



Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

DID YOUR KIDS GET THEIR TONSILS REMOVED?

A: Yes; B: No

Respond to: survey@hamaspik.org



HEALTH STAT

U.S. ADULTS AGE 20+ WITH ELEVATED TRIGLYCERIDES (FATS ASSOCIATED WITH HEART DISEASE)		
YEAR	2001-2004	2009-2012
PERCENTAGE OF ADULTS	33.3%	25.1%

Source: NCHS Data Brief, National Center for Health Statistics



HEALTH QUOTE

“EVERYBODY TAKES FOR GRANTED HOW MUCH THEY TALK IN JUST A DAY”

—Calif. 7th Grader and Human Voice Bank “donor” Luke Renert, Jan. 21, NBC News. VocaliD speech software draws on the Bank to create custom human voices for those who can’t speak.



HEALTH TIP

STAY UPBEAT, WEATHER OR NOT

Natural disaster got you down? You’re not alone. Weather your own post-weather storms with mental and emotional breaks, physical exercise and self-care, and talking to others.

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OVERCHARGING? OR UNDERPAID?

ANESTHESIOLOGISTS PLY THEIR TRADE IN A MODERN O.R. BUT IF THEY BILL YOU, ARE THEY CHARGING TOO MUCH? OR DOES MEDICARE NOT PAY THEM ENOUGH? A JAN. 17 STUDY IN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION FINDS THAT HALF OF U.S. DOCTORS CHARGE MORE THAN WHAT MEDICARE PAYS—WITH ANESTHESIOLOGISTS CHARGING ABOUT 6 TIMES MORE THAN MEDICARE’S PAY RATE FOR ANESTHETICS. MEDICARE CALLS ITS PAY RATES “REASONABLE”; BUT A 2007 GOV’T REPORT SAYS THAT MEDICARE PAYS ANESTHESIOLOGISTS JUST 33 PERCENT OF THE AVERAGE COMMERCIAL INSURANCE PAY RATE.



SOME HOSPITALS SUBCONTRACT WITH OUT-OF-NETWORK ANESTHESIOLOGISTS. LEADING TO HUGE SURPRISE BILLS FOR SOME PATIENTS.

SENIOR HEALTH NEWS

Half of Public has High Blood Pressure, Doesn’t Know It

Of 1,000-plus Random People Tested at Mobile Clinics, 50 Percent Had Hypertension; Study Underscores Importance of Testing

SEE PAGE 16 >>

PUBLIC POLICY NEWS

FDA Approves First Continuous Glucose Monitor

With New Technology, Diabetics Using Device Need Only Check Blood Sugar Levels Twice a Day

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HAMASPIK NEWS

Hamaspik Goes Live with Care Coordination for Kids Ages 1-21 with Chronic Conditions

NEW ‘HEALTH HOME’ SERVICE TO PROVIDE TOTAL SUPPORT TO STRUGGLING PARENTS, FAMILIES

An adolescent with severe mental disorder? A child with cancer plus complications? A teen with migraines and diabetes? Help is here!

For too many families whose medically-involved precious sons or daughters fit those or equivalent descriptions, Hamaspik will once again be extending its helping hand.

That’s because Hamaspik is now a provider of New York State Medicaid’s Health Home Servicing Children (HHSC) program.

One of many programs and supports provided by New York’s Medicaid healthcare plan for the poor, HHSC is built upon the *health home* model of healthcare coordination—currently in use across the country for several years now in both public and private medicine. New York’s Medicaid program has offered health homes to medically-involved adults since 2012.

The health home model is built around the *care manager*, a patient advocate armed with each patient’s full medical history that is shared among all the patient’s caregivers.

The novelty of the health home is two-fold: a team approach, and using proactive care to reduce reactive care, to keep people from getting sick (or

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

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

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

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

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

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

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

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

ENHANCED SUPPORTED EMPLOYMENT

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

MEDICAID SERVICE COORDINATION

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

HOME FAMILY CARE

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

INTERMEDIATE CARE FACILITY

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

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

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

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

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

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

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

TRAUMATIC BRAIN INJURY

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

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

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

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/ educational activities for community seniors (Orange County only)

APPLIED BEHAVIOR ANALYSIS (ABA)

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

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 Hamaspik services

HAMASPIK GAZETTE

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

OMH

HEALTH AND RECOVERY PLAN (HARP)

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

● ► AUTISM NEWS

Multi-million dollar Community Planned For Young Adults With Autism

Retired husband-and-wife doctors Clay Heighten and wife Debra Caudy of Texas are planning to build what is believed to be the nation’s first community for people with autism.

The \$12 million community, on nearly 29 acres, will be built on land that was formerly a polo ranch in the Denton County, Texas town of Cross Roads.

It will include 15 homes, a community center and access to a transitional academy that is designed to help young adults with autism develop skills to live and work independently. Dr. Heighten, a retired emergency physician, and Dr. Caudy, a retired medical oncologist, are leading the project.

The inspiration is their 19-year old son, Jon, who is on the severe end of the autism spectrum and requires a high level of supportive care, recently reported disability news outlet *Disability Scoop*.

Both worry that people like Jon have little options as adults. “It’s about offering a choice,” explained Heighten. “We’re trying to create something that would provide an enriched quality of life, so that people like Jon eventually require less supervision.”

In October 2015, the couple invested \$745,000 to purchase the land, and last year created a nonprofit called 29 Acres to raise money for the project.

They have had \$1 million committed, predominantly from a handful of other North Texas families who also have children with

autism. The hope is to break ground on construction by the fall.

Though early in its development, the project is already catching the attention of local and national autism experts, who say there is demand for innovative models to help transition children with autism into adulthood.

About 50,000 students with autism exit high school each year in the U.S. and an estimated half million will enter adulthood over the next decade, according to a 2015 report from the A.J. Drexel Autism Institute in Philadelphia.

The lifetime cost of supporting an individual with autism is \$2.4 million if the person has intellectual disability, and at least 40 percent do, according to a 2014 study in *JAMA Pediatrics*. Health care economists estimate the yearly cost of autism in the United States is \$236 billion.

The initial design includes space for a 7,100-square-foot community center, and 15 homes of around 3,000 square feet that can be divided into duplexes or quads and house 56 people.

Four homes will be built during Phase One, and the first set of residents could move in by 2018.

When complete, the complex will employ about 200 full- and part-time staff, including security guards, administration and one-on-one specialists who are experienced in living with and caring for people with developmental challenges. ★

● ► PUBLIC POLICY NEWS

Moshe, Esther Most Popular Baby Names in Borough Park for Year 2015

This past December, at the same time the federal Social Security Administration (SSA) did the same at a national level, New York City’s Department of Health and Mental Hygiene released the Big Apple’s list of most popular names for babies born in 2015 (the last year for which data are available).

According to the Department’s Bureau of Vital Statistics, Ethan for boys and Olivia for girls were the most popular names across the five boroughs of New York City in 2015.

Of the 121,673 babies born in New York City in 2015, records show 773 Ethans and 595 Olivias.

In Brooklyn’s Borough Park neighborhood, however, Moshe and Esther respec-

tively topped the city’s official name lists. Borough Park is home to Brooklyn’s largest Orthodox Jewish community, and a proportionate presence of Hamaspik services and supports for that ever-growing community.

(Not surprisingly, at almost 41,000, Brooklyn reported the most babies born by borough for 2015, with Queens a distant second at just under 27,000.)

Following Moshe in Borough Park were Chaim, David, Shimon and Abraham in the respective #2 to #5 rankings. Following “Queen Esther” in popularity were Leah, Chaya, Miriam and Rivka.

It seems that historical heroes are leading their people again—at least in Borough Park. ★

●► HAMASPIK NEWS

Hamaspik Goes Live with Care Coordination for Kids Ages 1-21 with Chronic Conditions

NEW 'HEALTH HOME' SERVICE TO PROVIDE TOTAL SUPPORT TO STRUGGLING PARENTS, FAMILIES

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sicker) in the first place—and to reduce costs.

Here's how New York State's official Medicaid website defines "health home":

"A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a 'care manager' who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital."

But where the health-home model is particularly innovative is in the arena of multiple diagnoses, such as a mental-health problem coupled with a chronic physical illness—at least as far as New York's ever-innovating Medicaid is concerned.

And now, Hamaspik is standing by to help families beset by the burdensome, constant struggle of caring for children who are chronically ill—with a children's health home program of its own.

BRINGING BETTER CARE HOME

With an eye towards streamlining care for its most medically-involved patients, the New York State Dept. of Health (DOH)—which runs the state's sprawling Medicaid apparatus—has significantly expanded its statewide health-home front of late.

Just this past December, that newest front—the state's Health Homes Servicing Children (HHSC) program—went live.

Geared for young people ages 1 through 21, HHSC—through its contracted private-sector and non-profit partners—brings proactive and coordinated care to a very vulnerable Medicaid population: children and young people with one qualifying mental-health condition and/or two chronic medical conditions. (The HHSC program also serves youths who have one so-called *qualifying medical condition* like Serious Emotional Disturbance (SED) or Complex Trauma.)

The HHSC program is indirectly delivered to these targeted Medicaid members via health homes operated by a good number of private contractors. In turn, these private contractors delegate the actual care management to Care Management Agencies (CMAs)—non-profits and other entities that work directly with the patients.

New York State's largest HHSC provider is a company called Children's Health Home of Upstate New York (CHHUNY). The private contractor operates the HHSC program in most of New York's 62 counties—and currently, Hamaspik is CHHUNY's only CMA partner in the greater Jewish community.

With the launch of its new HHSC program, Hamaspik is parlaying its leading community support position into yet another program in its panoply of vital services across New York.

Unlike Hamaspik's original suite of services and supports, the initiative has nothing to do with developmental disabilities, or people with developmental disabilities. It simply provides qualifying families with comprehensive care management and support—essentially, a compassionate and competent liaison who handles all doctor appointments and a lot more.

And for Hamaspik and the thousands of fathers, mothers and children in the communities that it serves, it's yet another first.

WHAT "MEDICALLY INVOLVED" LOOKS LIKE

The HHSC program is specifically designed for families of children with mental-health and/or medical problems (more details later)—helping not just with health-care coordination for the child, but also with wider support for parents and family.

Take a kid with a serious case of major depression and diabetes, too—or a child with chronic vision weakness and stomach pain. The effect, whether on the child or the family, is two-fold.

His devoted parents are worn down to the bone. They try their best for their helpless child—securing the best care, taking him to all sorts of doctors and therapists, making sure that everything is coordinated right, and seeing to it that the household doesn't completely fall apart. *Dear God: how do I carry on?* is these parents' constant whispered refrain.

At the same times, it's unfortunately not-infrequently that you hear about such families thrown into total chaos, with each

sibling suffering along with ailing brother or sister and their parents.

As for parents, limited human beings of flesh and blood themselves, they can't be there physically, emotionally and spiritually for their kids (or their own aging parents) all the time, despite their best intentions.

That's because they're up to their ears in ongoing care for their one precious patient.

All the while, they're worrying about covering rent, utilities and mountains of paperwork required for any available government assistance. They're also busy calling one advocate and doctor after another, and simultaneously lending an ear or a good word to their other kids, getting in a square meal, enjoying that rare warm bath, going to shul or school, doing housework... and throughout it all, the kids want a loving "good night!" and bedtime kiss before drifting off to sleep.

But their one child with the most care needs wants and needs the same.

By that point, these parents typically can only watch as their own lives and needs slip through their fingers, which they barely can hold together.

Their child, for his part, isn't enjoying life much, either. His parents are already doing the maximum, and how.

But with such weight on their shoulders, it's impossible for them to ensure that he's getting every resource he could use in a timely fashion (never mind those of the highest level of quality and results), and also stay on top of keeping appointments from conflicting, keeping everything on schedule, and keeping their insurance in order.

And then there are blood tests (and sending blood samples out to other doctors), getting second opinions, and more.

It all takes its toll on the heart.

Such parents' deepest wish is: "If only we had another few helping hands..."

If only they could have such helping hands on hand, indeed: someone to shoulder some of the many responsibilities, burdens and pressure that is part and parcel of the child's ongoing care regimen.

The entire household would then, and only then, be able to move on to greener pastures, physically and spiritually—with each member getting what they need (and when they need it) as a result, particularly the child in need.

Insurance issues would also be handled. Tests would be squared away. Even transportation and accompaniment to and from every appointment would be covered—all leading to a dramatically sped-up recovery process.

But where would you get such hands?

A DEVOTED HAND

Parents of medically-involved children, rejoice! Hamaspik's care coordination program for kids is here.

Fathers and mothers who go sleepless nights and endless hours calling one public department after another. Going from one doctor to the second and third to get critical help, information and answers for their child. Passing up opportunities. Forgetting appointments. Constant appointments, blood tests and treatments. Chaos in the house. Disastrous performance at work. A constant yoke on the neck. And constantly pursuing even the slightest possible option for the child's best possible care and health.

For a lot of parents, all that can be history now—as Hamaspik lives up to its "Community Support Central" reputation once again with its newly-available care liaisons.

Parents whose children qualify for the Hamaspik health home program can now come home at night, get up in the morning for work, and come back home at night in peace—all while giving their kids their all, as their kids so desperately need.

And with Hamaspik's specialized new staffers, parents can rest assured that someone's taking care of it all. Hamaspik's new health home liaisons will fill all the gaps, helping each patient get the highest and fullest quality and quantity of medical care.

Each Hamaspik liaison will singlehandedly open doors for every necessity; coordinate and track all doctor visits; send in all tests and results as needed; handle all insurance concerns, prescriptions, referrals and refills; and all with Hamaspik's trademark compassion—helping the entire family cross that bridge from crisis to calm.

The Hamaspik liaison will even personally transport each patient to every doctor appointment, and remain with the patient throughout—advocating and speaking for the patient to the doctor, reviewing and discussing records.

Of course, the liaison will also personal-

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● ► HAMASPIK NEWS

At Chanukah, Glorious Points of Light and Warm Family Feelings Across Hamaspik Residences

There's nothing like Chanukah: the warmth and the light of the holiday inside contrasting with the winter cold and dark outside, the family bonding around dinner tables, the songs and the joy.

In that light, Chanukah was most unabashedly embraced and celebrated across the branches of the candelabrum that is the Hamaspik group-home body.

From Hamaspik of Kings County's 61st St. men's residence in Brooklyn all the way up to Hamaspik of Orange County's Acres Briderheim in Kiryas Joel to the north, here's what Chanukah looked like at residential group homes all across the agency.

Grand(view) Chanukah spirit

At the Grandview Briderheim Individualized Residential Alternative (IRA), a Hamaspik home in Monsey's Forshay/Wesley Hills neighborhood, residents' extended biological families were invited during Chanukah to share the holiday atmosphere with their sons and brothers.

Two families per Chanukah night came to do dinner at Grandview, with fathers and mothers bringing along their own kids—the residents' brothers and sisters, and even nieces and nephews.

Under the stewardship of Manager Joel Schnitzer, Grandview's caring Direct Support Professionals (DSPs) set out majestic meals befitting the holiday—serving fresh food both hot and cold and, separately per Jewish law, meat and dairy dishes (the latter being a special Chanukah custom in many communities).

Music was heard throughout the house on each guest-hosting evening, too, filling the air with Chanukah spirit—a spirit accentuated by the little gifts that the residents gave their parents upon visiting.

The excited reactions from parents upon receiving those gifts, and the bright smiles on their sons' clean faces, said it all.

Individualized!

The Bakertown Shvesterheim IRA, Hamaspik of Orange County's warmth-filled "Step-Down" residence for very capable women, was filled with down-home Chanukah spirit throughout the Chanukah week.

The cozy atmosphere one feels upon visiting Bakertown any other time is only enhanced and increased come the holidays, and Chanukah is no exception.

Staff thus held forth Chanukah court, traditional songs and all, each holiday night.

At the same time, Mrs. Appel presided

over irresistibly perfect Chanukah dinners, joining residents around the table for that special atmosphere that's only found in Hamaspik homes on holidays—and that was all aside from cooking up a storm and picking (and presenting) perfect presents for the young ladies residing at Bakertown. Those presents were gleefully accepted amid much thanks and genuine appreciation.

"It wasn't easy to shop for gifts," Mrs. Appel confides to the *Gazette* with a smile. "The residents here have everything they need—so what were we supposed to get them?" Certainly not unnecessary knick-knacks bought to perfunctorily discharge the tradition, a financial frivolity that no Hamaspik home would indulge in anyway.

As such, Mrs. Appel found herself spending quite a bit of time in the run-up to Chanukah pondering what exactly would indeed constitute a meaningful and practical gift to each resident. And the heartfelt gratitude each resident later expressed, even those least verbose, confirmed that the perfect gifts had indeed been found.

For the birds

Nature's choir put on a rousing performance one Chanukah night at Hamaspik of Orange County's Seven Springs Shvesterheim IRA, as the group home hosted a visit by a veritable flock of parrots.

A community schoolteacher who keeps the birds in his classroom for educational purposes was asked to bring in the teacher's

pets, this time for entertainment purposes.

In short order, several varieties of parrots were on display at Seven Springs, with the birds chirping, flapping or otherwise putting on a show that had residents and staff thoroughly fascinated.

But the annual joint holiday party held each year by Hamaspik of Kings County's 38th St. Shvesterheim and 61st St. Briderheim, held once again in the side-by-side ballrooms of Brooklyn's Seville Manor social hall, "took wing" this year, too—with an appearance by "the Parrot Rebbe."

The professional bird handler and trainer, who performs under that amusing take on the traditional Chasidic title, brought in several cages of his fine feathered friends of various parrot varieties.

Cockatiels, cockatoos, parakeets and parrots were soon chirping, flapping or otherwise literally putting on a show—which also included a dancing macaw and a free-flying Amazon Parrot. A good time was had by all.

The get-together kicked off with a Chanukah luncheon for all—with a good number of individuals being served individual servings to meet their exacting health/dietary requirements and/or preferences, such as gluten-free, vegetarian and the like.

The Parrot Rebbe and his trained birds then entertained the guests.

A visit from an uncle

A professional vocalist back by live keyboardist next entertained the crowd

for a good few minutes—live music that was only ratcheted up moments later by the appearance of singers Shea and Avremi Berko, whose vocal talents practically had the walls dancing along with their singing. And the appearance of a few members of the Tantzlers dance troupe only made things more exciting.

Before this report goes any further, here's a not-so-secret "secret" for you: residents of Hamaspik's group homes, and residents of any IRA, for that matter, typically harbor a fierce love for music, the language of the soul.

And knowing that "secret" will help you appreciate why the following appearance of the event's surprise guest shook the very heavens with the joy it triggered among the Hamaspik participants. That guest, a veritable hero to so many of them, is the well-known youth educator and singer, Rabbi Moshe Tannenbaum—whom you may have heard of by the name he's more commonly called: Uncle Moishy!

Uncle Moishy's songs, which have filled a good dozen or so albums over the decades, are likewise filled with educational entertainment and catchy lyrics—and quite a few of Hamaspik's residents are quite familiar with most of them.

Against that background, you can only imagine the reaction when, at the height of their Chanukah party, who should suddenly walk in wearing his iconic shirt and hat but their beloved Uncle Moishy in person!

Needless to say, none of them could stop dancing, or singing along, or even joining Uncle Moishy at the microphone "onstage."

Along with Uncle Moishy's performance came the surprise appearance of Cousin Nachum, one of Uncle's Moishy's several stage sidekicks and a superb children's entertainer in his own right.

Decked out in his foppish costume complete with clown nose and silly hat, Cousin Nachum proceeded to demonstrate just how well he knows how to (not) juggle, prompting plenty of belly laughs throughout the audience.

A few touching words of thanks to staff were then personally delivered by a 38th St. Shvesterheim resident. (See side box.)

The event ended with enough upbeat Chanukah spirit to carry participants straight through the year—or at least until Purim.

Stately service

"Beyond that?"

Asked that question by the *Gazette*, Hamaspik of Kings County Director of Residential Services Cheskel Fisher smiles.

"What a question!" he replies, reporting that, at the residences under his watch during Chanukah, there "something special every night and every day!"

Indeed, one high moment among many was the main Chanukah banquet at 38th. On that night, staff hosted a dinner that would

>>>

What "Thank you!" sounds like

Remarks by 38th St. Shvesterheim resident Faigy at the 38th/61st joint Chanukah party

"I would like to say thank you to my wonderful day staffers for helping me in different ways and how to be a mature adult. I would like to say thank you to Mrs. Kasnett for buying nice clothing for me and the Hamaspik girls. I would like to also thank Mr. Indig for always having



a listening ear and always listening to me. I would also like to thank Mr. Solomon for always encouraging me to be positive and for always listening to me. I would like to thank Mrs. Fisher for making yummy foods and also for buying gluten-free foods for me."

"Have a fraylichen Chanukah!"

● ► HAMASPIK NEWS

have impressed royalty of old.

The table centerpiece consisted of a “menorah” made of eight iridescent blue champagne flutes, and the table itself was set with the home’s finest china and cutlery.

Mrs. Fisher, 38th’s cook, shortly served up her culinary talents, with each plate soon bearing an appetizer in the shape of a dreidel. Fast-forward to the end of the regal meal, and dessert was likewise served in bowls shaped... like dreidels.

Staff took particular joy after the meal in enjoying a post-dessert dessert, pastries made by the residents themselves—fol-

lowed, of course, by a rapturous round of dreidel.

One especially heartfelt Chanukah activity was the annual giving of gifts by residents to their beloved parents. Every young lady residing at 38th not only prepared presents for their mothers and fathers, but also drew up handwritten and hand-colored personal Chanukah wishes—with each tender note a point of Chanukah light of its own.

Eight causes for celebration

The classic question has been asked for

centuries: if the ancient Menorah’s oil candles burned naturally for one day and then supernaturally for seven days, why is Chanukah eight days? Shouldn’t it celebrate just the miracle of seven days?

But at Hamaspik of Orange County’s Acres Briderheim IRA, scholarly manager Mr. Lipa Laufer, himself a former schoolteacher, has his own answer: because Acres has eight residents—and, on each Chanukah night, each one planned and led a party for the others.

At Acres, Mr. Laufer continues, residents live and breathe each holiday in every

possible way, and in unbelievably beautiful ways, too. And at Chanukah, that took the form of the joy and satisfaction the young men felt at seeing their fellow residents enjoying their parties.

Lighting up the nights

At Hamaspik of Kings County’s South 9th Shvesterheim, there was enough light—and not the physical variety—to fill more than the eight days of Chanukah.

From the first night to the last, each holiday evening was marked with a special program of its own at the home.

One night was marked with decorating Chanukah jelly doughnuts with a colorful choice of food colorings, glazes, sprinklings, toppings and the like. Another night was celebrated with a joint party with sister home 38th St. Shvesterheim.

And a third night’s theme was “light in the darkness,” complete with glow-in-the-dark activities and a night light as a grand prize—perhaps symbolically to carry forth the Chanukah light into the rest of the year.

Professional staff, right at home

At Hamaspik of Rockland County’s Forshay Briderheim IRA, the agency’s first group residence, dedicated staff threw a Chanukah party that was unique in more ways than one.

Family-heavy and informal in spirit, the feast featured a main course prepared by the IRA’s live-in couple, appetizers brought from home by a second Direct Support Professional (DSP), and an irresistible homemade cheese dish contributed by a third.

But taking that family spirit to a whole new level was the attendance of every DSP along with their wives and children, with the cherubic little kids doted on by the residents as the unofficial little siblings that they have long since become.

With the menfolk occupying the dining room and the womenfolk repairing to the living room, and a professional keyboardist filling the house with live music, Chanukah was most definitely in the house. Two residents event took to the mike to sing along!

Residents and staff sang and danced for a good long while, like the one big family that they are. When that ended, individualized gifts were distributed to each resident—with Manager Mrs. Fischer even seeing to it that each staff member’s little children went home with little prizes, too.



But what was true for Forshay was true for group homes all across Hamaspik—the family spirit, the air of inclusiveness, the notion that not only is disability embraced and mainstreamed, but that, in an ultimate victory for disability dignity, it’s hardly if at all noticed in the first place.

Might we call that a modern-day Chanukah miracle?



PARTY PLATFORMS: THE FORSHAY BRIDERHEIM (TOP AND CENTER LEFT), SOUTH 9TH (TOP AND CENTER RIGHT), SOUTH 9TH’S JOINT PARTY WITH 38TH (SEE STORY NEXT PAGE)

● ► HAMASPIK NEWS

For Residents of Hamaspik's 38th and South 9th Homes, the Chanukah Party's in the House

RESIDENTS ENJOY LADIES' AFTERNOON OUT CELEBRATING THE FESTIVAL OF LIGHTS, RIGHT AT HOME

On the last Sunday in December, the second night of Chanukah was marked this past season.

All over New York—and indeed, all over the world—little lights twinkled in the windows and doorways of Jewish homes everywhere.

It was the Festival of Lights, the holiday celebrated to this day that marks the ancient miracle of the menorah that burned for eight days.

For eons, families have gathered around the lights, seeing the past and future at once in the dancing flames as they ate latkes, sang songs and reveled in the holiday's glowing warmth.

And at 69 South 9th St. in the Williamsburg section of Brooklyn, two groups of young women and their loving staff gathered around, a veritable family of their own.

One group was the collective host—the residents and support professionals of the South 9th Shvesterheim Individualized Residential Alternative (IRA) under the leadership of Manager Mrs. Cziment and Assistant Manager Mrs. Walter.

The other group was their guests—their peers from the 38th St. Shvesterheim IRA, Hamaspik of Kings County's second women's residence, this one directed by Manager Mr. Israel Indig and Assistant Manager Mrs. Kasnett.

Together, they enjoyed not just a Hamaspik “family Chanukah party,” but a veritable indoor carnival replete with several clever and professionally-presented holiday-related activity tables planned by Mrs. Walter and staff days and weeks in advance for the enjoyment of all.

The party began at 2:00 p.m. with the arrival of the 38th St. “Shvesterheimers” in their Hamaspik Transport Vans.

As the young ladies streamed from the sidewalk through South 9th's front door, excited squeals of delight followed by hugs ensued, as friends and peers greeted and embraced one another, some quite literally. Staff also took the opportunity to say hello and catch up with each other, smiling as they stood off to the sides.

To “gain entry” to the party, each arrival had to receive a “security stamp”—a delightful inky imprint of a dreidel image on

the back of each guest's hand.

Guests were also handed small pom-poms and bags containing the holiday's iconic dreidel spinning tops. (Both would shortly come in handy.)

For the next three hours, the three-dozen-plus residents and staff made their way from table to table, trying their hands at such fun as picking dreidels out of giant tub of rice, “painting” dreidels with marshmallow fluff and candies, decorating dreidel cookies, or a “Pin the Gimmel on the Dreidel” blindfold game.

Prizes for winning at various tables included such goodies as chocolate “coins” (always popular come Chanukah!) and colored pencils.

The exciting carnival table activities were followed by group activities—trying their hands at painting their own dreidels, making and baking dreidel cookies, and stringing beads into dreidel shapes, for example.

Chanukah entertainment came next, as a professional guitarist regaled the party-goers with live music that had everyone singing and dancing along to popular holiday tunes.

The guitarist had everyone lending their voices or otherwise participating by having groups of eight don amusing “candle” hats and stand in menorah formation, while a ninth wore a taller “candle” on her head, serving as the human menorah's taller shammos service candle. Each “shammos” then got to sing a solo as the other eight “candles” clapped and sang along.

Throughout it all, as dancers and participants took breaks from the energetic festivities, fresh food was on hand for noshing, ranging from fresh vegetables and dips (laid out on the table in a dreidel formation) to drinks and, of course, dreidel-shaped fruits and snacks.

And when the party was over, everyone got their just desserts—as Mrs. Cziment and crew trotted out delicious home-made ice cream.

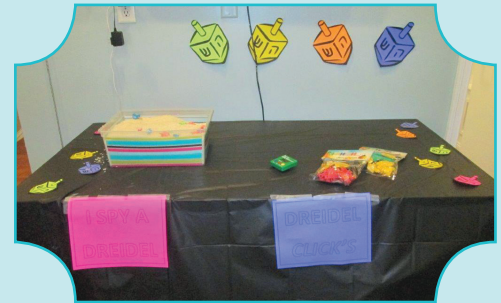
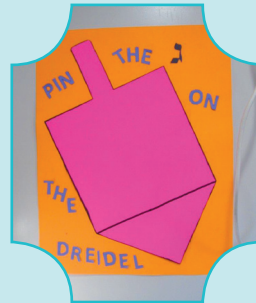
Predictably, it was served in molds shaped like dreidels.

Mrs. Kasnett, and Hamaspik of Kings County Director of Residential Services Mr. Cheskel (Joel) Fisher, later reported that all participants had a great time, with the 38th St. guests and staff especially impressed with the professionalism of the décor and the cuisine—and the quality of work that had gone into it all.

But, given that it was not just a party but a Hamaspik dreidel-themed indoor carnival, it had just the right spin. ★



SOCIAL SECURITY: THIS DISPLAY OF WARMTH GREETED GUESTS, FOLLOWED BY DREIDEL-THEMED GAMES AND GOODIES



RAISING THE BAR ON SALAD: FRESH VEGGIES TOOK A DECIDEDLY CHANUKAH-SHAPED TWIST



GETTING A BEAD ON HOLIDAY MARK-UPS: A COLORFUL ACTIVITY TABLE AWAITS PARTY-GOERS

●► HAMASPIK NEWS

Hamaspik Goes Live with Care Coordination for Kids Ages 1-21 with Chronic Conditions

NEW 'HEALTH HOME' SERVICE TO PROVIDE TOTAL SUPPORT TO STRUGGLING PARENTS, FAMILIES

<< CONTINUED FROM PAGE 3

ly drive the patient back home.

Hamaspik's HHSC liaisons will be totally immersed in fully understanding the individual needs of patients and their families, working with them to pave the way for the best results—and keeping the headaches and responsibilities for themselves.

In short, the Hamaspik HHSC liaison works for the family, functioning as third or even fourth hands for overworked fathers and mothers.

And that's not just physically, emotionally, or bureaucratically. It's not just about arranging those things that parents could never quite get to. It's not just personally accompanying patients to and from appointments.

It's all of that. And a lot more.

FOR THE ENTIRE COMMUNITY

Think "Hamaspik," and most people think "special needs."

But now, think again. The new program has nothing to do with "special needs," "developmental disabilities" and related catch-phrases.

The fact is, Hamaspik has long since been involved in services and supports well beyond the realm of disability. The new program is just the latest example of that.

With Hamaspik being the full-service agency that it is for support needs across the spectrum—from Early Intervention (EI) for toddlers to seniors getting an aide about town through HamaspikCare's CD-PAS program—it's perhaps no surprise that Hamaspik is now adding a vital service for families with children suffering from serious medical problems.

Directing Hamaspik's new HHSC program is the devoted Moshe Laufer, a recently-hired veteran of the special-needs industry.

To get the new program off the ground, Hamaspik has strategically affiliated itself with Children's Health Home of Upstate New York (CHHUNY), the largest of several dozen for-profit contractors across the state that are running health home programs for Medicaid. The company works with CMAs like Hamaspik in 54 of New York's 62 counties.

To qualify for the program, a child must be on Medicaid, be age 1 to 21, and have either Serious Emotional Disturbance (SED) or Complex Trauma, or at least two chronic medical conditions.

That last category alone affects thousands of families in the community, if not more.

Chronic refers to a duly diagnosed medical condition that is long-term, recurring, or both.

The program is thus geared to assist young patients with a considerable level of involved mental-health or standard medical care, regardless of whether the condition(s) allow for normal daily routines or are at a stage serious enough to disrupt daily living.

What that means is that the program can help the families of children who have any two of the following: anxiety, asthma, bipolar disorder, blindness, burns (severe), cancer, cataracts, cerebral palsy, cleft lip, dementia, depression, diabetes, ear problems (excluding deafness), epilepsy, eye problems, gallbladder disease, glaucoma, heart disease, hip fractures, intellectual disability, migraines, psoriasis, psychosis, PTSD, schizophrenia, uterine tract infection (UTI), and/or "chronic" side effects of bronchitis, infections (excluding tuberculosis), ulcers, and many more.

The program's total list of qualifying chronic conditions numbers several hundred.

But besides having the chronic condition(s), young applicants must also meet

the program's so-called Appropriateness Criteria to qualify for health home care management.

These include being at risk for an adverse event like death, disability, or out-of-home placement; having inadequate social, family, and/or housing support or serious family disruptions; sub-par healthcare access; and having difficulty managing treatments or medications.

In summary: HHSC is here to help every family with a child suffering from two or more medical problems across the entire spectrum of modern medicine, whether physical or mental.

SO WHAT EXACTLY DOES IT OFFER?

The first and foremost feature of Hamaspik's new program is its liaison, the dedicated employee who takes the situation's entire burden—time shortage, anxiety, responsibility and all—off the shoulders of parent and patient alike.

The liaison is Hamaspik's highly-trained care coordinator who connects patients with all needed care services and planning, and provides all necessary scheduling and planning—and who does so throughout with experience, warmth and heart, treating each patient like his or her own child.

In addition to fully understanding each diagnosis and helping each patient get the best care from the best experts in each specialty, there's more—and perhaps a lot more: the moral support and warmth with which the liaison personally accompanies each young patient everywhere.

The program lends new meaning to the phrase "No child left behind"—ensuring that no pediatric patient is left alone within the cold walls of exam rooms or among unfamiliar white coats.

The liaison will also handle and accompany every ER visit if/when needed, along with every hospital discharge and accompanying specific instructions and orders. The dedicated Hamaspik advocate will also handle all follow-up medical, therapeutic,

physical, psychological and emotional issues (and anything else that comes up).

The liaison keeps all personal health information well organized and simplified with Netsmart, the sophisticated patient-tracking software being used by Hamaspik's HHSC program—allowing every Hamaspik professional on the patient's team (as well as parents and authorized family members) to easily understand everything going on.

Every child battling serious chronic conditions deserves the highest level of medical care—allowing him or her to enjoy the best possible health and the most pain-free life. And it is that very need for which Hamaspik's HHSC liaisons assume responsibility.

As mentioned, each liaison will review everything with the patient's family, ensuring that it's all getting done in the child's best interests, and also help apprise the family of all their rights and options. The liaison will also confer with specialists as needed, discussing any issues on the table requiring resolution.

Another side benefit to Hamaspik's patient-management software is its database of top doctors, specialists and other medical professionals in every area of modern medicine. It's that database that Hamaspik's professional liaison frequently dips into to provide patients with the best referrals for each specific need.

SUMMARY

It's a fact—families of children with chronic conditions suffer and struggle in silence.

Until now, there wasn't much in the way of help from the community's otherwise-impressive network of support organizations and activists, unless the child has special needs, or a specific diagnosis in which quite a few activist groups and individuals specialize.

But now, a new era begins—a bright new period of help for every individual in need.

That help is here—and from one of the longest-running, most professional and most respected community social-services agencies, and an agency that speaks the community's language: Hamaspik.

For more information and/or to learn if your loved one(s) qualify for the relief and top-tier care provided by HHSC, call Hamaspik's Central Intake at 866-353-8400. ★



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Public Health And Policy News

INFECTED CAT GIVES NYC SHELTER VET 3RD U.S. BIRD FLU CASE

According to New York City health officials, the third known U.S. case of a human catching the H7N2 “bird flu” virus occurred this past December at a city animal shelter.

According to officials, a shelter veterinarian came down with a mild case of bird flu after treating about 100 shelter cats infected with H7N2. The vet recovered, as did all but one of the cats.

City officials initially said there was no sign of the virus spreading among animals or humans, but that they had tested 160 shelter employees as a precaution.

As of mid-January, however, the city had quarantined about 500 cats from city animal shelters as the virus spread in an apparent outbreak. All are expected to survive.

The risk of animal-to-human transmission of bird flu remains low—among other reasons, the virus lacks receptor “arms” used by the regular flu to attach to human nasal passages, where it typically proliferates.

U.S. MUMPS CASES HIT TEN-YEAR HIGH

Despite the prevalence of the mumps vaccine, which since 1967 has reduced U.S. cases by over 99 percent, U.S. cases have recently hit a ten-year high.

The contagious viral disease, which can cause complications, is especially common on college campuses nowadays.

Symptoms include enlarged salivary glands—which cause puffy cheeks and a swollen jaw along with fever, fatigue and head and muscle aches. Up to 40 percent of people with mumps have mild symptoms or none at all and may not even realize they are sick.

Complications can include sterility, meningitis, encephalitis and, rarely, permanent loss of hearing, disability or even fatalities.

EXPERIMENTAL EBOLA VACCINE APPEARS EFFECTIVE

A large trial indicates that the experimental rVSV vaccine, manufactured by drug giant Merck, effectively prevents infection with the deadly Ebola virus.

The trial, in which close to 12,000 people in the West African country of Guin-

ea were involved, was conducted during 2015. Thousands of Africans died of Ebola during a 2014 epidemic.

Some 5,800 participants who got the vaccine showed no signs of Ebola ten or more days after vaccination, while 23 cases developed among those who did not get the vaccine.

The trial was conducted by the World Health Organization (WHO), Guinea’s Ministry of Health and international partners. The results were published Dec. 22 in *The Lancet*.

FIRST CONTINUOUS GLUCOSE MONITOR APPROVED BY FDA

The Dexcom G5 system was approved by the FDA in late December 2016. It is the first personal continuous glucose monitoring (CGM) system approved by the FDA.

People with diabetes typically need to test blood sugar levels several times a day to ensure healthy levels of insulin, the hormone the body needs to process glucose (sugar).

The small portable device allows people with diabetes to avoid most of those tests. It uses a tiny sensor wire inserted just below the skin to monitor blood glucose levels all day. The wireless sensor transmits information to a small belt-worn device and smartphone/tablet app.

The breakthrough of the device is that it only needs calibration twice a day (every 12 hours).

CLINIC TRIAL DIVERSITY PUSH AT FDA

Despite constant health news based on clinical trials, or voluntary human research studies on drugs, vaccines, devices, and other therapies, few people actually volunteer for clinical trials, the FDA now says—and those who do don’t always represent the full U.S. population spectrum.

Participation is especially low for certain populations, according to the FDA, including adults age 75 or older and people from certain racial and ethnic groups. The FDA is now pushing for more diverse participants in clinical trials—different ages, races, ethnic groups, and genders.

The FDA is now working with a variety of stakeholders, including federal partners, medical product manufacturers, medical professionals, and health advocates to increase trial diversity.

DESPITE PROTEST, FEDS FINALIZE “COMMON RULE” STUDY PARTICIPANT PROTECTIONS

New federal rules slated to go into effect in January of 2018 were finalized this past January 18 by the U.S. Department of Health and Human Services (HHS) and 15 other federal agencies.

The new regulations, known as the Common Rule, officially enhance protections for research participants and modernize the government’s oversight system of federally-funded research.

According to the HHS, which updated the rules governing research on human subjects across the federal government, Common Rule regulations—first launched in 1991—became outdated in today’s increasingly digitally-connected medical research industry.

The biggest primary change is reduced regulation on how much consent researchers need to conduct additional scientific studies and tests on biological specimens (like blood or cells) taken from participants.

However, patient advocacy groups are worried about what they see as lax consent requirements.

Most of the over-2,100 public comments to the proposed rule before its finalization were negative, with much objection to researchers now not needing written consent from patients before using any specimens obtained during medical procedures.

Researchers in favor of the rule had argued that tracking patients to request consent at every step of studies would slow down their work.

Likewise, small hospitals and clinics said the constant consent requirement—now dumped—would likely prevent them from providing samples to researchers because of the cost and technology needed.

A number of research projects, including Vice President Joe Biden’s cancer moonshot and the White House’s Precision Medicine Initiative depend on biospecimens to advance therapies.

The changes to the Common Rule go into effect next year. The likelihood of them actually being practiced, however, is remote. Last year, Republicans in Congress asked the administration to not release a final rule. ★



WHEN THE NEXT EBOLA OUTBREAK HITS, WE WILL NOT BE DEFENSELESS

—Marie-Paule Kieny, Assistant Director-general for Health Systems and Innovation, World Health Organization (WHO), *The Lancet*, Dec. 22, 2016



● ► HAMASPIK NEWS

Hamaspik Keeps Fires of Commitment Burning with Staff Appreciation Parties

Come Chanukah, it wasn't just the many beneficiaries of Hamaspik's many community services and supports that celebrated the holiday spirit—the agency's staff was celebrated, too.

On Tuesday, Dec. 27, the third day of Chanukah, the women who make up the bulk of the Hamaspik office workforce were treated to the annual staff appreciation party.

For the bulk of the day, the employees were able to escape their desks and daily routines for hours of amusement and reinvigoration—and to socialize and connect with

fellow employees in a non-work setting.

"It was really good to see and shmooze with the staff from the entire agency— not just the people I work with on a daily basis," one Hamaspik employee told the *Gazette*. "It was also nice to see the faces behind the names and voices of those in different Hamaspik agency locations whom I deal with on a regular (or not so regular) basis."

Hamaspik Special Events Coordinator Mrs. Brenda Katina once again pulled off an exciting program that included painting take-home artwork, an interactive crowd-pleasing

game, and a delicious lunch.

The highlight of the staff appreciation party, most attendees later said, was the therapeutic exercise/dance session with Kangoo exercise shoes. Wearing the spring-loaded boots, staff bounced the afternoon away to various exercise/dance routines set to high-energy music led by a professional instructor.

"It was very high spirited fun," said one. "One-of-a-kind," reported another—"fun, challenging, invigorating, and an air of camaraderie for all participants." "Amazing!",

"awesome!", "fantastic", "the best" and "tons of fun" were other descriptions of the Kangoo session.



For the men who work at Hamaspik's three agencies (Kings, Rockland and Orange), each Chanukah day was marked with another little holiday surprise atop their desks each morning.

One day found an elegant breakfast package awaiting each. Another was marked with a Chanukah jelly doughnut package. A third surprise consisted of a salad dip set.

But the real highlight was the annual staff appreciation party for men, held this year on Dec. 28, the third day of Chanukah.

The elegant Hamaspik Terrace social hall on the premises of Hamaspik of Rockland County's central hub was transformed into a Hamaspik convention of sorts, as leaders and administrative employees from three counties sat around formally-set round tables for lunch and socializing.

With *Hamaspik Gazette* Yiddish Editor Zishe Muller presiding as Master of Ceremonies, each division head took the floor to share a few words of camaraderie and simultaneously report on current goings-on in their departments, plus plans for the future.

As such, the crowd heard from Hamaspik founder and Rockland County Executive Director Meyer Wertheimer, Hamaspik of Kings County Executive Director Joel Freund, Hamaspik of Orange County Executive Director Moses Wertheimer, HamaspikCare Director Asher Katz, and Hamaspik Choice Executive Director Yoel Bernath.

Each thanked their employee body for making Hamaspik the ongoing success story that it is.

Interspersing their brief comments were several musical interludes by professional musician Bill Williams, a virtuoso at the rarely-played glass harp. The ethereal tones of the unusual instrument, consisting of a table of water-filled wine glasses of descending scale played by rubbing their rims with wet fingertips, captivated the audience before, during and after the afternoon event.

The event's "keynote address" was a fascinating interactive workshop led for the workers by Mr. Shimon Melber, a professional organization/time-management coach.

Using several handouts and big-screen projections, Mr. Melber walked the Hamaspik employee body through the process of getting an optimum handle on managing their time, prioritizing their tasks, and, most important of all, engaging in productive work and long-term planning.

Each employee also left with a personal gift from the company, a set of leather-bound booklets containing traditional Shabbos songs for their Shabbos tables.



Most importantly, though, employees came away feeling appreciated for the hard work they put in all year 'round.

One employee put it best: "It was nice to be acknowledged."



TAKING THE FLOOR: SCENES FROM HAMASPIK'S ANNUAL STAFF APPRECIATION PARTY INCLUDE THE WOMEN'S GRAND LUNCHEON (TOP); AGENCY LEADERS (CLOCKWISE FROM LEFT) BERNATH, FREUND, KATZ, MOSES WERTHEIMER AND MEYER WERTHEIMER; GUEST PRESENTER MELBER; STAFF ENJOYING THE GLASS HARP (LEFT), AND THE CAMARADERIE (RIGHT)

Happening In health Today

SCIENTISTS REPAIR GENETIC DEFECT IN RARE IMMUNE DISORDER

That's not to say they've cured the disorder.

But scientists at the National Institute of Allergy and Infectious Diseases (NIAID) have now repaired mutations in a gene called CYBB. The gene, with certain mutations, causes a rare genetic immune disorder called *X-linked chronic granulomatous disease* (X-CGD), in which the body's white blood cells cannot effectively fight off infections.

The scientists first edited defective versions of the CYBB gene in stem cells taken from people with X-CGD. They then transplanted them into mice. The repaired CYBB genes produced healthily functioning white blood cells in the mice.

The federal scientists' ultimate goal is developing the approach into a treatment for people with X-CGD. They suggest that this approach to gene correction also may be applicable to other blood diseases caused by mutations in a single gene, such as sickle-cell anemia.

FOR KIDS' EAR INFECTIONS, NO BENEFIT TO LESS ANTIBIOTICS

For years, the standard treatment for your child's ear infection at your local pediatrician's office was ten days of antibiotics.

In recent years, what with the rise of antibiotic-resistant bacteria, many doctors have tried to prescribe fewer antibiotics, including for the ear infections common in babies and toddlers. The idea was to help limit the spread of antibiotic-resistant bacteria.

However, a new study by the University of Pittsburgh now shows that giving little kids with ear infections only five days of antibiotics doesn't reduce their resistance to antibiotics—meaning that the standard ten-day course of antibiotics is still safe resistance-wise.

The study divided 520 children with ear infections, ages 6 to 23 months, into two groups—one getting antibiotics for five days and the other for ten days. (Those in the five-day group were given a placebo for the 2nd five days.)

After monitoring participating kids during and after treatment, researchers

found that 34 percent of the five-day group had worsening symptoms and signs of infection, while only 16 percent of ten-day group did. They also found equal levels of resistant bacteria in samples taken after treatment from both groups of children.

The study was published Dec. 22 in the *New England Journal of Medicine*.

HEART ATTACKS CAN BEGIN WITH STRESS: STUDY

"You're going to give me a heart attack!"

Who hasn't heard (or said) that at a moment of peak stress?

But now, a Harvard University study of nearly 300 volunteers over roughly four years found that those with increased activity in the brain's *amygdala*, which is closely tied to stress, had increased heart disease and stroke risk.

Researchers tracked participants' health throughout the study, during which 22 were diagnosed with a heart attack, angina (chest pain), heart failure, stroke or peripheral artery disease (poor circulation in the legs).

Analyzing PET and CT brain scans taken of all volunteers, researchers found that people with increased electrical activity in the amygdala had higher risk for heart disease and stroke. They also developed heart problems sooner than people with lower levels of amygdala activity.

According to the researchers, the study is yet another indication that stress directly impacts heart health—and that by decreasing stress (or reacting more healthily to it), one increases heart health.

STUDY SUGGESTS MORE KIDS SHOULD GET TONSILS REMOVED

Back when your humble *Gazette* editor was a kid (1970s-early 80s), surgical

removal of the tonsils was very common and almost routine—at least to his mind—among kids.

A new review of historical records by Vanderbilt University Medical Center now backs that notion, finding that while most kids' tonsillectomies (80 percent) today are done to treat sleep problems—30 years ago, nine out of ten were done to treat recurring throat infections.

The study looked at whether the shift in treatment philosophy was warranted—whether even more kids today might benefit from tonsillectomies despite the surgical procedure being the third most common surgery (about 530,000 each year) performed on U.S. children today.

According to today's general guidelines, tonsillectomies for throat infections should only be performed if a child had three—or more—sore throats for three years in a row, five over two years, or seven in the previous years.

The new study found that kids who got their tonsils removed despite not meeting those guidelines had almost 50 percent fewer sore throats, after surgery.

However, that health benefit only lasted for the first three years after kids' surgeries.

The study was published Jan. 17 in *Pediatrics*.

SPICE UP YOUR LONGEVITY

In 2015, a Harvard School of Public Health study found that regular consumption of spicy food was associated with a lower risk of death. Now, a new study by the University of Vermont finds an association between hot red chili pepper consumption and lower risk of death.

The study, which analyzed health and food-consumption data on 16,000 Americans over an 18-year period, found that Americans who regularly ate the chili peppers had a 13 percent lower risk of death.

Researchers have long believed that capsaicin, the key natural ingredient in chilies and other plant-based vegetables that gives them their burning sensation, has many health benefits, including anti-oxidant and anti-inflammatory properties, and even anti-cancer benefits. But according to the new study, capsaicin may also kill harmful microbes in the body that can eventually lead to death.

The study was published recently in *PLOS One*.

AVOID TOOTHACHES: DON'T SCUBA DIVE

Among the dangers of scuba diving is something you'd probably never think of, if not for a dental student who noticed it upon the first try at the underwater recreational activity.

University of Buffalo School of Dental Medicine student Vinisha Ranna felt a squeezing sensation in the teeth upon taking up scuba diving. A following survey of 100 certified recreational divers revealed that 42 had experienced the squeezing sensation, known as barodontalgia, which strikes the teeth when someone is subjected to high or low pressures.

What's more, five experienced loosened crowns due to scuba diving, with one even breaking a filling.

According to Ranna's study, unhealthy teeth will be more susceptible to underwater pressure, creating dental pain while scuba diving. The study was published in the *British Dental Journal*.

EAT BEANS, LOSE WEIGHT: STUDY

Vegetable patties made of such legumes as beans and peas leave diners feeling fuller than meat, a small study indicates—suggesting that people trying to lose weight may want to eat more such legumes so as to feel satisfied sooner and thus eat less.

The study served several dozen men three different protein-heavy meals, with one centered on meat, one on beans and peas, and one apparently on both.

The "significantly" higher amounts of fiber in the protein-rich beans-and-peas meal "probably" contributed to the increased feeling of satiety, said researchers at the University of Copenhagen.

But the study, published recently in *Food & Nutrition*, apparently did not account for varying appetites and tastes among the men. Perhaps some people just like beans more?

U.S. PARENTS MIXED ON KEEPING SICK KIDS HOME

So when do you keep your children home sick from school? And how do you define "sick"?

The latest National Poll on Children's Health, conducted annually by the University of Michigan C.S. Mott Children's



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Hospital, found that U.S. parents differ on what conditions should keep kids home—and even on whether those conditions are serious.

The poll of nearly 1,500 parents nationwide found that 75 percent had kept their child home sick from school at least once in the past year. The two main reasons parents offered were that the illness would get worse or that it would spread to classmates.

Among symptoms, parents were most likely (80 percent) to keep kids with “bowel upset” home, while 51 percent reported the same for slight fevers. Parents were least likely (12 percent) to keep home kids with runny nose, dry cough and no fever.

The poll also found that 18 percent of parents said that not being able to find someone to stay home with their sick child was very important.

NEVADA WOMAN DIES OF ‘SUPERBUG’ RESISTANT TO ALL ANTIBIOTICS

A Nevada woman in her 70s who’d recently returned from India died in September from a “superbug” infection that resisted all antibiotics, according to a report released mid-January.

The case raises concern about the spread of such infections, which have become more common over past decades as germs have developed resistance to widely used antibiotics.

The U.S. Centers for Disease Control and Prevention (CDC) “basically reported that there was nothing in our medicine cabinet to treat this lady,” report co-author Dr. Randall Todd told the *Reno Gazette-Journal*.

The woman fractured her right leg while in India and underwent multiple hospitalizations in that country over two years. The last such hospitalization occurred in June. She returned to the United States but was admitted to the Reno-area hospital in August with a severe inflammatory reaction to an infection in her right hip.

On Aug. 19, doctors isolated a sample of a known antibiotic-resistant “superbug”—known as carbapenem-resistant Enterobacteriaceae (CRE)—from the patient. Testing subsequently revealed the germ was NDM—a highly resistant form of CRE typically found outside the United States.

The report was published Jan. 13 in the CDC journal *Morbidity and Mortality Weekly Report*.

EMOTIONALLY SUPPORTING THE SPOUSE ALL INDIVIDUALIZED: STUDY

Researchers at New York State’s very own Binghamton University took a scientific look at what works best in husbands and wives supporting each other.

In a study of 65 pairs of men and women, researchers had participating married couples engage in two interactions. In each, the husband and wife each selected a

discussion topic about a stressor external to their marriage (such as poor physical fitness or the desire to get a new job).

Before the study and after each selected conversation, researchers measured each husband and wife for levels of cortisol, a natural hormone that helps regulate stress in the body.

The study found that cortisol levels in wives went down both when their husbands expressed positive support towards them, as well as when the wives reacted negatively to their husbands’ attempts at being supportive. Conversely, cortisol levels went up in wives who showed more positive behavior while getting support from their husbands.

In short, cortisol levels did the opposite of what researchers expected them to do.

According to the researchers, skill in delivering and receiving social support (by using more “positive” support behaviors) is not consistently linked to actual reductions in cortisol. In fact, more positive behaviors may have unintended negative consequences, and classically defined negative

behaviors can sometimes have positive effects.

“Say a husband is giving advice to his wife when she has a problem. Even though giving advice is a constructive thing to do, it may not be helpful to her at the moment,” said Nicole Cameron, assistant professor of psychology at Binghamton University and co-researcher. “Maybe she just wants someone to listen to her. Or maybe there could be the opposite, where the husband is being more of a supportive listener but the wife really wants someone to give her some advice.”

HEART ATTACKS 25 PERCENT LIKELIER IN POOR FEMALES

A new data review suggests that poor women are likelier to suffer heart trouble than poor men.

The study by the George Institute for Global Health in Oxford, England analyzed 116 studies that included 22 million people in North America, Europe, Asia and Australasia—finding that among poor people,

women had a 25 percent higher risk of heart attack than men.

Heart disease is the leading cause of death among women worldwide, with an estimated 8.6 million deaths each year, the study authors noted.

The study findings were published online recently in the *Journal of Epidemiology and Community Health*.

EVEN A LITTLE DAILY ACTIVITY MAY BOOST COLON CANCER SURVIVAL: STUDY

With as little as 30 minutes a day of moderate physical activity, patients with advanced colon cancer may significantly boost their odds of beating the dread disease, says preliminary research.

Study authors tracked more than 1,200 colon cancer patients—finding a 19 percent decline in risk for early death among those who got a half-hour or more of moderate exercise daily.

Those who got five or more hours of moderate activity a week—such as walking, cleaning or gardening—pushed that survival benefit to 25 percent, researchers said.

Exercise benefits previously have been reported for early stage cancer patients. The new study extended to patients with advanced cancer and a much grimmer prognosis.

What’s more, a half-hour of such activity daily also translated into a 16 percent drop in the progression of disease, the study authors said.

The findings held up even after accounting for a range of factors, including patient age, body weight, overall health, other serious disease, or the particular type of cancer treatment underway.

The study can’t actually prove that exercise improves the prognosis for late-stage colon cancer. Also, the researchers noted that advanced-stage colon cancer patients only appeared to derive benefit from moderate—not vigorous—activity. No similar link was seen with routinely engaging in more strenuous sports or running.

WHY HUSBANDS AREN’T COLD WHEN WIVES ARE

A fascinating little article recently on Fox News Health offers several scientific explanations for why your husband isn’t “FREEZING!” while that’s exactly how you feel—even though the temperature in your living room, or front yard, is exactly the same for both husband and wife.

Among the reasons backed by various studies are: men have lower core body temperatures, meaning that colder air doesn’t feel as cold to them; men’s hands and feet are naturally a few degrees warmer, so loss of body heat in the extremities still leaves them with some warmth; and men have faster metabolic rates, or rates at which the body burns food for fuel (and produces body heat).

Job Opportunities

ROCKLAND COUNTY

RESPITE/COMHAB OPPORTUNITY:

- Looking for a worker for a **low functioning 5 year old girl**, every morning, from after 7:15-8:05 A.M. **Also looking for worker** for Sunday from 10:15 A.M.-3:30 P.M. Please call 845-503-0214.

RESPITE OPPORTUNITY:

- Looking for a girl who is available to be a **respite worker** for a **high functioning 4 year old boy with special needs**, three times a week, from 4:30 P.M. to 7:00 P.M. (New Square) Please call 845-503-0214.

GREAT OPPORTUNITY:

- Looking for an **experienced worker** for a **high-functioning married young woman**. She needs help with **household tasks and errands**. Must drive. Please call 845-503-0229.

RESPITE/COMHAB OPPORTUNITY:

- Looking for someone, who is available daily from 8:00-9:00 in the morning, and 3:00-6:00 in the afternoon, **to work with a high functioning 12 year old boy**. Experience preferred. **Driver’s License a must**. Airmont Area. (Summer Job) Please call 845-503-0214.

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



In the Know

Once upon a time, children who were born short remained short—especially if they came from families who were naturally short. However, modern medicine has known for some time now that many cases of short children (and the resulting short adults), medically referred to as short stature, are caused by the body's pituitary gland being smaller than typical, thus not producing enough growth hormone during the growing years—regardless of the height of parents and/or extended family.

In children with small or under-producing pituitary glands, though, kids are typically on the low end of (or below) the average height range for their age—growing slower than typical kids and not reaching average height by adulthood.

But thankfully, this deficiency in natural growth hormone can be largely corrected in many children with synthetic (man-made) growth hormone—resulting in children reaching adolescence and full adulthood at average height, or at least significantly closer to it.

Do read on to grow (pun definitely intended) your knowledge of GHD.

DEFINITION >>

Growth hormone deficiency (GHD) in children is a relatively rare disorder. It may be defined as short stature and/or global developmental delay resulting from inadequate production of growth hormone (GH) by the pituitary gland.

The pituitary gland is a small gland located at the base of the brain. It is responsible for the production of several hormones, including growth hormone—which for some reason does not have a fancy medical name but is just called “growth hormone.”

In most cases of GHD, it is present from birth (congenital). It can show up later in life due to trauma, infection, radiation therapy, or a tumor in the brain in other cases.

Some adults can develop GHD, too—but that's a different topic.

SYMPTOMS >>

The primary and most obvious symptom of childhood GHD is slow overall growth throughout childhood, especially early childhood.

Because of the slowed or stopped growth, the child will be much shorter than most children of the same age and gender.

The child will still have normal body proportions, but may be chubby. The child's face often looks younger than other children of the same age, particularly in a smaller/shorter bridge of the nose.

The child will have normal intelligence in most cases.

CAUSE >>

The cause of GHD is the pituitary gland not producing enough growth hormone.

The pituitary gland is located at the base of the brain. It controls the body's balance of

hormones. It also makes growth hormone, which makes a child grow.

In most cases, it is unknown why the pituitary gland does not produce enough growth hormone.

DIAGNOSIS >>

The presence of GHD is often noticed during the child's first two or three years, or as early as infancy, by a competent pediatrician. The pediatrician will observe that the child's growth rate, as penciled in on the child's growth chart, is below normal range. It may be slow or even flat.

A physical exam, including weight, height, and body proportions, will show signs of slowed growth. A child eventually diagnosed with GHD will not follow normal growth curves.

Before suspecting GHD, the pediatrician will first rule out malnutrition and/or other family, psychological, or social factors that may be causing poor (or non-existent) growth.

After that, the pediatrician will commonly refer the patient to an endocrinologist, a doctor who specializes in the body's levels of hormones and other natural chemicals.

To further zero in on a GHD diagnosis, the pediatrician or endocrinologist will typically test the patient for levels of two natural

substances in the body: insulin-like growth factor 1 (IGF-1) and insulin-like growth factor binding protein 3 (IGFBP3).

Healthy levels of growth hormone make the body make these two natural substances—so, low levels of growth hormone results in low levels of IGF-1 and IGFBP3.

The so-called stimulation test for these two levels takes several hours.

Tests for levels of other hormones may also be done, because a lack of growth hormone may not be the only problem behind short stature or poor growth.

If called for, an MRI scan can also be used to see if the pituitary gland is of healthy size and function.

At some point in the diagnosis process, an x-ray of the hand and wrist called a bone age test will typically also be done. Normally, a person's bones change in size and shape as he or she grows. These changes can be seen on an x-ray—and most often follow a pattern as a child grows older.

Based on those patterns, then, a bone age test on a child's hand can predict how many more years of growth the child has left. This information, together with all other test results, will then be used to determine if the child should get growth hormone injections.

TREATMENT >>

ALL ABOUT... GROWTH HORMONE DEFICIENCY (GHD)

Hamaspiik thanks Richard Noto, M.D., Chief of Pediatric Endocrinology at New York Medical College, for critically reviewing this article.

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Children diagnosed with GHD will be given shots (injections) of synthetic growth hormone.

Growth hormone shots are a long-term treatment. They often go on for several years.

These shots are almost always given at home. Younger children will get their shots from their parents. Older children can actually do it themselves. The shots are usually given once a day.

The injections involve a thin, short and virtually painless needle and “pen,” a hand-held injection device. The actual growth hormone comes in the form of liquid medication that must be kept refrigerated. Each day, the parent (or older responsible child) inserts a small vial of medication into the pen, attaches a disposable sterile needle to its tip, presses the device against a large muscle in the arm or leg, and pushes down the injector button. The needle then painlessly pierces the skin and reaches the deep muscle tissue below, where the medication enters.

Once the shot is given, the needle retracts, and is disposed of in a special container provided to the parents (along with the supply of growth hormone, disposable needles and other items).

The shot should generally be injected in

a different part of the body each day. As general rule, there are eight recommended locations on the body, and parents and child should first agree on four of them, and then rotate them such that each gets “poked” only once every four days.

Throughout the long-term treatment regimen, the child will be seen regularly by the pediatrician and/or endocrinologist to ensure that it is working. The doctor(s) will change the dosage as necessary.

Note that some children with GHD may not be able to get these injections, often because of other conditions; your endocrinologist will be able to explain exactly why.

Common side effects include headache, fluid retention, muscle and joint aches, and slippage of the hip bones. Serious side effects of growth hormone treatment are rare.

There are a number of FDA-approved brand-name synthetic growth hormone products that your child’s doctor may prescribe. These include Nutropin, Humatrope, Genotropin, Saizen, Norditropin, Tev-Tropin and Omnitrope.

Which one your child ends up using depends on any of, or any combination of, the following factors, including: your child’s remaining growth years, your child’s specific medical information, doctor opinion(s), and

benefits/advantages of specific products.

With insurance plans, you may have to expect an uphill battle. This is because synthetic growth hormone is very expensive, and insurance companies simply don’t want to pay for it.

Some companies do not cover any growth hormone treatment. Some will, but only using specific brand names and/or only for relatively short times. Some will initially reject coverage requests and then relent under doctor appeals. However, some drug manufacturers also have patient assistance programs that provide growth hormone supplies at low or free cost to qualifying parents. Speak to your doctor and/or to your insurance company customer service hotline for more information.

PROGNOSIS >>

The main thing to expect is growth! Although it sometimes takes about three to six months to realize any height differences, the important thing is that your child will grow—probably one to two inches within the first six months of starting treatment—and quite often within the first three months, too. There may be a few other things you notice:

Your child may outgrow his or her shoes quickly. Foot growth may occur within six to eight weeks, so you may have to buy new shoes more often.

Your child may want to eat more. An increase in appetite is common, especially if he or she had a poor appetite before treatment.

Your child may look skinnier for a while once height growth starts. An increase in lean body mass and decrease of fat mass are common with growth hormone treatment.

Many children can gain as much as four or even more inches during the first year of treatment, and three or more inches over the two years following that. The growth rate then slowly decreases.

The key to successful treatment of childhood GHD is to catch it early enough so that the child can be started on a regimen of growth hormone injections—a regimen that, if started early enough, can give the otherwise short child as many years of increased growth as possible. This is particularly important to do before onset of early adulthood, so that children can catch up to their peers as they all become teens.

In short (this time, no pun intended), the earlier the condition is treated, the better the chance that a child will grow to near-normal adult height. ★

The Autism Update

News and developments from the world of research and advocacy

GENETIC CAUSE FOUND FOR NEW AUTISM-LIKE DISORDER

An international team of scientists based out of Baylor College of Medicine in Texas has identified variants of the gene EBF3 that cause a developmental disorder similar to autism.

The identification of the gene variants has led to a better understanding of both complex conditions, and to possibly diagnosing other previously undiagnosed patients with similar clinical disorders.

The researchers found new mutations of the gene EBF3 in three patients presenting with a newly described syndrome.

“The patients’ main features include developmental delay, coordination problems, limited facial expressions at an early age and abnormal verbal communication and social behaviors,” said leader researcher Dr. Hsiao-Tuan Chao, postdoctoral research fellow of pediatric neurology at Baylor. “This newly described syndrome has many similarities with what we see in autism spectrum disorders, but also important differences.”

The new research recently appeared in the *American Journal of Human Genetics*.

U.S. DEPT. OF JUSTICE PUSHES LAW ENFORCEMENT ON DISABILITY-LAW COMPLIANCE

In one of its last acts under the Obama

Administration, the U.S. Dept. of Justice (DOJ) issued a wide-ranging memorandum in mid-January to all U.S. courts and law enforcement bodies about the Americans with Disabilities Act (ADA).

The ADA, landmark legislation signed into law by President George H.W. Bush, requires a vast array of accommodations to be provided to people with disabilities in schools, workplaces, public transportation and public properties.

It also prohibits discrimination against those with disabilities during interactions with the criminal justice system—making the ADA compliance a subject of concern to police, courts, attorneys and more.

“Pursuant to the ADA, state and local government criminal justice entities—including police, courts, prosecutors, public defense attorneys, jails, juvenile justice and corrections agencies—must ensure that people with mental health disabilities or (intellectual and developmental disabilities) are treated equally in the criminal justice system and afford them equal opportunity to benefit from safe, inclusive communities,” the DOJ’s new guidance said.

With the guidance, the Justice Department is outlining those ADA obligations and encouraging law enforcement and other relevant entities to review their policies and procedures.

Specifically, the guidance indicates that

the criminal justice system must ensure that communication with individuals with developmental disabilities is effective.

Working with said population has been a trend in recent years.

A growing number of police departments nationwide now train new officers on how to defuse situations involving people with autism (or other disabilities that involve adverse behaviors).

Likewise, a number of municipalities, including New York’s Rockland County, maintain a response protocol for police situations involving people with mental illness. Rockland’s protocol, for example (and like many others), involves first dispatching an unmarked car and a mental-health professional to such scenes.

Other ADA compliance tools, according to the DOJ memo, could include allowing the use of assistive technology or merely employing more simplified language and patience.

MICROBE TRANSPLANT IMPROVES SYMPTOMS: STUDY

A new study finds that children with autism may benefit from microbe transplants, in which healthy microbes from the gut of a health donor are introduced into people with gastrointestinal disease to rebalance the gut.

In a study of 18 children with autism

and moderate to severe gastrointestinal problems, parents and doctors documented measureable positive changes that lasted at least eight weeks after the treatment.

A growing body of research is drawing connections between the bacteria and viruses that inhabit the gut and problems in the brain, and it is possible the two are tied together in an important way in autism.

The study appears in the journal *Microbiome*.

STUDY SAYS OVERDIAGNOSIS BEHIND AUTISM RISE

An Australian study echoes what U.S. research has already indicated: the increasing global rates of autism are due to the clinical criteria of the condition expanding—allowing doctors to diagnose more children, as they apparently are, with more mild forms of autism.

The study of over 1,200 kids in Western Australia diagnosed with autism spectrum disorder (ASD) found no evidence of more children being born with autism than in the past.

The number of children diagnosed with autism in Australia has increased 20 times since the 1970s, with its prevalence in the country now believed to be at least one per cent.

The study was published recently in the journal *Autism Research*. ★

Happenings Around Hamaspik

NOT-SO-EXTREME MAKEOVER, (HAMASPIK GROUP) HOME EDITION

A multifaceted makeover was recently completed at the Seven Springs Shvesterheim IRA, one of several Hamaspik group homes serving the upstate community of Kiryas Joel.

The completion of the overhaul came at the same time Seven Springs celebrated its anniversary—making the finishing of the project all the more reason to celebrate.

Having opened in the winter of 1999 some 18 years ago, Seven Springs underwent several expansions and interior improvements over the years. Those included the addition of an on-site annex functioning as a small private apartment for a live-in couple who, of course, also serve as the home's 24/7 Direct Support Professionals (DSPs).

Over the last several months, however, it was determined that one resident with recently-developed difficulties getting to sleep would do much better with her own private bedroom.

And with said as good as done at Hamaspik, Seven Springs' second-story office was summarily relocated to the basement, with the newly-vacated upstairs space transformed into a dream bedroom for the young lady. Wallpapered in delicate hues of rose and shades of pink, outfitted with color-coordinated new dressers and finished with beautiful curtains, the room was now the coziest of personal living spaces.

At the same time, several additional changes were completed throughout the house.

Besides giving the entire interior

a freshening update, Hamaspik maintenance staff saw to it that an ample new storage room was installed in the basement. An upstairs full bathroom was redesigned to better accommodate residents. And rustic, warm wooden railings replaced the cold steel hardware formerly lining both sides of Seven Springs' main staircase.

Perhaps the crowning touch to the home's makeover was the replacement of Seven Springs' aging dining-room set, which had faithfully served the residence since Day One. The sizable new set, ushering in a new era at Seven Springs as it does, now sits regally in the dining room, providing sufficient seating for residents and staff alike (and with room to spare).

But Seven Springs wasn't the only Hamaspik of Orange County group home to get a serious update. That IRA's older sister, Dinev, also recently got new furniture in the form of new easy chairs in various rooms, while all the homes likewise replaced their oldest bedframes with elegant new sets for their precious residents.

Speaking to the Gazette, residence managerial staff expressed special thanks to Hamaspik of Orange County's dedicated Residential Manager Solomon Gelb.

But the real thanks was perhaps best expressed in the emotions verbalized and otherwise conveyed by the occupant of Seven Springs' newest bedroom upon entering it for the first time—feelings of excitement and happiness that encapsulate why Hamaspik does what it does.

PERSON-CENTERED SHOPPING AT SOUTH 9TH

"It was a wonderful shopping experience at IKEA where they chose the linen and lighting to enhance their bedroom[s]," read the e-mail in the Gazette's inbox—"in the colors and design they preferred."

So reported Mrs. Cziment, long-time manager of Hamaspik of Kings County's South 9th Shvesterheim, on January 12.

At some point in the weeks running up to that brief missive, South 9th Assistant Manager Mrs. Walter and her staff bowed to the wishes of the young ladies they've long supported at South 9th, taking them out for a major-league shopping expedition at their nearest IKEA superstore.

Selecting their preferences for bedding, bedside night table lamps, and decorative throw pillows to round out their bedspreads, the shoppers made their rounds of IKEA's voluminous

aisles to pick the items that most tickled their fancy as matching their new bedroom furniture.

Said furniture, which included brand-new beds and night tables, was selected in the weeks before the IKEA trip at Brooklyn's upscale Living Quarters retailer. Once that was delivered and set up at South 9th, the residents were able to shop for matching linens and accessories.

With their rooms' serviceable furnishings needing an update, the shopping was not just an exercise in the person-centeredness at the center of today's special-needs support philosophy, but also a timely trip, too.

That expedition, the Manager correctly pointed out, was "All about person centered planning—where the individuals chose new contemporary furniture, linen and room decor."

And choose they did.



COMFORT ZONE: UPDATED PERSONAL QUARTERS AT SOUTH 9TH



WHAT "NOTHING" LOOKS LIKE ON THE INSIDE: 38TH'S SPACIOUS KITCHEN

"NOTHING TO FIND HERE!"

Not always the best results, that.

But in the context of an audit by inspectors with the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspik's public-sector partner, you don't want your official visitors to come away with any findings.

Except good ones, of course.

And that, thanks to the drudgery-like diligence of daily documentation, eagle-eyed entries, and meticulous maintenance backed by a workplace culture of long hours and love, competence and compassion, led to no negative results at the 38th St. Shvesterheim's most recent audit.

The group home, Hamaspik of Kings County's youngest, is run diligently by Manager Mr. Israel Indig and Assistant Manager Mrs. Yona Kasnett, backed by DSPs Mrs. Ben-Aderet, Ms. Fonfeder, Ms. Herman, Mrs. Kirsh, Mrs. Levy, Mrs. Quito, Mrs. Sandler, Mrs. Singh, Ms. Tintea, Ms. Waldman, and Mrs. Zin.

Playing a key role in the Dec.

22 audit results were Hamaspik of Kings County IRA Nurse Mrs. Judy Schwartz, R.N. and Director of Development Naftali "Tuli" Tessler, both of whom were on hand throughout the lengthy visit to field every detailed support-related question.

Manager Indig made it a point to thank agency psychologist Mutty Solomon, LMHC for his critical part in allowing the group to confidently complete the audit. In like manner, Assistant Manager Kasnett notes the constant contributions of Maintenance Manager Shea Waldman, whose hawk-eyed constant ministrations keep 38th (and all other Hamaspik of Kings facilities) in tip-top shape.

Backing them all up with the year-round support for 38th's residents that made the results possible were (and are) Hamaspik Medicaid Service Coordinators (MSCs) Mrs. Feldman, Mrs. Leitner and Mrs. Zeitlin.

Thanks to all that team effort, more of "nothing" is all but expected.



THERE'S ALWAYS A PLACE CALLED HOME: SEVEN SPRINGS (2005 FILE PHOTO; NEW DINING ROOM TABLE, NEW BEDROOM)





Status Report

Happening In Hospitals Today

NYC'S HOSPITAL FOR SPECIAL SURGERY CREATES CHIEF VALUE MEDICAL OFFICER POSITION

New York City's Hospital for Special Surgery (HSS) recently created a new leadership position: the Chief Value Medical Officer (CVMO).

While most hospitals, insurance companies and other health-related organizations have a chief medical officer, the new leadership at HSS—rheumatologist Catherine Maclean, M.D.—symbolizes the entire healthcare industry's shift away from fee-for-service to patient value.

In plain English, that means that doctors get paid for healthy results, not treatments.

With the specialty hospital now with a CVMO of its own, HSS plans to further move from volume to value.

U.S. HOSPITALS' POST-9/11 DISASTER DRILLS PAY OFF AFTER FLORIDA AIRPORT SHOOTING

Over 50 people were rushed to the Broward Health hospital immediately after a person suffering from mental-health issues shot 13 people on Jan. 6 at the Fort Lauderdale-Hollywood Airport.

Fortunately, the hospital—which is a

Level I trauma center—was ready for the rush of patients.

The quick processing, admitting and treating of large numbers of patients according to their immediate needs was a result of hospital incident-command systems that have been standardized nationwide following the Sept. 11, terrorist attacks.

Those standardized emergency procedures include disaster drills that incorporate local police departments and other authorities.

"Whether you have an influx of patients from a chemical spill, a bio-terrorism event, plane crash, a bus crash or a shooting, you still have to have your emergency personnel ready to go," Interim CEO Mark Sprada, R.N. told *Health & Hospitals Network*, an industry publication. "The fortunate thing for hospitals is we've had these standards for a number of years."

FEDERAL MULTI-MILLION-DOLLAR INFECTION CRACKDOWN HITTING HUNDREDS OF U.S. HOSPITALS

For the past two years, Medicare has been cutting one percent of reimbursements to U.S. hospitals with high rates of

specific avoidable patient injuries. (Some 750 hospitals were penalized in 2015; 721 were penalized in 2014.)

The program, now in its third year, is designed to give hospitals financial incentive to lower rates of various injuries among patients. Targeted injuries include blood clots, bed sores and falls.

Now, however, the federal program is punishing hospitals for the first time for having high rates of hospital-acquired infections (HAIs), a perennial public health problem.

The new penalty criteria now hit 306 hospitals nationwide that were not penalized in the program's first two years. (Nearly 350 on last year's list are not on this year's list.)

Among the 769 U.S. hospitals being penalized for any reason are 66 in hospital-heavy New York, including Good Samaritan, Mount Sinai, New York Methodist, and Westchester Medical Center. (California led the pack at 96; New York was followed by Texas with 61.)

Specifically, hospitals are now being penalized for having high rates of two specific types of drug-resistant bacterial infections among patients. Those two infections are

methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. diff).

The good news is that MRSA cases actually dropped by 13 percent between 2011 and 2014, according to the CDC, and of which there were an estimated 6,300 U.S. hospital cases in 2015. Hospital infections of C. diff also dropped eight percent from 2008 to 2014, although 2015 saw an estimated 100,000 hospital cases of C. diff.

At least two million people contract antibiotic-resistant bacterial infections each year, including almost 250,000 hospital patients—which includes, according to the CDC, some 23,000 fatalities.

MEDICARE REVAMPING HEART-ATTACK, HIP FRACTURE COVERAGE

In related news, the federal Center for Medicare & Medicaid Innovation—created by the Affordable Care Act—is fielding a hospital-based pilot project in 165 U.S. cities that changes how Medicare reimburses doctors for treating members for heart attack or hip fractures.

Under the pilot project, Medicare incentivizes caregivers to provide patients with more coordinated long-term care—rewarding the resulting better long-term results with slightly increased reimbursement.

With expected savings resulting from the avoided complications and hospital re-admissions, Medicare is hoping that the program will ultimately reduce costs and limit spending.

Overall, about 168,000 Medicare beneficiaries are treated for heart attacks in a given year. Some 48,000 undergo heart bypass surgery for clogged arteries; 109,000 have surgery for broken hips. ★

FINDING HAPPY FACES AT 61ST

A ring of the bell in the pre-dawn darkness of 6:00a a.m. brought on-duty Direct Support Professionals (DSPs) Elimelech Gelb, Dovv Klein and David Teichman to the front door.

It was the annual unannounced audit at HamaspiK of Kings County's 61st St. Briderheim in Borough Park, and the two OPWDD visitors spent the next eight hours leaving no stone unturned.

When they left the afternoon of Thursday, Jan. 12, they left with no deficiencies found, despite going through pages of residents' documentation and slowly walking through the premises.

But they did leave with one "finding," they commented—residents' happy faces.



TRIPLE HEADER: FROM LEFT TO RIGHT, AVRI, EZZY AND LEIBY CELEBRATE TOGETHER



HAPPY FACES LIVE HERE: THE 61ST ST. BRIDERHEIM'S EXTERIOR

HAPPY BIRTHDAY, EZZY! AND AVRI! AND LEIBY!

It's Ezzy's birthday! And of course, Ezzy gets a party at his birthday. What else would you expect? Especially when it's also Avri and Leiby's birthday.

The only surprise here would be if Shlomo Lebowitz, long-time Manager of the HamaspiK group home that Ezriel "Ezzy" G. calls home, didn't throw a party for him. And them.

"It was a triple bash," says Lebowitz. Since HamaspiK of Rockland County's Arcadian Briderheim opened and Ezzy and his pals took up residence, Mr. Lebowitz and crew have been ensuring that "Mr. Ezzy" marks the salubrious passage of yet another happy year with yet another happy birthday party—replete with cake, decorations and the attendance of supportive and loving biological family members.

And a birthday bash in triplicate it

was!

With experienced and caring Arcadian staffers Joel Fried, Joel Goldberger, Michael "Chuli" Gottesman and Hillel Spitzer on hand clapping and cheering, Ezzy turned 29, Avri turned 21 and Leiby hit the Big Two-Three.

Making it all the merrier was the irreplaceable presence of proud family members of all three young men—who exulted as only mothers can as they joined their sons and their fellow residents around the dining room table... and whose happy faces silently all but shouted gratitude for the superlative support regularly rendered to their boys at Arcadian.

Happy birthday, Ezzy! And Avri! And Leiby! And many happy and healthy returns—from all of us at HamaspiK.



Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

New clue found in Parkinson's process

What exactly causes Parkinson's disease? Medicine doesn't quite know.

But new research at the University of Bergen (Norway) has now found what seems to be a key mechanism in the development of the disabling disease, which currently affects over ten million people worldwide.

In healthy cells, mitochondria serve as each cell's powerhouse. The mitochondria contain their own DNA. Cells are constantly damaged by the body's constant aging, but power from healthy mitochondria allows

cells to produce more DNA and thus regenerate.

By comparing healthy brain cells with Parkinson's patient brain cells, the researchers found that brain cells in Parkinson's patients had damaged DNA inside their mitochondria—denying brain cells the ability to reproduce their own DNA, thus slowly losing the war against age damage.

The study was recently published in *Nature Communications*. ★

Healthy blood pressure up for healthy seniors

Two leading U.S. medical organizations are recommending a less aggressive target for the treatment of high blood pressure in adults 60 and older who are otherwise healthy.

Traditionally, the threshold for high blood pressure has been set at 140 mmHg systolic blood pressure (the top number in a reading). But the new guideline from the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP) sets the threshold at 150 mmHg or higher for adults 60 and older.

Health benefits from a 140 threshold over that of a 150 threshold are small, the groups explain.

Various geriatrics and cardiology experts also note that the new 150 threshold may be better as a general rule for healthy seniors, because studies have found that blood pressure at 140 or below for seniors can actually be bad, and have been associated with an number of adverse health developments.

As such, experts say, raising the threshold for healthy blood pressure depends on the individual patient, especially if he or she has a history of heart disease, in which case the 140 threshold should be retained.

The new guidelines were published Jan. 16 in the *Annals of Internal Medicine* and the *Annals of Family Medicine*. ★

STUDY CONFIRMS HIGH BENEFIT OF PACEMAKERS FOR SENIORS

Seniors benefiting from pacemakers may be old news.

But a review of data on over 12,000 seniors who'd gotten the implantable cardioverter defibrillator (ICD) devices now confirms that ICD patients have high survival rates.

The common device is implanted under the skin and connected to the heart with wires. When it detects an irregular heart-beat, it delivers an electrical shock to restore normal rhythm.

The study looked at records on over 12,000 Medicare patients, aged 65 and older, who received an ICD after sudden cardiac ar-

rest or a nearly fatal fast heart rhythm.

Nearly 80 percent of the patients survived two years after receiving the implanted device, according to the study published Jan. 16 in the *Journal of the American College of Cardiology*. ★

Half of public has high blood pressure, doesn't know it

A Canadian study had researchers invite passersby at shopping malls, workplaces, hospitals and community centers to step up to a mobile clinic and take their blood pressure.

Results from nearly 1,100 random members of the public, of all ages, races and backgrounds, found that half did not know that they had high blood pressure. Further,

two percent of them were also deemed at very high risk for health complications.

High blood pressure, also called hypertension, rarely causes noticeable symptoms. But left untreated, especially in seniors, it often leads to heart disease and stroke.

The findings were published Jan. 5 in the *American Journal of Hypertension*. ★

MEDICARE STARTS NEW CARE REIMBURSEMENT SYSTEMS

A 2015 federal law that changes how doctors are paid for caring for members of Medicare, the taxpayer-funded health insurance plan for seniors, officially kicked in on Jan. 1, 2017.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) eliminated Medicare's need to eventually impose drastic cuts to payments made to doctors treating Medicare members.

(That looming need, which was postponed by Congress every year for many years, was known as the Sustainable Growth Rate (SGR) until MACRA came along and removed it.)

Under MACRA, which will fully roll out over 2017 and beyond, doctors will be paid

more for health results that they produce, not set fees for the services they provide (fee-for-service).

The MACRA law will eventually use Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS) to pay doctors who treat Medicare patients.

Under MACRA, to get paid, most doctors taking Medicare will eventually have to produce and submit patient results, not just bill Medicare for services regardless of patient results.

For now, the transition period consists of a handful of new Medicare billing systems based on results, not fee-for-service. These include systems for end-stage renal disease, oncology and primary care. ★

EXERCISE HELPS PARKINSON'S PATIENTS

When it comes to the health benefits of exercise for people with Parkinson's disease, a study of 100 other studies conducted over the past 30 years on Parkinson's confirms it: exercise helps!

The review of the previous studies, published recently in the *Journal of Parkinson's Disease*, found that regular exercise and oth-

er moderate physical activity is good medicine for patients.

According to the new research, exercise improves gait, reduces fall risk and generally generates a long-term positive impact—even though there is no evidence that it prevents disease progression.

Specifically, one theory is that exercise releases natural compounds that contribute to brain cell growth. Parkinson causes the brain to produce less dopamine, which leads to a loss of movement control. Physical symptoms include shaking, slowness and stiffness.

About one million Americans live with the disease, which can develop over many years. Between 50,000 and 60,000 cases are diagnosed annually in the United States. ★

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