Regional Resource Development Centers (RRDCs), non-governmental agen-

cies that serve specific regions across the state. For the lower Hudson Valley, WILC serves as the region's RRDC-bringing Director Nunziato and her lieutenants to Hamaspik.

Hamaspik of Rockland County's very own NHTD/TBI Director Mrs. Tziviva Frommer, LMSW, along with program social workers Ms. Miriam Klaczkowski, Mrs. Aviva Salamon and Mrs. Pearl Spira, also sat in.

After a welcome and opening statement by Ms. Nunziato, Mr. Stein took the floor.

A COMMON CALL

"Hamaspik would be happy to help you with any 'hiccup'" in deploying a nimble, responsive Emods program, Ms. Nunziato first informed the crowd.

Stein then spent the next 20 minutes walking the crowd through the practical running of an Emods program-demystifying and simplifying the process from beginning to end.

A detailed round-table discussion of the program followed Mr. Stein's presentation.

According to the Hamaspik leader, a single home-modification job looks like this: Initial paperwork, careful site inspections, detailed Scope of Work plan, family review meeting, contractor bids and selection, RRDC approval, and final start and end of actual construction.

Installing roll-in showers or walk-in tubs-vital necessities for so many-are the most common Emods, said Stein, along with outdoor wheelchair ramps and indoor stair lifts.

Even less common are outdoor vertical platform lifts (VPLs). These accessibility options-which, unfortunately, are highly failure-prone due to constant weather exposure-are only officially approved in the complete exhaustion of any other entry/exit option, such as the conventional wheelchair ramps.

Door widenings-a simple, relatively inexpensive contracting job-is the least-common Emod.

In briefly reviewing each Emod, Mr. Stein included his collection of insider's tips and tricks-like checking for mold in exposed floor and wall beams, and replacing them accordingly, before contractors cover them in new plywood and leaving a long-term problem unfixed.

Having explained the popular program in plain English, Stein appealed to Hamaspik's disability-services counterparts to answer the common call for more Emods providers.

"With all your help," he declared, "together we'll strive to make a difference for those who need our help." ★

● ► HAMASPIK NEWS

Hamaspik of Orange County Passes Federal Nutrition Program Audit

COMMUNITY SERVED BY CULTURALLY SENSITIVE CACFP (CHILD AND ADULT CARE FOOD PROGRAM)

"They are very considerate about our cultural needs," wrote Moses Wertheimer.

The Executive Director of Hamaspik of Orange County was responding to a *Gazette* question. The agency he heads had just successfully passed yet another audit of the numerous publicly-funded supports, services and programs that it provides, and now he was elaborating on another one.

The Child and Adult Care Food Program (CACFP) is a program of the federal U.S. Dept. of Agriculture (USDA) that is run by state bodies nationwide. In the Empire State, it is offered under the auspices of the New York State Dept. of Health (DOH).

According to official literature, the CACFP "provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons."

Each day, 3.3 million children coast to coast receive nutritious meals and snacks

through the CACFP, according to the USDA. The program also provides meals and snacks to 120,000 adults who receive care in nonresidential adult day care centers, which includes Hamaspik.

Providers must adhere to scrupulously to detailed nutrition and serving guidelines, primarily involving balanced meals consisting of milk, vegetables and fruits, grains and breads, and meat or meat alternatives.

In the greater Hudson Valley, among the thousands of New Yorkers served by the CACFP are the individuals supported by the Day Habilitation (Day Hab) program of Hamaspik of Orange County-and the CACFP, Mr. Wertheimer reports, is nothing but accommodating.

So much so that tucked deep within its rigorous regulations are provisions for substituting foods typically used in non-kosher kitchens for kosher foods, as well as rules on keeping meat and dairy products apart when required to do so for religious reasons-as in Hamaspik's case.

Maximizing that program's availability as it regularly pushes head to meet as many community needs as possible, Hamaspik of Orange County's Day Hab program has functioned as a CACFP provider site for a number of years now.

In mid-April, though, the Hamaspik program was subjected to a thorough audit

by Judith Ellis, MPH, RDN, CDN, a public health nutritionist with the state DOH's CACFP program.

Per standard procedure, Hamaspik had responded to the state agency's advance notice letter a month prior, sending in a batch of recent records for review. Upon Ms. Ellis' arrival, then, that paperwork had already been reviewed for any remarkable deficiencies; CACFP inspections serve primarily as confirmations of quality record-keeping coupled with physical site walk-throughs to ensure safety and hygiene.

And in coming away with fully compliant results, the audit validated the daily efforts of the entire Day Hab team. That would be the dedicated Direct Support Professional (DSP) staff and Program Directors Mrs. Niederman and Mr. Shlomo Rabi, all supervised by Mr. Joel Glick.

The Day Hab program, long a vital and viable mainstay of non-profits like Hamaspik that are affiliated with the New York State Office for People With Developmental Disabilities (OPWDD), has long supported individuals in transitioning to the mainstream after completing school.

The CACFP initiative has helped fuel those and countless other individuals in need.

And at Hamaspik, as confirmed by the positive latest audit, both are delivered with excellence. ★

● ► HAMASPIK NEWS

Agency Group-home Residents Enjoy Well-rounded, Picture-perfect Pesach Holiday Week

<< CONTINUED FROM PAGE 3

Shortly before that, though, the young women couldn't decide who would open the home's front door, a custom carried out shortly before Seder's end to symbolically welcome Elijah the Prophet, the harbinger of redemption.

"They all wanted to open the door," Appel recalls. "So they all went!"

PUBLIC IMPRESSION

With two formal holiday days after each Seder night, there were community shul (synagogue) services to go to-and being integrated into their local communities the Hamaspiik residences are, it's no surprise that the young ladies of the South 9th Shvesterheim attended a nearby shul.

What's more, Manager Cziment proudly reports, the rebbetzin (rabbi's wife and spiritual leader in her own right) of that shul personally called to note how "the girls" in shul made such a positive impression, along with their "devoted" staff.

And positively compounding that, Mrs. Cziment adds, was a comment from one of South 9th's newest neighbors to the effect of: I've never seen children given such supportive care!

Further exemplifying the residential support provided to all group-home residents, the young men residing at the Grandview Briderheim-and fellow Hamaspiik of Rockland County men's group homes Concord, Forshay and Wannamaker-likewise attended local shuls, and all in newly-purchased and personally-selected wardrobes befitting the holiday.

GETTING OUT AND ABOUT

Parks, lakes, nature trails and riverfronts alike were among the many destinations of choice come Chol Hamoed, the four "Intermediate Days" of the Passover holiday.

As such, Chol Hamoed saw residents of the Grandview Briderheim visiting a local park, where-as any parent can testify-low-tech playtime bests high-tech stimulation any day.

The residents of the Bakertown IRA enjoyed an outing to Van Saun County Park in neighboring Bergen County, New Jersey, a 146-acre playground complete with train, carousel, pony rides and the quaint Bergen County Zoo on its grounds.

Keeping it simple, but in a different way, was the outing by the 38th St. Shvesterheim, Hamaspiik of Kings County's youngest group home, to the landmark American Girl Doll store in Manhattan.

The flagship retailer, known for its tasteful, traditional playthings deliberately marketed to counter the overstimulation of today's kids, gave its Hamaspiik visitors hours of healthy oohing and aahing over the wonderful world of classic girls' dolls and accessories.

Higher up on the action scale was the Forshay Briderheim's choice of outing to the Holiday Mountain family fun center in upstate Monticello, New York, where the gentlemen enjoyed the bumper cars, go-carts and other exciting amusements. The next Chol Hamoed day, they opted for a trip to the FunPlex, an indoor family amusement center in East Greenbush, New York.

At least of equal excitement was the Concord Briderheim's intrepid outing to the U.S.S. Intrepid, docked permanently off Manhattan's West Side and home to the Intrepid Air and Space Museum. Above and below decks, the gentlemen took in decades of American history and innovation on display.

For Chol-Hamoed-spirit fun, the residents and staff of the Seven Springs Shvesterheim enjoyed outings to the Sportime USA fun center in Elmsford, New York, as well as the Pennsylvania-based Crayola Experience, which bills itself as "a crayon-centric warehouse with colorful kid-friendly activities."

At the Billy Beez family fun center, located at Middletown, New York's Galleria at Crystal Run mall, the Bakertown Shvesterheim were all abuzz enjoying its indoor games, slides, ball pits and other forms of fun.

All the group homes collectively enjoyed the grand Chol Hamoed outing organized once again by Hamaspiik's very own Mrs. Brenda Katina. (See "Hamaspiik Hosts another Spectacular Family Passover Outing," pg. 04.)

And for the fourth and final Chol Hamoed day, despite the Friday-night onset of Pesach's last two formal days, group homes across Hamaspiik packed in plenty of holiday fun. The 38th St. Shvesterheim's local run on Brooklyn's flagship Atlantic



SHABSI MEASURING THE YACHATZ



YOSSI IS UP TO ROHTZU

Mall, to which they simply rode the subway, had the "girls" enjoying that All-American pastime of mall-crawling and window shopping.

LOOKING BACK, LOOKING FORWARD

It was Sunday, May 1, the day after Pesach, and-like homes throughout the community-residents and staff alike were busy "reverse-engineering" the Passover holiday: Cleaning up kitchens, dining rooms and living rooms, carefully packing away all holiday utensils and appliances, and neatly stowing those boxes away in carefully-sealed "Pesach closets."

Then, and only then, were the year-round household and kitchen items broken out.

Once that process was complete, residents and staff alike could take a step back and enjoy still-pristine kitchens and meal areas, ready for another year of regular usage-and all against the background of satisfaction and relaxation that is the Passover holiday.

Given the vacation-like atmosphere that descends on every home come Pesach, and the psychological satisfaction of the heightened cleanliness that comes with it, it's no surprise that Mrs. Cziment of South 9th said that none of her residents wanted to leave after Pesach! ★

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Senior Care Gazette

News from the World
of HamaspiKare and
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NEW STUDY BROADENS LINK BETWEEN ALZHEIMER'S AND INFECTION

NEW RESEARCH, NOVEL DIRECTION

The possible link between brain infections and Alzheimer's disease is briskly becoming an exciting new field of exploration in Alzheimer's research.

As reported in the March 2016 *Gazette*, an editorial by 31 international experts a few months ago in the *Journal of Alzheimer's Disease* stated that "there is incontrovertible evidence that Alzheimer's disease has a dormant microbial component."

Those scientists' angle was that Alzheimer's may possibly be caused by dormant microbes in blood cells that "wake up" at some point to cause its trademark progressive brain damage.

More recently, a Harvard study in Sci-

ence Translational Medicine posits that the brain-damaging, Alzheimer's-causing plaques may be caused by the immune system trapping bacterial or viral brain invaders in protein "cages"—but then, for some reason, leaving the cages behind.

When the cages (containing dead bugs) harden and do not flush out of the brain, tangled threads of other another protein called tau form in the brain. The tau then starts killing nerve cells in the brain, eventually resulting in Alzheimer's.

In lab experiments so far, Harvard researchers have demonstrated the infection mechanism in mice.

But questions remain. For starters, does the same mechanism occur in human brains? What about people who develop Alzheimer's without any microbial brain invasions?

And what about people who get brain infections but who do not develop Alzheimer's?

The Harvard scientists are hopeful that the next phase of their research helps them find answers. ★

OMINOUS PROJECTIONS

A report by the United Health Foundation predicts that seniors 14 years from now will have more illness and medical cost than seniors do today.

However, the report seems to be based strictly on mathematical extrapolation: It compares the health status of people ages 50 to 64 in 1999 to people ages 50 to 64 in 2014, and then projects any negative increases of that period onto the 2016-2030 period.

For example, based on the rate of increase of diabetes among 50-to-64-year-olds from 1999 to 2014, the report says that there will be about 55 percent more people with diabetes by 2030. The report also says that there will be about 25 percent more seniors with obesity by 2030.

But the report also predicts that there'll be 50 percent less seniors smoking by 2030—so maybe mathematical projections are good for public health, too. ★

SENIORS: LIFT WEIGHTS, LIVE LONGER

According to a new study, maintaining or building muscle strength by lifting weights isn't just good for your health—but will keep you living longer, too.

The U.S. National Health Interview Survey, conducted from 1997 to 2011, included 30,000 U.S. seniors ages 65 or older. A data review of the Survey by Penn State College of Medicine, recently published in *Preventive Medicine*, found that seniors who reported lifting weights at least twice a week also had nearly 50 less risk of dying from any cause during those 15 years.

While the study didn't prove cause-and-effect, it found that seniors who did strength training at least twice a week were 46 percent less likely to die from any cause, 41 per-

cent less likely to die of heart disease and 19 percent less likely to die of cancer compared to those who didn't.

Previous studies have shown that strength training may improve muscle mass and chronic conditions like diabetes, osteoporosis, lower back pain and obesity. Other studies have also demonstrated that older adults can double their strength in just 12 weeks with proper strength training.

Stronger muscles may also result in better stamina, physical function, and balance in seniors.

The American College of Sports Medicine (ACSM) recommends that adults participate in moderate aerobic activity (like brisk walking) for 30 minutes a day, five days a week. ★

Medicare bringing care back home

IN NATIONAL PILOT PROGRAM, RESIDENTIAL DOCTOR VISITS SAVE MONEY

A little-publicized Medicare pilot program is saving money for the taxpayer-funded senior health insurance program the old-fashioned way: By paying doctors to make house calls.

Independence at Home, a program being tested by 14 physician practices nationwide, is under the auspices of the Center for

Medicare and Medicaid Innovation, a division of the federal Centers for Medicare and Medicaid Services (CMS).

The program targets senior patients living at home with chronic and complex conditions. Last June, Medicare reported overall savings of \$25 million in the pilot's first year.

On the one hand, Medicare reimbursements to doctors for house calls are about the same as office visits, and do not cover travel time or extra time needed to care for complex patients.

On the other hand, a key study, published in 2014 in the *Journal of the American Geriatrics Society*, found that primary care delivered at home to Medicare patients

saved 17 percent in health spending by reducing their need to go to the hospital or nursing home. Besides payments for house calls, doctors in the Independence at Home project get a bonus if patients have at least five percent lower total Medicare costs than what is expected for a similar group of beneficiaries.

Among the 14 participating providers is New York's very own Northwell Health, the system formerly known as North Shore-Long Island Jewish Health Care. Northwell's Physician Housecalls Program earned \$542,000 in program bonuses recently.

The CMS is expected to announce the program's second round of payments next month. ★