



Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HOW MANY TIMES HAVE YOU TRIED DIETING?

A: 1-3; B: 4-6; C: 7-10; D: over 11+

Respond to: survey@hamaspik.org



HEALTH STAT

YOGA INJURIES TREATED BY EMERGENCY ROOMS

2001	2014
9.5 injuries per 100,000 U.S. citizens	17 injuries per 100,000 U.S. citizens

Source: Orthopaedic Journal of Sports Medicine, Nov. 16, 2016



HEALTH QUOTE

“THE MORE PEOPLE SIGN UP, THE HARDER IT IS TO GET AWAY WITH REPEALING IT.”

—Mayor Bill de Blasio, Dec. 20, on NYC’s new campaign to insure 50,000 with Obamacare by Jan. 2017 despite Trump’s repeal pledge.



HEALTH TIP

DON’T TAKE BLOOD CLOTS SITTING DOWN

The prolonged sitting, and seated travel, that causes leg blood clots (DVT) is especially present at Chanukah. Avoid dangerous DVT by walking about or moving legs every two hours.

INSIDE

HEALTH

04 More affordable EpiPens coming

06 American Airlines crews actually allergic to new uniforms

PUBLIC HEALTH AND POLICY

03 Federal Trade Commission: homeopathy ‘does not work’

04 Pils, parents at Buffalo rally for disability workers

08 FDA helping open low-cost hearing-aid market

AUTISM

10 All about autism: Giant special feature

SENIOR HEALTH

16 Manhattan tops U.S. for walkable senior communities

HOSPITAL NEWS

14 Do patients fare better with female doctors?

PUBLIC POLICY NEWS

BUILDING IT UP A LEVEL

NEW YORK’S MASSIVE CURRENT CONSTRUCTION BOOM ISN’T LIMITED TO THE CITY’S SPRAWLING HOSPITAL INDUSTRY—HAMASPIK IS RESPONDING TO ROBUST U.S. HEALTHCARE DEMAND AT THE LOCAL LEVEL, TOO. THE COMING EXPANSION (L) OF HAMASPIK’S EXISTING CENTRAL BROOKLYN HUB (R), SLATED TO OPEN FALL 2017, WILL BRING HIGH-TECH NEW OFFICE, CONFERENCE AND TRAINING SPACES—AND SOME THREE DOZEN NEW SPECIALISTS ACROSS 5,400 SQ. FT. OF NEW FLOORS—TO HAMASPIK’S MANY SERVICES AND SUPPORTS TO THE COMMUNITY.



OVER 50
HEALTHCARE
BUILDING PROJECTS
ACROSS FIVE
BOROUGHES, AT A
\$3 BILLION COST,
WERE UNDERWAY
IN 2016.

PUBLIC POLICY NEWS

President Obama Signs Massive Bipartisan Medical Research and Public Health Bill

21st Century Cures Act Built of Many Bills, Deals, Projects; Critics Bewail Process

SEE PAGE 04 >>

The Year in Health-news Review

SEE PAGE 09 >>

HAMASPIK NEWS

Hamaspik’s Proactive Staff Trainings Put ‘Person-centered’ Progress First

Why wait until new regulations take effect? Let’s start now!

That’s basically the concept conveyed by Eliezer “Lazer” Appel, Hamaspik of Rockland County’s Director of Quality Assurance.

At once barnstorming, charming and disarming, Mr. Appel’s personality perfectly suits his Hamaspik job, a set of responsibilities including ensuring that everyone else is doing their job.

It’s a position that might turn anyone other than the ever-smiling Appel into a source of pressure.

But the socially gifted policy enforcer is perfect for the job—which now also entails critically upgrading Hamaspik’s workforce, and well before those upgrades become mandatory.

PREEMPTIVE STRIKE

On the morning of Tuesday, December 20th, some dozen-plus Hamaspik employees and managers converged on 8 Arcadian Drive in Spring Valley, New York, home to Hamaspik of Rockland County’s Arcadian Briderheim Individualized Residential Alternative (IRA).

They were the entire staff bodies of both the Arcadian and Grandview group homes, the former managed by longtime leader Shlomo Lebowitz and the latter by the capable Joel Schnitzer.

The occasion was a pre-emptive, proactive staff training that was quite literally in-house.

Presided over by Lazer Appel, the group of hard-

CONTINUED ON PAGE 03 >>

Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

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

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

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

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

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

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

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

ENHANCED SUPPORTED EMPLOYMENT

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

MEDICAID SERVICE COORDINATION

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

HOME FAMILY CARE

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

INTERMEDIATE CARE FACILITY

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

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

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

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

SELF DIRECTION

Fiscal Intermediary (FI) — providing: accounting and billing for vendors that support individuals who self-direct their own supports
Broker — providing: one-on-one, independent brokering of all necessary services and supports to individuals who self-direct their own supports

DOH

CARE AT HOME

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

APPLIED BEHAVIOR ANALYSIS (ABA)

Providing: behavior modification for children with autism covered by private insurance

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent

living skills · Positive behavioral interventions · Structured day program

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

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

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

HEALTH HOME SERVING CHILDREN (HHSC)

Providing: Intensive, comprehensive care management and family/community support services for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

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-CDPAS

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

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

HAMASPIK CHOICE

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

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

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

NYSHA

ARTICLE 16 CLINIC

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

TRAINING

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

CENTRAL INTAKE

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

HAMASPIK GAZETTE

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

OMH

HEALTH AND RECOVERY PLAN (HARP)

Providing: long-term social, emotional, employment, peer-support and other mental-illness recovery supports

► PUBLIC POLICY NEWS

Feds Release 2010-2014 Top Five U.S. Death Causes

Not a list anyone wants to be on—but a new report from the U.S. Centers for Disease Control (CDC) now ranks the top five causes of death in the U.S. from 2010 to 2014. In order, they are: heart disease, cancer, chronic lower respiratory diseases, accidents and stroke.

According to the report, all but accidents decreased since 2010.

The CDC stats have cancer dropping a full 25 percent since 2010, followed by an 11-percent decrease in stroke and a four-percent drop in heart disease since 2010.

The stats also rank each by preventability, with heart disease atop that ranking with 30 percent of fatal cases preventable by

heart-health measures, including diet, exercise and surgeries.

While only 15 percent of cancer cases in that 2010-2014 span were considered preventable, 28 percent of stroke fatalities were, as were 36 percent of chronic lower respiratory diseases.

Accidents—which the report defined as including both unintentional injuries, drug poisonings and falls—actually increased by an ominous 23 percent since 2014, and mostly in the category of drug poisonings and falls.

Sadly, according to the CDC, some 43 percent of those incidents could have been prevented. ★

New York Smoking Fates Fall with Medicaid’s ACA Expansion

VAST MAJORITY WANT TREATMENTS COVERED IF OBAMACARE SCRAPPED

A little-noticed facet of the Affordable Care Act (ACA)’s expansion of Medicaid a few years ago in 32 states is the expansion of Medicaid’s smoking cessation program, including in New York.

Now, according to a new CDC report, significantly more smokers in those states have more access to medications and treatments that help with quitting—including New York.

The report calculates that an estimated 618,000 adult New York Medicaid members are smokers.

It also calculates that upwards of 77,000 of them became eligible for the first time for individual and group counseling, nicotine patches and gums, and other cessation treatments, under the ACA’s expansion of Medicaid in New York.

The CDC report, published this past Dec. 9, says that in 2015, 27.8 percent of adult Medicaid enrollees were current cigarette smokers, compared with 11.1 percent of adults with private health insurance—putting Medicaid members more at risk for smoking-related disease and death.

More specifically, the report added, “smoking-related diseases are a major contributor to Medicaid costs, accounting for about 15 percent of annual Medicaid spending during 2006-2010.”

With expanded eligibility, Medicaid was able to extend coverage to adult smokers previously ineligible for traditional Medicaid cessation coverage, the report noted.

The report also noted that while all 32 states covered some smoking cessation treatments for Medicaid expansion enrollees, only 19 (including New York) covered all seven FDA-approved cessation medications.

And only nine (including New York) covered all nine cessation treatments considered in the report.

The report comes after U.S. Dept. of Housing and Urban Development (HUD) Secretary Julian Castro announced on Nov. 30 that all of the nation’s public housing developments will be required to be smoke free within the next 18 months.

The final rule on the nationwide public housing smoking ban, which will affects 3,100 public housing agencies, will prohibit lit tobacco products, including cigarettes, cigars, and pipes, in all public housing living units, indoor common areas and administrative buildings, and in outdoor areas within 25 feet of these areas.

The new rule will improve the health of over two million public housing residents nationwide, including over 700,000 children and 130,000 seniors, Castro said.

But in a Dec. editorial in the *British Medical Journal* (BMJ), University of Kansas sociologist Jarron Stain Onge warned that a smoke-free policy for multi-unit, low-income public housing must account for residents’ “unique needs and challenges,” including the heightened stressors of poverty driving people to smoke, or even smoking indoors and/or not reporting repair needs for fear of being caught smoking.

At the same time, a December poll taken by health news outlet *MedPage Today* found that over 95 percent of responders said “Yes” to the question, “Should addiction treatment remain a covered service even if Obamacare is repealed?” ★

● ► PUBLIC POLICY NEWS

Federal Trade Commission (FTC) Declares Homeopathic Remedies Non-scientific

Makers Must Now Label Products with Scientific Proof, or with ‘This Doesn’t Work’

Heads, I win, tails, you lose?

Homeopathy product makers now have a curious choice: stop selling homeopathic products, start labeling homeopathic products with clear, concise scientific proof that they do work, or label them with a clear and visible statement to the effect of, “This does not work.”

Here’s the background.

On November 15, 2016, the Federal Trade Commission (FTC) issued a Policy Statement regarding its enforcement policy “with respect to marketing claims for over-the-counter (OTC) homeopathic drugs.” The FTC is the government’s consumer protection watchdog.

According to the statement, “companies must have a reasonable basis for making objective product claims, including claims that a product can treat specific conditions, before those claims are made.”

It also reads: “there is no basis under the FTC Act to treat OTC homeopathic drugs differently than other health products. Accordingly, unqualified disease claims made for homeopathic drugs must be substantiated by competent and reliable scientific evidence.”

Translation: if you say it works, prove it—and put that proof right on the bottle.

Homeopathy, which dates back to 1700s Europe, is based on the theory that disease symptoms can be treated by minute doses of substances that produce similar symptoms when provided in larger doses to healthy people. In homeopathy jargon, that’s known as treating “like with like.”

Homeopathy continues to grow in popularity, both within the greater Orthodox Jewish community and in the general U.S. population.

It consists of ingesting tiny pills contain-

ing what is said to be extracts of a variety of plants, flowers, minerals and other natural items. The pills are typically sold over-the-counter in small vials or bottles on the shelves of pharmacies and other retailers, with each vial typically marked by source material, such as ginseng root.

However, many homeopathic products are diluted to the extent that they no longer contain detectable levels of the initial substance. And, according to the FTC’s new Policy Statement, homeopathic theories are not accepted by most modern medical experts.

In FTC jargon, this Policy Statement—like Policy Statements before it—clarifies the FTC Act, the gargantuan law that governs the FTC and its assigned powers.

Under the FTC Act, which exists to protect U.S. consumers from fraudulent advertising and misleading marketing, products must do what their advertising and marketing say they do.

And having established that homeopathy is not scientifically proven to work—at least according to scientific studies on ho-

meopathy that the FTC used for its current conclusion—the FTC has now clarified the FTC Act with regards to what homeopathy sellers must and must not convey on their product labels.

Needless to say, this puts sellers in a lose-lose position.

As the FTC’s Policy Statement itself puts it, “In light of the inherent contradiction in asserting that a product is effective and also disclosing that there is no scientific evidence for such an assertion, it is possible that depending on how they are presented many of these disclosures will be insufficient to prevent consumer deception.”

It’s all but guaranteed, however, that the new required labeling will be sufficient to create consumer confusion.

Or, as one report pointed out, it will merely reinforce the belief among many homeopathy consumers that the medical establishment is once again engaged in nefarious actions to control its monopoly on medicine for fear of losing it—which will only increase sales.

● ► HAMASPIK NEWS

Hamaspiik’s Proactive Staff Trainings Put ‘Person-centered’ Progress First

<< CONTINUED FROM PAGE 01

working workers was introduced to critical new values and viewpoints regarding the work they do daily.

The slideshow/video presentation introduced New York State’s new nine-point professional Code of Conduct for frontline employees, and no less than seven person-centered Goals—themselves comprising nearly 60 Skills across 23 Competency categories.

Starting sometime this coming year, employees who work directly with New Yorkers with disabilities—like those at Arcadian, Grandview and all other Hamaspiik group homes in three counties—will be evaluated regularly.

This is intended by the OPWDD to ensure familiarity and facility with the Code of Conduct and its attendant Competencies and Skills, fundamentally changing the nature of the industry with a permanent injection of professionalism (and a good polish of prestige).

The thorough and detailed evaluations, to which current employees will be subjected yearly (and new employees at the three- and six-month points on their new jobs), are on

tap to become mandatory across New York State by summer of 2017.

But as the freezing winter weather drew 2016 to a close, Lazer Appel was already warming Hamaspiik up to the coming watershed change.

CHANGING AN INDUSTRY

In that industry shift whose germ sprouted several years ago, the New York State Office for People With Developmental Disabilities (OPWDD)—Hamaspiik’s public-sector partner since its 1986 inception—is subjecting its frontline workforce to an ongoing fundamental transformation.

For some time now, employees once called “Direct Care Workers” have been re-branded as Direct Support Professionals.

The title change reflects New York’s current core value that people with intellectual

and other disabilities are to be *supported*, not “cared for”—that they have choices no matter what their function level, and that staff are there to support and facilitate those person-centered decisions.

The sea change is not unlike the evolution of social work—an industry whose practitioners were seen decades ago as unskilled clock-punchers in contrast to today’s respected and educated careerists.

UPSTAGING THE NEXT STAGE

It’s Wednesday, December 21, 2016 and Lazer Appel is in the offices of the *Gazette*, describing the other day’s three-hour presentation—and the positive reaction of Hamaspiik’s DSPs.

This past summer, top brass from across the agency were introduced by Appel to the

OPWDD’s new ethos. But yesterday was the frontliners’ turn, at least those at Arcadian and Grandview—and, the Quality Assurance cop reports, he enjoyed witnessing staff dissecting the practicalities of the new workplace culture.

Among other exchanges overheard, DSPs were heard discussing how one resident will now be given ample time in the morning to choose how to spend his day.

With Arcadian and Grandview’s crews now up to speed, Mr. Appel is setting his sights on training in his agency’s remaining group homes. Working around the schedules of each, he’ll be hosting sessions in-house again. He aims to be done within two months.

“Since it’s so important, I wanted to make it at a comfortable time and place for staff,” he adds, explaining why the trainings are being held in individual homes, not Hamaspiik of Rockland County’s busy administrative hub.

And why not just wait until the changes become required? Affably (and perhaps predictably) quips Appel: “Because I want to get it over!”

Hamaspiik Gazette

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● ► PUBLIC POLICY NEWS

President Obama Signs Massive Bipartisan Medical Research and Public Health Bill

21ST CENTURY CURES ACT BUILT OF MANY BILLS, DEALS, PROJECTS; CRITICS BEWAIL PROCESS

The 21st Century Cures Act, historic legislation that funds a sweeping number of existing and new federal medical research and public health programs, was finally signed this past into law by President Barack Obama on Tuesday, December 13, 2016.

The Act was originally conceived by Michigan Rep. Fred Upton (R-MI-6) in 2011 after meeting at a district office with two sisters, ages eight and nine, who have spinal muscular atrophy, a rare disease that destroys the nerves controlling voluntary muscle movement.

Rep. Upton first introduced and spearheaded the bill in 2014, joined by Colorado Rep. Diana DeGette in (D-CO-1) compiling its original texts. It initially passed the House in July of 2015 by 344-77. However, it faltered that same summer in the Senate.

In its newest incarnation, the bill was approved by the House in a 392-26 vote this past Nov. 30. That vote included most of New York's 27-strong delegation.

It shortly passed the U.S. Senate on Dec. 7 by a 95-4 vote, sending it to President Barack Obama's desk. All but one Republican voted for it, with one opposing and another abstaining. Four Democrats voted no. The outgoing president signed it six days later.

"At its core, 21st Century Cures will safely speed up the approvals for life-saving medical cures and devices," wrote Rep. Upton in his Dec. 3 weekly update.

The changes wrought by the massive funding "will last for decades after the money is spent," DeGette said in an earlier interview with *The Atlantic*. "It's really not just bringing devices and drugs to market more quickly, but it's also being able to expedite

the basic research behind the way we're developing these devices."

And in a Dec. 3 official summary of the President's weekly address, which President Obama used to focus on the Cures Act, White House press staff wrote, "that's what this is all about: coming to a compromise based on the belief that we should seize every chance we have to find cures as soon as possible."

The law will ostensibly speed new medicines to market and authorize billions in spending for medical research.

That extra funding will primarily be split between three research programs: the Precision Medicine Initiative, the BRAIN initiative, and Vice President Joe Biden's cancer moonshot, all of which were backed by the Obama administration.

The bill would also dole out \$970 million in grants to states over the next two years to fight the ongoing opioid crisis with prevention and treatment programs. Additional millions go to existing and new programs at the U.S. Food and Drug Administration (FDA).

The Act's total price tag is \$6.3 billion.

"We did it," exulted Rep. Upton, in a late-afternoon breaking-news e-mail on Dec. 13. "Working together, we got the job done."

"Patients needed a game-changer—and it is our hope that history will look back at the Cures effort as the moment in time when the tide finally turned against disease," he added. "Today's milestone is not the end, it's just the beginning."

But the bill is arguably a textbook example of D.C. deal-making, lobbying and political activism at both its best and worst.

DRAFTING WINDS OF CHANGE

The legislation was initially created by Congressman Upton and his Democratic partner, Rep. DeGette of Colorado, to fund more federal medical research.

It slowly turned into a mishmash of formerly separate bills that, now together, fund a variety of specific health-related programs in one giant piece of legislation.

Work on the text of the bill began in 2013, with Upton, DeGette and Senate Health Committee leaders Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA) working on a prototype bill that would both fund innovative medical research and cut bureaucratic red tape.

A first draft was finally produced in April of 2015.

A review of the text reveals funding for, or changes to, roughly 100 new or existing federal or state programs included in the final signed version.

Among these is \$4.79 billion for the new federal cancer initiative, the signature project of outgoing Vice President Joe Biden now officially named the Beau Biden Cancer Moonshot (named for the Vice President's late son Beau, who in 2015 died of brain cancer at age 46).

cer at age 46).

The bill also includes funding that would speed up the delivery of adult stem cell therapies to patients.

On the other side of the Act's government-involved medicine coin are components that retract, not expand, the government's involvement in modern U.S. medicine.

Among these is verbiage that would allow the FDA to use anecdotal ("real world") evidence—not scientific evidence—when considering whether to broaden the approved use of a previously cleared drug. It likewise gives the FDA director much more power over approval processes and trial periods for drugs that treat life-threatening diseases and infections.

That development alone is sure to hearten supporters of Right to Try, the national movement to allow usage of experimental drugs and treatments on terminally ill patients. Much of Right to Try focuses on removing FDA blockages of options they see as potentially life-saving.

The central pillar of the 21st Century Cures Act is its establishing of a new U.S. Treasury account named the National Institutes of Health Innovation Account, to fund

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● ► PUBLIC POLICY NEWS

Disability Parent, Former U.S. Rep. Thomas Reynolds at Disability Worker Pay-raise Rally

About 300 self-advocates, family members and service providers rallied in Buffalo, New York this past Nov. 29 to publicly call for increased pay for disability support workers.

The rally, held at the Buffalo Museum of Science, heard repeated calls of "be fair to direct care," a reference to raising pay for disability employees.

The event was highlighted by the attendance of career public servant Thomas Reynolds (R-26th/27th Dists.), who represented much of Western New York in Congress for ten years.

The former Congressman is also the proud father of Mark Reynolds, his 32-year-old son with mild developmental disability—a fact he mentioned repeatedly at the rally.

Attendees, including Reynolds, demanded a \$45 million hike next year in the state's

commitment to agencies that support people with developmental disabilities, with an eye to passing the bulk of that on to direct support employees.

Speakers at the rally differentiated between last year's movement to increase the minimum wage for fast-food and other workers and their efforts—noting that they were calling not for a minimum-wage increase but merely for increased pay.

Some 110,000 people are employed across New York as what the New York State OPWDD officially calls Direct Support Professionals (DSPs)—trained workers who assist individuals with intellectual disability.

Notably in attendance was also State Sen. Robert G. Ort (R-62nd Dist.), Chairman of the State Senate's Committee on Mental Health and Developmental Disabilities. ★

● ► HEALTH NEWS

Generic EpiPens Hitting Market at Half Price

In its farthest concession thus far to critics, Mylan unveiled a \$300 generic two-pack version of EpiPen this past Dec. 16. That's over 50 percent less than the standard price.

While Mylan had announced the generic version in August, the new announcement added that the authorized generic version would be available in pharmacies by December's end.

As reported in Gazette #142 (Sept. 2016), drug maker Mylan was heavily criticized over the summer for the skyrocketing prices of its life-saving EpiPen allergic-reaction injector device.

The news also comes on the heels of last month's news that competitor Auvi-Q, another allergic-reaction auto-injector device, would be returning to the market in the first half of 2017. ★

● ► PUBLIC POLICY NEWS

NIH “Innovation” Projects” over fiscal years 2017 through 2026.

That funding, totaling nearly \$4.8 billion, sets aside \$352 million for 2017 alone to the Act’s three “Innovation Projects”—the Precision Medicine Initiative, the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative and, of course, the Moonshot.

Hewing to the mission of its title, the Act establishes the Innovation Prizes Program at the NIH, which funds areas of biomedical research “that could realize significant enhancements or improve health outcomes.”

It also streamlines research collaboration and sharing between the 27-division NIH and the U.S. Food and Drug Administration (FDA), both of which are divisions of the U.S. Dept. of Health and Human Services (HHS).

Under the Act, HHS is charged to increase research on Lyme disease and tick-borne diseases, a measure that may eventually especially benefit the Lyme-heavy New England region.

The law extends provisions for community hospitals to support the delivery of health care to patients living in rural America.

The FDA itself is the subject of significant changes enacted by the Act, which now require the federal watchdog agency to “establish processes under which patient experience data may be considered in the risk-benefit assessment of a new drug”—put simply, making the aforementioned “anecdotal” patient reports part of the new-drug approval process.

The bill also includes \$500 million for the FDA over one decade, in part for use toward filling 600 vacant positions.

On the front of serious or rare diseases, Title III (tucked into the law’s first of three “Divisions”), deals with the delivery of innovative new drugs, medical devices and clinical trials. It also contains perhaps the most controversy of the 21st Century Cures Act, embracing as it does measures to have the FDA identify or expedite the development of “precision” drugs to treat them.

In a similar vein, breakthrough medical devices will now have a new “priority review” system at the FDA under Division A, Title III, which includes establishing new training for FDA reviewers on approving such devices with the “least burdensome appropriate means.” The FDA will also no longer have to farm out new-device reviews to outside third parties, a measure intended to speed up the approval process.

Not surprisingly, the Cures Act was hailed by Biotechnology Innovation Organization (BIO), an influential trade group perhaps best known for hosting the world’s largest yearly biotechnology convention regularly attended by thousands, including dozens of sitting U.S. governors. “The legislation advances important patient-centered policies that can speed the pace of drug development,” said BIO CEO James C. Green-

wood, “while authorizing... the promotion of biomedical advancements that can help transform healthcare.”

MICROMANAGING MEDICARE AND MEDICAID

But the 21st Century Cures Act also brings

a good number of changes to Medicare and Medicaid, the respective federal healthcare programs for seniors and the poor—including some cuts to some payments made by Medicare and Medicaid to states, insurance companies and providers.

It requires Medicare and Medicaid to

regularly provide telehealth information to Congress. Medicare must now cover certain disposable medical devices provided by home health agencies to patients. And in an effort to help combat the ongoing opioid addiction crisis, Medicare drug plan sponsors

CONTINUED ON PAGE 07 >>

An Act of Special Interests?

The Act still has plenty of critics.

Vermont Senator and former presidential candidate Bernie Sanders, the Senate’s only self-declared socialist, issued a statement of opposition to the bill. And on Nov. 29, Massachusetts Senator Elizabeth Warren attacked the legislation.

“I know the difference between compromise and extortion,” the Democrat declared in a Senate floor speech. “Compromise is putting together common-sense health proposals supported by Democrats, by Republicans, and by most of the American people, and passing them into law. Extortion is holding those exact same proposals hostage unless everyone agrees to special favors for campaign donors and giveaways to the richest drug companies in the world.”

Sen. Warren also called it a “special deal” for a “major Republican donor” who “stands to benefit financially from selling cellular and regenerative medical therapies.” That referred to the Act’s incorporation of significant portions of the REGROW bill—which, as mentioned, expedites adult stem-cell therapy—which was lobbied for extensively by Bosarge Life Sciences. The firm is owned by Texas entrepreneur and Republican mega-donor W. Ed Bosarge.

Though Warren did not mention Bosarge or his firm by name in her speech, public records show that the donor and his firm had a significant hand in pushing for REGROW inclusion.

While REGROW remains supported by several stem-cell companies but opposed by the International Society for Stem Cell Research, which fears for patient safety, it is curiously supported by several patient support groups.

Some criticize the bill for financially raiding existing programs to fund new ones—the Act offsets some of its costs by taking cash from the Prevention and Public Health Fund, a public health initiative meant to help prevent heart disease, cancer, obesity and diabetes.

In a different arena of critique, “Why develop better drugs and treatments if people can’t afford them?” a *Forbes* editorial asked. “The 21st Century Cures Act does nothing to address this issue, of healthcare’s exorbitant costs.”

Another *Forbes* editorial’s title said it

all: “The 21st Century Cures Act Will Not Fix the FDA.”

Much of the law’s critique centered on its significant relaxing of FDA testing protocols before declaring new drugs or devices safe for public use.

According to Michael Carome, health research director at consumer advocacy group Public Citizen, it’s already too easy to get drugs and new medical devices to market without sufficient study. “

“Existing regulations already provide a pathway for quick review for bringing drugs to market,” he told *The Atlantic*. “And any further weakening would undermine where we are.”

In particular, Carome cited a provision in the Cures Act that would allow a company to win approval for a second use of an FDA-approved drug without conducting a randomized clinical trial and instead using what the Act calls “real world evidence.”

The law’s text defines the vague phrase as “data regarding the usage, or the potential benefits or risks, of a drug derived from sources other than randomized clinical trials”—potentially leaving “sources other than randomized clinical trials” open to wide interpretation.

Approving existing drugs for new or secondary uses based merely on anecdotal case studies and other anecdotal evidence could mean that new treatments reach patients faster to save more lives. But on the other hand, it could mean that patients are exposed to therapies whose risks aren’t completely understood—a risk Sen. Warren mentioned in her attack on the bill.

“Pushing treatments without scientific evidence that they work is fraud—fraud that can hurt people,” she said in her floor speech. “It also undercuts the development of real cures.”

However, “There’s absolutely no weakening of any kinds of review,” DeGette countered to *The Atlantic*. “We have the gold standard for safety and efficacy in the world, and we preserve those.”

One critical report drew attention to the fact much of the opioid crisis, at least in the reporter’s view, is traceable back to the 1996 introduction of OxyContin, an opioid prescription painkiller said at the time to be largely safe but now known to

be highly addictive.

According to the Nov. 29 *Huffington Post* report, OxyContin maker Purdue knew of the drug’s dangers from the get-go, but company executives were eventually merely fined (though heavily), not imprisoned—and by 2013, annual opioid prescriptions had nearly tripled, the report said.

According to the CDC, four out of five new opioid drug abusers start off by abusing prescription painkillers like OxyContin and others, the report also said.

The report lamented Congressional wooing support for the Act by Big Pharma, which it all but blames for the opioid crisis, by including several regulatory reductions that benefit the drug industry.

“Instead of cracking down on the pharmaceutical companies that fueled the boom in opioid abuse, lawmakers are rewarding the industry,” wrote reporter Ryan Grim. “It’s as if the fire department had to pay off the arsonist to get permission to put out a fire.”

What’s more, “Some 1,455 lobbyists acting on behalf of more than 400 companies and other organizations have lobbied on the legislation, according to the Center for Responsive Politics,” Grim reported. “Over the past year and a half, companies who disclosed they lobbied on the Cures Act spent half a billion dollars to influence Congress.”

An NPR report noted that over 1,300 of those lobbyists represented groups in favor of the bill.

Indeed, NBC News reported that the Cures Act got more lobbying than any of the 11,000 bills proposed in Congress this session—which, NBC also reported, made it the second-most lobbied health care bill since 2011 (after only 2015’s Medicare Access and CHIP Reauthorization Act).

“The resulting bill is packed with politicians’ pet projects and sops to industry,” Grim added.

On the other side of the political spectrum, the conservative Heritage Foundation bewailed the bloated size and cost of the Act early in summer 2016. “In Washington terms, backroom negotiators have... loaded [the Act] with handouts for special interests,” the right-wing think tank stated at the time, “all at the expense of the taxpayer.”

Happening In health Today

GENERIC TAMIFLU HITS U.S.

The first generic copy of top-selling flu pill Tamiflu hit the U.S. market in early December. Generic drugmaker Alvogen said it expected the cheaper product to save the U.S. healthcare system up to \$500 million in the upcoming flu season.

GOOGLE SOFTWARE FINDS DIABETES IN EYE PHOTO SCANS

An *algorithm*, or complex calculation, using computers and scanners was able to scan thousands of photos of eyes to accurately identify which eyes showed signs of diabetic retinopathy.

The computer algorithm software was developed by leading technology company Google.

Retinopathy, or deterioration of the eye's retina, that is caused by diabetes is estimated to affect up to 100 million people around the world, making it a considerable global public health problem. Many cases of diabetic retinopathy (DR) can be treated if caught early enough.

ARTHRITIS DRUG TREATS MOUSE STROKE DAMAGE: STUDY

An existing arthritis drug was found in a small study to reduce stroke-caused brain damage in mice. The drug was also found to boost neurogenesis (creation of new cells) in damaged areas. Mice in the study even permanently regained motor skills lost due to

their strokes.

The anti-inflammatory drug, interleukin-1 receptor antagonist (IL-1Ra), has already been clinically approved to treat rheumatoid arthritis.

CAP CUTS CANCER HAIR LOSS? (LITERALLY) COOL!

A test on a new cap that cools the scalp to prevent cancer-treatment hair loss found that half of trial participants who wore the device lost no hair, while all those who didn't, did lose hair.

The so-called Scalp Cooling Alopecia Prevention (SCALP) Trial, led by Baylor College of Medicine, divided 235 women getting chemotherapy cancer treatment into two groups.

One wore the prototype Orbis Paxman Hair Loss Prevention System (OPHLPS) refrigerated scalp cap on their heads before, during and after chemotherapy sessions. The other did not.

Within the cap group, 78 percent of those on chemotherapy drug anthracycline lost no hair (21.9 percent had grade 0 to 1 hair loss), while some 35 percent of those on chemotherapy drug taxane retained hair (with 65.1 percent having grade 0 to 1 hair loss).

By contrast, patients not given the cooling cap all reported hair loss greater than grade 1.

Alopecia, or hair loss, is one of the most common side effects of chemotherapy cancer treatment.

Chemotherapy causes hair loss because it targets any cell in the body that divides rapidly.

While that's good for destroying rapidly-dividing cancer cells, it's bad for hair cells, which also normally divide rapidly. Chemotherapy doesn't differentiate between cancer and normal cells.

Paxman, which makes the OPHLPS system, is now seeking clearance from the FDA to market the device. In Dec. 2015, the FDA cleared another scalp-cooling system called DigniCap.

NEW YORK—"TRAINED" SUPER-COMPUTER CORRECTLY CALLS CANCER CARE

Watson, the artificial-intelligence supercomputer built by IBM, is most famous for playing chess better than the human supercomputers known as chess grandmasters.

But when Watson's core software was retooled to calculate cancer counteractions, not checkmates, what emerged was Watson for Oncology—a system "apprenticed" by New York's very own Memorial Sloan Kettering Cancer Center to correctly interpret

clinical information on cancer patients and arrive at the correct diagnosis and treatment.

And in a recent analysis of Watson's patient-data evaluations, the supercomputer was found agreeing with actual physician conclusions 90 percent of the time.

Watson's perhaps-frightening ability to understand natural language, and to quickly sift through enormous amounts of raw data to near-instantly formulate and—thanks to its voice software—speak a human-sounding response, now has it sounding like a doctor, too.

TWO NEW CANCER DRUGS RIVAL ORIGINAL TREATMENT

Chronic myeloid leukemia (CML) a form of blood and bone marrow cancer, is commonly treated with Gleevec, a drug by maker Novartis. But a less costly generic form of Gleevec was launched by Indian drugmaker Sun Pharmaceuticals in February 2016—and this past December 5, Novartis rival Pfizer announced that its new cancer drug Bosulif worked better in a study than Gleevec for some CML patients. ★

► HEALTH NEWS

Over 1,000 Flight Attendants Get Allergic Reactions to Wool in New Uniforms

It's one thing if airline passengers fall ill due to flying. But "air sickness" may now have a totally different new meaning.

In the roughly three months since American Airlines issued new uniforms for over 70,000 flight attendants and other crewmembers, some 1,000 are reported to have gotten sick from them.

In a memo to members in early December, the Association of Professional Flight Attendants (APFA), the union representing AA's 25,000 flight attendants, wrote, "we have received over 1,600 flight attendant reports of suspected uniform reactions that in-

clude headaches, rashes, hives, burning skin and eye irritation, itching, and respiratory problems—to name a few."

The problem is said to be an allergic reaction to the new uniforms' wool content. The union is now calling for a total recall of all of them.

However, according to a report in the *Fort Worth Star-Telegram*, the airline has permitted about 200 attendants to continue wearing their old uniforms, and has also has ordered 600 non-wool versions of the new uniforms in the hope of alleviating some of the reactions. ★



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● ► PUBLIC POLICY NEWS

President Obama Signs Massive Bipartisan Medical Research and Public Health Bill

◀ CONTINUED FROM PAGE 5

now also have the legal power to limit drug access to certain beneficiaries for frequently abused drugs.

Other Medicare and Medicaid reforms include the limiting of aggregate Medicaid payments to states for durable medical equipment, the exclusion of certain generic drugs from the calculation of average manufacturer price when determining Medicaid rebates, and lower Medicare reimbursements for x-rays that use old film or imaging plate technology, not modern digital sensors.

And Division A, Title V, Sec. 5008, subsection (a), as you surely expected, deals with hair.

It actually reads: “Eliminating federal financial participation with respect to expenditures under Medicaid for agents used for cosmetic purposes or hair growth.”

The brief amendment of existing Social Security Act text essentially bars Medicaid from covering what might be called “wig pills”—medications that help restore natural hair growth—“except where medically necessary.”

Ostensibly to fund the significantly increased research, the Act also directs the U.S. Department of Energy (DOE) to sell 80 million gallons of crude oil from the Strategic Petroleum Reserve through fiscal year 2025.

Vice President Joe Biden was said to have buttonholed numerous Senators to vote for the Act—and its funding for the cancer moonshot that is his personal pet project.

Finally, President Barack Obama himself had robustly and repeatedly championed the bill in the run-up to its approval by Congress.

A Nov. 30 White House statement called the legislation “critically important,” highlighting its \$1 billion allocation to “get states the resources they need to fight the heroin and prescription opioid epidemic.” The statement also expressed the President’s support for the NIH’s existing BRAIN and Precision Medicine Initiatives, which will get close to \$3 billion under the Act to help research Alzheimer’s and other dementias.

“Like all comprehensive legislation, the bill is not perfect, and there are provisions the Administration would prefer were improved, but the legislation offers advances in health that far outweigh these concerns,” the statement read.

On the other hand, there were more than a few provisions and other components in the original bill, or inserted at various points of its journey to the White House, that were removed—some at the last minute.

Among them was text that would have partially rolled back the Sunshine Act, a 2010 law that requires Big Pharma to disclose how much they spend on marketing

medications to doctors and hospitals. The Sunshine Act remains in force.

Likewise struck from the bill was the Open Act, which would have given drug companies an additional six months of exclusivity for orphan drugs.

The Affordable Care Act was also tweaked by the Act, which removes an Obamacare penalty against small businesses that provided assistance to their employees to help with insurance premiums and health care expenses.

A major reiteration of the bill came fairly early on in the process, when the Act’s funding process was changed from mandatory spending to discretionary spending. With the former, a bill’s specified funding is paid out automatically each year unless Congress changes it. With the latter, funding has to be re-legislated and reapproved each year by Congress. However, mandatory funding isn’t guaranteed, either.

Also removed from the Act, and in the first week of December just before the Senate closed for the year-end winter holiday season, was the Families First Prevention Services Act.

The Act, a bill passed two years ago by the House but stalled by the Senate, had earlier been inserted into the 21st Century Cures Act. However, it was pulled at the last minute by Sen. Richard Burr (R-NC), who had been pressed by at least one leading North Carolina foster care agency to pull it, claiming it would hurt their organizations by helping reduce the number of kids in agency group homes.

Among other things, the Families First Prevention Services Act would have allowed states to use federal foster care funds to pay for things like mental health services, in-home parenting programs, and support for relatives who assume caregiving responsibilities, instead of paying for so-called congregate care settings where kids are placed after removal from single-family homes.

According to non-profit Children’s Rights, there are roughly 415,000 children in foster care across the United States on any given day, with most staying in the system for two years.

WHY WE’RE HERE

Close to twenty people stood on the stage of the White House Press Room. They included President Barack Obama and Vice President Joe Biden. Before them sat dozens of members of Congress and the media. It was shortly after 2:00 p.m. on Dec. 13.

Accompanied by his wife, former Virginia State Sen. Joe Grubb set an emotionally powerful stage for the Act’s signing, dwelling on its planned countermeasures against opioids.

Sen. Grubb’s own daughter, a star college

student in the prime of life, lost her own life after recovering from heroin addiction when a hospital gave her opioid painkillers for a running injury—triggering a fatal overdose.

Under the Act, though, the lapse in patient information that should have alerted hospital staff of a patient who should not have been prescribed opioid-based medication will ostensibly be prevented, Grubb said.

That compellingly personal account was followed by Vice President Biden’s introduc-

tion of the President by way of remembering his late son, his inspiration to push for the Cancer Moonshot.

In brief remarks, President Obama offered repeated condolences to all those who’ve lost loved ones to addiction or cancer, framing the Act primarily as a moral response to medicine’s shortcomings.

Not unlike the Affordable Care Act, the 21st Century Cures Act stands poised to usher in yet another era of major change to U.S. public health policy.

But whether the Act’s funding will indeed produce breakthrough treatments for cancer, addiction, or even the Alzheimer’s or epilepsy diagnoses mentioned by the President remains to be seen. ★

Job Opportunities

ROCKLAND COUNTY

RESPITE/COMHAB OPPORTUNITY:

● Looking for a **mature young lady**, for a high functioning 30 year old girl. **Twice a week**, from 6:15 – 8:30 P.M. Please call 845-503-0214.

● **Looking for a girl/women**, who is available to be a **swimming partner** for a high functioning 15 year old girl. Three times a week, from 6:45 – 8:30 P.M. **Driver’s License needed.** Please call 845-503-0214.

HAMASPIKCARE

PHYSICAL THERAPISTS IN ROCKLAND COUNTY

● **HamaspiKare** is seeking per-diem **Physical Therapists** in **Rockland County** to work part time with young adults and seniors. Therapists will provide home based services such as **evaluations, assessment and treatment.** Therapists will also **instruct and advise** patient, family and other health team personnel to **achieve successful outcomes.** **Excellent Opportunity** for motivated individuals that are looking for a side job. **For**

Immediate consideration, please send your resume to: Hamaspik@outlook.com.

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● Job Title: **Home Care Scheduling Coordinator**
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Location: **Brooklyn, NY**, Required **Experience: 1 year**
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To apply send resume to: F: 718-408-7706 E: Hamaspik@outlook.com

NYSHA

● **HamaspiK NYSHA Clinic** serving the special needs population is currently looking to hire a **part time male social worker (LMSW)** for our **boys program** in Monsey, **Preferably Yiddish Speaking.** Please submit resume to jbrecher@nyshainc.org or call 718-266-9742 ext.303



Public Health And Policy News

PUBLIC/PRIVATE PREDIABETES PREVENTION

A joint effort by the American Medical Association (AMA), American Diabetes Association (ADA) and U.S. Centers for Disease Control and Prevention (CDC) to test themselves online for “prediabetes” has tested over 292,000 people so far, *The New York Times* reported.

Prediabetes, according to the CDC, refers to blood glucose (sugar) levels between 100 and 125 milligrams per deciliter (anything above 125 mg/dL that means the patient has diabetes).

However, as the *Times* writer wrote, “Not everyone classified as prediabetic becomes diabetic”—as a matter of fact, most don’t.

And, with good diet and exercise, prediabetes can be prevented from becoming diabetes.

Towards that end, the *Times* adds, the CDC has since 2012 been running the National Diabetes Prevention Program, currently serving over 90,000 people at 1,200 community centers nationwide.

MORE BAD NEWS FOR E-CIGS

As if battery-powered electronic cigarettes (e-cigs) weren’t harmed enough by recent “exploding” publicity—a recent handful of spectacular malfunctions nationwide sparked headlines, not to mention user burns—two top public servants recently added fuel to the fire.

On Dec. 11, U.S. Surgeon General Vivek Murthy told the AP that electronic cigarettes (e-cigs) “have the potential to create a whole new generation of kids who are addicted to nicotine.” Murthy’s statement came after an official Dec. 8 report that was the latest of several statements and reports against e-cigs over recent years from the top U.S. health official.

And on Dec. 18, U.S. Sen. Charles Schumer (D-NY) called on federal authorities to consider recalling e-cig devices whose lithium-ion batteries explode and catch fire, injuring users, calling e-cigs “ticking time bombs.”

According to Schumer, “serious action would have been taken” with any other product. He wants the U.S. Consumer Product Safety Commission and the FDA to do something about the 66 FDA-reported e-cig explosions in 2015 and 2016.

But lithium-ion batteries are known to explode in other devices, too. Indeed, and as reported in *Gazette* #144, there have been several reports nationwide in recent years of cellphone

or laptop batteries exploding and burning or injuring users.

Battery-powered e-cigarettes turn liquid nicotine into an inhalable vapor without the harmful tar generated by regular cigarettes. There is currently no scientific consensus on the risks or advantages of vaping, including how it affects the likelihood of someone either picking up regular tobacco products or kicking the habit.

It’s already illegal to sell e-cigarettes to minors.

NEW YORK REAL ESTATE EXEC “SELLS” ORGAN DONORS

According to LiveOnNY, a federally designated organ-donor non-profit, New York State ranks last nationwide in registered organ donors—27 percent vs. a 50-percent national average. Also, according to LiveOnNY, about 10,000 New Yorkers are awaiting an organ transplant, and about one New Yorker dies every 18 hours waiting for a heart, lung, kidney or pancreas donor.

But global real-estate management CEO Scott Salmirs of the New York-based ABM Industries has helped positively change those numbers, according to a recent *Crain’s* report.

Donate Eight, co-founded by Salmirs, “has raised more than \$3 million to promote educational efforts” among real-estate industry professionals in the past four years, *Crain’s* reported.

HUMANA WRITES OFF \$591 MILLION IN ACA LOSSES

U.S. health insurance giant Humana will write off more than a half-billion dollars in funding from the Affordable Care Act (ACA)’s risk-corridor program (which expires at the end of 2016), saying the money likely won’t be collected from the federal government.

The federal government currently owes more than \$8 billion in risk-corridor payouts to Humana and other insurers.

The ACA’s temporary risk-corridor program was originally designed to compensate health plans for losing money by providing coverage to people in the uncertain individual and small-group markets. But with Republicans having rendered the program budget-neutral, meaning it would not bail out insurers with taxpayer funding to prop up a failing business model.

DROWSY DRIVING AS BAD AS DRUNK: STUDY

A recent study by the American Automobile Association (AAA) finds that sleeping under five hours a night and then driving a car is just as dangerous as drunk driving (at least statistically).

The study by the AAA’s Foundation for Traffic Safety reviewed records of 4,571 U.S. auto accidents in recent years.

For starters, they found that 21 percent of car crashes involving fatalities involved a tired driver.

With the U.S. averaging 328,000 auto crashes (including about 6,400 fatal ones) annually, that figure would mean that about 1,280 annual

fatal U.S. car accidents involve drowsy drivers.

The Foundation likewise found that while some 97 percent of surveyed drivers agreed that drowsy driving is very dangerous, close to one in three also confessed to difficulty keeping eyes open while driving at least once in the past month.

And because—in what may be the most dangerous fact of drowsy driving—over 50 percent drivers in fatigue-related crashes reported no symptoms before falling asleep behind the wheel, the AAA now says that drivers should not rely on their bodies to provide warning signs of drowsiness—instead, they should sleep at least seven hours if planning to drive the next day.

Symptoms of drowsy driving can include having trouble keeping eyes open, drifting from lanes or not remembering the last few miles driven.

“You cannot miss sleep and still expect to be able to safely function behind the wheel,” said Foundation executive director Dr. David Yang.

U.S. LIFE EXPECTANCY DROPS SLIGHTLY: CDC

According to the professional number-crunchers at the U.S. Centers for Disease Control (CDC), the average American lifespan has dropped by or one-tenth of a year over last year.

Americans are living an average of 78.8 years, according to a CDC report released Dec. 8. The 0.1-year drop is the first reported drop in the total-population yearly average in 22 years.

However, curiously noted a CNN report, the new numbers may be “reversed when the 2016 numbers are released next December.”

FDA MOVES TO OPEN LOW-COST HEARING-AID MARKET

Millions of older Americans suffer mild to moderate hearing loss as they age—and with about 10,000 U.S. citizens turning 65 every day, the high cost of hearing aids is a looming problem.

That’s why the FDA announced on Dec. 7 that they would no longer be enforcing the legal requirement that individuals 18 and up receive a medical evaluation or sign a waiver prior to purchasing most hearing aids.

At the same time, the FDA announced that it would be looking at “creating a category of over-the-counter (OTC) hearing aids that could deliver new, innovative and lower-cost products to millions of consumers.”

According to the FDA announcement, the concern stems from the fact that hearing aids typically cost around \$2,300 each (or \$4,600 for a pair), and that only six companies sell them in the U.S.

The FDA is hoping that eventually allowing for the sale of OTC hearing aids without the hassle of doctor visits and prescriptions will open the floodgates of readily available cheap hearing aids to the millions who will need them, much as low-cost generic reading glasses can be purchased in any store today without an eye doctor visit and prescription. ★

The Year in Health-news Review

It isn't just the practice of medicine, and ever-improving medicine, that's rapidly becoming one of America's biggest industries—over the next few years, U.S. health-care is slated to surpass retail in sheer number of people employed. Medical research is constantly growing, too.

And with taxpayer-funded grant support

from the National Institutes of Health (NIH), a division of the federal U.S. Dept. of Health and Human Services (HHS), scientists across the United States were busy throughout 2016 conducting wide-ranging research. Here's a small sampling of the more interesting clinical breakthroughs of NIH-supported scientists over the last year.

2016's Most Promising Medical Advances

At the same time, the NIH also released a list of promising medical advances achieved in 2016 by research that it supported. Here is some of that research.

[Zika research advances quickly](#)

The Zika virus has spread worldwide since 2015, but there are no effective vaccines. But this year, researchers decoded its structure, providing clues to how it enters human cells. Five experimental vaccines were evaluated in monkeys, with one now being tested in people.

[Spinal cord stimulation helps paralyzed people move hands](#)

Over a quarter-million Americans live with spinal cord injuries. Spinal cord damage can lead to paralysis. In a proof-of-concept study, electrical stimulation of the spinal cord helped two people with quadriplegia improve voluntary movement and use of their hands.

[Novel ear infection treatments](#)

Getting young children to take ear infection medication can be difficult—so researchers designed an easier way to administer ear infection medication by engineering a gel to deliver antibiotics directly into the ear. It was successfully tested first on chin-chillas.

[Biomarker signatures of prostate cancer](#)

Prostate cancer doesn't become life-threatening in half of cases, but doctors don't have a way to reliably predict that. Now, researchers found biomarkers in samples that were unique to two different prostate cancer stages—suggesting a noninvasive way to assess tumor progression.

[Gene editing shows promise in different disease models](#)

This year, NIH-funded scientists showed that the CRISPR and Cas9 gene-editing techniques hold promise as a gene therapy for three diseases in animal or cell models: Duchenne muscular dystrophy; sickle cell disease; and retinitis pigmentosa.

[Designing more effective opioids](#)

Researchers used computer simulations to screen millions of molecules for opioid-like pain-relieving properties. The analyses allowed them to create a molecule that effectively alleviates pain in mice, but with fewer side effects than the opioid morphine.

[When HDL doesn't protect against heart disease](#)

High-density lipoproteins (HDL) are thought to help remove cholesterol from the body. But scientists discovered a mutation that raises HDL cholesterol levels but also increases heart disease risk—suggesting that HDL levels may not be as important as how well it functions.

[Redefining health and well-being in older adults](#)

Assessing older adult health traditionally focuses on disease—but now, researchers developed a “comprehensive model” to assess other health measures, including psychological health, sensory function, and frailty. The findings may help doctors better manage older adults' quality of life.

1. Blood pressure management for seniors

High blood pressure, or *hypertension*, affects one in three American adults. In a large clinical study, researchers found that seniors who aimed for a target systolic blood pressure level lower than commonly recommended (less than 120 mm Hg compared to 140 mm Hg) had a reduced risk of cardiovascular disease and death. The findings will help older adults with hypertension and their doctors make more informed decisions about blood pressure goals.

2. Islet transplantation restores blood sugar control in Type 1 diabetes

Diabetes is a disorder in the regulation and use of glucose. In Type 1 diabetes, the body's own immune system attacks and destroys pancreatic beta cells that make insulin. Researchers used pancreatic islet cell transplantation to successfully treated people with difficult Type 1 cases. The procedure and the use of antirejection drugs were associated with some side effects. Researchers continue to monitor participants to assess the experimental procedure.

3. Food allergy prevention

The standard approach to food allergy prevention is to avoid allergenic foods, such as peanuts. Researchers are developing several promising new approaches to protect infants and children with peanut allergy. These include regular consumption of peanut products early in life; including eating small, gradually increasing amounts of peanut protein; and a wearable patch that delivers tiny amounts of peanut protein through the skin.

4. Malaria vaccine

Roughly half of the world's population is at risk for malaria, despite improved prevention and control efforts—and researchers have been working to develop a vaccine that provides long-term, reliable protection. An experimental vaccine protected healthy adults from infection for more than a year after immunization. The vaccine is now being tested in larger trials.

5. Genetic cardiac misdiagnoses in black Americans

Genetic testing can help identify people at risk for certain conditions. Scientists found that several genetic variations previously linked with hypertrophic cardiomyopathy (abnormally thick heart muscle) were harmless. The variants, which were much more common in black Americans, resulted in a higher misdiagnosis of black Americans. The findings highlight the importance of including diverse populations in genomic studies.

6. Long-term benefits of eye treatments

Age-related macular degeneration (AMD) is the leading cause of vision loss among older Americans. The condition often has few symptoms in early stages, but causes loss of central vision in later stages. Researchers examined the five-year outcomes of using the drugs Avastin and Lucentis to treat AMD. The results showed that almost half of the participants had 20/40 vision or better, confirming the long-term benefits of the therapy.

7. Meditation, counseling ease low back pain

Most people experience low back pain at some point in their lives. Treatment choices include over-the-counter (OTC) and prescription drugs, cold and hot compresses, exercise, and in some cases, surgery. But researchers have now found that mindfulness-based stress reduction and cognitive-behavioral therapy both alleviated chronic low back pain in adults.

8. Helmet-based ventilation eases respiratory distress

Acute respiratory distress syndrome (ARDS) is a life-threatening condition that occurs when fluid builds up in the lungs and blocks oxygen from entering the bloodstream. If a person doesn't receive enough oxygen, the organs can't function properly. Researchers compared noninvasive oxygen delivery methods—a helmet versus a face mask—for patients with ARDS. The trial was stopped early because the helmets proved more effective than face masks.

In the Know

ALL ABOUT... AUTISM SPECTRUM DISORDER (ASD)

SPECIAL EXPANDED FEATURE

Hamaspik thanks our agency psychologist, Alan Blau, Ph.D., for reviewing this article.

Autism spectrum disorder (ASD) is one of today’s most well-known—and most-studied—conditions. It’s also one of the most stereotyped conditions.

Because autism itself takes so many different forms (according to one researcher, there are at least 100 different types), autism was renamed *autism spectrum disorder* several years ago.

The name refers to current medical consensus that ASD is a single condition that exists on a spectrum, or range, of symptoms, from mild and hardly noticeable on one end to severely disruptive and involved behaviors and other disabilities on the other.

One common ASD stereotype is that people with autism are severely introverted.

However, the fact is that people with ASD, especially on the high-function end of the spectrum, can be outgoing and otherwise “normal” people—but who may just be oblivious to social cues. In turn, that too-often leads to the mistaking of innocent disability for rudeness or poor manners.

With understanding, though, ASD can be demystified, replacing rejection with connection—which, after all, is something every human being needs, including people with autism.

DEFINITION: WHAT IS ASD? >>

Autism spectrum disorder (ASD) is the name for a group of neurodevelopmental disorders that includes a wide “spectrum” of symptoms, skills, and levels of disability.

These disorders affect and impair the ability of a young child’s growing brain to develop normal social and communication skills—to understand, communicate and interact with others.

Autism spectrum disorder can also include restricted and/or repetitive behaviors, interests and activities—which cause problems in social, occupational and other areas of healthy behavior.

Some people are hardly or mildly impaired by symptoms, while others have severe disability.

The number of children diagnosed with ASD is rising. In December 2009, the CDC reported that ASD cases had risen 57 percent since 2005. Today, the CDC estimates that one in 68 U.S. kids is diagnosed with ASD.

Statistics from the U.S. Department of Education and other government agencies indicate that ASD diagnoses are increasing at the rate of ten to 17 percent per year. It’s unclear if that’s due to better detection and reporting, an actual increase in the number of cases, or both.

The exact number of children with ASD is not known.

It can affect any individual and its incidence is the same all around the world. Currently, there is no single known precise cause of autism.

However, boys are at greater risk; ASD affects boys four times more than girls. Also, families with one child with ASD have an increased risk of having another, and it’s

not uncommon for parents or relatives of a child with ASD to have minor problems with social, communication, or behavioral skills themselves. Additionally, kids with certain conditions, like Fragile X, Tourette syndrome or tuberous sclerosis, have slightly higher risk of ASD or ASD-like symptoms.

Other than that, ethnic, racial or social background, as well as family income, education, and lifestyle, do not seem to increase risk of ASD.

Children with ASD have symptoms that are typically recognized in the first two years of life.

There is currently no cure for ASD.

But intensive, early treatment can make a big difference in the lives of many children—and the earlier the identification and intervention in a child’s life, the greater the long-term improvement.

Parents should talk with doctors as soon as they believe that their child may have ASD.

AUTISM TYPES: THE FULL SPECTRUM >>

Before autism itself was incorporated into ASD, autism had a relatively narrow definition, with several similar disorders considered separate conditions. Those included Asperger’s syndrome and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS, or just PDD).

Other disorders on the spectrum are Rett syndrome, internally related but externally very different than standard autism, and Childhood Disintegrative Disorder, a rare condition in which a child learns skills, then loses them by age ten.

Autism can also be associated with other disorders that affect the brain like Fragile X syndrome, mental retardation or intellectual disability, tuberous sclerosis (benign brain tumors) or Tourette’s syndrome. Some people on the spectrum will also develop seizures.

Most children with ASD are slow to gain knowledge or skills, and some have signs of lower than normal intelligence. Other children with ASD have normal to high intelligence—they learn quickly, yet have trouble communicating and applying what

they know in everyday life and adjusting to social situations. A small number of children with ASD are savants—they have exceptional skills in a specific area, such as art, math, music, or memory.

As they mature, some children with ASD become more engaged with others and show fewer disturbances in behavior. Some, usually those with the least severe problems, eventually may lead normal or near-normal lives. Others, however, continue to have difficulty with language or social skills, and the teen years can bring worse behavioral problems.

SYMPTOMS >>

Children with ASD generally have problems in three crucial areas of development: social interaction, language and behavior. But because symptoms vary greatly, two children with the same diagnosis may act quite differently and have strikingly different skills.

Some children show signs of ASD in early infancy. Other children may develop normally for the first few months or years of life, but then suddenly become withdrawn or aggressive or lose language skills they’ve already acquired.

Each child with ASD is likely to have a unique pattern of behavior and level of severity—from low to high functioning. Severity is based on social communication impairments and the restrictive and repetitive nature of behaviors, along with how these impact the ability to function.

Because of the unique mixture of symptoms in each child, severity can sometimes be hard to determine. However, here are some common and general ASD behaviors, grouped by category.

Social communication and inter-action

- Fails to respond to his/her name; appears not to hear people at times
- Resists cuddling and holding, seems to prefer playing alone; retreats into his/her own world
- Poor eye contact

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General Timeline for Baby Milestones

While many babies develop at their own pace and don’t follow the exact timelines found in some books and other trusted parenting resources, children with ASD usually do show some signs

of delayed development within the first year. Ask your pediatrician about ASD or developmental delay/disorder if any of the following milestones do not appear—or appear and then disappear.

AGE	MILESTONE
6 months	Responds with a smile or happy expression
9 months	Mimics sounds or facial expressions
12 months	Babbles or coos
14 months	Points and waves bye-bye
16 months	Speaks single words
24 months	Speaks two-word phrases

Remember: the earlier the intervention, the better the outcome.

- Lacks facial expression
- Doesn't speak or has delayed speech, or may lose previous ability to say words or sentences
- Can't start a conversation or keep one going; may only start a conversation to make requests or label items
- Speaks with an abnormal tone or rhythm—may use a singsong voice or robot-like speech
- May repeat words or phrases verbatim, but doesn't understand how to use them
- Doesn't appear to understand simple questions or directions
- Doesn't express emotions or feelings; appears unaware of others' feelings
- Doesn't point at or bring objects to share interest
- Inappropriately approaches a social interaction by being passive, aggressive or disruptive

Patterns of behavior

- Performs repetitive movements like as rocking, spinning or hand-flapping; may perform activities that could cause harm like head-banging
- Develops specific routines or rituals; becomes disturbed at the slightest change
- Moves constantly
- May be uncooperative or resistant to change
- Has problems with coordination or has odd movement patterns, like clumsiness or walking on toes, and has odd, stiff or exaggerated body language
- May be fascinated by details of an object, such as the spinning wheels of a toy car, but doesn't understand the "big picture" of the subject
- May be unusually sensitive to light, sound and touch, and yet oblivious to pain
- Does not engage in imitative or make-believe play
- May become fixated on an object or activity with abnormal intensity or focus
- May have odd food preferences, such as eating only a few foods, or eating only foods with a certain texture

CAUSES >>

Researchers currently aren't sure what causes ASD, a physical condition linked to abnormal biology and chemistry in the brain. This condition has no single known direct cause. Given the complexity of ASD, however, and the fact that symptoms and severity vary, there are probably many causes and factors. Both genetics and environment may play a role.

Genetics

Because autism tends to run in families, genetic factors seem to be important, and a number of genes appear to be involved in autism. Chromosomal abnormalities and neurological problems are also more common in families with autism.

Environment

Many health problems are due to both genetic and environmental factors, and this is likely

the case with autism as well. Researchers are currently exploring whether viral infections and air pollutants, for example, play a role in triggering autism.

A number of other possible causes have been suspected, but not proven, including diet, digestive tract changes, mercury poisoning, and the body's inability to properly use vitamins and minerals. Recently, research has been looking at possible links between chemicals found in plastics and disruptions in the body's endocrine system, possibly resulting in a number of conditions, including autism—though no cause and effect has yet been proven.

Vaccines?

The theory that the MMR (measles/mump/rubella) children's vaccine may cause autism has been disproven by numerous studies, which found no connection. Particularly, the infamous 1998 study that linked MMR with autism has long since been retracted and its lead author, Dr. Andrew Wakefield, all but banished from modern medicine.

DIAGNOSIS: THE TECHNICAL NITTY-GRITTY >>

Because autism includes a broad spectrum of symptoms, a single, brief evaluation cannot determine a child's true abilities. Ideally, a team of different specialists will evaluate

your child for such things as communication, language and motor skills; speech; success at school; and cognitive abilities. Ultimately, a doctor experienced in diagnosing and treating autism is usually needed to make the actual diagnosis.

For a child to be decisively diagnosed with ASD, he or she must have six or more of the numerous following symptoms from the current (5th) edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM is the authoritative guide published by the American Psychiatric Association (APA) and used by mental health providers to diagnose mental conditions—and by insurance companies to reimburse for treatment.

Also, two or more of the symptoms must fall under the social skills category.

Communication problems:

- Inability to start and/or maintain a social conversation
- Communication with gestures instead of words
- Develops language slowly or not at all
- Does not adjust gaze to look at objects that others are looking at
- Refers to self incorrectly (for example, says "you want water" instead of "I want water")
- Does not point to direct others' attention to objects
- Repeats words or memorized passages

over and over

- Uses nonsense rhyming, sing-song voices or robot-like speech

Social-skills problems:

- Prefers solitary or ritualistic play
- Shows little pretend or imaginative play
- Does not make friends
- Does not play interactive games
- Fails to respond to his or her name
- May treat others as if they are objects
- Shows lack of empathy; appears unaware of others' feelings

Restricted, repetitive behavioral problems:

- Odd or repetitive motor movements like body rocking or spinning, lining up or flipping toys and objects
- Insistence on sameness, rigid routines, or ritualized patterns of verbal or nonverbal behavior
- Interests in objects or topics that are abnormal in intensity, detail or focus—for example, a strong attachment to unusual objects or parts of objects, excessively limited narrow areas of interest, or interests that are excessively repetitive

Sensory-response problems:

- Has heightened or low senses of sight, hearing, touch, smell, or taste
- Rubs surfaces, mouths or licks objects
- Seems to have a heightened or low response to pain
- Resists cuddling and holding

Visiting the doctor or specialist

Before you see the doctor or specialist for an ASD diagnosis, here's a helpful checklist:

- Make a list of all medications, vitamins, herbs and medicines your child is taking
 - Bring a family member or friend with you for information and emotional support
 - Bring any record of your child's developmental milestones
 - Bring any video of your child's unusual behaviors or movements
 - Try to remember when his or her siblings began talking and reached other developmental milestones, and share that information with the doctor
- The doctor is likely to ask you a number of questions. Being ready to answer them may reserve time to go over any points you want to spend more time on. The doctor may ask:
- What specific behaviors prompted your visit today?
 - When did you first notice these symptoms in your child?
 - Have these behaviors been continuous or occasional?
 - Does your child have a family history of autism, language delay, Rett's syndrome, obsessive-compulsive disorder, anxiety or other mood disorders?
 - Does your child have any other symptoms that might seem unrelated to autism, such as gastrointestinal problems?
 - Does anything seem to improve your child's symptoms?

CONTINUED ON PAGE 12 >>

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In the Know

Continued...

ALL ABOUT... AUTISM SPECTRUM DISORDER (ASD)

<< CONTINUED FROM PAGE 11

- What, if anything, appears to worsen your child's symptoms?
- When did your child first crawl? Walk? Say his or her first word?
- What are some of your child's favorite activities? Is there one that he or she favors?
- Have you noticed a change in his or her level of frustration in social settings?

How the diagnosis is made

Doctors diagnose ASD by looking at behavior and development. Young children with ASD can usually be reliably diagnosed by age two. Diagnosis of autism is based on standardized testing plus a clinical evaluation by an autism specialist. These professionals are usually psychologists, psychiatrists, developmental pediatricians, pediatric neurologists or medical geneticists.

Some commonly used diagnostic tests are the CARS (Childhood Autism Rating Scale), the ABC (Autism Behavior Checklist) and the GARS (Gilliam Autism Rating Scale). Formal diagnosis by an autism specialist usually depends on completing the ADOS (Autism Diagnostic Observation Scale), and ADI-R (Autism Diagnostic Interview-Revised). The CHAT (Checklist for Autism in Toddlers) is often used in pediatricians' offices to screen for autism symptoms.

When physical features, small head size or brain malformations are present or there is a family history of relatives with autism, genetic testing such as chromosome analysis and single-gene testing may be done.

Older children and adolescents should be evaluated for ASD when a parent or teacher raises concerns based on watching the child socialize, communicate, and play.

Diagnosing ASD in adults is not easy. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as schizophrenia or attention deficit hyperactivity disorder (ADHD). However, getting a correct diagnosis of ASD as an adult can help a person understand past difficulties, identify his or her strengths, and obtain the right kind of help.

Diagnosis in young children is often a two-stage process:

Stage 1: General Developmental Screening During Well-Child Checkups

Every child should receive well-child checkups with a pediatrician or an early childhood health care provider. The Centers for Disease Control and Prevention (CDC) recommends

specific ASD screenings at the 18- and 24-month visits.

Stage 2: Additional Evaluation

This evaluation is with a team of doctors and other health professionals with a wide range of specialties who are experienced in diagnosing ASD. This team may include:

- A developmental pediatrician—a doctor who has special training in child development
 - A child psychologist and/or child psychiatrist—a doctor who knows about brain development and behavior
 - A speech-language pathologist—a health professional who has special training in communication difficulties.
- The evaluation may assess:
- Cognitive level or thinking skills
 - Language abilities
 - Age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting.

Because ASD is a complex disorder that sometimes occurs along with other illnesses or learning disorders, the comprehensive evaluation may include blood tests and hearing tests.

The outcome of the evaluation will result in recommendations to help plan for treatment.

Diagnosis in older children and adolescents

Older children whose ASD symptoms are noticed after starting school are often first recognized and evaluated by the school's special education team. The school's team may refer these children to a health care professional.

Parents may talk with a pediatrician about their child's social difficulties including problems with subtle communication. These subtle communication issues may include understanding tone of voice, facial expressions, or body language. Older children may have trouble understanding figures of speech, humor, or sarcasm. Parents may also find that their child has trouble forming friendships with peers. The pediatrician can refer the child for further evaluation and treatment.

Diagnosis in adults

Adults who notice the signs and symptoms of ASD should talk with a doctor and ask for a referral for an ASD evaluation. While testing for ASD in adults is still being refined, adults can be referred to a psychologist or psychiatrist with ASD expertise. The expert will ask about concerns, such as social interaction and communication challenges,

sensory issues, repetitive behaviors, and restricted interests. Information about the adult's developmental history will help in making an accurate diagnosis, so an ASD evaluation may include talking with parents or other family members.

AFTER DIAGNOSIS: WHAT TO EXPECT >>

It's perfectly normal to feel completely overwhelmed if a child has just been diagnosed with an autistic spectrum disorder. But with the right information and support, you can not only survive but thrive.

(Hamaspik can help connect you with other parents of children with autism. In Orange and Rockland Counties, Hamaspik's Early Intervention (EI) programs can help, and in Rockland County, Director Mrs. Steif of our recently-launched ABA Program (845-503-0239) can help, too.)

Children with autism, as mentioned, typically have difficulties in pretend play, social interactions and verbal and nonverbal communication.

Children with autism may be overly sensitive in sight, hearing, touch, smell, or taste. For example, they may refuse to wear "itchy" clothes and become distressed if they are forced to wear them. They may also display unusual distress when routines are changed, perform repeated body movements and show unusual attachments to objects.

Young children with autism also have a hard time sharing experiences with others. When read to, for example, they're unlikely to point at pictures in the book. This early-developing social skill is crucial to later language and social development.

As they mature, some children with autism become more engaged with others and show less marked disturbances in behavior. Some, usually those with the least severe problems, eventually may lead normal or near-normal lives. Others, however, continue to have difficulty with language or social skills, and the adolescent years can mean a worsening of behavioral problems.

Most children with autism are slow to gain new knowledge or skills, and some have signs of lower than normal intelligence. Other children with autism have normal to high intelligence. These children learn quickly yet have trouble communicating, applying what they know in everyday life and adjusting in social situations.

About ten percent of with autism are "autistic savants" on some level, known to do things virtually impossible to ordinary people:

memorizing phone books, calculating huge numbers in seconds or mastering entire languages in hours. Most savants are also semi-verbal or otherwise have significant social awkwardness.

Behavioral problems may include occasional display of intense tantrums, short attention span, very narrow interests, constant movement, aggressive behavior to others or self or severe fascination by a particular object or parts of an object, like the spinning wheels of a toy car.

During teen years, the patterns of behavior often change. Many teens gain skills but still lag behind in their ability to relate to and understand others. Teens are at an increased risk for developing problems related to depression, anxiety, and epilepsy.

Some adults with autism are able to work and live on their own. The degree to which an adult with autism can lead an independent life is related to intelligence and ability to communicate. At least 33 percent are able to achieve at least partial independence.

Some adults with autism need a lot of assistance, especially those with low intelligence who are also unable to speak. Part- or full-time supervision can be provided by residential treatment programs. At

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ORIGIN AND HISTORY

Autism comes from the Latin word *autismus*, in turn from the Greek *autós*, meaning self.

The condition, and its first official name, *autismus*, was coined in 1910 by Swiss psychiatrist Eugen Bleuler. He wrote that the patient with *autismus* was self-absorbed, suffering from "autistic withdrawal ... to his fantasies, against which any influence from outside becomes an intolerable disturbance."

In 1938, Vienna University Hospital researcher Hans Asperger further popularized the condition's description as "autistic."

In 1943, "autism" was first used by Dr. Leo Kanner, an Austrian-born child psychiatrist and Johns Hopkins University researcher. Dr. Kanner is perhaps best known for documenting and treating what is widely considered America's first-ever diagnosis of autism, Mr. Donald G. Triplett of Forest, Mississippi. Born in 1933, Mr. Triplett (known then only as "Case 1, Donald T"), eventually grew out of the severe withdrawal of early childhood to become a largely typical teen adult.

In plain English, then, "autism" can be translated as "self-ism"—a condition in which an individual primarily seems to express little or no regard for other people by not speaking, making eye contact or otherwise communicating with them. ★

the other end of the spectrum, adults with high-functioning autism are often successful in their professions and able to live independently, although they typically continue to have some difficulties relating to other people. These individuals usually have average to above-average intelligence.

TREATMENT >>

Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of individual children. Treatment options include educational/behavioral interventions, medications, and other therapies.

No cure exists for autism, and there is no “one-size-fits-all” treatment. The range of home-based and school-based treatments and interventions for autism can be overwhelming. But intensive, early treatment can make, and has made, a big difference in the lives of many children with the disorder. Most programs will build on the particular interests and needs of the child in a highly structured schedule of constructive activities, which has been shown to be the most successful. Ideally, your child’s program should be custom-created by an experienced team of specialists. The team may use any of the following therapies:

- Behavior/communication therapies
- Educational therapies
- Technological devices
- Medications
- Diet
- Alternative medicine/other approaches

Behavior/communication therapies

Many programs have been developed to address the range of social, language and behavioral difficulties associated with autism. Some programs focus on reducing problem behaviors and teaching new skills. Other programs focus on teaching children how to act in social situations or how to communicate better with other people. Though children don’t always outgrow autism, they may learn to function well with the disorder.

In particular, applied behavior analysis (ABA)—defined as “the science in which tactics derived from the principles of behavior are applied systematically to improve socially significant behavior”—is said to ameliorate adverse behaviors in children with autism (particularly on the lower end of the spectrum) by repeating and reinforcing positive and otherwise desirable behaviors.

Educational therapies

Children with autism often respond well to highly structured education programs. Successful programs often include a team of specialists and a variety of activities to improve social skills, communication and behavior. Preschool children who receive intensive, individualized behavioral interventions show good progress.

Technological devices

A recent development in autism treatment is the use of electronic devices to help people with autism, particularly children, improve their social and communication skills. The predictability of robots, toys and computer-generated figures, and the fact that they are objects, not humans, are said to form low-threat ways for autistic children to learn new skills.

Medications

Medication is often used to treat behavior

or emotional problems associated with autism, including aggression, anxiety, attention problems, extreme compulsions that the child cannot stop, hyperactivity, impulsiveness, irritability, mood swings, outbursts, and sleep difficulty.

Currently, only risperidone is approved to treat children ages five to 16 for the irritability and aggression that can occur with autism. Other medicines that may also be used include SSRIs, divalproex sodium and other mood stabilizers, and possibly stimulants such as methylphenidate. There is no medicine that treats the underlying

problem of autism.

Remember that some medications and supplements can interact, causing dangerous side effects.

Diet

Several diet strategies have been suggested as possible treatments for autism, including restriction of food allergens; probiotics; a yeast-free diet; a gluten-free, casein-free diet; and dietary supplements such as vitamin A, vitamin C, vitamin B-6 and magnesium, folic acid, vitamin B-12, and omega-3 fatty acids.

CONTINUED ON PAGE 14 >>

Autism Spectrum Disorder: Massive Issue, Massive Efforts A Look at Public and Private Research, Studies, Trials and Advocacy

Because ASD is such a major public health issue, ASD is also the subject of major advocacy and research, both inside and outside the federal government.

At the 27-division National Institutes of Health (NIH), the Children’s Health Act of 2000 created the Interagency Autism Coordinating Committee (IACC).

The IACC’s work includes the IACC Strategic Plan for ASD Research; monitoring of federal and privately funded autism research, and other federal ASD activities and meetings held throughout the year.

Under the IACC, expanded, intensified and coordinated federal autism research continues to this day across several NIH divisions, including: the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute of Child Health and Human Development (NICHD), the Centers for Disease Control and Prevention (CDC), and the National Institute of Mental Health (NIMH).

The IACC established eight dedicated “Centers of Excellence in Autism Research” across the country that bring together researchers and needs resources to conduct basic and clinical research into causes, diagnosis, early detection, prevention, and treatment of ASD.

The IACC and its work was reauthorized and refunded by the Combating Autism Act of 2006 and the Combating Autism Reauthorization Act of 2011.

The IACC also advises the U.S. Secretary of Health and Human Services (HHS) on issues related to ASD.

The CDC itself serves as our government’s primary tracking body for autism in the U.S. population.

Its Autism and Developmental Disabilities Monitoring (ADDM) Network keeps active tabs on the number and characteristics of children with ASD in multiple U.S. communities. The ADDM Network looks at how many children have ASD and which groups of children are more likely to be identified with ASD at a certain age.

Also, the CDC’s Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) is an ongoing and

systematic monitoring of trends in certain developmental disabilities (intellectual disability, hearing loss, vision impairment, cerebral palsy, and autism spectrum disorders) of children who reside in metropolitan Atlanta. The MADDSP program is the model for the ADDM Network.

The CDC’s “Birth to Five: Watch Me Thrive!” and “Learn the Signs. Act Early.” programs also respectively promote developmental and behavioral screening and support, and improve early identification of children with autism and other developmental disabilities so they can get the services they need

Under recent autism funding, HHS also awarded 43 Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) interdisciplinary training programs, and ten Developmental-Behavioral Pediatrics (DBP) training programs, in 41 states.

These programs support long-term, graduate level interdisciplinary training as well as interdisciplinary services and care.

On the private-sector side, a good number of non-profit organizations serve the autism community with a wide range of services, supports, research and public advocacy. These include:

- The Association for Science in Autism Treatment
- The Autism National Committee (AUTCOM)
- The Autism Network International (ANI)
- The Autism Research Institute (ARI)
- The Autism Science Foundation
- The Autism Society of America
- Autism Speaks, Inc.
- MAAP Services for Autism, Asperger Syndrome, and PDD

Each of these organizations boast extensive and information-packed websites that are excellent resources for parents.

CLINICAL TRIALS >>

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. During

clinical trials, treatments might be new drugs or new combinations of drugs, new psychotherapies or devices, or new ways to use existing treatments.

The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

A number of government and private-sector clinical trials are currently studying autism.

To find a clinical trial near you, you can visit ClinicalTrials.gov. This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world.

ClinicalTrials.gov gives you information about a trial’s purpose, who may participate, locations, and contact information for more details. This information should be used in conjunction with advice from your health provider.

Another resource is the National Database for Autism Research (NDAR), an NIH-funded data bank that is helping to speed progress in ASD research. The NDAR program is a platform for the scientific community that serves as a portal to other research repositories, allowing for the collection, secondary analysis and open sharing of ASD research data.

EARLY INTERVENTION >>

To find out if your child qualifies for intervention services, you can call your state’s public early childhood system to request a free evaluation. This is sometimes called a Child Find evaluation. You do not need to wait for a doctor’s referral or a medical diagnosis to make this call.

To find out which number in your state you need to call, call the national Early Childhood Technical Assistance Center (ECTA) at 919-962-2001.

Status Report



Happening In Hospitals Today

PATIENTS DO BETTER WITH FEMALE DOCTORS? STUDY SUGGESTS YES

Progressives may roll their eyes. Conservatives may say, “See, I told you so!”

But a new study by Harvard researchers suggests that the notion of women as superior nurturers isn’t an old wives tale. It found that patient outcomes were better with female physicians.

The study was based on three million Medicare records for hospitalizations and hospital readmissions among seniors nationwide over a four-year period.

After limiting analysis to eight common medical conditions, equal male/female doctor treatment of varying illness severity, hospitals only (but not ICUs), same general patient age (80 on average) and same general

age and experience of doctors (most in their 40s), the study still concluded that “patients who receive care from female general internists have lower 30-day mortality and readmission rates than do patients cared for by male internists.”

Specifically, the study found that patients treated by women had mortality rates of 11.07%, percent, compared with 11.49 percent for those seen by men. It also found that readmission rates were 15.02 percent among those seen by women, compared with 15.57 percent for male physicians—and all after compensating for the abovementioned variables.

The study noted other studies finding “differences in practice patterns between male and female physicians,” with women doctors “more likely to adhere to clinical

guidelines and evidence-based practice.”

According to existing medical literature, wrote the researchers, female physicians may also be more likely to “provide preventive care more often, use more patient-centered communication, perform as well or better on standardized examinations, and provide more psychosocial counseling to their patients than do their male peers.”

An estimated 32,000 fewer patients would die every year “if male physicians could achieve the same outcomes as female physicians,” the authors wrote.

“There is evidence that men and women may practice medicine differently,” the study concluded. “Understanding exactly why these differences in care quality and practice patterns exist may provide valuable insights into improving quality of care for all

patients.”

The study was published Dec. 19 in *JAMA Internal Medicine*.

MEDICARE MAY PAY HOSPITALS MORE

The Payment Advisory Commission overseeing pay rates to professionals under Medicare, the taxpayer-funded healthcare plan for seniors, proposed slight increases for hospitals come 2018.

Under the proposal, Medicare would pay 1.85 percent more for hospital inpatient and outpatient services—but pay the same for ambulatory surgery centers, and cut pay to home health agencies.

However, the pay changes will only take effect if the proposal is formally voted in by the Commission in January 2017, and then sent to Congress in March 2017 for further discussion.

PATIENT SAFETY EFFORTS SAVE \$28 BILLION

According to a Dec. 12 report by the U.S. Dept. of Health and Human Services (HHS), new hospital patient safety programs created under the Affordable Care Act (ACA) prevented 3.1 million harmful hospital-acquired conditions, as well as 125,000 patient deaths, from 2010 through 2015—also saving close to \$28 billion in costs. ★

In the Know

Continued...

ALL ABOUT... AUTISM SPECTRUM DISORDER (ASD)

« CONTINUED FROM PAGE 13

If you are considering these or other dietary changes, talk to both a doctor who specializes in the digestive system (gastroenterologist) and a registered dietitian. You want to be sure that the child is still receiving enough calories, nutrients, and a balanced diet.

Alternative medicine and other approaches

Beware that there are widely publicized treatments for autism that do not have scientific support—and reports of “miracle cures” that do not live up to expectations. If your child has autism, it may be helpful to talk with other parents of children with autism and autism specialists. Follow the progress of research in this area, which is rapidly developing.

At one time, there was enormous excitement about using secretin infusions. Now, after many studies have been conducted in many laboratories, it's possible that secretin is not effective after all. However, research continues.

Some of the most common alternative therapies include art therapy, music therapy or sensory integration, which collectively

focus on reducing a child's oversensitivity to touch or sound.

Chelation therapy is said to remove mercury and other heavy metals from the body. However, there's no known link between mercury and autism, and chelation therapy can be very dangerous. Chelation therapy can cause kidney failure. Some people who have participated in chelation therapy studies have died.

Sensory integration and vision therapy are also common, but there is little research supporting their effectiveness. The best treatment plan may use a combination of techniques.

COPING AND SUPPORT >>

Raising a child with autism can be physically exhausting and emotionally draining. These ideas may help:

Find a team of trusted professionals

You'll need to make important decisions about your child's education and treatment. Find a team of teachers and therapists who can help look at the options in your area and explain the resources for children with

disabilities. Make certain this team includes a case manager or service coordinator, who can help access financial services and government programs.

Take time for yourself and other family members

Caring for a child with autism can be a round-the-clock job that puts stress on your marriage and your whole family. To avoid burnout, take time out to relax, exercise or enjoy your favorite activities. Try to schedule one-on-one time with your spouse and other children.

Seek out other families of autistic children

Other families struggling with the challenges of autism can be a source of useful advice. Many communities have support groups for parents and siblings of children with autism.

PROGNOSIS >>

For many children, autism symptoms improve with treatment and with age. Some children with autism grow up to lead normal or near-normal lives. Children whose language skills regress early in life, usually before the age of three, appear to be at risk of developing epilepsy or seizure-like brain activity. During adolescence, some children with autism may become depressed or experience behavioral problems. Parents of these children should be ready to adjust treatment for their child as needed. People on the spectrum usually

continue to need services and support as they get older but many are able to work successfully and live independently or within a supportive environment.

SUMMARY >>

While there's no way to prevent autism, and it remains a challenging condition for children and their families, the outlook today is much better than it was a generation ago, when most people with autism were placed in institutions. Today, a child who is diagnosed with high-functioning autism today may have been thought to simply be odd or strange 30 years ago. And today, with the right therapy, many of the symptoms of autism can be improved, though most people will have some symptoms throughout their lives.

Bottom line? Autism can be treated, and children can have improved language and social skills with treatments. If your child is diagnosed with autism, talk to your child's doctors about creating a treatment strategy for your child. Keep in mind that you may need to try several different treatments before finding the best combination of therapies for your child.

Finally, learn everything you can about autism. This will help you better understand your child and his or her attempts to communicate. With time, you'll likely be rewarded by seeing your child grow and learn and even show affection—in his or her own way. ★

Happenings Around Hamaspik

SEEING THINGS BLACK AND WHITE

Gross oversimplification? Rigid thinking? Not at Dinev.

The breaking down of concrete things and abstract concepts to two clearly contrasting choices typically carries a negative connotation.

But sometimes, it's good to see things in black and white.

Especially when you can eat them.

In early December, Residents at Hamaspik of Orange County's Dinev Inzerheim Intermediate Care Facility (ICF) got a taste of seeing things in black

and white, as they made cookies.

But not just any cookies.

Presented primordially as plain patties and proceeding to proper palatable plasterings, the petite pastries were promptly personalized into playful phiz-zogs of polar-opposite pigmentation.

That's just another way of saying they made black-and-white happy-face cookies.

When it comes to giving life your personal touch at Dinev, it turns out that you can have your cookie and eat it too.

LIVE STREAMING AT HAMASPIK

From Orange to Kings County, and from its founding to this day, Hamaspik's program sites and administrative centers have been pervaded by a certain jovial camaraderie.

That informal spirit of family, friendship and good clean fun—which, coupled with the agency's consistent professionalism, makes for a unique and thriving corporate culture—was in

full force this past Sunday, December 11, 2016 (at least photographically so).

Celebrating the newest arrival in the family of Yehuda Spangelet, Hamaspik of Kings County's Director of Day Services, program Direct Support Professionals (DSPs) decorated the Director's door with streamers while he was out.

Hamaspik is a family, after all—and the joy of one employee is the joy of all.

SUCCESSFUL SUPPORT COOKING AT BAKERTOWN, SHNOIS CHAIM

A state review of Hamaspik of Orange County's still-newest residence, the Bakertown Shvesterheim, yielded yet another set of flawless results early this December after an official audit by the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspik's public-sector partner.

Keeping top support cooking at Bakertown is Hamaspik's full upstate team.

That consists of DSP Ms. Friedman, secretary Ms. Weiss, HR Coordinator Mrs. Weissman, Medicaid Service Coordinator (MSC) Mrs. Weiss and MSC Supervisor Mrs. Zelik, agency nurse Mrs. Kaplan, RN, psychologist Alan Blau, PhD, Maintenance Manager Aaron Bernath, Program Director Shlomo Gelb, Training Coordinator Joel Grosz, and Director of Residential Services Joel Weiser.

The Individualized Residential Alternative (IRA), officially dubbed a "Step-down" residence for its step down

in supervision, supports six very capable young women who call it home. It is superlatively run by Manager Mrs. Appel.

At the same time, Hamaspik of Orange County's Shnois Chaim senior day/dining program likewise scored top marks in an audit of its own.

That audit reviewed a popular program which caters (and quite literally) to dozens of venerated seniors of its Orange County target community with daily hot lunches and social activities. The review found Shnois Chaim's social day program model meeting and/or exceeding every mandatory item on a menu of requirements from the Orange County Dept. of Health (DOH).

Orange County's Office for the Aging, under Director Anne Marie Maglione, has enjoyed a mutually supportive relationship with Shnois Chaim, and Director Mrs. Landau and devoted staff, since the Hamaspik senior program launched in late 2014.



A DIFFERENT KIND OF BANDWIDTH: THE HAMASPIK KINGS FAMILY MARKS THE OCCASION



HAPPINESS ON A PLATE: DINEV KEEPS LIFE DELICIOUSLY SIMPLE

FRESH ENERGIES ACROSS AGENCY DIVISIONS AND POSITIONS

It's almost as if a new era has begun at Hamaspik since Rosh Hashanah, with the arrival of more than a few new employees across the agency and its divisions.

Hamaspik of Orange County recently took on the ever-handy Aaron Bernath as its new Maintenance Manager, and Mr. Shmuel Yida Moskowitz as Director of Day Services.

With newly-tapped Day Service Coordinator Joel Greenfeld, Hamaspik of Orange County hasn't just gotten a new employee but a whole new program, too. Mr. Greenfeld heads up the agency's self-explanatory new Self-Direction program, whose Brokers and Fiscal Intermediaries give individuals a high level of one-on-one, independence-oriented supports.

Former Hamaspik of Orange County employee Joel Grosz also returned to the agency in recent weeks, assuming the mantle of Quality Improvement-Training Coordinator. The multitasking Mr. Grosz is now also serving as Medicaid Service Coordinator (MSC) Supervisor, overseeing several of Hamaspik's dedicated upstate MSCs.

Mr. Grosz's newest peer at Hamaspik of Rockland County is the newly-hired Moshe Laufer, who brings years of professional disability services experience to his job as the agency's newest MSC Supervisor. He joins long-running MSC Supervisor Mrs. Nechama Nissenbaum in overseeing the great daily work put in by the agency's teams of

frontline coordinators.

Mr. Laufer also oversees Hamaspik of Rockland's extensive Community Habilitation (Comm Hab) and At-home Respite (AHR) programs, in which children and young adults with disabilities are respectively provided by Hamaspik with aides at home, or out and about in the community, to support them in achieving their personal goals.

Both Comm Hab and AHR have been expertly handled by long-time Hamaspik staffer Mrs. Eger for several years now; she has just been joined by Ms. Mermelstein to handle both programs' ever-growing constituency.

Speaking of Rockland MSCs, the agency's ranks recently swelled by three: Mrs. Goldie Holczer, Mrs. Rivky Katzenstein and Mr. Abraham Markowitz.

Mrs. Holczer comes with eight years' experience at Hamaspik's Comm Hab program in Brooklyn. Mrs. Katzenstein, a Chicago native, brings a degree in psychology and a background in teaching and supporting people of all ages with disabilities to the agency table.

(Speaking of psychology, the Article 16 Clinic operated by NYSHA, Hamaspik's support organization, recently took on new psychologist Dr. Allison Finkel to help even more people.)

The new MSCs round out the existing Hamaspik of Rockland County MSC squad of Mrs. Bloch, Ms. Gershon,

Mrs. Greenwald, Mrs. Grunfeld, and Mr. Yaakov Grunwald.

Hamaspik of Rockland County collected quite the boost in high-energy enthusiasm with its recent taking on of Mr. Zev "Velvet" Zeig, a noted community youth leader, to head up its popular After-school Respite (ASR) program.

That initiative, offered by Hamaspik to the Monsey community for years now, grants parents of kids with special needs a much-needed school-day post-school respite, all while their precious kids collect further education and stimulation.

New to the crew at Hamaspik of Rockland County is the agency's new Director of Early Intervention (EI), Mrs. Schik, who brings several years' experience working in the early-childhood field. Mrs. Schik now heads up Hamaspik's critically effective "Kinderland" classroom-based and home-based EI services for infants and toddlers with various developmental delays.

Further filling out Hamaspik's administrative offices atop the centrally located Monsey Hub commercial complex is the agency's new bookkeeper, Eli Meisels, who joins senior bookkeeper Hershel Schwartz in keeping all the numbers lined up. And while on the topic of bookkeeping, Hamaspik of Kings is staying on top of things with newly-hired bookkeeper Israel Greenzweig.

At Hamaspik, said one new employee, it's not just a job—it's helping people.

We couldn't agree more.



Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

OCCUPATIONAL THERAPY DOESN'T SLOW ALZHEIMER'S

A study of seniors with possible or probable Alzheimer's found that those getting occupational therapy (OT) did not fare any better than those who didn't. The study was designed to see if regular OT could slow the decline of Alzheimer's patients.

The study, conducted by the Indiana University Center for Aging Research, randomly divided 180 seniors into two groups. One received best practices primary care,

and the other got best practices primary care plus 24 sessions of OT at their homes over two years.

Over the course of two years, standard Alzheimer's test scores declined in both groups, and at the study's end, no difference in these scores was evident between the groups.

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

Well-being of State by State of Well-being

The above poll also provided detailed figures on older adults' overall average well-being in all 50 states, with Hawaii topping the list at 67.0 and West Virginia bottoming out (again) at 59.9.

While New York did rank only 39th in overall well-being at 63.0, the Empire State did score 17th out of 50 in the category of Physical well-being.

But in the Community ranking, New

York's Albany-Schenectady-Troy region scored the nation's second-highest levels of health insurance coverage (96.4 percent) for 2015. (The lowest was Texas' McAllen-Edinburg-Mission region, at 62.1 percent).

Also within Community, New York, New York—perhaps not surprisingly—scored the nation's highest rate of walking at 85.3, making Manhattan the 4th most active U.S. community for 2015. ★

Celecoxib anti-inflammatory most heart-healthy: study

With 100 million prescriptions written in 2013 in the U.S. for non-steroidal anti-inflammatory drugs (NSAIDs), a new study compared the ups and downs of three common NSAIDs: celecoxib, ibuprofen and naproxen.

The study's specific objective was to determine rates of heart attack or stroke

among patients on each one of the three drugs. The study had about 8,000 seniors assigned to one of the three drugs daily.

After the trial ended, celecoxib was found to be associated with lower cardiovascular disease than the other two. However, naproxen did slightly better than celecoxib and ibuprofen for pain relief. ★

New York leads in family- member paid care

A lengthy Dec. 17 article by industry publication *Modern Healthcare* highlights the hard work and billions of dollars of unpaid hours put in by people caring for their own family members.

There are an estimated 43.5 million unpaid caregivers in the U.S., many caring for "high need" older adults with multiple chronic conditions, according to the article.

The article describes various public and private efforts to provide training and resources to unpaid caregivers and otherwise integrate them into the medical care process.

Among them is the Caregiver Advise, Record, Enable (CARE) Act, legislation ratified in various versions by 35 states, most recently Ohio. The CARE Act requires hospitals to record designated caregivers' names on patients' medical records, notify of discharges, and provide relevant medical task instruction.

Modern Healthcare also notes that some state Medicaid programs pay family members to be caregivers—a model in which New York's Consumer Directed Personal Aide Service (CDPAS), provided by numerous partner non-profits like HamaspikCare, continues to lead the way. ★

OLDER AMERICANS ARE HAPPIER: STUDY

Good news for aging Americans (which, upon reflection, includes all of us, not just "seniors" or "aging" people): The annual Gallup-Healthways Well-Being Index report, released this early December, finds that Americans are now getting happier as they get older.

The yearly survey, which interviews over 177,000 adults 18 and older (including some 90,000 age 55 and up) nationwide, found that older Americans reported higher happiness levels in 2015.

The survey asks participants to rate five "elements" of personal well-being—

purpose, social, financial, community and physical—on a scale of 0 to 100, with 100 being the best.

For starters, adults 55 and down averaged 60.6 out of 100. Those over 55 scored 63.6.

Broken down further, the poll also found that 60 percent of Americans ages 18 to 54 reported no worries over money—and 75 percent of Americans ages 65 and up reported the same. It also found that 55 percent of Americans ages 18 to 55 reported no stress, while 80 percent of those 65 and up reported no stress. ★

PSYCH DRUGS INCREASE ALZHEIMER'S HIP FRACTURES

In a study recently published in the *Journal of the American Medical Directors Association*, psychiatric drugs called benzodiazepines were found to increase risk of hip fracture in people with Alzheimer's by 43 percent.

Popular benzodiazepines include Val-

lium, Xanax, Ativan, and Klonopin.

In a related study, published in *Alzheimer's Research and Therapy*, Stanford University researchers found that 75 percent of older adults would take a free and definitive test predictive of Alzheimer's, if such a test existed. ★



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